AFGHANISTAN

Monitoring the Situation of Women & Children

Afghanistan Multiple Indicator Cluster Survey 2010/11

MICS

Central Statistics Organization

unicef

Afghanistan
Multiple Indicator Cluster Survey
2010-2011

Central Statistics Organisation
(CSO)

UNICEF
(United Nations Children's Fund)

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The Afghanistan Multiple Indicator Cluster Survey (AMICS) was carried out in 2010-2011 by the Central Statistics Organisation (CSO) of the Government of the Islamic Republic of Afghanistan in collaboration with United Nations Children's Fund (UNICEF). Financial and technical support was provided by UNICEF.

MICS is an international household survey programme developed by UNICEF. The Afghanistan MICS was conducted as part of the fourth global round of MICS surveys (MICS4). MICS provides up-to-date information on the situation of children and women, and measures key indicators to monitor progress towards the Millennium Development Goals (MDGs), the Afghanistan National Development Strategy (ANDS) and other internationally agreed upon commitments.

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Foreword

After over three decades of armed conflict, Afghanistan has made great strides in overcoming some of the legacies of the past, amidst ongoing challenges and hope for the future. The Government of Afghanistan has worked closely with the international community to lead in progress achieved in a number of key social and economic indicators since 2002.

Article 54 of the Afghanistan Constitution (2004) stipulates that the family is the fundamental pillar of society, and that the Government shall adopt all necessary measures to attain the physical and spiritual health of the family, especially that of children and mothers. Article 22 declares non-discrimination and equality in rights and duties between men and women, while Article 49 prohibits the forced labour of children.

Several government ministries such as the Ministry of Women's Affairs (MoWA), the Ministry of Education (MoE), the Ministry of Labour, Social Affairs, Martyrs and Disabled (MoLSAMD), and organizations as well as departments within other ministries have been tasked with addressing the needs of children, women, and families. The Afghanistan Independent Human Rights Commission (AIHRC) came into being in 2002, and includes a Child's Rights Desk focused on protecting the basic human rights of children.

Based on the global commitment to meeting the Millenium Development Goals (MDGs), several national policies and strategies aimed at improving the wellbeing of children and women have been adopted. These include the National Action Plan for the Women of Afghanistan, 2007-2017 (NAPWA), the National Child and Adolescent Health Policy, 2009-2013, the National Strategy for Street Working Children, the National Strategy for the Protection of Children at Risk, the National Education Strategic Plan of Afghanistan (NESP), the National Social Protection policy, among others. Afghanistan is also considering the development of a comprehensive Child Act. The Child Protection Action Plan (CPAN) was adopted in 2003 by MoLSAMD, and has the goal of protecting children against all forms of exploitation, violence and abuse. CPAN promotes and disseminates the principles embodied in the Convention on the Rights of the Child (CRC) in Afghanistan. However, the 2011 concluding observations of the CRC Committee urged the Government to apply to a much greater extent the provisions of the CRC in our domestic legal framework.

As the main poverty reduction strategy policy, the Afghanistan National Development Strategy (ANDS) 2008-2013 was developed to identify national development priorities and to outline a plan of action for achieving Afghanistan's MDGs, through the enhanced delivery of health services, expanded access to education, improved water and sanitation facilities, and the entrenchment of the rule of law. To protect the legal rights of children in conflict, ANDS calls upon the Government to enhance the legal and policy framework related to the juvenile offenders and children in conflict, and also calls for improved access to the formal legal system for women and children.

Recognizing the plight of children in Afghanistan, ANDS underlines the commitments made by the Government to focus on supporting the most vulnerable and the poorest of the poor. This includes in particular, children at risk, chronically poor women, and poor and disabled people; and the obligation to develop social protection programmes to meet the needs of these most vulnerable groups.

Further, the Government and the donor community affirmed their commitment to realizing identified national priorities through the National Priority Programmes (NPP). These commitments were reaffirmed at the Bonn Conference in November 2011 where pledges were made to support Afghanistan beyond 2014. The Afghanistan MICS for 2010-2011 contributes greatly towards our efforts to monitor the progress of the Afghan MDGs for 2020, as well as other national priorities defined in the ANDS and NPPs.

The present report highlights the status of children and women in Afghanistan, and will prove to be of great value to planners, administrators, policy makers, researchers, and to all of our development partners. The data here will serve to develop and prescribe appropriate programmes and to develop responsive policies for the development and welfare of children and women in Afghanistan, which is ultimately aimed at helping us achieve important national goals.

I am grateful to all the team members who provided various forms of technical assistance that allowed for the publication of this report. And last but not least, I would like to extend my sincere thanks to UNICEF for extending their financial and technical support towards the realization of the report.

Abdul Rahman Ghafoori
President General
Central Statistics Organization
Government of the Islamic Republic of Afghanistan
Kabul

Summary Table of Findings

Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) Indicators, Afghanistan, 2010-2011

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator	Value	Unit
CHILD MORTALITY					
Child mortality	1.1	4.1	Under-five mortality rate	102	per thousand
	1.2	4.2	Infant mortality rate	74	per thousand
NUTRITION					
Nutritional status		1.8	Underweight prevalence		
	2.1a		Moderate and Severe (- 2 SD)	25.0	percent
	2.1b		Severe (- 3 SD)	10.6	percent
			Stunting prevalence		
	2.2a		Moderate and Severe (- 2 SD)	51.6	percent
	2.2b		Severe (- 3 SD)	34.1	percent
			Wasting prevalence		
	2.3a		Moderate and Severe (- 2 SD)	13.9	percent
	2.3b		Severe (- 3 SD)	7.2	percent
Breastfeeding and infant feeding	2.4		Children ever breastfed	93.4	percent
	2.5		Early initiation of breastfeeding	53.6	percent
	2.6		Exclusive breastfeeding under 6 months	54.3	percent
	2.7		Continued breastfeeding at 1 year	87.8	percent
	2.8		Continued breastfeeding at 2 years	69.4	percent
	2.9		Predominant breastfeeding under 6 months	69.2	percent
	2.10		Duration of breastfeeding	23.7	percent
	2.11		Bottle feeding	28.2	percent
	2.12		Introduction of solid, semi-solid or soft foods	20.1	percent
	2.13		Minimum meal frequency	17.8	percent
	2.14		Age-appropriate breastfeeding	36.7	percent
	2.15		Milk feeding frequency for non-breastfed children	59.5	percent
Salt iodization	2.16		Iodized salt consumption	20.4	percent
Vitamin A	2.17		Vitamin A supplementation (children under age 5)	50.6	percent
Anaemia			Child Anaemia prevalence	33.7	percent
			Non-pregnant women anaemia prevalence	21.4	percent
			Pregnant women anaemia prevalence	16.3	percent
CHILD HEALTH					
Vaccinations	3.1		Tuberculosis immunization coverage	64.2	percent
	3.2		Polio immunization coverage	48.0	percent
	3.3		Immunization coverage for diphtheria, pertussis and tetanus (DPT)	40.2	percent
	3.4	4.3	Measles immunization coverage	55.5	percent

Tetanus toxoid	3.7		Neonatal tetanus protection	40.8	percent
Care of illness	3.8		Oral rehydration therapy with continued feeding	47.5	percent
	3.9		Care seeking for suspected pneumonia	60.5	percent
	3.10		Antibiotic treatment of suspected pneumonia	63.9	percent
Solid fuel use	3.11		Solid fuels	84.2	percent
WATER AND SANITATION					
Water and sanitation	4.1	7.8	Use of improved drinking water sources	56.7	percent
	4.2		Water treatment	14.9	percent
	4.3	7.9	Use of improved sanitation facilities	28.5	percent
	4.4		Safe disposal of child's faeces	45.8	percent
Hand washing	4.5		Place for hand washing	70.8	percent
	4.6		Availability of soap	74.4	percent
REPRODUCTIVE HEALTH					
Early childbearing and contraception	5.2		Early childbearing	25.6	percent
	5.3	5.3	Contraceptive prevalence rate	21.2	percent
Maternal and newborn health		5.5	Antenatal care coverage		
	5.5a		At least once by skilled personnel	47.9	percent
	5.5b		At least four times by any provider	14.6	percent
	5.6		Content of antenatal care	12.1	percent
	5.7	5.2	Skilled attendant at delivery	38.6	percent
	5.8		Institutional deliveries	32.9	percent
	5.9		Caesarean section	3.6	percent
CHILD DEVELOPMENT					
Child development	6.1		Support for learning	73.1	percent
	6.2		Father's support for learning	61.8	percent
	6.3		Learning materials: children's books	2.2	percent
	6.4		Learning materials: playthings	52.6	percent
	6.5		Inadequate care	40.2	percent
	6.7		Attendance to early childhood education	1.0	percent
EDUCATION					
Literacy and education	7.1	2.3	Literacy rate among young women	22.2	percent
	7.2		School readiness	12.7	percent
	7.3		Net intake rate in primary education	29.0	percent
	7.4	2.1	Primary school net attendance ratio (adjusted)	55.2	percent
	7.5		Secondary school net attendance ratio (adjusted)	32.4	percent
	7.6	2.2	Children reaching last grade of primary	84.1	percent
	7.7		Primary completion rate	30.7	percent
	7.8		Transition rate to secondary school	92.9	percent
	7.9		Gender parity index (primary school)	0.74	ratio
	7.10		Gender parity index (secondary school)	0.49	ratio
CHILD PROTECTION					
Birth registration	8.1		Birth registration	37.4	percent
Child labour	8.2		Child labour	25.3	percent
	8.3		School attendance among child labourers	50.9	percent
	8.4		Child labour among students	30.9	percent
Child discipline	8.5		Violent discipline	74.4	percent

Early marriage and polygamy	8.6		Marriage before age 15	15.2	percent
	8.7		Marriage before age 18	46.3	percent
	8.8		Young women age 15-19 currently married	19.8	percent
	8.9		Polygamy	7.1	percent
			Spousal age difference		
	8.10a		Women age 15-19	11.0	percent
	8.10b		Women age 20-24	14.0	percent
Domestic violence	8.14		Attitudes towards domestic violence	91.5	percent
Orphaned children	9.17		Children's living arrangements	1.7	percent
	9.18		Prevalence of children with at least one parent dead	4.7	percent
	9.19	6.4	School attendance of orphans	34.4	percent
	9.2	6.4	School attendance of non-orphans	57.4	percent
HIV & AIDS					
HIV and AIDS knowledge and attitudes	9.1		Comprehensive knowledge about HIV prevention	1.5	percent
	9.2	6.3	Comprehensive knowledge about HIV prevention among young people	1.8	percent
	9.3		Knowledge of mother-to-child transmission of HIV	8.4	percent
	9.4		Accepting attitude towards people living with HIV	16.0	percent

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List of Abbreviations

AIHRC	Afghanistan Independent Human Rights Commission
AIDS	Acquired Immune Deficiency Syndrome
AMICS	Afghanistan's Multiple Indicator Survey
ANDS	Afghanistan National Development Strategy
BCG	Bacillis-Cereus-Geuerin (Tuberculosis)
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CO	Carbon Monoxide
CPAN	Child Protection Action Network
CSPro	Census and Survey Processing System
CSO	Central Statistics Organization
CRC	Convention on the Rights of the Child
DPT	Diphteria Pertussis Tetanus
EA	Enumeration Area
EPI	Expanded Programme on Immunization
g/dl	gram per decilitre
GDP	Gross Domestic Product
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
IDD	Iodine Deficiency Disorders
IMR	Infant Mortality Rate
ITN	Insecticide Treated Net
IUD	Intrauterine Device
JMP	Joint Monitoring Programme
LAM	Lactational Amenorrhea Method
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MoE	Ministry of Education
MoLSAMD	Ministry of Labour, Social Affairs, Martyrs and Disabled
MoWA	Ministry of Women's Affairs
MoPH	Ministry of Public Health
NAPWA	National Action Plan for the Women of Afghanistan, 2007-2017
NAR	Net Attendance Rate
NESP	National Education Strategic Plan
NGO	Non-Governmental Organization
NPP	National Priority Programs
NRVA	National Risk and Vulnerability Assessment
OHCHR	Office of the High Commissioner for Human Rights
ORS	Oral Rehydration Salts
ORT	Oral rehydration treatment
PPS	Probability proportional to size
ppm	Parts Per Million
RHF	Recommended Home Fluid
RME	Relative Margin of Error
PSU	Primary Sampling Units
SPSS	Statistical Package for Social Sciences
STI	Sexually Transmitted Infection

U5MR	Under-five Mortality Rate
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
USI	Universal Salt Iodization
VIP	Ventilated improved pit latrine
WFFC	World Fit For Children
WHO	World Health Organization

Acknowledgements

The Government of the Islamic Republic of Afghanistan has mandated the Central Statistics Organization (CSO) to collect data in order to provide strong evidence for equity-based planning and programming, as well as to monitor progress on the implementation of international conventions. The CSO, in collaboration with UNICEF, conducted the Afghanistan Multiple Indicator Survey (AMICS), which began in October 2010 and concluded in May 2011.

The CSO collaborated with the Ministry of Public Health, the Ministry of Education, and other government stakeholders to successfully complete the survey. Staff from the CSO and UNICEF, as well as many others from various government agencies, UN programs and other partners took part in conducting this AMICS. We greatly appreciate the support demonstrated by the relevant ministries, agencies and individuals, and we want to thank everyone involved in the survey, the subsequent data analysis, and all those involved in preparing the final report.

The Global MICS Team of UNICEF defined the MICS protocols and methodology, and in consultation with the CSO's staff, the survey tools were customized to Afghanistan's context. The standardized MICS questionnaires, sample selection procedures and software used for tabulations (provided by UNICEF) were indispensable for carrying out the survey and data analysis.

The CSO, with the collaboration of UNICEF consultants, trained their staff and others for the fieldwork required to undertake the survey's sampling, data processing, analysis and report writing. UNICEF also supported training abroad for the AMICS team members.

In particular, we sincerely thank UNICEF for their technical and financial support, which made this survey and the resulting report possible.

Executive Summary

The Afghanistan Multiple Indicator Cluster Survey (AMICS) is a nationally representative sample survey that presents data on the social, health, and educational status of women and children in Afghanistan. It was conducted in 2010-2011 by the Central Statistics Organisation (CSO) of the Government of the Islamic Republic of Afghanistan, with the technical and financial support of UNICEF. The survey is based on the need to monitor progress towards goals and targets emanating from recent international agreements such as the Millennium Declaration and the Plan of Action of A World Fit For Children. It further helps track progress towards the Afghan Government's policy commitments to reduce poverty and support the wellbeing of women and children, such as the commitments made through the Afghanistan National Development Strategy (ANDS).

The findings of the AMICS reveal the story of a country in transition, where many significant improvements have occurred in the last decade, as Afghanistan emerged from decades of war, poor governance, and widespread human rights abuses. Many Afghans have improved access to drinking water, school attendance is up for both boys and girls, and child mortality is relatively down, if still unacceptably high when compared with global estimates. Yet, progress has come more slowly in many areas, such as women's literacy, and Afghanistan faces new threats on the horizon, such as HIV/AIDS. Across all sectors covered in AMICS, major disparities exist by the background characteristics of respondents. There are often dramatic differences in indicators between urban and rural areas, by household socio-economic status, and by region. Consistently, the education level of women emerges as a reliable predictor of almost all indicators for women and children. This finding is compelling evidence that investments in the status and wellbeing of women are investments in children, and in communities at large.

Below follows major findings highlighted from each chapter of the report.

Survey Coverage

In the AMICS, there were 13,314 households visited, across eight regions of Afghanistan, with a household response rate of 98.5%. In the interviewed households, 22,053 women (age 15-49 years) were identified. Of these, 21,290 were successfully interviewed, yielding a response rate of 96.5% within interviewed households. In addition, 15,327 children under age five were listed in the household questionnaire. Questionnaires were completed for 14,872 of these children, which corresponds to a response rate of 97.0% within interviewed households. Overall response rates are 95.1% for women and 95.6% for children under-5.

Characteristics of Households and Population

Of the 21,290 female respondents aged 15-49 years who were surveyed, 81% live in rural areas. Most of the women interviewed were married (69%), while 29% had never been married, 1.5% were widowed, and 0.1% were divorced or separated. The majority of the women (64%) had given birth at least once in their lifetime, 36% had never given birth at the time of the survey, and 36% had given birth in the previous two years. Most of the women respondents (82%) had no formal education, while 8% had primary level education only, and 11% had attained secondary level education or higher. Of females aged 15-49 years, 22% were in the wealthiest quintile, while 19% were in the poorest quintile.

Of the children under five years of age included in the sample, 51% were male and 49% were female, with most (84%) residing in rural areas. The vast majority of the mothers of these children have attained no formal education (91%), while 5% had attained primary education and 4% had attained secondary education or higher. The children surveyed are quite evenly distributed across households of different wealth quintiles, with 21% in the poorest quintile, and 17% in the wealthiest quintile.

Child Mortality

The AMICS estimates Afghanistan's infant mortality rate at 74 per thousand live births, while the probability of dying before the age of five, the under-5 mortality rate (U5MR), is around 102 per thousand live births. The male infant and under-five mortality rates for males are much higher than the female rates, with a 10% difference between the probabilities of dying between males and females. The mortality rates are lower in urban areas as compared to rural areas. There are also differences in mortality in terms of educational levels and wealth. As education and wealth levels rise, infant and under-5 mortality rates lower. While the infant mortality rate is 62 for the wealthiest quintile, it is 75 for the poorest quintile. Infant mortality for mothers with no education is 74, while it is notably lower (55) for mothers with secondary education or higher. Given that for other countries in the region that are comparatively more stable than Afghanistan, such as India and Bangladesh, the speed of reduction in U5MR and IMR is less than 4% per year over the past two decades, the AMICS findings on child mortality should be interpreted with caution.

Nutrition

One in four children under age five in Afghanistan is moderately and severely underweight (25%), one in two is moderately stunted (52%) and almost one in seven is moderately or severely wasted (14%). Children in the Southern region are more likely to be underweight, stunted and wasted than other children. The same pattern is observed for children living in rural areas, and for children whose mothers have secondary education or higher.

Only 54% of babies are breastfed for the first time within one hour of birth, while 84% of newborns in Afghanistan start breastfeeding within one day of birth, with notable differences by region. Women who delivered in a public sector health facility were most likely to have breastfed within the first hour of birth (62%) and within the first day of birth (89%), compared to women who delivered in a private sector health facility, at home, or in another location. Approximately 54% of children aged less than six months are exclusively breastfed. Even at the earliest ages, almost 40% of children are receiving liquids or foods other than breast milk, which puts them at increased risk of consuming contaminated foods and water. By the end of the sixth month, the percentage of children exclusively breastfed is below 30%. Overall, only 37% of children aged 0-23 months are being adequately breastfed, with a radical decrease in appropriate feeding practice observed among infants aged 6-23 months in the Southern and South Eastern regions.

Only 20% of households are consuming adequate levels of iodized salt, with use lowest in the Western region (9%) and highest in the Central region (52%), and a considerable gap found in consumption between urban (41%) and rural (16%) areas. Within the six months prior to survey, 51% of children aged 6-59 months received a high dose Vitamin A supplement, with significant variation in coverage by region, with the lowest in the Southern region (19%). The mother's level of education is related to the likelihood of Vitamin A supplementation. Anaemia, which poses an increased risk of child mortality, has prevalence among children aged 6-59 months of 34%. Overall,

the prevalence of anaemia among pregnant women aged 15-49 is 16%, and among non-pregnant women aged 15-49, it is 21%.

Child Health

The data present major concerns with the reach of vaccination coverage in Afghanistan. Only 18% of children aged 12-23 months are fully vaccinated, one in four children receive no vaccination before age 1, and only 31% of children had vaccination cards. For vaccines with multiple dosages, coverage declines with the dosage, with the highest coverage at the first dosage. For instance, 66% of children received Polio 1 by the age of 12 months and this declines to 42% by the third dose. The coverage for the measles vaccine by 12 months reaches 44%. The mother's education appears to be a factor significantly influencing children's immunization rates, with higher educational attainment being linked to higher immunization rates. This is also the case for women's protection against tetanus, with her education level and wealth index quintile influencing the likelihood of protection. Only 41% of women with a birth in the last two years are protected against tetanus.

Overall, 23% of children under age five had diarrhoea in the two weeks preceding the survey, with prevalence varying by region. Approximately 64% of children with diarrhoea received oral rehydration salt or any recommended home fluid. Less than half of children were given oral rehydration treatment with continued feeding during diarrhoeal episodes.

It was found that 19% of children aged 0-59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Of these children, 61% were taken to an appropriate provider. In Afghanistan, 19% of children were taken to a governmental hospital for treatment of suspected pneumonia, and 64% of children under-5 with suspected pneumonia had received an antibiotic during the two weeks prior to the survey. Overall, only 15% of women know of the two danger signs of pneumonia – fast and difficult breathing.

Overall, most households (84%) in Afghanistan are using solid fuels for cooking. Use of solid fuels is low in urban areas (33%), but very high in rural areas, where almost all of the households (95%) are using solid fuels. Differentials with respect to household wealth and the educational level of the household head are also significant. In urban areas, 73% of households cook with solid fuel in a separate room used as a kitchen, while 66% of rural households do so. More than half of households cook with solid fuel in a separate room in most regions, except in the Western region where only 44% of households do so.

Water and Sanitation

Overall, 57% of the Afghan population is using an improved source of drinking water, including 82% who use an improved source in urban areas and 51% who are using an improved source in rural areas, though the source of drinking water for the population varies significantly by region.

With high regional, wealth and other variations, overall there exists a wide range of practices in the disposal of human excreta. In Afghanistan, 31% of the population live in households using improved sanitation facilities, including 60% in urban areas and 25% in rural areas. Use of improved sanitation facilities is strongly correlated with wealth, and also differs profoundly between urban and rural areas. Nationally, 29% of households use an improved sanitation facility that is not shared with other households. The percentage using improved and unshared sanitation facilities is significantly higher in urban areas (51%) than in rural areas (24%).

Nationally, it was observed that 60% of households use a specific place for hand washing. Of those households where a designated place for hand washing was observed, 71% had both water and soap present at the designated place.

Reproductive Health

Despite the significant risks of early childbearing to mother and child, 10% of women in Afghanistan aged 15-19 have already had a birth and 4% are pregnant with their first child; therefore, 14% have begun childbearing. Alarmingly, 2% have had a live birth before the age of 15. One in four women age 20-24 years have had already a live birth before reaching age 18. There are strong correlations between early childbearing and mothers' education levels. Contraception use is extremely low with almost 80% of women not using any form of contraception. Of those women who do use contraception, the most popular method is use of injectables followed by the pill. The percentage of women using any method of contraception rises from 20% among those with no education to 27% among women with primary education, and to 38% among women with secondary education or higher.

Coverage of antenatal care (by a doctor, nurse, or midwife) is low in Afghanistan with 48% of women receiving antenatal care at least once by skilled health personnel during the pregnancy. Overall, recommended antenatal care is inconsistent, with recommended practices applied only in a minority of cases. Among women who have given birth to a child during the two years preceding the survey, only 12% of pregnant women had antenatal care visits where their blood pressure was measured, and urine and blood tested. Doctors assisted with the delivery of 20% of births, nurses or midwives assisted with 16% of births, and auxiliary midwives assisted with 2% of births. More than 60% of births were delivered with the assistance of non-skilled personnel. Almost 33% of births in Afghanistan are delivered in a health facility. More than half of births (65%) occur at home. Women in urban areas (66%) are more than twice as likely to deliver in a health facility as their rural counterparts (25%).

Child Development

Only 1% of children aged 36-59 months are attending pre-school in Afghanistan. While exceedingly low overall, the attendance figure is still eight times higher in urban areas (4%), compared to rural areas (0.5%), with variances by socioeconomic status. For more than two-thirds (73%) of under-five children, an adult household member engaged in more than four activities that promote learning and school readiness during the three days preceding the survey, such as reading a book, singing a song, or playing, with fathers' involvement in such activities accounting for two thirds of instances. Only 2% of children aged 0-59 months are living in households where at least three children's books are present, and the proportion of children with 10 or more books declines to less than 0.5%. Of children aged 0-59 months, 53% had two or more play items in their homes. With regards to inadequate care, it was found that 40% of children had recently either been left alone or in the care of another child.

Literacy and Education

One in five Afghan women aged 15-24 are literate. The women's literacy rate in rural areas is more than three times lower than in urban areas. Of women who stated that primary school was their highest level of education attained, only 29% were actually literate. Literacy among women living in the poorest households is 10 times lower than their counterparts in the wealthiest quintile.

In 2010/2011, 29% of school eligible children were attending the first grade of primary school, with significant regional disparities. In the Southern region, for instance, the school attendance indicator is below 12%, but 45% in the Eastern region. Children's entry into primary school is timelier in urban areas (43%) than in rural areas (26%). Only 55% of children of primary school age are attending school, with disparities between urban and rural areas, and about 68% of secondary school age children are not attending school. The secondary school net attendance rate for girls is more than two times lower than that of boys. Of all children starting Grade 1, nearly four in five will eventually reach the last grade, and the majority of the children who successfully completed the last grade of primary school (93%) were attending the first grade of secondary school. Gender parity for primary school is 0.74, indicating a difference in the attendance of girls and boys in primary school. The indicator drops to 0.49 for secondary education, with a particularly pronounced inequity for girls in the Southern region.

Child Protection

The births of 63% of children under five years of age in Afghanistan have not been registered. Child labour is very prevalent, with 25% of children aged between 5 and 14 participating in labour activities. Of children aged 2-14 years, 74% have been subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members, and 38% of children were subjected to severe physical punishment. The majority (94%) of children aged 0-17 years in Afghanistan live with both of their parents, with around 2% living with neither parent.

While still high overall, the data suggests that early marriage is on the decrease in Afghanistan. Still, one in five women aged 15-19 years is already married. Overall, 15% of women surveyed were married before the age of 15, while 46% were married before the age of 18. Early marriage is strongly correlated to education: young women without education are more than three times as likely to be married before the age of 18 than are their counterparts who have secondary education or higher. The survey found that about 7% of women aged 15-49 years are in a polygamous marriage. The AMICS considered spousal age difference and found that 11% of women aged 15-19 and 14% of women aged 20-24 are married to men at least ten years older than them. A finding of great concern was that the majority (92%) of women surveyed feel that their husband is justified in using physical violence against them, for any specific reason.

HIV and AIDS

Afghanistan is considered to be a country with low HIV prevalence, but at high risk for an outbreak. The survey found that one in four women aged 15-49 (26%) had heard of AIDS. However, only 2% have comprehensive and correct knowledge of HIV prevention and transmission. Numerous disparities were found in HIV/AIDS awareness and knowledge levels. For instance, more than half (55%) of urban dwelling women had heard of AIDS, compared to 21% of rural women. One in five women (21%) knows that HIV can be transmitted from mother to child. The percentage of women who know all three ways of mother-to-child transmission is 8%, while 4% of women did not know of any specific way.

1

Introduction

Background

This report is based on the Afghanistan Multiple Indicator Cluster Survey (AMICS), conducted in 2010-2011 by the Central Statistics Organisation (CSO) of the Government of the Islamic Republic of Afghanistan. The survey provides valuable information on the situation of children and women in Afghanistan, and was based in large part on the needs to monitor progress towards goals and targets emanating from recent international agreements such as the Millennium Declaration, adopted by all 191 United Nations Member States in September 2000, and the Plan of Action of A World Fit For Children, adopted by 189 Member States at the United Nations Special Session on Children in May 2002. Both of these commitments build upon promises made by the international community at the 1990 World Summit for Children.

In signing these international agreements, governments committed themselves to improving conditions for their children and to monitoring progress towards that end. UNICEF was assigned a supporting role in this task.

A Commitment to Action
National and International Reporting Responsibilities

The governments that signed the Millennium Declaration and the World Fit for Children Declaration and Plan of Action also committed themselves to monitoring progress towards the goals and objectives they contained:

"We will monitor regularly at the national level and, where appropriate, at the regional level and assess progress towards the goals and targets of the present Plan of Action at the national, regional and global levels. Accordingly, we will strengthen our national statistical capacity to collect, analyse and disaggregate data, including by sex, age and other relevant factors that may lead to disparities, and support a wide range of child-focused research. We will enhance international cooperation to support statistical capacity-building efforts and build community capacity for monitoring, assessment and planning" (**A World Fit for Children**, paragraph 60).

"…We will conduct periodic reviews at the national and subnational levels of progress in order to address obstacles more effectively and accelerate actions…" (**A World Fit for Children**, paragraph 61).

The Plan of Action (paragraph 61) also calls for the specific involvement of UNICEF in the preparation of periodic progress reports:

"… As the world's lead agency for children, the United Nations Children's Fund is requested to continue to prepare and disseminate, in close collaboration with Governments, relevant funds, programmes and the specialized agencies of the United Nations system, and all other relevant actors, as appropriate, information on the progress made in the implementation of the Declaration and the Plan of Action."

Similarly, the **Millennium Declaration** (paragraph 31) calls for periodic reporting on progress:

"…We request the General Assembly to review on a regular basis the progress made in implementing the provisions of this Declaration, and ask the Secretary-General to issue periodic reports for consideration by the General Assembly and as a basis for further action."

The Government of Afghanistan ratified the Convention on the Rights of the Child (CRC) in 1994 and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) was signed in 1980, but ratified only in 2003 (without reservations). Ratification of these conventions are aimed at fulfilling the human rights of women and children as per international law and in accordance with global commitments made towards improving the status of women and children worldwide. Due to political instability under the Taliban regime, which was in power at the time the Millennium Declaration was issued, Afghanistan endorsed the Millenium Development Goals (MDGs) only in 2004, and was granted an extension to meet the MDG targets by 2020 rather than by 2015. A ninth Development Goal was also added for Afghanistan, that of ensuring security as a precondition for development.

The Government of Afghanistan has worked with the international community to develop various tools to help measure human development indicators. The most extensive of these tools is the National Risk and Vulnerability Assessment (NRVA) of 2007-2008. The NRVA is Afghanistan's most comprehensive source of statistical information to date, providing a wide range of information on conditions such as poverty and wealth, the labour force, health, the status of women, education, and housing and agriculture, among others. The NRVA was a key step in collecting information that would assist in developing policies and programs that would target the most vulnerable citizens of Afghanistan. While less extensive, the AMICS provides updated, complementary and comparative data to the NRVA, and is an additional data tool that will further help track progress towards the country's development objectives, particularly those aimed at women and children.

Since 2004, Afghanistan has made important progress across many human development indicators, as the country has embarked upon an ambitious rebuilding effort. Government services have been reinstated, helping to meet basic needs in many parts of the country, from the expansion of primary education to an increase in access to basic healthcare. Yet, poverty continues to characterize the lives of much of the population. The Central Statistics Organization of Afghanistan estimates that 36% of the population, approximately 10 million people, live in poverty in the country. Food insecurity is an ongoing vulnerability, and many people are still unable to access basic guarantees of human security such as safe drinking water, sanitation, or housing. Social inequalities are widespread and threaten to undermine the economic growth that has been achieved over the last decade. The ongoing violence is another destabilizing factor, which systematically victimizes women and children, and renders poor people even more vulnerable.

The Afghan Government is seeking to reduce poverty and raise human development indicators, as reflected in the policy efforts mentioned earlier. Having accurate and reliable data on hand is critical to designing strong evidence-based interventions that will be responsive to the needs of Afghan citizens. This data should also inform the work of all stakeholders to Afghanistan's humanitarian and development assistance efforts, including donor governments, multilateral agencies, international non-governmental organizations (NGOs), and Afghan civil society. Much remains to be done to fulfil the commitments made to better protecting and promoting the basic rights of Afghan children and women.

The AMICS was carried out by Afghanistan's Central Statistics Organization (CSO), with the technical and financial assistance of UNICEF. The AMICS is a nationally representative sample of 13,468 selected households. The survey was designed to produce representative estimates of indicators for Afghanistan as a whole, for urban and rural areas, and for each of the country's eight regions (Central, Central Highlands, East, North, North East, South, South East and West). A stratified two-stage cluster sample design was used in the AMICS. Questionnaires for the household, for women, and for children were administered in each sampled household. The methodology is described in further detail in Chapter Two.

The results of the AMICS are presented in ten chapters: (3) characteristics of household and population, (4) child mortality, (5) nutrition, (6) child health, (7) water and sanitation, (8) reproductive health, (9) child development, (10) literacy and education, (11) child protection, and (12) HIV and AIDS. The findings chapters share the data in table format, highlight key aspects of the results, and provide relevant methodological information that helps to further illuminate the data. This final report presents the results of the indicators and topics covered in the survey. As a report sharing the findings of a complex survey covering a multitude of indicators across several major sectors, the AMICS report has as its purpose to present the key findings resulting from the collection of data. It is beyond the scope of the report to analyze the findings or speculate on causes for survey results, though it is hoped that the data presented here will serve other stakeholders in better understanding the causes and consequences of these findings.

Survey Objectives

The primary objectives of the AMICS 2010-2011 include the following:

- To provide up-to-date information for assessing the situation of children and women in Afghanistan;
- To generate data on the situation of children and women, including the identification of vulnerable groups and of disparities.
- To furnish data required for monitoring progress toward goals established in the Millennium Declaration and other internationally agreed upon goals;
- To serve as the evidence basis for future action and programming design, and to inform relevant policies and interventions;
- To contribute to the improvement of data and monitoring systems in Afghanistan and to strengthen technical expertise in the design, implementation, and analysis of such systems.

2

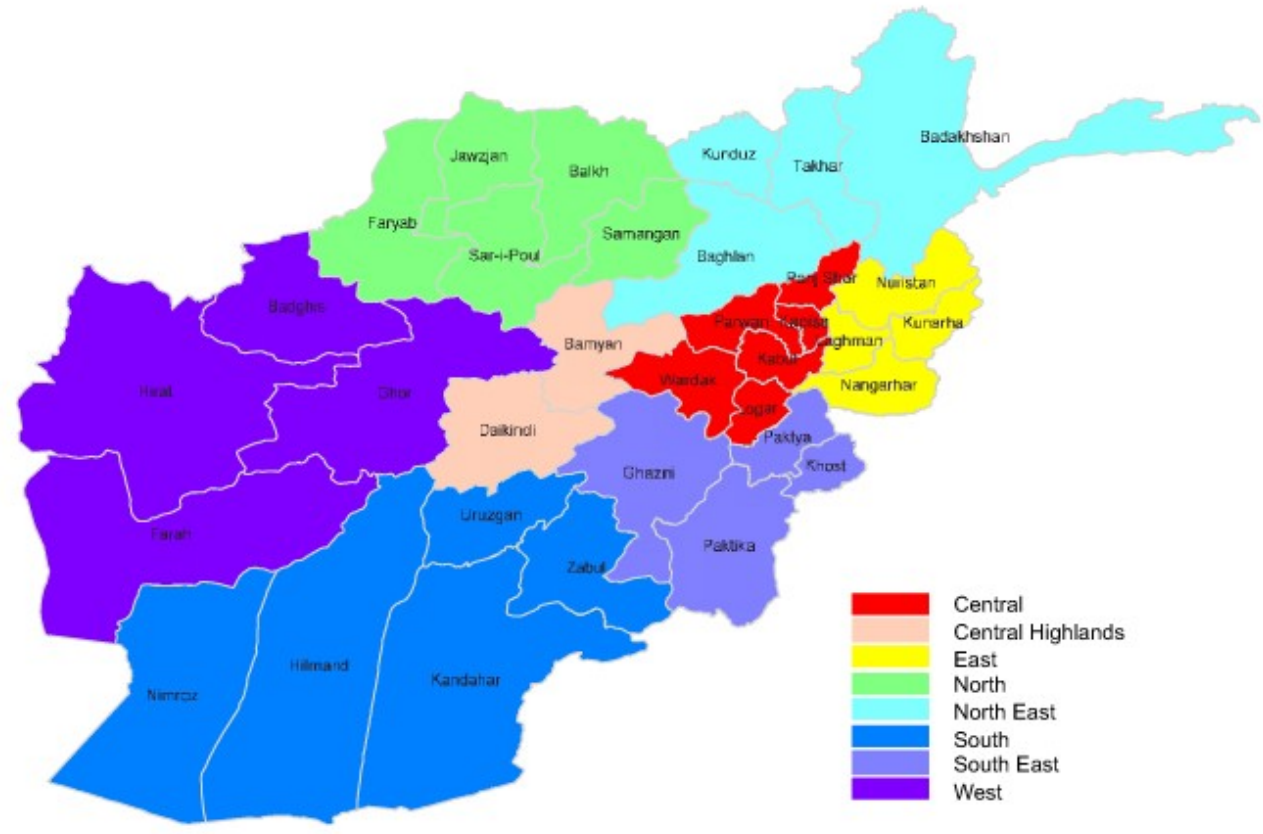
Sample & survey Methodology

Sample Design

The sample for the AMICS was designed to provide estimates for a large number of indicators on the situation of children and women at the national level, for urban and rural areas, in eight regions: Central, Central Highlands, East, North, North East, South, South East, and West. The list of provinces by region is shown below:

Name of Region	Name of Province	Name of Region	Name of Province
Central	Kabul Wardak Kapisa Logar Parwan Panjsher	***North East***	Baghlan Takhar Badakhshan Kunduz
Central Highlands	Bamyan Daikundi	***South***	Uruzgan Helmand Zabul Nimroz Kandahar
East	Nangarhar Kunar Laghman Nooristan	***South East***	Ghazni Paktya Paktika Khost
North	Samangan Sar-e-Pul Balkh Jawzjan Faryab	***West***	Ghor Herat Badghis Farah

Figure 2.1: Map Showing Regions Sampled



A stratified two-stage sample design was used for the AMICS. The primary sampling units (PSUs) are the enumeration areas (EAs), which are segments with well-defined boundaries delineated by the CSO within each administrative unit for the purposes of census enumeration. The EAs have an average of about 185 households each, which is a reasonable size for conducting a new listing of households. The sampling frame has a total of 21,194 EAs covering the territory of Afghanistan. The frame was based on a quick count of the households and population in each EA that the CSO had previously conducted in preparation for the census. For the calculation of the sample size, the key indicator used was the rate of fully immunized children from 12 to 23 months.

The urban and rural areas within each region were identified as the main sampling strata and the sample was selected in two stages. Within each stratum, a specified number of EAs were selected systematically with probability proportional to size as the first stage. After a household listing was carried out within the selected EAs, a systematic sample of 30 households was drawn in each sample EA as the second stage. The selection of 30 households per sample EA was based on the consideration of the high costs of transportation, logistics for the fieldwork, and cost-effective cluster size.

Sample Coverage

Table 2.1 shows the number of households, women, men, and children under five by results of the household, women's, men's and under-5's interviews, and household, women's, men's and under-5's response rates.

Table 2.1: Results of household, women's, men's and under-5 interviews

Number of households, women, men, and children under 5 by results of the household, women's, men's and under-5's interviews, and household, women's, men's and under-5's response rates, Afghanistan, 2010-2011

	Residence		Region								
	Urban	Rural	Central	Central Highlands	East	North	North East	South	South East	West	Total
Households											
Sampled	3,681	9,787	2,763	1,203	1,591	1,949	1,831	1,352	1,314	1,465	13,468
Visited	3,634	9,680	2,717	1,174	1,586	1,932	1,819	1,340	1,309	1,437	13,314
Interviewed	3,545	9,571	2,626	1,164	1,571	1,922	1,811	1,309	1,280	1,433	13,116
Household response rate	97.6	98.9	96.7	99.1	99.1	99.5	99.6	97.7	97.8	99.7	98.5
Women											
Eligible	5,962	16,091	4,650	1,907	2,320	2,935	3,265	2,251	2,809	1,916	22,053
Interviewed	5,740	15,550	4,423	1,781	2,276	2,904	3,222	2,228	2,597	1,859	21,290
Women's response rate	96.3	96.6	95.1	93.4	98.1	98.9	98.7	99.0	92.5	97.0	96.5
Women's overall response rate	93.9	95.5	91.9	92.6	97.2	98.4	98.2	96.7	90.4	96.8	95.1
Children under 5											
Eligible	3,633	11,694	2,795	1,402	1,834	2,112	2,165	1,469	2,302	1,248	15,327
Mothers/caretakers interviewed	3,529	11,343	2,703	1,321	1,814	2,104	2,134	1,450	2,131	1,215	14,872
Under-5's response rate	97.1	97.0	96.7	94.2	98.9	99.6	98.6	98.7	92.6	97.4	97.0
Under-5's overall response rate	94.8	95.9	93.5	93.4	98.0	99.1	98.1	96.4	90.5	97.1	95.6

Of the 13,468 households selected for the sample, 13,314 were visited. Of these, 13,116 were successfully interviewed for a high household response rate of 98.5%. In the interviewed households, 22,053 women (age 15-49 years) were identified. Of these, 21,290 were successfully interviewed, yielding a response rate of 96.5% within interviewed households. In addition, 15,327 children under age five were listed in the household questionnaire. Questionnaires were completed for 14,872 of these children, corresponding to a response rate of 97% within interviewed households. Overall, response rates of 95.6% are calculated for interviews with women and children under age five (Table 2.1).

A reserve sample of EAs was also selected within each stratum (using the same type of systematic PPS selection) to be used as possible replacements in extreme cases where the security situation for an original sample EA made it difficult to enumerate. A total of 102 sample EAs were selected as possible replacements. During the MICS fieldwork, 423 of the original 516 sample EAs were enumerated, and 26 replacement EAs were enumerated; while the remaining 67 sample EAs were not replaced. Therefore the final sample in the AMICS data file includes 449 sample EAs; thus there was an overall reduction in the effective sample size.

Of the 516 EAs, 67 were not accessible due to high insecurity during the fieldwork period. The sample was stratified by region and by urban/rural divide, and is not self-weighting. For reporting national level results, sample weights are used. For all tables mentioning the background characteristic of mother's educational level, up to a maximum of seven cases out of 14,872 cases, and for all tables mentioning the background characteristic of household head's educational level, up to maximum of eleven cases out of 13,116 cases, are missing. For this reason, the sums for each educational level do not equal the total number of cases shown in the tables where these background characteristics are shown. A subsample was administered to test blood in some households for anaemia. The results of the anaemia test subsample are included in Chapter 5, and a description of how the subsample was selected can be found in Appendix A, along with a more detailed description of the overall sample design.

Contents of Questionnaires

Three sets of questionnaires were used in the survey:

1) A household questionnaire used to collect information on all *de jure* household members (usual residents), on the household, and on the dwelling;
2) A women's questionnaire administered in each household to all women aged 15-49;
3) An under-five questionnaire administered to all mothers or caretakers for all children under the age of five living in the household.

The Questionnaire for the household included the following modules:

- Household Listing Form
- Education
- Water and Sanitation
- Household Characteristics
- Child Labour
- Child Discipline
- Hand washing
- Salt Iodization

The Questionnaire for individual women included the following modules:

- Woman's Background
- Child Mortality
- Desire for Last Birth
- Maternal and Newborn Health
- Illness Symptoms
- Contraception
- Attitudes Towards Domestic Violence
- Marriage
- Anthropometry[1]
- HIV/AIDS
- Blood Test for Anaemia[2]

The Questionnaire for Children Under Five[3] was normally administered to mothers of children under the age of five; however, in cases when the mother was not listed in the household roster, a primary caretaker for the child was identified and interviewed. The questionnaire included the following modules:

- Age
- Birth Registration
- Early Childhood Development
- Breastfeeding
- Care of Illness
- Immunization
- Anthropometry
- Blood Test for Anaemia[4]

The questionnaires are based on the MICS4 model questionnaire[5]. From the MICS4 model English-version, the questionnaires were translated into Dari and Pashto, and were pre-tested in Kabul province (Kabul city district and Farza district) and Parwan province (Charikar city district and Bagram district) during May 2010. Based on the results of the pre-test, modifications were made to the wording and translation of the questionnaires. A copy of the AMICS questionnaires is provided in Appendix F. In addition to the administration of questionnaires, fieldwork teams tested the salt used for cooking in the households for iodine content, observed the place and facilities used for hand washing, measured the weights and heights of children aged less than five years, and tested the blood of children aged under five and the blood of women aged between 15 and 49 years. Details and findings of these measurements are provided in the respective sections of the report.

Training and Fieldwork

Training for the fieldwork was conducted for 21 days in August and September 2010. Training included lectures on interviewing techniques and the contents of the questionnaires, in addition

[1] This module is country-specific.
[2] This module has been added to the Afghanistan adapted version of MICS.
[3] The terms "children under 5", "children age 0-4 years", and "children aged 0-59 months" are used interchangeably in this report.
[4] This module has been added to the Afghanistan adapted version of MICS.
[5] The model MICS4 questionnaires can be found at www.childinfo.org/mics4_questionnaire.html.

to mock interviews between trainees to gain practice in asking questions. Towards the end of the training period, trainees spent three days holding practice interviews in Kabul. For the fieldwork, data were collected by 66 teams. Each team was comprised of six interviewers (three females, three males), two editors (one female editor/measurer) and a supervisor. Fieldwork began in October 2010 and concluded in May 2011.

Data Processing

Data were entered using the CSPro software. The data were entered onto 24 microcomputers and carried out by 24 data entry operators, two data entry supervisors and one data processing manager. In order to ensure quality control, all questionnaires were double entered and internal consistency checks performed. Procedures and standard programs developed under the global MICS4 programme and adapted to the Afghanistan questionnaire were used throughout the processing. Data processing was completed in August 2011. Data were analysed using the Statistical Package for Social Sciences (SPSS) software program, Version 18, and the model syntax and tabulation plans developed by UNICEF were used for this purpose.

3

Household & Population Characteristics

Characteristics of Households

Table 3.1 provides basic background information on the households, with both weighted and unweighted numbers. Within households, the sex of the household head, region, residence, number of household members, and education of household head are shown. These background characteristics are used in subsequent tables in this report; the figures in the table are also intended to show the numbers of observations by major categories of analysis in the report, and provide important details to the interpretation of the data by respondents' characteristics. The remaining tables in this report are presented only with weighted numbers. See Appendix A for more details about the weighting.

The weighted and unweighted numbers of households are equal, since sample weights were normalized (See Appendix A). The table also shows the proportions of households with at least one child under 18, at least one child under five, and at least one eligible woman aged 15-49. The table also shows the weighted average household size estimated by the survey.

Table 3.1: Household composition

Percent and frequency distribution of households by selected characteristics, Afghanistan, 2010-2011

	Weighted percent	Number of households	
		Weighted	Unweighted
Sex of household head			
Male	99.1	13,003	12,977
Female	0.9	113	139
Region			
Central	16.5	2,159	2,626
Central Highlands	3.3	432	1,164
East	11.6	1,520	1,571
North	14.6	1,913	1,922
North East	15.9	2,091	1,811
South	12.1	1,584	1,309
South East	9.6	1,263	1,280
West	16.4	2,155	1,433
Residence			
Urban	18.5	2,427	3,545
Rural	81.5	10,689	9,571
Number of household members			
1	0.2	20	23
2	2.8	373	343
3	4.6	599	567
4	8.1	1,064	1,040
5	10.5	1,375	1,416
6	12.7	1,667	1,716
7	12.7	1,668	1,668
8	12.7	1,664	1,703
9	10.4	1,360	1,339
10+	25.4	3,326	3,301
Education of household head			
None	68.0	8,922	8,460
Primary	11.4	1,498	1,567
Secondary +	20.5	2,689	3,078

Percent and frequency distribution of households by selected characteristics, Afghanistan, 2010-2011			
	Weighted percent	Number of households	
		Weighted	Unweighted
Total	100.0	13,116	13,116
Households with at least			
One child age 0-4 years	69.0	13,116	13,116
One child age 0-17 years	94.2	13,116	13,116
One woman age 15-49 years	96.3	13,116	13,116
Mean household size	7.8	13,116	13,116

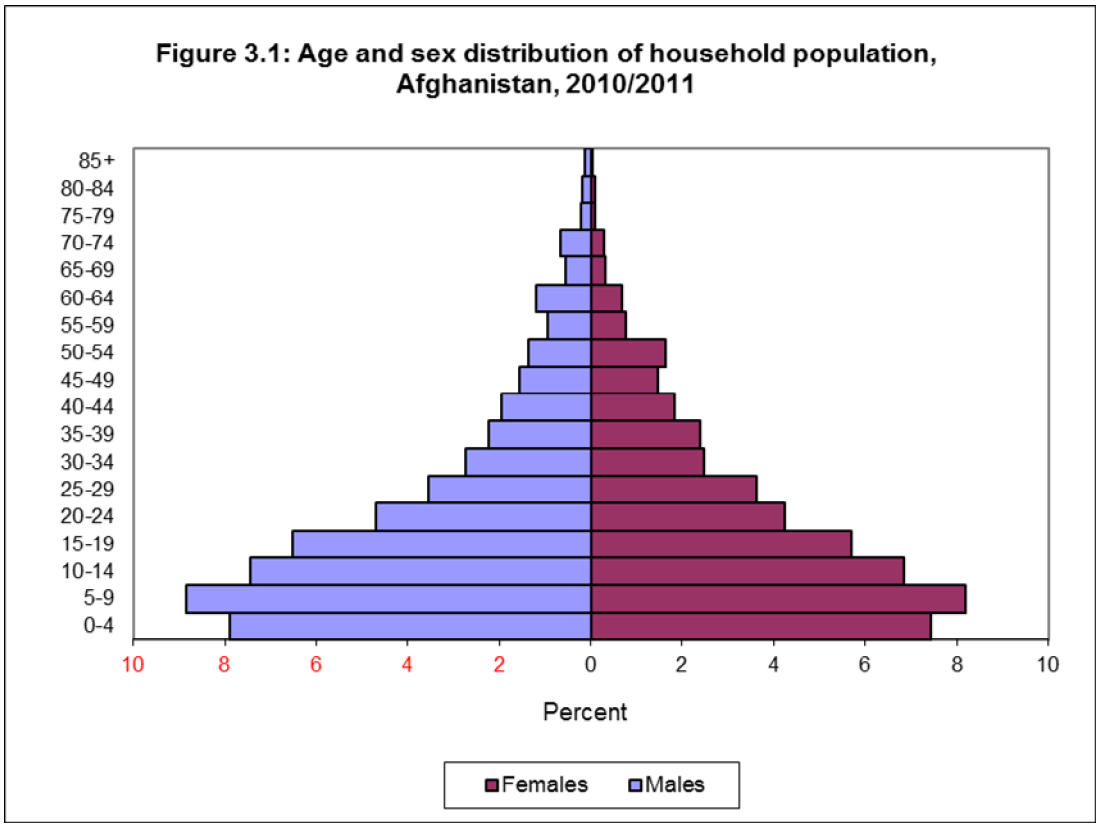
Characteristics of the Population

The weighted age and sex distribution of the survey population is provided in Table 3.2. The distribution is also used to produce the population pyramid in Figure 3.1.

Table 3.2: Population distribution by age and sex

Percent and frequency distribution of the household population by five-year age groups, dependency age groups, and by child (age 0-17 years) and adult populations (age 18 or more), by sex, Afghanistan, 2010-2011						
	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
Age						
0-4	7,972	15.0	7,503	15.4	15,475	15.2
5-9	8,928	16.8	8,267	17.0	17,195	16.9
10-14	7,500	14.1	6,899	14.2	14,399	14.2
15-19	6,578	12.4	5,748	11.8	12,326	12.1
20-24	4,750	8.9	4,271	8.8	9,021	8.9
25-29	3,589	6.8	3,673	7.6	7,262	7.1
30-34	2,747	5.2	2,494	5.1	5,241	5.2
35-39	2,238	4.2	2,427	5.0	4,664	4.6
40-44	1,965	3.7	1,846	3.8	3,811	3.7
45-49	1,562	2.9	1,474	3.0	3,036	3.0
50-54	1,385	2.6	1,648	3.4	3,033	3.0
55-59	956	1.8	788	1.6	1,743	1.7
60-64	1,211	2.3	688	1.4	1,899	1.9
65-69	554	1.0	327	0.7	881	0.9
70-74	662	1.2	290	0.6	952	0.9
75-79	215	0.4	92	0.2	307	0.3
80-84	200	0.4	90	0.2	290	0.3
85+	128	0.2	47	0.1	175	0.2
Dependency age groups						
0-14	24,400	45.9	22,668	46.7	47,069	46.3
15-64	26,981	50.8	25,056	51.6	52,037	51.2
65+	1,759	3.3	846	1.7	2,605	2.6
Child and adult populations						
Children age 0-17 years	28,304	53.3	25,988	53.5	54,292	53.4
Adults age 18+ years	24,835	46.7	22,583	46.5	47,418	46.6
Total		100.0		100.0		100.0

In the 13,116 households successfully interviewed in the survey, 101,713 household members were listed. Of these, 53,140 were males, and 48,573 were females.



Characteristics of Female Respondents 15-49 Years

Tables 3.3 and 3.4 provide information on the background characteristics of female respondents aged 15-49 years and of children under age five. In both tables, the total numbers of weighted and unweighted observations are equal, since sample weights have been normalized (standardized). In addition to providing useful information on the background characteristics of women and children, the tables are also intended to show the numbers of observations in each background category. These categories are used in subsequent tabulations found in this report.

Table 3.3 provides background characteristics of female respondents 15-49 years of age. The table includes information on the distribution of women according to region, residence, age, marital status, motherhood status, births in the last two years, education[6], and wealth index quintiles.

Principal components analysis was performed by using information on the ownership of consumer goods, dwelling characteristics, water and sanitation, and other characteristics that are related to the household's wealth to assign weights (factor scores) to each of the household assets. Each household was then assigned a wealth score based on these weights and the assets owned by that household. The survey household population was then ranked according to the wealth score of the household they are living in, and was finally divided into five equal parts (quintiles) from lowest (poorest) to highest (wealthiest). The assets used in these calculations

[6] Unless otherwise stated, throughout this report "education" refers to educational level attained by the respondent when used as a background variable.

were as follows: household water source, sanitation facility, number of persons per sleeping room, type of floor, type of roof, type of wall, type of cooking fuel, TV, radio, refrigerator.

The wealth index is assumed to capture the underlying long-term wealth through information on the household assets, and is intended to produce a ranking of households by wealth, from poorest to wealthiest. The wealth index does not provide information on absolute poverty, current income or expenditure levels.

Table 3.3: Women's background characteristics

Percent and frequency distribution of women age 15-49 years by selected background characteristics, Afghanistan, 2010-2011

	Weighted percent	Number of women	
		Weighted	Unweighted
Region			
Central	17.4	3,696	4,423
Central Highlands	3.4	714	1,781
East	10.1	2,153	2,276
North	13.5	2,876	2,904
North East	17.6	3,752	3,222
South	12.6	2,672	2,228
South East	12.8	2,731	2,597
West	12.7	2,695	1,859
Residence			
Urban	18.9	4,031	5,740
Rural	81.1	17,259	15,550
Age			
15-19	25.9	5,510	5,579
20-24	19.3	4,110	4,139
25-29	16.8	3,579	3,546
30-34	11.6	2,460	2,434
35-39	11.2	2,389	2,420
40-44	8.5	1,805	1,759
45-49	6.8	1,438	1,413
Marital status			
Currently married	69.4	14,757	14,521
Widowed	1.5	316	326
Divorced/Separated	0.1	18	21
Never married	29.1	6,185	6,411
Motherhood status			
Ever gave birth	64.1	13,640	13,468
Never gave birth	35.9	7,650	7,822
Births in last two years			
Had a birth in last two years	22.9	4,865	4,962
Had no birth in last two years	77.1	8,775	8,506
Education			
None	81.5	17,359	16,621
Primary	7.5	1,595	1,767
Secondary +	10.9	2,330	2,899
Wealth index quintile			
Poorest	18.7	3,989	3,513

Percent and frequency distribution of women age 15-49 years by selected background characteristics, Afghanistan, 2010-2011			
	Weighted percent	Number of women	
		Weighted	Unweighted
Second	19.5	4,143	3,869
Middle	19.9	4,227	3,997
Fourth	20.4	4,333	4,250
Richest	21.6	4,598	5,661
Total	100.0	21,290	21,290

Of the 21,290 female respondents aged 15-49 years, 81% live in rural areas, while 19% live in urban areas. The largest age group segment featured in the survey was the ages 15-19 category (26%), followed by the ages 20-24 category (19%). The smallest segment is the ages 45-49 category (7%). A high proportion of the women interviewed were married (69%), while 29% had never been married, less than 2% were widowed, and 0.1% were divorced or separated. The majority of the women (64%) had given birth at least once in their lifetime, 36% had never given birth at the time of the survey, and 23% had given birth in the previous two years.

Of note is that most of the women respondents (82%) had no formal education, while 8% had primary level education only, and 11% had attained secondary level education or higher[7]. This signals continued overall low levels of formal education among women, even more than ten years after the end of the Taliban regime. Women respondents aged 15-49 were fairly evenly distributed among the five wealth quintiles, with 22% were in the wealthiest quintile, and 19% in the poorest quintile.

The largest sample of women is represented by the Central region (17%), while the smallest is found in the Central Highlands region (3%). If the unweighted figure is higher than the weighted, it signifies that the women in any domain were oversampled by selection, and vice versa. This means that, for example, women in the Central Highlands region were under-sampled by selection while women living in the West region and in rural areas were over-sampled by selection.

Characteristic of Children Under Age 5

Some background characteristics of children under age five are presented in Table 3.4. These include the distribution of children by several attributes: sex, region and residence, age, mother's or caretaker's education, and wealth.

Table 3.4: Under-5s' background characteristics

Percent and frequency distribution of children under five years of age by selected characteristics, Afghanistan, 2010-2011			
	Weighted percent	Number of under-5 children	
		Weighted	Unweighted
Sex			
Male	51.5	7,653	7,607
Female	48.5	7,218	7,265
Region			

[7] In the AMICS, secondary education is combined with post-secondary education.

Percent and frequency distribution of children under five years of age by selected characteristics, Afghanistan, 2010-2011

	Weighted percent	Number of under-5 children	
		Weighted	Unweighted
Central	15.0	2,230	2,703
Central Highlands	3.5	517	1,321
East	11.2	1,667	1,814
North	14.0	2,087	2,104
North East	16.6	2,464	2,134
South	11.9	1,774	1,450
South East	15.5	2,308	2,131
West	12.3	1,825	1,215
Residence			
Urban	16.1	2,398	3,529
Rural	83.9	12,474	11,343
Age			
0-5 months	8.1	1,202	1,270
6-11 months	7.0	1,042	1,100
12-23 months	16.8	2,497	2,535
24-35 months	21.6	3,220	3,185
36-47 months	23.1	3,438	3,379
48-59 months	23.4	3,474	3,403
Mother's education*			
None	91.0	13,532	13,198
Primary	4.7	698	831
Secondary +	4.3	634	839
Wealth index quintile			
Poorest	20.9	3,101	2,788
Second	21.4	3,190	2,984
Middle	20.3	3,015	2,882
Fourth	20.1	2,983	2,967
Richest	17.4	2,583	3,251
Total	100.0	14,872	14,872

* Mother's education refers to educational attainment of mothers and caretakers of children under 5.

Of the children under five (Table 3.4), 51% were male and 49% were female, with most (84%) residing in rural areas. The largest segment represented are those children aged 48-59 months (23%), while the lowest represented are those aged 0-11 months (15%). The vast majority of the mothers of these children have attained no formal education (91%), while 5% had attained primary education and 4% had attained secondary education or higher. In terms of wealth, the children surveyed are quite evenly distributed across households of different wealth quintiles, with 21% in the poorest quintile, and 17% in the wealthiest quintile.

4

Child Mortality

Introduction: Child Mortality

One of the overarching goals of the MDGs is the reduction of infant and under-five mortality. Specifically, the MDGs call for the reduction in under-five mortality by two-thirds between 1990 and 2015. The infant mortality rate is the probability of dying before the first birthday. The under-five mortality rate is the probability of dying before the fifth birthday.

Monitoring progress towards this goal is an important but challenging objective. Measuring childhood mortality is a complex process. For instance, attempts using direct questions such as "Has anyone in this household died in the last year?" often give inaccurate results. Using direct measures of child mortality from birth histories is time consuming, more expensive, and requires greater attention to the training and supervision of surveyors. Alternatively, indirect methods developed to measure child mortality produce estimates that are comparable with the ones obtained from other sources. Indirect methods minimize the pitfalls of memory lapses, inexact or misinterpreted definitions, and poor interviewing technique.

Child Mortality Estimates for Afghanistan

In MICS surveys, infant and under five mortality rates are calculated based on an indirect estimation technique known as the Brass method[8]. The data used in the estimation are: the mean number of children ever born for five year age groups of women from age 15 to 49, and the proportion of these children who are dead, also for five-year age groups of women (Table 4.1). The technique converts the proportions dead among children of women in each age group into probabilities of dying by taking into account the approximate length of exposure of children to the risk of dying, assuming a particular model age pattern of mortality. The West model life table was selected, as it is most appropriate for Afghanistan, based on recommendations in the United Nations' *Manual X: Indirect Techniques for Demographic Estimation*.

Table 4.1: Children ever born, children surviving and proportion dead

	Children ever born		Children surviving		Proportion dead	Number of women
	Mean	Total	Mean	Total		
Age						
15-19	0.130	716	0.121	664	0.072	5,510
20-24	1.194	4,905	1.094	4,496	0.083	4,110
25-29	3.024	10,823	2.751	9,844	0.090	3,579
30-34	4.714	11,596	4.241	10,433	0.100	2,460
35-39	6.128	14,636	5.440	12,993	0.112	2,389
40-44	6.756	12,197	5.871	10,600	0.131	1,805
45-49	7.173	10,313	6.107	8,781	0.149	1,438
Total	3.062	65,187	2.715	57,810	0.113	21,290

Table 4.2 provides estimates of child mortality. The infant mortality rate is estimated at 74 per thousand live births, while the probability of dying under age 5 (U5MR) is around 102 per

[8] United Nations (1983). Manual X: Indirect Techniques for Demographic Estimation (United Nations publication, Sales No. E83.XIII.2); United Nations (1990a); QFIVE, United Nations Program for Child Mortality Estimation. New York: UN Pop Division; United Nations (1990b). Step-by-step Guide to the Estimation of Child Mortality. New York: UN.

thousand live births. These estimates have been calculated by averaging mortality estimates obtained from women age 25-29 and 30-34.[9]

Table 4.2: Child mortality (Reference year 2005)

Infant and under-five mortality rates, *West Model, Afghanistan, 2010-2011*

	Infant mortality rate[1]	Under-five mortality rate[2]
Sex		
Male	78	106
Female	68	97
Region		
Central	66	90
Central Highlands	86	122
East	50	65
North	86	122
North East	71	99
South	54	71
South East	87	124
West	89	127
Residence		
Urban	63	85
Rural	76	105
Mother's education		
None	74	103
Primary	71	98
Secondary +	55	73
Wealth index quintile		
Poorest	75	104
Second	68	94
Middle	80	112
Fourth	80	113
Richest	62	84
Total	74	102

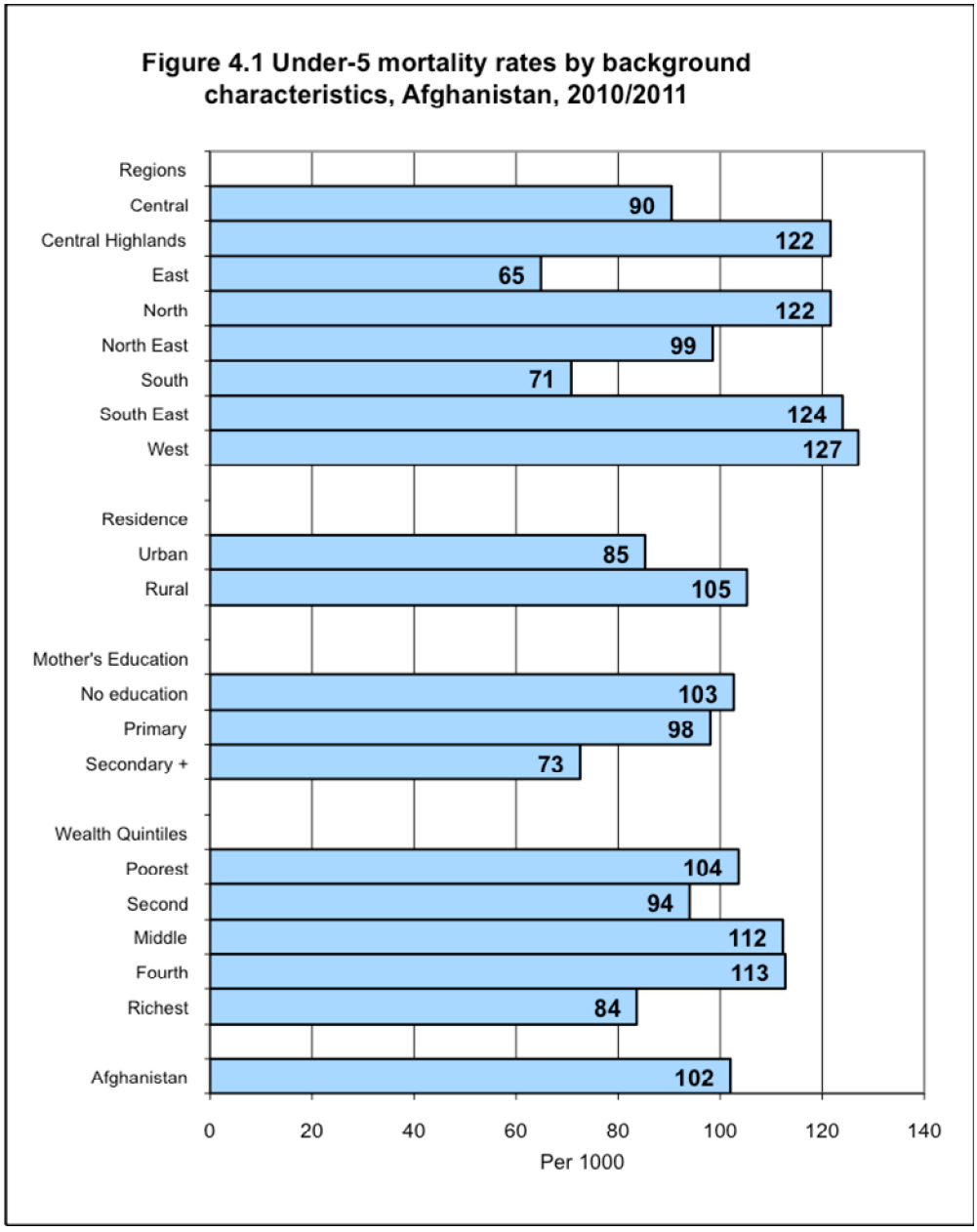
[1] MICS indicator 1.2; MDG indicator 4.2; [2] MICS indicator 1.1; MDG indicator 4.1

As Table 4.2 shows, the infant mortality rate among males is 78, while it is 68 among females. The under-five mortality rate shows 106 among males and 97 among females. The male infant mortality is higher than the female rate because biologically, male infants are more vulnerable than female infants.

There are wide regional variations found in infant and under-5 mortality rates. The West region has the highest U5MR and IMR (127 and 89 per thousand live births, respectively) and the East region has the lowest U5MR and IMR (65 and 50 per thousand live births, respectively). The U5MR in the West region is twice as high as in the East region, while the IMR figures for the Central, Central Highlands, North, North East, South East and West regions are all at least 22% higher than those of the East and South regions. In terms of rural-urban differences, the mortality rate is lower in urban areas than in rural areas.

[9]Note that further analyses are needed to explain the differences between administrative records and survey findings.

There are also differences in mortality in terms of mother's educational levels and household wealth. As education and wealth levels rise, infant and under-5 mortality rates lower. While the infant mortality rate is 62 for the wealthiest quintile, it is 75 for the poorest quintile. Infant mortality for the children of mothers with no education is 74, while it is notably lower (55) for the children of mothers with secondary education or higher. Differentials in under-5 mortality rates by selected background characteristics are shown in Figure 4.1.



In the 2007-2008 National Risk and Vulnerability Assessment (NRVA), the infant mortality rate (IMR) was 111 (per thousand live births) and the under-five mortality rate (U5MR) was 161. The NRVA applied a similar sampling methodology to that used by AMICS, a provincially representative sample with 20,576 sample households enumerated. Like the AMICS, the NRVA used the indirect method for its child mortality module.

The child mortality findings from AMICS indicate that the reduction of the IMR and U5MR would be 11% and 12% annually, respectively. Table 4.3 shows the speed of reduction between 1990 and 2010 in U5MR in the South Asian region overall as well as some specific countries. Countries like Bangladesh, Bhutan and India are stabilized in terms of these indicators, and have seen a steady increase in the social and economic status of their populations. However, their speed of reduction in U5MR is less than 6% per year over the past two decades. Afghanistan experienced violent conflict during the last three decades, a near absence of social services in many areas, and a rapidly deteriorating human security situation in the last few years of the post-Taliban period. Its child immunization coverage is low, and child malnutrition levels are high.

Table 4.3: Reduction in U5MR and IMR in South Asia

	U5MR		
	1990	2010	Average annual rate of reduction (percent)
South Asia	120	67	2.9
Bangladesh	143	48	5.5
Bhutan	139	56	4.5
India	115	63	3.0

Source: Levels and Trends in Child Mortality, Report 2011, UN Inter-Agency Group for Child Mortality Estimation

Considering the above noted regional comparisons and characteristics of the situation in Afghanistan, it can be concluded that the U5MR and IMR are under-estimated in the AMICS.

The estimation of child mortality is complex, especially in a country such as Afghanistan. The mortality data resulting from any single survey cannot be reflected as a true value, unless a series of data from different surveys are found to be comparable, and thus validated. As UNICEF has previously noted:

> *Generating accurate estimates of child mortality poses a considerable challenge because of the limited available of high-quality data for many developing countries. Complete vital registration systems are the preferred source of data on child mortality because they collect information as events occur and they cover the entire population. However, many developing countries lack fully functioning vital registration systems that accurately record all births and deaths.*[10]

For these reasons, users are advised to interpret the child mortality data from the AMICS with caution.

Progress on Child Mortality in Afghanistan

To put child mortality in Afghanistan in historical perspective, in 1970 UNICEF reported Afghanistan's U5MR at 314. In 1990, the U5MR was estimated at 209 by UNICEF[11] (and the IMR

[10] See *Child Mortality Methodology*, www.childInfo.org.

[11] Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, *Levels and Trends in Child Mortality: Report 2011.*

was estimated at 140), a reduction by more than one third over that 20-year period. The AMICS 2010/11 estimates U5MR at 102. Thus, there has been laudable progress. However, Afghanistan's U5MR is still one of the highest child mortality rates in the world, with more than 1 in 10 children dying before their fifth birthdays.

The vast majority of child deaths occurring in Afghanistan are preventable. Research undertaken by UNICEF has found that cost-effective, low-tech interventions such as vaccination programs, antibiotics, micronutrient supplementation, and improved family care and breastfeeding practices can help children survive into adulthood. The extent and impact of access to some of these programs are reported on in the next chapters of this report.

5

Nutrition

Introduction: Nutrition

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply, are not exposed to repeated illness, and are well cared for, they can reach their growth potential and are considered well nourished.

Malnutrition is associated with more than half of all child deaths worldwide. Undernourished children are more likely to die from common childhood ailments, and for those who survive, they are more likely to have recurring sicknesses and faltering growth. Three-quarters of the children who die from causes related to malnutrition were only mildly or moderately malnourished – showing no outward signs of their vulnerability. The Millennium Development target is to reduce by half the proportion of people who suffer from hunger between 1990 and 2015. A reduction in the prevalence of malnutrition will also greatly assist in the goal of reducing child mortality.

In a well-nourished population, there is a reference distribution of height and weight for children under age five. Under-nourishment in a population can be gauged by comparing children to a reference population. The reference population used in this report is based on new WHO growth standards[12]. Each of the three nutritional status indicators can be expressed in standard deviation units (z-scores) from the median of the reference population.

Weight-for-age is a measure of both acute and chronic malnutrition. Children whose weight-for-age is more than two standard deviations below the median of the reference population are considered to be *moderately or severely underweight* while those whose weight-for-age is more than three standard deviations below the median are classified as *severely underweight.*

Height-for-age is a measure of linear growth. Children whose height-for-age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as *moderately or severely stunted.* Those whose height-for-age is more than three standard deviations below the median are classified as *severely stunted.* Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and from recurrent or chronic illness.

Finally, children whose *weight-for-height* is more than two standard deviations below the median of the reference population are classified as *moderately or severely wasted,* while those who fall more than three standard deviations below the median are classified as *severely wasted*. Wasting is usually the result of a recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

In the AMICS, weights and heights of all children under five years of age were measured using anthropometric equipment recommended by UNICEF[13]. Findings in this section are based on the results of these measurements.

[12] WHO Child Growth Standards, WHO (2007).
http://www.who.int/childgrowth/standards/second_set/technical_report_2.pdf
[13] See www.childinfo.org.

Nutritional Status

The prevalence estimates of the three key nutrition indicators are underweight 25%, stunting 52% and wasting 14% in Afghanistan based on anthropometric measurements during the field data collection.

A detailed review of the anthropometric data and the three nutrition indicators by experts in UNICEF New York and Centre for Disease Control of United States raised questions around the quality of the data. During the analysis children with incomplete birth date (month and year) and children whose measurements are outside a plausible range are excluded from the estimates. Children are excluded from one or more of the anthropometric indicators when their weights and heights have not been measured, whichever applicable. For example, if a child was weighed but his/her height was not measured, the child is included in underweight calculations, but not in the calculations for stunting and wasting. The extent and reasons for these exclusions are shown in the data quality tables (see Appendix D: Tables D.6 and D.7).

Based on the findings of the expert review, it was concluded that whilst the data provides a strong indication of a significant problem of malnutrition in children of age under five, the results are likely to be overestimates. It is recommended therefore that the AMICS anthropometric data is to be used with caution and should not be used as the sole evidence to trigger policy and program decisions.

Breastfeeding, Infant and Young Child Feeding

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon and there are often pressures to switch to infant formula. This can contribute to growth faltering and micronutrient malnutrition, and is also unsafe if clean water is not readily available.

WHO and UNICEF have the following feeding recommendations:

- Exclusive breastfeeding for the first six months;
- Continued breastfeeding for two years or more;
- Safe, appropriate and adequate complementary foods beginning at six months;
- Frequency of complementary feeding: twice per day for 6 to 8-month-olds; and three times per day for 9 to 11-month-olds.

It is also recommended that breastfeeding be initiated within one hour of birth.

The indicators related to recommended child feeding practices are as follows:

- Early initiation of breastfeeding (within one hour of birth)
- Exclusive breastfeeding rate (< six months)
- Predominant breastfeeding (< six months)
- Continued breastfeeding rate (at one year and at two years)
- Duration of breastfeeding
- Age-appropriate breastfeeding (0-23 months)

- Introduction of solid, semi-solid and soft foods (six-eight months)
- Minimum meal frequency (six-23 months)
- Milk feeding frequency for non-breastfeeding children (six-23 months)
- Bottle feeding (0-23 months)

Table 5.1: Initial breastfeeding

Percentage of last-born children in the two years preceding the survey who were ever breastfed, percentage who were breastfed within one hour of birth and within one day of birth, and percentage who received a prelacteal feed, Afghanistan, 2010-2011

	Percentage who were ever breastfed[1]	Percentage who were first breastfed:		Percentage who received a prelacteal feed	Number of last-born children in the two years preceding the survey
		Within one hour of birth[2]	Within one day of birth		
Region					
Central	93.9	57.2	87.4	22.4	824
Central Highlands	96.4	45.5	84.7	22.1	196
East	84.7	52.5	78.1	26.2	491
North	96.6	53.3	87.6	33.9	743
North East	95.7	70.8	91.3	33.9	869
South	91.8	24.1	71.7	50.1	353
South East	93.6	37.4	77.4	28.0	726
West	92.5	63.5	87.6	25.1	662
Residence					
Urban	94.6	58.5	87.2	30.4	903
Rural	93.2	52.5	83.8	29.6	3,962
Months since last birth					
0-11 months	93.6	54.5	84.3	29.5	2,340
12-23 months	93.2	52.7	84.6	30.1	2,525
Assistance at delivery					
Skilled attendant	94.6	59.1	87.0	29.0	1,880
Traditional birth attendant	95.7	51.9	86.9	34.4	1,463
CHW/Relative/Friend	96.5	52.8	85.9	28.3	1,294
Other	52.0	23.0	39.3	15.3	228
Place of delivery					
Public sector health facility	95.5	61.6	88.9	27.1	1,363
Private sector health facility	94.9	47.2	79.0	40.0	237
Home	95.4	52.3	85.7	31.1	3,149
Other	12.2	7.1	10.2	5.1	116
Mother's education					
None	93.1	53.0	83.8	29.8	4,311
Primary	95.5	63.2	89.4	32.0	286
Secondary +	96.1	53.3	88.9	26.9	268
Wealth index quintile					
Poorest	92.8	52.1	84.2	32.2	933
Second	93.4	55.1	85.8	29.8	1,029
Middle	93.5	54.6	83.9	28.0	993
Fourth	93.2	51.8	83.1	28.0	967
Richest	94.3	54.3	85.3	31.0	944
Total	93.4	53.6	84.5	29.8	4,865

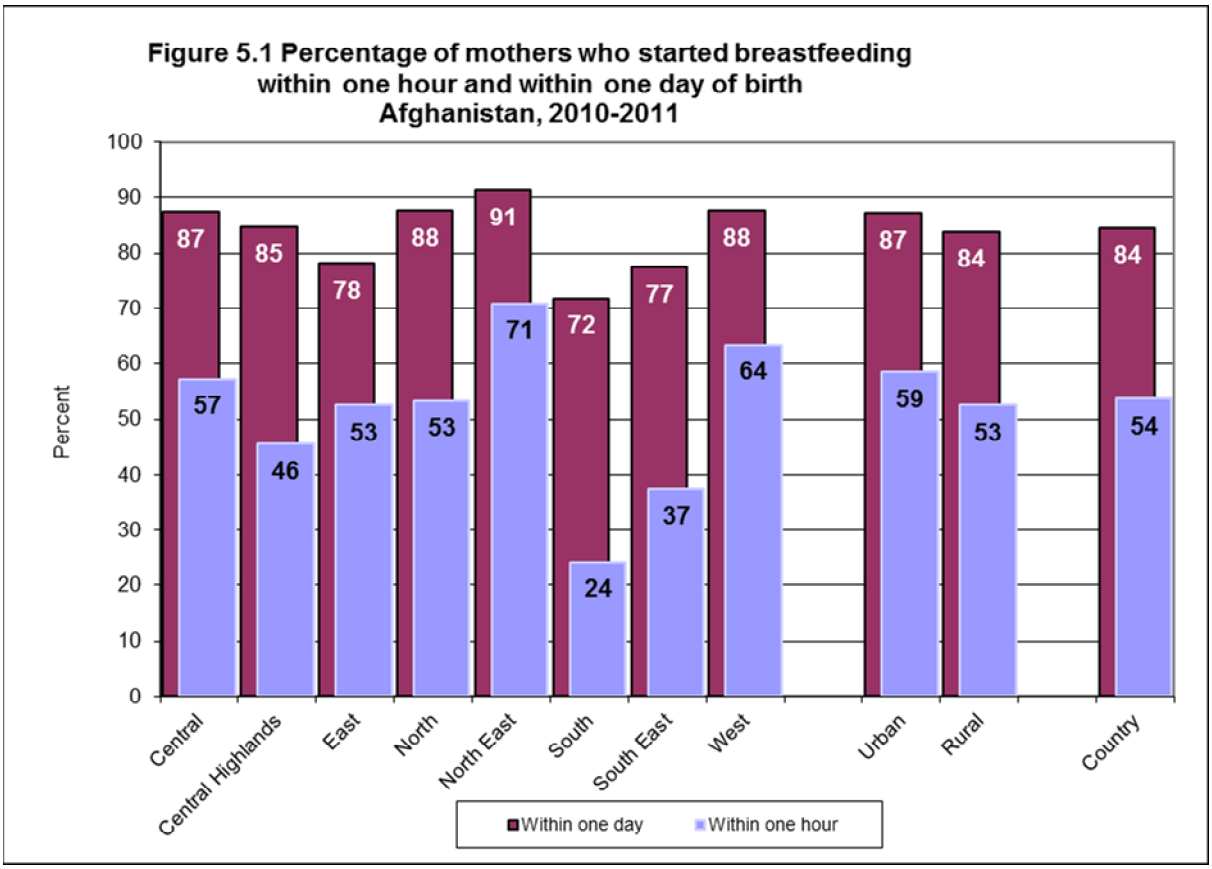
[1] MICS indicator 2.4; [2] MICS indicator 2.5

Table 5.1 provides the proportion of children born in the last two years who were ever breastfed, those who were first breastfed within one hour and within one day of birth, and those who received a prelacteal feed.

Although a very important step in the management of lactation and in the establishment of a physical and emotional relationship between the baby and the mother, only half of babies (54%) are breastfed for the first time within one hour of birth, while 85% of newborns in Afghanistan start breastfeeding within one day of birth.

Whereas there is no significant difference in the breastfeeding pattern between urban and rural areas, there is a remarkable difference by region (Figure 5.1). While 71% of newborns in the North Eastern region are initially breastfed within one hour of birth, less than a quarter of babies (24%) in the Southern region receive the initial breastfeeding just after birth. Women who did not deliver with either a skilled birth attendant or a traditional birth attendant present were far less likely to have breastfed within the first hour of delivery (23%) as well as within the first day of delivery (39%), and a remarkable 48% in this group never breastfed at all. Women who delivered in a public sector health facility were most likely to have breastfed within the first hour of birth (62%) and within the first day of birth (89%), compared to women who delivered in a private sector health facility, at home, or in another location.

There was some difference found by mother's educational level in breastfeeding pattern, with a difference between mothers with no education at all and with secondary education and above found to be breastfeeding within the first hour of birth (53%), and mothers with primary education (63%). There was little difference by educational level in babies being breastfed within the first day of birth.



In Table 5.2, breastfeeding status is based on the reports of mothers/caretakers of children's consumption of food and fluids in the 24 hours prior to the interview. *Exclusively breastfed* refers to infants who received only breast milk (and vitamins, mineral supplements, or medicine). The table below shows the degree to which there was exclusive breastfeeding of infants during the first six months of life, as well as continued breastfeeding of children at 12-15 months and at 20-23 months of age.

Table 5.2: Breastfeeding

Percentage of living children according to breastfeeding status at selected age groups, Afghanistan, 2010-2011

	Children age 0-5 months			Children age 12-15 months		Children age 20-23 months	
	Percent exclusively breastfed[1]	Percent predominantly breastfed[2]	Number of children	Percent breastfed (Continued breastfeeding at 1 year)[3]	Number of children	Percent breastfed (Continued breastfeeding at 2 years)[4]	Number of children
Sex							
Male	53.5	66.8	611	90.4	502	71.0	284
Female	55.2	71.7	591	85.2	510	67.7	277
Region							
Central	54.1	68.0	204	72.5	171	54.0	92
Central Highlands	64.9	77.2	46	94.4	49	(74.2)	17
East	62.3	79.5	113	94.1	89	75.3	52
North	56.5	71.4	186	89.4	172	77.4	86
North East	49.1	70.0	235	93.9	220	59.3	56
South	48.1	48.1	46	95.3	101	89.5	85
South East	57.5	66.0	223	78.3	90	54.4	95

Percentage of living children according to breastfeeding status at selected age groups, Afghanistan, 2010-2011							
	Children age 0-5 months			Children age 12-15 months		Children age 20-23 months	
	Percent exclusively breastfed[1]	Percent predominantly breastfed[2]	Number of children	Percent breastfed (Continued breastfeeding at 1 year)[3]	Number of children	Percent breastfed (Continued breastfeeding at 2 years)[4]	Number of children
West	47.8	68.2	150	89.2	120	77.4	77
Residence							
Urban	50.9	64.4	248	78.3	162	55.8	100
Rural	55.2	70.5	954	89.6	850	72.4	461
Mother's education							
None	55.4	69.7	1,039	88.8	913	70.2	510
Primary	58.8	76.0	80	70.5	51	(61.3)	26
Secondary +	36.4	57.5	84	87.0	47	(62.8)	25
Wealth index quintile							
Poorest	57.8	73.1	185	93.9	213	71.5	121
Second	54.2	71.6	257	89.8	230	80.3	121
Middle	54.6	67.8	235	90.7	210	72.6	116
Fourth	51.6	67.6	249	86.8	168	63.2	110
Richest	54.2	67.2	277	76.1	191	56.0	94
Total	54.3	69.2	1,202	87.8	1,012	69.4	561
[1] MICS indicator 2.6; [2] MICS indicator 2.9; [3] MICS indicator 2.7; [4] MICS indicator 2.8							
Figures in parenthesis indicate that the percentage is based on only 25-49 unweighted cases.							

Approximately 54% of children aged less than six months are exclusively breastfed. By age 12-15 months, 88% of children are still being breastfed and by age 20-23 months, 69% are still breastfed. Although there is minimal difference between exclusive breastfeeding in girls (55%) and boys (53%), boys at 12-15 months (90%) and 20-23 months (71%) continue receiving breastfeeding more than girls (85% and 68% respectively). While children in the Western region are least likely to be exclusively breastfed, they are more likely to continue to be breastfed at two years of age compared to children from the South Eastern region and Central region. More interestingly, children living in the households falling in the richest quintile (54%) are slightly less breastfed than their peers in the poorest quintile (58%). In terms of the mother's education, mothers with secondary education or higher exclusively breastfed their children aged 0-5 months less so (36%) than mothers with primary education (59%).

Figure 5.2 shows the detailed pattern of breastfeeding by children's ages in months. Even at the earliest ages, almost 40% of children are receiving liquids or foods other than breast milk. By the end of the sixth month, the percentage of children exclusively breastfed is below 30%. Only about 8% of children are receiving breast milk after two years.

Figurre 2. Percent distribution of children under age 2 by feeding pattern by age group

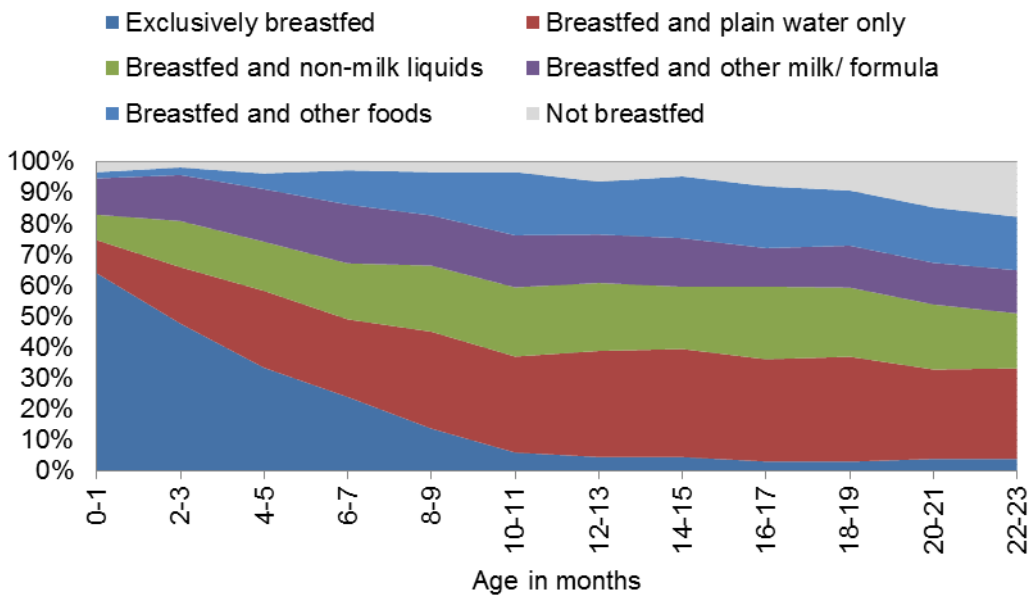


Table 5.3 shows the median duration of breastfeeding by selected background characteristics.

Table 5.3: Duration of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children age 0-35 months, Afghanistan, 2010-2011

	Median duration (in months) of			Number of children age 0-35 months
	Any breastfeeding[1]	Exclusive breastfeeding	Predominant breastfeeding	
Sex				
Male	23.5	3.1	5.9	4,106
Female	23.2	3.4	8.8	3,854
Region				
Central	21.6	3.2	7.3	1,269
Central Highlands	23.2	4.4	6.1	294
East	24.0	4.1	7.5	846
North	23.4	4.6	8.0	1,138
North East	23.7	2.3	7.0	1,332
South	29.5	2.3	2.3	750
South East	22.0	3.5	5.6	1,290
West	23.1	2.3	8.0	1,041
Residence				
Urban	21.8	2.7	5.4	1,391
Rural	23.6	3.5	7.8	6,570
Mother's education				
None	23.3	3.5	7.4	7,126
Primary	22.5	3.5	6.6	429
Secondary +	23.6	.7	5.5	402
Wealth index quintile				
Poorest	24.1	3.9	8.4	1,567

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children age 0-35 months, Afghanistan, 2010-2011				
	Median duration (in months) of			
	Any breastfeeding[1]	Exclusive breastfeeding	Predominant breastfeeding	Number of children age 0-35 months
Second	24.0	3.3	6.8	1,697
Middle	23.3	3.5	9.0	1,587
Fourth	22.6	2.8	8.0	1,608
Richest	21.9	3.2	5.6	1,502
Median	23.3	3.3	7.2	7,961
Mean	23.7	5.4	9.9	7,961
[1] MICS indicator 2.10				

Among children under age three, the median duration is 23 months for any breastfeeding, 3 months for exclusive breastfeeding, and 7 months for predominant breastfeeding (Table 5.3). There is no gender difference in the duration of any breastfeeding between boys and girls. Infants in rural areas receive a longer duration of any breastfeeding, exclusive breastfeeding and predominant breastfeeding than infants in urban areas. The median duration of exclusive breastfeeding is longer among infants from the Northern region (5 months) and Central Highlands region (4 months) than in other regions.

The adequacy of infant feeding in children under 24 months old is provided in Table 5.4. Different criteria for adequate feeding are used depending on the age of the child. For infants aged 0-5 months, exclusive breastfeeding is considered as adequate feeding, while infants aged 6-23 months are considered to be adequately fed if they are receiving breast milk and solid, semi-solid or soft food.

Table 5.4: Age-appropriate breastfeeding

Percentage of children age 0-23 months who were appropriately breastfed during the previous day, Afghanistan, 2010-2011						
	Children age 0-5 months		Children age 6-23 months		Children age 0-23 months	
	Percent exclusively breastfed[1]	Number of children	Percent currently breastfeeding and receiving solid, semi-solid or soft foods	Number of children	Percent appropriately breastfed[2]	Number of children
Sex						
Male	53.5	611	31.6	1,801	37.2	2,412
Female	55.2	591	29.9	1,737	36.3	2,329
Region						
Central	54.1	204	25.7	595	33.0	798
Central Highlands	64.9	46	47.9	140	52.1	186
East	62.3	113	32.8	362	39.8	475
North	56.5	186	29.1	535	36.2	721
North East	49.1	235	40.2	628	42.6	863
South	48.1	46	18.8	304	22.6	350
South East	57.5	223	18.3	497	30.5	720
West	47.8	150	40.6	477	42.3	627
Residence						
Urban	50.9	248	32.8	652	37.8	900
Rural	55.2	954	30.3	2,887	36.5	3,841
Mother's education						
None	55.4	1,039	30.8	3,164	36.9	4,202

Percentage of children age 0-23 months who were appropriately breastfed during the previous day, Afghanistan, 2010-2011						
	Children age 0-5 months		Children age 6-23 months		Children age 0-23 months	
	Percent exclusively breastfed[1]	Number of children	Percent currently breastfeeding and receiving solid, semi-solid or soft foods	Number of children	Percent appropriately breastfed[2]	Number of children
Primary	58.8	80	33.6	201	40.7	281
Secondary +	36.4	84	26.2	174	29.5	258
Wealth index quintile						
Poorest	57.8	185	30.6	710	36.3	895
Second	54.2	257	33.9	758	39.0	1,014
Middle	54.6	235	26.5	708	33.5	943
Fourth	51.6	249	29.3	695	35.2	944
Richest	54.2	277	33.4	668	39.5	945
Total	54.3	1,202	30.8	3,539	36.7	4,741
[1] MICS indicator 2.6; [2] MICS indicator 2.14						

Of infants aged 0-5 months, 54% are adequately fed through exclusive breastfeeding, and 31% of infants aged 6-23 months are appropriately breastfed and receiving adequate feeding (Table 5.4). As a result of these feeding patterns, only 37% of children aged 0-23 months are being adequately breastfed. Infants at 0-23 months in the Central Highlands region are receiving the most adequate feeding by the age of two, compared to other regions. In the Southern and South Eastern regions, a radical decrease in appropriate feeding practice is observed among infants aged 6-23 months.

Adequate complementary feeding of children from six months to two years of age is particularly important for growth and development and for the prevention of under-nutrition. Continued breastfeeding beyond six months should be accompanied by consumption of nutritionally adequate, safe and appropriate complementary foods that help meet nutritional requirements when breast milk is no longer sufficient. This requires that for breastfed children, two or more daily meals of solid, semi-solid or soft foods are needed if they are 6-8 months old, and three or more meals daily if they are 9-23 months of age. For children 6-23 months and older who are not breastfed, four or more daily meals of solid, semi-solid or soft foods or milk feeds are needed. Table 5.5 shows the percentage of infants aged 6-8 months who received solid, semi-solid or soft foods during the previous day from the survey date.

Table 5.5: Introduction of solid, semi-solid or soft foods

Percentage of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day, Afghanistan, 2010-2011

	Currently breastfeeding		All	
	Percent receiving solid, semi-solid or soft foods	Number of children age 6-8 months	Percent receiving solid, semi-solid or soft foods[1]	Number of children age 6-8 months
Sex				
Male	19.8	331	20.6	351
Female	18.0	323	19.6	343
Residence				
Urban	25.8	133	27.1	139
Rural	17.2	522	18.3	554
Total	18.9	654	20.1	694

[1] MICS indicator 2.12

Overall, 20% of infants aged 6-8 months received solid, semi-solid, or soft foods (Table 5.5). Among currently breastfeeding infants this percentage is 19%. Infants living in urban areas (27%) are better fed than those living in rural areas (18%).

Table 5.6 presents the proportion of children aged 6-23 months who received semi-solid or soft foods the minimum number of times or more during the previous day according to breastfeeding status (see the note in Table 5.6 for a definition of minimum number of times for different age groups).

Table 5.6: Minimum meal frequency

Percentage of children age 6-23 months who received solid, semi-solid, or soft foods (and milk feeds for non-breastfeeding children) the minimum number of times or more during the previous day, according to breastfeeding status, Afghanistan, 2010-2011

	Currently breastfeeding		Currently not breastfeeding			All	
	Percent receiving solid, semi-solid and soft foods the minimum number of times	Number of children age 6-23 months	Percent receiving at least 2 milk feeds[1]	Percent receiving solid, semi-solid and soft foods or milk feeds 4 times or more	Number of children age 6-23 months	Percent with minimum meal frequency[2]	Number of children age 6-23 months
Sex							
Male	11.5	1,541	54.8	51.3	260	17.3	1,801
Female	11.0	1,456	63.7	56.7	281	18.4	1,737
Age							
6-8 months	10.6	654	76.1	(59.2)	39	13.4	694
9-11 months	6.8	313	63.4	(62.5)	36	12.5	349
12-17 months	11.2	1,262	62.1	56.6	203	17.5	1,464
18-23 months	13.6	768	54.4	50.3	264	23.0	1,032
Region							
Central	10.1	443	65.2	60.5	151	22.9	595
Central Highlands	25.5	126	24.9	(21.2)	15	25.1	140
East	9.8	322	67.5	(73.5)	40	16.9	362

Percentage of children age 6-23 months who received solid, semi-solid, or soft foods (and milk feeds for non-breastfeeding children) the minimum number of times or more during the previous day, according to breastfeeding status, Afghanistan, 2010-2011

	Currently breastfeeding		Currently not breastfeeding			All	
	Percent receiving solid, semi-solid and soft foods the minimum number of times	Number of children age 6-23 months	Percent receiving at least 2 milk feeds[1]	Percent receiving solid, semi-solid and soft foods or milk feeds 4 times or more	Number of children age 6-23 months	Percent with minimum meal frequency[2]	Number of children age 6-23 months
North	9.3	471	49.6	48.6	64	14.1	535
North East	12.3	558	32.5	40.7	70	15.5	628
South	8.2	275	80.5	(64.2)	29	13.6	304
South East	4.5	383	65.3	41.9	114	13.1	497
West	18.1	420	68.9	(74.1)	57	24.9	477
Residence							
Urban	15.1	505	62.7	59.3	147	25.0	652
Rural	10.5	2,492	58.3	52.2	395	16.2	2,887
Mother's education							
None	11.1	2,697	58.4	52.0	466	17.1	3,164
Primary	15.2	160	61.1	(63.2)	41	25.0	201
Secondary +	9.0	140	71.7	(72.5)	34	21.5	174
Wealth index quintile							
Poorest	11.2	636	51.4	54.5	73	15.7	710
Second	8.9	665	55.8	44.1	92	13.2	758
Middle	10.2	607	67.0	48.6	102	15.7	708
Fourth	10.5	580	52.3	50.2	115	17.1	695
Richest	16.4	509	65.7	66.1	159	28.2	668
Total	11.2	2,997	59.5	54.1	542	17.8	3,539

[1] MICS indicator 2.15

Note: Figures in parenthesis indicate that the percentage is based on just 25-49 unweighted cases.

Overall, more than one in five children aged 6-23 months (18%) were receiving solid, semi-solid and soft foods the minimum number of times (Table 5.6). Among currently breastfeeding children aged 6-23 months, nearly one in six children (11%) were receiving solid, semi-solid and soft foods the minimum number of times. There is no significant gender difference in this proportion. Among non-breastfeeding children, more than a half of the children were receiving solid, semi-solid and soft foods or milk feeds four times or more (54%).

The continued practice of bottle-feeding is a concern because of possible contamination resulting from unsafe water and/or lack of hygiene in preparation. Table 5.7 shows the percentage of children age 0-23 months who were fed with a bottle with a nipple during the previous day.

Table 5.7: Bottle-feeding

Percentage of children age 0-23 months who were fed with a bottle with a nipple during the previous day, Afghanistan, 2010-2011

	Percentage of children age 0-23 months fed with a bottle with a nipple[1]	Number of children age 0-23 months
Sex		
Male	28.4	2,412

Percentage of children age 0-23 months who were fed with a bottle with a nipple during the previous day, Afghanistan, 2010-2011		
	Percentage of children age 0-23 months fed with a bottle with a nipple[1]	Number of children age 0-23 months
Female	28.1	2,329
Age		
0-5 months	22.6	1,202
6-11 months	31.8	1,042
12-23 months	29.5	2,497
Region		
Central	30.9	798
Central Highlands	17.0	186
East	21.4	475
North	22.8	721
North East	26.0	863
South	53.8	350
South East	26.8	720
West	30.1	627
Residence		
Urban	31.9	900
Rural	27.4	3,841
Mother's education		
None	28.0	4,202
Primary	28.2	281
Secondary +	32.5	258
Wealth index quintile		
Poorest	25.8	895
Second	27.4	1,014
Middle	27.1	943
Fourth	28.2	944
Richest	32.7	945
Total	28.2	4,741
[1] MICS indicator 2.11		

Table 5.7 shows that bottle-feeding is still prevalent in Afghanistan. More than a quarter of children under six months of age (28%) are fed using a bottle with a nipple. As the mother's education level and wealth index quintile increases, infants are more likely to be fed through a bottle with a nipple. The highest prevalence of bottle-feeding is observed among children age 0-23 months in the Southern region (54%).

Salt Iodization

Iodine Deficiency Disorders (IDD) are the world's leading cause of preventable mental retardation and impaired psychomotor development in young children. In its most extreme form, iodine deficiency causes cretinism. It also increases the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated with goitre. IDD takes its greatest toll in impaired mental growth and development, contributing in turn to poor school performance, reduced intellectual ability, and impaired work performance. The international goal was to achieve sustainable elimination of iodine deficiency by 2005. The indicator used is the percentage of households consuming adequately iodized salt ($\geq$15 parts per million).

In Afghanistan, the Universal Salt Iodization (USI) program was initiated in 2003 through public and private partnerships. The overall objective of the program is to achieve the elimination of IDD, by ensuring that 90% of households in Afghanistan have access to and consume adequately quality iodized salt by 2015 or sooner. In-country capacity to produce iodized salt, social mobilization and communication to promote the use of iodized salt, the creation of an enabling environment, and the establishment of a surveillance system are the major strategies that have been implemented to increase access and consumption of iodized salt at the household level in Afghanistan.

Table 5.8: Iodized salt consumption

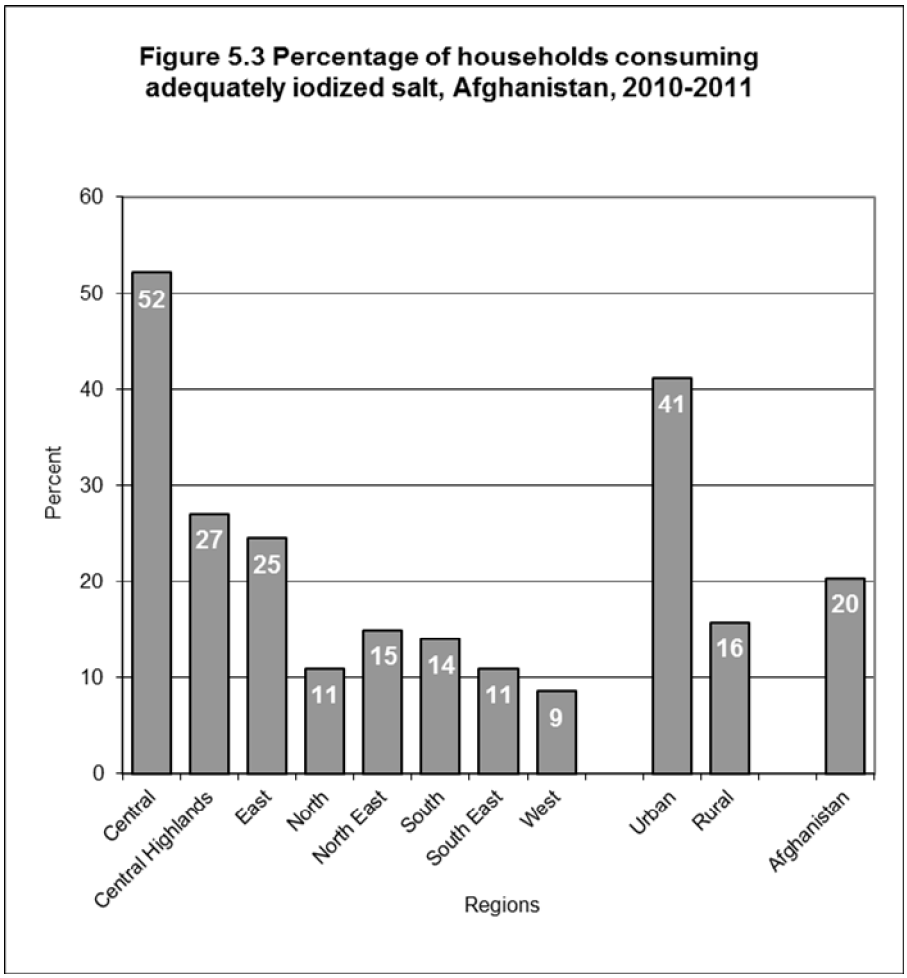
Percent distribution of households by consumption of iodized salt, Afghanistan, 2010-2011

	Percentage of households in which salt was tested	Number of households	Percent of households with Salt test result				Total	Number of households in which salt was tested or with no salt
			No salt	Not iodized 0 PPM	>0 and <15 PPM	15+ PPM[1]		
Region								
Central	99.0	2,159	0.4	8.4	39.1	52.2	100.0	2,145
Central Highlands	93.1	432	0.0	29.2	43.7	27.0	100.0	402
East	97.2	1,520	0.8	24.6	50.1	24.6	100.0	1,488
North	99.6	1,913	0.1	64.3	24.6	10.9	100.0	1,907
North East	99.0	2,091	0.4	58.0	26.7	14.9	100.0	2,080
South	97.8	1,584	1.1	48.4	36.5	14.0	100.0	1,566
South East	95.3	1,263	1.8	33.3	54.0	10.9	100.0	1,226
West	98.1	2,155	1.3	69.9	20.2	8.6	100.0	2,141
Residence								
Urban	98.6	2,427	0.5	21.0	37.3	41.2	100.0	2,404
Rural	97.9	10,689	0.8	49.8	33.7	15.7	100.0	10,552
Wealth index quintile								
Poorest	97.7	2,809	1.2	66.7	23.2	8.9	100.0	2,777
Second	97.7	2,721	0.7	53.6	30.3	15.5	100.0	2,676
Middle	97.6	2,524	0.8	44.8	38.3	16.1	100.0	2,483
Fourth	99.0	2,419	0.4	33.9	41.7	24.0	100.0	2,404
Richest	98.3	2,643	0.7	20.9	39.8	38.7	100.0	2,617
Total	98.0	13,116	0.8	44.5	34.3	20.4	100.0	12,956

[1] **MICS indicator 2.16**

In about 98% of households, salt used for cooking was tested for iodine content by using salt test kits and by testing for the presence of potassium iodate content. Table 5.8 shows that in a very small proportion of households (less than 1%), there was no salt available. In 20% of households, salt was found to contain 15 parts per million (ppm) or more of iodine, thus only a small portion of households are consuming adequately iodized salt.

Use of iodized salt was lowest in the Western region (8.6%) and highest in the Central region (52%). There is a considerable gap in iodized salt consumption between urban and rural areas: 41% of urban households were found to be using adequately iodized salt as compared to only 16% in rural areas (Figure 5.3).



Children's Vitamin A Supplementation

Vitamin A is essential for eye health and proper functioning of the immune system. It is found in foods such as milk, liver, eggs, red and orange fruits, red palm oil and green leafy vegetables, although the amount of Vitamin A readily available to the body from these sources varies widely. In developing areas of the world, where Vitamin A is largely consumed in the form of fruits and vegetables, daily per capita intake is often insufficient to meet dietary requirements. Inadequate intakes are further compromised by increased requirements for the vitamin as children grow or during periods of illness, as well as increased losses during common childhood infections. As a result, Vitamin A deficiency is quite prevalent in the developing world and particularly in countries with the highest burden of under-five deaths.

The 1990 World Summit for Children set the goal of virtual elimination of Vitamin A deficiency and its consequences, including blindness, by the year 2000. This goal was also endorsed at the Policy Conference on Ending Hidden Hunger in 1991, the 1992 International Conference on Nutrition, and the UN General Assembly's Special Session on Children in 2002. The critical role of Vitamin A for child health and immune function also makes control of deficiency a primary component of child survival efforts, and therefore critical to the achievement of the fourth MDG: a two-thirds reduction in under-five mortality by the year 2015.

For countries with Vitamin A deficiency problems, current international recommendations call for high-dose Vitamin A supplementation every four to six months, targeted at all children between the ages of 6-59 months living in affected areas. Providing young children with two high-dose Vitamin A capsules a year is a safe, cost-effective, efficient strategy for eliminating Vitamin A deficiency and improving child survival. Giving Vitamin A to new mothers who are breastfeeding helps protect their children during the first months of life and helps to replenish the mother's stores of Vitamin A, which are depleted during pregnancy and lactation. For countries with Vitamin A supplementation programs, the definition of the indicator is the percentage of children 6-59 months of age receiving at least one high dose Vitamin A supplement in the previous six months period.

Based on UNICEF/WHO guidelines, the Afghan Ministry of Health's recommendation is that children aged 6-11 months are given one high dose Vitamin A capsule and children aged 12-59 months are given one high dose Vitamin A capsule every six months. In some parts of the country, Vitamin A capsules are linked to immunization services and are given when the child has contact with these services after six months of age. It is also recommended that mothers take a Vitamin A supplement within eight weeks of giving birth due to mothers' increased Vitamin A requirements during pregnancy and lactation.

Table 5.9: Children's Vitamin A supplementation

Percent distribution of children age 6-59 months by receipt of a high dose Vitamin A supplement in the last 6 months, Afghanistan, 2010-2011

	Percentage who received Vitamin A according to:		Percentage of children who received Vitamin A during the last 6 months[1]	Number of children age 6-59 months
	Child health book/card/vaccination card	Mother's report		
Sex				
Male	0.6	51.0	51.1	7,043
Female	0.6	50.0	50.1	6,627
Region				
Central	0.4	75.7	75.8	2,026
Central Highlands	1.2	53.2	53.3	471
East	0.8	48.4	49.0	1,553
North	0.3	54.4	54.5	1,901
North East	1.7	59.1	59.3	2,230
South	0.0	19.3	19.3	1,727
South East	0.2	52.7	52.8	2,085
West	0.3	34.5	34.7	1,676
Residence				
Urban	0.6	63.7	63.9	2,150
Rural	0.6	48.0	48.1	11,520
Age				
6-11 months	1.4	40.3	41.0	1,042
12-23 months	2.1	50.0	50.3	2,497
24-35 months	0.3	51.7	51.8	3,220
36-47 months	0.1	52.2	52.2	3,438
48-59 months	0.1	51.0	51.1	3,474
Mother's education				
None	0.6	49.4	49.5	12,494
Primary	0.3	60.0	60.3	619
Secondary +	0.6	65.6	65.6	550

Percent distribution of children age 6-59 months by receipt of a high dose Vitamin A supplement in the last 6 months, Afghanistan, 2010-2011				
	Percentage who received Vitamin A according to:		Percentage of children who received Vitamin A during the last 6	Number of children age 6-59
Wealth index quintile				
Poorest	0.8	43.7	43.9	2,916
Second	0.6	48.3	48.3	2,933
Middle	0.4	49.5	49.5	2,780
Fourth	0.3	51.3	51.5	2,734
Richest	0.8	62.1	62.4	2,306
Total	0.6	50.5	50.6	13,670
[1] MICS indicator 2.17				

Within the six months prior to the AMICS, 51% of children aged 6-59 months received a high dose Vitamin A supplement, as reported by the mothers (Table 5.9). The prevalence shows a significant variation among regions. For instance, the Central region shows the highest Vitamin A coverage rate (76%), while it is lowest in the Southern region (19%). There is no gender difference found in Vitamin A supplement coverage in Afghanistan. However, it is notable that data for 51% of children aged 6-59 are based on the reports from mothers/caretakers, and fewer than 1% of cases are verified by a child health book or vaccination card.

The age pattern of Vitamin A supplementation shows that supplementation in the last six months rises from 41% among children aged 6-11 months to 50% among children aged 12-23 months and reaches the highest prevalence at 36-47 months. Then the rate slightly declines with age to 51% among the oldest children.

The mother's level of education is also related to the likelihood of Vitamin A supplementation. The percentage receiving a supplement in the last six months increases from 50% among children whose mothers have no education to 60% of those whose mothers have primary education, and to 66% among children of mothers with secondary education or higher. As the wealth index quintiles increase, the coverage rate is higher: from 44% of children living in the poorest households to 62% of those living in the wealthiest households.

Children's Anaemia Prevalence

Anaemia in childhood is defined as a haemoglobin (Hb) concentration below established cut-off levels. These levels vary depending on the age of the child, and on the laboratory in which the blood sample is tested. The WHO has suggested levels of Hb below which anaemia is said to be present. Children aged 6-59 months have anaemia if their Hb concentration is less than 11 grams per decilitre (g/dl). Childhood anaemia poses a major public health issue leading to an increased risk of child mortality, as well as to the negative consequences of iron deficiency anaemia on cognitive and physical development.

In the AMICS, blood tests were administered for sub-sampled children aged 6-59 months. All children aged 6-59 months in the odd number of clusters were selected for the blood test. Table 5.11 presents the prevalence of anaemia among children 6-59 months.

Table 5.10: Anaemia Status of Children

Percentage of children 6-59 months who have blood tested and who have anaemia, Afghanistan, 2010-2011		
	Percentage of children who have anaemia	Number of children under 5 who have blood tested
Sex		
Male	32.7	3,058
Female	34.8	2,801
Residence		
Urban	31.2	929
Rural	34.2	4,931
Region		
Central	18.5	848
Central Highlands	19.8	172
East	42.9	671
North	50.1	946
North East	38.0	906
South	35.2	617
South East	19.3	897
West	35.6	800
Wealth index quintile		
Poorest	36.0	1,319
Second	36.6	1,237
Middle	36.9	1,096
Fourth	28.2	1,180
Richest	30.0	1,027
Total	33.7	5,859

Overall, the prevalence of anaemia among children 6-59 months is 34%. Small differentials were found between children living in urban areas (31%) and in rural areas (34%). Significant differences among regions are observed, with the lowest prevalence found in the Central region (19%) and the highest in the Northern region (50%).

Women's Anaemia Prevalence

Women often become anaemic during pregnancy because the demand for iron and other vitamins is increased. The mother must increase her production of red blood cells and, in addition, the foetus and placenta need their own supply of iron, which can only be obtained from the mother.

Anaemia in women aged 15-49 is defined as Hb concentration less than 12 g/dl for non-pregnant women and 11 g/dl for pregnant women. In the AMICS, the blood test was administered for women aged 15-49. Anaemia testing was done on a sub-sample of women in the survey, whereby all women aged 15-49 in the odd number of clusters were selected for the blood test. The same clusters were selected for both women's and children's anaemia tests. Table 5.11 shows the anaemia prevalence among women aged 15-49 in Afghanistan.

Table 5.11: Anaemia Status of Women

Percentage of women aged 15-49 years who have blood tested and who are anaemic, Afghanistan, 2010-2011				
	% of non-pregnant women who have anemia	Number of non-pregnant women aged 15-49 who have blood tested	% of pregnant women who have anemia	Number of pregnant women aged 15-49 who have blood tested
Residence				
Urban	17.5	1,644	11.4	88
Rural	22.4	6,518	16.8	928
Region				
Central	9.6	1,439	5.0	60
Central Highlands	5.0	279	7.7	13
East	22.2	712	21.4	159
North	27.0	1,249	18.7	75
North East	37.8	1,504	21.3	89
South	16.4	962	8.7	150
South East	20.3	953	19.5	313
West	16.8	1,064	13.4	157
Education				
None	22.6	6,439	15.9	966
Primary	20.1	673	(27.6)	29
Secondary+	15.2	1,052	(15.0)	20
Wealth index quintile				
Poorest	25.0	1,574	17.0	270
Second	23.4	1,502	18.1	171
Middle	24.2	1,528	18.9	222
Fourth	18.9	1,678	12.6	230
Richest	16.7	1,882	13.8	123
Total	21.4	8,164	16.3	1,016
Note: Figures in parenthesis indicate that the percentage is based on just 25-49 unweighted cases				

Overall, the prevalence of anaemia is 21% among non-pregnant women aged 15-49, and 16% among pregnant women. There is a higher rate of anaemia found among pregnant women living in rural areas (17%) compared to urban areas (11%), as well as among non-pregnant women (18% among urban women, and 22% among rural women). Significant differences are observed by region. Prevalence is lowest among pregnant women in the Central region (5%) and highest in the East and North East regions (21%), and follows the same pattern for non-pregnant women (the lowest prevalence at 5% in the Central Highlands region; and the highest at 38% in the North East region). Non-pregnant women living in the poorest households (25%) are more likely to have anaemia than their counterparts living in the wealthiest households (17%).

A Profile of Women's and Children's Nutrition in Afghanistan

Afghanistan has made some progress in improving children's and women's health, such as in the establishment of the Universal Salt Iodization (USI) programme in an effort to achieve the elimination of IDD. However, significant challenges remain. Only 20% of households are consuming adequate levels of iodized salt. Approximately only half of children receive Vitamin A supplementation. Anaemia is common among young children. Almost one in three children

under age five are moderately underweight, and 18% are classified as severely underweight. Breastfeeding practices among women vary by region and other factors, but in general, the data demonstrate an acute need for greater awareness of the recommended good practices in breastfeeding, as well as for targeting interventions at women who are giving birth in places other than in public sector facilities. Improving the nutritional practices and status of women and children will help reduce mortality rates. Optimal feeding and supplementation practices are critical for brain development, healthy growth, and energy intake, and ultimately play a major role in the health of the population, and in Afghanistan's prospects for development.

6

Child Health

Introduction: Child Health

Millennium Development Goal (MDG) 4 is to reduce child mortality by two thirds by 2015. Immunization plays a key part in reaching this goal. Immunizations have saved the lives of millions of children in the three decades since the launch of the Expanded Programme on Immunization (EPI) in 1974. Yet worldwide, there are still 27 million children overlooked by routine immunization. As a result, vaccine-preventable diseases cause more than two million deaths every year.

One of the goals of A World Fit for Children is to ensure full immunization of children under one year of age at 90% nationally, with at least 80% coverage in every district or equivalent administrative unit.

According to UNICEF and WHO guidelines, a child should receive a BCG (Bacillis-Cereus-Geuerin) vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination, all by the age of 12 months. The routine immunization schedule in Afghanistan is shown in Table 6.1.

Table 6.1: Routine Immunization Schedule in Afghanistan (children under 5)

Antigen	At Birth	6 weeks	10 weeks	14 weeks	9 months
BCG	X				
Polio	X	X	X	X	X
Pentavalent		X	X	X	
Measles					X

The Pentavalent vaccine is a combination of five vaccines: diphtheria, pertussis, tetanus, hepatitis B and haemophilus influenza. Although the Pentavalent vaccine was introduced in Afghanistan in 2009, there has been no change to reflect this in the vaccination card. Therefore, interviewers recorded only the DPT vaccination during the field data collection.

Vaccinations

Information on vaccination coverage was collected for all children under five years of age. All mothers or caretakers were asked to provide vaccination cards. If the vaccination card for a child was available, interviewers copied vaccination information from the cards onto the MICS questionnaire. If no vaccination card was available for the child, the interviewer proceeded to ask the mother to recall whether or not the child had received each of the vaccinations, and for Polio, DPT and Hepatitis B, how many doses were received. The final vaccination coverage estimates are based on both information obtained from the vaccination card and from the mother's report of vaccinations received by the child.

Table 6.2: Vaccinations in first year of life

Percentage of children age 12-23 months immunized against childhood diseases at any time before the survey and before the first birthday, Afghanistan, 2010-2011

	Vaccinated at any time before the survey according to			Vaccinated by 12 months of age
	Vaccination card	Mother's report	Either	
BCG[1]	31.0	33.1	64.2	61.3
Polio				
At birth	30.3	17.8	48.1	45.9
1	30.4	41.1	71.4	66.1
2	30.4	32.1	62.5	57.3
3[2]	30.3	17.8	48.0	41.8
DPT				
1	31.8	25.6	57.5	53.2
2	31.7	20.2	51.9	47.5
3[3]	31.5	8.7	40.2	35.0
Measles[4]	29.9	25.6	55.5	43.8
All vaccinations	29.4	0.7	30.0	17.6
No vaccinations	0.1	24.0	24.0	24.7
Number of children age 12-23 months	2,497	2,497	2,497	2,497

MICS Indicators 3.1, 3.2, 3.3, 3.4; MDG 4.3

Overall, 31% of children had vaccination cards. If the child did not have a card, the mother was asked to recall whether or not the child had received each of the vaccinations and, for DPT and polio, how many times. The percentage of children aged 12-23 months who received each of the vaccinations is shown in Table 6.2. The denominator for the table is comprised of children aged 12-23 months so that only children who are old enough to be fully vaccinated are counted. In the top panel, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card or the mother's report. In the bottom panel, only those who were vaccinated before their first birthday, as recommended, are included. For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards.

Approximately 61% of children aged 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 53% of children. The percentage declines for subsequent doses of DPT to 48% for the second dose, and 35% for the third dose (Figure 6.1). Similarly, 66% of children received polio 1 by the age of 12 months and this declines to 42% by the third dose. The coverage for the measles vaccine by 12 months reaches 44%. As a result, the percentage of children who had all the recommended vaccinations by their first birthday is low, at only 18%. In Afghanistan, one in four children receive no vaccination before age 1 (25%).

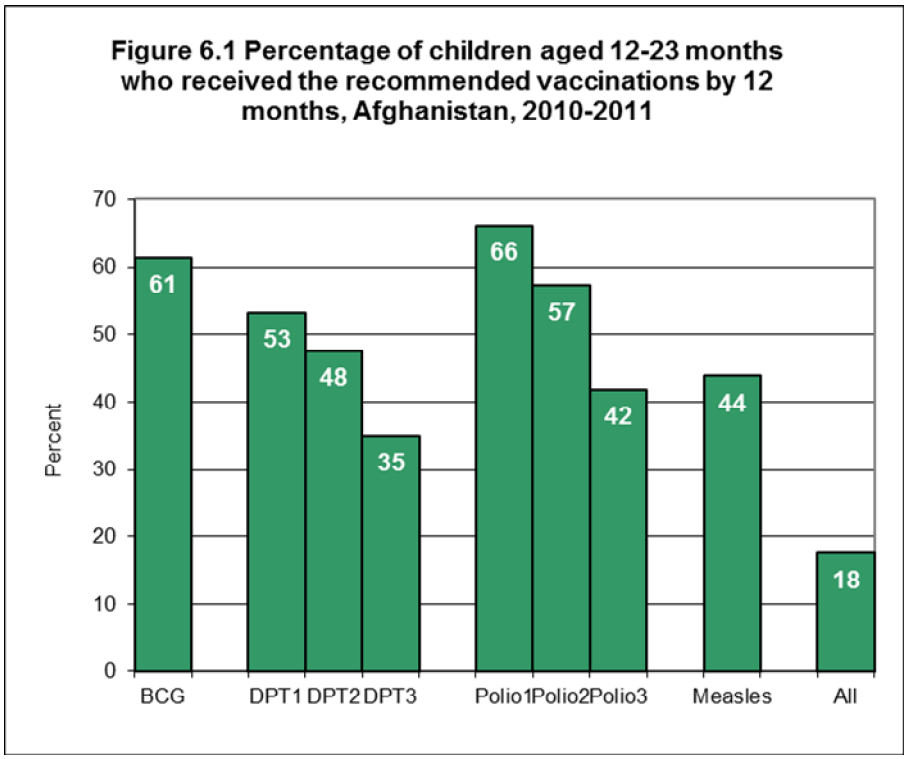


Table 6.3 shows vaccination coverage rates among children 12-23 months by background characteristics. The figures indicate children receiving the vaccinations at any time up to the date of the survey, and are based on information from both the vaccination cards and from the mothers'/caretakers' reports.

Table 6.3: Vaccinations by background characteristics

Percentage of children age 12-23 months currently vaccinated against childhood diseases, Afghanistan, 2010-2011

	Percentage of children who received:												
		Polio				DPT							
	BCG	At birth	1	2	3	1	2	3	Measles	None	All	Percentage with vaccination card seen	Number of children age 12-23 months
Sex													
Male	64.4	49.0	71.1	62.8	48.8	58.0	52.8	41.6	56.4	24.3	30.9	31.6	1,262
Female	63.9	47.2	71.7	62.3	47.2	56.9	51.0	38.9	54.5	23.7	29.2	29.6	1,235
Region													
Central	79.0	60.7	79.9	67.2	56.5	72.7	63.5	50.0	70.4	14.1	34.8	36.3	405
Central Highlands	57.5	37.2	64.0	59.8	53.3	54.7	50.2	42.6	53.8	34.9	29.6	30.8	104
East	76.5	62.2	79.8	66.6	52.7	71.3	67.2	46.0	69.6	13.5	38.7	39.5	247
North	60.6	43.9	69.7	63.6	47.9	53.5	47.0	33.6	49.9	24.4	23.6	26.6	377
North East	70.8	60.0	81.4	72.6	57.9	61.6	59.5	52.6	62.0	16.0	41.5	41.7	427
South	34.8	13.9	41.4	28.2	8.4	23.9	14.0	4.6	19.4	52.4	1.5	1.5	254
South East	63.2	48.8	64.2	57.2	44.9	59.2	54.1	40.1	57.7	31.8	33.3	33.1	351
West	57.4	40.4	77.2	72.4	53.4	51.0	48.0	41.9	50.2	20.7	28.7	27.1	332
Residence													
Urban	79.2	64.1	81.1	69.5	58.4	72.3	63.5	53.2	70.0	12.4	37.0	36.4	436
Rural	61.0	44.7	69.4	61.1	45.8	54.3	49.4	37.5	52.4	26.5	28.5	29.4	2,060

Percentage of children age 12-23 months currently vaccinated against childhood diseases, Afghanistan, 2010-2011

	Percentage of children who received:												
		Polio				DPT							
	BCG	At birth	1	2	3	1	2	3	Measles	None	All	Percentage with vaccination card seen	Number of children age 12-23 months
Mother's education													
None	62.4	46.1	70.4	61.7	46.6	55.6	50.2	38.3	53.5	25.1	28.7	29.5	2,267
Primary	78.1	65.5	79.2	68.8	60.5	72.2	64.3	54.9	73.6	15.8	41.9	40.7	122
Secondary +	85.9	69.9	83.8	72.1	63.2	78.5	71.9	64.0	75.2	11.2	44.0	43.4	108
Wealth index quintile													
Poorest	54.4	34.0	68.4	58.4	40.0	47.3	41.6	28.9	43.7	27.6	23.1	23.0	532
Second	63.0	48.6	71.9	63.9	49.2	55.3	52.3	40.1	55.6	24.3	30.0	30.8	549
Middle	59.8	44.2	67.7	60.0	43.4	53.8	47.8	36.4	52.2	28.1	28.2	29.3	495
Fourth	66.8	51.1	70.4	62.0	51.0	59.7	54.2	43.5	59.7	25.8	32.7	33.4	473
Richest	79.3	65.4	79.8	69.1	58.1	73.4	65.2	54.4	68.1	13.0	37.3	37.9	447
Total	64.2	48.1	71.4	62.5	48.0	57.5	51.9	40.2	55.5	24.0	30.0	30.6	2,497

In Afghanistan, 30% of children aged 12-23 months are fully vaccinated (Table 6.3). One in four children are not vaccinated at all against any diseases (24%). There is no significant gender disparity in immunization coverage; however, a disparity between urban (37%) and rural (29%) areas is observed. The situation differs considerably by region: in the North Eastern region, children have the highest rate of vaccination coverage against communicable diseases (42%). However, in the Southern region, fewer than 2% of children are fully vaccinated, an alarming situation that stands in contrast to all other regions.

The mother's education appears to be a factor significantly influencing children's immunization rates. The higher the mother's educational level, the more her children tend to be vaccinated. For example, 63% of children whose mothers are educated to the secondary level received the third dose of polio vaccine, while only 47% of children are fully protected against polio if their mothers have no education at all.

Overall, 64% of children aged 12-23 are protected against tuberculosis as a result of having received the BCG vaccine. More children living in urban areas (79%) are immunized with the BCG vaccine compared to those living in rural areas (61%). In the Central region, almost four in five children received the BCG vaccine, while in the Southern region, one in three children are immunized.

Table 6.3 shows a regressive trend in the immunization coverage of the oral polio vaccine up to the third dose, according to the immunization schedule. Children in the North Eastern region (81%) are protected against polio 1 most frequently, followed by children in the Central and Eastern regions (80%). However, the coverage rate of polio 3 drops to 58% in the North East region, to 57% in the Central region, and to 53% in the East region by the third polio vaccination. Among the eight regions, the Southern region has the lowest coverage from polio 1 to 3.

More than one in two children (58%) aged 12-23 months were vaccinated with the first dosage of DPT (DPT 1), with the coverage rate slightly lower by the second dosage (52%), and falling to 40% by the third dosage.

The national coverage rate of children protected against measles is 56%. The Central region has the highest coverage rate (70%), while the lowest coverage rate for the measles vaccine is found in the Southern region (19%).

Neonatal Tetanus Protection

One of the MDGs is to reduce the maternal mortality ratio by three quarters. One strategy to that end is to eliminate maternal tetanus. Another goal is to reduce the incidence of neonatal tetanus to less than one case of neonatal tetanus per 1,000 live births in every district. The goal of A World Fit for Children was to eliminate maternal and neonatal tetanus by 2005.

The prevention of maternal and neonatal tetanus requires assuring that all pregnant women receive at least two doses of the tetanus toxoid vaccine. However, if a woman has not received two doses of the vaccine during her pregnancy, she (and her new born) are also considered to be protected if the following conditions are met:

- Received at least two doses of tetanus toxoid vaccine, the last within the prior three years;
- Received at least three doses, the last within the prior five years;
- Received at least four doses, the last within 10 years;
- Received at least five doses during her lifetime.

Table 6.4 shows the tetanus protection status of women aged 15-49 who had had a live birth within the last two years preceding the survey, by major characteristics.

Table 6.4: Neonatal tetanus protection

Percentage of women age 15-49 years with a live birth in the last 2 years protected against neonatal tetanus, Afghanistan, 2010-2011

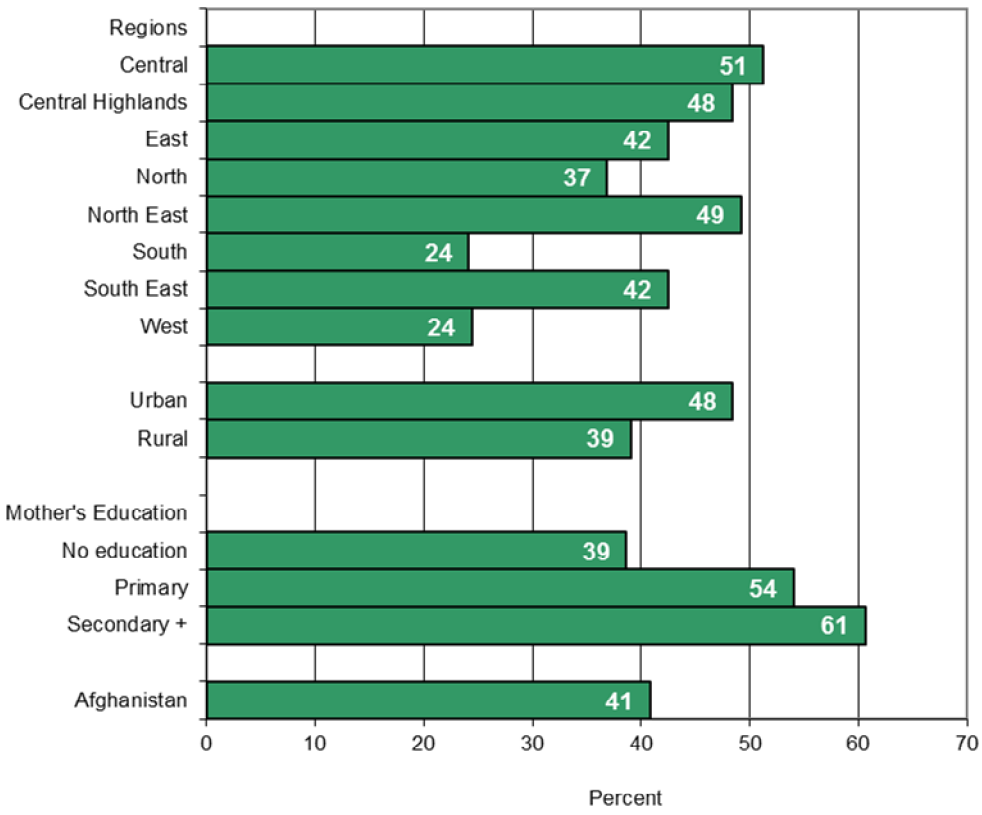
	Percentage of women who received at least 2 doses during last pregnancy	Percentage of women who did not receive two or more doses during last pregnancy but received:				Protected against tetanus[1]	Number of women with a live birth in the last 2 years
		2 doses, the last within prior 3 years	3 doses, the last within prior 5 years	4 doses, the last within prior 10 years	5 or more doses during lifetime		
Region							
Central	36.3	10.5	2.5	0.9	1.1	51.3	824
Central Highlands	33.2	14.8	0.3	0.0	0.0	48.4	196
East	29.9	10.5	1.3	0.6	0.2	42.5	491
North	29.2	5.2	2.3	0.0	0.1	36.9	743
North East	37.5	10.1	0.8	0.6	0.1	49.2	869
South	17.7	6.0	0.0	0.4	0.0	24.1	353
South East	35.4	6.9	0.0	0.2	0.0	42.5	726
West	18.0	5.7	0.3	0.3	0.2	24.4	662
Residence							
Urban	33.4	10.9	1.6	1.3	1.1	48.4	903
Rural	30.1	7.7	1.0	0.2	0.1	39.0	3,962
Education							
None	29.5	7.7	1.0	0.3	0.2	38.6	4,311

Percentage of women age 15-49 years with a live birth in the last 2 years protected against neonatal tetanus, Afghanistan, 2010-2011							
	Percentage of women who received at least	Percentage of women who did not receive two or more doses during last pregnancy but received:				Protected against tetanus[1]	Number of women with a live
Primary	34.0	15.5	2.1	1.6	0.8	54.0	286
Secondary +	47.1	9.5	2.3	0.5	1.2	60.6	268
Wealth index quintile							
Poorest	24.6	6.8	1.0	0.0	0.0	32.4	933
Second	28.7	7.9	0.8	0.3	0.0	37.7	1,029
Middle	30.4	8.6	1.0	0.0	0.2	40.2	993
Fourth	34.5	7.9	0.8	0.2	0.3	43.8	967
Richest	35.2	10.2	1.9	1.6	0.8	49.8	944
Total	30.7	8.3	1.1	.4	.3	40.8	4,865
[1] MICS indicator 3.7							

Only 41% of women with a birth in the last two years are protected against tetanus (Table 6.4). Mother's education level and household wealth were found to have a positive association with neonatal tetanus protection. As mothers are more educated, they tend to be more vaccinated (39% among mothers without education compared to 61% among mothers with secondary education or higher). Almost half of women from the wealthiest households are protected against neonatal tetanus, while only one in three women from the poorest wealth quintile are protected.

Figure 6.2 shows the protection of women against neonatal tetanus by major background characteristics. Women living in the Central region are the most protected against tetanus (51%) followed by the North Eastern region (49%). The lowest coverage of neonatal tetanus vaccination is found in the Southern and Western regions, where only one in four women are protected (24%). There is a disparity between urban and rural areas in neonatal tetanus protection (48 % versus 39%).

Figure 6.2 Percentage of women with a live birth in the last 12 months who are protected against neonatal tetanus Afghanistan, 2010-2011



Oral Rehydration Treatment

Diarrhoea is the second leading cause of death among children under five worldwide. Most diarrhoea-related deaths in children are due to dehydration from loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhoea—either through oral rehydration salts (ORS) or a recommended home fluid (RHF)—can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea.

The goal of A World Fit for Children is to reduce by one half death due to diarrhoea among children under age five by 2010 (compared to 2000); and the MDG is to reduce by two thirds the mortality rate among children under five by 2015 (compared to 1990). In addition, A World Fit for Children calls for a reduction in the incidence of diarrhoea by 25% worldwide.

The indicators used in the MICS survey include:

- Prevalence of diarrhoea
- Oral rehydration therapy (ORT) among children age less than 5 years with diarrhea
- Home management of diarrhoea among children age less than 5 years with diarrhea

- ORT with continued feeding among children age less than 5 years with diarrhea

In the MICS questionnaire, mothers (or caretakers) were asked to report whether their child had had diarrhoea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank.

Table 6.5: Oral rehydration solutions and recommended homemade fluids

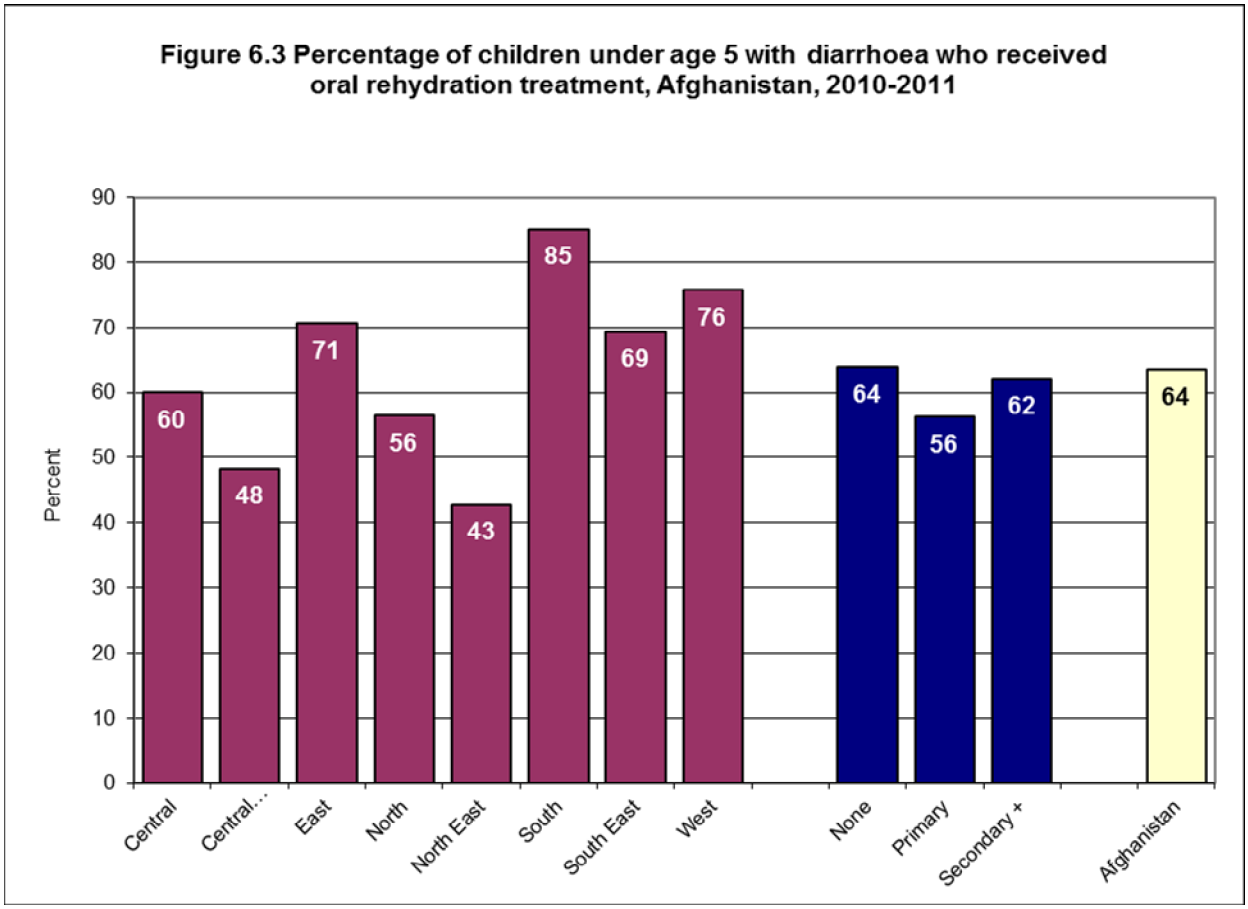
Percentage of children age 0-59 months with diarrhoea in the last two weeks, and treatment with oral rehydration solutions and recommended homemade fluids, Afghanistan, 2010-2011

	Had diarrhoea in last two weeks	Number of children age 0-59 months	Children with diarrhoea who received:					Number of children age 0-59 months with diarrhoea
			ORS (Fluid from ORS packet or pre-packaged ORS fluid)	Recommended homemade fluids			ORS or any recommended homemade fluid	
				Wheat Salt Solution	*Salt & Sugar Solution*	Any recommended homemade fluid		
Sex								
Male	22.9	7,653	55.1	13.0	18.9	26.4	65.2	1,752
Female	22.9	7,218	51.3	13.6	16.7	24.3	61.6	1,652
Region								
Central	25.0	2,230	46.0	12.6	17.2	23.1	59.9	557
Central Highlands	33.4	517	36.3	12.4	12.7	19.6	48.2	173
East	21.4	1,667	58.9	15.6	17.5	23.2	70.6	357
North	25.9	2,087	48.3	12.9	12.4	21.6	56.5	541
North East	19.3	2,464	36.5	6.6	7.9	11.8	42.8	477
South	20.0	1,774	74.0	17.8	44.5	49.6	85.0	355
South East	24.3	2,308	60.5	14.8	18.1	29.5	69.4	560
West	21.0	1,825	64.6	15.0	16.0	27.0	75.7	384
Residence								
Urban	21.2	2,398	48.2	8.7	14.8	19.0	57.2	508
Rural	23.2	12,474	54.2	14.1	18.3	26.5	64.5	2,896
Age								
0-11 months	18.6	2,244	44.3	10.0	10.6	17.9	51.9	418
12-23 months	28.2	2,497	55.8	12.7	16.2	23.8	66.1	704
24-35 months	27.6	3,220	55.7	13.4	18.3	25.4	65.6	888
36-47 months	22.5	3,438	51.2	14.1	21.4	28.8	63.0	772
48-59 months	17.9	3,474	55.7	14.9	19.3	27.8	65.9	622
Mother's education								
None	23.1	13,532	53.7	13.5	18.4	26.0	63.9	3,125
Primary	23.3	698	44.5	13.0	14.3	20.7	56.2	163
Secondary +	17.8	634	55.5	8.3	8.3	14.2	62.0	113
Wealth index quintile								
Poorest	22.0	3,101	55.6	16.8	18.1	30.1	68.7	683
Second	22.2	3,190	50.8	13.6	21.1	28.9	63.4	707
Middle	25.1	3,015	52.4	13.7	16.9	24.4	61.8	758
Fourth	25.0	2,983	55.6	12.6	17.1	23.2	63.4	744
Richest	19.8	2,583	51.6	8.5	15.3	18.6	59.0	512
Total	22.9	14,872	53.3	13.3	17.8	25.3	63.5	3,403

Overall, 23% of children under five had diarrhoea in the two weeks preceding the survey (Table 6.5). Diarrhoea prevalence varies by region. One in three children in the Central Highlands region had diarrhoea in the last two weeks, while one in five children had had diarrhoea in the North Eastern and Southern regions. This high prevalence of diarrhoea in the Central Highlands region is assumed to be due to low coverage in improved sources of drinking water (at 25%; refer to Table 7.1 in the next chapter). The peak of diarrhoea prevalence occurs in the weaning period, among children aged 12-23 months (28%).

Table 6.5 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhoea.[14] About 53% received fluids from ORS packets or pre-packaged ORS fluids and 25% received recommended homemade fluids. Interestingly, it was found that the mother's education level does not influence the frequency of ORT use to treat children with diarrhoea in Afghanistan. Mothers without any formal education give ORS or any RHF to the children to treat diarrhoea (64%) at comparable rates to mothers with secondary education or higher (62%). Approximately 63% of children with diarrhoea received one or more of the recommended home treatments (i.e., were treated with ORS or any RHF), as shown in Figure 6.3.

Figure 6.3 Percentage of children under age 5 with diarrhoea who received oral rehydration treatment, Afghanistan, 2010-2011



[14] Since mothers were able to name more than one type of liquid, the percentages do not necessarily add up to 100%.

Table 6.6: Feeding practices during diarrhoea

Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea, Afghanistan, 2010-2011

			Drinking practices during diarrhoea:							Eating practices during diarrhoea:								
	Had diarrhea in last two weeks	Number of children age 0-59 months	Given much less to drink	Given somewhat less to drink	Given about the same to drink	Given more to drink	Given nothing to drink	Missing/ DK	Total	Given much less to eat	Given somewhat less to eat	Given about the same to eat	Given more to eat	Stopped food	Had never been given food	Missing/ DK	Total	Number of children age 0-59 months with diarrhoea in last two weeks
Sex																		
Male	22.9	7,653	21.0	24.1	25.3	19.0	7.0	3.5	100.0	18.1	23.0	34.2	8.6	8.6	5.7	1.9	100.0	1,752
Female	22.9	7,218	20.9	23.9	26.3	17.3	7.1	4.4	100.0	17.6	21.7	34.9	8.8	8.6	6.3	2.1	100.0	1,652
Region																		
Central	25.0	2,230	20.7	24.5	25.5	21.8	7.2	0.2	100.0	18.1	17.5	32.7	12.2	12.2	6.4	0.7	100.0	557
Central Highlands	33.4	517	26.5	15.1	18.6	31.3	7.4	1.0	100.0	31.0	19.4	22.9	8.0	9.8	8.0	0.7	100.0	173
East	21.4	1,667	20.5	31.6	19.6	7.1	15.0	6.2	100.0	15.8	28.7	27.0	6.4	4.3	14.8	2.9	100.0	357
North	25.9	2,087	28.0	15.3	28.1	18.3	8.5	1.8	100.0	26.5	20.4	32.2	6.3	9.4	4.2	1.0	100.0	541
North East	19.3	2,464	24.7	23.3	25.8	19.5	5.7	0.9	100.0	16.8	21.8	39.1	9.3	8.2	4.2	0.5	100.0	477
South	20.0	1,774	16.9	22.6	34.8	17.9	4.7	3.1	100.0	17.3	20.2	46.2	6.6	5.2	2.8	1.7	100.0	355
South East	24.3	2,308	14.2	25.0	31.6	12.5	4.4	12.4	100.0	6.5	17.7	47.9	8.0	7.7	5.9	6.3	100.0	560
West	21.0	1,825	18.4	33.2	15.4	24.2	5.0	3.7	100.0	19.9	36.9	16.6	11.2	10.7	4.0	0.7	100.0	384
Residence																		
Urban	21.2	2,398	24.2	24.4	24.4	19.4	6.6	0.9	100.0	21.0	21.5	28.1	11.3	9.0	8.3	0.8	100.0	508
Rural	23.2	12,474	20.4	23.9	26.1	18.0	7.1	4.5	100.0	17.3	22.5	35.7	8.2	8.6	5.6	2.2	100.0	2,896
Age																		
0-11 months	18.6	2,244	19.0	25.4	26.2	13.0	12.5	3.9	100.0	15.1	17.2	30.0	7.0	10.0	17.4	3.3	100.0	418
12-23 months	28.2	2,497	22.4	21.5	27.7	17.7	8.2	2.6	100.0	21.1	19.7	33.4	7.7	9.9	7.1	1.1	100.0	704
24-35 months	27.6	3,220	21.0	24.9	25.6	18.5	6.3	3.7	100.0	18.1	22.9	37.2	7.7	8.4	4.2	1.5	100.0	888
36-47 months	22.5	3,438	22.4	24.6	23.8	19.5	5.9	3.9	100.0	17.5	26.6	32.5	10.4	8.1	3.4	1.6	100.0	772
48-59 months	17.9	3,474	19.0	24.0	26.3	20.2	4.6	5.9	100.0	16.2	22.8	37.6	10.2	7.3	2.8	3.2	100.0	622
Mother's education																		
None	23.1	13,532	21.0	24.5	25.3	18.3	6.8	4.2	100.0	17.8	22.7	34.7	8.8	8.3	5.7	2.0	100.0	3,125

Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea, Afghanistan, 2010-2011

			Drinking practices during diarrhoea:							Eating practices during diarrhoea:								
	Had diarrhea in last two weeks	Number of children age 0-59 months	Given much less to drink	Given somewhat less to drink	Given about the same to drink	Given more to drink	Given nothing to drink	Missing/ DK	Total	Given much less to eat	Given somewhat less to eat	Given about the same to eat	Given more to eat	Stopped food	Had never been given food	Missing/ DK	Total	Number of children age 0-59 months with diarrhoea in last two weeks
Primary	23.3	698	24.6	19.3	29.5	16.2	9.9	0.5	100.0	19.2	17.0	34.3	6.3	11.4	10.0	1.8	100.0	163
Secondary +	17.8	634	17.4	18.4	34.9	16.6	10.3	2.4	100.0	19.3	20.9	28.8	7.6	13.1	7.4	2.8	100.0	113
Wealth index quintile																		
Poorest	22.0	3,101	21.1	26.5	22.0	17.2	7.6	5.6	100.0	17.5	28.3	27.8	7.9	9.7	6.6	2.1	100.0	683
Second	22.2	3,190	22.0	23.6	24.0	17.7	9.1	3.6	100.0	21.1	23.1	31.0	7.4	9.8	5.6	2.0	100.0	707
Middle	25.1	3,015	21.4	24.7	27.6	15.2	6.0	5.2	100.0	15.8	20.3	40.4	8.5	7.3	5.2	2.5	100.0	758
Fourth	25.0	2,983	20.0	21.4	27.4	21.5	6.2	3.6	100.0	16.9	18.8	42.3	8.1	7.2	4.9	1.9	100.0	744
Richest	19.8	2,583	20.3	23.9	28.7	19.8	6.3	1.0	100.0	18.3	21.5	28.4	12.5	9.6	8.5	1.1	100.0	512
Total	22.9	14,872	21.0	24.0	25.8	18.2	7.0	3.9	100.0	17.9	22.4	34.5	8.7	8.6	6.0	2.0	100.0	3,403

Feeding practices during incidence of children's diarrhoea are important in the prevention of dehydration as well as further complications resulting from diarrhoea in children. Table 6.6 shows the feeding patterns by mothers or caretakers during a diarrhoeal episode among children.

Less than one fifth (18%) of under-five children with diarrhoea drank more than usual while 71% drank the same or less. Nine percent of children are given nothing to drink, and 22% ate somewhat less, the same or more (continued feeding), but 32% ate much less or ate almost nothing. Almost 9% of children had feeding stopped during the episode.

Table 6.7 provides the proportion of children aged 0-59 months with diarrhoea in the last two weeks who received ORT with continued feeding, and the percentage of children with diarrhoea who received other treatments.

Table 6.7: Oral rehydration therapy with continued feeding and other treatments

Percentage of children age 0-59 months with diarrhoea in the last two weeks who received oral rehydration therapy with continued feeding, and percentage of children with diarrhoea who received other treatments, Afghanistan, 2010-2011

	Children with diarrhoea who received:			Other treatments:												
				Pill or syrup					Injection						Not given any treatment or drug	Number of children age 0-59 months with diarrhoea in last two weeks
	ORS or increased fluids	ORT (ORS or recommended homemade fluids or increased fluids)	ORT with continued feeding[1]	Anti-biotic	Anti-motility	Zinc	Other	Unknown	Anti-biotic	Non-antibiotic	Unknown	Intra-venous	Home remedy, herbal medicine	Other		
Sex																
Male	63.3	71.8	48.7	16.9	24.5	5.4	1.3	16.6	5.0	0.6	3.3	1.9	14.6	4.4	9.8	1,752
Female	59.2	68.4	46.3	17.2	24.4	5.1	1.8	17.0	4.6	0.7	3.3	1.6	15.6	4.0	9.7	1,652
Region																
Central	55.9	67.4	41.9	16.6	20.8	4.7	0.9	17.6	1.7	0.2	2.8	0.4	5.1	4.7	10.3	557
Central Highlands	57.0	65.0	30.6	14.0	13.1	0.4	0.6	21.1	0.1	0.3	2.0	0.7	4.0	2.6	22.0	173
East	62.3	73.7	47.3	28.0	16.6	4.0	2.1	14.7	9.3	0.9	2.7	1.0	21.0	2.8	9.8	357
North	58.7	66.1	39.2	15.8	25.1	3.8	0.2	21.9	4.7	0.0	2.0	3.1	10.0	5.9	11.8	541
North East	46.5	51.6	35.2	13.5	31.7	5.0	1.4	17.7	5.1	0.0	1.8	0.3	15.4	6.0	13.9	477
South	78.1	88.3	67.9	31.8	35.2	10.4	6.6	15.8	9.4	2.3	3.3	0.9	27.6	7.5	2.7	355
South East	64.2	71.4	59.6	12.6	26.1	9.8	0.7	12.7	4.2	1.4	6.7	4.6	19.8	1.9	6.5	560
West	72.8	83.1	54.2	7.8	20.2	0.5	0.8	14.2	4.0	0.0	4.1	1.2	17.5	1.4	6.8	384
Residence																
Urban	57.0	64.9	39.5	24.8	24.0	4.2	1.7	20.4	5.6	0.6	2.2	1.8	6.1	5.7	8.3	508
Rural	62.1	71.0	48.9	15.7	24.5	5.4	1.5	16.1	4.7	0.6	3.5	1.7	16.7	3.9	10.1	2,896
Age																
0-11 months	51.7	57.7	32.3	16.2	22.0	2.5	1.0	16.7	4.1	0.4	2.2	2.5	9.4	4.7	16.5	418
12-23 months	62.7	71.7	45.3	16.1	22.2	3.5	0.8	16.2	5.5	0.6	2.9	2.2	13.5	5.0	8.6	704
24-35 months	64.0	72.8	49.9	17.7	25.7	6.9	2.1	15.0	5.0	0.4	3.2	1.7	14.4	4.1	9.4	888
36-47 months	60.3	70.6	51.4	16.9	26.6	7.4	2.0	18.4	5.2	1.0	3.7	1.8	19.2	3.7	8.2	772
48-59 months	63.7	72.3	52.2	18.0	24.1	4.2	1.5	18.1	3.9	0.5	4.3	0.7	16.5	3.7	9.0	622
Mother's education																

Percentage of children age 0-59 months with diarrhoea in the last two weeks who received oral rehydration therapy with continued feeding, and percentage of children with diarrhoea who received other treatments, Afghanistan, 2010-2011

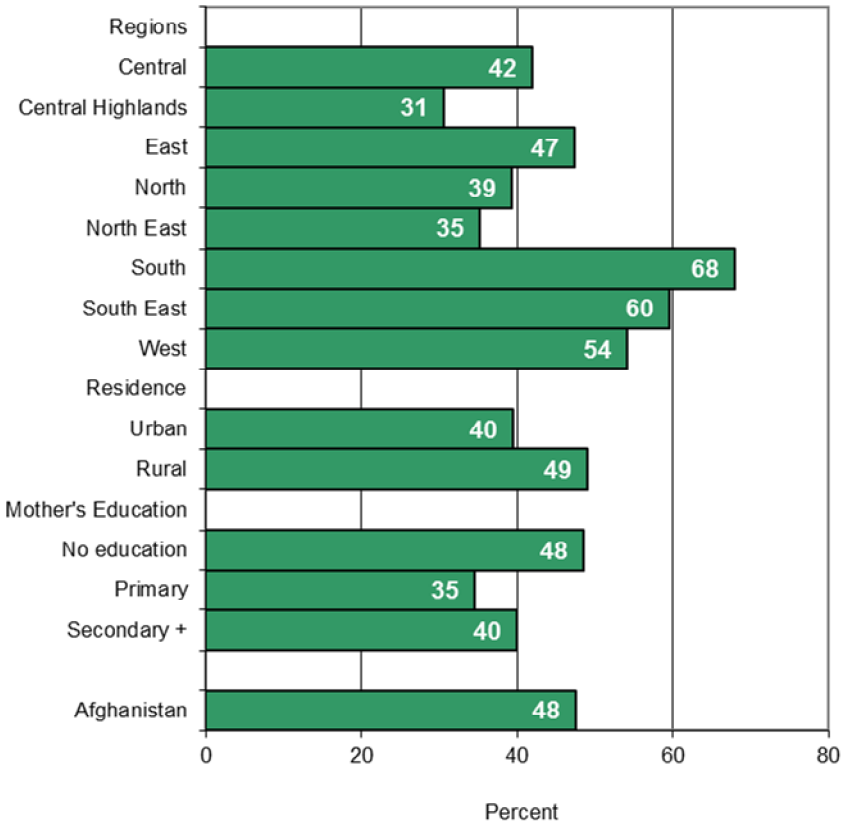
	Children with diarrhoea who received:			Other treatments:												
				Pill or syrup					Injection						Not given any treatment or drug	Number of children age 0-59 months with diarrhoea in last two weeks
	ORS or increased fluids	ORT (ORS or recommended homemade fluids or increased fluids)	ORT with continued feeding[1]	Anti-biotic	Anti-motility	Zinc	Other	Unknown	Anti-biotic	Non-antibiotic	Unknown	Intra-venous	Home remedy, herbal medicine	Other		
None	61.6	70.4	48.5	16.7	24.4	5.5	1.6	16.8	5.0	0.6	3.4	1.8	15.6	4.1	9.8	3,125
Primary	55.4	66.1	34.5	19.3	30.8	2.3	0.6	15.9	2.4	0.4	1.0	1.6	11.0	3.9	7.5	163
Secondary +	61.7	67.3	40.0	23.8	18.7	3.8	0.0	15.6	4.1	0.6	1.5	0.4	5.7	9.0	12.3	113
Wealth index quintile																
Poorest	63.4	75.0	50.7	12.1	13.8	3.7	1.3	13.0	4.3	0.6	4.7	2.0	17.8	5.8	10.5	683
Second	58.5	68.8	42.9	15.6	26.5	6.0	0.9	15.2	4.2	1.0	3.9	1.6	16.2	3.9	12.5	707
Middle	58.4	66.7	48.0	19.4	29.1	7.0	1.2	16.3	6.5	0.5	1.8	1.7	15.7	1.9	9.8	758
Fourth	66.2	72.9	52.8	17.2	27.7	5.3	2.5	21.1	3.5	0.7	3.3	1.9	15.8	5.0	6.8	744
Richest	59.6	66.4	41.3	21.9	24.2	3.6	1.8	18.4	5.8	0.3	2.9	1.5	7.9	4.8	9.4	512
Total	61.3	70.1	47.5	17.1	24.5	5.3	1.5	16.8	4.8	0.6	3.3	1.7	15.1	4.2	9.8	3,403

[1] MICS indicator 3.8

Observing Table 6.7, overall, 61% of children with diarrhoea received ORS or increased fluids, 70% received ORT (ORS or recommended homemade fluids, or increased fluids). It was observed that 48% of children either received ORT and/or at the same time, feeding was continued, as per the recommendation.

There are significant differences in the home management of diarrhoea by background characteristics. In the Central Highlands region, less than one in three children (31%) received ORT and continued feeding, while 68% of children in the Southern region received ORT and continued feeding. Interestingly, better treatment practices during an episode of diarrhoea among children are observed in the Southern region despite otherwise discouraging indicators on child health such as the low vaccination coverage noted earlier: 88% of children with diarrhoea in the Southern region were treated by ORT, while only 52% of children in the North Eastern region were treated with ORT.

Figure 6.4 Percentage of children under age 5 with diarrhoea who received ORT or increased fluids, and continued feeding Afghanistan, 2010-2011



Care Seeking and Antibiotic Treatment of Pneumonia

Pneumonia is the leading cause of death in children. The use of antibiotics in children under age five with suspected pneumonia is a key intervention. The goal of A World Fit for Children is to reduce by one-third deaths due to acute respiratory infections.

Children with suspected pneumonia are those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were NOT due to a problem in the chest and a blocked nose.

The indicators are:

- Prevalence of suspected pneumonia
- Care seeking for suspected pneumonia
- Antibiotic treatment for suspected pneumonia
- Knowledge of the danger signs of pneumonia

Table 6.8: Care seeking for suspected pneumonia and antibiotic use during suspected pneumonia

Percentage of children age 0-59 months with suspected pneumonia in the last two weeks who were taken to a health provider and percentage of children who were given antibiotics, Afghanistan, 2010-2011

	Had suspected pneumonia in the last two weeks	Number of children age 0-59 months	Children with suspected pneumonia who were taken to:																	
			Public sources						Private sources					Other source			Other	Any appropriate provider[1]	Percentage of children with suspected pneumonia who received antibiotics in the last two weeks[2]	Number of children age 0-59 months with suspected pneumonia in the last two weeks
			Govt. hospital	Govt. health centre	Govt. health post	Village health worker	Mobile/ outreach clinic	Other public	Private hospital/ clinic	Private physician	Private pharmacy	Mobile clinic	Other private medical	Relative or friend	Shop	Trad. Practi-tioner				
Sex																				
Male	18.2	7,653	18.2	9.0	3.7	6.5	2.9	0.2	3.2	25.5	6.4	0.6	0.0	3.9	1.5	3.5	0.7	61.9	63.2	1,392
Female	19.0	7,218	19.5	7.8	3.8	6.6	1.8	0.7	3.4	23.1	8.2	0.6	0.2	3.2	2.1	3.9	0.0	59.1	64.6	1,370
Region																				
Central	25.0	2,230	19.1	9.0	0.7	2.1	2.2	0.1	7.2	28.2	7.8	0.2	0.0	2.0	0.2	0.5	0.3	65.3	60.2	558
Central Highlands	30.2	517	17.0	10.5	0.0	2.0	5.9	1.4	.2	5.9	4.9	0.4	0.3	1.8	0.0	0.5	0.4	40.7	37.9	156
East	23.6	1,667	12.4	8.1	13.3	7.0	0.1	0.0	3.3	36.1	9.0	0.6	0.0	0.6	0.8	1.5	0.3	72.2	68.9	394
North	20.3	2,087	18.3	8.8	0.5	9.6	4.8	1.1	2.1	15.6	3.8	1.6	0.4	2.9	2.3	2.6	0.2	54.6	63.2	424
North East	13.0	2,464	18.5	17.0	1.0	4.5	2.9	0.0	1.7	10.1	10.7	0.0	0.0	5.3	3.2	2.9	0.0	52.9	58.2	320
South	10.0	1,774	22.4	6.6	6.7	8.6	2.0	2.0	7.2	39.5	4.0	1.5	0.0	1.7	0.0	24.0	0.0	63.3	83.4	178
South East	18.7	2,308	25.2	1.9	6.7	13.2	0.4	0.3	0.6	32.2	9.0	0.4	0.0	5.3	1.9	2.5	0.0	72.1	74.4	431
West	16.5	1,825	17.6	7.8	0.3	3.6	3.1	0.0	2.3	18.5	6.5	0.0	0.0	9.1	5.5	5.9	1.6	45.0	58.1	301
Residence																				
Urban	19.1	2,398	25.7	4.7	2.3	1.0	2.2	0.3	5.4	36.1	8.1	0.2	0.0	1.4	0.6	1.8	0.4	67.3	70.3	457
Rural	18.5	12,474	17.5	9.2	4.0	7.6	2.4	0.5	2.8	22.0	7.2	0.6	0.1	4.0	2.0	4.1	0.3	59.2	62.6	2,304
Age																				
0-11 months	19.5	2,244	21.3	9.9	2.3	4.3	2.9	0.3	3.9	28.1	5.5	1.2	0.1	2.2	.4	1.8	0.0	67.6	66.3	439
12-23 months	19.6	2,497	21.0	8.0	2.9	5.4	3.0	0.1	2.3	25.4	9.1	0.5	0.0	3.4	2.7	3.0	0.3	60.4	61.8	489
24-35 months	19.7	3,220	18.1	8.0	4.4	8.3	2.3	0.5	4.4	24.4	6.3	0.4	0.0	3.7	1.4	4.7	0.1	60.8	62.6	633
36-47 months	19.1	3,438	17.0	7.9	4.0	6.7	2.6	0.7	3.4	26.0	7.5	0.5	0.3	4.1	2.0	4.0	0.2	60.9	67.6	655
48-59 months	15.7	3,474	18.0	8.7	4.5	7.2	1.3	0.5	2.2	18.2	8.2	0.4	0.0	4.1	2.2	4.2	1.0	54.2	60.9	547
Mother's education																				
None	18.4	13,532	18.7	8.7	3.7	7.0	2.3	0.4	2.9	23.4	7.3	0.6	0.0	3.5	1.9	4.0	0.3	59.6	63.6	2,496
Primary	22.3	698	25.5	7.2	3.8	2.0	2.8	0.0	4.6	30.0	8.1	0.0	0.0	3.4	1.8	0.4	0.0	68.8	62.7	156
Secondary+	17.3	634	12.8	3.3	4.8	3.3	3.2	1.6	9.1	37.5	7.4	1.3	1.6	5.5	0.0	1.9	0.9	71.1	72.4	110

Percentage of children age 0-59 months with suspected pneumonia in the last two weeks who were taken to a health provider and percentage of children who were given antibiotics, Afghanistan, 2010-2011

	Had suspected pneumonia in the last two weeks	Number of children age 0-59 months	Children with suspected pneumonia who were taken to:																	
			Public sources						Private sources					Other source						
			Govt. hospital	Govt. health centre	Govt. health post	Village health worker	Mobile/ outreach clinic	Other public	Private hospital/ clinic	Private physician	Private pharmacy	Mobile clinic	Other private medical	Relative or friend	Shop	Trad. Practi-tioner	Other	Any appropriate provider[1]	Percentage of children with suspected pneumonia who received antibiotics in the last two weeks[2]	Number of children age 0-59 months with suspected pneumonia in the last two weeks
Wealth index quintile																				
Poorest	15.7	3,101	10.4	8.5	4.4	6.5	3.1	1.3	1.6	18.6	4.9	0.8	0.5	2.6	2.8	3.3	0.2	46.4	57.0	486
Second	18.7	3,190	18.7	12.0	3.9	8.2	2.4	0.2	1.8	18.3	6.4	0.8	0.0	3.0	1.6	5.4	0.0	59.7	58.6	597
Middle	20.7	3,015	20.7	10.6	5.4	8.9	2.3	0.2	3.2	22.9	7.7	0.2	0.0	3.6	2.9	4.1	0.7	65.6	67.5	625
Fourth	18.6	2,983	21.1	7.2	2.9	6.4	2.7	0.4	4.2	26.0	9.1	1.0	0.0	6.3	1.2	3.6	0.3	63.5	66.2	554
Richest	19.3	2,583	22.3	2.9	1.8	1.8	1.4	0.2	5.7	37.1	8.4	0.2	0.0	2.1	0.2	1.6	0.4	65.7	69.8	500
Total	18.6	14,872	18.8	8.4	3.7	6.5	2.4	0.4	3.3	24.3	7.3	0.6	0.1	3.6	1.8	3.7	0.3	60.5	63.9	2,762

[1] MICS indicator 3.9; [2] MICS indicator 3.10

Table 6.8 presents the prevalence of suspected pneumonia, whether care was sought outside the home, and the site of care. It was found that 19% of children aged 0-59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Of these children, 61% were taken to an appropriate provider, and 64% of children under five with suspected pneumonia had received an antibiotic during the two weeks prior to the survey.

There is some difference between urban (70%) and rural areas (63%) in children receiving an antibiotic during suspected pneumonia. Among eight regions in Afghanistan, the Central Highlands and Central regions reported higher prevalence of suspected pneumonia in the last two weeks before the survey (30% and 25% respectively). In the Central Highlands region, only 41% of children were taken to any appropriate health provider and 38% received antibiotics in the last two weeks. In the South region, 63% of children were taken to any appropriate provider, while more than 80% received medication, and 22% of children were taken to a governmental hospital for treatment of suspected pneumonia. Also, good practices in seeking appropriate care for suspected pneumonia among children are observed in the Eastern region, where 72% of children were taken to an appropriate provider (36% of them were taken to a private physician) and 69% of cases were treated with antibiotics.

The table also shows that the antibiotic treatment of suspected pneumonia is lower among the poorest households and among children whose mothers/caretakers have no education. The use of antibiotics is not correlated to the age of the child, and children at any age receive medication in case of suspected pneumonia. Overall, around 60-70% of children in each age group with suspected pneumonia received antibiotics.

Table 6.9: Knowledge of the two danger signs of pneumonia

Percentage of mothers and caretakers of children age 0-59 months by symptoms that would cause them to take the child immediately to a health facility, and percentage of mothers who recognize fast and difficult breathing as signs for seeking care immediately, Afghanistan, 2010-2011

	Percentage of mothers/caretakers of children age 0-59 months who think that a child should be taken immediately to a health facility if the child:								Mothers/caretakers who recognize the two danger signs of pneumonia	Number of mothers/caretakers of children age 0-59 months
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficult breathing	Has blood in stool	Is drinking poorly	Has other symptoms		
Region										
Central	17.0	19.3	73.5	23.0	43.6	22.0	11.8	34.6	8.7	1,481
Central Highlands	13.6	17.6	75.1	24.2	41.4	12.9	13.9	44.4	8.4	356
East	43.7	56.0	68.8	44.8	35.7	26.3	21.9	13.5	18.9	1,137
North	28.1	32.3	80.0	25.2	48.3	30.8	27.5	46.2	17.2	1,342
North East	22.1	36.3	73.7	31.7	42.9	23.4	22.0	32.9	15.9	1,640
South	57.9	65.6	76.1	54.3	49.7	30.7	56.0	33.4	35.8	1,220
South East	53.7	29.1	60.0	22.3	21.4	21.5	37.4	26.2	5.7	1,444
West	27.4	32.5	71.9	26.2	43.8	29.8	15.3	26.8	9.5	1,274
Residence										
Urban	22.8	28.8	75.5	27.8	45.0	22.0	16.8	34.5	12.4	1,627
Rural	36.2	38.5	71.4	32.2	39.8	26.3	28.4	30.9	15.8	8,269
Mother's education										
None	35.2	37.8	72.0	32.1	40.4	26.0	27.6	30.8	15.7	8,925
Primary	23.4	29.7	71.1	23.9	45.8	22.3	14.7	40.4	10.0	489
Secondary +	22.4	26.8	73.9	25.8	40.2	20.7	16.8	34.5	10.6	475
Wealth index quintile										
Poorest	39.3	42.4	72.4	34.3	43.2	27.8	31.5	25.8	18.6	2,028
Second	33.4	39.8	71.5	31.0	40.2	26.7	26.5	30.8	15.1	2,071
Middle	37.2	37.4	71.2	34.1	40.8	27.3	29.5	33.8	16.9	2,017
Fourth	35.5	33.9	71.7	31.3	38.5	24.9	27.7	32.9	15.1	1,993
Richest	23.6	30.1	73.8	26.0	40.8	20.8	16.0	34.3	9.7	1,786
Total	**34.0**	**36.9**	**72.1**	**31.5**	**40.7**	**25.6**	**26.5**	**31.5**	**15.2**	**9,895**

Issues related to knowledge of the danger signs of pneumonia are presented in Table 6.9. It is clearly evident that mothers' knowledge of the danger signs is an important determinant of care-seeking behaviour. Overall, only 15% of women know of the two danger signs of pneumonia – fast and difficult breathing. The most commonly identified symptom for taking a child to a health facility is when a child develops a fever (72%). Of the mothers surveyed, 32% identified fast breathing and nearly 41% of mothers identified difficult breathing as symptoms for taking children immediately to a health care provider. Mothers/caretakers living in the poorest households (19%) and who have no education (16%) are more likely to seek care if their children develop the symptoms of pneumonia. Less than 10% of the mothers in the wealthiest quintile know two danger signs of pneumonia in Afghanistan, compared to 18% in the poorest households. Out of eight regions, mothers in the Southern region are more likely to recognize the two danger signs of pneumonia (36%). In the Central Highlands and Central regions, where there is a higher prevalence of suspected pneumonia than in other regions, only 8-9% of mothers recognize the two danger signs of pneumonia.

Solid Fuel Use

More than three billion people around the world rely on solid fuels (biomass and coal) for their basic energy needs, including cooking and heating. Cooking and heating with solid fuels leads to high levels of indoor smoke, which is a complex mix of health-damaging pollutants. The main problem with the use of solid fuels is products of incomplete combustion, including CO, polyaromatic hydrocarbons, SO_2, and other toxic elements. Use of solid fuels increases the risks of acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, low birth weight, cataracts, and asthma. The primary indicator of solid fuel use is the proportion of the population using solid fuels as the primary source of domestic energy for cooking.

Table 6.10 shows the percentage of household members according to the type of cooking fuel used by the household, and the percentage of household members living in households using solid fuels for cooking.

Table 6.10: **Solid fuel use**

Percent distribution of household members according to type of cooking fuel used by the household, and percentage of household members living in households using solid fuels for cooking, Afghanistan, 2010-2011

	Percentage of household members in households using:																Number of household members
						Solid fuels											
	Electricity	Liquefied Petroleum Gas (LPG)	Natural Gas	Biogas	Kerosene	Coal, lignite	Char-coal	Wood	Straw, shrubs, grass	Animal dung	Agricultural crop residue	No food cooked in the household	Other	Missing	Total	Solid fuels for cooking[1]	
Region																	
Central	0.9	10.4	40.5	0.1	0.0	0.4	1.5	35.7	4.0	6.2	0.4	0.0	0.1	0.0	100.0	48.1	16,232
Central Highlands	0.0	0.1	1.4	0.0	0.0	3.3	0.3	21.0	29.2	43.5	1.1	0.0	0.1	0.0	100.0	98.3	3,449
East	0.1	4.6	0.6	0.0	0.1	0.1	0.1	70.8	11.3	9.8	2.0	0.1	0.1	0.3	100.0	94.2	11,335
North	0.2	0.9	4.6	0.3	0.0	0.2	1.2	39.5	9.4	38.0	4.6	0.0	0.9	0.3	100.0	92.9	14,055
North East	0.4	1.3	9.4	0.0	0.4	0.9	0.4	14.2	26.0	42.0	4.8	0.0	0.1	0.1	100.0	88.3	16,557
South	0.2	5.8	0.4	0.5	0.0	0.1	0.7	38.0	31.7	15.7	6.2	0.0	0.2	0.5	100.0	92.4	13,825
South East	0.2	1.1	0.4	0.0	0.0	0.0	0.8	72.6	15.4	5.9	3.4	0.0	0.1	0.0	100.0	98.2	12,867
West	0.2	2.1	17.7	0.0	0.0	0.0	0.3	21.4	44.2	11.2	2.4	0.1	0.3	0.1	100.0	79.5	13,393
Residence																	
Urban	1.1	14.7	50.9	0.3	0.1	0.8	1.6	22.1	4.0	3.6	0.5	0.0	0.3	0.1	100.0	32.6	18,000
Rural	0.1	1.4	2.6	0.1	0.1	0.3	0.6	42.9	24.0	23.5	3.9	0.0	0.2	0.2	100.0	95.2	83,713
Education of household head																	
None	0.2	2.2	6.6	0.1	0.1	0.3	0.7	38.0	23.8	23.4	4.0	0.0	0.3	0.2	100.0	90.2	69,034
Primary	0.1	3.7	15.4	0.1	0.0	0.7	0.7	41.4	15.7	19.1	3.0	0.0	0.2	0.0	100.0	80.5	11,529
Secondary +	0.6	8.7	23.9	0.1	0.1	0.4	0.8	42.1	12.3	9.6	1.2	0.0	0.2	0.1	100.0	66.4	21,099
Wealth index quintiles																	
Poorest	0.0	0.0	0.0	0.0	0.0	0.0	0.1	29.9	39.0	24.4	6.0	0.1	0.2	0.3	100.0	99.4	20,338
Second	0.0	0.1	0.1	0.2	0.2	0.3	0.3	36.8	26.1	31.4	4.1	0.0	0.2	0.1	100.0	99.1	20,340
Middle	0.0	0.5	0.8	0.2	0.0	0.3	0.4	48.9	19.7	25.2	3.5	0.1	0.3	0.2	100.0	98.0	20,344

Percent distribution of household members according to type of cooking fuel used by the household, and percentage of household members living in households using solid fuels for cooking, Afghanistan, 2010-2011

	Percentage of household members in households using:																Number of household members
						Solid fuels											
	Electricity	Liquefied Petroleum Gas (LPG)	Natural Gas	Biogas	Kerosene	Coal, lignite	Char-coal	Wood	Straw, shrubs, grass	Animal dung	Agricultural crop residue	No food cooked in the household	Other	Missing	Total	Solid fuels for cooking[1]	
Fourth	0.1	2.9	5.2	0.1	0.0	0.7	1.5	57.0	13.9	15.5	2.6	0.0	0.3	0.2	100.0	91.1	20,345
Richest	1.3	15.2	49.8	0.1	0.0	0.5	1.4	23.6	3.7	3.6	0.4	0.0	0.3	0.0	100.0	33.2	20,347
Total	0.3	3.7	11.2	0.1	0.1	0.4	0.7	39.2	20.5	20.0	3.3	0.0	0.2	0.2	100.0	84.2	101,713

MICS Indicator 3.11

Overall, most households (84%) in Afghanistan are using solid fuels for cooking (Table 6.10). Use of solid fuels is low in urban areas (33%), but very high in rural areas, where almost all households (95%) are using solid fuels. Differentials with respect to household wealth and the educational level of the household head are also significant. The findings show that use of solid fuels is at 90% in households where the head of household has no education, while it is 66% in households where the head of household has secondary education or higher. One in three of the wealthiest households use solid fuel, while 99% of the poorest households use solid fuel, demonstrating striking differentials by household socio-economic status. The table also clearly shows that the overall percentage of use of solid fuels is high due to use of wood for cooking purposes (39%), use of straw/shrubs/grass (21%), and use of animal dung (20%).

Solid fuel use alone is a poor proxy for indoor air pollution, since the concentration of the pollutants is different when the same fuel is burned in different stoves or fires. Use of closed stoves with chimneys minimizes indoor pollution, while open stoves or fires with no chimney or hood means that there is no protection from the harmful effects of solid fuels. Solid fuel use by place of cooking is shown in Table 6.11.

Table 6.11: Solid fuel use by place of cooking

Percent distribution of household members in households using solid fuels by place of cooking, Afghanistan, 2010-2011								
	Place of cooking:							Number of household members in households using solid fuels for cooking
	In a separate room used as kitchen	Elsewhere in the house	In a separate building	Outdoors	At another place	Missing	Total	
Region								
Central	82.5	10.8	1.2	4.7	0.4	0.5	100.0	7,801
Central Highlands	76.5	17.0	2.0	2.1	2.1	0.3	100.0	3,392
East	57.4	34.5	0.5	6.0	1.2	0.5	100.0	10,672
North	84.1	6.6	0.2	6.4	2.4	0.3	100.0	13,057
North East	69.5	12.8	4.0	12.9	0.2	0.5	100.0	14,621
South	63.7	30.2	0.4	4.2	0.2	1.1	100.0	12,778
South East	62.9	34.2	0.8	1.3	0.1	0.8	100.0	12,637
West	44.4	20.0	2.4	32.0	1.1	0.2	100.0	10,644
Residence								
Urban	73.2	15.4	0.9	8.8	0.9	0.9	100.0	5,867
Rural	66.2	21.6	1.5	9.3	0.9	0.5	100.0	79,736
Education of household head								
None	65.3	21.2	1.5	10.6	0.9	0.5	100.0	62,292
Primary	69.5	19.2	1.3	8.7	0.9	0.5	100.0	9,285
Secondary +	71.1	22.2	1.4	3.8	0.8	0.8	100.0	14,000
Wealth index quintiles								
Poorest	49.0	30.6	1.5	15.5	2.6	0.8	100.0	20,216
Second	66.4	20.8	1.2	10.8	0.4	0.3	100.0	20,151
Middle	71.5	20.0	1.0	6.5	0.3	0.7	100.0	19,945
Fourth	77.3	15.5	1.8	4.9	0.2	0.3	100.0	18,537
Richest	77.3	12.9	2.6	6.0	0.4	0.8	100.0	6,754
Total	66.7	21.2	1.4	9.2	0.9	0.6	100.0	85,602

The table shows that 9% of households that use solid fuels cook outdoors and 1% cook in a separate building, while 67% of households use solid fuel in a separate room used as the kitchen. More than one in five households does the cooking elsewhere in the house (21%). In urban areas, 73% of households that use solid fuels cook with solid fuel in a separate room used as a kitchen, compared to 66% of rural households. More than half of households cook with solid fuel in a separate room in most regions, except the Western region where only 44% of households that use solid fuels do so.

Assessing Children's Health in Afghanistan

The reach of vaccination coverage in Afghanistan is cause for concern, particularly the low reach of measles coverage, and the inconsistency in ensuring children receive all required dosages of vaccines such as that for polio prevention. For both children's and women's immunization, mothers' educational levels are strongly associated to the likelihood of vaccination coverage, suggesting that the more educated a mother, the more likely she is to immunize her children, and herself. While the findings demonstrate awareness of treatment options for diarrhoea in children, there is wide variation found in treatment and feeding practices, pointing to the need for consistent, clear and convincing messaging around diarrhoea treatment targeted at parents. There is also a demonstrated need for better awareness of the danger signs of pneumonia, a significant threat facing Afghan children.

7

Water & Sanitation

Safe Drinking Water

Safe drinking water is a basic necessity for good health. Access to safe drinking water and to adequate sanitation facilities are fundamental human rights. Unsafe drinking water can be a significant carrier of diseases such as trachoma, cholera, typhoid, and schistosomiasis. Drinking water can also be tainted with chemical, physical and radiological contaminants with harmful effects on human health. In addition to its association with disease, access to drinking water may be particularly important for women and children who often bear the primary responsibility for carrying water, especially in rural areas, often over long distances.

The MDG goal for improving access to safe drinking water is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and to basic sanitation. The goal of a World Fit for Children with regards to safe drinking water calls for a reduction by at least one-third in the proportion of households without access to hygienic sanitation facilities and to affordable and safe drinking water.

The list of indicators used for water and sanitation in the AMICS are as follows:

Water

- Use of improved drinking water sources
- Use of adequate water treatment method
- Time to source of drinking water
- Person collecting drinking water

Sanitation

- Use of improved sanitation facilities
- Sanitary disposal of child's faeces

Use of Improved Water Sources

The population using *improved sources* of drinking water are those using any of the following types of supply: piped water (into dwelling, compound, yard or plot, public tap/standpipe), tube well/borehole, protected well, protected spring, rainwater collection, and bottle water. The distribution of the population by source of drinking water is shown in Table 7.1 and Figure 7.1.

Table 7.1: Use of Improved Water Sources

Percent distribution of household population according to main source of drinking water and percentage of household population using improved drinking water sources, Afghanistan, 2010-2011

	Main source of drinking water																	
	Improved sources									Unimproved sources						Total	Percentage using improved sources of drinking water[1]	Number of household members
	Piped water				Tube-well/ bore-hole	Pro-tected well/ Kariaz	Pro-tected spring	Rainwater collection	Bottled water	Unpro-tected well/ Kariaz	Unpro-tected spring	Tanker truck	Cart with tank/ drum	Surface water*	Other			
	Into dwell-ing	Into yard/ plot	To neighbour	Public tap/ stand-pipe														
Region																		
Central	5.1	9.7	1.0	6.0	32.1	13.4	1.8	0.0	0.2	6.3	4.1	2.2	0.3	16.8	0.9	100.0	69.3	16,232
Central Highlands	0.1	0.5	0.0	3.5	3.7	9.5	7.9	0.0	0.0	13.2	35.1	0.0	0.6	25.8	0.0	100.0	25.3	3,449
East	6.5	5.3	4.2	8.9	8.8	26.0	2.8	0.0	0.0	9.1	23.6	0.0	0.2	4.5	0.3	100.0	62.4	11,335
North	0.8	3.0	0.5	17.7	9.6	12.5	1.1	0.1	0.0	15.6	10.8	0.1	0.3	27.2	0.7	100.0	45.3	14,055
North East	0.7	6.7	1.2	1.4	23.1	8.9	2.2	0.0	0.0	15.6	4.0	0.2	2.3	32.8	0.9	100.0	44.2	16,557
South	4.2	1.3	1.3	0.1	32.4	15.5	4.7	0.2	0.0	26.6	3.7	0.5	0.9	7.7	1.0	100.0	59.7	13,825
South East	3.4	4.8	1.3	3.5	26.8	24.0	3.0	0.2	0.0	12.2	6.7	1.2	4.3	5.2	3.4	100.0	67.0	12,867
West	8.0	12.4	1.3	8.9	16.6	8.9	2.0	1.4	0.0	15.8	13.0	0.0	0.0	11.0	0.8	100.0	59.3	13,393
Residence																		
Urban	13.0	18.2	3.8	7.9	29.1	9.7	0.4	0.0	0.2	7.3	1.3	2.3	0.6	5.1	1.1	100.0	82.3	18,000
Rural	1.9	3.4	0.9	6.0	19.6	16.0	3.1	0.3	0.0	15.9	11.5	0.3	1.3	18.7	1.1	100.0	51.2	83,713
Education of household head																		
None	2.6	4.9	1.1	6.3	20.3	14.0	2.9	0.3	0.0	16.1	10.7	0.4	1.4	17.7	1.1	100.0	52.5	69,034
Primary	4.0	6.8	1.4	7.0	19.3	18.1	1.7	0.2	0.0	13.4	8.8	0.5	0.5	17.5	0.7	100.0	58.5	11,529
Secondary +	7.6	9.4	2.2	6.3	25.6	15.9	2.2	0.0	0.2	9.2	6.7	1.3	0.9	11.1	1.3	100.0	69.5	21,099
Wealth index quintile																		
Poorest	0.0	0.2	0.3	6.7	8.3	8.9	5.3	0.6	0.0	17.1	27.2	0.0	0.6	24.0	0.6	100.0	30.5	20,338
Second	0.6	0.8	0.5	6.9	15.6	15.3	3.4	0.4	0.0	18.5	12.8	0.2	1.2	22.8	1.1	100.0	43.5	20,340
Middle	1.5	3.9	0.9	5.7	23.4	18.9	2.1	0.1	0.0	15.8	5.0	0.2	1.6	19.5	1.3	100.0	56.4	20,344
Fourth	3.6	5.3	2.0	6.2	26.9	20.8	1.8	0.1	0.0	14.1	2.9	0.6	1.9	12.4	1.5	100.0	66.6	20,345
Richest	13.4	20.2	3.2	6.3	32.4	10.3	0.6	0.0	0.2	6.5	0.5	2.2	0.6	2.8	1.0	100.0	86.6	20,347
Total	3.8	6.1	1.4	6.4	21.3	14.9	2.6	0.2	0.0	14.4	9.7	0.6	1.2	16.3	1.1	100.0	56.7	101,713

** Surface water includes river, stream, dam, lake, pond, canal, or irrigation channel.*

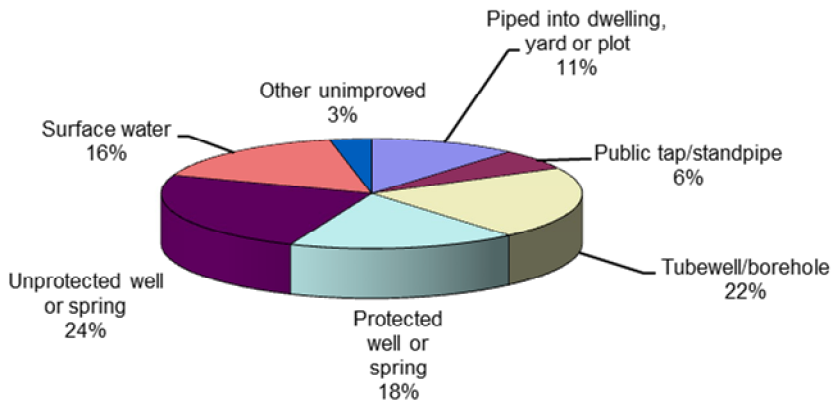
MICS Indicator 4.1

Overall, 57% of the Afghan population is using an improved source of drinking water (Table 7.1), including 82% in urban areas and 51% in rural areas. The situation in the Central Highlands region is considerably worse than in other regions, with only 25% of the population drinking water from an improved source (Table 7.1).

Tube wells or boreholes (improved sources) are the most common water source used for drinking (21%), and surface water (an unimproved source) is the second most common source (16%) in Afghanistan. The population's drinking water source varies strongly by region. The first and second most commonly used source for drinking water are improved sources in the South Eastern region, while they are unimproved sources in the Central Highlands region.

In Afghanistan, the second most important source of drinking water is surface water (river, stream, dam, lake, pond, canal, or irrigation channel), considered to be an unimproved source of drinking water. Surface water is used particularly in the North Eastern region, where 33% of the population relies on this source. In the Southern region, 27% of the population uses unprotected wells and/or kariaz for drinking water, as unimproved sources. Unprotected springs, a source that may be responsible for causing water-related diseases, are used by 35% of the population in the Central Highlands Region. In the Western region, 20% of the population uses drinking water that is piped into their dwelling or into their yard or plot. In the Central and Eastern regions, 5% and 7% respectively use water that is piped into their dwellings. In contrast, only about 3% of those residing in the Southern region and less than 1% of those in the Central Highlands, Northern and North Eastern regions have water that is piped into their dwelling. Nationally, there is wide variation in the types of sources used for drinking water (Figure 7.1).

Figure 7.1 Percent distribution of household members by source of drinking water Afghanistan], 2010-2011



Use of Adequate Water Treatment Methods

Use of in-house water treatment is presented in Table 7.2. Households were asked of ways they may be treating water at home to make it safer to drink. Boiling, adding bleach or chlorine, using a water filter, and/or using solar disinfection were considered appropriate means for the proper treatment of drinking water.[15] The table shows water treatment by all households and the percentage of those living in households using unimproved water sources but using appropriate water treatment methods.

[15] WHO and UNICEF (2006), *Meeting the MDG Drinking Water and Sanitation Target: The Urban and Rural Challenge of the Decade.*

Table 7.2: Household water treatment

Percentage of household population by drinking water treatment method used in the household, and for household members living in households where an unimproved drinking water source is used, the percentage who are using an appropriate treatment method, Afghanistan, 2010-2011

	Water treatment method used in the household									Number of household members	Percentage of household members in households using unimproved drinking water sources and using an appropriate water treatment method[1]	Number of household members in households using unimproved drinking water sources
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Solar dis-infection	Let it stand and settle	Other	Missing/DK			
Region												
Central	74.8	17.8	10.8	0.3	0.6	0.0	0.7	0.4	0.0	16,232	21.4	4,981
Central Highlands	62.6	36.8	1.4	0.3	0.3	0.0	0.1	0.3	0.0	3,449	36.1	2,577
East	93.6	2.5	2.9	1.0	0.2	1.3	1.6	0.3	0.0	11,335	3.9	4,266
North	85.1	11.5	5.1	0.5	0.1	0.7	3.4	0.3	0.0	14,055	8.4	7,689
North East	75.0	23.6	2.7	2.0	0.1	0.2	2.5	0.0	0.1	16,557	26.7	9,242
South	88.8	5.8	3.1	1.4	0.6	3.7	6.6	0.0	0.0	13,825	4.8	5,577
South East	82.6	11.5	6.0	0.9	0.6	4.3	6.2	0.1	0.0	12,867	19.4	4,248
West	91.5	6.4	1.6	1.1	0.0	0.5	0.8	0.1	0.0	13,393	3.5	5,447
Residence												
Urban	70.0	22.2	12.8	1.8	0.2	1.4	3.1	0.4	0.0	18,000	36.6	3,191
Rural	85.8	10.9	2.8	0.8	0.3	1.4	2.9	0.1	0.0	83,713	13.2	40,837
Education of household head												
None	85.4	11.3	2.8	0.9	0.2	1.1	2.8	0.1	0.0	69,034	13.4	32,799
Primary	82.4	13.6	4.7	1.0	0.3	1.0	1.9	0.3	0.0	11,529	15.5	4,784
Secondary +	75.6	17.7	10.6	1.3	0.6	2.4	4.1	0.4	0.0	21,099	22.2	6,432
Wealth index quintile												
Poorest	91.9	5.4	0.5	0.9	0.2	0.7	1.9	0.1	0.0	20,338	6.8	14,140
Second	87.7	9.3	1.1	1.0	0.2	1.3	2.9	0.0	0.0	20,340	12.7	11,502
Middle	83.7	13.3	3.0	0.8	0.3	1.9	3.6	0.1	0.0	20,344	19.5	8,861
Fourth	78.3	17.2	6.5	0.9	0.4	1.7	4.2	0.3	0.0	20,345	23.4	6,789
Richest	73.5	19.1	12.0	1.4	0.4	1.4	2.0	0.4	0.0	20,347	30.3	2,736
Total	83.0	12.9	4.6	1.0	0.3	1.4	2.9	0.2	0.0	101,713	14.9	44,028

[1] MICS indicator 4.2

In Afghanistan, only 20% of household members are using an appropriate treatment for drinking water. Of those who treat their drinking water, 13% boil the water, 5% add bleach or chlorine, 1% strain the water through a cloth, and 1% use solar disinfection. In urban areas, 30% of household members and 14% of household members in rural areas apply any form of treatment to their drinking water. The proportion of household members using appropriate treatment for drinking water is positively associated with socio-economic background characteristics.

Among households using *unimproved* drinking water sources, only 15% of household members apply an appropriate treatment to drinking water, and significant differences were found across household members' background characteristics. A higher percentage of those treating unimproved drinking water sources was found in urban areas, among the educated population, and among the population living in wealthier households. The population in the Central Highlands region has the highest proportion of people who appropriately treat their drinking water collected from unimproved sources (36%), compared to their counterparts in the Western region, where it is only 4%, the lowest among all the regions.

Time to Source of Drinking Water

The amount of time it takes to obtain water is presented in Table 7.3 and the person from the household who usually collects the water is shown in Table 7.4. Note that these results refer to one round trip from the home to the drinking water source. Information on the number of trips made in one day was not collected.

Table 7.3: Time to source of drinking water

Percent distribution of household population according to time to go to source of drinking water, get water and return, for users of improved and unimproved drinking water sources, Afghanistan, 2010-2011

	Time to source of drinking water								Total	Number of household members
	Users of improved drinking water sources				Users of unimproved drinking water sources					
	Water on premises	Less than 30 minutes	30 minutes or more	Missing/DK	Water on premises	Less than 30 minutes	30 minutes or more	Missing/DK		
Region										
Central	47.1	17.9	3.9	0.4	6.8	20.0	3.1	0.8	100.0	16,232
Central Highlands	2.9	18.0	4.3	0.1	3.1	47.2	24.2	0.2	100.0	3,449
East	32.0	23.7	6.4	0.3	6.6	16.3	13.5	1.3	100.0	11,335
North	13.2	26.8	5.2	0.1	8.9	32.2	13.5	0.1	100.0	14,055
North East	15.3	19.8	9.0	0.1	9.4	23.2	22.9	0.3	100.0	16,557
South	46.3	7.1	4.2	2.0	25.5	9.3	3.5	2.0	100.0	13,825
South East	49.6	13.7	3.2	0.6	9.2	13.9	5.2	4.7	100.0	12,867
West	33.6	17.4	6.6	1.7	12.5	15.4	10.3	2.6	100.0	13,393
Residence										
Urban	66.5	11.3	4.2	0.3	7.7	5.6	3.7	0.7	100.0	18,000
Rural	25.2	19.5	5.8	0.8	11.7	22.9	12.4	1.7	100.0	83,713
Education of household head										
None	27.8	17.9	6.0	0.8	12.2	21.4	12.3	1.5	100.0	69,034
Primary	30.2	21.8	6.1	0.4	8.6	20.8	11.7	0.5	100.0	11,529
Secondary +	49.0	16.2	3.7	0.6	8.2	14.3	5.8	2.2	100.0	21,099
Wealth index quintile										
Poorest	7.4	13.8	7.9	1.4	10.7	31.8	23.9	3.1	100.0	20,338

Percent distribution of household population according to time to go to source of drinking water, get water and return, for users of improved and unimproved drinking water sources, Afghanistan, 2010-2011

	Time to source of drinking water								Total	Number of household members
	Users of improved drinking water sources				Users of unimproved drinking water sources					
	Water on premises	Less than 30 minutes	30 minutes or more	Missing/DK	Water on premises	Less than 30 minutes	30 minutes or more	Missing/DK		
Second	14.3	21.6	6.5	1.0	11.7	26.0	16.6	2.2	100.0	20,340
Middle	29.6	21.4	4.8	0.7	13.4	21.5	7.8	0.9	100.0	20,344
Fourth	38.9	22.3	5.1	0.3	12.3	15.7	4.6	0.8	100.0	20,345
Richest	72.2	11.0	3.2	0.2	6.8	4.3	1.7	0.7	100.0	20,347
Total	32.5	18.0	5.5	0.7	11.0	19.9	10.9	1.5	100.0	101,713

Table 7.3 shows that for 32% of household members, the improved drinking water source is located on the premises. Slightly less than 6% of household members spend 30 minutes or longer getting to the improved drinking water source. Among the household members using an unimproved source of drinking water, only 11% have water on their premises. It takes 30 minutes or more to fetch water for 11% of household members.

For those household members with improved drinking water sources, the water source is more likely to be located on the household premises when the head of household is educated: 49% of households where the head of household had a secondary education had a source of improved drinking water located on the premises of the home, compared to 28% of households where the household head had no education. Further, the wealthiest quintile of households were the most likely (72%) to have an improved drinking water source on the household premises, while for the poorest quintile only 7% of households had an improved drinking water source on the household premises. Improved drinking water sources are found on the premises of urban households (67%) more often than in rural households (25%).

Person Collecting Drinking Water

Table 7.4 shows the percentage of households without drinking water on the premises, and the person who usually collects drinking water used in such households.

Table 7.4: Person collecting water

Percentage of households without drinking water on premises, and percent distribution of households without drinking water on premises according to the person usually collecting drinking water used in the household, Afghanistan, 2010-2011

	Percentage of households without drinking water on premises	Number of households	Person usually collecting drinking water						Number of households without drinking water on premises
			Adult woman	Adult man	Female child under age 15	Male child under age 15	Missing/DK	Total	
Region									
Central	46.2	2,159	31.4	34.2	14.3	19.8	0.3	100.0	997
Central Highlands	94.7	432	63.9	13.1	13.7	9.3	0.0	100.0	409
East	60.6	1,520	64.9	12.6	13.5	8.2	0.8	100.0	921
North	80.1	1,913	27.2	43.1	11.0	18.7	0.0	100.0	1,532
North East	75.1	2,091	19.9	59.1	6.7	14.1	0.3	100.0	1,570
South	29.7	1,584	17.5	26.5	15.8	37.5	2.7	100.0	470

Percentage of households without drinking water on premises, and percent distribution of households without drinking water on premises according to the person usually collecting drinking water used in the household, Afghanistan, 2010-2011

	Percentage of households without drinking water on premises	Number of households	Person usually collecting drinking water						Number of households without drinking water on premises
			Adult woman	Adult man	Female child under age 15	Male child under age 15	Missing/DK	Total	
South East	42.8	1,263	63.7	11.8	10.8	10.8	2.9	100.0	541
West	56.0	2,155	56.5	24.7	8.9	9.8	0.1	100.0	1,206
Residence									
Urban	25.8	2,427	12.8	51.9	10.7	24.0	0.5	100.0	625
Rural	65.7	10,689	41.7	32.2	11.0	14.5	0.6	100.0	7,021
Education of household head									
None	62.5	8,922	41.1	34.1	10.0	14.2	0.6	100.0	5,573
Primary	60.4	1,498	37.7	31.2	13.8	16.8	0.5	100.0	905
Secondary +	43.3	2,689	32.5	34.3	13.1	19.4	0.7	100.0	1,163
Wealth index quintile									
Poorest	84.1	2,809	49.8	26.2	11.7	11.8	0.6	100.0	2,363
Second	74.8	2,721	43.5	33.4	9.7	12.9	0.5	100.0	2,036
Middle	58.7	2,524	36.7	35.8	11.3	15.5	0.7	100.0	1,480
Fourth	50.8	2,419	27.4	40.4	10.5	21.2	0.6	100.0	1,229
Richest	20.4	2,643	12.3	48.1	12.7	26.4	0.6	100.0	538
Total	58.3	13,116	39.4	33.8	10.9	15.3	0.6	100.0	7,647

Table 7.4 shows that for 39% of households, an adult female is usually the person collecting the water, when the source of drinking water is not located on the premises. Adult men collect water in 34% of cases, while for the rest of the households, female (11%) or male (15%) children under the age of 15 collect water.

However, the distribution of persons who usually collect drinking water among households without drinking water on their premises varies considerably by region. In the Central Highlands, Eastern and South Eastern regions, more than 60% of adult women are the drinking water carriers for their households. In the Central Highlands and Eastern regions, more girls under age 15 collect water than boys. In terms of gender differences, while more men are in charge of collecting water than women in urban areas (52% versus 13%), more adult females over the age of 15 collect drinking water for their households than do adult males in rural areas (42% versus 32%).

Use of Improved Sanitation Facilities

Inadequate disposal of human excreta and inadequate personal hygiene are associated with a range of diseases including diarrhoeal diseases and polio. An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Improved sanitation can reduce diarrheal disease by more than a third, and can significantly lessen the adverse health impacts of other disorders responsible for death and disease among millions of children in developing countries. Improved sanitation facilities for excreta disposal include flushing or pouring flush into a piped sewer system, septic tank, or latrine; ventilated improved pit (VIP) latrine, pit latrine with slab, and composting toilet.

Table 7.5: Types of sanitation facilities

Percent distribution of household population according to type of toilet facility used by the household, Afghanistan, 2010-2011

	Type of toilet facility used by household																	
	Improved sanitation facility						Unimproved sanitation facility										Total	Number of household members
	Flush/pour flush to:			Ventilated improved pit latrine	Pit latrine with slab	Compos-ting toilet	Flush/ pour flush to somewhere else	Unknown place/not sure/DK where	Pit latrine without slab/ open pit	Bucket	Double vault	Eco sanitation	Single vault	Other	Missing	Open defecation (no facility, bush, field)		
	Piped sewer system	Septic tank	Pit latrine															
Region																		
Central	1.2	12.2	2.1	2.8	17.2	0.1	0.4	0.2	31.9	0.0	1.9	2.5	26.5	0.1	0.0	0.9	100.0	16,232
Central Highlands	0.1	0.4	0.1	0.2	5.9	13.8	2.9	0.0	12.6	0.0	2.7	0.1	10.7	0.3	0.1	50.2	100.0	3,449
East	4.4	4.7	4.2	3.8	24.4	0.5	0.6	0.0	15.3	0.4	4.4	0.0	9.0	0.7	0.0	27.5	100.0	11,335
North	0.2	2.8	2.6	0.6	26.9	2.1	0.4	0.0	12.2	1.4	0.5	0.1	31.1	3.6	0.0	15.5	100.0	14,055
North East	0.6	5.9	3.0	0.3	9.1	0.1	0.4	0.0	23.4	0.1	6.2	0.1	47.0	0.6	0.3	3.1	100.0	16,557
South	11.2	4.0	4.0	4.6	6.3	0.0	4.4	0.5	21.0	0.1	10.5	1.0	8.5	0.0	0.2	23.7	100.0	13,825
South East	0.6	0.3	0.7	21.0	7.9	0.5	0.8	0.1	13.1	0.0	22.0	2.4	7.7	0.7	0.1	22.1	100.0	12,867
West	1.5	3.6	6.2	1.4	19.0	1.3	1.1	0.1	18.5	6.7	0.5	0.2	8.1	0.6	0.2	31.1	100.0	13,393
Residence																		
Urban	4.5	22.8	10.3	4.1	18.2	0.5	1.3	0.1	19.2	0.7	0.8	2.7	13.8	0.2	0.0	0.6	100.0	18,000
Rural	2.2	1.0	1.6	4.5	14.6	1.2	1.2	0.1	19.8	1.2	7.4	0.5	22.2	1.0	0.1	21.3	100.0	83,713
Education of household head																		
None	2.4	2.6	2.5	4.0	15.0	1.0	1.3	0.1	19.1	1.4	6.3	0.7	21.1	1.0	0.2	21.3	100.0	69,034
Primary	2.1	4.3	3.6	2.1	15.4	1.2	0.4	0.2	22.8	0.6	6.2	1.2	25.0	0.9	0.0	14.3	100.0	11,529
Secondary +	3.4	12.7	4.7	7.5	15.9	1.2	1.3	0.0	19.7	0.6	6.0	1.6	17.3	0.3	0.0	7.8	100.0	21,099
Wealth index quintile																		
Poorest	0.0	0.0	0.2	1.0	6.6	0.4	1.0	0.3	13.2	2.8	4.8	0.3	11.3	1.0	0.0	57.3	100.0	20,338
Second	0.5	0.1	0.9	2.6	14.5	1.3	1.0	0.1	21.1	1.3	7.8	0.4	27.8	1.6	0.2	18.9	100.0	20,340
Middle	3.8	0.8	1.4	5.6	15.2	1.6	1.9	0.1	21.6	0.8	7.6	0.5	28.2	1.1	0.2	9.6	100.0	20,344
Fourth	4.0	1.0	2.8	8.0	21.1	1.5	1.1	0.0	23.5	0.5	7.8	1.0	24.9	0.3	0.0	2.4	100.0	20,345
Richest	4.8	22.6	10.3	5.2	18.8	0.5	1.0	0.1	18.8	0.3	3.2	2.4	11.4	0.3	0.1	0.2	100.0	20,347
Total	2.6	4.9	3.1	4.5	15.2	1.1	1.2	0.1	19.7	1.1	6.2	0.9	20.7	0.9	0.1	17.7	100.0	101,713

In Afghanistan, 31% of the population live in households using improved sanitation facilities (Table 7.5), with a significant divide by residence: 60% in urban areas and 25% in rural areas. In rural areas, the most common type of improved sanitation facility is a pit latrine with slab (14%). Residents of the Central and North Eastern regions are more likely than others to use improved sanitation facilities. The highest proportion of use of piped sewer systems is found in the South region (11%), while 12% of households in the Central region are using a septic tank. In the South Eastern region, more than 20% of the population uses VIP latrines. In urban areas, for those using improved sanitation facilities, the most common facilities are flush toilets with a connection to a septic tank (23%), followed by pit latrine with a slab (18%). Still, both urban and rural populations frequently use open pits or pit latrines without slabs (20%).

The distribution of sanitation facilities is markedly correlated to the wealth index quintile. For instance, 62% of households in the wealthiest quintile use improved sanitation facilities, compared to 8% in the poorest households, and 57% in the poorest quintile do not have any sanitation facility. With high regional, wealth and other variations, overall, there is a wide range of practices in the disposal of human excreta in use in Afghanistan.

Use and Sharing of Sanitation Facilities

Access to safe drinking water and to basic sanitation is measured by the proportion of the population using an improved sanitation facility. The MDGs and the WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation classify households as using an unimproved sanitation facility if they are using otherwise acceptable sanitation facilities but sharing a facility between two or more households or using a public toilet facility. Table 7.6 shows the percentage of households using private and public sanitation facilities, the percentage using shared facilities, and the percentage using improved and unimproved sanitation facilities.

Table 7.6: Use and sharing of sanitation facilities

Percent distribution of household population by use of private and public sanitation facilities and use of shared facilities, by users of improved and unimproved sanitation facilities, Afghanistan, 2010-2011

	Users of improved sanitation facilities					Users of unimproved sanitation facilities					Open defecation (no facility, bush, field)	Total	Number of household members
			Shared by					Shared by					
	Not shared [1]	Public facility	5 households or less	More than 5 households	Missing/DK	Not shared	Public facility	5 households or less	More than 5 households	Missing/DK			
Region													
Central	27.4	1.4	5.5	1.4	0.0	52.4	2.4	7.0	1.6	0.0	0.9	100.0	16,232
Central Highlands	18.1	1.2	0.9	0.1	0.0	24.5	3.9	0.5	0.5	0.0	50.2	100.0	3,449
East	39.6	0.3	2.0	0.2	0.0	27.7	0.5	1.9	0.3	0.0	27.5	100.0	11,335
North	34.6	0.2	0.3	0.2	0.0	46.7	0.5	1.7	0.4	0.0	15.5	100.0	14,055
North East	16.5	0.4	1.5	0.5	0.1	71.0	1.3	4.5	1.0	0.1	3.1	100.0	16,557
South	29.1	0.4	0.3	0.6	0.0	44.7	0.7	0.1	0.3	0.0	23.7	100.0	13,825
South East	29.0	0.7	1.3	0.0	0.0	44.5	0.6	1.2	0.6	0.0	22.1	100.0	12,867
West	30.1	0.2	2.6	0.2	0.0	30.8	0.8	3.9	0.3	0.1	31.1	100.0	13,393
Residence													
Urban	51.2	1.5	6.1	1.7	0.1	29.5	2.0	5.9	1.4	0.1	0.6	100.0	18,000
Rural	23.6	0.3	1.1	0.2	0.0	49.6	0.9	2.3	0.5	0.0	21.3	100.0	83,713
Education of household head													
None	25.6	0.4	1.4	0.3	0.0	46.6	1.2	2.7	0.6	0.0	21.3	100.0	69,034
Primary	24.1	0.6	3.2	0.9	0.0	50.5	0.8	4.6	1.0	0.0	14.3	100.0	11,529
Secondary +	40.2	1.0	3.4	0.7	0.1	42.0	0.9	3.1	0.8	0.0	7.8	100.0	21,099
Wealth index quintile													
Poorest	7.9	0.2	0.3	0.0	0.0	31.6	1.2	1.1	0.3	0.0	57.3	100.0	20,338
Second	18.5	0.3	0.9	0.2	0.0	57.0	1.2	2.6	0.4	0.0	18.9	100.0	20,340
Middle	27.2	0.3	0.9	0.0	0.0	57.6	1.1	2.7	0.7	0.0	9.6	100.0	20,344
Fourth	35.0	0.5	2.3	0.5	0.0	53.7	1.0	3.7	0.9	0.0	2.4	100.0	20,345
Richest	53.6	1.4	5.5	1.6	0.1	30.4	1.2	4.8	1.2	0.1	0.2	100.0	20,347
Total	28.5	0.5	2.0	0.5	0.0	46.1	1.1	3.0	0.7	0.0	17.7	100.0	101,713

1 MICS Indicator 4.3; MDG Indicator 7.9

As shown in Table 7.6, 29% of the household population is using an improved sanitation facility that is not shared. Use of a shared facility is more common among households using an unimproved facility. Only 3% of households use an improved toilet facility that is shared with other households, compared with nearly 4% among households using an unimproved facility. Rural households are less likely than urban households to use a shared improved toilet facility (1% and 8%, respectively). In terms of improved sanitation facilities, the percentage for the use of unshared sanitation facilities is significantly higher in urban areas (51%) than in rural areas (24%). As for unimproved sanitation facilities, the results are opposite in that almost 30% of urban households who are using unimproved sanitation facilities do not share their toilets or latrines, compared with those living in rural areas (50%). In the Eastern region, almost 40% of households using improved sanitation facilities do not share their toilets with other households.

The use and sharing of sanitation facilities is correlated with wealth index quintiles. The use of improved unshared sanitation facilities is highest among the wealthiest households, at 54% of the wealthiest households, compared with less than 8% of the poorest households using unshared facilities. Instead, open defecation is common among the poorest households (57%), and among only 0.2% of the wealthiest households. A correlation is also found with the education level of the head of household. For instance, the greatest proportion of households with access to an improved water source are those where the head of household has attained secondary level education or higher (40%).

Disposal of Child's Faeces

Safe disposal of a child's faeces is disposing of the stool produced by the child by using a toilet or by rinsing the stool into a toilet or latrine. Table 7.7 shows the percentage of the distribution of children aged 0-2 years according to the place of disposal of the child's faeces, and the percentage of children aged 0-2 years whose stools were disposed of safely the last time the child passed stools.

Table 7.7: Disposal of child's faeces

Percent distribution of children age 0-2 years according to place of disposal of child's faeces, and the percentage of children age 0-2 years whose stools were disposed of safely the last time the child passed stools, *Afghanistan, 2010-2011*

	Place of disposal of child's faeces										Percentage of children whose last stools were disposed of safely[1]	Number of children age 0-2 years
	Child used toilet/latrine	Put/ rinsed into toilet or latrine	Put/ rinsed into drain or ditch	Thrown into garbage (Solid waste)	Buried	Left in the open	Other	DK	Missing	Total		
Type of sanitation facility in dwelling												
Improved	7.3	45.2	21.3	12.4	3.8	8.0	0.4	0.5	1.0	100.0	52.5	2,454
Unimproved	5.3	47.1	17.1	6.1	6.8	15.4	0.5	0.7	1.0	100.0	52.5	4,050
Open defecation	0.0	0.0	26.7	9.5	6.2	40.2	16.5	0.5	0.4	100.0	15.7	1,445
Region												
Central	13.4	60.7	7.5	9.9	3.5	4.1	0.2	0.5	0.2	100.0	74.1	1,262
Central Highlands	0.9	9.9	42.9	0.8	5.9	32.9	4.1	1.3	1.3	100.0	10.8	293
East	5.2	23.3	27.0	16.7	1.8	25.0	0.2	0.3	0.6	100.0	28.4	846
North	5.8	47.9	11.0	7.0	6.2	19.6	1.1	0.8	0.5	100.0	53.7	1,133
North East	2.5	64.7	7.7	2.2	8.9	11.6	0.0	0.3	2.1	100.0	67.3	1,331

Percent distribution of children age 0-2 years according to place of disposal of child's faeces, and the percentage of children age 0-2 years whose stools were disposed of safely the last time the child passed stools, *Afghanistan, 2010-2011*

	Place of disposal of child's faeces											
	Child used toilet/latrine	Put/ rinsed into toilet or latrine	Put/ rinsed into drain or ditch	Thrown into garbage (Solid waste)	Buried	Left in the open	Other	DK	Missing	Total	Percentage of children whose last stools were disposed of safely[1]	Number of children age 0-2 years
South	2.3	31.7	15.3	18.8	4.1	25.4	0.6	1.0	0.9	100.0	34.0	752
South East	4.0	17.9	53.4	8.1	0.6	14.2	0.1	0.6	1.0	100.0	21.9	1,292
West	3.4	34.0	11.8	6.3	14.8	28.0	0.8	0.4	0.4	100.0	37.4	1,041
Residence												
Urban	12.3	61.8	6.0	12.8	3.0	2.2	0.7	0.6	0.6	100.0	74.1	1,387
Rural	3.8	36.0	23.2	7.8	6.4	20.9	0.5	0.6	1.0	100.0	39.8	6,563
Mother's education												
None	4.5	38.9	21.2	8.5	6.0	18.9	0.5	0.5	1.0	100.0	43.5	7,115
Primary	8.9	52.9	15.4	7.7	4.8	8.8	0.6	0.6	0.3	100.0	61.7	429
Secondary	14.5	55.1	7.3	13.2	3.4	4.3	0.7	1.2	0.1	100.0	69.6	402
Wealth index quintile												
Poorest	1.3	25.4	22.7	9.8	6.3	33.0	0.5	0.4	0.8	100.0	26.6	1,566
Second	2.2	33.7	22.7	7.4	8.5	22.7	1.0	0.8	1.0	100.0	35.9	1,694
Middle	3.5	38.1	24.8	6.7	7.4	17.2	0.3	0.6	1.4	100.0	41.6	1,590
Fourth	7.2	45.4	22.4	7.8	4.0	11.3	0.4	0.6	0.9	100.0	52.6	1,604
Richest	12.8	61.3	7.3	11.9	2.3	3.0	0.4	0.6	0.3	100.0	74.1	1,496
Total	5.3	40.5	20.2	8.7	5.8	17.6	0.5	0.6	0.9	100.0	45.8	7,950

[1] MICS indicator 4.4

Overall, 46% of children 0-2 years of age had their last stools disposed of safely. The table shows that there is no difference in the pattern of disposal of child's faeces between the households who have an improved sanitation facility and those with an unimproved facility (both are at 53%). However, even among the households with an improved sanitation facility, 21% of children had their last stools put into the drain or ditch, and 12% had their last stools thrown into garbage as solid waste. More than 65% of households using the practice of open defecation leave the child's faeces in the open or put them into a drain or ditch. Only 16% of households that practice open defecation practice safe disposal of the child's faeces.

At the regional level, the pattern of disposal of a child's faeces varies. In the Central region, almost 74% of children had safe stool disposal. In the Central Highlands region, only 10% of households treat child's faeces in an appropriately hygienic manner. In general, there is a marked disparity between urban and rural areas: 74% of households living in urban areas correctly dispose of the child's faeces, compared to rural areas where only 40% practice correct disposal.

The percentage of households who practice appropriate disposal of the child's faeces is highest among households whose mothers have attained secondary education or higher (70%) compared with those who have attained only primary education (62%) and to those without any education (43%). As for the pattern by wealth quintile, households at the wealthiest quintile are likely to practice proper disposal (74%), while only 27% of the poorest households practice proper disposal.

Drinking Water and Sanitation Ladders

In its 2008 report[16], the JMP developed a new way of presenting water and sanitation access figures, by disaggregating and refining the data on drinking-water and sanitation and reflecting them in a "ladder" format. This ladder allows a disaggregated analysis of trends in a three-rung ladder for drinking water and a four-rung ladder for sanitation. For sanitation, this provides an understanding of the proportion of the population with no sanitation facilities at all, of those reliant on technologies defined by JMP as "unimproved," of those sharing sanitation facilities of otherwise acceptable technology, and of those using "improved" sanitation facilities.

Table 7.8 presents the percentages of household population by drinking water and sanitation ladders. The table also shows the percentage of household members using improved sources of drinking water and using sanitary means of excreta disposal.

[16] WHO/UNICEF JMP (2008), *MDG Assessment Report* http://www.wssinfo.org/download?id_document=1279

Table 7.8: Drinking water and sanitation ladders

Percentage of household population by drinking water and sanitation ladders, Afghanistan, 2010-2011

	Percentage of household population using:										
	Improved drinking water					Unimproved sanitation					
	Piped into dwelling, plot or yard	Other improved	Unimproved drinking water	Total	Improved sanitation[2]	Shared improved facilities	Unimproved facilities	Open defecation	Total	Improved drinking water sources and improved sanitation	Number of household members
Region											
Central	14.8	54.5	30.7	100.0	27.4	8.4	63.4	0.9	100.0	23.4	16,232
Central Highlands	0.6	24.6	74.8	100.0	18.1	2.3	29.4	50.2	100.0	6.9	3,449
East	11.8	50.7	37.5	100.0	39.6	2.5	30.4	27.5	100.0	28.5	11,335
North	3.8	41.5	54.7	100.0	34.6	0.7	49.3	15.5	100.0	18.4	14,055
North East	7.4	36.8	55.8	100.0	16.5	2.5	77.9	3.1	100.0	11.5	16,557
South	5.5	54.2	40.3	100.0	29.1	1.3	45.8	23.7	100.0	22.0	13,825
South East	8.2	58.8	33.0	100.0	29.0	2.1	46.8	22.1	100.0	23.9	12,867
West	20.4	39.1	40.5	100.0	30.1	3.0	35.8	31.1	100.0	26.4	13,393
Residence											
Urban	31.2	51.1	17.7	100.0	51.2	9.4	38.8	0.6	100.0	45.0	18,000
Rural	5.3	45.9	48.8	100.0	23.6	1.6	53.5	21.3	100.0	15.9	83,713
Education of household head											
None	7.5	44.9	47.6	100.0	25.6	2.1	51.1	21.3	100.0	17.8	69,034
Primary	10.8	47.7	41.5	100.0	24.1	4.8	56.9	14.3	100.0	18.7	11,529
Secondary+	17.0	52.4	30.6	100.0	40.2	5.2	46.9	7.8	100.0	32.7	21,099
Wealth index quintile											
Poorest	0.2	30.1	69.7	100.0	7.9	0.6	34.3	57.3	100.0	2.2	20,338
Second	1.4	42.1	56.5	100.0	18.5	1.4	61.2	18.9	100.0	9.2	20,340
Middle	5.4	51.1	43.5	100.0	27.2	1.2	62.0	9.6	100.0	19.0	20,344
Fourth	8.9	57.8	33.3	100.0	35.0	3.3	59.2	2.4	100.0	26.4	20,345
Richest	33.6	53.0	13.4	100.0	53.6	8.6	37.6	0.2	100.0	48.3	20,347
Total	9.9	46.8	43.3	100.0	28.5	3.0	50.9	17.7	100.0	21.0	101,713

[1] MICS indicator 4.3; MDG indicator 7.9

Overall, 21% of households reported that they use both an improved source of drinking water and improved sanitation (Table 7.8). Urban households (45%) are almost three times more likely to use improved drinking water and improved sanitation facilities than rural households (16%).

An extreme difference by wealth quintile can be observed: 48% of households in the richest quintile report using improved facilities for both water and sanitation, compared with the poorest households, at 2%. In terms of the educational level of the head of household, there is a significant difference in the use of an improved drinking water source and improved sanitation between households whose heads have no education (18%) and those who have secondary education or higher (33%).

The table shows the most serious situation to be in the Central Highlands region, where barely 7% of the household population have access to both improved water and to improved sanitation facilities. The percentage of households living in the Eastern region (29%) shows the most improved situation among the eight regions in Afghanistan.

Hand Washing

Hand washing with water and soap is the most cost effective health intervention to reduce the incidence of diarrhoea as well as pneumonia in children under five. It is most effective when done using water and soap after visiting a toilet or cleaning a child, before eating or handling food, and before feeding a child. Monitoring correct hand washing behaviour at these critical times is challenging. A reliable alternative to observations or self-reported behaviour is assessing the likelihood that correct hand washing behaviour takes place by observing if a household has a specific place where people most often wash their hands and observing if water and soap (or other local cleansing materials) are present at a specific place designated for hand washing.

Table 7.9: Water and soap at place for hand washing

Percentage of households where place for hand washing was observed and percent distribution of households by availability of water and soap at place for hand washing, Afghanistan, 2010-2011

	Percentage of households where place for hand washing was observed	Percentage of households where place for hand washing was not observed				Total	Number of households	Percent distribution of households where place for hand washing was observed, and:					Total	Number of households where place for hand washing was observed
		Not in dwelling/plot/yard	No permission to see	Other reasons	Missing			Water and soap are available[1]	Water is available, soap is not available	Water is not available, soap is available	Water and soap are not available	Missing		
Region														
Central	87.9	9.3	2.4	0.2	0.1	100.0	2,159	70.8	2.9	19.7	6.6	0.1	100.0	1,898
Central Highlands	13.8	84.4	1.0	0.8	0.0	100.0	432	43.9	11.6	22.6	22.0	0.0	100.0	60
East	67.6	24.5	6.6	1.2	0.0	100.0	1,520	61.3	18.1	7.2	13.1	0.2	100.0	1,028
North	45.8	48.1	5.3	0.3	0.6	100.0	1,913	73.5	16.3	7.1	3.2	0.0	100.0	875
North East	37.9	58.4	3.3	0.3	0.1	100.0	2,091	84.7	6.9	5.4	2.7	0.2	100.0	792
South	73.5	18.6	6.7	1.1	0.1	100.0	1,584	66.5	18.0	4.2	11.3	0.0	100.0	1,164
South East	65.7	7.6	8.7	17.9	0.1	100.0	1,263	65.7	19.2	10.6	4.5	0.1	100.0	830
West	57.8	41.5	0.7	0.0	0.0	100.0	2,155	76.6	14.1	2.2	7.1	0.0	100.0	1,245
Residence														
Urban	82.9	14.3	2.3	0.5	0.0	100.0	2,427	82.2	5.5	8.3	3.9	0.0	100.0	2,012
Rural	55.0	37.6	4.7	2.5	0.2	100.0	10,689	66.9	14.9	9.6	8.5	0.1	100.0	5,881
Education of household head														
None	55.3	37.8	4.5	2.2	0.2	100.0	8,922	67.7	15.0	8.5	8.8	0.1	100.0	4,931
Primary	60.5	34.1	3.7	1.8	0.0	100.0	1,498	68.2	12.3	12.8	6.7	0.0	100.0	906
Secondary +	76.4	17.7	3.7	2.1	0.1	100.0	2,689	79.4	6.9	9.4	4.2	0.1	100.0	2,053
Wealth index quintiles														
Poorest	45.4	47.5	5.1	2.1	0.0	100.0	2,809	60.9	17.9	6.3	14.8	0.1	100.0	1,274
Second	46.5	46.3	4.1	2.7	0.4	100.0	2,721	59.8	20.2	9.9	9.9	0.2	100.0	1,264
Middle	59.1	32.3	5.5	3.0	0.2	100.0	2,524	67.9	13.4	10.4	8.2	0.1	100.0	1,491
Fourth	69.0	24.8	4.1	2.0	0.1	100.0	2,419	72.6	10.9	12.0	4.4	0.0	100.0	1,669
Richest	83.1	13.4	2.6	0.9	0.0	100.0	2,643	83.4	5.7	7.6	3.3	0.0	100.0	2,195
Total	60.2	33.3	4.3	2.1	0.1	100.0	13,116	70.8	12.5	9.2	7.4	0.1	100.0	7,893

[1] **MICS indicator 4.5**

Nationally, it was observed that 60% of households use a specific place for hand washing; 83% in urban areas and 55% in rural areas (Table 7.9). Of those households where a designated place for hand washing was observed, 71% had both water and soap present at the designated place. In 12% of the households, only water was available at the designated place, while in 9% of the households the designated place had soap but no water. The remaining 7% of households had neither water nor soap available at the designated place. Where the place for hand washing was observed, there was both water and soap in 85% of the households in the North Eastern region, compared to only 44% in the Central Highlands region. There is no significant difference found in the use of soap and water between households where the head of household has primary education and where the head of household has no education; however, in almost 80% of households whose head has attained secondary education, both water and soap are available at the place for hand washing.

Table 7.10: Availability of soap

Percent distribution of households by availability of soap in the dwelling, Afghanistan, 2010-2011

	Place for hand washing observed						Place for hand washing not observed						
		Soap not observed at place for hand washing											
	Soap observed	Soap shown	No soap in household	Not able/ Does not want to show soap	Miss-ing	Total	Soap shown	No soap in household	Not able/ Does not want to show soap	Miss-ing	Total	Percentage of households with soap anywhere in the dwelling[1]	Number of households
Region													
Central	90.4	6.6	2.7	0.1	0.1	100.0	71.4	24.2	4.5	0.0	100.0	94.0	2,159
Central Highlands	66.5	21.7	11.9	0.0	0.0	100.0	32.8	67.2	0.0	0.0	100.0	40.4	432
East	68.5	21.2	9.5	0.7	0.2	100.0	66.3	32.4	1.0	0.3	100.0	82.1	1,520
North	80.6	4.6	14.4	0.3	0.1	100.0	75.4	24.3	0.3	0.0	100.0	79.9	1,913
North East	90.2	3.0	6.4	0.3	0.2	100.0	66.1	33.2	0.4	0.2	100.0	76.4	2,091
South	70.7	4.1	24.9	0.3	0.0	100.0	21.0	75.9	3.1	0.0	100.0	60.5	1,584
South East	76.2	8.6	10.7	4.2	0.3	100.0	47.2	49.3	3.5	0.0	100.0	72.0	1,263
West	78.8	6.4	14.8	0.0	0.0	100.0	27.7	71.4	0.9	0.0	100.0	60.9	2,155
Residence													
Urban	90.5	5.9	3.3	0.2	0.0	100.0	71.1	27.1	1.6	0.2	100.0	92.1	2,427
Rural	76.4	8.5	14.1	0.8	0.1	100.0	52.5	46.3	1.1	0.1	100.0	70.4	10,689
Education of household head													
None	76.2	8.3	14.7	0.8	0.1	100.0	51.2	47.8	1.1	0.0	100.0	69.6	8,922
Primary	81.0	9.8	8.6	0.3	0.3	100.0	59.8	38.7	1.5	0.0	100.0	78.6	1,498
Secondary +	88.9	5.9	4.6	0.5	0.1	100.0	66.3	31.6	1.5	0.5	100.0	88.1	2,689
Wealth index quintile													
Poorest	67.2	12.9	19.1	0.7	0.1	100.0	39.0	59.8	1.1	0.1	100.0	57.7	2,809
Second	69.8	10.2	18.5	1.4	0.2	100.0	53.5	46.1	0.4	0.1	100.0	65.8	2,721
Middle	78.3	8.0	12.5	1.0	0.2	100.0	59.9	38.1	1.8	0.1	100.0	75.5	2,524
Fourth	84.7	5.4	9.5	0.4	0.1	100.0	66.6	31.7	1.5	0.1	100.0	82.8	2,419
Richest	91.0	5.3	3.4	0.2	0.0	100.0	72.0	26.2	1.9	0.0	100.0	92.2	2,643
Total	80.0	7.9	11.3	0.7	0.1	100.0	54.0	44.8	1.2	0.1	100.0	74.4	13,116

[1] MICS indicator 4.6

According to Table 7.10, nationally, most households had soap somewhere in the household (74%). In urban areas, 92% of households had soap in the dwelling, while 70% of households in rural areas had soap. Availability of soap in the household is highest in the Central region (94%) and lowest in the Central Highlands region (40%). The availability of soap in the household was found to be strongly associated to the wealth status and educational level of the head of household. When the head of household had no education, soap was found in the household in 70% of cases, while soap was available in the dwelling in 88% of cases where the head of household had secondary education or higher. In the poorest quintile, soap was available in 58% of cases, while in the wealthiest quintile it was available in 92% of cases.

Water and Sanitation Practices in Afghanistan

The survey findings show improved access to safe drinking water and sanitation facilities for many households in Afghanistan, particularly for households in urban areas and for wealthier households. Yet there is evidence of a wide range of practices in effect in the treatment of water for drinking, including continued widespread unsafe practices, and varied practice in the disposal of human excreta. There is considerable potential impact from expanding the adoption of several key basic hygiene practices for the prevention of disease and death. Changing unsafe practices related to water and sanitation access will be imperative for improving health outcomes among the Afghan population. Education and economic status appear to be inherently tied to the likelihood of improved access. Further, targeted interventions should address regional disparities, as well as disparities much more pronounced in rural areas.

8

Reproductive Health

Early Childbearing

Sexual activity and childbearing early in life carry significant risks for young people all around the world. For girls in particular, early marriage and early childbearing often lead to declining school enrolment among females beginning around age 12. More gravely, the single biggest killer of adolescent girls is pregnancy, according to the United Nations Population Fund (UNFPA), with the youngest first-time mothers bearing the highest risks of maternal morbidity and mortality. Yet half of all first births in the developing world are to adolescent girls. Early pregnancy also entails significant risk for the infants born to mothers whose bodies are not yet physically mature, with resulting high child morbidity and mortality. Early pregnancy limits girls' opportunities as economic actors, and marginalizes girls and young women from social and political participation. Early childbearing is also a significant contributor to unsustainable population growth.

Table 8.1 presents some early childbearing indicators for women in Afghanistan aged 15-19 and aged 20-24, while Table 8.2 presents the trends for early childbearing. Having begun childbearing is defined as the number of women pregnant with their first child combined with the number of women who have had a live birth.

Table 8.1: Early childbearing

Percentage of women age 15-19 years who have had a live birth or who are pregnant with their first child and percentage of women age 15-19 years who have begun childbearing, percentage of women who have had a live birth before age 15, and percentage of women age 20-24 who have had a live birth before age 18, Afghanistan, 2010-2011

	Percentage of women age 15-19 who:				Number of women age 15-19	Percentage of women age 20-24 who have had a live birth before age 18[1]	Number of women age 20-24
	Have had a live birth	Are pregnant with first child	Have begun childbearing	Have had a live birth before age 15			
Region							
Central	5.7	2.1	7.8	0.3	1,015	17.4	747
Central Highlands	12.9	2.5	15.5	2.5	202	31.2	142
East	11.7	6.0	17.8	1.8	494	28.6	372
North	9.0	3.2	12.3	0.5	737	27.1	520
North East	8.7	3.9	12.6	1.3	1,035	21.2	765
South	8.9	5.3	14.2	1.5	799	32.7	459
South East	10.0	5.0	15.0	0.7	548	13.5	572
West	16.6	6.1	22.7	5.5	680	45.5	532
Residence							
Urban	5.9	2.4	8.3	0.2	1,071	18.4	797
Rural	10.7	4.6	15.3	1.9	4,439	27.4	3,313
Education							
None	12.9	5.5	18.3	2.3	3,455	28.8	3,294
Primary	6.7	2.5	9.2	0.8	830	20.0	306
Secondary +	3.0	1.8	4.9	0.2	1,225	8.4	508
Wealth index quintile							
Poorest	13.2	4.8	18.0	3.7	950	37.1	723
Second	11.2	4.4	15.6	1.7	1,024	28.6	773
Middle	10.1	5.1	15.2	1.6	1,092	24.5	783
Fourth	9.5	3.6	13.2	1.1	1,147	21.4	882
Richest	6.0	3.3	9.3	0.4	1,296	19.4	949
Total	9.7	4.2	13.9	1.6	5,510	25.6	4,110

[1] **MICS indicator 5.2**

As shown in Table 8.1, 10% of women aged 15-19 have already had a birth, 4% are pregnant with their first child, 14% have begun childbearing and nearly 2% have had a live birth before the age of 15. One in four women aged 20-24 years have already had a live birth before reaching age 18. Notable differences by residence and region are evident. For instance, in urban areas 6% of women aged 15-19 had had a live birth, compared to rural areas, where 11% of women aged 15-19 had had a live birth, and 27% of women aged 20-24 have had a birth before the age of 18. The Western region has the highest early child bearing rate, at 45%, followed by the Southern region (33%), and the Central Highlands region (31%). Women aged 15-19 in the Western region are almost three times more likely (17%) to have had a live birth than their counterparts in the Central region (6%).

Strong associations between early childbearing and women's education level can be read. As the education level and wealth index quintile increase, fewer women give birth before the age of 15 or before the age of 18. Women aged 15-19 without any education who had a live birth numbered 13%, while only 3% of women aged 15-19 with secondary education or higher have delivered a child. Of women aged 20-24, 29% have had a child before age of 18, while 8% of women with secondary education or higher had a child before age 18. Women aged 20-24 who live in the wealthiest households (19%) are less likely to have a live birth before age 18 than their counterparts who live in the poorest households (37%).

Table 8.2: Trends in early childbearing

Percentage of women who have had a live birth, by age 15 and 18, by residence and age group, Afghanistan, 2010-2011

	Urban				Rural				All			
	Percentage of women with a live birth before age 15	Number of women age 15-49	Percentage of women with a live birth before age 18	Number of women age 20-49	Percentage of women with a live birth before age 15	Number of women age 15-49	Percentage of women with a live birth before age 18	Number of women Age 20-49	Percentage of women with a live birth before age 15	Number of women age 15-49	Percentage of women with a live birth before age 18	Number of women age 20-49
Age												
15-19	0.2	1,071	n/a	n/a	1.9	4,439	n/a	n/a	1.6	5,510	n/a	n/a
20-24	4.7	797	18.4	797	7.2	3,313	27.4	3,313	6.7	4,110	25.6	4,110
25-29	8.8	658	29.0	658	8.7	2,920	30.7	2,920	8.7	3,579	30.4	3,579
30-34	10.9	440	37.6	440	12.1	2,020	37.9	2,020	11.9	2,460	37.8	2,460
35-39	7.3	471	34.2	471	6.0	1,918	30.3	1,918	6.3	2,389	31.0	2,389
40-44	8.2	332	23.9	332	5.7	1,474	23.2	1,474	6.2	1,805	23.3	1,805
45-49	8.9	263	26.4	263	5.3	1,175	18.0	1,175	5.9	1,438	19.6	1,438
Total	5.7	4,031	27.5	2,960	6.3	17,259	28.9	12,820	6.2	21,290	28.6	15,780

Table 8.2 shows early childbearing among women of different age groups. Overall, 6% of women aged 15-49 have had a child before age 15 and 29% of have had a child before age 18. Women aged 15-19 were the least likely to have had a live birth before age 15 (2%) at the time of the survey. The rate increases alongside age, and it peaks for women aged 30-34 (12%), and then drops. The drop might be due to the longer period of recall, and resulting errors in recall. A similar pattern is observed for women who have had a live birth before age 18. It increases from 26% for women aged 20-24 to 38% for women aged 30-34, then drops.

There are some differences found in early childbearing trends between urban and rural areas across age groups in the percentage of women who had a live birth before age 15. Among women who have had a live birth before age 18, there is some difference for women aged 20-24 in urban areas (18%) compared to women in rural areas (27%), as well as among women aged 45-49 in urban areas (26%) compared to women

in that age group in rural areas (18%). There is no significant difference found for other age groups by residence.

Contraception

Appropriate family planning is important to the health of women and children by: 1) preventing pregnancies that are too early or too late; 2) extending the period between births (birth spacing); and 3) limiting the number of children. Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late, or too many is critical.

Table 8.3 shows the use of contraception among women surveyed.

Table 8.3: Use of contraception

Percentage of women age 15-49 years currently married who are using (or whose partner is using) a contraceptive method, Afghanistan, 2010-2011

	Percent of women (currently married) who are using:																	
	Not using any method	Female sterili-zation	Male sterili-zation	IUD	Injectables	Implants	Pill	Male condom	Female condom	Diaphragm/ Foam/ Jelly	Lactational amenorrhoea method (LAM)	Periodic abstinence	Withdrawal	Other	Any modern method	Any tradi-tional method	Any method[1]	Number of women currently married
Region																		
Central	65.3	0.7	0.3	3.6	11.2	0.3	9.0	2.7	0.8	0.2	2.5	1.1	2.0	0.3	28.9	5.9	34.7	2,250
Central Highlands	84.0	0.0	0.0	0.6	10.1	0.2	4.1	0.9	0.1	0.0	0.0	0.0	0.0	0.0	16.0	0.0	16.0	504
East	83.5	0.3	0.0	0.3	9.9	0.0	3.3	0.7	0.1	0.0	1.2	0.5	0.1	0.0	14.7	1.8	16.5	1,583
North	86.2	0.1	0.0	0.3	7.8	0.0	4.2	0.9	0.0	0.0	0.2	0.2	0.0	0.0	13.4	0.5	13.8	2,001
North East	87.1	0.3	0.0	0.5	4.0	0.1	5.3	1.2	0.1	0.0	0.9	0.2	0.2	0.1	11.5	1.4	12.9	2,459
South	67.5	0.7	1.0	0.9	20.4	0.5	7.5	0.8	0.0	0.0	0.4	0.1	0.2	0.1	31.7	0.8	32.5	1,800
South East	82.2	1.5	0.2	2.1	7.5	0.1	3.9	0.9	0.1	0.2	0.0	0.8	0.4	0.1	16.5	1.3	17.8	2,117
West	77.8	0.6	0.1	0.7	8.5	4.5	5.4	1.6	0.0	0.1	0.1	0.1	0.4	0.0	21.6	0.6	22.2	2,043
Residence																		
Urban	62.0	1.1	0.3	2.9	12.0	1.7	10.4	3.8	0.6	0.3	1.7	1.1	1.7	0.3	33.2	4.8	38.0	2,503
Rural	82.2	0.5	0.2	0.9	9.1	0.6	4.5	0.8	0.1	0.0	0.6	0.3	0.2	0.0	16.7	1.1	17.8	12,254
Age																		
15-19	92.9	0.2	0.0	0.1	2.5	0.2	2.6	0.4	0.0	0.0	0.6	0.1	0.4	0.0	6.0	1.1	7.1	1,088
20-24	85.5	0.2	0.4	0.8	5.5	0.9	3.9	1.2	0.1	0.1	0.9	0.3	0.4	0.0	12.8	1.7	14.5	2,755
25-29	81.4	0.2	0.2	1.3	7.6	0.7	5.1	1.4	0.1	0.1	1.2	0.2	0.5	0.1	16.7	1.9	18.6	3,235
30-34	75.9	0.3	0.1	1.4	10.7	0.7	6.7	2.3	0.2	0.2	0.6	0.4	0.5	0.0	22.6	1.5	24.1	2,347
35-39	70.4	1.0	0.4	1.6	14.7	0.8	7.7	1.1	0.4	0.1	0.7	0.6	0.4	0.1	27.8	1.8	29.6	2,325
40-44	70.5	1.7	0.1	1.5	14.8	0.9	7.1	0.8	0.1	0.1	0.7	1.0	0.7	0.0	27.1	2.4	29.5	1,701
45-49	77.1	1.3	0.1	1.6	11.3	1.0	4.4	1.0	0.3	0.1	0.2	0.4	0.6	0.4	21.3	1.6	22.9	1,306
Number of living children																		
0	98.7	0.2	0.0	0.1	0.4	0.0	0.2	0.1	0.0	0.0	0.2	0.1	0.1	0.0	1.0	0.3	1.3	1,522
1	89.1	0.3	0.2	0.5	3.2	0.5	3.3	1.5	0.0	0.1	0.9	0.1	0.3	0.0	9.5	1.4	10.9	1,738
2	84.2	0.2	0.4	0.8	6.1	0.7	4.8	0.8	0.0	0.2	0.9	0.4	0.5	0.1	13.9	1.9	15.8	2,023
3	79.1	0.3	0.3	2.0	8.3	1.0	5.7	1.6	0.0	0.0	1.0	0.3	0.3	0.1	19.2	1.7	20.9	2,010

Percentage of women age 15-49 years currently married who are using (or whose partner is using) a contraceptive method, Afghanistan, 2010-2011																		
		Percent of women (currently married) who are using:																
	Not using any method	Female sterili-zation	Male sterili-zation	IUD	Injectables	Implants	Pill	Male condom	Female condom	Diaphragm/ Foam/ Jelly	Lactational amenorrhoea method (LAM)	Periodic abstinence	Withdrawal	Other	Any modern method	Any tradi-tional method	Any method[1]	Number of women currently married
4+	70.7	0.9	0.2	1.6	14.3	0.9	7.3	1.5	0.3	0.1	0.8	0.6	0.6	0.1	27.2	2.1	29.3	7,463
Education																		
None	80.1	0.6	0.2	1.0	9.8	0.7	5.0	1.0	0.1	0.1	0.7	0.3	0.4	0.1	18.4	1.5	19.9	13,244
Primary	72.8	0.1	0.1	2.2	7.5	1.6	9.0	3.3	0.6	0.0	1.1	0.7	0.9	0.0	24.5	2.7	27.2	714
Secondary +	62.3	0.9	0.6	4.1	8.7	1.0	11.7	4.9	0.7	0.5	0.8	1.7	1.9	0.2	33.0	4.7	37.7	793
Wealth index quintile																		
Poorest	84.8	0.3	0.2	0.3	8.9	0.3	3.9	0.3	0.0	0.0	0.6	0.2	0.2	0.0	14.2	1.1	15.2	3,001
Second	86.4	0.5	0.1	0.7	6.3	0.5	3.7	0.5	0.1	0.0	0.6	0.3	0.2	0.1	12.4	1.2	13.6	3,000
Middle	81.4	0.2	0.1	1.0	10.1	0.4	4.6	0.9	0.1	0.0	0.6	0.4	0.1	0.0	17.5	1.1	18.6	2,993
Fourth	77.4	0.8	0.1	1.2	10.5	0.8	6.1	1.1	0.2	0.1	0.8	0.2	0.5	0.0	21.0	1.6	22.6	2,949
Richest	62.8	1.2	0.6	3.1	12.4	1.9	9.6	3.7	0.5	0.3	1.2	1.0	1.5	0.3	33.3	3.9	37.2	2,813
Total	78.8	0.6	0.2	1.2	9.6	0.8	5.5	1.3	0.2	0.1	0.8	0.4	0.5	0.1	19.5	1.8	21.2	14,757
[1] MICS indicator 5.3; MDG indicator 5.3																		

Current use of any method of contraception was reported by 21% of women currently married (Table 8.3). The most popular method is the injectable form of contraception, which is used by almost one in ten women who are married. The next most popular method is the pill, which is used among 6% of married women.

Contraceptive prevalence is highest in the Central region at 35% and lowest in North East region at 13%. The highest prevalence of contraception use is observed among married women aged 35-44 (about 30%), compared to 7% of married women aged 15-19 years. Most women who reported using contraception are using modern methods (92%) as opposed to traditional methods.

Women's education level is strongly associated with contraceptive prevalence. The percentage of women using any method of contraception rises from nearly 20% among those with no education to 27% among women with primary education, and to nearly 38% among women with secondary education or higher. Women who live in the wealthiest households are more likely use contraception (37%) than their counterparts who live in poorest households (15%).

Antenatal Care

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and wellbeing and that of their infants. Better understanding of foetal growth and development, and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health. For example, if the antenatal period is used to inform women and families of the danger signs and symptoms, and about the risks of labour and delivery, it may provide the route for ensuring that pregnant women do, in practice, deliver with the assistance of a skilled healthcare provider. The antenatal period also provides an opportunity to supply information on birth spacing, which is recognized as an important factor in improving infant survival. Tetanus immunization during pregnancy can be life saving for both the mother and infant. The prevention and treatment of malaria among pregnant women, management of anaemia during pregnancy and the treatment of STIs can significantly improve foetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and to prevent infections such as malaria and STIs during pregnancy. More recently, the potential of the antenatal period as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in and access to antenatal services.

WHO recommends a minimum of four antenatal visits based on a review of the effectiveness of different models of antenatal care. WHO guidelines are specific on the content of antenatal care visits, which should include:

- Blood pressure measurement
- Urine testing for bateriuria and proteinuria
- Blood testing to detect syphilis and severe anaemia
- Weight/height measurement (optional)

The type of personnel providing antenatal care to women aged 15-49 years who gave birth in the two years preceding the survey is presented in Table 8.4.

Table 8.4: Antenatal care coverage

Percent distribution of women age 15-49 who gave birth in the two years preceding the survey by type of personnel providing antenatal care, Afghanistan, 2010-2011

	Person providing antenatal care					No antenatal care received	Total	Any skilled personnel[1]	Number of women who gave birth in the preceding two years
	Doctor	Nurse/ Midwife	Auxiliary midwife	Traditional birth attendant	Community health worker				
Region									
Central	51.1	22.7	0.4	1.4	0.5	23.6	100	74.2	824
Central Highlands	26.1	17.2	1.3	1.2	0.4	53.5	100	44.7	196
East	36.6	6.2	0.5	4	0.6	51.6	100	43.3	491
North	18.1	22.2	2.6	2.4	0.9	53.1	100	42.9	743
North East	24.6	23.2	5.1	3.9	0.7	42.4	100	52.9	869
South	24.7	4.6	1.7	36	0	32.4	100	31.1	353
South East	22.9	13.2	1.8	3.7	0.3	57.1	100	38	726
West	21.5	13.3	3.4	11	0.2	50.2	100	38.2	662
Residence									

Percent distribution of women age 15-49 who gave birth in the two years preceding the survey by type of personnel providing antenatal care, Afghanistan, 2010-2011

	Person providing antenatal care					No antenatal care received	Total	Any skilled personnel[1]	Number of women who gave birth in the preceding two years
	Doctor	Nurse/ Midwife	Auxiliary midwife	Traditional birth attendant	Community health worker				
Urban	54.1	19.6	3.4	0.8	0.2	21.7	100	77.1	903
Rural	22.9	16.2	2.1	7.7	0.6	50	100	41.2	3,962
Mother's age at birth									
Less than 20	30.5	17.3	1.9	8.2	0.6	41.3	100	49.7	747
20-34	29	16.3	2.4	6.2	0.3	45.1	100	47.8	3,463
35-49	25.3	18.8	2.5	5.3	1.3	46.7	100	46.6	652
Education									
None	25.5	16	2.2	7.1	0.6	48.1	100	43.8	4,311
Primary	45.7	26.1	4.3	1.8	0	22	100	76.1	286
Secondary +	62	19.1	2.5	0.9	0	15.2	100	83.6	268
Wealth index quintiles									
Poorest	16.7	7.9	1.3	15.9	0.5	57.2	100	25.8	933
Second	18.1	17.6	2	7.8	0.3	53.9	100	37.7	1,029
Middle	22.4	17.2	2.7	4.7	0.6	51.9	100	42.3	993
Fourth	31.6	21.3	3.3	2.6	0.5	39.8	100	56.2	967
Richest	55.9	19.8	2.4	1.3	0.6	20	100	78.1	944
Total	28.7	16.8	2.3	6.4	0.5	44.7	100	47.9	4,865

[1] **MICS indicator 5.5a; MDG indicator 5.5**

Coverage of antenatal care (by a doctor, nurse, or midwife) is low in Afghanistan, with 48% of women receiving antenatal care at least once during the pregnancy. There is a considerable disparity in antenatal care services by region. The lowest level of antenatal care is found in the Southern region (31%), while the highest is found in the Central region (74%). Antenatal care coverage is some 36% higher in urban areas (77%) compared to rural areas (41%).

The education level of the woman influences the rate of antenatal care. Among women who gave birth in the last two years, women with secondary education or higher (84%) reported receiving antenatal care almost twice as often as women with no education (44%). Simultaneously, women living in the households of the wealthiest quintile (78%) receive antenatal care three times more often than women in the poorest quintile (26%).

UNICEF and WHO recommend a minimum of at least four antenatal care visits during pregnancy. Table 8.5 shows the number of antenatal care visits during the last pregnancy during the two years preceding the survey, regardless of the provider, by selected characteristics.

Table 8.5: Number of antenatal care visits

Percent distribution of women who had a live birth during the two years preceding the survey by number of antenatal care visits by any provider, Afghanistan, 2010-2011

	Percent distribution of women who had:						Total	Number of women who had a live birth in the preceding two years
	No antenatal care visits	One visit	Two visits	Three visits	Four or more visits[1]	Missing/ DK		
Region								
Central	24.0	8.6	15.7	15.5	33.6	2.6	100.0	824
Central Highlands	53.5	7.0	14.4	9.3	13.2	2.6	100.0	196
East	51.7	5.7	14.4	12.2	10.8	5.1	100.0	491
North	53.4	7.8	13.0	11.5	12.5	1.9	100.0	743
North East	42.5	6.2	13.8	15.2	13.7	8.7	100.0	869
South	32.7	6.4	17.6	11.0	11.6	20.7	100.0	353
South East	57.1	8.4	12.8	11.6	3.6	6.5	100.0	726
West	50.3	11.3	15.7	8.6	11.5	2.6	100.0	662
Residence								
Urban	22.0	8.4	15.9	16.2	32.8	4.6	100.0	903
Rural	50.2	7.8	14.1	11.5	10.5	6.0	100.0	3,962
Mother's age at birth								
Less than 20	41.6	9.5	16.4	13.9	12.5	6.1	100.0	747
20-34	45.3	7.6	14.7	11.7	14.8	5.9	100.0	3,463
35-49	47.0	7.4	11.1	14.3	15.8	4.3	100.0	652
Education								
None	48.2	7.9	14.5	11.6	11.8	6.0	100.0	4,311
Primary	23.6	8.1	16.5	20.4	28.1	3.3	100.0	286
Secondary +	15.5	6.6	12.3	15.6	45.5	4.5	100.0	268
Wealth index quintile								
Poorest	57.6	6.3	14.5	9.2	5.8	6.7	100	933
Second	54.0	8.9	13.3	9.4	7.8	6.6	100	1,029
Middle	52.1	8.1	13.2	10.3	10.7	5.5	100	993
Fourth	39.9	8.0	14.5	15.8	17.0	4.7	100	967
Richest	20.1	7.9	17.1	17.4	32.3	5.1	100	944
Total	44.9	7.9	14.5	12.4	14.6	5.7	100	4,865

[1] **MICS indicator 5.5b; MDG indicator 5.5**

One in six mothers received antenatal care at least four times (15%), while 41% received antenatal care more than once. Mothers from the poorest households and those with primary education are less likely than more educated and wealthier mothers to receive antenatal care four or more times. For example, less than 6% of women living in the poorest households reported four or more antenatal care visits compared with 32% of those living in the wealthiest households.

Table 8.6: Content of antenatal care

Percentage of women age 15-49 years who had their blood pressure measured, urine sample taken, and blood sample taken as part of antenatal care, Afghanistan, 2010-2011

	Percentage of pregnant women who had:				Number of women who had a live birth in the preceding two years
	Blood pressure measured	Urine sample taken	Blood sample taken	Blood pressure measured, urine and blood sample taken[1]	
Region					
Central	46.6	47.5	36.5	26.7	824
Central Highlands	30.3	14.8	12.8	7.0	196
East	36.9	27.2	26.1	19.1	491
North	27.5	14.7	10.5	5.4	743
North East	44.3	19.5	17.4	10.5	869
South	31.5	18.0	13.6	9.9	353
South East	28.9	21.6	19.4	7.5	726
West	23.5	14.6	11.5	6.5	662
Residence					
Urban	53.6	43.6	34.7	25.0	903
Rural	30.5	19.1	16.0	9.2	3,962
Mother's age at birth					
Less than 20	36.4	24.3	19.0	12.2	747
20-34	34.7	23.9	19.7	11.9	3,463
35-49	33.5	21.6	19.2	13.2	652
Education					
None	31.6	20.3	16.6	9.7	4,311
Primary	50.5	39.8	28.0	18.4	286
Secondary +	69.4	60.9	56.7	43.9	268
Wealth index quintile					
Poorest	22.9	11.0	10.0	5.9	933
Second	27.4	14.3	13.2	5.9	1,029
Middle	31.1	20.5	18.1	11.1	993
Fourth	39.2	28.3	19.2	12.7	967
Richest	53.7	44.9	37.6	25.5	944
Total	34.7	23.6	19.5	12.1	4,865

[1] MICS indicator 5.6

The types of services pregnant women received are shown in Table 8.6. Among those women who had given birth to a child during the two years preceding the survey, 20% reported that a blood sample was taken during antenatal care visits, 35% reported that their blood pressure was checked, and 24% reported that a urine specimen was taken. Overall, only 12% of pregnant women had antenatal care visits where their blood pressure was measured, and urine and blood tested. Pregnant women living in urban areas are more likely to receive the standard recommended antenatal care (25%) than those living in rural areas (9%). In the Central region, one in four pregnant women is likely to receive standard antenatal care, while women living in the Northern region receive the standard recommended antenatal care the least (5%). The percentage who received standard care is lowest among pregnant women in the poorest wealth quintile (6%) and among those without education (10%).

Assistance at Delivery

Three quarters of all maternal deaths occur during delivery and the immediate post-partum period. The single most critical intervention for safe motherhood is to ensure a competent health worker with

midwifery skills is present at every birth, and that transport is available to a referral facility for obstetric care in case of emergency. The goal of A World Fit for Children is to ensure that women have ready and affordable access to skilled attendants at delivery. The indicators used related to assistance at delivery are the proportion of births with a skilled attendant and the proportion of institutional deliveries. The skilled attendant at delivery indicator is also used to track progress toward the MDG target of reducing the maternal mortality ratio by three quarters between 1990 and 2015.

The AMICS included a number of questions to assess the proportion of births attended by a skilled attendant. A *skilled attendant* includes a doctor, nurse, midwife or auxiliary midwife. Table 8.7 shows the percentage of women with assistance at delivery and the type of person assisting.

Table 8.7: Assistance during delivery

Percent distribution of women age 15-49 who had a live birth in the two years preceding the survey by person assisting at delivery and percentage of births delivered by C-section, Afghanistan, 2010-2011

	Person assisting at delivery											
	Doctor	Nurse/ Midwife	Auxiliary midwife	Traditional birth attendant	Community health worker	Relative/Friend	Other/Missing	No attendant	Total	Delivery assisted by any skilled attendant[1]	Percent delivered by C-section[2]	Number of women who had a live birth in preceding two years
Region												
Central	51.3	15.9	0.4	9.4	0.9	19.6	1.4	1.0	100.0	67.6	7.6	824
Central Highlands	14.4	11.6	1.2	46.8	0.9	22.2	1.3	1.6	100.0	27.2	2.0	196
East	30.9	6.1	0.7	16.1	2.0	32.7	11.3	0.2	100.0	37.7	1.6	491
North	7.2	16.1	1.9	27.2	1.1	44.1	2.0	0.6	100.0	25.1	2.6	743
North East	14.1	23.6	5.3	37.6	1.1	17.4	0.8	0.2	100.0	42.9	2.9	869
South	14.8	4.7	1.7	66.9	0.0	10.1	1.3	0.5	100.0	21.2	0.7	353
South East	12.4	22.2	3.2	15.5	3.1	30.8	7.3	5.4	100.0	37.8	4.9	726
West	9.0	15.0	2.4	50.9	1.2	18.4	2.4	0.6	100.0	26.5	2.6	662
Residence												
Urban	48.2	21.8	4.4	13.1	0.2	10.2	1.3	0.8	100.0	74.3	8.7	903
Rural	13.8	14.9	1.9	33.9	1.7	28.6	3.8	1.4	100.0	30.5	2.4	3,962
Mother's age at birth												
Less than 20	22.0	15.3	2.0	34.1	1.5	22.0	2.8	0.4	100.0	39.2	2.9	747
20-34	20.3	16.2	2.4	29.1	1.3	25.8	3.4	1.5	100.0	38.9	3.6	3,463
35-49	17.4	17.1	2.5	30.6	1.8	25.5	3.7	1.4	100.0	37.0	4.3	652
Place of delivery												
Public sector health facility	52.3	39.5	4.9	0.7	0.6	1.8	0.1	0.0	100.0	96.7	11.0	1,363
Private sector health facility	64.7	28.8	3.1	0.6	0.0	2.9	0.0	0.0	100.0	96.6	10.1	237
Home	3.4	5.6	1.2	46.1	1.8	37.8	2.0	2.0	100.0	10.3	0.0	3,149
Other	26.4	11.6	11.9	0.0	24.2	25.9	0.0	0.0	100.0	(*)	(*)	12
Education												
None	16.6	15.3	2.3	32.3	1.5	26.8	3.7	1.5	100.0	34.2	3.0	4,311
Primary	35.5	24.8	3.6	17.2	0.4	17.1	1.3	0.1	100.0	63.9	6.8	286
Secondary +	60.7	20.5	1.8	7.8	0.2	8.4	0.3	0.2	100.0	83.0	8.8	268
Wealth index												

Percent distribution of women age 15-49 who had a live birth in the two years preceding the survey by person assisting at delivery and percentage of births delivered by C-section, Afghanistan, 2010-2011

	Person assisting at delivery											
	Doctor	Nurse/ Midwife	Auxiliary midwife	Traditional birth attendant	Community health worker	Relative/Friend	Other/Missing	No attendant	Total	Delivery assisted by any skilled attendant[1]	Percent delivered by C-section[2]	Number of women who had a live birth in preceding two years
quintiles												
Poorest	8.4	6.6	0.5	44.7	3.3	30.8	4.7	1.0	100.0	15.6	0.9	933
Second	7.9	14.3	2.8	37.9	1.0	30.9	4.3	1.0	100.0	24.9	1.5	1,029
Middle	14.8	14.8	1.5	31.3	1.0	30.5	4.2	2.0	100.0	31.0	2.6	993
Fourth	20.9	22.1	3.5	25.2	1.0	22.5	2.6	2.2	100.0	46.6	4.2	967
Richest	50.1	22.9	3.4	10.7	0.8	10.7	1.1	0.4	100.0	76.3	9.0	944
Total	20.2	16.1	2.3	30.1	1.4	25.2	3.4	1.3	100.0	38.6	3.6	4,865

[1] MICS indicator 5.7; MDG indicator 5.2; [2] MICS indicator 5.9

(*) Indicates that the percentage is calculated on fewer than 25 unweighted cases.

Of births occurring in the last two years preceding the AMICS survey, 39% were delivered by skilled personnel (Table 8.7). This percentage is highest in the Central region, at 68%, and lowest in the Southern region, at 21%. The more educated a woman is, the more likely she is to have delivered with the assistance of a skilled attendant.

Doctors assisted with the delivery of 20% of births, nurses or midwives assisted with 16% of births, and auxiliary midwives assisted with 2% of births. Births attended by skilled personnel are more common in urban areas than in rural areas. Overall, more than 60% of the births in the two years preceding the AMICS survey were delivered with the assistance of non-skilled personnel. The main personnel for non-skilled birth attendance are traditional birth attendants (30%) or relatives/friends (25%). In the Northern region, 44% of births were attended by relatives or friends, and in the Eastern region, 33% of births were attended by relatives or friends. The use of non-skilled birth attendants is far more frequent in rural areas (29%) than in urban areas (10%), most likely attributable to the limited health facilities and shortage of female health workers in rural areas.

In Afghanistan, delivery through Caesarean section (C-section) is considerably low at less than 4%, compared to the global standard range of 5-15% of births. A strong correlation by region, residence, education and wealth is evident. For instance, delivery by C-section was 8% in the Central region, compared to less than 1% in the South region. In urban areas, 9% of deliveries were by C-section, compared to 2% in rural areas.

For mothers with secondary education or higher, C-section deliveries occurred in 9% of cases; while they occurred in only 3% of deliveries where the mother had no education. For deliveries that took place in a private sector health facility, C-sections occurred in 11% of cases, and in 10% of cases occurring in private sector health facilities.

Place of Delivery

Increasing the proportion of births that are delivered in health facilities is an important factor in reducing the health risks to both the mother and the baby. Proper medical attention and hygienic conditions during delivery can reduce the risks of complications and infection that can cause morbidity and mortality to either the mother or the baby. Table 8.8 presents the percent distribution of women aged 15-49 who had a live birth in the two years preceding the survey by place of delivery and the percentage of births delivered in a health facility, according to background characteristics.

Table 8.8: Place of delivery

Percent distribution of women age 15-49 who had a live birth in two years preceding the survey by place of delivery, Afghanistan, 2010-2011

	Place of delivery					Total	Delivered in health facility[1]	Number of women who had a live birth in preceding two years
	Public sector health facility	Private sector health facility	Home	Other	Missing/DK			
Region								
Central	53.0	10.5	35.2	0.2	1.0	100.0	63.6	824
Central Highlands	22.7	1.2	74.6	0.4	1.2	100.0	23.9	196
East	32.2	2.0	54.8	0.0	11.0	100.0	34.2	491
North	18.4	2.3	78.0	0.5	0.9	100.0	20.7	743
North East	27.8	3.8	66.9	0.6	0.8	100.0	31.6	869
South	7.8	6.0	85.4	0.0	0.8	100.0	13.8	353
South East	23.9	6.8	67.9	0.0	1.4	100.0	30.8	726
West	21.8	2.6	73.7	0.1	1.9	100.0	24.3	662
Residence								
Urban	53.2	13.0	32.9	0.2	0.7	100.0	66.2	903
Rural	22.3	3.0	72.0	0.2	2.5	100.0	25.3	3,962
Mother's age at birth								
Less than 20	29.3	4.5	64.3	0.1	1.9	100.0	33.7	747
20-34	28.1	5.0	64.4	0.3	2.2	100.0	33.1	3,463
35-49	26.3	4.6	66.7	0.3	2.0	100.0	30.9	652
Percent of women who had								
None	13.9	2.2	79.1	0.1	4.7	100.0	16.1	2,186
1-3 visits	35.6	5.0	59.2	0.2	0.0	100.0	40.6	1,690
4+ visits	50.9	12.9	35.5	0.5	0.1	100.0	63.8	711
Missing/DK	34.4	4.9	60.3	0.5	0.0	100.0	39.2	279
Education*								
None	24.6	4.0	68.8	0.2	2.3	100.0	28.6	4,311
Primary	51.0	7.5	40.3	0.3	0.9	100.0	58.5	286
Secondary +	57.7	16.6	24.6	0.4	0.7	100.0	74.3	268
Wealth index quintiles								
Poorest	10.5	2.0	84.7	0.0	2.9	100.0	12.5	933
Second	19.5	1.1	76.1	0.4	2.9	100.0	20.6	1,029
Middle	23.4	3.4	70.7	0.0	2.5	100.0	26.8	993
Fourth	33.1	5.2	59.5	0.5	1.7	100.0	38.3	967
Richest	54.3	13.0	31.8	0.3	0.6	100.0	67.4	944
Total	28.0	4.9	64.7	0.2	2.1	100.0	32.9	4,865

[1] **MICS indicator 5.8**

Almost 33% of births in Afghanistan are delivered in a health facility, including 28% of deliveries which occur in public sector facilities and 5% which occur in private sector facilities. Well over half of births (65%) occur at home. By age group, women less than age 20 (34%) and women aged 20-34 (33%) are more likely to deliver in a health facility. Women in urban areas (66%) are more than twice as likely to deliver in a health facility as their rural counterparts (25%).

The Central region has the highest proportion of institutional deliveries (64%), while the Southern region has the lowest proportion (14%). Women with higher levels of educational attainment are more likely to deliver in a health facility than women with less education or with no education. The proportion of births occurring in a health facility increases steadily with increasing wealth quintiles, from 12% of births in the lowest wealth quintile to 67% in the highest quintile. The majority of women who received no antenatal care services delivered at home (79%).

The State of Reproductive Health in Afghanistan

For many years, Afghanistan was known for having had the highest maternal mortality rate in the world. While this has changed over the past decade, with a much higher number of women able to access skilled birth attendants, there remains much that must be done to give more Afghan women a better chance at surviving childbirth, and enjoying safe motherhood. Safe practices in reproductive health are closely tied to a range of other human development indicators, such as child morbidity and female school enrolment. Thus, investing in women's reproductive health is an investment in Afghanistan's human development at large. The potential impact of delaying childbearing by just five years has been shown to lead to stabilizing population growth and to rising GDPs in poor countries, adding trillions of dollars to struggling economies[17]. Yet more importantly, safer reproductive health and motherhood practices help women survive childbirth, and live longer, to raise healthier children.

[17] UN, 2009; Bruce, Judith and Bongaarts, John. "The New Population Challenge." From Laurie Mazur (Ed.), *A Pivotal Moment: Population, Justice, and the Environmental Challenge*. Washington, DC: Island Press.

9

Child Development

Early Childhood Education and Learning

Progress in schooling is often associated with cognitive abilities acquired at a young age. Prior participation in early childhood education and learning programmes can play an important role in a child's future education, because they shape the attitudes towards learning and help children to develop basic social skills. Those children who have access to early childhood education and learning programmes are also more likely to go on to have access to primary schooling.

Table 9.1: Early childhood education

Percentage of children age 36-59 months who are attending an organized early childhood education programme, Afghanistan, 2010-2011

	Percentage of children age 36-59 months currently attending early childhood education[1]	Number of children age 36-59 months
Sex		
Male	1.0	3,547
Female	1.1	3,364
Region		
Central	3.3	961
Central Highlands	1.8	223
East	1.0	820
North	0.6	948
North East	0.9	1,132
South	0.5	1,023
South East	0.1	1,018
West	0.8	785
Residence		
Urban	4.0	1,007
Rural	0.5	5,904
Age of child		
36-47 months	0.7	3,438
48-59 months	1.4	3,474
Mother's education*		
None	0.7	6,407
Primary	0.9	269
Secondary +	9.4	232
Wealth index quintile		
Poorest	0.2	1,535
Second	0.6	1,493
Middle	0.6	1,427
Fourth	0.5	1,375
Richest	3.9	1,081
Total	1.0	6,911

[1] MICS indicator 6.7

Only 1% of children aged 36-59 months are attending pre-school in Afghanistan (Table 9.1). Urban-rural and regional variances are significant. The attendance figure is eight times higher in urban areas as compared to rural areas. Among children aged 36-59 months, pre-school attendance is more prevalent in the Central region (3%), and lowest in the South East region (almost 0%). No gender differential exists, but differentials by socioeconomic status are

significant. Almost 4% of children living in the wealthiest households attend pre-school, while the figure drops to 0.2% in the poorest households. The most significant background characteristics determining difference in children attending early childhood education is found in the mother's education level. For instance, pre-school attendance is 9% among the children of mothers with secondary education or higher, compared with less than 1% for the children of mothers with no education.

Adults Engaging in Activities with Children

It is well recognized that a period of rapid brain development occurs in the first three to four years of life, and the quality of home care is the major determinant of the child's development during this period. In this context, adult activities with children, the presence of books in the home for the child, and the conditions of care are important indicators of the quality of home care. Children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn.

Information on a number of activities that support early learning was collected in the survey. These included the involvement of adults with children in the following activities: reading books or looking at picture books; telling stories; singing songs; taking children outside the home, compound or yard; playing with children; and spending time with children naming, counting, or drawing things.

Table 9.2: Support for learning

Percentage of children age 36-59 months with whom an adult household member engaged in activities that promote learning and school readiness during the last three days, Afghanistan, 2010-2011

	Percentage of children age 36-59 months		Mean number of activities		Percentage of children not living with their biological father	Number of children age 36-59 months
	With whom adult household members engaged in four or more activities[1]	With whom the father engaged in one or more activities[2]	Any adult household member engaged with the child	The father engaged with the child		
Sex						
Male	73.6	63.3	4.2	1.1	2.1	3,547
Female	72.7	60.2	4.2	1.1	1.9	3,364
Region						
Central	75.6	58.2	4.4	1.0	2.4	961
Central Highlands	80.6	46.2	4.6	0.8	6.0	223
East	77.3	67.2	4.4	1.1	1.2	820
North	77.4	57.2	4.3	0.9	2.2	948
North East	69.3	54.3	4.1	0.8	3.0	1,132
South	75.5	74.3	4.3	1.8	1.3	1,023
South East	61.5	73.8	3.7	1.3	1.1	1,018
West	75.9	49.4	4.1	0.8	1.4	785
Residence						
Urban	80.1	61.7	4.7	1.1	3.1	1,007
Rural	71.9	61.8	4.1	1.1	1.8	5,904
Age						
36-47 months	71.8	61.1	4.1	1.0	1.6	3,438
48-59 months	74.5	62.5	4.3	1.2	2.4	3,474
Mother's education*						
None	72.0	61.7	4.2	1.1	1.9	6,407

Percentage of children age 36-59 months with whom an adult household member engaged in activities that promote learning and school readiness during the last three days, Afghanistan, 2010-2011

	Percentage of children age 36-59 months		Mean number of activities		Percentage of children not living with their biological father	Number of children age 36-59 months
	With whom adult household members engaged in four or more activities[1]	With whom the father engaged in one or more activities[2]	Any adult household member engaged with the child	The father engaged with the child		
Primary	82.9	58.0	4.6	1.1	3.4	269
Secondary +	91.7	67.8	5.2	1.2	2.2	232
Father's education						
None	70.4	59.3	4.1	1.0	n/a	4,540
Primary	75.5	59.3	4.3	1.0	n/a	816
Secondary+	80.8	73.4	4.6	1.4	n/a	1,431
Father not at home	68.8	0.0	4.2	n/a	n/a	120
Wealth index quintiles						
Poorest	72.3	60.8	4.1	1.0	2.8	1,535
Second	72.1	60.3	4.1	1.1	2.0	1,493
Middle	69.7	64.6	4.1	1.2	1.8	1,427
Fourth	73.2	62.9	4.3	1.2	1.1	1,375
Richest	80.2	60.0	4.6	1.1	2.3	1,081
Total	73.1	61.8	4.2	1.1	2.0	6,911

[1] MICS indicator 6.1; [2] MICS Indicator 6.2

For more than two-thirds (73%) of under-five children, an adult household member engaged in more than four activities that promote learning and school readiness during the three days preceding the survey (Table 9.2). The average number of activities that adults engaged in with children was four. The table also indicates that the fathers' involvement in one or more activities was 62%. Fathers' support to their children's learning is highest in the South region (74%) while it is lowest in the Central Highlands region (46%). Interestingly, children living in households with middle level socio-economic status have the highest rate of support from the father for the child's learning, while children living in households with the wealthiest socio-economic status have the lowest rate of support from the father towards the child's learning. Variances were also found by the father's educational level, in that fathers with secondary education or higher participated in one or more activities with the child more often (73%) than did fathers with no education (59%).

Fathers engaged in activities with boys (63%) only slightly more than with girls (60%). Higher proportions of adults engaged in learning and school readiness activities with children in urban areas (80%) than in rural areas (72%). Strong differentials by region and socio-economic status are also observed: adult engagement in activities with children was greatest in the Central Highlands region (81%) and lowest in the South East region (62%), while the proportion was 80% for children living in the wealthiest households, as opposed to those living in the poorest households (72%).

Children's Exposure to Reading Material and Play Items

Exposure to books during a child's early years not only provides the child with greater understanding of the nature and purpose of print literacy, but may also give the child opportunities to see others reading, such as older siblings doing school work. The presence

of books in the household is important for later school performance and literacy development.

In the AMICS, the mothers/caretakers of all children under age five were asked about the number of children's books or picture books they have for the child, household objects or outside objects, and homemade toys, or toys in the home that came from a shop.

Table 9.3: Learning materials

Percentage of children under age 5 by numbers of children's books present in the household, and by playthings that child plays with, Afghanistan, 2010-2011

	Household has for the child:		Child plays with:			Two or more types of playthings[2]	Number of children under age 5
	3 or more children's books[1]	10 or more children's books	Homemade toys	Toys from a shop/manufactured toys	Household objects/objects found outside		
Sex							
Male	2.1	0.4	61.4	48.5	43.9	53.6	7,653
Female	2.3	0.4	60.8	46.5	43.2	51.6	7,218
Region							
Central	3.9	0.8	55.8	62.0	31.6	51.1	2,230
Central Highlands	1.9	0.5	26.2	25.9	39.9	27.9	517
East	2.8	0.2	70.8	48.8	65.4	66.8	1,667
North	1.4	0.3	63.3	42.0	39.5	52.3	2,087
North East	0.5	0.1	60.0	43.1	43.0	52.4	2,464
South	1.6	0.8	71.9	50.2	44.6	52.1	1,774
South East	3.1	0.2	58.8	51.9	39.7	52.3	2,308
West	2.3	0.2	60.0	38.8	48.6	50.1	1,825
Residence							
Urban	5.0	1.4	55.5	66.5	34.9	55.9	2,398
Rural	1.7	0.2	62.2	43.9	45.2	52.0	12,474
Age							
0-23 months	0.4	0.1	38.9	32.7	23.1	29.0	4,741
24-59 months	3.0	0.5	71.5	54.4	53.1	63.7	10,131
Mother's education*							
None	1.8	0.3	61.6	45.4	44.3	52.1	13,532
Primary	2.4	0.3	51.1	60.6	36.7	53.2	698
Secondary +	10.7	2.4	60.0	77.9	36.0	63.6	634
Wealth index quintiles							
Poorest	1.4	0.0	66.5	35.0	47.7	52.2	3,101
Second	1.2	0.1	61.5	38.4	44.2	48.9	3,190
Middle	1.0	0.2	62.2	45.4	45.6	53.6	3,015
Fourth	2.7	0.2	58.3	54.4	41.6	52.4	2,983
Richest	5.2	1.4	56.2	68.2	37.6	56.8	2,583
Total	2.2	0.4	61.1	47.5	43.6	52.6	14,872

[1] MICS indicator 6.3; [2] MICS indicator 6.4

In Afghanistan, only 2% of children aged 0-59 months are living in households where at least three children's books are present (Table 9.3). The proportion of children with 10 or more books declines to almost 0%. While no gender variances are observed, urban children (5%) appear to have more access to children's books than children living in rural households (2%).

The presence of children's books is positively correlated with the child's age; in the homes of 3% of children aged 24-59 months, there are three or more children's books, while the figure is only slightly more than 0% for children aged 0-23 months. The presence of children's books is positively correlated with the mother's education level: 11% of children whose mother has attained secondary education or higher have three or more children's books, while the figure drops to 2% for children whose mothers have no education. There are notable variances found in the presence of children's books by region and by household social-economic status.

Table 9.3 also shows that 53% of children aged 0-59 months had two or more play items to play with in their homes. The play items surveyed in the AMICS included homemade toys (such as dolls and cars, or other toys made at home), toys that came from a store, and household objects (such as pots and bowls) or objects and materials found outside the home (such as sticks, rocks, animal shells, or leaves).

It was found that 48% of children play with toys that come from a store; and the percentage of homemade toys in the home is 61%. The proportion of children who have two or more play items is 54% among male children and 52% among female children. Slight variances were found between urban (56%) and rural (52%) populations; however, more pronounced differences are found in terms of the mother's education level: 64% of children whose mothers have attained secondary education or higher have two or more play items, while the proportion is 52% for children whose mothers have no education. Differentials are also observed by the socioeconomic status of households, and by regions. Almost 57% of children living in the wealthiest households have two or more play items, while the figure is 49% for children living in the second poorest quintile. About 67% of children who are living in the Eastern region have two or more play items compared with 28% of children who are living in the Central Highlands region.

Care of Children

Leaving children alone or in the presence of other young children without adults present is known to increase the risk of accidents to children. In the AMICS, two questions were posed to respondents to find out whether children aged 0-59 months were left alone during the week preceding the interview, and whether children were left in the care of other children under 10 years of age.

Table 9.4: Inadequate care

Percentage of children under age 5 left alone or left in the care of another child younger than 10 years of age for more than one hour at least once during the past week, Afghanistan, 2010-2011

	Percentage of children under age 5			
	Left alone in the past week	Left in the care of another child younger than 10 years of age in the past week	Left with inadequate care in the past week[1]	Number of children under age 5
Sex				
Male	32.1	35.0	41.5	7,653
Female	30.6	32.8	38.8	7,218
Region				
Central	17.1	13.3	20.5	2,230
Central Highlands	36.2	37.8	46.6	517
East	26.3	26.9	33.4	1,667

Percentage of children under age 5 left alone or left in the care of another child younger than 10 years of age for more than one hour at least once during the past week, Afghanistan, 2010-2011				
	Percentage of children under age 5			
	Left alone in the past week	Left in the care of another child younger than 10 years of age in the past week	Left with inadequate care in the past week[1]	Number of children under age 5
North	24.4	38.0	42.3	2,087
North East	23.3	29.6	33.8	2,464
South	34.8	30.1	38.2	1,774
South East	64.8	67.5	75.3	2,308
West	25.2	26.9	32.6	1,825
Residence				
Urban	18.9	19.7	25.7	2,398
Rural	33.7	36.7	43.0	12,474
Age				
0-23 months	20.4	23.2	28.5	4,741
24-59 months	36.5	39.0	45.7	10,131
Mother's education*				
None	32.5	35.3	41.6	13,532
Primary	19.5	20.7	26.6	698
Secondary +	20.6	18.0	26.4	634
Wealth index quintiles				
Poorest	34.1	36.6	43.3	3,101
Second	34.1	35.9	42.4	3,190
Middle	35.6	39.1	45.5	3,015
Fourth	30.3	35.3	40.5	2,983
Richest	20.9	20.7	27.3	2,583
Total	31.4	33.9	40.2	14,872
*** MICS indicator 6.5**				

Table 9.4 shows that 34% of children aged 0-59 months were left in the care of other children, while 31% were left alone during the week preceding the interview. Combining the two care indicators, it is calculated that 40% of children were left with inadequate care during the week preceding the survey, either by being left alone or in the care of another child. Some differences were observed by the sex of the child (42% for boys and 39% for girls), and greater differences are found between urban (26%) and rural areas (43%).

Inadequate care was found to be most prevalent among children whose mothers had no education (42%), compared to mothers with at least primary education (27%). Children aged 24-59 months were left with inadequate care more frequently (46%) than children who were aged 0-23 months (29%). Major variances can be found in regard to the socioeconomic status of the household and by region. More than 27% of children living in the wealthiest households were left with inadequate care, while the figure is highest among children living in the middle socio-economic level of households (46%). Children under the age of five years were left with inadequate care most frequently in the South Eastern region (75%), as compared to the lowest figure, which was in the Central region (21%).

Assessing Early Child Development in Afghanistan

Within households, a majority of children have adults engaging in activities with them, and most households have play items in the home, conditions that help stimulate cognitive development and social interactions. However, access to books in the home is extremely

low throughout the country. Children's access to books from an early age is a proven means of providing a solid foundation for literacy development and school learning later on. Early childhood education attendance is very low in Afghanistan, with implications for successful transitions to primary school. These findings highlight specific aspects of child development in Afghanistan where intervention is warranted to help children maximize opportunities for healthy growth and for building social competencies.

10

Literacy & Education

Literacy Among Young Women

One of the World Fit for Children goals is to assure adult literacy. Adult literacy is also an MDG indicator for both men and women. In the AMICS, since only a women's questionnaire was administered to adults, the results are based only on responses from females aged 15-24. Literacy was assessed based on the ability of women to read a short simple statement, or based on her highest school level attained. In the AMICS, a woman who attended secondary school or higher was counted as literate. A woman who did not attend secondary school or higher was given a sentence to read. She was counted as literate if she could read the entire sentence. The literate rate of young women aged 15-24 is presented in Table 10.1.

Table 10.1: Literacy among young women

Percentage of women age 15-24 years who are literate, Afghanistan, 2010-2011

	Percentage literate[1]	Percentage not known	Number of women age 15-24 years
Region			
Central	40.5	0.3	1,762
Central Highlands	34.6	0.1	343
East	16.4	0.1	866
North	24.2	0.5	1,257
North East	20.8	0.0	1,799
South	2.7	0.0	1,259
South East	16.1	0.1	1,121
West	21.9	0.6	1,213
Residence			
Urban	51.6	0.6	1,868
Rural	15.1	0.1	7,752
Education			
None	1.1	0.1	6,749
Primary	28.9	1.1	1,135
Secondary +	100.0	0.0	1,733
Age			
15-19	27.7	0.3	5,510
20-24	14.8	0.2	4,110
Wealth index quintile			
Poorest	5.1	0.1	1,673
Second	10.6	0.1	1,797
Middle	13.0	0.0	1,875
Fourth	23.8	0.3	2,029
Richest	50.3	0.4	2,245
Total	22.2	0.2	9,620

[1] MICS indicator 7.1; MDG indicator 2.3

Table 10.1 indicates that less than one in five women in Afghanistan are literate and that the women's literacy rate in rural areas is more than three times lower than in urban areas. Of women who stated that primary school was their highest level of education attained, only 29% were actually able to read the sentence shown to them. Literacy among women living in the poorest households is 10 times lower than their counterparts in the wealthiest quintile.

School Readiness

Progress in schooling is often associated with cognitive abilities acquired at a young age. Prior participation in integrated early childhood development programmes can play an important role in a child's future education, because they shape children's attitudes towards learning and help children to develop basic social skills. Attendance in pre-school education in an organized learning or child education programme is important for achieving children's school readiness. Table 10.2 shows the proportion of children in the first grade of primary school in the 2010/2011 school year, who attended pre-school the previous school year.

Table 10.2: School readiness

Percentage of children attending first grade of primary school who attended pre-school the previous year, Afghanistan, 2010-2011

	Percentage of children attending first grade who attended preschool in previous year[1]	Number of children attending first grade of primary school
Sex		
Male	12.3	684
Female	13.1	525
Region		
Central	19.1	255
Central Highlands	4.9	92
East	30.7	161
North	6.1	159
North East	6.7	217
South	9.7	36
South East	10.0	118
West	6.2	170
Residence		
Urban	19.8	280
Rural	10.5	928
Mother's education		
None	11.1	1,063
Primary	19.4	83
Secondary +	31.0	61
Wealth index quintile		
Poorest	11.9	224
Second	10.1	200
Middle	8.2	220
Fourth	9.6	247
Richest	20.3	317
Total	12.7	1,208

[1] MICS indicator 7.2

Overall, only 13% of children who were attending the first grade of primary school in the 2010/2011 school year were attending pre-school the previous school year. The proportion of children in rural areas (11%) who had attended pre-school the previous year is almost twice as low as children living in urban areas (20%). Regional differentials are also very significant. First graders in the Central Highlands region are six times less likely (5%) to attend pre-school than their counterparts living in the Eastern region (31%).

Primary and Secondary School Participation

Universal access to basic education and the achievement of primary education by the world's children is one of the Millennium Development Goals as well as one of the goals of A World Fit for Children. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labour, and from sexual exploitation, and for promoting human rights and democracy, protecting the environment, and influencing population growth.

The indicators for primary and secondary school attendance include:

- Net intake rate in primary education
- Primary school net attendance ratio (adjusted)
- Secondary school net attendance ratio (adjusted)
- Female to male education ratio (or gender parity index [GPI]) in primary and secondary school

The indicators of school progression include:

- Children reaching the last grade of primary school
- Primary school completion rate
- Transition rate to secondary school

In Afghanistan, age 7 was the primary school entry age until the start of the July 2008 school year, when the school entry age became age 6 for primary school. Age 7 is considered as the primary school entry age in this report.

Table 10.3: Primary school entry

Percentage of children of primary school entry age entering grade 1 (net intake rate), Afghanistan, 2010-2011

	Percentage of children of primary school entry age entering grade 1[1]	Number of children of primary school entry age
Sex		
Male	31.8	1,913
Female	26.1	1,824
Region		
Central	45.1	502
Central Highlands	43.1	126
East	25.2	534
North	27.1	499
North East	33.4	598
South	11.7	504
South East	26.1	462
West	30.0	511
Residence		
Urban	42.7	599
Rural	26.4	3,138
Mother's education		
None	27.5	3,471
Primary	47.8	134
Secondary +	48.9	131

Percentage of children of primary school entry age entering grade 1 (net intake rate), Afghanistan, 2010-2011		
	Percentage of children of primary school entry age entering grade 1[1]	Number of children of primary school entry age
Wealth index quintile		
Poorest	21.8	842
Second	25.5	749
Middle	24.6	744
Fourth	31.5	773
Richest	44.9	629
Total	29.0	3,737
[1] MICS indicator 7.3		

In 2010/2011, 29% of school eligible children were attending the first grade of primary school (Table 10.3). Gender differentials exist, with attendance at 26% for girls and 32% for boys; however, significant differentials are present by region and in urban versus rural areas. In the Southern region, for instance, the school attendance indicator is 12%, while it reaches 45% in the Central region. Children's entry into primary school is timelier in urban areas (43%) than in rural areas (26%). A positive correlation exists between the mother's education level and the household socioeconomic status. Of children aged 7 whose mothers have at least secondary education, 49% were attending the first grade. In wealthy households, the proportion is around 45%, while it is 22% among children living in the poorest households.

Table 10.4 provides the percentage of children of primary school age (7-12 years) who are attending primary or secondary school[18].

Table 10.4: Primary school attendance

Percentage of children of primary school age attending primary or secondary school (adjusted net attendance ratio), *Afghanistan, 2010/11*						
	Male		**Female**		**Total**	
	Net attendance ratio (adjusted)	Number of children	Net attendance ratio (adjusted)	Number of children	Net attendance ratio (adjusted)[1]	Number of children
Region						
Central	87.6	1,361	67.4	1,278	77.9	2,639
Central Highlands	83.1	302	71.8	312	77.4	614
East	67.2	1,221	41.8	1,040	55.5	2,261
North	65.0	1,269	56.8	1,229	60.9	2,499
North East	65.5	1,380	51.0	1,328	58.4	2,708
South	28.6	1,496	13.5	1,215	21.9	2,710
South East	66.1	1,138	30.4	857	50.8	1,996
West	60.2	1,306	50.8	1,165	55.8	2,471
Residence						
Urban	82.5	1,605	72.8	1,527	77.8	3,133
Rural	58.9	7,868	40.6	6,897	50.4	14,766
Age at beginning of school year						
7	50.8	1,913	41.4	1,824	46.2	3,737
8	55.4	1,430	48.3	1,259	52.1	2,690

[18] Ratios presented in this table are adjusted since they include not only primary school attendance, but also secondary school attendance in the numerator.

Percentage of children of primary school age attending primary or secondary school (adjusted net attendance ratio), *Afghanistan, 2010/11*						
	Male		**Female**		**Total**	
	Net attendance ratio (adjusted)	Number of children	Net attendance ratio (adjusted)	Number of children	Net attendance ratio (adjusted)[1]	Number of children
9	67.9	1,878	47.8	1,639	58.5	3,516
10	66.0	1,178	48.5	924	58.3	2,102
11	72.8	1,707	50.3	1,480	62.3	3,187
12	65.7	1,367	44.3	1,298	55.3	2,665
Mother's education						
None	60.8	8,807	43.2	7,766	52.6	16,572
Primary	88.8	311	79.7	319	84.2	630
Secondary +	93.7	349	90.6	336	92.2	685
Wealth index quintile						
Poorest	48.3	2,065	30.1	1,750	40.0	3,815
Second	55.2	1,900	37.5	1,620	47.0	3,521
Middle	59.8	1,927	39.4	1,663	50.4	3,589
Fourth	69.5	1,812	52.5	1,701	61.2	3,513
Richest	84.8	1,769	72.8	1,690	79.0	3,459
Total	62.9	9,474	46.4	8,424	55.2	17,898
[1] MICS indicator 7.4; MDG indicator 2.1						

Only 55% of children of primary school age (7-12) are attending school (Table 10.4). In urban areas, 78% of children attend school while in rural areas attendance is only 50%. The proportion of children attending primary or secondary school increases with the child's age up to the age of 11. Attendance starts to decrease from age 12. Primary school attendance shows significant variance between children living in the poorest households (40% attendance) and those living in the wealthiest households (79% attendance).

Table 10.5 shows secondary school attendance rates.

Table 10.5: Secondary school attendance

Percentage of children of secondary school age attending secondary school or higher (adjusted net attendance ratio) and percentage of children attending primary school, Afghanistan, 2010-2011

	Male			Female			Total		
	Net attendance ratio (adjusted)[1]	Percent attending primary school	Number of children	Net attendance ratio (adjusted)[1]	Percent attending primary school	Number of children	Net attendance ratio (adjusted)[1]	Percent attending primary school	Number of children
Region									
Central	65.8	6.6	1,272	36.0	6.6	1,337	50.5	6.6	2,609
Central Highlands	54.1	16.3	232	33.8	15.2	256	43.4	15.8	488
East	49.5	13.4	842	13.0	4.3	697	33.0	9.3	1,539
North	42.9	12.4	1,083	27.0	6.6	1,011	35.2	9.6	2,094
North East	40.4	12.6	1,177	23.7	6.2	1,256	31.8	9.3	2,433
South	19.0	3.2	1,477	3.0	1.1	1,123	12.1	2.3	2,600
South East	57.4	12.7	916	15.3	3.6	721	38.8	8.7	1,637
West	29.7	17.1	989	18.5	13.8	943	24.2	15.5	1,932
Residence									
Urban	61.8	8.9	1,469	48.6	5.8	1,407	55.3	7.4	2,876
Rural	38.5	11.0	6,519	14.5	6.6	5,937	27.1	8.9	12,456
Age at beginning of school year									
13	35.3	28.6	1,308	24.0	15.3	1,482	29.3	21.5	2,790
14	42.8	17.6	1,480	22.5	9.8	1,103	34.2	14.2	2,582
15	48.4	7.6	1,485	24.0	4.6	1,317	36.9	6.2	2,802
16	47.6	4.1	979	22.1	3.2	976	34.9	3.6	1,955
17	44.0	2.4	1,799	18.0	1.7	1,590	31.8	2.1	3,390
18	36.8	2.1	938	14.2	2.1	875	25.9	2.1	1,814
Mother's education									
None	40.9	15.1	4,895	20.1	8.9	4,319	31.2	12.2	9,214
Primary	67.1	12.5	166	49.6	13.1	186	57.9	12.8	353
Secondary +	83.5	9.5	204	79.0	5.2	192	81.3	7.4	396
Cannot be determined	47.1	4.5	218	8.1	1.7	358	22.8	2.8	575
Wealth index quintile									
Poorest	24.0	11.7	1,543	5.5	5.7	1,294	15.6	9.0	2,837
Second	32.6	10.2	1,496	10.9	5.6	1,350	22.3	8.0	2,846
Middle	37.8	11.4	1,589	13.8	6.0	1,452	26.4	8.8	3,041
Fourth	50.9	10.8	1,589	22.6	8.0	1,585	36.8	9.4	3,174
Richest	64.9	9.2	1,772	46.3	6.4	1,663	55.9	7.9	3,434
Total	42.8	10.6	7,988	21.1	6.4	7,343	32.4	8.6	15,332

[1] MICS indicator 7.5

The secondary school net attendance ratio (NAR) is presented in Table 10.5[19]. About 32% of secondary school age children are attending school. The secondary school NAR for girls (21%) is more than two times lower than that of boys (43%). The secondary NAR of rural secondary school age children is two times lower than their counterparts in urban areas. The attendance of secondary school children living in the poorest households is about four times lower than their counterparts living in the wealthiest households.

Regional disparities in secondary NAR are significant. Attendance in the Southern region (12%) is the lowest among all eight regions and about five times lower than attendance in the Central region (51%), where it is the highest. About one in ten (9%) children of secondary school age are attending primary school when they should be attending secondary school.

Table 10.6 shows the percentage of children entering first grade of primary school who eventually reach the last grade of primary school (the survival rate to last grade of primary school).

[19] Ratios presented in this table are adjusted since they include not only secondary school attendance, but also attendance to higher levels in the numerator.

Table 10.6: Children reaching last grade of primary school

Percentage of children entering first grade of primary school who eventually reach the last grade of primary school (Survival rate to last grade of primary school), Afghanistan, 2010-2011

	Percent attending grade 1 last school year who are in grade 2 this school year	Percent attending grade 2 last school year who are attending grade 3 this school year	Percent attending grade 3 last school year who are attending grade 4 this school year	Percent attending grade 4 last school year who are attending grade 5 this school year	Percent attending grade 5 last school year who are attending grade 6 this school year	Percent who reach grade 6 of those who enter grade 1[1]
Sex						
Male	94.3	97.6	96.8	96.6	98.5	84.7
Female	94.4	97.6	98.1	95.9	97.2	84.2
Region						
Central	95.3	98.0	96.7	96.6	98.0	85.5
Central Highlands	91.2	94.2	96.1	97.2	97.0	77.8
East	95.3	99.3	98.6	97.9	97.8	89.3
North	90.2	98.9	97.1	97.7	99.2	83.9
North East	95.7	98.2	97.1	98.1	96.8	86.6
South	100.0	98.3	96.2	92.7	99.2	86.9
South East	94.7	98.1	98.3	96.1	98.0	86.1
West	93.1	93.7	97.6	93.1	98.5	78.1
Residence						
Urban	95.1	96.1	96.0	96.4	98.1	83.0
Rural	94.1	97.9	97.7	96.3	98.1	85.0
Mother's education						
None	94.1	97.6	97.3	96.6	98.7	85.2
Primary	95.2	98.8	98.7	97.5	99.4	89.9
Secondary +	97.1	97.4	97.6	99.1	98.8	90.4
Wealth index quintile						
Poorest	92.4	97.4	96.4	97.2	98.5	83.0
Second	95.8	97.0	96.9	97.7	98.0	86.3
Middle	93.2	98.5	98.1	95.8	98.1	84.6
Fourth	95.0	98.5	98.2	94.3	97.7	84.7
Richest	95.0	96.4	96.8	96.9	98.2	84.3
Total	95.0	94.5	97.1	93.0	97.8	84.1

[1] MICS indicator 7.6; MDG indicator 2.2

The percentage of children entering first grade who eventually reach the last grade of primary school (primary survival rate) is presented in Table 10.6. The last grade of primary school in Afghanistan is Grade Six. Of all children starting Grade One, more than four in five (84%) eventually reach the last grade. Note that this number includes children that repeat grades and that eventually move up to reach the last grade. Compared with primary NAR, it can be concluded that the majority of primary school age children who enrol in primary school are likely to remain in school until the last grade of primary school. There are no dramatic differences in the survival rates among girls and boys, or between rural (85%) and urban areas (83%). There is, however, some difference in the survival rate among children whose mothers have no education (85%) compared to the children of mothers with primary education (90%) or secondary education (90%).

Some differences among regions are found. The Central Highlands region (78%) and the Western region (78%) have the lowest survival rates while the Eastern region has highest survival rate (89%).

The primary school completion rate and the transition rate to secondary school are presented in Table 10.7. The primary completion rate is the ratio of the total number of students, regardless of age, entering the last grade of primary school for the first time, to the number of children of the primary graduation age at the beginning of the current (or most recent) school year. Age 13 is used as the primary school graduation age in Afghanistan in this report.

Table 10.7: Primary school completion and transition to secondary school

Primary school completion rates and transition rate to secondary school, Afghanistan, 2010-2011

	Primary school completion rate[1]	Number of children of primary school completion age	Transition rate to secondary school[2]	Number of children who were in the last grade of primary school the previous year
Sex				
Male	40.0	1,367	92.6	1,011
Female	20.8	1,298	93.5	516
Region				
Central	45.7	436	96.8	323
Central Highlands	43.8	81	93.8	72
East	40.2	264	87.5	160
North	40.8	386	93.9	250
North East	21.0	486	93.0	241
South	17.0	424	97.5	94
South East	27.7	232	93.2	196
West	22.7	356	86.7	190
Residence				
Urban	42.1	513	95.3	412
Rural	28.0	2,153	92.0	1,115
Mother's education				
None	28.9	2,446	93.2	1,179
Primary	44.1	100	91.7	73
Secondary +	56.8	117	98.9	98
Wealth index quintile				
Poorest	21.1	526	93.2	212
Second	25.9	521	94.2	230
Middle	26.2	527	92.6	243
Fourth	37.8	498	90.4	355
Richest	41.4	593	94.2	487
Total	30.7	2,665	92.9	1,527

[1] MICS indicator 7.7; [2] MICS indicator 7.8

As shown in Table 10.7, at the time of the survey, the primary school completion rate was 31%. The primary school completion rate for girls (21%) is almost twice as low as that for boys (40%). The table points to a significant difference in the primary school completion rate in rural areas (28%) compared to urban areas (42%). Striking disparities are seen in the rates by region.

The primary school completion rate in Southern region is the lowest (17%), while the highest is found in the Central region (46%). Children living in the poorest households are more than twice as likely to not complete their primary education (21%) by the appropriate age than their counterparts living in the wealthiest households (41%). The mother's education level also seems to impact this indicator. Only 29% of children aged 13 years whose mother has no education had completed primary education, in comparison with 57% of those children whose mother has secondary education or higher.

The majority of the children (93%) who successfully completed the last grade of primary school were attending the first grade of secondary school at the time of the survey. There are no significant differences found in the transition from primary to secondary school between girls (94%) and boys (93%), and only minor differences in rural areas (92%) from urban areas (95%).

Table 10.8: Education gender parity

Ratio of adjusted net attendance ratios of girls to boys, in primary and secondary school, Afghanistan, 2010-2011

	Primary school adjusted net attendance ratio (NAR), girls	Primary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school adjusted NAR[1]	Secondary school adjusted net attendance ratio (NAR), girls	Secondary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school adjusted NAR[2]
Region						
Central	67.4	87.6	0.77	36.0	65.8	0.55
Central Highlands	71.8	83.1	0.86	33.8	54.1	0.62
East	41.8	67.2	0.62	13.0	49.5	0.26
North	56.8	65.0	0.88	27.0	42.9	0.63
North East	51.0	65.5	0.78	23.7	40.4	0.59
South	13.5	28.6	0.47	3.0	19.0	0.16
South East	30.4	66.1	0.46	15.3	57.4	0.27
West	50.8	60.2	0.84	18.5	29.7	0.62
Residence						
Urban	72.8	82.5	0.88	48.6	61.8	0.79
Rural	40.6	58.9	0.69	14.5	38.5	0.38
Mother's education						
None	43.2	60.8	0.71	20.1	40.9	0.49
Primary	79.7	88.8	0.90	49.6	67.1	0.74
Secondary +	90.6	93.7	0.97	79.0	83.5	0.95
Wealth index quintile						
Poorest	30.1	48.3	0.62	5.5	24.0	0.23
Second	37.5	55.2	0.68	10.9	32.6	0.33
Middle	39.4	59.8	0.66	13.8	37.8	0.36
Fourth	52.5	69.5	0.76	22.6	50.9	0.44
Richest	72.8	84.8	0.86	46.3	64.9	0.71
Total	46.4	62.9	0.74	21.1	42.8	0.49

[1] MICS indicator 7.9; MDG indicator 3.1; [2] MICS indicator 7.10; MDG indicator 3.1

The ratio of girls to boys attending primary and secondary education is provided in Table 10.8. These ratios are better known as the Gender Parity Index (GPI). Note that the ratios included here are obtained from net attendance ratios rather than gross attendance ratios.[20]

Table 10.8 shows that gender parity for primary school is 0.74, indicating a difference in the primary school attendance between girls and boys, with 74 girls attending primary school for every 100 boys. The indicator drops significantly by the secondary level, to 0.49. The disadvantage to girls is particularly pronounced in the Southern region (0.47 for primary education and 0.16 for secondary education), as well as among children living in the poorest households (0.62 for primary education and 0.23 for secondary education) and in rural areas (0.69 for primary education and 0.39 for secondary education).

The School Experience of Children in Afghanistan

Afghanistan has made steady progress in reconstituting the education sector over the past decade. Most students who begin primary school complete primary school. The challenge lies in raising primary attendance rates beyond the rate of 55%, and in ensuring a far greater proportion of primary graduates go on to start and complete a secondary level education. In particular, there is a sharp drop in girls' school attendance after primary school. Afghanistan's achievement of all of the MDGs rests on the human capital that it can bring to bear to reach its development objectives. Thus improving education indicators, including gender equity in education, in particular must be of paramount priority.

[20] The last ratios provide an erroneous description of the GPI mainly because in most of the cases, the majority of over-aged children attending primary education tend to be boys.

11

Child Protection

Birth Registration

The International Convention on the Rights of the Child (CRC) states that every child has the right to a name and a nationality, and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. A World Fit for Children has the goal of developing systems to ensure the registration of every child at or shortly after birth, and of fulfilling his or her right to acquire a name and a nationality, in accordance with national laws and relevant international instruments. The AMICS indicator related to birth registration is the percentage of children under five years of age whose birth is registered. Table 11.1 shows birth registration of children under five years of age in Afghanistan, and the percentage of children whose mother/caretaker knows to how to register a birth.

Table 11.1: Birth registration

Percentage of children under age 5 by whether birth is registered and percentage of children not registered whose mothers/caretakers know how to register birth, Afghanistan, 2010-2011

	Children under age 5 whose birth is registered with civil authorities				Number of children	Children under age 5 whose birth is not registered	
	Has birth certificate		No birth certificate	Total registered[1]		Percent of children whose mother/caretaker knows how to register birth	Number of children without birth registration
	Seen	Not seen					
Sex							
Male	9.9	25.5	2.9	38.3	7,653	5.6	4,723
Female	9.6	24.2	2.7	36.5	7,218	5.3	4,580
Region							
Central	21.8	31.5	6.9	60.2	2,230	5.6	887
Central Highlands	9.7	20.3	0.9	30.9	517	2.1	357
East	9.6	44.8	3.1	57.6	1,667	12.3	707
North	10.0	13.6	4.2	27.8	2,087	3.2	1,506
North East	13.3	26.3	1.6	41.2	2,464	3.5	1,450
South	1.4	29.5	0.5	31.5	1,774	0.6	1,215
South East	1.6	17.0	0.3	18.9	2,308	10.4	1,872
West	8.5	16.6	3.2	28.3	1,825	4.8	1,308
Residence							
Urban	19.7	33.9	6.4	60.0	2,398	4.2	959
Rural	7.9	23.2	2.1	33.1	12,474	5.6	8,344
Age							
0-11 months	15.5	20.5	2.8	38.8	2,244	5.0	1,373
12-23 months	13.4	25.5	3.3	42.2	2,497	5.6	1,443
24-35 months	9.8	24.7	2.6	37.1	3,220	5.3	2,027
36-47 months	7.2	26.4	2.6	36.2	3,438	6.1	2,192
48-59 months	5.9	26.0	2.7	34.7	3,474	5.1	2,268
Mother's education							
None	8.6	24.4	2.5	35.5	13,532	5.2	8,727
Primary	16.9	26.7	4.5	48.1	698	8.1	362
Secondary +	26.8	33.0	7.2	66.9	634	11.7	210
Wealth index quintile							
Poorest	6.5	22.4	2.5	31.4	3,101	6.6	2,128
Second	8.1	23.8	1.7	33.6	3,190	4.4	2,119
Middle	7.0	21.2	1.9	30.1	3,015	5.4	2,108
Fourth	9.8	25.3	2.3	37.4	2,983	5.4	1,867
Richest	19.0	33.1	6.0	58.1	2,583	5.3	1,081
Total	9.8	24.9	2.8	37.4	14,872	5.5	9,303

[1] **MICS indicator 8.1**

The births of 37% of children under five years of age in Afghanistan have been registered (Table 11.1). There are no significant variations in birth registration between boys (38%) and girls (37%), however there are significant variances observed by the age of the child, the mother's education level, residence, region and household socio-economic status.

Children aged four years (35%) have the lowest rate of registered births, while children aged one year have the highest registration rate. About 67% of children whose mother has secondary education or higher had their children's births registered, almost double that of mothers with no education, wherein only 36% of births were registered. Children living in rural areas (33%) are about two times less likely to have their births registered than their counterparts in urban areas (60%). Children in the South East region (19%) are more than three times less likely to have their births registered than children in the Central region (60%). There are also regional disparities in the percentage of mothers/caretakers who know how to register a birth. For instance, 12% of mothers/caretakers in the East region know how to register a birth, while it is less than 1% in the South region. For mothers/caretakers with no education, 5% know how to register a birth, compared to 12% of mothers with secondary education or higher. Children living in the poorest households (31%) are significantly less likely to have their births registered than their counterparts living in the wealthiest households (58%).

Child Labour

Article 32 of the CRC states that "States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development." Further, the MDGs call for the protection of children against exploitation.

In the AMICS questionnaire, a number of questions addressed the issue of child labour, that is, of children 5-14 years of age involved in labour activities. A child is considered to be involved in child labour activities at the time of the survey if during the week preceding the survey:

- A child aged 5-11 engaged in at least one hour of economic activity or 28 or more hours of domestic work per week.
- A child aged 12-14 engaged in at least 14 hours of economic activity or 28 hours or more of domestic work per week.

This definition is based on the International Labour Organization's definition of child labour. The term "child labour" is often defined as work that deprives children of their childhood, their potential and their dignity, and that is harmful to children's physical and mental development. It refers to work that is mentally, physically, socially or morally dangerous and harmful to children; and interferes with their schooling by depriving them of the opportunity to attend school; obliging them to leave school prematurely; or requiring them to attempt to combine school attendance with excessively long and heavy work.

The estimate provided below is a minimum of the prevalence of child labour since some children may be involved in hazardous labour activities for a number of hours that could be less

than the numbers specified in the criteria explained above. Table 11.2 presents the results of child labour by the type of work performed by child labourers, among children aged 5-11. Percentages do not add up to the total number of child labourers, as children may be involved in more than one type of work.

Table 11.2: Child labour, ages 5-11

Percentage of children by involvement in economic activity and household chores during the past week, according to age groups, and percentage of children age 5-11 involved in child labour, Afghanistan, 2010-2011

	Percentage of children age 5-11 involved in							
	Economic activity							
	Working outside household		Working for family business	Economic activity for at least one hour	Household chores less than 28 hours	Household chores for 28 hours or more	Child labour	Number of children age 5-11
	Paid work	Unpaid work						
Sex								
Male	1.7	1.6	27.3	28.4	30.1	0.4	28.5	11,954
Female	0.6	1.3	23.2	23.8	38.7	1.2	24.5	10,745
Region								
Central	0.9	1.8	17.2	18.5	29.9	1.3	19.1	3,259
Central Highlands	0.5	1.8	30.8	32.1	23.7	0.9	32.5	804
East	1.0	1.4	31.4	32.1	39.7	0.8	32.2	2,948
North	0.8	1.5	33.0	33.7	37.3	0.5	33.9	3,033
North East	0.9	0.9	31.1	31.6	46.5	0.5	32.0	3,344
South	3.1	1.6	28.5	29.4	39.7	1.4	30.5	3,260
South East	0.9	1.3	22.9	24.0	30.8	0.2	24.2	2,786
West	0.6	1.7	12.4	13.3	17.8	0.5	13.6	3,264
Residence								
Urban	1.3	2.4	13.0	14.7	32.2	0.9	15.3	3,761
Rural	1.1	1.3	27.8	28.5	34.5	0.7	28.9	18,937
School participation								
Yes	1.2	2.2	35.3	36.4	45.7	0.8	36.8	8,238
No	1.1	1.1	19.7	20.4	27.6	0.7	20.9	14,461
Mother's education								
None	1.2	1.4	26.1	27.0	34.3	0.8	27.4	21,068
Primary	0.9	1.8	19.4	20.4	33.1	0.3	20.6	826
Secondary +	0.7	2.0	10.7	12.0	32.9	1.3	12.5	792
Wealth index quintile								
Poorest	1.1	1.3	29.4	30.2	33.5	0.8	30.7	4,976
Second	1.2	1.6	30.0	31.1	35.1	0.5	31.4	4,587
Middle	1.2	1.1	29.5	29.9	37.1	0.7	30.3	4,632
Fourth	1.2	1.1	22.3	22.9	33.3	1.0	23.5	4,407
Richest	1.1	2.3	13.7	15.2	31.5	0.7	15.5	4,096
Total	1.1	1.5	25.3	26.2	34.2	0.8	26.6	22,699

MICS Indicator 8.2

Table 11.3 presents the results of child labour by the type of work performed by child labourers, among children aged 12-14, and among children aged 5-14.

Table 11.3: Child labour, ages 12-14 and ages 5-14

Percentage of children by involvement in economic activity and household chores during the past week, according to age group 12-14, and percentage of children age 5-14 involved in child labour, Afghanistan, 2010-2011

	Percentage of children age 12-14 involved in								Number of children age 12-14	Total child labour[1]	Number of children age 5-14 years
	Economic activity										
	Working outside household		Working for family business	Economic activity less than 14 hours	Economic activity for 14 hours or more	Household chores less than 28 hours	Household chores for 28 hours or more	Child labour			
	Paid work	Unpaid work									
Sex											
Male	10.0	3.8	54.5	32.9	25.0	54.2	1.1	25.5	4,474	27.7	16,428
Female	1.3	2.3	40.8	28.8	13.1	74.3	6.2	18.1	4,421	22.7	15,166
Region											
Central	3.8	3.0	35.6	21.3	17.4	58.3	6.4	22.3	1,396	20.1	4,655
Central Highlands	2.4	2.2	67.2	33.6	34.4	52.4	2.2	35.3	303	33.2	1,107
East	3.9	2.8	55.9	41.6	16.0	75.9	3.2	17.2	1,059	28.3	4,008
North	5.3	3.1	60.6	41.6	20.7	70.3	0.8	21.3	1,340	30.1	4,373
North East	4.9	4.3	54.2	35.6	21.4	74.8	3.3	23.7	1,349	29.6	4,693
South	9.3	2.6	44.9	26.2	20.9	60.2	5.6	26.0	1,417	29.1	4,677
South East	12.3	3.2	53.4	30.9	25.3	67.9	1.5	25.8	834	24.6	3,620
West	2.8	2.3	27.2	19.8	9.0	47.0	3.9	12.7	1,197	13.4	4,461
Residence											
Urban	4.4	4.7	23.3	18.6	9.2	60.5	4.5	12.9	1,642	14.6	5,404
Rural	6.0	2.6	53.2	33.6	21.3	65.0	3.4	23.8	7,252	27.5	26,190
School participation											
Yes	4.6	3.4	48.3	31.3	18.9	63.6	3.1	21.0	4,914	30.9	13,152
No	7.0	2.5	47.0	30.3	19.4	64.9	4.3	22.8	3,981	21.3	18,441
Mother's education											
None	5.8	2.9	49.1	31.6	19.7	64.2	3.5	22.3	8,228	26.0	29,296
Primary	5.2	3.1	38.2	26.0	15.1	64.1	4.7	18.4	312	20.0	1,138
Secondary +	2.9	4.7	23.5	18.7	8.4	63.7	5.6	13.0	350	12.7	1,142
Wealth index quintile											
Poorest	5.6	2.8	56.5	33.3	24.5	60.6	4.3	27.8	1,779	30.0	6,755
Second	6.4	3.1	58.5	36.4	24.0	66.5	2.6	25.5	1,688	29.8	6,276
Middle	6.7	2.8	52.1	35.1	19.3	67.7	2.7	21.6	1,765	27.9	6,397
Fourth	5.7	2.5	47.2	30.8	18.1	65.8	4.3	20.8	1,800	22.7	6,208
Richest	4.2	3.8	25.8	19.4	10.2	60.6	4.2	13.9	1,862	15.0	5,958
Total	5.7	3.0	47.7	30.8	19.1	64.2	3.6	21.8	8,895	25.3	31,593

MICS Indicator 8.2

In Afghanistan, 27% of children aged 5-11 years were involved in child labour activities, while the figure is 22% for children aged 12-14 years (Tables 11.2 and 11.3). The prevalence of total child labour (aged 5-14 years) is 25%. Table 11.2 shows somewhat of a variance of total child labour between girls (23%) and boys (28%). Major variances are observed across residence, the mother's education level, household socio-economic status, and region. Almost twice as many children in rural areas (28%) are involved in child labour than their counterparts in urban areas (15%). Children living in the Central Highlands region (33%) are more involved in child labour than their counterparts living in the Western region (13%). Children whose mothers have no

education (26%) are twice as likely to be involved in child labour than children whose mothers have attained secondary education or higher (13%). Children living in the poorest households (30%) are twice as likely to be involved in child labour than children living in the wealthiest households (15%).

Table 11.4: Child labour and school attendance

Percentage of children age 5-14 years involved in child labour who are attending school, and percentage of children age 5-14 years attending school who are involved in child labour, Afghanistan, 2010-2011

	Percentage of children involved in child labour	Percentage of children attending school	Number of children age 5-14 years	Percentage of child labourers who are attending school[1]	Number of children age 5-14 years involved in child labour	Percentage of children attending school who are involved in child labour[2]	Number of children age 5-14 years attending school
Sex							
Male	27.7	48.0	16,428	57.8	4,551	33.4	7,878
Female	22.7	34.8	15,166	41.7	3,436	27.2	5,274
Region							
Central	20.1	59.1	4,655	71.1	934	24.1	2,750
Central Highlands	33.2	57.3	1,107	75.0	368	43.5	635
East	28.3	41.9	4,008	50.8	1,133	34.2	1,681
North	30.1	46.8	4,373	54.6	1,315	35.0	2,047
North East	29.6	44.1	4,693	51.6	1,388	34.6	2,069
South	29.1	17.2	4,677	21.9	1,363	37.1	805
South East	24.6	38.6	3,620	57.4	890	36.6	1,397
West	13.4	39.7	4,461	51.0	597	17.2	1,769
Residence							
Urban	14.6	60.0	5,404	68.9	787	16.7	3,243
Rural	27.5	37.8	26,190	48.9	7,200	35.5	9,909
Age							
5-11	26.6	36.3	22,699	50.1	6,048	36.8	8,238
12-14	21.8	55.2	8,895	53.3	1,939	21.0	4,914
Mother's education							
None	26.0	39.6	29,296	49.4	7,614	32.5	11,588
Primary	20.0	63.3	1,138	75.6	228	23.9	721
Secondary +	12.7	73.9	1,142	88.4	145	15.1	843
Wealth index quintile							
Poorest	30.0	30.1	6,755	37.9	2,024	37.7	2,032
Second	29.8	34.9	6,276	47.7	1,873	40.8	2,189
Middle	27.9	37.9	6,397	49.5	1,786	36.5	2,426
Fourth	22.7	46.0	6,208	61.9	1,409	30.6	2,855
Richest	15.0	61.3	5,958	72.2	895	17.7	3,651
Total	25.3	41.6	31,593	50.9	7,987	30.9	13,152

[1] MICS indicator 8.3; [2] MICS indicator 8.4

Table 11.4 presents the percentage of children aged 5-14 years involved in child labour who are attending school and the percentage of children aged 5-14 years attending school who are involved in child labour. Of the 42% of children aged 5-14 attending school, more than half of them (51%) are also involved in child labour activities. Of the 25% of children involved in child labour, less than one third of them are also attending school (31%). Of children involved in child

labour who are attending school, there are significant differentials by gender, residence, region, mother's education level and household socio-economic status. Table 11.4 shows 16 percentage points difference for school-attending girls involved in child labour (42%) than for school-attending boys (58%) involved in child labour. Children living in rural areas are significantly less likely to be in school if they are participating in labour activities (49%) than children living in urban areas who participate in labour activities (69%).

The rate of children involved in child labour who are attending school is almost three and a half times higher for children in the Central Highlands region (75%) than for children in the Southern region (22%). Children involved in child labour whose mothers have no education (49%) are less likely to attend school compared with their counterparts whose mothers have attained secondary education or higher (88%). Children involved in child labour who live in the poorest households (38%) are less likely to attend school compared with children living in the wealthiest households.

Child Discipline

As stated in A World Fit for Children, "children must be protected against any acts of violence." In addition, the Millennium Declaration calls for the protection of children against abuse, exploitation and violence.

In the AMICS, mothers/caretakers of children aged 2-14 years were asked a series of questions on the ways parents tend to discipline their children when they misbehave. Note that for the child discipline module, one child aged 2-14 per household was randomly selected during fieldwork. Out of these questions, the two indicators used to describe aspects of child discipline are: 1) the number of children aged 2-14 years who experience psychological aggression as punishment *or* minor physical punishment *or* severe physical punishment; and 2) the number of parents/caretakers of children aged 2-14 years of age who believe that in order to raise their children properly, they need to physically punish them. Table 11.5 shows the percentage of children aged 2-14 years according to the method of discipline used with the child.

Table 11.5: Child discipline

Percentage of children age 2-14 years according to method of disciplining the child, Afghanistan, 2010-2011

	Percentage of children age 2-14 years who experienced:					Number of children age 2-14 years	Respondent believes that the child needs to be physically punished	Respondents to the child discipline module
	Only non-violent discipline	Psychological aggression	Physical punishment: Any	Physical punishment: Severe	Any violent discipline method[1]			
Sex								
Male	12.0	61.7	69.2	39.7	74.8	24,197	41.3	6,076
Female	13.5	61.4	67.6	37.0	74.1	22,040	40.4	5,476
Region								
Central	17.9	59.7	67.0	34.5	75.6	7,247	36.9	1,818
Central Highlands	25.8	44.7	50.3	27.1	59.6	1,693	37.7	397
East	7.7	73.9	78.5	53.3	83.9	5,887	58.6	1,358
North	20.1	60.2	65.2	34.8	72.2	6,447	48.1	1,665

Percentage of children age 2-14 years according to method of disciplining the child, Afghanistan, 2010-2011								
	Percentage of children age 2-14 years who experienced:					Number of children age 2-14 years	Respondent believes that the child needs to be physically punished	Respondents to the child discipline module
	Only non-violent discipline	Psychological aggression	Physical punishment		Any violent discipline method[1]			
			Any	Severe				
North East	14.3	58.8	69.2	36.9	73.8	7,091	38.6	1,808
South	7.7	52.7	63.3	34.9	65.1	6,215	32.5	1,489
South East	5.3	65.4	66.3	40.3	73.7	5,655	29.7	1,203
West	9.8	66.7	75.7	39.0	81.4	6,003	42.2	1,813
Residence								
Urban	15.6	62.5	70.3	38.8	77.5	7,907	33.4	2,053
Rural	12.1	61.3	68.1	38.3	73.8	38,331	42.5	9,499
Age								
2-4 years	13.5	50.2	56.4	30.1	63.2	11,647	39.0	3,224
5-9 years	11.3	65.7	73.2	41.8	78.4	18,312	41.2	4,325
10-14 years	13.7	65.0	71.8	40.5	78.0	16,278	42.0	4,003
Education of household head								
None	11.6	62.4	69.4	39.9	75.0	31,459	n/a	n/a
Primary	13.4	64.1	73.1	39.6	78.3	5,404	n/a	n/a
Secondary	16.0	57.2	62.9	32.8	70.3	9,350	n/a	n/a
Respondent's education								
None	n/a	n/a	n/a	n/a	n/a	n/a	41.3	8,081
Primary	n/a	n/a	n/a	n/a	n/a	n/a	44.6	1,265
Secondary+	n/a	n/a	n/a	n/a	n/a	n/a	37.4	2,204
Wealth index quintile								
Poorest	8.4	60.5	69.8	40.5	73.9	9,733	45.0	2,495
Second	14.0	62.1	67.5	39.4	73.5	9,302	44.4	2,407
Middle	13.4	63.9	68.6	38.8	74.8	9,351	40.1	2,251
Fourth	12.3	60.1	67.5	36.0	74.0	9,151	40.8	2,147
Richest	15.7	61.1	69.0	37.0	76.2	8,701	33.3	2,252
Total	12.7	61.5	68.5	38.4	74.4	46,237	40.9	11,552

[1] MICS indicator 8.5

In Afghanistan overall, 74% of children aged 2-14 years were subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members (Table 11.5), and critically, 38% of children were subjected to severe physical punishment. It is important to indicate that while only 41% of household members believe that in order to raise their children properly, they need to physically punish them, in practice 69% of household members used physical punishment to discipline their children.

There was no variance found between rural and urban areas in the percentage of children subjected to severe physical punishment. However, some minor variance was found with respect to gender: 40% of boys and 37% of girls were subjected to severe physical punishment. Minor differentials were also found by household socio-economic status, with 40% of the poorest quintile using severe physical punishment, compared to 36% in the fourth quintile. Table 11.5 shows significant variance by region in terms of the use of severe physical punishment, with the highest incidence found in the Eastern region (53%) and the lowest in the Central Highlands region (27%). Older children experience severe physical punishment to a

greater degree (42% for children 5-9 years old, and 41% for children 10-14 years old) than do children less than five years old (30%).

Orphans

Children who are orphaned or from vulnerable households may be at increased risk of neglect or exploitation if parents are not available to assist and protect them. Monitoring the variations in different outcomes for orphans and other vulnerable children, and comparing them to their peers gives a measure of how well communities and governments are responding to their needs.

In Afghanistan, orphanhood is not always defined in the same way as elsewhere in the world. *Yateem* is the term used to refer to a child whose father is dead, and this term is also usually used to describe a child considered to be an orphan, while the term *yasir* is used to refer to a child whose mother is dead, and such children are often not considered to be orphans. A common definition used more broadly in Muslim societies is any child who is bereft of parental care due to the death or disappearance of a mother or a father, or due to abandonment. In this report, an orphan is defined as any child who has lost one parent.

Table 11.6: Children's living arrangements and orphanhood

Percent distribution of children age 0-17 years according to living arrangements, percentage of children age 0-17 years in households not living with a biological parent and percentage of children who have one or both parents dead, Afghanistan, 2010-2011

	Living with both parents	Living with neither parent				Living with mother only		Living with father only		Impossible to determine	Total	Not living with a biological parent[1]	One or both parents dead [2]	Number of children age 0-17 years
		Only father alive	Only mother alive	Both alive	Both dead	Father alive	Father dead	Mother alive	Mother dead					
Sex														
Male	94.4	0.0	0.1	0.2	0.8	0.5	2.5	0.0	1.1	0.4	100.0	1.1	4.5	28,304
Female	93.4	0.1	0.2	0.8	1.1	0.5	2.5	0.1	0.9	0.4	100.0	2.3	4.9	25,988
Region														
Central	93.9	0.0	0.1	0.3	0.8	0.7	3.0	0.1	1.0	0.2	100.0	1.2	4.8	8,196
Central Highlands	88.6	0.3	0.2	0.9	0.5	3.4	4.2	0.0	1.4	0.4	100.0	1.9	6.6	1,873
East	96.7	0.1	0.0	0.2	0.5	0.1	1.2	0.0	0.5	0.8	100.0	0.8	2.3	6,403
North	92.7	0.1	0.2	0.4	0.5	0.4	3.5	0.0	1.7	0.4	100.0	1.3	6.0	7,528
North East	93.0	0.0	0.1	0.6	0.9	0.7	3.3	0.0	1.0	0.4	100.0	1.5	5.3	8,461
South	95.4	0.1	0.1	0.5	1.6	0.0	1.3	0.1	0.3	0.5	100.0	2.3	3.4	7,759
South East	93.8	0.1	0.1	0.3	2.0	0.2	1.8	0.0	1.5	0.3	100.0	2.4	5.5	6,812
West	93.6	0.1	0.4	1.0	0.6	0.6	2.6	0.0	0.9	0.3	100.0	2.1	4.6	7,260
Residence														
Urban	93.8	0.1	0.1	0.5	0.5	0.4	3.4	0.0	0.7	0.4	100.0	1.2	4.8	9,267
Rural	93.9	0.1	0.1	0.5	1.1	0.5	2.3	0.0	1.1	0.4	100.0	1.8	4.6	45,025
Age														
0-4	97.6	0.0	0.0	0.0	0.1	0.6	0.9	0.1	0.4	0.2	100.0	0.1	1.4	15,475
5-9	96.3	0.0	0.0	0.1	0.4	0.5	1.6	0.0	0.8	0.2	100.0	0.7	2.9	17,195
10-14	92.3	0.0	0.2	0.4	1.2	0.4	3.7	0.0	1.5	0.2	100.0	1.8	6.7	14,399
15-17	83.6	0.3	0.5	2.6	3.7	0.3	5.4	0.1	1.8	1.7	100.0	7.1	11.7	7,223
Wealth index quintiles														
Poorest	92.8	0.1	0.1	0.5	1.6	0.5	2.7	0.0	1.1	0.5	100.0	2.3	5.7	11,328
Second	94.0	0.1	0.2	0.3	0.8	0.7	2.5	0.1	1.0	0.3	100.0	1.5	4.6	10,948
Middle	94.5	0.1	0.1	0.5	0.8	0.4	2.1	0.0	1.0	0.5	100.0	1.4	4.1	10,927
Fourth	93.9	0.1	0.2	0.6	0.9	0.5	2.4	0.0	1.0	0.3	100.0	1.8	4.6	10,763
Richest	94.5	0.0	0.2	0.5	0.6	0.3	2.7	0.0	0.8	0.3	100.0	1.3	4.3	10,326
Total	93.9	0.1	0.1	0.5	1.0	0.5	2.5	0.0	1.0	0.4	100.0	1.7	4.7	54,292

[1] MICS indicator 9.17; [2] MICS indicator 9.18

The frequency of children living with neither parent, with the mother only, and with the father only is presented in Table 11.6. The majority (94%) of children aged 0-17 years in Afghanistan live with both of their parents. However, around 2% of children are living with neither parent. There are no significant differentials of children living with both the parents by gender, area, or household socio-economic status. However, there is notable variance by region, as well as among different age groups. The Central Highlands region has the lowest rate (89%) of children who live with both parents, while the Eastern region has highest rate (97%), and other regions have a figure ranging from 93% to 95%. The percentage of children living with both parents declines as children's ages increase. It is not surprising that the highest percentage of children living with both parents is found among children aged 0-4 years (98%), while it is lowest for children aged 15-17 years (84%).

One of the measures developed for assessing the status of orphaned children relative to their non-orphaned peers looks at the school attendance of children aged 10-14 for children who have lost both parents versus children whose parents are alive (and who live with at least one of these parents). If children whose parents have died do not have the same access to school as their peers, then families, then schools and other stakeholders are not ensuring that these children's rights are being met. Table 11.7 shows the school attendance of children age 10-14 years by orphanhood.

Table 11.7: School attendance of orphans and non-orphans

School attendance of children age 10-14 years by orphanhood, Afghanistan, 2010-2011

	Percentage of children whose mother and father have died (orphans)	Percentage of children of whom both parents are alive and child is living with at least one parent (non-orphans)	Number of children age 10-14 years	Percentage of children who are orphans and are attending school[1]	Total number of orphan children age 10-14 years	Percentage of children who are non-orphans and are attending school[2]	Total number of non-orphan children age 10-14 years	Orphans to non-orphans school attendance ratio
Sex								
Male	1.0	93.1	7,500	53.0	78	67.7	6,985	0.78
Female	1.4	92.4	6,899	19.1	93	46.1	6,373	0.41
Residence								
Urban	0.6	92.7	2,621	(*)	16	79.8	2,430	0.61
Rural	1.3	92.8	11,778	33.0	156	52.4	10,929	0.63
Total	1.2	92.8	14,399	34.4	171	57.4	13,358	0.60

[1] MICS indicator 9.19; MDG indicator 6.4; [2] MICS indicator 9.20; MDG indicator 6.4

Note: (*) indicates that the percentage is calculated on fewer than 25 unweighted cases

In Afghanistan, 1% of children aged 10-14 have lost both parents (Table 11.7). Among those, only 34% are currently attending school. Among the children aged 10-14 who have not lost a parent and who live with at least one parent, 57% are attending school. This would suggest that orphans are found to be out of school at nearly double the rate than non-orphaned children. The school attendance ratio of orphans to non-orphans is 0.60.[21]

[21] Further disaggregation on the indicator is deemed unnecessary since the number of orphans aged 10-14 found in the survey is fairly small in total (171 orphans).

Early Marriage and Polygamy

According to international human rights law, persons under the age of 18 are considered to be children. Yet marriage before the age of 18 is a reality for many young people, and for girls in particular. According to UNICEF's worldwide estimates, over 64 million women aged 20-24 were married or in union before the age of 18. Factors that influence child marriage rates include: the state of the country's civil registration system, which provides proof of age for children; the existence of an adequate legislative framework with an accompanying enforcement mechanism to address cases of child marriage; and the existence of customary practices and norms, or religious laws, that condone the practice.

In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially (such as through the payment of a bride price) and socially, while also relieving financial burdens on the family. In reality, child marriage is a violation of human rights, compromising both the mental and physical development of girls and often resulting in early pregnancy, social isolation, a lack of education, skills and employability among girls who marry young. These resulting conditions keep girls marginalized economically, socially and politically, reinforcing the gendered nature of poverty. The right to free and full consent to a marriage is recognized in the Universal Declaration of Human Rights, with the recognition that consent cannot be free and full when one of the parties involved is not sufficiently mature to make an informed decision about choosing a life partner.

CEDAW mentions the right to protection from child marriage in Article 16, which states: ‘‘The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage.’’ While marriage is not considered directly in the CRC, child marriage is linked to other rights, such as the right to express views freely, the right to protection from all forms of abuse, and the right to be protected from harmful traditional practices. Child marriage is also frequently addressed by the Committee on the Rights of the Child as a major human rights concern. Another international agreement related to child marriage is the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages.

Young married girls are a unique, though often invisible group. Required to perform heavy amounts of domestic work, under pressure to demonstrate fertility, and responsible for raising children while still children themselves, married girls and child mothers face constrained decision-making and reduced life choices. Boys are also affected by child marriage, but the issue impacts girls in far greater numbers and with more intensity.

Research suggests that many factors interact to place a child at risk of marriage. Poverty, protection over girls, cultural notions of family honour, and the perception of marriage providing stability during unstable social periods are considered factors determining a girl's risk of becoming married while still a child. Women who married at younger ages have been found to be more likely to believe that it is sometimes acceptable for a husband to beat his wife and

were also more likely to experience domestic violence. The age gap between partners is thought to further contribute to these abusive power dynamics.

Closely related to the issue of child marriage is the age at which girls become sexually active. Women who are married before the age of 18 tend to have more children than those who marry later in life. Pregnancy related deaths are known to be a leading cause of mortality for both married girls between the ages of 15 and 19, particularly among the youngest of this cohort. There is evidence to suggest that girls who marry at young ages are more likely to marry older men. The demand for young wives to reproduce and the power imbalance resulting from the age difference typically leads to very low condom use among such couples.

Two of the indicators on child marriage are an estimate of the percentage of girls and women married before 15 years of age and the percentage of those married before 18 years of age. The percentage of women married at various ages is provided in Table 11.8.

Table 11.8: Early marriage and polygyny

Percentage of women age 15-49 years who first married before their 15th birthday, percentages of women age 20-49 years who first married before their 15th and 18th birthdays, percentage of women age 15-19 years currently married, and the percentage of women currently married who are in a polygamous marriage, Afghanistan, 2010-2011

	Percentage married before age 15[1]	Number of women age 15-49 years	Percentage married before age 15	Percentage married before age 18[2]	Number of women age 20-49 years	Percentage of women 15-19 years currently married/in union[3]	Number of women age 15-19 years	Percentage of women age 15-49 years in polygynous marriage/ union[4]	Number of women age 15-49 years currently married/in union
Region									
Central	12.4	3,696	16.5	39.8	2,681	11.5	1,015	4.8	2,250
Central Highlands	23.8	714	29.4	58.3	513	25.7	202	8.1	504
East	15.1	2,153	17.7	44.4	1,659	23.7	494	8.1	1,583
North	13.8	2,876	17.2	49.2	2,139	20.0	737	7.6	2,001
North East	13.0	3,752	15.9	42.3	2,717	17.2	1,035	8.3	2,459
South	14.1	2,672	18.3	52.2	1,873	17.0	799	5.8	1,800
South East	8.0	2,731	9.2	31.6	2,183	21.0	548	8.0	2,117
West	29.8	2,695	35.0	66.3	2,015	33.2	680	7.2	2,043
Residence									
Urban	13.8	4,031	18.0	43.0	2,960	12.6	1,071	6.7	2,503
Rural	15.5	17,259	18.8	47.1	12,820	21.5	4,439	7.2	12,254
Age									
15-19	5.4	5,510	n/a	n/a	n/a	19.8	5,510	2.4	1,088
20-24	15.0	4,110	15.0	40.4	4,110	n/a	n/a	3.7	2,755
25-29	20.2	3,579	20.2	47.2	3,579	n/a	n/a	4.9	3,235
30-34	25.3	2,460	25.3	55.3	2,460	n/a	n/a	9.4	2,347
35-39	18.5	2,389	18.5	51.1	2,389	n/a	n/a	8.8	2,325
40-44	17.6	1,805	17.6	45.0	1,805	n/a	n/a	11.5	1,701
45-49	14.9	1,438	14.9	39.4	1,438	n/a	n/a	11.3	1,306
Education									
None	17.0	17,359	19.5	48.0	13,903	24.9	3,455	7.5	13,244
Primary	9.9	1,595	16.3	44.5	766	15.3	830	3.7	714
Secondary	5.3	2,330	9.3	26.3	1,105	8.2	1,225	4.4	793

Wealth index quintile									
Poorest	19.2	3,989	22.4	53.9	3,039	26.8	950	7.3	3,001
Second	15.6	4,143	18.4	47.8	3,119	20.2	1,024	7.1	3,000
Middle	14.6	4,227	17.8	45.1	3,135	21.6	1,092	7.7	2,993
Fourth	13.6	4,333	16.8	42.2	3,186	18.7	1,147	7.4	2,949
Richest	13.4	4,598	17.8	43.1	3,302	13.6	1,296	6.3	2,813
Total	15.2	21,290	18.6	46.3	15,780	19.8	5,510	7.1	14,757

[1] MICS indicator 8.6; [2] MICS indicator 8.7; [3] MICS indicator 8.8; [4] MICS indicator 8.9

Table 11.8 shows that about one in five young women aged 15-19 years is currently married (20%). Overall, 15% of women aged 15-49 years were married before the age of 15, while 46% were married before the age of 18. Urban girls and women (13%) are less likely to marry early than rural girls and women (22%). Early marriage is also strongly related to the level of education of the girl or woman. Young women without education are more than three times as likely to be married before the age of 18 than are their counterparts who have secondary education or higher. Significant differences among the regions were also found. The Western region has the highest marriage rate (33%) of young women aged 15-19 years, while the Central region has the lowest rate (12%).

The same trend was found among women first married before the age of 18 for the 20-49 years age group. Significant variances are found across all background characteristics. For instance, incidence was found to be lowest in the South East region (32%) and highest in the Central Highlands region (58%). Of those women with no education, 48% were married before age 18; 45% of women with primary education only were married before age 18; while only 26% of women with secondary education or higher were married before age 18. Looking at household socio-economic status, 54% of those living in the poorest households were married before age 18, while the figure is 43% for those living in the wealthiest households. In urban areas, 43% were married before age 18, while the rate is 47% in rural areas.

The percentage of women in a polygamous marriage is also provided in Table 11.8. Countrywide, about 7% of women aged 15-49 years are in a polygamous marriage. No significant variances of polygamous marriage were found between urban and rural areas, or by household socio-economic status. Table 11.8 shows, however, that there are some differences by region: the incidence of polygamous marriage is highest in the North Eastern region (8%) and lowest in the Central region (5%). The incidence of polygamous marriage is almost twice as high among women with no education (8%) than among women who have secondary education or higher (4%). It was also found that young women are less likely to be in a polygamous marriage than are older women. For instance, 2% of women aged 15-19 years are in a polygamous marriage, while it is 11% for women aged 40-49 years.

Table 11.9 presents the proportion of women who were first married before age 15 and before age 18 by residence and age groups. Examining the percentage of women married before age 15 and before age 18 by different age groups allows the trends in early marriage to be observed over time.

Table 11.9: Trends in early marriage

Percentage of women who were first married before age 15 and 18, by residence and age groups, Afghanistan, 2010-2011												
	Urban				Rural				All			
	Percentage of women married before age 15	Number of women age 15-49	Percentage of women married before age 18	Number of women age 20-49	Percentage of women married before age 15	Number of women age 15-49	Percentage of women married before age 18	Number of women age 20-49	Percentage of women married before age 15	Number of women age 15-49	Percentage of women married before age 18	Number of women age 20-49
Age												
15-19	2.3	1,071	n/a	n/a	6.1	4,439	n/a	n/a	5.4	5,510	n/a	n/a
20-24	11.4	797	29.9	797	15.9	3,313	42.9	3,313	15.0	4,110	40.4	4,110
25-29	19.9	658	45.2	658	20.2	2,920	47.6	2,920	20.2	3,579	47.2	3,579
30-34	23.1	440	54.6	440	25.8	2,020	55.4	2,020	25.3	2,460	55.3	2,460
35-39	20.6	471	52.8	471	18.0	1,918	50.7	1,918	18.5	2,389	51.1	2,389
40-44	18.4	332	43.4	332	17.4	1,474	45.4	1,474	17.6	1,805	45.0	1,805
45-49	18.9	263	39.4	263	14.0	1,175	39.4	1,175	14.9	1,438	39.4	1,438
Total	13.8	4,031	43.0	2,960	15.5	17,259	47.1	12,820	15.2	21,290	46.3	15,780

Looking at those women aged 15-49 years (Table 11.9), the lowest incidence of those who were married before age 15 is among the age group 15-19 years (5%). Incidence rises along with the age of women, up to age 34: 25% of women aged 30-34 years were married before age 15, the highest level of incidence, and from there the incidence decreases. This trend suggests that early marriage is on the decrease, while still high overall. The figure again starts to decrease for the age group of 35-39 (19%) up to the age group of 45-49 (15%); however, the reason for this may be that too much time has passed and accurate recall on age at marriage from respondents in this age group is not always possible.

Spousal Age Difference

Another component considered in child protection in the AMICS is spousal age difference, with an important indicator being the percentage of married women with a difference of 10 or more years (younger) than their current spouse. Table 11.10 presents the results of the age differences found between husbands and wives in Afghanistan.

Table 11.10: Spousal age difference

Percent distribution of women currently married age 15-19 and 20-24 years according to the age difference with their husband or partner, Afghanistan, 2010-2011

	Percentage of currently married/in union women age 15-19 years whose husband or partner is:						Number of women age 15-19 years currently married/ in union	Percentage of currently married/in union women age 20-24 years whose husband or partner is:						Number of women age 20-24 years currently married/ in union
	Younger	0-4 years older	5-9 years older	10+ years older[1]	Husband/partner's age unknown	Total		Younger	0-4 years older	5-9 years older	10+ years older[2]	Husband/partner's age unknown	Total	
Region														
Central	1.0	45.3	38.1	13.2	2.4	100.0	116	3.3	47.9	28.9	16.4	3.5	100.0	420
Central Highlands	2.9	42.7	26.0	17.8	10.6	100.0	52	2.4	51.8	26.3	15.8	3.7	100.0	106
East	1.5	59.2	16.7	8.5	14.1	100.0	117	3.0	54.4	21.7	8.7	12.2	100.0	253
North	1.2	30.6	45.5	19.3	3.4	100.0	148	2.7	42.5	37.6	14.6	2.6	100.0	333
North East	2.1	47.4	32.5	16.9	1.2	100.0	178	3.8	44.1	30.0	20.3	1.7	100.0	488
South	3.8	39.3	16.8	5.1	35.0	100.0	136	1.9	38.3	26.4	16.0	17.4	100.0	310
South East	1.3	23.3	5.2	1.4	68.9	100.0	115	5.1	17.7	7.6	0.8	68.7	100.0	434
West	1.2	47.9	31.9	8.2	10.9	100.0	226	2.5	38.3	29.7	18.8	10.7	100.0	411
Residence														
Urban	0.1	43.4	37.6	16.4	2.5	100.0	135	4.1	40.4	31.9	19.1	4.4	100.0	436
Rural	2.0	42.3	26.5	10.3	18.9	100.0	953	3.1	40.0	24.7	13.0	19.1	100.0	2,319
Education														
None	1.9	42.5	25.4	10.7	19.5	100.0	861	3.4	39.5	24.9	13.6	18.5	100.0	2,367
Primary	2.2	38.5	38.8	10.0	10.4	100.0	127	2.0	44.1	32.0	15.0	6.9	100.0	181
Secondary +	0.0	46.9	35.4	15.7	2.1	100.0	100	2.5	42.3	31.8	17.3	6.1	100.0	205
Wealth index quintile														
Poorest	3.0	52.2	22.8	9.0	13.0	100.0	255	2.8	38.8	31.1	11.5	15.8	100.0	539
Second	1.3	35.6	27.9	14.1	21.1	100.0	207	2.6	42.0	24.4	14.2	16.9	100.0	564
Middle	2.0	39.3	28.7	6.5	23.6	100.0	236	3.3	38.0	25.1	13.8	19.8	100.0	557
Fourth	1.9	40.5	27.9	12.4	17.3	100.0	215	4.1	41.5	20.7	13.9	19.8	100.0	558
Richest	0.1	42.8	34.2	14.9	8.0	100.0	176	3.4	39.9	28.5	16.6	11.5	100.0	538
Total	1.8	42.5	27.9	11.0	16.9	100.0	1,088	3.3	40.1	25.9	14.0	16.8	100.0	2,755

[1] MICS indicator 8.10a; [2] MICS indicator 8.10b

The results shown in Table 11.10 demonstrate that there are spousal age differences in Afghanistan. About 14% of women aged 20-24 are currently married to men who are older by ten years or more. For young women aged 15-19, 11% are married to men at least ten years their senior. Interestingly, the figure is higher for both of these age groups among women living in urban areas (16% for those aged 15-19, and 19% for those aged 20-24), than for their counterparts who live in rural areas (10% for those aged 15-19, and 13% for women aged 20-24). Also of note is that the findings in Table 11.10 indicates that women who live in the wealthiest households are more likely to have a spousal age difference of 10 or more years (15% for those aged 15-19, and 17% for those aged 20-24 years), compared to their counterparts in the poorest households (9% of those aged 15-19 and 12% of those aged 20-24).

Attitudes Toward Domestic Violence

A number of questions were asked of women aged 15-49 years to assess their attitudes towards whether husbands are justified to hit or beat their wives for a variety of reasons or scenarios[22]. These questions were asked in order to gather an indication of cultural beliefs that tend to be associated with the prevalence of violence against women by their husbands. The main assumption is that women who agree with the statements indicating that husbands are justified to beat their wives under the situations described are also those women who tend to be abused by their own husbands. The responses to these questions can be found in Table 11.11.

Table 11.11: Attitudes toward domestic violence

Percentage of women age 15-49 years who believe a husband is justified in beating his wife in various circumstances, Afghanistan, 2010-2011

	Percentage of women age 15-49 years who believe a husband is								
	If goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food	For any of these 5 reasons	If she wears inappropriate clothes	For any of the listed 6 reasons	Number of women age 15-49 years
Region									
Central	71.3	65.1	74.0	41.5	28.7	87.4	63.9	89.7	3,696
Central Highlands	73.0	75.9	75.8	67.9	58.1	90.4	71.0	90.8	714
East	89.1	79.7	87.8	62.6	29.4	97.0	78.2	97.4	2,153
North	86.4	62.1	82.9	55.3	40.3	94.5	75.8	94.9	2,876
North East	77.9	57.0	72.4	44.8	30.3	88.0	51.9	89.2	3,752
South	79.5	59.5	77.1	38.8	37.5	88.0	59.6	88.7	2,672
South East	80.0	41.0	69.6	32.0	17.4	93.4	63.4	95.3	2,731
West	70.1	60.3	73.7	47.9	28.6	86.3	50.7	87.7	2,695
Residence									
Urban	66.9	54.7	67.9	40.0	25.0	82.7	56.2	84.8	4,031
Rural	81.0	62.1	78.1	47.7	32.7	92.0	64.4	93.0	17,259
Age									
15-19	72.3	54.2	67.0	33.2	27.2	83.7	55.1	85.1	5,510

[22] For the Afghanistan MICS, an additional statement was added to address local context: "If a wife wears inappropriate clothes".

Percentage of women age 15-49 years who believe a husband is justified in beating his wife in various circumstances, Afghanistan, 2010-2011

	Percentage of women age 15-49 years who believe a husband is								
	If goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food	For any of these 5 reasons	If she wears inappropriate clothes	For any of the listed 6 reasons	Number of women age 15-49 years
20-24	76.7	59.3	74.8	44.2	30.5	89.7	62.3	91.3	4,110
25-29	80.7	64.0	80.0	52.0	34.0	93.8	66.0	94.5	3,579
30-34	82.8	62.6	80.7	53.1	30.5	94.3	65.6	95.2	2,460
35-39	81.8	65.2	81.9	54.8	35.6	93.4	67.6	94.7	2,389
40-44	81.7	64.8	81.0	51.8	33.3	92.7	66.4	94.0	1,805
45-49	82.9	65.8	82.2	54.5	33.8	92.7	68.6	93.8	1,438
Marital status									
Currently married	82.1	64.3	81.2	53.7	33.7	94.0	66.8	95.0	14,757
Formerly married	80.9	62.2	74.9	45.1	33.0	88.9	67.6	91.3	340
Never married	69.3	52.0	64.2	28.5	25.3	81.5	53.0	83.1	6,186
Education									
None	81.3	62.3	78.6	48.5	33.0	92.4	64.9	93.5	17,359
Primary	71.9	59.3	71.3	42.3	27.9	86.0	57.4	87.7	1,595
Secondary +	60.6	49.7	61.3	31.9	20.4	77.0	50.7	79.1	2,330
Wealth index quintiles									
Poorest	80.4	65.1	79.2	51.4	34.2	91.2	63.7	92.1	3,989
Second	83.8	64.3	78.9	50.0	36.5	93.7	65.4	94.5	4,143
Middle	81.7	62.4	78.3	48.2	34.5	92.2	66.9	93.2	4,227
Fourth	79.5	58.4	77.9	43.7	28.5	91.8	64.6	92.9	4,333
Richest	67.5	54.3	67.4	38.9	23.6	82.9	54.3	85.3	4,598
Total	78.4	60.7	76.2	46.2	31.2	90.2	62.8	91.5	21,290

[1] MICS Indicator 8.14

Overall, 92% of women in Afghanistan feel that their husband has a right to hit or beat them for at least one of a variety of reasons, an alarming statistic. Women who approve of their husband's violence in most cases agree and justify violence in instances when women neglect the children (61%), if they demonstrate their autonomy such as going out without telling their husbands (78%), or argue with their husbands (76%). Almost two thirds of women accept their husband's violence for the reason of wearing inappropriate clothing (63%). Almost half of women believe that their husbands have a right to hit or beat them if they refuse to have sex with their husband (46%) or if they burn the food (31%). Acceptance is more widespread among those women living in the poorest households, who are less educated, and also among women who are married.

Protecting Children's Interests in Afghanistan

Afghanistan faces numerous challenges related to child protection. Birth registration remains low—fewer than 40% of births are registered—which has implications for children as they grow up and seek to access government services such as school enrolment or identity cards, as well as having implications for the effort to document population information in Afghanistan. A quarter of Afghan children participate in labour activities. A majority of households use physical

punishment against children, and a high number of children have been subjected to severe forms of violence by their caregivers. Of great concern is that the majority of women believe their husbands are justified in using physical violence against them. These findings make it clear that child protection must be given a priority action agenda in Afghanistan, so that society's most vulnerable members can enjoy childhoods where their rights are upheld.

12

HIV & AIDS

Knowledge About HIV Transmission and Misconceptions About HIV and AIDS

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and awareness of strategies for preventing transmission. Correct information is the first step toward raising awareness and giving young people the tools to protect themselves from infection. Misconceptions about HIV are common and can confuse young people and hinder prevention efforts. Different regions are likely to have variations in misconceptions although some misconceptions appear to be universally widespread (for example that sharing food can transmit HIV, or that mosquito bites can transmit HIV). The UN General Assembly Special Session on HIV/AIDS (UNGASS) called on governments to improve the knowledge and skills of young people so as to protect themselves from HIV. The indicators to measure this goal as well as the MDG of reducing HIV infections by half include improving levels of knowledge of HIV and its prevention, and changing behaviours to prevent further spread of the disease.

The questions on knowledge of HIV were asked to women 15-49 years of age. One indicator, which is both an MDG and UNGASS indicator, is the percentage of young women who have comprehensive and correct knowledge of HIV prevention and transmission. The comprehensive and correct knowledge of HIV prevention and transmission include being able to:

- correctly identify two ways of preventing HIV infection (having only one faithful uninfected partner and using a condom every time one has sex);
- know that a healthy looking person can have HIV, and reject at least two of the most common misconceptions about HIV transmission (transmission via mosquito bites, sharing food with someone with AIDS, or by supernatural means).

In the AMICS, all women who had heard of AIDS were asked questions about HIV prevention and transmission. The results are presented in Table 12.1.

Table 12.1: Knowledge about HIV transmission, misconceptions about HIV/AIDS, and comprehensive knowledge about HIV transmission

Percentage of women age 15-49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can have the AIDS virus, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Afghanistan, 2010-2011

		Percentage who know transmission can be prevented by:				Percentage who know that HIV cannot be transmitted by:					
	Percen-tage who have heard of AIDS	Having only one faithful uninfected sex partner	Using a condom every time	Per-centage of women who know both ways	Percentage who know a healthy looking person can have AIDS	Mosquito bites	Super-natural means	Sharing food with someone with AIDS	Percentage who reject two most common misconceptions and know that a healthy looking person can have AIDS	Percentage with comprehensive knowledge[1]	Number of women
Region											
Central	43.3	21.1	20.7	13.0	24.2	19.7	35.7	26.6	7.4	3.2	3,696
Central Highlands	9.5	4.5	4.6	2.8	5.7	3.4	5.5	4.3	0.6	0.3	714
East	26.8	18.8	16.7	11.9	17.6	9.0	19.7	12.5	2.5	1.3	2,153
North	17.6	9.3	9.4	5.8	11.9	5.4	12.9	8.8	2.7	1.0	2,876
North East	14.7	7.8	7.2	4.5	7.9	5.6	11.7	7.5	1.6	0.2	3,752

Percentage of women age 15-49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can have the AIDS virus, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Afghanistan, 2010-2011

		Percentage who know transmission can be prevented by:				Percentage who know that HIV cannot be transmitted by:					
	Percen-tage who have heard of AIDS	Having only one faithful uninfected sex partner	Using a condom every time	Per-centage of women who know both ways	Percentage who know a healthy looking person can have AIDS	Mosquito bites	Super-natural means	Sharing food with someone with AIDS	Percentage who reject two most common misconceptions and know that a healthy looking person can have AIDS	Percentage with comprehensive knowledge[1]	Number of women
South	24.8	15.1	14.1	9.8	10.4	12.7	12.4	13.1	2.5	0.8	2,672
South East	29.6	16.0	20.3	11.5	10.4	15.6	22.6	10.4	3.0	2.0	2,731
West	24.0	11.6	12.1	7.5	12.9	10.0	16.6	14.3	4.5	2.2	2,695
Residence											
Urban	52.9	29.5	27.9	19.0	30.0	24.6	41.7	31.7	9.9	4.4	4,031
Rural	19.1	10.1	10.6	6.4	9.6	7.8	13.4	9.0	2.0	0.8	17,259
Age											
15-24	27.7	15.1	13.8	8.9	15.4	12.2	21.0	15.6	4.3	1.8	9,620
25-29	25.5	13.3	15.7	9.0	13.1	10.7	19.2	12.9	3.6	1.5	3,579
30-39	23.4	12.4	13.3	8.4	11.3	9.6	16.2	10.8	2.2	1.0	4,848
40-49	22.0	12.6	13.0	8.8	11.4	9.8	15.3	10.9	3.0	1.4	3,243
Marital status											
Ever married	22.8	12.1	13.5	8.2	11.5	9.7	16.4	11.1	2.8	1.2	15,097
Never married	31.9	17.9	14.9	10.3	18.2	14.2	24.5	18.8	5.1	2.2	6,186
Women's education											
None	18.5	9.5	10.2	5.9	8.7	7.7	12.4	8.5	1.9	0.7	17,359
Primary	38.7	20.6	19.2	12.5	20.3	14.4	30.2	21.0	4.2	1.6	1,595
Secondary +	68.4	40.9	37.2	27.4	43.7	33.6	58.3	43.7	14.4	7.1	2,330
Wealth index quintiles											
Poorest	10.8	5.8	5.4	3.1	6.2	4.8	7.8	6.4	1.7	0.4	3,989
Second	12.4	7.0	6.8	4.5	6.0	5.1	8.4	6.0	1.1	0.5	4,143
Middle	18.9	10.2	10.6	6.6	8.9	7.9	12.8	8.5	1.6	0.7	4,227
Fourth	29.2	15.0	16.8	9.7	14.4	11.0	20.8	12.8	2.7	1.4	4,333
Richest	52.5	28.9	27.8	18.7	29.7	24.5	41.0	31.0	9.7	4.2	4,598
Total	25.5	13.8	13.9	8.8	13.4	11.0	18.7	13.3	3.5	1.5	21,290

[1]MICS indicator 9.1

One in four women aged 15-49 (26%) had heard of AIDS. However, only 2% of them have comprehensive and correct knowledge of HIV prevention and transmission. About 9% of them know two main ways of preventing HIV infection, and only 4% reject common misconceptions, and know that healthy looking people can have HIV. The two most common misconceptions about HIV/AIDS in the case of Afghanistan are that mosquito bites can transmit the virus and sharing food with someone with AIDS can transmit the virus. Background variances in AIDS knowledge and awareness are evident. For instance, 68% of women with secondary education or higher had heard of AIDS, compared to 19% of women with no education.

Table 12.2: Knowledge about HIV transmission, misconceptions about HIV/AIDS, and comprehensive knowledge about HIV transmission among young women

Percentage of young women age 15-24 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can have the AIDS virus, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Afghanistan, 2010-2011

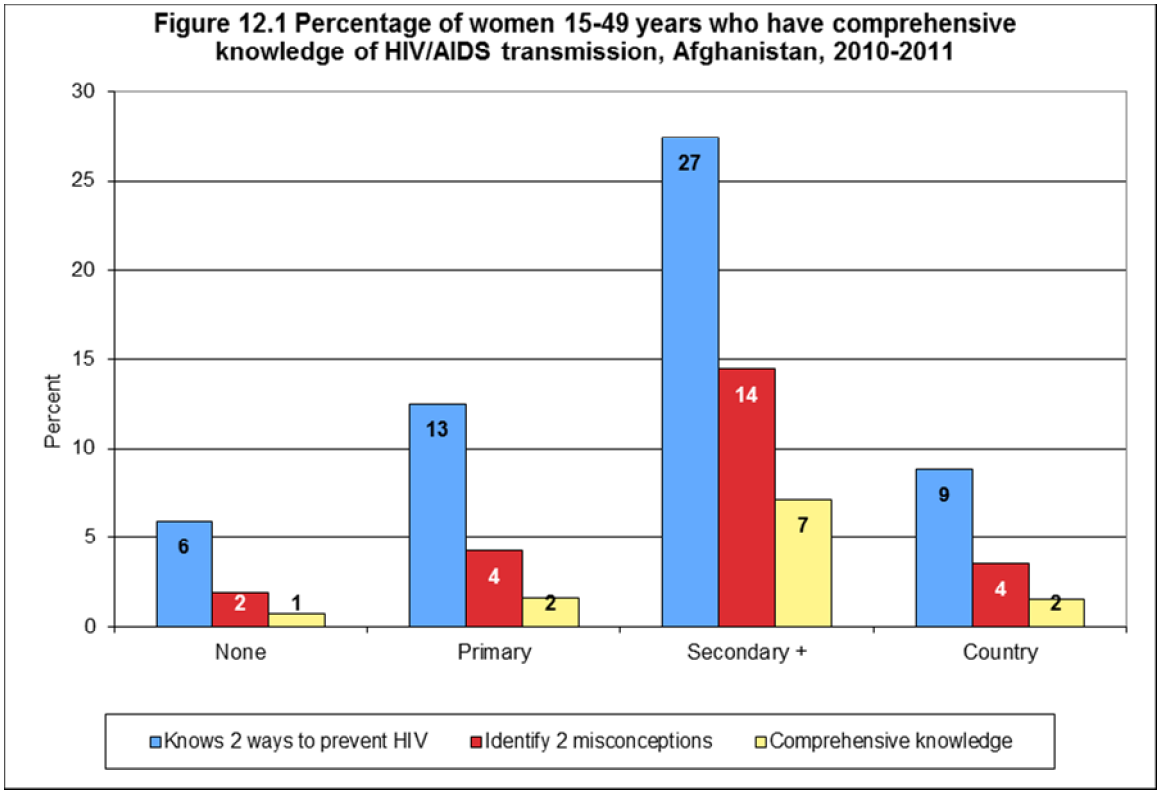
	Percentage who have heard of AIDS	Percentage who know transmission can be prevented by:		Percentage of women who know both ways	Percentage who know that a healthy looking person can have the AIDS virus	Percentage who know that HIV cannot be transmitted by:			Percentage who reject the two most common misconceptions and know that a healthy looking person can have the AIDS virus	Percentage with comprehensive knowledge[1]	Number of women age 15-24
		Having only one faithful uninfected sex partner	Using a condom every time			Mosquito bites	Supernatural means	Sharing food with someone with AIDS			
Region											
Central	45.3	22.2	19.5	12.2	25.5	21.9	37.9	29.2	8.4	3.5	1,762
Central Highlands	13.5	6.8	6.8	4.4	8.8	4.9	8.0	6.6	0.9	0.3	343
East	30.9	22.1	17.6	12.0	20.0	8.9	23.5	14.8	2.0	0.5	866
North	22.7	12.0	12.5	8.0	16.7	7.5	16.8	11.9	4.0	1.4	1,257
North East	16.2	8.3	6.5	4.2	8.6	6.3	13.8	8.6	1.5	0.2	1,799
South	21.1	12.3	11.3	7.1	9.1	9.7	9.2	10.7	2.2	0.4	1,259
South East	32.3	19.2	19.8	13.8	13.0	17.7	26.2	14.9	5.0	3.6	1,121
West	28.5	14.2	13.8	8.4	16.7	13.7	20.8	18.8	6.7	3.3	1,213
Residence											
Urban	54.8	29.8	26.2	18.0	31.8	28.0	43.8	33.6	11.8	4.9	1,868
Rural	21.1	11.5	10.8	6.7	11.4	8.4	15.5	11.3	2.4	1.0	7,752
Age											
15-19	28.5	15.7	13.4	9.1	16.2	12.3	21.7	16.5	4.4	1.9	5,510
20-24	26.6	14.2	14.2	8.6	14.3	12.1	20.1	14.4	4.0	1.7	4,110
Marital status											
Ever married	22.2	11.4	12.8	7.4	11.9	9.7	16.5	11.7	3.3	1.3	3,880
Never married	31.4	17.5	14.4	9.9	17.7	14.0	24.0	18.3	4.9	2.1	5,737
Women's education											
None	16.8	8.6	8.3	4.6	7.9	7.2	11.4	8.6	1.9	0.7	6,749
Primary	36.0	19.0	17.3	11.3	19.8	13.3	27.4	19.8	3.7	1.6	1,135
Secondary +	64.7	37.6	32.9	24.0	41.7	31.2	54.1	40.1	13.8	6.4	1,733
Wealth index quintiles											
Poorest	12.3	6.6	5.9	3.3	7.1	5.1	8.1	7.9	1.9	0.2	1,673
Second	13.3	8.2	7.4	5.0	6.7	6.4	9.6	7.2	1.3	0.7	1,797

Percentage of young women age 15-24 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can have the AIDS virus, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Afghanistan, 2010-2011

	Percentage who have heard of AIDS	Percentage who know transmission can be prevented by:		Percentage of women who know both ways	Percentage who know that a healthy looking person can have the AIDS virus	Percentage who know that HIV cannot be transmitted by:			Percentage who reject the two most common misconceptions and know that a healthy looking person can have the AIDS virus	Percentage with comprehensive knowledge[1]	Number of women age 15-24
		Having only one faithful uninfected sex partner	Using a condom every time			Mosquito bites	Supernatural means	Sharing food with someone with AIDS			
Middle	20.1	10.7	10.0	6.6	10.2	7.6	14.4	10.3	2.0	0.8	1,875
Fourth	31.1	16.4	16.4	10.0	16.3	11.5	23.7	14.9	3.2	1.9	2,029
Richest	53.9	29.2	25.6	17.2	32.0	26.8	42.7	33.1	11.3	4.6	2,245
Total	27.7	15.1	13.8	8.9	15.4	12.2	21.0	15.6	4.3	1.8	9,620

[1]MICS indicator 9.2; MDG indicator 6.3

The results for the same questions but asked of women aged 15-24 are shown separately in Table 12.2. About 28% of young women had heard of AIDS. Table 12.2 shows that the levels and patterns of knowledge of HIV prevention and transmission among young women are similar to women in the broader age 15-49 category. Variances by background characteristics can also be observed. For instance, nearly half of women living in the Central region had heard of AIDS, compared to 14% in the Central Highlands region. More than half (55%) of urban dwelling women had heard of AIDS, compared to only 21% of rural women. Awareness of AIDS was strongly correlated to socio-economic status, with 12% of women in the poorest households having heard of AIDS, compared to 54% of women in the wealthiest households. In urban areas, 5% of women have comprehensive knowledge of HIV/AIDS, while in rural areas it is only 1%. Of women with secondary education or higher, 6% have comprehensive knowledge, while less than 1% of women with no education do (Figure 12.1). Younger women, aged 15-19, demonstrated slightly more awareness on all indicators, than their counterparts aged 20-24.



Knowledge of mother-to-child transmission of HIV is also an important first step for women to seek HIV testing when they are pregnant to avoid transmitting the infection to the baby. Women should know that HIV can be transmitted during pregnancy, delivery, and through breastfeeding. Table 12.3 shows knowledge of mother-to-child HIV transmission in Afghanistan.

Table 12.3: Knowledge of mother-to-child HIV transmission

Percentage of women age 15-49 years who correctly identify means of HIV transmission from mother to child, Afghanistan, 2010-2011

	Percentage who know HIV can be transmitted from mother to child	Percent who know HIV can be transmitted:				Does not know any of the specific means	Number of women
		During pregnancy	During delivery	By breastfeeding	All three means[1]		
Region							
Central	37.8	28.9	30.6	23.3	15.7	5.5	3,696
Central Highlands	9.1	7.2	7.4	7.6	5.2	0.4	714
East	24.3	19.3	18.6	17.7	12.3	2.5	2,153
North	14.9	10.2	11.8	10.0	6.9	2.8	2,876
North East	12.7	8.7	9.7	8.2	4.9	2.0	3,752
South	16.5	9.9	12.4	8.3	4.8	8.3	2,672
South East	23.9	15.0	18.5	9.3	5.0	5.7	2,731
West	21.2	17.3	15.7	12.4	9.4	2.8	2,695
Residence							

Percentage of women age 15-49 years who correctly identify means of HIV transmission from mother to child, Afghanistan, 2010-2011

	Percentage who know HIV can be transmitted from mother to child	Percent who know HIV can be transmitted:				Does not know any of the specific means	Number of women
		During pregnancy	During delivery	By breastfeeding	All three means[1]		
Urban	45.6	34.9	35.4	26.4	18.0	7.3	4,031
Rural	15.7	10.9	12.3	9.5	6.1	3.3	17,259
Age group							
15-24	22.9	16.4	17.7	13.7	8.9	4.7	9,620
25+	20.1	14.7	15.8	11.8	8.0	3.5	11,670
Age group							
15-19	22.9	16.4	17.5	14.2	9.1	5.5	5,510
20-24	23.0	16.5	18.1	13.2	8.5	3.7	4,110
25-29	22.3	15.4	17.3	12.5	7.8	3.2	3,579
30-39	19.4	14.1	15.3	11.4	7.6	4.0	4,848
40-49	18.8	14.8	14.9	11.7	8.7	3.2	3,243
Marital status							
Ever married	19.7	14.2	15.3	11.5	7.6	3.1	15,097
Never married	25.5	18.6	19.9	15.6	10.4	6.3	6,186
Education							
None	15.1	10.3	11.6	9.0	5.7	3.4	17,359
Primary	34.2	26.0	26.4	21.9	15.0	4.5	1,595
Secondary +	59.6	46.8	47.5	34.1	24.2	8.8	2,330
Wealth index Quintiles							
Poorest	9.2	6.3	6.4	5.8	3.4	1.6	3,989
Second	9.8	6.7	7.9	5.9	4.0	2.5	4,143
Middle	14.4	9.7	11.0	8.9	5.6	4.5	4,227
Fourth	24.7	16.7	20.1	15.3	9.8	4.5	4,333
Richest	45.7	35.5	35.3	25.9	17.7	6.8	4,598
Total	21.4	15.5	16.7	12.7	8.4	4.1	21,290

[1] MICS indicator 9.3

The level of knowledge among women aged 15-49 years concerning mother-to-child transmission is presented in Table 12.3. Overall, one in five women (21%) know that HIV can be transmitted from mother to child. The percentage of women who know all three ways of mother-to-child transmission is 8%, while 4% of women did not know of any specific way.

Significant differences are observed in the knowledge of mother-to-children transmission of HIV and in all three ways of mother-to-child transmission across all background characteristics except age. More women who have never been married can demonstrate correct knowledge of all three ways of mother-to-child HIV transmission than do women who are married. Major regional divergences are observed. For example, 38% of women in the Central region know that HIV can be transmitted from mother to child, compared to 24% in the Eastern region, and to 9% in the Central Highlands region. Women in urban areas (46%) are three times more likely to know of mother-to-child transmission than their counterparts in rural areas (16%). Of women with secondary education or higher, 24% know all three means of mother-to-child transmission, while the figure is 6% for women with no education.

Accepting Attitudes Toward People Living with HIV/AIDS

The indicators on attitudes toward people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are low if respondents report an accepting attitude on the following four questions:
1) would care for family member sick with AIDS;
2) would buy fresh vegetables from a vendor who was HIV positive;
3) thinks that a female teacher who is HIV positive should be allowed to teach in school; and
4) would *not* want to keep the HIV status of a family member a secret.

Table 12.4: Accepting attitudes toward people living with HIV/AIDS

Percentage of women age 15-49 years who have heard of AIDS who express an accepting attitude towards people living with HIV/AIDS, Afghanistan, 2010-2011

	Percentage of women who:						
	Are willing to care for a family member with the AIDS virus in own home	Would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus	Believe that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus	Agree with at least one accepting attitude	Express accepting attitudes on all four indicators[1]	Number of women who have heard of AIDS
Region							
Central	46.1	49.5	48.6	84.0	97.1	13.1	1,600
Central Highlands	43.5	35.8	42.4	75.6	98.1	6.6	68
East	88.7	53.8	53.5	39.9	97.8	13.6	577
North	64.0	36.2	46.8	70.8	93.1	14.5	507
North East	94.1	38.3	42.1	83.3	97.9	26.2	552
South	78.5	38.8	39.6	53.0	97.3	11.5	662
South East	69.6	37.9	35.6	45.9	93.1	11.5	809
West	83.7	47.9	53.1	72.3	96.3	28.8	647
Residence							
Urban	59.3	51.0	53.0	79.5	97.4	18.5	2,131
Rural	75.5	39.8	41.0	59.0	95.4	14.3	3,290
Age group							
15-24	68.4	47.5	49.8	69.6	96.5	17.7	2,663
25+	69.8	40.9	41.7	64.5	96.0	14.3	2,759
Age group							
15-19	69.5	48.5	51.5	70.1	96.8	18.1	1,568
20-24	66.9	46.1	47.5	68.9	96.1	17.1	1,095
25-29	68.3	41.7	42.2	63.3	95.0	14.7	912
30-39	69.7	39.0	41.5	64.0	96.8	12.7	1,134
40-49	72.0	43.1	41.5	67.0	96.0	16.2	713
Marital status							
Ever married	69.9	40.9	41.6	64.2	95.7	13.9	3,448
Never married	67.8	50.0	53.0	71.9	97.1	19.6	1,972
Education							
None	72.6	37.5	37.8	59.1	95.0	11.9	3,207
Primary	67.2	43.9	51.0	73.7	97.3	17.1	618
Secondary +	62.9	57.8	59.6	80.4	98.2	23.8	1,594
Wealth index quintiles							
Poorest	80.0	41.3	47.8	67.2	96.8	16.3	431

Percentage of women age 15-49 years who have heard of AIDS who express an accepting attitude towards people living with HIV/AIDS, Afghanistan, 2010-2011

	Percentage of women who:						
	Are willing to care for a family member with the AIDS virus in own home	Would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus	Believe that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus	Agree with at least one accepting attitude	Express accepting attitudes on all four indicators[1]	Number of women who have heard of AIDS
Second	74.0	41.4	39.5	53.9	93.4	13.9	512
Middle	74.4	34.3	34.7	54.3	94.7	10.3	798
Fourth	75.5	38.6	41.2	60.3	96.2	14.1	1,267
Richest	61.1	51.5	52.7	77.5	97.3	19.2	2,413
Total	69.1	44.2	45.7	67.0	96.2	16.0	5,421

[1] MICS indicator 9.4

Table 12.4 presents the attitudes of women towards people living with HIV/AIDS. In Afghanistan, a majority of women who have heard of AIDS (96%) agree with at least one accepting attitude. The most common discriminative attitude is rejection of buying fresh vegetables from a person who has AIDS (56%). Only 16% of women expressed accepting attitudes on all four indicators. More educated women (24%) and those from the wealthiest households (19%) have more accepting attitudes than those with no education (12%) and those in the middle wealth status (10%). Urban women (19%) have more accepting attitudes than do their counterparts in rural areas (14%). Significant variances exist among regions.

Measuring HIV/AIDS Awareness Among Afghan Women

The extent of HIV/AIDS infection in Afghanistan is unclear given a lack of surveillance and reporting; however, Afghanistan is believed to have low HIV prevalence while being at high risk for the spread of HIV. The poor status of women in Afghanistan plays a role in the country's high risk factor.[23] Addressing significant knowledge gaps among women will be an essential component to curbing the threat of a serious outbreak of HIV/AIDS, which would be accelerated greatly by the low awareness and knowledge of HIV/AIDS in the country. As Afghanistan faces risk factors such as the spread of intravenous drug use, low awareness and knowledge of HIV among sex workers, and a high rate of migration in and out of the country, empowered, knowledgeable women will be critical assets in any effort to stem a serious HIV outbreak.

[23] Afghanistan National Strategic Framework for HIV/AIDS (2006-2010), published 2008.

Appendix A. Sample Design for Afghanistan MICS4

This appendix describes the major features of the sample design. Sample design features include target sample size, sample allocation, sampling frame and listing, choice of domains, sampling stages, stratification, and the calculation of sample weights.

The primary objective of the sample design for the Afghanistan Multiple Indicator Cluster Survey (AMICS4) was to produce statistically reliable estimates of most indicators, at the national level, for urban and rural areas, and for the following eight regions of the country: (1) Central, (2) Central Highlands, (3) East, (4) North, (5) North East, (6) South, (7) South East and (8) West. The Central region was further divided into the sub-regions of (1a) Kabul and (1b) Central Region without Kabul, so there was a total of nine regional domains. The urban and rural areas in each of the regions were defined as the sampling strata. A stratified two-stage sample design was used for the selection of the survey sample.

Sample Size and Sample Allocation

The final sample size for the Afghanistan MICS4 was calculated as including 15,480 households. For the calculation of the sample size, the key indicator used was the rate of fully immunized children aged 12 to 23 months. The following formula was used to estimate the required sample size for this indicator:

$$n = \frac{[4(r)(1-r)(f)(1.1)]}{[(0.12r)^2(p)(\bar{n})]}$$

where:

- *n* is the required sample size, expressed as number of households
- *4* is a factor to achieve the 95% level of confidence
- *r* is the predicted or anticipated value of the indicator, expressed in the form of a proportion
- *1.1* is the factor necessary to raise the sample size by 10 per cent for the expected non-response
- *f* is the shortened symbol for *deff* (design effect)
- *0.12r* is the margin of error to be tolerated at the 95% level of confidence, defined as 12 per cent of *r* (relative margin of error of *r*)
- *p* is the proportion of the total population upon which the indicator, *r*, is based
- $\bar{n}$ is the average household size (number of persons per household).

For the initial calculation of the sample size, *r* (child immunization rate) was assumed to be 40%. The value of *deff* (design effect) was assumed to be 1.5 based on estimates from previous surveys, *p* (proportion of children aged 12 to 23 months in the total population) was taken as 0.038, $\bar{n}$ (average household size) was assumed to be 6.2 persons per household, and the response rate is assumed to be 90%.

The initial estimated required the sample size to have a relative margin of error (RME) of 12% for the estimate of the child immunization rate at the regional level, which was 2,918 households for each of the nine regional domains, or 26,263 households at the national level. Given the high costs and quality control challenges of conducting the survey with such a large sample size, it is reasonable to relax the precision requirements for the sub-national domains. Therefore, it was decided to limit the total sample size to 15,480 households and to concentrate additional resources on the operational and quality control of the data collection and other survey activities. The average number of households selected per cluster for the Afghanistan MICS4 was determined as 30 households, based on a number of considerations, including the design effect, the budget available, and the time that would be needed per team to complete one cluster. Dividing the total number of households by the number of sample households per cluster, the total number of sample enumerations areas (EAs) to be selected was 516.

Given the variability in the population by region, the final allocation of the sample by region provided a minimum of 1,440 sample households for the smallest regions and a maximum of 1,920 sample households for the largest regions. Using the child immunization rate indicator, this sample size will result in an RME of about 17.1% for the immunization indicator of the smallest regions and 14.8% for the largest regions, which is a reasonable level of precision for these sub-national domains. Table A.1 presents the final allocation of the sample EAs and households by region, urban and rural strata.

Table A.1: Allocation of Sample Clusters (Primary Sampling Units) and Households by Region, Urban and Rural Strata

Region	Households in Sampling Frame			Number of Sample Clusters			Number of Sample Households		
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
1-Central	916,151	86,817	829,334	106	52	54	3,180	1,560	1,620
2-Central Highlands	145,030	4,485	140,545	48	4	44	1,440	120	1,320
3-East	592,289	88,312	503,977	54	8	46	1,620	240	1,380
4- North	540,367	125,608	414,759	64	16	48	1,920	480	1,440
5-North East	544,140	94,317	449,823	64	14	50	1,920	420	1,500
6-South	461,127	369,219	91,908	58	12	46	1,740	360	1,380
7-South East	291,784	26,217	265,567	58	4	54	1,740	120	1,620
8-West	430,813	43,740	387,073	64	12	52	1,920	360	1,560
AFGHANISTAN	3,921,701	838,715	3,082,986	516	122	394	15,480	3,660	11,820

Sampling Frame and Selection of Clusters

The sampling frame for the Afghanistan MICS4 is based on the data and cartographic materials for the frame of EAs that the CSO developed in preparation for the next census. The EAs are segments with well-defined boundaries that will be used as operational areas for the census enumeration. The CSO had previously conducted a quick count of the households and population in each EA in preparation for the census. The EAs have an average of about 185 households, which is a reasonable size for conducting a new listing of households. The sampling frame has a total of 21,194 EAs covering the territory of Afghanistan. The EAs were defined as the primary sampling units (PSUs) to be selected at the first sampling stage for the MICS4.

Within each region, urban and rural stratum, the EAs in the frame were ordered by province, district, controller code and EA code, in order to provide implicit stratification by province and lower levels of geography. The specified number of sample EAs was selected from each sampling stratum systematically with probability proportional to size (PPS), where the measure of size was based on the estimated number of households in the frame.

A reserve sample of EAs was also selected within each stratum (using the same type of systematic PPS selection) to be used as possible replacements in extreme cases when the security situation for an original sample EA made it difficult to enumerate. A total of 102 sample EAs were selected as possible replacements. During the MICS4 fieldwork, 423 of the original 516 sample EAs were enumerated, and 26 replacement EAs were enumerated; and the remaining 67 sample EAs were not replaced. Therefore the final sample in the Afghanistan MICS4 data file includes 449 sample EAs, so there was an overall reduction in the effective sample size.

Listing Activities

In order to update the second stage sampling frame, a new listing of households was conducted in each sample EA prior to the selection of households. The enumerators were provided with EA maps, and they were instructed to list all the households within the EA boundaries.

Selection of Households

Following the listing in each sample EA, the households were sequentially numbered from 1 to n (the total number of households in each EA). A household selection table was used to select the random systematic sample of 30 households in the field soon after the listing was completed. Based on the total number of households listed, the household selection table specified the serial numbers of the 30 households to be selected.

Calculation of Sample Weights

The Afghanistan MICS4 sample is not self-weighting, given that the sampling rates vary by stratum. Therefore sample weights were calculated and these were used in the subsequent analyses of the survey data.

The major component of the weight is the reciprocal of the sampling fraction used in selecting the sample households in that particular sampling stratum (h) and PSU (i):

$$W_{hi} = \frac{1}{f_{hi}}$$

The term f_{hi}, the sampling fraction for the *i-th* sample PSU in the *h-th* stratum, is the product of probabilities of selection at every stage in each sampling stratum:

$$f_{hi} = p_{1hi} \times p_{2hi}$$

where p_{shi} is the probability of selection of the sampling unit at stage *s* for the *i-th* sample PSU in the *h-th* sampling stratum.

Since the estimated number of households in each EA in the sampling frame used for the first stage selection and the updated number of households in the EA from the listing were different, individual sampling fractions for households in each sample EA (cluster) were calculated. The sampling fractions for households in each EA therefore included a first stage probability of selection of the EA in that particular sampling stratum and a second stage probability of selection of a household within the sample EA. Based on the sample design for the Afghanistan MICS4, the resulting basic weight for the sample households can be expressed as follows:

$$W_{hi} = \frac{M_h}{n_h \times M_{hi}} \times \frac{M'_{hi}}{m_{hi}},$$

where:

W_{hi} = basic weight for the sample households in the i-th sample EA in stratum h

M_h = total number of households in the sampling frame of EAs for stratum h

n_h = number of sample EAs selected in stratum h for MICS 4

M_{hi} = total population in the frame for the i-th sample EA in stratum h

M'_{hi} = total number of households listed in the i-th sample EA in stratum h

m_{hi} = 30 = number of sample households selected in the i-th sample EA in stratum h

Another component in the calculation of sample weights takes into account the level of non-response for the household and individual interviews. The response rate for sample households in stratum h is defined as follows:

RR_h = *Number of interviewed households in stratum h/ Number of occupied households listed in stratum h*

The weight adjustment for household non-response is equal to the inverse of this response rate. After the completion of fieldwork, response rates were calculated for each sampling stratum. These were used to adjust the sample weights calculated for each cluster. Response rates for the Afghanistan MICS4 are shown in Table 3.1 in this report.

Similarly, the adjustment for non-response at the individual level (women and under-5 children) for each stratum is equal to the inverse value of:

RR_h = *Completed women's (or under-5's) questionnaires in statum h / Eligible women (or under-5s) in stratum h*

The non-response adjustment factors for women's and under-5's questionnaires are applied to the adjusted household weights. Numbers of eligible women and under-5 children were obtained from the roster of household members in the Household Questionnaire for households where interviews were completed.

The design weights for the households were calculated by multiplying the above factors for each sample cluster. These weights were then standardized (or normalized), one purpose of which is to make the weighted sum of the interviewed sample units equal the total sample size at the national level. Normalization is performed by dividing the aforementioned design weights by the average design weight at the national level. The average design weight is calculated as the sum of the design weights divided by the unweighted total. A similar standardization procedure was followed in obtaining standardized weights for the women's and under-5's questionnaires. Sample weights were appended to all data sets and analyses were performed by weighting the data for each household, woman, or under-5 record with the corresponding sample weights.

A subsample of the households was selected for the AMICS in order to collect data for a hemoglobin test. In order to reduce the costs of this additional data collection and to facilitate field operations, a subsample of a 50% households of the AMICS EAs was selected for the test. It was decided to select an odd number of clusters for the hemoglobin test. This results in a total sample size of 7,740 households in 258 sample EAs. The sample size varies by region from 720 to 960 households, which should provide a reasonable reliability for anaemia estimates at the regional level. All children under age 5 and women aged 15-49 in the households of selected clusters were administered a blood test. The distribution of the subsample EAs and households by region is presented in Table A.2.

Table A.2: Subsample selection for a Hemoglobin Test

Region	Number of EAs and HHs selected for hemoglobin test	
	No. of EAs	No. of Hhs.
Central	53	1,590
Central Highlands	24	720
East	27	810
North	32	960
North East	32	960
South	29	870
South East	29	870
West	32	960
Afghanistan	258	7,740

Since the results are based on a subsample of the EAs selected for the AMICS, the weighting procedures for the subsample are similar to the overall survey. The only difference is that the term n_h in the formula for the weight refers to the number of sample EAs in stratum *h* selected for the hemoglobin test, which is generally one half the number of EAs in the AMICS sample. As a result, the weights for the subsample households are about twice the corresponding weights for the AMICS sample households in the same EAs.

Appendix B. List of Personnel Involved in the Survey

1. Technical Committee Members

Esmatullah Ramzi, Advisor, CSO
Mohammad Sami Nabi, Head of Field Operations and Sampling Department, CSO
Rahila Arif, Head of Social Statistics and Demography Department, CSO
Sayed Ali Aqa Hashimi, Data Processing Officer, CSO
Karin Takeuchi, M&E Specialist (former), UNICEF
Arif Saba, Programme Assistant, UNICEF

2. List of Key Personnel from the CSO

Abdul Rahman Ghafoori, President General of CSO
Esmatullah Ramzi, CSO Statistical Adviser
Mohammad Sami Nabi, Field Operations and Sampling Director
Rahila Arif, Socio Statistics and Demography Director
Ghulam Mustafa Zurmati, Planning & Policy Director
Sayed Ali Aqa Hashimi, Deputy Director of Field Operations and Sampling Department
M. Anwar Arjumand, Head of Donor Relations of Planning and Policy Department
Abdullah Samad Rasooli, Resource Generation & Proposal Working Division
Niek Mohammad Yousif Zai, Demography Head Officer
Mohammad Wahid Ibrahimi, Head of Database
Khalid Ahmad Omerkhil, NRVA Assistant

3. List of Key Personnel from UNICEF

Peter Crowley, UNICEF Representative
Siping Wang, Chief, Planing, Monitoring & Evaluation Section, UNICEF
Karin Takeuchi, M&E Specialist (former), Planning, Monitoring & Evaluation Section, UNICEF
Maimuna Ginwalla, Programme Officer, Planning, Monitoring & Evaluation Section, UNICEF
Etsuko Matsunaga, M&E Specialist (current), Planning, Monitoring & Evaluation Section, UNICEF
Maryam Warzi, Programme Assistant, Planning, Monitoring & Evaluation Section, UNICEF
Arif Saba, MICS Programme Assistant, UNICEF
David Megill, MICS Sampling Design Consultant, UNICEF
Ikhtier Kholmatov, MICS Data Processing Consultant, UNICEF
Lauryn Oates, MICS Reporting Consultant, UNICEF

4. List of Cartographers, AMICS4

S/N	Name	Province
1	Sayed Aqa	Daykundy
2	Mir Hesamuddin	Daykundy
3	Abdul Qadir	Nangarhar
4	Mo Karim	Nangarhar
5	Sayed Azim	Parwan
6	Mohammad Aman	Badakhshan
7	Mohammad Hamid	Badakhshan
8	Haj Habibullah	Kandahar
9	Abdul Moshtaq	Balkh
10	Abdul Rahim	Balkh
11	Firaidon	Faryab
12	Mo Haron	Samangan

13	Mutiullah	Kundoz
14	Hamidullah	Baghlan
15	Wahidullah	Farah
16	Habibul Rahaman	Jawzjan
17	Mojebul Rahman	Sar-i-Pul
18	Abdul Sattar	Panjsher
19	Aminullah	Kapisa
20	Sayed Abdullah	Bamyan
21	Atiqullah	Logar
22	Shirin Aqa	Ghor
23	Sayed Najeebullah	Khost
24	Safiullah	Herat
25	Abdul Rashid	Herat
26	Hakimullah	Takhar
27	Ajmal	Paktia
28	Shakib	Laghman
29	Ghulam Mo	Kabul
30	Ghulam Hazrat	Kabul
31	Haj Abdul Razaq	Badghis
32	Norallah	Kunar
33	Wahidullah	Nimroz
34	Abdul Ghafoor	Wardak
35	Asadullah	Ghazni
36	Zabiullah	Helmand
37	Mirwas	Urozgan
38	Shafiq	Zabul
39	Ghulam Moh	Paktika
40	Eltaf Husain	Nooristan

5. List of Trainers for Regional Fieldwork Training

	Name	Position	Training Region
1	Farid Noori	Trainer	Kandahar
2	Sheren Aqa	Trainer	Kandahar
3	Habibula Musae	Trainer	Kandahar
4	Mo. Waise	Trainer	Kandahar
5	Mo. Rasul	Assistant	Kandahar
6	Sayed Faqir	Trainer	Nangarhar
7	Ataullah Sa'adat	Trainer	Nangarhar
8	Abdul Ghani	Trainer	Nangarhar
9	Ajmal	Assistant	Nangarhar
10	Ali Aqa	Trainer	Herat
11	Habiburahman Tanha	Trainer	Herat
12	Enayatullah	Trainer	Herat
13	Nek Mohammad Formuly	Trainer	Herat
14	Arif Saba	Assistant	Herat
15	Mohammad Rahim	Trainer	Balkh
16	Ghulam Hazrat	Trainer	Balkh
17	Shafi Sediqi	Trainer	Balkh

18	Abdul Baser	Assistant	Balkh
19	Rahila	Trainer	Balkh
20	Nek Mohammad	Trainer	Kabul
21	Saleha	Trainer	Kabul
22	Farida	Trainer	Kabul
23	Assadula Khyali	Trainer	Kabul
24	Khaja Rohullah	Assistant	Kabul

6. Afghanistan MICS4 Fieldwork Team

Kabul (Team #1)
Dawod Mohammad Ali, Supervisor
Mir Abdul Tahir, Editor
Sakina Amer, Measurer/Editor
Habibula s/o Mo. Hassan, Interviewer
Humaira Quraishi, Interviewer
Esmatulla, Interviewer
Parwin, Interviewer
Mir Amanulla, Interviewer
Shekiba, Interviewer

Kabul (Team #2)
Nasratulla Abdul Ghafor, Supervisor
Mahboob Shah, Editor
Jamila Hafizulla, Measurer/Editor
Faraidon, Interviewer
Leda Din Mohammad, Interviewer
Sayed Abul Hasan, Interviewer
Laila Serahat, Interviewer
Mohammad Rabbi, Interviewer
Rahima, Interviewer

Kabul (Team #3)
Jamal Naser, Supervisor
Kanishka, Editor
Dunya, Measurer/Editor
Mohammad Tamim, Interviewer
Anisa Taj Mohammad, Interviewer
Zekrulla, Interviewer
Sediqa Safi, Interviewer

Kabul (Team #4)
Gul Ahmad Najit, Supervisor
Dawood, Editor
Lema, Measurer/Editor
Abdul Wasi, Interviewer
Rona, Interviewer
Sayed Rahmatulla, Interviewer
Rahila, Interviewer
Qais, Interviewer
Atefa, Interviewer

Kabul (Team #5)
Mohammad Sadiq, Supervisor
Mohammad Islam, Editor
Anisa Muhibulla, Measurer/Editor
Nesar Ahmad, Interviewer
Sharifa, Interviewer
Abdul Hamid, Interviewer
Torpekai, Interviewer
Masehulla, Interviewer
Fawzia, Interviewer

Kabul (Team #6)
Mohammad Razeq, Supervisor
Mirwaise Latif, Editor
Rukhshana, Measurer/Editor
Sayed Jan Aqa, Interviewer
Shamsia, Interviewer
Noor Ahmad, Interviewer
Jamila, Interviewer
Ghulam Qader, Interviewer
Farida, Interviewer

Kabul (Team #7)
Sayed Malang, Supervisor
Dawod Karimi, Editor
Nazifa, Measurer/Editor
Sakhi Mohammad Ahmadi, Interviewer
Mari, Interviewer
Ahmad Farid, Interviewer
Humaira Barat Ali, Interviewer
Mo. Shafi, Interviewer
Rahila Razaq, Interviewer
Ismael Haqjo, Reserve
Pashaee, Reserve

Kapisa (Team #8)
Mohammad Hamid Shamal, Supervisor
Mer Safiaullah Merzada, Editor
Nabila Merzada, Measurer/Editor
Manizha Ulfat Seddiqi, Interviewer
Edress Ulfat, Interviewer
Shabana, Interviewer
Jalaluddin, Interviewer
Khaja Abdul Wahid, Interviewer
Marzia Hamidi, Interviewer
Shabin, Reserve

Panjshir (Team #9)
Amruddin, Supervisor
Baryalai Sultani, Editor
Farzana Shahimi, Measurer/Editor
Shapoor, Interviewer
Nazifa Naseri, Interviewer
Najibullah Nori, Interviewer
Nargis, Interviewer
Hangama Nadimi, Interviewer
Abdullah Nadimi, Interviewer

Parwan (Team #10)
Ghulam Mustafa, Supervisor
Murtaza Mahmood, Editor
Nadia, Measurer/Editor
Navid, Interviewer
Hashmatuallah, Interviewer
Najia, Interviewer
Mohammad Shaker, Interviewer
Humaira Rahimi, Interviewer

Parwan (Team #11)
Said Ghulam Hazrat, Supervisor

Logar (Team #12)
Mohammad Sharif, Supervisor

Nayebullah, Editor
Nazia Khawari, Measurer/Editor
Mohammad Hanif, Interviewer
Sadia, Interviewer
Mohammad Tahir Anwari, Interviewer
Mohammad Shahim, Interviewer
Farida, Interviewer

Ahmadullah, Editor
Najba Sadat, Measurer/Editor
Mohammad Mansur, Interviewer
Meena Bahar, Interviewer
Jalaluldeen, Interviewer
Lamiah, Interviewer
Abdullah Nasir, Interviewer
Marghalai Saleem, Interviewer

Wardak (Team #13)
M. Gul, Supervisor
M. Alam, Interviewer
Juma Khan, Interviewer

Wardak (Team #14)
Habibullah, Supervisor
Wadeedullah, Editor
M. Jawad Behzad, Interviewer
M. Saleem, Reserve

Bamiyan (Team #15)
Abdul Hamid Haidari, Supervisor
Amer Khan, Editor
Sakina Ibrahimi, Measurer/Editor
Zarghona Anwari, Interviewer
Zainuddin Rahimi, Interviewer
Fawzia Afzali, Interviewer
Eltaf Hussain Haidari, Interviewer
Safia Hasani, Interviewer
Mohammad Reza Fakoor, Interviewer

Bamiyan (Team #16)
Mohammad Kazim Rezayee, Supervisor
Najibullah Sultani, Editor
Fatima Rezayee, Measurer/Editor
Zahra Rezayee, Interviewer
Khudadad Ibrahimi, Interviewer
Rahima Bakhtyari, Interviewer
M. Ishaq Faraz, Interviewer
Fatima Mohammadi, Interviewer
Mohammad Nabi Ibrahimi, Interviewer

Bamiyan (Team #17)
Asmatullah, Supervisor
Ghulam Abas, Editor
Shakila Naeemi, Measurer/Editor
Husain, Interviewer
Adela, Interviewer
Muzafar, Interviewer
Shakiba, Interviewer
Razia Hussaini, Interviewer
Kemya Gul, Reserve

Daikundi (Team #18)
Musa Sharifi, Supervisor
Tahir Husaini, Editor
Taj Sultan, Measurer/Editor
Momina, Interviewer
Sher Mohammad, Interviewer
Ibrahim Hazara, Interviewer
Habiba Husaini, Interviewer
Hassan Temori, Interviewer
Arefa, Interviewer

Daikundi (Team #19)
Qasem, Supervisor
Husain Bakhsh Ali Poor, Editor
Gulsom, Measurer/Editor
Pari Gul Rad Mehr, Interviewer
Hassan Rezayee, Interviewer
Qasim Hussaini, Interviewer
Kazim Husaini, Interviewer
Khadija, Interviewer

Daikundi (Team #20)
Reza, Supervisor
Arif, Editor
Naseeba Ifat, Measurer/Editor
Said Reza, Interviewer
Sakina Hashimi, Interviewer
Qamar Gul, Interviewer
Taj Mohammad Rahmati, Interviewer

Paktya (Team #21)
Khyal Wazeer, Supervisor
Rasoul Jan, Editor
Zarmeena, Measurer/Editor
Shogofa, Interviewer
Anzer Gul, Interviewer
Muslima, Interviewer
Saima, Interviewer

Khost (Team #22)
Ameer Khan, Supervisor
Najeebullah, Editor
Nafisa, Measurer/Editor
Gulab Jan, Interviewer
Khadija, Interviewer
M. Hassan, Interviewer
Anisa Khalil, Interviewer

Paktika (Team #23)
Rozuldeen, Supervisor
Meer Hassan, Editor
Tabasum Sultana, Measurer/Editor
M. Naeem, Interviewer
Saliha, Interviewer
M. Taher, Interviewer
Salma, Interviewer
M. Nasir, Interviewer
Maryam, Interviewer
Rozi Khan, Reserve
Baryalai Sediqi, REserve
M. Yaqub, Reserve

Ghazni (Team #24)
M. Reza, Supervisor

Ghazni (Team #25)
Hashmatullah, Supervisor

Hameed, Editor
Bakhtawar, Editor/Measurer
Saifullah, Interviewer
Zia Gul, Interviewer
Hekmatullah, Interviewer
Gul Afshan, Interviewer
Mohammad Asif, Interviewer
Khatema Qasimi, Interviewer

Jalil Bakhshi, Editor
Masuma Rozi, Editor/Measurer
Said Ab. Ghafoor, Interviewer
Muzhgan, Interviewer
Khatera, Interviewer
Said Gul, Interviewer
Ah. Zekria, Interviewer
Masuma Noorulhaq, Interviewer

Ghazni (Team #26)
M. Mehdi, Supervisor
Bunyad Ali, Editor
Aaqila, Editor/Measurer
Khalilulrahman, Interviewer
Masuma Ibrahimi, Interviewer
Assadullah, Interviewer
Jamila Hassani, Interviewer
Nasratullah, Interviewer
Frozan Sakhi Anwari, Interviewer
Khalil, Reserve

Saripul (Team#27)
Abdul Baser, Supervisor
Tajuddin, Editor
Mehr Jan, Editor/Measurer
Mo. Noor, Interviewer
Ghotai, Interviewer
Abdul Khalid, Interviewer
Gul Jan, Interviewer
Najibulla, Interviewer
Mehr Mah, Interviewer
Esmatullah, Reserve
Ma'suma, Reserve
Asefa, Reserve

Samangan (Team #28)
Haji Fazl Ahmad, Supervisor
Haji Ab. Rahman, Editor
Hamida, Measurer/editor
Ahmad Walid, Interviewer
Pari Gul, Interviewer
Ezzatulla, Interviewer
Roya, Interviewer
Fatima, Interviewer
Hamidulla, Interviewer
Safora, Reserve
Mohammad Ismael, Reserve
Shakila, Reserve

Jawzjan (Team #29)
Haji Kabir, Supervisor
Jamshid, Editor
Mahnaz, Measurer/editor
Khujasta, Interviewer
Raz Mohammad, Interviewer
Mahbooba, Interviewer
Yasin, Reserve
Maulooda, Reserve
Feroz, Reserve

Faryab (Team #30)
Ghulam Sarwar, Supervisor
Dost Mohammad, Editor
Hamida, Measurer/Editor
Mutahar, Interviewer
Laila, Interviewer
Ahmad Farid, Interviewer
Munera, Interviewer
Asef, Interviewer
Mena, Interviewer
Faraidoon, Reserve
Ahmad Jawed, Reserve

Faryab (Team #31)
Mohammad Ayub, Supervisor
Khal Mohammad, Editor
Karima Zaki, Measurer/Editor
Ayatullah, Interviewer
Habibulla, Interviewer
Najia, Interviewer
Maulooda, Interviewer
Nader, Interviewer
Uzra, Interviewer

Balkh (Team #32)
Mohammad Haidar, Supervisor
Qurban Ali, Editor
Nazila, Measurer/editor
Ghulam Nabi, Interviewer
Suraya, Interviewer
Mo. Reza, Interviewer
Rahila Huda, Interviewer
Mohammad Sharif, Interviewer
Sima Hakimi, Interviewer

Balkh (Team #33)
Mohammad Naem, Supervisor
Mohammad Tamim, Editor
Shekiba, Measurer/editor
Faziulla, Interviewer
Sohaila, Interviewer
Abdul Wahid, Interviewer
Zarghuna, Interviewer
Hashmatullah, Interviewer
Benafsha, Interviewer

Balkh (Team #34)
Abdul Ghani, Supervisor
Naqibulla, Editor
Sharifa, Measurer/editor
Abdulla, Interviewer
Hafiza, Interviewer
Jamaluddin, Interviewer
Fahima Haidari, Interviewer
Mo. Rafi, Interviewer
Masuma, Interviewer
Zia Uddin, Reserve

Kunduz (Team #35)
Kefayatulla, Supervisor
Sadiq, Editor
Jeena, Measurer/editor
Shegofa, Interviewer
Zalmai, Interviewer
Bopaye, Interviewer
Gul Ahmad, Interviewer

Muska, Reserve
Abdul Matin, Reserve
Gul Sher, Reserve
Zarghuna, Reserve
Norullah, Reserve
Ma'sum, Reserve

Kunduz (Team #36)
Mohammad Rahim, Supervisor
Farooq, Editor
Roya, Measurer/editor
Assadullah, Interviewer
Zarghuna, Interviewer
Ahmad Fawad Sultani, Interviewer
Yasamin, Interviewer
Abdul Jalil, Interviewer
Roshan, Interviewer

Kunduz (Team #37)
Mohammad Fawad, Supervisor
Abdul Samad, Editor
Parwen, Measurer/editor
Ehsanulla, Interviewer
Bibi Gul, Interviewer
Mohammad Khan, Interviewer
Mah Gul, Interviewer

Takhar (Team #38)
Abdullah Baser, Supervisor
Abdullah Sattar, Editor
Hassina, Measurer/Editor
Ahmad Mured, Interviewer
Parisa, Interviewer
Ghulam Nabi, Interviewer
Shukria, Interviewer
Sayed Naser, Interviewer
Jamila, Interviewer
Humaira, Reserve
Tareq, Reserve

Takhar (Team #39)
Mohammad Saber, Supervisor
Abdul Hannan, Editor
Faranges, Measurer/Editor
Hayatulla, Interviewer
Pashtoon, Interviewer
Abdul Salam, Interviewer
Razia, Interviewer
Abdul Khair, Interviewer
Dil Aram, Interviewer

Badakhshan (Team #40)
Mawlawi Abdullah Hakim, Supervisor
Hedayatullah, Editor
Aziza, Editor/Measurer
Zeba, Interviewer
Burhanuddin, Interviewer
Nasera, Interviewer
Abdul Baqi, Interviewer
Mo. Shafi, Interviewer
Fahima, Interviewer
Maleka, Reserve
Freha, Reserve

Badakhshan (Team #41)
Payenda Mohammad Khan, Supervisor
Noorullah, Editor
Khatima, Measurer/Editor
Amina, Interviewer
Azimulla, Interviewer
Sakina, Interviewer
Gulabuddin, Interviewer
Sayed Anwar, Interviewer
Sina, Interviewer
Abdul Roauf, Reserve

Baghlan (Team #42)
Shafi Sediqi, Supervisor
Farshid, Editor
Lyluma, Measurer/editor
Nafisa, Interviewer
Mirwais, Interviewer
Mo. Ibrahim, Interviewer
Amina, Interviewer
Najibulla, Interviewer
Fatima, Interviewer
Abdul Kabir, Reserve
Roza Mah, Reserve
Ab. Saboor, Reserve

Baghlan (Team #43)
Abdul Khalil, Supervisor
Azim, Editor
Sohaila, Measurer/editor
Abdul Raqib
Marena, Interviewer
Hamid, Interviewer
Najiba, Interviewer
Merajuddin, Interviewer
Yasamin, Interviewer
Munera, Reserve
Ahmad Zubair, Reserve
Zia Jan, Reserve

Nooristan (Team #44)
Mahtabuddin, Supervisor
Fahimullah, Editor
Marena, Measurer/Editor
Ehsanullah, Interviewer
Bibi Ayesha, Interviewer
Abdul Latif, Interviewer
Waheda, Interviewer
Ghulam Hazrat, Interviewer
Sajeda, Interviewer
Ataullah, Reserve
Jannat Mawa, Reserve
Frishta, Reserve

Nangarhar (Team #45)
Abdul Ghani, Supervisor
Mohammad Saber, Editor
Yasamin, Measurer/Editor
Barakatullah, Interviewer
Fazela, Interviewer
Arsala, Interviewer
Nasren, Interviewer
Nasrat, Interviewer

Nangarhar (Team #46)
Ajmal, Supervisor
Bakhiar Ahmad, Editor
Humaira, Measurer/Editor
Rahmatullah, Interviewer
Freba, Interviewer
Abdul Hadi, Interviewer
Lailuma, Interviewer
Noor Mohammad, Interviewer
Gull Taha, Interviewer

Nangarhar (Team #47)
Kabir Khan, Supervisor
Merwais, Editor
Shaima, Measurer/Editor
Ghulam Nabi, Interviewer
Zarghuna, Interviewer
Jawhar, Interviewer
Aziza, Interviewer
Baryalai, Interviewer
Roshan Gul, Interviewer

Nangarhar (Team #48)
Omid, Supervisor
Jan Agha, Editor
Shekiba, Measurer/Editor
Wares, Interviewer
Nooria, Interviewer
Naqibullah, Interviewer
Shekiba, Interviewer
Assadullah, Interviewer
Asma, Interviewer
Kunar, Interviewer
Attaullah, Interviewer
Noorulhaq, Interviewer
Maryam, Interviewer
Naser Ahmad, Reserve
Sayema, Reserve
Mateullah, Reserve
Salma, Reserve
Mateullah Hayat, Reserve
Sharifa, Reserve

Kunar (Team #49)
Noorulhuda, Supervisor
Shah Hussain, Editor
Basmina, Measurer/Editor
Rohul Amin, Interviewer
Nargis, Interviewer
Abdul Baser, Interviewer
Najiba, Interviewer
Abdul Wares, Interviewer
Uzra, Interviewer
Mohammad Rafiq, Interviewer
Mah Gul, Interviewer
Atiqullah, Interviewer
Zahida, Interviewer
Nadia, Interviewer

Laghman (Team #50)
Rafiquddin, Supervisor
Abdullah Qahar, Editor
Nazifa, Measurer/Editor
Mo. Mukhtar, Interviewer
Mahtab Gul, Interviewer
Breshna, Interviewer
Mo. Rafi, Interviewer
Breshna Safi, Interviewer
Mo. Hanif, Interviewer
Mo. Hanif, Reserve
Mujaheda, Reserve

Herat (Team #51)
Khyber, Supervisor
Parwaiz, Editor
Sajida, Measurer/Editor
Sayed Arif, Interviewer
Sadat, Interviewer
Mohammad Samim, Interviewer
Zainab, Interviewer
Basira, Interviewer
Mohammad, Interviewer

Herat (Team #52)
Samiullah, Supervisor
Shafiullah, Editor
Maryam, Measurer/Editor
Sultan Mohammad, Interviewer
Atifa, Interviewer
Farid, Interviewer
Fariha, Interviewer
Sayed Aqa, Interviewer
Arfia, Interviewer

Herat (Team #53)
Sher Ahmad, Supervisor
Asef, Editor
Elaha, Measurer/Editor
Khalil Ahmad, Interviewer
Shahnaz, Interviewer
Jalil Ahmad, Interviewer
Elhama, Interviewer
Amanullah, Interviewer
Shaima, Interviewer

Herat (Team #54)
Habibullah, Supervisor
Nafisa, Editor
Waheda, Measurer/Editor
Abdullah, Interviewer
Zia Gul, Interviewer
Wazer Mohammad, Interviewer
Mahbooba, Interviewer
Abdullah, Interviewer
Shaima, Interviewer

Baghdis (Team #55)
Ahmad Arfan, Supervisor
Shafiqa, Editor
Hamidullah, Measurer/Editor
Frishta, Interviewer
Mohmmad Fazil, Interviewer
Bilqis, Interviewer
Akhter Mohammad, Interviewer
Monisa, Interviewer

Farah (Team #56)
Mohammad Fahim, Supervisor
Fahima, Editor
Nazanin, Measurer/Editor
Humaira, Interviewer

Ghor (Team #57)
Abdul Qasim, Supervisor
Nazer Ahmad, Editor
Farzana, Measurer/Editor
Abdul Jalil, Interviewer

Abdulla Razaq, Interviewer
Zulaikha, Interviewer
Farid Ahmad, Interviewer
Humaira, Interviewer

Sabzgul, Interviewer
Ahmad Shah, Interviewer
Farzana, Interviewer
Abdul Saboor, Interviewer
Zahra, Interviewer

Ghor (Team #58)
Mohammad Qasim, Supervisor
Ahmad, Editor
Shamael, Measurer/Editor
Omid, Interviewer
Najiba, Interviewer
Mohammad Gul, Interviewer
Nazifa, Interviewer
Mohammad Nader, Interviewer
Eidmah, Interviewer

Kandahar (Team #59)
Farid Noori, Supervisor
Sara, Editor
Huma, Measurer/Editor
FazI Mohammad, Interviewer
Masoda, Interviewer
Khalid Ahmad, Interviewer
Farishta, Interviewer
M. Sharif, Interviewer
Latifa, Interviewer

Kandahar (Team #60)
Saed Ahmad Sha, Supervisor
Huma, Editor
Noorea, Measurer/Editor
Hekmatullah, Interviewer
Jamila, Interviewer
Namatulla, Interviewer
Najeba, Interviewer
Mirafghan, Interviewer
Najeba, Interviewer

Kandahar (Team #61)
Sayed Mukhtar, Supervisor
Baz Mohammad, Editor
Rahima, Measurer/Editor
Abdul Baqi, Interviewer
Zarghona, Interviewer
Siddiqullah, Interviewer
Saeda, Interviewer
Nisan, Interviewer
Jamila, Interviewer

Helmand (Team #62)
Mohammad Naem, Supervisor
Mer Ahmad Shah, Editor
Roya, Measurer/Editor
Mohammad Sadiq, Interviewer
Zarlasht, Interviewer
Asadullah, Interviewer
Nasren, Interviewer
Mohammad Shah, Interviewer
Karima, Interviewer

Helmand (Team #63)
Mohammad Akbar, Supervisor
Mohammad Jawed, Editor
Basira, Measurer/Editor
Abdul Baqi, Interviewer
Lailuma, Interviewer
Wahedullah, Interviewer
Lailuma Abdullah Majid, Interviewer
Mirwais, Interviewer
Shahnaz, Interviewer

Nimruz (Team #64)
Mujtaba, Supervisor
Salima, Editor
Najeba, Measurer/Editor
Haji Dawod, Interviewer
Aziza, Interviewer
Esmatullah, Interviewer
Nooria, Interviewer
Roya, Interviewer
Wahedullah, Interviewer

Uruzgan (Team #65)
Eng. Wahab, Supervisor
Anisgul, Editor
Nasrin, Measurer/Editor
Wali Mohamad, Interviewer
Haroon, Interviewer
Sima Gul, Interviewer
Najebullah, Interviewer
Arifa, Interviewer

Zabul (Team #66)
Mohammad Omar, Supervisor
Abdul Ghani, Editor
Nargis, Measurer/Editor
Enayatullah, Interviewer

7. List of Data Processors, Afghanistan MICS4

Haji Waheed Ibrahimi
Zabihullah Omari
Nasratullah Ramzi
Fazilat Miri
Mohammad Anwar Zahiri
Sohila Haidari
Fatema Shirzada
Sayyed Yousuf Hashimi
Farhad Sahil
Ahmad Zubair Sarwari
Qamar Momand Zarifi

Fahima Haidari
Zarmina Mahbob Hashimi
Farahdiba Yosof Zai
Humaira Quraishi
Hawa Akbari
Mahbooba Hakimi
Aalema Faryor
Najla Nabi Zada
Mahnaz Mohammadi
Suhrab Wali Zada
Abdullah Malik Rang bar
Toorpekai Wahidi
Fazel Rahman Qanoni
Hashmatulla Nori
Mohammad Shah Abadi
Baktash Kamandi
Ahmad Shekib Popul Zai
Shekiba Raofi
Shahla Nawab Zada
Habibulla Ahmad Zai
Farida Safi
Noorya Haydari
Farida Omar Zada
Nak Mohammad Formoli
Enayatullah Mehr
Assadullah Khiali
Saliha Farhad
Mohammad Adel Wardak
Mohammad Wais Noori
Sayed Nasruddin Hashimi
Shakeeba Rahimi
Farid Noori

Appendix C. Estimates of Sampling Errors

Table C.1: Sampling Errors – Total Samples

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, Afghanistan MICS 2010-2011

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se*/*r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2*se*	*r* + 2*se*
HOUSEHOLDS										
Iodized salt consumption	5.8	0.204	0.009	0.042	5.73	2.39	12956	12899	0.187	0.221
Place for hand washing	7.9	0.708	0.012	0.017	5.61	2.37	7893	7834	0.684	0.732
Availability of soap	7.10	0.744	0.010	0.013	6.69	2.59	13116	13116	0.724	0.764
Child discipline	11.5	0.744	0.011	0.014	7.02	2.65	46730	11720	0.723	0.766
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	7.1	0.565	0.016	0.028	13.56	3.68	101713	13116	0.533	0.597
Water treatment	7.2	0.149	0.011	0.076	5.50	2.35	44028	5670	0.127	0.171
Use of improved sanitation facilities	7.5	0.315	0.014	0.045	12.37	3.52	101713	13116	0.286	0.343
School readiness	10.2	0.127	0.019	0.147	4.25	2.06	1208	1363	0.089	0.164
Net intake rate in primary education	10.3	0.290	0.013	0.046	2.99	1.73	3578	3553	0.264	0.316
Primary school net attendance ratio (adjusted)	10.4	0.552	0.012	0.022	10.85	3.29	17642	17815	0.527	0.576
Secondary school net attendance ratio (adjusted)	10.5	0.324	0.010	0.030	6.82	2.61	15242	15206	0.304	0.344
Primary completion rate	10.7	0.307	0.015	0.043	2.49	1.58	2533	2587	0.277	0.336
Transition rate to secondary school	10.7	0.929	0.011	0.011	2.84	1.68	1527	1678	0.908	0.950
Child labour	11.2	0.253	0.008	0.032	10.65	3.26	31593	31611	0.237	0.269
Children's living arrangements	11.6	0.017	0.001	0.084	6.58	2.56	54292	54214	0.014	0.020
Prevalence of children with at least one parent dead	11.6	0.047	0.002	0.053	7.42	2.72	54292	54214	0.042	0.052
School attendance of orphans	11.7	0.344	0.043	0.126	1.28	1.13	171	155	0.258	0.431
School attendance of non-orphans	11.7	0.574	0.013	0.023	9.33	3.05	13358	13495	0.548	0.600
WOMEN										
Antenatal care coverage	8.4	0.479	0.013	0.027	3.38	1.84	4865	4962	0.453	0.505
Skilled attendant at delivery	8.7	0.386	0.014	0.036	4.11	2.03	4865	4962	0.358	0.415
Institutional deliveries	8.8	0.329	0.013	0.040	3.92	1.98	4865	4962	0.303	0.355
Caesarean section	8.8	0.036	0.004	0.098	1.76	1.33	4865	4962	0.029	0.043
Content of antenatal care	8.6	0.121	0.006	0.053	1.92	1.38	4865	4962	0.109	0.134
Children ever breastfed	5.1	0.934	0.006	0.006	2.89	1.70	4865	4962	0.922	0.946
Early initiation of breastfeeding	5.1	0.536	0.015	0.029	4.72	2.17	4865	4962	0.505	0.567
Contraceptive prevalence	8.3	0.212	0.006	0.030	3.51	1.87	14757	14521	0.200	0.225
Young adult literacy	10.1	0.222	0.010	0.043	5.11	2.26	9620	9718	0.203	0.241
Marriage before age 18	11.8	0.463	0.011	0.024	7.68	2.77	15780	15711	0.441	0.485
Polygamy	11.8	0.071	0.003	0.046	2.33	1.53	14757	14521	0.065	0.078
Comprehensive knowledge about HIV prevention	12.1	0.015	0.001	0.097	3.05	1.75	21290	21290	0.012	0.018
Comprehensive knowledge about HIV prevention among young people	12.2	0.018	0.002	0.114	2.30	1.52	9620	9718	0.014	0.022
Accepting attitudes towards people living with HIV	12.4	0.160	0.012	0.075	6.23	2.50	5421	5840	0.136	0.184
Knowledge of mother-to-child transmission of HIV	12.3	0.084	0.005	0.055	5.80	2.41	21290	21290	0.075	0.093
UNDER-5s										
Underweight prevalence		0.250	0.008	0.030	3.94	1.98	12704	12790	0.235	0.265
Stunting prevalence		0.516	0.010	0.020	5.05	2.25	12266	12404	0.496	0.536
Wasting prevalence		0.139	0.005	0.038	2.91	1.71	12239	12399	0.128	0.149
Exclusive breastfeeding under 6 months	5.2	0.543	0.018	0.033	1.62	1.27	1201	1270	0.507	0.579
Predominant breastfeeding under 6 months	5.2	0.692	0.017	0.024	1.66	1.29	1201	1270	0.659	0.726
Continued breastfeeding at 1 year	5.2	0.878	0.012	0.014	1.42	1.19	1011	1031	0.853	0.902
Continued breastfeeding at 2 years	5.2	0.694	0.024	0.034	1.51	1.23	563	558	0.646	0.742

Age-appropriate breastfeeding	5.4	0.367	0.010	0.028	2.17	1.47	4740	4905	0.347	0.388
Bottle feeding	5.7	0.282	0.011	0.039	2.96	1.72	4740	4905	0.260	0.305
Vitamin A supplementation (children under age 5)	5.9	0.506	0.012	0.023	7.56	2.75	13666	13602	0.483	0.530
Tuberculosis immunization coverage	6.3	0.642	0.017	0.026	3.12	1.77	2447	2492	0.608	0.675
Polio immunization coverage	6.3	0.480	0.016	0.033	2.47	1.57	2485	2521	0.449	0.512
DPT immunization coverage	6.3	0.402	0.015	0.038	2.40	1.55	2379	2433	0.372	0.432
Measles immunization coverage	6.3	0.555	0.017	0.031	3.00	1.73	2438	2474	0.522	0.588
Fully immunized children	6.3	0.300	0.013	0.099	3.70	1.92	2465	2507	0.274	0.326
Diarrhoea in last two weeks	6.5	0.229	0.007	0.030	3.89	1.97	14868	14872	0.215	0.242
Oral rehydration therapy with continued feeding	6.7	0.475	0.021	0.433	6.27	2.50	3402	3440	0.432	0.518
Acute respiratory infection in last two weeks	6.8	0.186	0.008	0.042	6.11	2.47	14868	14872	0.170	0.202
Antibiotic treatment of suspected pneumonia	6.8	0.639	0.015	0.023	2.86	1.69	2762	2949	0.609	0.669
Care-seeking for suspected pneumonia	6.8	0.605	0.015	0.025	2.94	1.71	2762	2949	0.574	0.636
Attendance to early childhood education	9.1	0.010	0.001	0.131	1.22	1.11	6909	6782	0.008	0.013
Support for learning	9.2	0.731	0.014	0.019	6.80	2.61	6909	6782	0.703	0.760
Father's support for learning	9.2	0.618	0.012	0.019	4.12	2.03	6909	6782	0.594	0.642
Learning materials: children's books	9.3	0.022	0.002	0.089	2.65	1.63	14868	14872	0.018	0.026
Learning materials: playthings	9.3	0.526	0.010	0.018	5.42	2.33	14868	14872	0.507	0.545
Inadequate care	9.4	0.402	0.014	0.035	12.09	3.48	14868	14872	0.374	0.430
Birth registration	11.1	0.374	0.013	0.035	11.13	3.34	14868	14872	0.348	0.401
Safe disposal of child's faeces	7.7	0.458	0.016	0.036	8.68	2.95	7947	8080	0.425	0.491

Table C.2: **Sampling Errors – Urban Areas**

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Afghanistan MICS 2010-2011

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits *r - 2se*	Confidence limits *r + 2se*
HOUSEHOLDS										
Iodized salt consumption	5.8	0.412	0.020	0.049	3.97	1.99	2404	3511	0.372	0.452
Place for hand washing	7.9	0.822	0.017	0.021	4.02	2.01	2012	2923	0.788	0.857
Availability of soap	7.10	0.921	0.012	0.013	5.11	2.26	2427	3545	0.896	0.946
Child discipline	11.5	0.775	0.012	0.015	1.63	1.28	8012	3045	0.751	0.799
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	7.1	0.823	0.025	0.030	9.76	3.12	18000	3545	0.773	0.872
Water treatment	7.2	0.366	0.063	0.173	7.05	2.66	3191	636	0.240	0.492
Use of improved sanitation facilities	7.5	0.606	0.024	0.040	5.66	2.38	18000	3545	0.558	0.654
School readiness	10.2	0.198	0.030	0.151	1.77	1.33	280	395	0.138	0.258
Net intake rate in primary education	10.3	0.427	0.023	0.056	1.22	1.10	554	809	0.381	0.473
Primary school net attendance ratio (adjusted)	10.4	0.778	0.015	0.019	4.05	2.01	3132	4574	0.748	0.808
Secondary school net attendance ratio (adjusted)	10.5	0.553	0.016	0.029	3.03	1.74	2876	4129	0.521	0.586
Primary completion rate	10.7	0.421	0.024	0.042	1.28	1.13	513	737	0.372	0.469
Transition rate to secondary school	10.7	0.953	0.014	0.015	2.08	1.44	412	590	0.925	0.982
Child labour	11.2	0.146	0.009	0.062	3.54	1.88	5404	7911	0.128	0.164
Children's living arrangements	11.6	0.012	0.001	0.102	1.17	1.08	9267	13526	0.010	0.014
Prevalence of children with at least one parent dead	11.6	0.048	0.004	0.073	2.52	1.59	9267	13526	0.041	0.055
School attendance of orphans	11.7	0.485	0.132	0.272	0.97	0.99	16	21	0.221	0.748
School attendance of non-orphans	11.7	0.798	0.014	0.018	3.07	1.75	2430	3534	0.770	0.827
WOMEN										
Antenatal care coverage	8.4	0.771	0.018	0.023	1.61	1.27	903	1275	0.735	0.806
Skilled attendant at delivery	8.7	0.743	0.019	0.026	1.76	1.33	903	1275	0.705	0.782
Institutional deliveries	8.8	0.662	0.020	0.031	1.73	1.31	903	1275	0.621	0.703
Caesarean section	8.8	0.087	0.011	0.123	1.33	1.15	903	1275	0.066	0.108

Content of antenatal care	8.6	0.250	0.015	0.060	1.09	1.04	903	1275	0.220	0.280
Children ever breastfed	5.1	0.946	0.008	0.008	1.08	1.04	903	1275	0.931	0.962
Early initiation of breastfeeding	5.1	0.585	0.021	0.036	1.70	1.31	903	1275	0.542	0.627
Contraceptive prevalence	8.3	0.380	0.014	0.038	2.19	1.48	2503	3601	0.351	0.409
Young adult literacy	10.1	0.516	0.018	0.035	2.50	1.58	1868	2638	0.479	0.552
Marriage before age 18	11.8	0.430	0.010	0.022	1.09	1.04	2960	4219	0.411	0.449
Polygamy	11.8	0.067	0.005	0.081	1.16	1.08	2503	3601	0.056	0.078
Comprehensive knowledge about HIV prevention	12.1	0.044	0.005	0.114	2.39	1.55	4031	5740	0.034	0.053
Comprehensive knowledge about HIV prevention among young people	12.2	0.049	0.006	0.125	1.51	1.23	1868	2638	0.037	0.061
Accepting attitudes towards people living with HIV	12.4	0.185	0.017	0.091	4.35	2.09	2131	2965	0.152	0.219
Knowledge of mother-to-child transmission of HIV	12.3	0.180	0.014	0.076	5.12	2.26	4031	5740	0.152	0.207
UNDER-5s										
Exclusive breastfeeding under 6 months	5.2	0.509	0.031	0.061	1.03	1.01	248	357	0.447	0.572
Predominant breastfeeding under 6 months	5.2	0.644	0.025	0.039	0.72	0.85	248	357	0.594	0.694
Continued breastfeeding at 1 year	5.2	0.783	0.031	0.039	0.91	0.95	162	237	0.722	0.844
Continued breastfeeding at 2 years	5.2	0.558	0.045	0.080	0.81	0.90	100	135	0.469	0.648
Age-appropriate breastfeeding	5.4	0.378	0.020	0.053	1.59	1.26	900	1286	0.338	0.418
Bottle feeding	5.7	0.319	0.015	0.046	0.94	0.97	900	1286	0.289	0.349
Vitamin A supplementation (children under age 5)	5.9	0.639	0.020	0.032	3.83	1.96	2151	3172	0.599	0.680
Tuberculosis immunization coverage	6.3	0.792	0.019	0.024	1.30	1.14	426	614	0.754	0.829
Polio immunization coverage	6.3	0.584	0.023	0.040	1.35	1.16	434	620	0.538	0.630
DPT immunization coverage	6.3	0.532	0.023	0.044	1.30	1.14	423	606	0.487	0.577
Measles immunization coverage	6.3	0.700	0.020	0.429	1.20	1.09	429	615	0.660	0.740
Fully immunized children	6.3	0.370	0.020	0.127	1.29	1.14	429	616	0.330	0.409
Diarrhoea in last two weeks	6.5	0.212	0.012	0.056	1.99	1.41	2399	3529	0.188	0.235
Oral rehydration therapy with continued feeding	6.7	0.395	0.023	0.058	1.14	1.07	508	766	0.349	0.441
Acute respiratory infection in last two weeks	6.8	0.191	0.013	0.067	2.54	1.59	2399	3529	0.165	0.216
Antibiotic treatment of suspected pneumonia	6.8	0.703	0.029	0.041	1.94	1.39	458	688	0.645	0.760
Care-seeking for suspected pneumonia	6.8	0.673	0.021	0.032	1.02	1.01	458	688	0.630	0.716
Attendance to early childhood education	9.1	0.040	0.006	0.160	1.05	1.03	1008	1500	0.027	0.053
Support for learning	9.2	0.801	0.015	0.019	1.38	1.17	1008	1500	0.772	0.831
Father's support for learning	9.2	0.617	0.020	0.032	1.62	1.27	1008	1500	0.578	0.657
Learning materials: children's books	9.3	0.050	0.006	0.118	1.78	1.33	2399	3529	0.038	0.062
Learning materials: playthings	9.3	0.559	0.019	0.035	3.62	1.90	2399	3529	0.520	0.597
Inadequate care	9.4	0.257	0.016	0.064	3.42	1.85	2399	3529	0.224	0.290
Birth registration	11.1	0.600	0.018	0.031	3.37	1.84	2399	3529	0.563	0.637
Safe disposal of child's faeces	7.7	0.741	0.018	0.024	2.28	1.51	1387	2025	0.706	0.776

Table C.3: **Sampling Errors – Rural Areas**

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Afghanistan MICS 2010-2011

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits *r - 2se*	Confidence limits *r + 2se*
HOUSEHOLDS										
Iodized salt consumption	5.8	0.157	0.009	0.056	6.17	2.48	10552	9388	0.140	0.175
Place for hand washing	7.9	0.669	0.016	0.023	6.36	2.52	5881	4911	0.638	0.700
Availability of soap	7.10	0.704	0.012	0.017	7.28	2.70	10689	9571	0.680	0.728
Child discipline	11.5	0.738	0.013	0.017	7.92	2.81	38718	8675	0.713	0.763
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	7.1	0.509	0.019	0.037	15.42	3.93	83713	9571	0.472	0.547
Water treatment	7.2	0.132	0.010	0.082	5.05	2.25	40837	5034	0.112	0.153
Use of improved sanitation facilities	7.5	0.252	0.017	0.068	17.04	4.13	83713	9571	0.218	0.287

School readiness	10.2	0.105	0.023	0.217	5.77	2.40	928	968	0.060	0.151
Net intake rate in primary education	10.3	0.264	0.015	0.055	3.30	1.82	3023	2744	0.234	0.293
Primary school net attendance ratio (adjusted)	10.4	0.504	0.014	0.028	12.02	3.47	14509	13241	0.475	0.532
Secondary school net attendance ratio (adjusted)	10.5	0.271	0.012	0.042	8.25	2.87	12366	11077	0.248	0.294
Primary completion rate	10.7	0.280	0.017	0.059	2.89	1.70	2021	1850	0.246	0.313
Transition rate to secondary school	10.7	0.920	0.013	0.015	2.99	1.73	1115	1088	0.893	0.947
Child labour	11.2	0.275	0.010	0.035	11.88	3.45	26190	23700	0.256	0.294
Children's living arrangements	11.6	0.018	0.002	0.095	7.31	2.70	45025	40688	0.014	0.021
Prevalence of children with at least one parent dead	11.6	0.046	0.003	0.062	8.46	2.91	45025	40688	0.041	0.052
School attendance of orphans	11.7	0.330	0.045	0.135	1.27	1.13	156	134	0.241	0.420
School attendance of non-orphans	11.7	0.524	0.015	0.029	10.45	3.23	10929	9961	0.493	0.555
WOMEN										
Antenatal care coverage	8.4	0.412	0.015	0.035	3.54	1.88	3962	3687	0.383	0.441
Skilled attendant at delivery	8.7	0.305	0.015	0.050	4.46	2.11	3962	3687	0.275	0.336
Institutional deliveries	8.8	0.253	0.014	0.057	4.45	2.11	3962	3687	0.224	0.282
Caesarean section	8.8	0.024	0.003	0.143	2.04	1.43	3962	3687	0.017	0.031
Content of antenatal care	8.6	0.092	0.007	0.072	2.14	1.46	3962	3687	0.079	0.105
Children ever breastfed	5.2	0.932	0.007	0.008	3.24	1.80	3962	3687	0.917	0.946
Early initiation of breastfeeding	5.2	0.525	0.018	0.035	5.34	2.31	3962	3687	0.489	0.561
Contraceptive prevalence	8.3	0.178	0.007	0.037	3.63	1.91	12254	10920	0.165	0.191
Young adult literacy	10.1	0.151	0.010	0.069	6.61	2.57	7752	7080	0.130	0.172
Marriage before age 18	11.8	0.471	0.014	0.029	9.41	3.07	12820	11492	0.444	0.498
Polygamy	11.8	0.072	0.004	0.052	2.55	1.60	12254	10920	0.065	0.080
Comprehensive knowledge about HIV prevention	12.1	0.008	0.001	0.148	3.19	1.79	17259	15550	0.006	0.011
Comprehensive knowledge about HIV prevention among young people	12.2	0.010	0.002	0.186	2.86	1.69	7752	7080	0.007	0.014
Accepting attitudes towards people living with HIV	12.4	0.143	0.016	0.110	7.14	2.67	3290	2875	0.111	0.174
Knowledge of mother-to-child transmission of HIV	12.3	0.061	0.004	0.072	5.82	2.41	17259	15550	0.053	0.070
UNDER-5s										
Exclusive breastfeeding under 6 months	5.2	0.552	0.021	0.038	1.80	1.34	953	913	0.510	0.594
Predominant breastfeeding under 6 months	5.2	0.705	0.020	0.028	1.94	1.39	953	913	0.665	0.745
Continued breastfeeding at 1 year	5.2	0.896	0.013	0.015	1.57	1.25	849	794	0.870	0.922
Continued breastfeeding at 2 years	5.2	0.724	0.027	0.037	1.65	1.28	463	423	0.670	0.777
Age-appropriate breastfeeding	5.4	0.365	0.012	0.032	2.30	1.52	3840	3619	0.342	0.388
Bottle feeding	5.7	0.274	0.013	0.048	3.46	1.86	3840	3619	0.248	0.300
Vitamin A supplementation (children under age 5)	5.9	0.481	0.014	0.028	8.42	2.90	11516	10430	0.454	0.508
Tuberculosis immunization coverage	6.3	0.610	0.020	0.033	3.15	1.78	2020	1878	0.571	0.649
Polio immunization coverage	6.3	0.458	0.018	0.040	2.54	1.59	2051	1901	0.423	0.494
DPT immunization coverage	6.3	0.375	0.018	0.049	2.57	1.60	1956	1827	0.339	0.410
Measles immunization coverage	6.3	0.524	0.020	0.040	3.19	1.79	2009	1859	0.483	0.565
Fully immunized children	6.3	0.285	0.015	0.120	4.31	2.07	2035	1891	0.255	0.316
Diarrhoea in last two weeks	6.5	0.232	0.008	0.033	4.22	2.05	12469	11343	0.217	0.248
Oral rehydration therapy with continued feeding	6.7	0.489	0.024	0.050	6.91	2.63	2894	2674	0.441	0.538
Acute respiratory infection in last two weeks	6.8	0.185	0.009	0.049	6.78	2.60	12469	11343	0.167	0.203
Antibiotic treatment of suspected pneumonia	6.8	0.626	0.017	0.027	3.04	1.74	2304	2261	0.592	0.660
Care-seeking for suspected pneumonia	6.8	0.592	0.018	0.030	3.27	1.81	2304	2261	0.556	0.628
Attendance to early childhood education	9.1	0.005	0.001	0.211	1.40	1.18	5902	5282	0.003	0.008
Support for learning	9.2	0.720	0.016	0.022	7.38	2.72	5902	5282	0.687	0.752
Father's support for learning	9.2	0.618	0.014	0.022	4.55	2.13	5902	5282	0.591	0.645
Learning materials: children's books	9.3	0.017	0.002	0.126	3.36	1.83	12469	11343	0.012	0.021
Learning materials: playthings	9.3	0.520	0.011	0.021	5.78	2.40	12469	11343	0.498	0.541
Inadequate care	9.4	0.430	0.016	0.037	12.55	3.54	12469	11343	0.399	0.461
Birth registration	11.1	0.331	0.015	0.044	12.06	3.47	12469	11343	0.302	0.360
Safe disposal of child's faeces	7.7	0.398	0.018	0.046	9.32	3.05	6560	6055	0.362	0.435

Table C.4: Sampling Errors - Central Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Afghanistan MICS4

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se*/*r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2*se*	*r* + 2*se*
HOUSEHOLDS										
Iodized salt consumption	5.8	0.522	0.022	0.041	3.96	1.99	2145	2611	0.479	0.565
Place for hand washing	7.9	0.708	0.023	0.032	4.68	2.16	1898	2328	0.662	0.753
Availability of soap	7.10	0.940	0.010	0.011	3.87	1.97	2159	2626	0.920	0.960
Child discipline	11.5	0.756	0.016	0.022	2.69	1.64	7334	2221	0.723	0.789
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	7.1	0.693	0.029	0.042	8.17	2.86	16232	2626	0.636	0.751
Water treatment	7.2	0.214	0.031	0.143	3.60	1.90	4981	747	0.153	0.276
Use of improved sanitation facilities	7.5	0.358	0.025	0.069	5.57	2.36	16232	2626	0.308	0.407
School readiness	10.2	0.191	0.032	0.167	1.90	1.38	255	320	0.127	0.255
Net intake rate in primary education	10.3	0.451	0.022	0.057	1.06	1.03	518	610	0.407	0.495
Primary school net attendance ratio (adjusted)	10.4	0.779	0.016	0.021	4.05	2.01	2636	3194	0.747	0.812
Secondary school net attendance ratio (adjusted)	10.5	0.505	0.021	0.042	4.80	2.19	2607	3152	0.462	0.548
Primary completion rate	10.7	0.457	0.025	0.045	1.15	1.07	430	525	0.406	0.508
Transition rate to secondary school	10.7	0.968	0.015	0.015	2.45	1.56	323	400	0.938	0.997
Child labour	11.2	0.201	0.015	0.077	6.94	2.63	4655	5584	0.170	0.232
Children's living arrangements	11.6	0.012	0.002	0.162	2.53	1.59	8196	9892	0.008	0.015
Prevalence of children with at least one parent dead	11.6	0.048	0.005	0.106	4.69	2.17	8196	9892	0.038	0.058
School attendance of orphans	11.7	0.322	0.185	0.574	2.59	1.61	18	19	0.000	0.692
School attendance of non-orphans	11.7	0.776	0.019	0.024	4.12	2.03	2057	2484	0.739	0.813
WOMEN										
Antenatal care coverage	8.4	0.742	0.022	0.029	2.07	1.44	824	980	0.698	0.785
Skilled attendant at delivery	8.7	0.676	0.024	0.036	2.26	1.50	824	980	0.628	0.725
Institutional deliveries	8.8	0.636	0.025	0.040	2.34	1.53	824	980	0.585	0.687
Caesarean section	8.8	0.076	0.011	0.150	1.57	1.25	824	980	0.053	0.099
Content of antenatal care	8.6	0.267	0.019	0.073	1.62	1.27	824	980	0.228	0.305
Children ever breastfed	5.1	0.939	0.008	0.009	0.96	0.98	824	980	0.923	0.956
Early initiation of breastfeeding	5.1	0.572	0.025	0.044	2.18	1.48	824	980	0.522	0.623
Contraceptive prevalence	8.3	0.347	0.016	0.047	2.55	1.60	2250	2659	0.315	0.380
Adult literacy	10.1	0.405	0.023	0.057	3.95	1.99	1762	2142	0.359	0.451
Marriage before age 18	11.8	0.398	0.013	0.032	1.79	1.34	2681	3186	0.372	0.423
Polygamy	11.8	0.048	0.005	0.106	1.24	1.11	2250	2659	0.038	0.058
Comprehensive knowledge about HIV prevention	12.1	0.032	0.005	0.161	3.20	1.79	3696	4423	0.022	0.043
Comprehensive knowledge about HIV prevention among young people	12.2	0.035	0.006	0.175	1.99	1.41	1762	2142	0.023	0.048
Accepting attitudes towards people living with HIV	12.4	0.131	0.012	0.095	2.33	1.53	1600	2014	0.106	0.156
Knowledge of mother-to-child transmission of HIV	12.3	0.157	0.012	0.077	4.06	2.02	3696	4423	0.132	0.181
UNDER-5s										
Exclusive breastfeeding under 6 months	5.2	0.541	0.036	0.067	1.12	1.06	204	255	0.469	0.613
Predominant breastfeeding under 6 months	5.2	0.680	0.028	0.041	0.77	0.88	204	255	0.624	0.735
Continued breastfeeding at 1 year	5.2	0.725	0.038	0.053	1.29	1.14	171	207	0.648	0.802
Continued breastfeeding at 2 years	5.2	0.541	0.054	0.100	1.07	1.04	92	111	0.433	0.649
Age-appropriate breastfeeding	5.4	0.330	0.021	0.063	1.62	1.27	799	989	0.288	0.371
Bottle feeding	5.7	0.309	0.016	0.053	1.02	1.01	799	989	0.276	0.341
Vitamin A supplementation (children under age 5)	5.9	0.758	0.016	0.022	2.97	1.72	2027	2448	0.725	0.790
Tuberculosis immunization coverage	6.3	0.790	0.022	0.028	1.46	1.21	403	496	0.746	0.835
Polio immunization coverage	6.3	0.565	0.023	0.041	1.07	1.04	402	494	0.519	0.611
Immunization coverage for DPT	6.3	0.500	0.026	0.051	1.28	1.13	399	492	0.449	0.552

Measles immunization coverage	6.3	0.704	0.025	0.036	1.48	1.22	401	493	0.654	0.754
Fully immunized children	6.3	0.348	0.019	0.156	1.40	1.19	402	496	0.309	0.387
Diarrhoea in last two weeks	6.5	0.250	0.012	0.047	1.62	1.27	2230	2703	0.227	0.273
Oral rehydration therapy with continued feeding	6.7	0.419	0.025	0.059	1.43	1.20	558	644	0.370	0.469
Acute respiratory infection in last two weeks	6.8	0.250	0.015	0.061	2.80	1.67	2230	2703	0.220	0.281
Antibiotic treatment of suspected pneumonia	6.8	0.602	0.036	0.060	3.26	1.81	558	656	0.529	0.674
Care-seeking for suspected pneumonia	6.8	0.653	0.023	0.035	1.36	1.17	558	656	0.607	0.699
Attendance to early childhood education	9.1	0.033	0.006	0.185	1.09	1.05	961	1155	0.021	0.045
Support for learning	9.2	0.756	0.023	0.030	2.62	1.62	961	1155	0.711	0.802
Father's support for learning	9.2	0.582	0.021	0.037	1.77	1.33	961	1155	0.539	0.624
Learning materials: children's books	9.3	0.039	0.005	0.132	1.56	1.25	2230	2703	0.029	0.049
Learning materials: playthings	9.3	0.511	0.020	0.040	3.71	1.93	2230	2703	0.470	0.552
Inadequate care	9.4	0.205	0.016	0.078	3.53	1.88	2230	2703	0.173	0.237
Birth registration	11.1	0.602	0.019	0.031	3.29	1.81	2230	2703	0.564	0.640
Safe disposal of child's faeces	7.7	0.741	0.021	0.029	3.08	1.76	1263	1543	0.698	0.784

Table C.5: Sampling Errors - Central Highlands Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Afghanistan MICS4

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits *r - 2se*	Confidence limits *r + 2se*
HOUSEHOLDS										
Iodized salt consumption	5.8	0.270	0.031	0.116	1.99	1.41	402	1073	0.208	0.333
Place for hand washing	7.9	0.439	0.044	0.100	0.47	0.68	60	161	0.351	0.527
Availability of soap	7.10	0.404	0.037	0.092	2.47	1.57	432	1164	0.330	0.478
Child discipline	11.5	0.596	0.027	0.045	1.27	1.13	1707	1077	0.542	0.649
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	7.1	0.253	0.031	0.122	2.23	1.49	3449	1164	0.191	0.314
Water treatment	7.2	0.361	0.037	0.103	1.99	1.41	2577	877	0.287	0.436
Use of improved sanitation facilities	7.5	0.204	0.047	0.231	6.09	2.47	3449	1164	0.110	0.298
School readiness	10.2	0.049	0.017	0.348	0.64	0.80	92	249	0.015	0.083
Net intake rate in primary education	10.3	0.431	0.033	0.077	0.64	0.80	144	386	0.365	0.497
Primary school net attendance ratio (adjusted)	10.4	0.774	0.031	0.040	3.40	1.84	614	1607	0.712	0.836
Secondary school net attendance ratio (adjusted)	10.5	0.434	0.036	0.083	2.57	1.60	488	1249	0.362	0.506
Primary completion rate	10.7	0.438	0.049	0.096	0.79	0.89	81	218	0.340	0.536
Transition rate to secondary school	10.7	0.938	0.026	0.027	0.91	0.96	72	192	0.887	0.990
Child labour	11.2	0.332	0.019	0.057	1.80	1.34	1107	2923	0.294	0.370
Children's living arrangements	11.6	0.019	0.003	0.166	0.98	0.99	1873	4928	0.012	0.025
Prevalence of children with at least one parent dead	11.6	0.066	0.009	0.130	2.23	1.49	1873	4928	0.049	0.084
School attendance of orphans	11.7	0.804	0.186	0.232	0.46	0.68	2	7	0.431	1.000
School attendance of non-orphans	11.7	0.779	0.032	0.041	2.68	1.64	441	1150	0.715	0.844
WOMEN										
Antenatal care coverage	8.4	0.447	0.038	0.085	1.17	1.08	196	498	0.371	0.522
Skilled attendant at delivery	8.7	0.272	0.029	0.106	0.85	0.92	196	498	0.214	0.330
Institutional deliveries	8.8	0.239	0.029	0.123	0.96	0.98	196	498	0.180	0.298
Caesarean section	8.8	0.020	0.006	0.321	0.43	0.65	196	498	0.007	0.033
Content of antenatal care	8.6	0.070	0.015	0.210	0.66	0.81	196	498	0.040	0.099
Children ever breastfed	5.1	0.964	0.008	0.008	0.35	0.59	196	498	0.948	0.979
Early initiation of breastfeeding	5.1	0.455	0.046	0.100	1.68	1.30	196	498	0.364	0.547
Contraceptive prevalence	8.3	0.160	0.020	0.127	1.52	1.23	504	1274	0.119	0.200
Adult literacy	10.1	0.346	0.043	0.125	2.87	1.69	343	834	0.260	0.432
Marriage before age 18	11.8	0.583	0.020	0.034	0.85	0.92	513	1303	0.543	0.623

Polygamy	11.8	0.081	0.011	0.131	0.75	0.87	504	1274	0.060	0.102
Comprehensive knowledge about HIV prevention	12.1	0.003	0.001	0.480	0.42	0.65	714	1781	0.000	0.005
Comprehensive knowledge about HIV prevention among young people	12.2	0.003	0.002	0.571	0.37	0.61	343	834	0.000	0.007
Accepting attitudes towards people living with HIV	12.4	0.066	0.027	0.407	0.85	0.92	68	171	0.012	0.119
Knowledge of mother-to-child transmission of HIV	12.3	0.052	0.009	0.164	1.06	1.03	714	1781	0.035	0.069
UNDER-5s										
Exclusive breastfeeding under 6 months	5.2	0.650	0.041	0.063	0.35	0.59	46	120	0.569	0.731
Predominant breastfeeding under 6 months	5.2	0.772	0.037	0.048	0.38	0.61	46	120	0.698	0.846
Continued breastfeeding at 1 year	5.2	0.944	0.022	0.023	0.42	0.65	48	124	0.901	0.988
Continued breastfeeding at 2 years	5.2	0.747	0.055	0.074	0.28	0.53	18	46	0.637	0.858
Age-appropriate breastfeeding	5.4	0.521	0.035	0.067	0.95	0.97	186	478	0.451	0.591
Bottle feeding	5.7	0.171	0.026	0.154	0.93	0.97	186	478	0.118	0.223
Vitamin A supplementation (children under age 5)	5.9	0.534	0.036	0.068	2.47	1.57	470	1201	0.461	0.606
Tuberculosis immunization coverage	6.3	0.575	0.048	0.083	2.45	1.57	103	264	0.480	0.671
Polio immunization coverage	6.3	0.533	0.049	0.092	2.55	1.60	104	266	0.434	0.631
Immunization coverage for DPT	6.3	0.426	0.037	0.086	1.41	1.19	102	260	0.353	0.499
Measles immunization coverage	6.3	0.538	0.038	0.070	1.47	1.21	101	258	0.462	0.613
Fully immunized children	6.3	0.296	0.033	0.195	0.82	0.91	104	265	0.229	0.362
Diarrhoea in last two weeks	6.5	0.334	0.024	0.073	1.39	1.18	516	1321	0.285	0.383
Oral rehydration therapy with continued feeding	6.7	0.305	0.018	0.060	0.28	0.53	172	443	0.269	0.342
Acute respiratory infection in last two weeks	6.8	0.302	0.029	0.095	2.00	1.41	516	1321	0.245	0.359
Antibiotic treatment of suspected pneumonia	6.8	0.379	0.042	0.110	1.22	1.11	156	388	0.296	0.462
Care-seeking for suspected pneumonia	6.8	0.407	0.041	0.102	1.18	1.09	156	388	0.324	0.490
Attendance to early childhood education	9.1	0.018	0.009	0.506	1.05	1.03	223	565	0.000	0.037
Support for learning	9.2	0.805	0.032	0.040	1.44	1.20	223	565	0.741	0.870
Father's support for learning	9.2	0.462	0.039	0.084	1.32	1.15	223	565	0.385	0.540
Learning materials: children's books	9.3	0.019	0.005	0.291	0.83	0.91	516	1321	0.008	0.030
Learning materials: playthings	9.3	0.279	0.029	0.104	2.18	1.48	516	1321	0.221	0.337
Inadequate care	9.4	0.467	0.026	0.055	1.37	1.17	516	1321	0.415	0.518
Birth registration	11.1	0.308	0.043	0.140	4.50	2.12	516	1321	0.222	0.395
Safe disposal of child's faeces	7.7	0.109	0.019	0.176	1.13	1.06	292	754	0.070	0.147

Table C.6: Sampling Errors - East Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Afghanistan MICS4

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits *r - 2se*	Confidence limits *r + 2se*
HOUSEHOLDS										
Iodized salt consumption	5.8	0.246	0.027	0.111	5.96	2.44	1488	1534	0.191	0.300
Place for hand washing	7.9	0.613	0.034	0.056	5.12	2.26	1028	1053	0.544	0.682
Availability of soap	7.10	0.821	0.021	0.026	4.78	2.19	1520	1571	0.778	0.864
Child discipline	11.5	0.839	0.018	0.022	3.63	1.91	5943	1433	0.802	0.875
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	7.1	0.624	0.058	0.093	21.15	4.60	11335	1571	0.507	0.740
Water treatment	7.2	0.039	0.010	0.292	1.59	1.26	4266	586	0.020	0.058
Use of improved sanitation facilities	7.5	0.420	0.044	0.105	11.74	3.43	11335	1571	0.332	0.509
School readiness	10.2	0.307	0.102	0.333	8.98	3.00	161	160	0.102	0.512
Net intake rate in primary education	10.3	0.252	0.034	0.110	2.22	1.49	418	436	0.185	0.320
Primary school net attendance ratio (adjusted)	10.4	0.555	0.032	0.057	9.32	3.05	2256	2329	0.491	0.618
Secondary school net attendance ratio (adjusted)	10.5	0.402	0.034	0.104	8.12	2.85	1535	1591	0.334	0.471
Primary completion rate	10.7	0.286	0.047	0.163	2.87	1.70	263	277	0.193	0.380
Transition rate to secondary school	10.7	0.875	0.056	0.064	5.07	2.25	160	168	0.763	0.988
Child labour	11.2	0.283	0.027	0.095	14.37	3.79	4008	4135	0.229	0.336
Children's living arrangements	11.6	0.008	0.002	0.238	2.92	1.71	6403	6660	0.004	0.012

Prevalence of children with at least one parent dead	11.6	0.023	0.004	0.195	5.63	2.37	6403	6660	0.014	0.031
School attendance of orphans	11.7	0.853	0.076	0.088	0.49	0.70	12	12	0.702	1.000
School attendance of non-orphans	11.7	0.566	0.034	0.060	7.89	2.81	1665	1739	0.498	0.634
WOMEN										
Antenatal care coverage	8.4	0.433	0.042	0.098	3.66	1.91	491	535	0.348	0.518
Skilled attendant at delivery	8.7	0.377	0.045	0.120	4.34	2.08	491	535	0.286	0.467
Institutional deliveries	8.8	0.342	0.047	0.136	4.83	2.20	491	535	0.249	0.435
Caesarean section	8.8	0.016	0.006	0.375	1.13	1.07	491	535	0.004	0.028
Content of antenatal care	8.6	0.191	0.028	0.144	2.46	1.57	491	535	0.136	0.246
Children ever breastfed	5.1	0.847	0.037	0.044	5.25	2.29	491	535	0.773	0.921
Early initiation of breastfeeding	5.1	0.525	0.034	0.065	2.37	1.54	491	535	0.457	0.594
Contraceptive prevalence	8.3	0.165	0.017	0.102	3.23	1.80	1583	1661	0.131	0.199
Adult literacy	10.1	0.164	0.039	0.239	9.79	3.13	866	913	0.086	0.242
Marriage before age 18	11.8	0.444	0.024	0.054	3.85	1.96	1659	1749	0.396	0.492
Polygamy	11.8	0.081	0.010	0.127	2.23	1.49	1583	1661	0.060	0.102
Comprehensive knowledge about HIV prevention	12.1	0.013	0.003	0.234	1.55	1.25	2153	2276	0.007	0.019
Comprehensive knowledge about HIV prevention among young people	12.2	0.005	0.002	0.428	0.86	0.93	866	913	0.001	0.010
Accepting attitudes towards people living with HIV	12.4	0.136	0.040	0.291	8.27	2.88	577	621	0.057	0.215
Knowledge of mother-to-child transmission of HIV	12.3	0.123	0.016	0.128	4.92	2.22	2153	2276	0.092	0.154
UNDER-5s										
Exclusive breastfeeding under 6 months	5.2	0.623	0.047	0.076	1.14	1.07	113	129	0.528	0.718
Predominant breastfeeding under 6 months	5.2	0.795	0.036	0.046	0.97	0.98	113	129	0.722	0.868
Continued breastfeeding at 1 year	5.2	0.941	0.023	0.025	0.87	0.93	89	95	0.895	0.987
Continued breastfeeding at 2 years	5.2	0.795	0.060	0.079	0.99	1.00	52	54	0.676	0.914
Age-appropriate breastfeeding	5.4	0.398	0.024	0.061	1.19	1.09	475	521	0.350	0.446
Bottle feeding	5.7	0.214	0.022	0.105	1.47	1.21	475	521	0.169	0.259
Vitamin A supplementation (children under age 5)	5.9	0.490	0.034	0.069	7.13	2.67	1554	1685	0.422	0.557
Tuberculosis immunization coverage	6.3	0.765	0.034	0.044	1.68	1.30	245	265	0.698	0.833
Polio immunization coverage	6.3	0.527	0.046	0.086	2.20	1.48	247	267	0.436	0.618
Immunization coverage for DPT	6.3	0.460	0.049	0.108	2.60	1.61	245	265	0.362	0.559
Measles immunization coverage	6.3	0.596	0.038	0.054	1.75	1.32	244	263	0.520	0.671
Fully immunized children	6.3	0.387	0.034	0.231	2.27	1.51	246	265	0.320	0.455
Diarrhoea in last two weeks	6.5	0.214	0.016	0.075	2.58	1.61	1667	1814	0.182	0.246
Oral rehydration therapy with continued feeding	6.7	0.473	0.032	0.068	1.50	1.23	357	392	0.409	0.538
Acute respiratory infection in last two weeks	6.8	0.236	0.026	0.109	6.11	2.47	1667	1814	0.185	0.288
Antibiotic treatment of suspected pneumonia	6.8	0.689	0.032	0.046	1.96	1.40	394	421	0.625	0.752
Care-seeking for suspected pneumonia	6.8	0.722	0.032	0.045	2.18	1.48	394	421	0.658	0.787
Attendance to early childhood education	9.1	0.010	0.003	0.311	0.79	0.89	821	894	0.004	0.016
Support for learning	9.2	0.773	0.025	0.033	2.92	1.71	821	894	0.722	0.823
Father's support for learning	9.2	0.672	0.027	0.040	2.70	1.64	821	894	0.617	0.726
Learning materials: children's books	9.3	0.028	0.006	0.226	2.47	1.57	1667	1814	0.015	0.041
Learning materials: playthings	9.3	0.668	0.023	0.035	4.12	2.03	1667	1814	0.621	0.715
Inadequate care	9.4	0.334	0.026	0.078	5.07	2.25	1667	1814	0.282	0.386
Birth registration	11.1	0.576	0.035	0.061	8.42	2.90	1667	1814	0.506	0.646
Safe disposal of child's faeces	7.7	0.284	0.031	0.111	4.19	2.05	846	920	0.221	0.347

Table C.7: **Sampling Errors - North Region**

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Afghanistan MICS4

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	5.8	0.109	0.015	0.142	4.69	2.16	1907	1915	0.078	0.140
Place for hand washing	7.9	0.735	0.038	0.052	6.50	2.55	875	960	0.658	0.811
Availability of soap	7.10	0.799	0.021	0.026	5.26	2.29	1913	1922	0.757	0.841
Child discipline	11.5	0.722	0.020	0.028	3.23	1.80	6532	1700	0.683	0.762
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	7.1	0.452	0.042	0.093	12.90	3.59	14055	1922	0.368	0.536
Water treatment	7.2	0.084	0.018	0.219	4.34	2.08	7689	1031	0.047	0.120
Use of improved sanitation facilities	7.5	0.353	0.041	0.115	13.14	3.62	14055	1922	0.271	0.434
School readiness	10.2	0.061	0.029	0.479	2.67	1.64	159	163	0.003	0.119
Net intake rate in primary education	10.3	0.271	0.029	0.096	2.10	1.45	520	514	0.212	0.330
Primary school net attendance ratio (adjusted)	10.4	0.609	0.022	0.035	4.91	2.22	2482	2521	0.566	0.652
Secondary school net attendance ratio (adjusted)	10.5	0.352	0.020	0.055	3.50	1.87	2089	2081	0.313	0.391
Primary completion rate	10.7	0.408	0.028	0.077	1.36	1.17	388	386	0.351	0.464
Transition rate to secondary school	10.7	0.939	0.019	0.020	1.71	1.31	250	276	0.901	0.977
Child labour	11.2	0.301	0.018	0.060	6.70	2.59	4373	4437	0.265	0.336
Children's living arrangements	11.6	0.013	0.002	0.157	2.42	1.56	7528	7530	0.009	0.017
Prevalence of children with at least one parent dead	11.6	0.060	0.006	0.094	4.23	2.06	7528	7530	0.049	0.071
School attendance of orphans	11.7	0.482	0.171	0.355	1.52	1.23	14	15	0.140	0.824
School attendance of non-orphans	11.7	0.637	0.022	0.034	4.05	2.01	1931	1952	0.593	0.681
WOMEN										
Antenatal care coverage	8.4	0.429	0.028	0.066	2.45	1.56	743	736	0.373	0.485
Skilled attendant at delivery	8.7	0.251	0.024	0.097	2.37	1.54	743	736	0.203	0.300
Institutional deliveries	8.8	0.207	0.021	0.102	2.07	1.44	743	736	0.164	0.249
Caesarean section	8.8	0.026	0.009	0.348	2.45	1.57	743	736	0.008	0.044
Content of antenatal care	8.6	0.054	0.011	0.203	1.77	1.33	743	736	0.032	0.075
Children ever breastfed	5.1	0.966	0.008	0.008	1.46	1.21	743	736	0.951	0.982
Early initiation of breastfeeding	5.1	0.533	0.027	0.050	2.20	1.48	743	736	0.479	0.587
Contraceptive prevalence	8.3	0.138	0.011	0.079	1.97	1.40	2001	2018	0.116	0.160
Adult literacy	10.1	0.242	0.020	0.082	2.74	1.65	1257	1253	0.202	0.282
Marriage before age 18	11.8	0.492	0.014	0.028	1.57	1.25	2139	2181	0.465	0.519
Polygamy	11.8	0.076	0.008	0.109	1.92	1.39	2001	2018	0.059	0.092
Comprehensive knowledge about HIV prevention	12.1	0.010	0.002	0.237	1.60	1.26	2876	2904	0.005	0.014
Comprehensive knowledge about HIV prevention among young people	12.2	0.014	0.004	0.307	1.66	1.29	1257	1253	0.005	0.022
Accepting attitudes towards people living with HIV	12.4	0.145	0.026	0.179	2.95	1.72	507	631	0.093	0.196
Knowledge of mother-to-child transmission of HIV	12.3	0.069	0.012	0.178	6.76	2.60	2876	2904	0.045	0.094
UNDER-5s										
Exclusive breastfeeding under 6 months	5.2	0.565	0.048	0.084	1.82	1.35	186	177	0.470	0.661
Predominant breastfeeding under 6 months	5.2	0.714	0.032	0.044	0.95	0.98	186	177	0.651	0.777
Continued breastfeeding at 1 year	5.2	0.894	0.024	0.026	1.02	1.01	172	164	0.847	0.941
Continued breastfeeding at 2 years	5.2	0.714	0.041	0.053	0.82	0.90	87	86	0.632	0.796
Age-appropriate breastfeeding	5.4	0.362	0.024	0.067	1.90	1.38	721	725	0.313	0.410
Bottle feeding	5.7	0.228	0.024	0.104	2.37	1.54	721	725	0.180	0.275
Vitamin A supplementation (children under age 5)	5.9	0.545	0.036	0.066	10.00	3.16	1902	1927	0.472	0.617

Tuberculosis immunization coverage	6.3	0.606	0.036	0.059	2.06	1.43	376	384	0.534	0.677
Polio immunization coverage	6.3	0.479	0.029	0.062	1.32	1.15	374	382	0.420	0.538
Immunization coverage for DPT	6.3	0.336	0.029	0.085	1.37	1.17	362	374	0.278	0.393
Measles immunization coverage	6.3	0.499	0.035	0.069	1.80	1.34	368	377	0.429	0.568
Fully immunized children	6.3	0.236	0.018	0.226	1.73	1.32	377	385	0.199	0.272
Diarrhoea in last two weeks	6.5	0.259	0.017	0.066	3.15	1.77	2087	2104	0.225	0.293
Oral rehydration therapy with continued feeding	6.7	0.392	0.033	0.084	2.51	1.58	541	528	0.326	0.458
Acute respiratory infection in last two weeks	6.8	0.203	0.014	0.068	2.49	1.58	2087	2104	0.175	0.231
Antibiotic treatment of suspected pneumonia	6.8	0.632	0.037	0.058	2.65	1.63	424	416	0.559	0.706
Care-seeking for suspected pneumonia	6.8	0.546	0.034	0.062	2.09	1.45	424	416	0.478	0.613
Attendance to early childhood education	9.1	0.006	0.003	0.472	1.25	1.12	949	949	0.000	0.012
Support for learning	9.2	0.774	0.020	0.026	2.12	1.46	949	949	0.735	0.814
Father's support for learning	9.2	0.572	0.031	0.054	3.57	1.89	949	949	0.511	0.634
Learning materials: children's books	9.3	0.014	0.004	0.277	2.24	1.50	2087	2104	0.006	0.021
Learning materials: playthings	9.3	0.523	0.017	0.033	2.45	1.57	2087	2104	0.489	0.557
Inadequate care	9.4	0.423	0.025	0.060	5.45	2.34	2087	2104	0.372	0.473
Birth registration	11.1	0.278	0.023	0.081	5.29	2.30	2087	2104	0.233	0.323
Safe disposal of child's faeces	7.7	0.537	0.036	0.067	6.05	2.46	1133	1152	0.465	0.609

Table C.8: Sampling Errors - North East Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Afghanistan MICS4

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits *r - 2se*	Confidence limits *r + 2se*
HOUSEHOLDS										
Iodized salt consumption	5.8	0.149	0.022	0.148	7.97	2.82	2080	1802	0.105	0.193
Place for hand washing	7.9	0.847	0.024	0.029	3.63	1.91	792	727	0.798	0.896
Availability of soap	7.10	0.764	0.021	0.028	5.13	2.26	2091	1811	0.721	0.806
Child discipline	11.5	0.738	0.027	0.036	6.57	2.56	7176	1591	0.684	0.791
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	7.1	0.441	0.049	0.111	20.79	4.56	16557	1811	0.343	0.539
Water treatment	7.2	0.267	0.032	0.118	6.06	2.46	9242	983	0.204	0.330
Use of improved sanitation facilities	7.5	0.190	0.023	0.121	7.29	2.70	16557	1811	0.144	0.236
School readiness	10.2	0.067	0.019	0.289	1.47	1.21	217	192	0.028	0.106
Net intake rate in primary education	10.3	0.334	0.032	0.104	2.63	1.62	543	465	0.270	0.399
Primary school net attendance ratio (adjusted)	10.4	0.584	0.041	0.068	18.14	4.26	2621	2275	0.503	0.666
Secondary school net attendance ratio (adjusted)	10.5	0.318	0.024	0.077	6.73	2.59	2438	2066	0.269	0.367
Primary completion rate	10.7	0.210	0.039	0.136	3.22	1.79	424	365	0.132	0.288
Transition rate to secondary school	10.7	0.930	0.020	0.022	1.65	1.28	241	227	0.890	0.970
Child labour	11.2	0.296	0.016	0.055	5.92	2.43	4693	4050	0.263	0.328
Children's living arrangements	11.6	0.015	0.002	0.143	2.71	1.65	8461	7243	0.011	0.020
Prevalence of children with at least one parent dead	11.6	0.053	0.005	0.101	4.85	2.20	8461	7243	0.042	0.064
School attendance of orphans	11.7	0.371	0.079	0.212	0.48	0.70	20	17	0.213	0.528
School attendance of non-orphans	11.7	0.622	0.039	0.063	12.76	3.57	1921	1679	0.543	0.700
WOMEN										
Antenatal care coverage	8.4	0.529	0.034	0.064	4.09	2.02	869	766	0.461	0.597
Skilled attendant at delivery	8.7	0.429	0.025	0.059	2.29	1.51	869	766	0.379	0.480
Institutional deliveries	8.8	0.316	0.031	0.097	3.88	1.97	869	766	0.254	0.377
Caesarean section	8.8	0.029	0.006	0.224	1.32	1.15	869	766	0.016	0.042
Content of antenatal care	8.6	0.105	0.014	0.135	1.90	1.38	869	766	0.077	0.133
Children ever breastfed	5.1	0.957	0.008	0.009	1.48	1.22	869	766	0.940	0.974
Early initiation of breastfeeding	5.1	0.708	0.023	0.032	2.21	1.49	869	766	0.662	0.753
Contraceptive prevalence	8.3	0.129	0.008	0.064	1.47	1.21	2459	2106	0.113	0.146

Adult literacy	10.1	0.208	0.022	0.104	5.16	2.27	1799	1533	0.165	0.252
Marriage before age 18	11.8	0.423	0.013	0.032	2.01	1.42	2717	2348	0.396	0.450
Polygamy	11.8	0.083	0.010	0.124	3.40	1.84	2459	2106	0.062	0.104
Comprehensive knowledge about HIV prevention	12.1	0.002	0.001	0.352	1.08	1.04	3752	3222	0.001	0.004
Comprehensive knowledge about HIV prevention among young people	12.2	0.002	0.001	0.552	1.10	1.05	1799	1533	0.000	0.004
Accepting attitudes towards people living with HIV	12.4	0.262	0.037	0.139	4.10	2.03	552	530	0.189	0.335
Knowledge of mother-to-child transmission of HIV	12.3	0.049	0.010	0.193	7.23	2.69	3752	3222	0.030	0.068
UNDER-5s										
Exclusive breastfeeding under 6 months	5.2	0.490	0.045	0.092	2.01	1.42	234	202	0.400	0.580
Predominant breastfeeding under 6 months	5.2	0.700	0.051	0.073	3.09	1.76	234	202	0.597	0.802
Continued breastfeeding at 1 year	5.2	0.939	0.021	0.023	1.79	1.34	220	190	0.897	0.982
Continued breastfeeding at 2 years	5.2	0.594	0.087	0.147	1.75	1.32	56	49	0.420	0.768
Age-appropriate breastfeeding	5.4	0.426	0.028	0.066	2.87	1.70	862	766	0.370	0.482
Bottle feeding	5.7	0.260	0.025	0.098	2.99	1.73	862	766	0.209	0.310
Vitamin A supplementation (children under age 5)	5.9	0.593	0.031	0.052	8.84	2.97	2229	1932	0.531	0.655
Tuberculosis immunization coverage	6.3	0.708	0.044	0.063	3.52	1.88	420	369	0.619	0.797
Polio immunization coverage	6.3	0.579	0.042	0.072	2.70	1.64	427	377	0.495	0.662
Immunization coverage for DPT	6.3	0.526	0.041	0.078	2.43	1.56	409	362	0.444	0.608
Measles immunization coverage	6.3	0.620	0.044	0.070	2.96	1.72	416	367	0.533	0.707
Fully immunized children	6.3	0.415	0.052	0.201	6.10	2.47	423	372	0.311	0.519
Diarrhoea in last two weeks	6.5	0.193	0.014	0.072	3.05	1.75	2463	2134	0.166	0.221
Oral rehydration therapy with continued feeding	6.7	0.352	0.034	0.095	2.37	1.54	476	424	0.285	0.419
Acute respiratory infection in last two weeks	6.8	0.130	0.013	0.097	3.47	1.86	2463	2134	0.105	0.155
Antibiotic treatment of suspected pneumonia	6.8	0.582	0.048	0.082	3.18	1.78	320	284	0.487	0.677
Care-seeking for suspected pneumonia	6.8	0.529	0.052	0.098	3.70	1.92	320	284	0.425	0.633
Attendance to early childhood education	9.1	0.009	0.003	0.317	1.00	1.00	1132	963	0.003	0.014
Support for learning	9.2	0.694	0.027	0.039	3.80	1.95	1132	963	0.640	0.748
Father's support for learning	9.2	0.543	0.028	0.052	3.54	1.88	1132	963	0.487	0.599
Learning materials: children's books	9.3	0.005	0.002	0.441	2.61	1.61	2463	2134	0.001	0.010
Learning materials: playthings	9.3	0.524	0.028	0.054	7.79	2.79	2463	2134	0.468	0.580
Inadequate care	9.4	0.338	0.028	0.083	8.59	2.93	2463	2134	0.282	0.394
Birth registration	11.1	0.412	0.036	0.087	12.94	3.60	2463	2134	0.340	0.483
Safe disposal of child's faeces	7.7	0.672	0.028	0.041	4.69	2.17	1330	1169	0.617	0.728

Table C.9: Sampling Errors - South Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Afghanistan MICS4

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits *r - 2se*	Confidence limits *r + 2se*
HOUSEHOLDS										
Iodized salt consumption	5.8	0.140	0.020	0.141	5.06	2.25	1566	1296	0.101	0.180
Place for hand washing	7.9	0.665	0.038	0.057	7.40	2.72	1164	986	0.590	0.741
Availability of soap	7.10	0.605	0.033	0.055	7.22	2.69	1584	1309	0.539	0.671
Child discipline	11.5	0.651	0.029	0.045	5.84	2.42	6291	1241	0.593	0.709
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	7.1	0.595	0.029	0.049	6.31	2.51	13825	1309	0.536	0.653
Water treatment	7.2	0.048	0.014	0.411	4.13	2.03	5577	437	0.021	0.075
Use of improved sanitation facilities	7.5	0.305	0.029	0.097	7.28	2.70	13825	1309	0.246	0.364
School readiness	10.2	0.097	0.042	0.428	0.80	0.89	36	29	0.014	0.181
Net intake rate in primary education	10.3	0.117	0.037	0.245	4.52	2.13	426	338	0.043	0.191
Primary school net attendance ratio (adjusted)	10.4	0.219	0.035	0.158	19.50	4.42	2679	2218	0.149	0.290
Secondary school net attendance ratio (adjusted)	10.5	0.121	0.021	0.179	10.93	3.31	2560	2052	0.079	0.163
Primary completion rate	10.7	0.171	0.045	0.311	5.96	2.44	360	303	0.081	0.260

Transition rate to secondary school	10.7	0.975	0.016	0.016	1.10	1.05	94	83	0.943	1.000
Child labour	11.2	0.291	0.026	0.088	14.83	3.85	4677	3833	0.240	0.343
Children's living arrangements	11.6	0.023	0.008	0.331	20.27	4.50	7759	6307	0.008	0.039
Prevalence of children with at least one parent dead	11.6	0.034	0.011	0.319	27.82	5.27	7759	6307	0.012	0.056
School attendance of orphans	11.7	0.143	0.031	0.216	0.32	0.56	45	32	0.082	0.205
School attendance of non-orphans	11.7	0.218	0.037	0.172	18.40	4.29	2211	1823	0.143	0.293
WOMEN										
Antenatal care coverage	8.4	0.311	0.039	0.127	2.62	1.62	353	294	0.232	0.389
Skilled attendant at delivery	8.7	0.212	0.038	0.179	3.11	1.76	353	294	0.136	0.288
Institutional deliveries	8.8	0.138	0.033	0.242	3.36	1.83	353	294	0.071	0.205
Caesarean section	8.8	0.007	0.005	0.642	1.11	1.05	353	294	0.000	0.017
Content of antenatal care	8.6	0.099	0.025	0.254	2.55	1.60	353	294	0.048	0.149
Children ever breastfed	5.1	0.918	0.019	0.021	1.76	1.33	353	294	0.880	0.957
Early initiation of breastfeeding	5.1	0.241	0.042	0.176	3.52	1.88	353	294	0.157	0.326
Contraceptive prevalence	8.3	0.325	0.026	0.079	5.27	2.30	1800	1492	0.274	0.377
Adult literacy	10.1	0.027	0.007	0.253	2.25	1.50	1259	1038	0.013	0.040
Marriage before age 18	11.8	0.522	0.017	0.032	2.06	1.44	1873	1566	0.489	0.555
Polygamy	11.8	0.058	0.008	0.140	2.14	1.46	1800	1492	0.042	0.075
Comprehensive knowledge about HIV prevention	12.1	0.008	0.003	0.333	2.31	1.52	2672	2228	0.003	0.013
Comprehensive knowledge about HIV prevention among young people	12.2	0.004	0.002	0.568	1.45	1.20	1259	1038	0.000	0.008
Accepting attitudes towards people living with HIV	12.4	0.115	0.021	0.185	3.18	1.78	662	669	0.073	0.158
Knowledge of mother-to-child transmission of HIV	12.3	0.048	0.007	0.153	3.16	1.78	2672	2228	0.034	0.063
UNDER-5s										
Exclusive breastfeeding under 6 months	5.2	0.481	0.098	0.203	1.87	1.37	46	37	0.286	0.677
Predominant breastfeeding under 6 months	5.2	0.481	0.098	0.203	1.87	1.37	46	37	0.286	0.677
Continued breastfeeding at 1 year	5.2	0.953	0.014	0.015	0.44	0.66	101	81	0.925	0.981
Continued breastfeeding at 2 years	5.2	0.896	0.031	0.035	0.89	0.94	87	70	0.834	0.958
Age-appropriate breastfeeding	5.4	0.226	0.033	0.145	2.23	1.49	350	294	0.161	0.292
Bottle feeding	5.7	0.538	0.053	0.098	4.03	2.01	350	294	0.433	0.643
Vitamin A supplementation (children under age 5)	5.9	0.193	0.026	0.132	7.23	2.69	1728	1413	0.142	0.245
Tuberculosis immunization coverage	6.3	0.348	0.057	0.163	2.95	1.72	250	210	0.235	0.461
Polio immunization coverage	6.3	0.084	0.021	0.249	1.17	1.08	254	212	0.042	0.126
Immunization coverage for DPT	6.3	0.046	0.016	0.343	1.14	1.07	243	204	0.015	0.077
Measles immunization coverage	6.3	0.194	0.058	0.300	4.47	2.12	249	208	0.078	0.311
Fully immunized children	6.3	0.015	0.006	0.689	1.07	1.04	254	213	0.003	0.027
Diarrhoea in last two weeks	6.5	0.200	0.028	0.138	8.41	2.90	1774	1450	0.145	0.255
Oral rehydration therapy with continued feeding	6.7	0.679	0.052	0.077	4.49	2.12	355	305	0.575	0.783
Acute respiratory infection in last two weeks	6.8	0.100	0.017	0.170	5.71	2.39	1774	1450	0.066	0.134
Antibiotic treatment of suspected pneumonia	6.8	0.834	0.036	0.043	1.79	1.34	178	163	0.762	0.906
Care-seeking for suspected pneumonia	6.8	0.633	0.079	0.124	5.06	2.25	178	163	0.476	0.791
Attendance to early childhood education	9.1	0.005	0.003	0.672	2.14	1.46	1024	830	0.000	0.011
Support for learning	9.2	0.755	0.033	0.044	6.08	2.47	1024	830	0.688	0.822
Father's support for learning	9.2	0.743	0.035	0.047	6.29	2.51	1024	830	0.673	0.812
Learning materials: children's books	9.3	0.016	0.005	0.292	2.53	1.59	1774	1450	0.007	0.026
Learning materials: playthings	9.3	0.521	0.033	0.063	7.74	2.78	1774	1450	0.455	0.587
Inadequate care	9.4	0.382	0.035	0.091	9.12	3.02	1774	1450	0.313	0.452
Birth registration	11.1	0.315	0.046	0.146	17.39	4.17	1774	1450	0.223	0.407
Safe disposal of child's faeces	7.7	0.340	0.039	0.116	5.29	2.30	753	621	0.261	0.419

Table C.10: Sampling Errors - South East Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Afghanistan MICS4

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	5.8	0.109	0.027	0.245	8.99	3.00	1226	1247	0.056	0.163
Place for hand washing	7.9	0.657	0.038	0.057	5.15	2.27	830	790	0.582	0.732
Availability of soap	7.10	0.720	0.040	0.055	9.94	3.15	1263	1280	0.640	0.799
Child discipline	11.5	0.737	0.060	0.081	26.26	5.12	5672	1220	0.617	0.857
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	7.1	0.668	0.052	0.078	20.34	4.51	12867	1280	0.564	0.772
Water treatment	7.2	0.194	0.038	0.247	6.05	2.46	4248	451	0.118	0.270
Use of improved sanitation facilities	7.5	0.311	0.071	0.230	39.49	6.28	12867	1280	0.168	0.454
School readiness	10.2	0.100	0.051	0.513	3.89	1.97	118	133	0.000	0.202
Net intake rate in primary education	10.3	0.261	0.055	0.206	7.49	2.74	488	470	0.151	0.371
Primary school net attendance ratio (adjusted)	10.4	0.508	0.030	0.054	6.75	2.60	1889	1983	0.449	0.567
Secondary school net attendance ratio (adjusted)	10.5	0.388	0.026	0.065	4.50	2.12	1607	1665	0.336	0.440
Primary completion rate	10.7	0.277	0.042	0.111	1.87	1.37	242	265	0.192	0.361
Transition rate to secondary school	10.7	0.932	0.025	0.027	2.12	1.45	196	193	0.882	0.982
Child labour	11.2	0.246	0.033	0.133	20.92	4.57	3620	3646	0.180	0.311
Children's living arrangements	11.6	0.024	0.004	0.157	4.15	2.04	6812	6762	0.017	0.032
Prevalence of children with at least one parent dead	11.6	0.055	0.007	0.132	6.82	2.61	6812	6762	0.040	0.069
School attendance of orphans	11.7	0.280	0.101	0.359	2.07	1.44	46	45	0.079	0.482
School attendance of non-orphans	11.7	0.626	0.030	0.047	4.94	2.22	1310	1392	0.567	0.685
WOMEN										
Antenatal care coverage	8.4	0.380	0.041	0.107	5.19	2.28	726	711	0.299	0.461
Skilled attendant at delivery	8.7	0.378	0.057	0.150	10.07	3.17	726	711	0.265	0.491
Institutional deliveries	8.8	0.308	0.047	0.154	7.81	2.79	726	711	0.213	0.402
Caesarean section	8.8	0.049	0.011	0.225	1.94	1.39	726	711	0.027	0.071
Content of antenatal care	8.6	0.075	0.012	0.160	1.54	1.24	726	711	0.051	0.099
Children ever breastfed	5.1	0.936	0.017	0.018	3.44	1.85	726	711	0.902	0.969
Early initiation of breastfeeding	5.1	0.374	0.069	0.183	14.88	3.86	726	711	0.237	0.511
Contraceptive prevalence	8.3	0.178	0.016	0.092	3.85	1.96	2117	1943	0.145	0.211
Adult literacy	10.1	0.161	0.029	0.178	6.83	2.61	1121	1141	0.104	0.218
Marriage before age 18	11.8	0.316	0.050	0.158	25.20	5.02	2183	2016	0.216	0.416
Polygamy	11.8	0.080	0.009	0.113	2.31	1.52	2117	1943	0.062	0.098
Comprehensive knowledge about HIV prevention	12.1	0.020	0.006	0.312	5.32	2.31	2731	2597	0.007	0.032
Comprehensive knowledge about HIV prevention among young people	12.2	0.036	0.011	0.300	3.80	1.95	1121	1141	0.014	0.057
Accepting attitudes towards people living with HIV	12.4	0.115	0.043	0.375	15.88	3.98	809	670	0.029	0.200
Knowledge of mother-to-child transmission of HIV	12.3	0.050	0.010	0.207	6.09	2.47	2731	2597	0.029	0.070
UNDER-5s										
Exclusive breastfeeding under 6 months	5.2	0.575	0.038	0.066	1.40	1.18	223	245	0.499	0.652
Predominant breastfeeding under 6 months	5.2	0.660	0.042	0.064	1.87	1.37	223	245	0.576	0.744
Continued breastfeeding at 1 year	5.2	0.783	0.057	0.073	1.73	1.32	90	89	0.669	0.896
Continued breastfeeding at 2 years	5.2	0.544	0.076	0.139	2.16	1.47	94	91	0.393	0.696
Age-appropriate breastfeeding	5.4	0.304	0.029	0.096	3.02	1.74	719	702	0.246	0.363
Bottle feeding	5.7	0.269	0.037	0.137	5.16	2.27	719	702	0.195	0.343
Vitamin A supplementation (children under age 5)	5.9	0.528	0.036	0.069	10.99	3.32	2080	1886	0.455	0.600
Tuberculosis immunization coverage	6.3	0.632	0.064	0.102	5.30	2.30	340	298	0.503	0.761

Polio immunization coverage	6.3	0.449	0.052	0.115	3.25	1.80	347	302	0.346	0.553
Immunization coverage for DPT	6.3	0.401	0.046	0.115	2.50	1.58	328	282	0.308	0.493
Measles immunization coverage	6.3	0.577	0.059	0.103	4.21	2.05	338	294	0.459	0.695
Fully immunized children	6.3	0.333	0.037	0.292	4.37	2.09	350	304	0.260	0.407
Diarrhoea in last two weeks	6.5	0.242	0.021	0.087	5.59	2.36	2303	2131	0.200	0.285
Oral rehydration therapy with continued feeding	6.7	0.595	0.086	0.144	17.20	4.15	558	460	0.423	0.766
Acute respiratory infection in last two weeks	6.8	0.187	0.034	0.180	17.22	4.15	2303	2131	0.120	0.255
Antibiotic treatment of suspected pneumonia	6.8	0.744	0.038	0.051	3.48	1.86	431	428	0.668	0.820
Care-seeking for suspected pneumonia	6.8	0.720	0.044	0.061	4.42	2.10	431	428	0.632	0.808
Attendance to early childhood education	9.1	0.001	0.001	0.695	0.46	0.68	1016	907	0.000	0.002
Support for learning	9.2	0.615	0.056	0.092	13.44	3.67	1016	907	0.502	0.728
Father's support for learning	9.2	0.738	0.029	0.039	4.37	2.09	1016	907	0.680	0.796
Learning materials: children's books	9.3	0.031	0.007	0.229	3.90	1.98	2303	2131	0.017	0.046
Learning materials: playthings	9.3	0.523	0.018	0.035	3.10	1.76	2303	2131	0.486	0.559
Inadequate care	9.4	0.753	0.019	0.025	4.31	2.08	2303	2131	0.716	0.790
Birth registration	11.1	0.189	0.021	0.111	6.58	2.56	2303	2131	0.147	0.231
Safe disposal of child's faeces	7.7	0.220	0.039	0.179	11.79	3.43	1289	1225	0.141	0.298

Table C.11: Sampling Errors - West Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Afghanistan MICS4

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se*/*r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2*se*	*r* + 2*se*
HOUSEHOLDS										
Iodized salt consumption	5.8	0.086	0.013	0.155	4.77	2.19	2141	1421	0.059	0.112
Place for hand washing	7.9	0.766	0.035	0.046	8.65	2.94	1245	829	0.695	0.837
Availability of soap	7.10	0.609	0.038	0.063	13.40	3.66	2155	1433	0.532	0.686
Child discipline	11.5	0.814	0.016	0.020	2.66	1.63	6075	1237	0.782	0.847
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	7.1	0.593	0.031	0.053	7.01	2.65	13393	1433	0.518	0.656
Water treatment	7.2	0.035	0.010	0.282	2.03	1.43	5447	558	0.015	0.055
Use of improved sanitation facilities	7.5	0.330	0.031	0.093	7.37	2.71	13393	1433	0.268	0.391
School readiness	10.2	0.062	0.025	0.404	2.05	1.43	170	117	0.012	0.112
Net intake rate in primary education	10.3	0.300	0.028	0.123	2.32	1.52	521	334	0.243	0.356
Primary school net attendance ratio (adjusted)	10.4	0.558	0.036	0.065	13.22	3.64	2466	1688	0.486	0.631
Secondary school net attendance ratio (adjusted)	10.5	0.242	0.027	0.112	7.67	2.77	1920	1350	0.188	0.296
Primary completion rate	10.7	0.227	0.048	0.153	3.73	1.93	345	248	0.131	0.322
Transition rate to secondary school	10.7	0.867	0.045	0.052	3.71	1.92	190	139	0.776	0.957
Child labour	11.2	0.134	0.013	0.098	6.64	2.58	4461	3003	0.108	0.160
Children's living arrangements	11.6	0.021	0.003	0.141	3.07	1.75	7260	4892	0.015	0.027
Prevalence of children with at least one parent dead	11.6	0.046	0.006	0.130	5.82	2.41	7260	4892	0.034	0.057
School attendance of orphans	11.7	0.571	0.000	0.000	0.00	0.00	13	8	0.571	0.571
School attendance of non-orphans	11.7	0.580	0.039	0.068	11.72	3.42	1824	1276	0.502	0.659
WOMEN										
Antenatal care coverage	8.4	0.382	0.032	0.084	2.95	1.72	662	442	0.318	0.446
Skilled attendant at delivery	8.7	0.265	0.038	0.144	5.01	2.24	662	442	0.189	0.341
Institutional deliveries	8.8	0.243	0.033	0.137	4.09	2.02	662	442	0.176	0.310
Caesarean section	8.8	0.026	0.010	0.393	2.76	1.66	662	442	0.006	0.046
Content of antenatal care	8.6	0.065	0.010	0.147	1.02	1.01	662	442	0.046	0.084
Children ever breastfed	5.1	0.925	0.022	0.024	4.77	2.18	662	442	0.881	0.969
Early initiation of breastfeeding	5.1	0.635	0.033	0.052	3.16	1.78	662	442	0.569	0.701
Contraceptive prevalence	8.3	0.222	0.019	0.085	4.17	2.04	2043	1368	0.184	0.259

Adult literacy	10.1	0.219	0.030	0.138	6.54	2.56	1213	864	0.159	0.280
Marriage before age 18	11.8	0.663	0.014	0.021	1.78	1.34	2015	1362	0.635	0.691
Polygamy	11.8	0.072	0.009	0.123	2.39	1.54	2043	1368	0.054	0.090
Comprehensive knowledge about HIV prevention	12.1	0.022	0.004	0.189	2.17	1.47	2695	1859	0.014	0.030
Comprehensive knowledge about HIV prevention among young people	12.2	0.033	0.006	0.195	1.56	1.25	1213	864	0.020	0.045
Accepting attitudes towards people living with HIV	12.4	0.288	0.035	0.122	4.17	2.04	647	534	0.218	0.358
Knowledge of mother-to-child transmission of HIV	12.3	0.094	0.016	0.174	8.46	2.91	2695	1859	0.061	0.126
UNDER-5s										
Exclusive breastfeeding under 6 months	5.2	0.478	0.060	0.125	2.28	1.51	150	105	0.358	0.598
Predominant breastfeeding under 6 months	5.2	0.682	0.051	0.075	1.89	1.38	150	105	0.580	0.783
Continued breastfeeding at 1 year	5.2	0.892	0.041	0.045	2.09	1.45	120	81	0.811	0.973
Continued breastfeeding at 2 years	5.2	0.774	0.065	0.084	1.86	1.36	77	51	0.644	0.905
Age-appropriate breastfeeding	5.4	0.423	0.032	0.077	2.79	1.67	627	430	0.358	0.488
Bottle feeding	5.7	0.301	0.034	0.114	3.65	1.91	627	430	0.232	0.370
Vitamin A supplementation (children under age 5)	5.9	0.347	0.026	0.075	4.97	2.23	1676	1110	0.295	0.399
Tuberculosis immunization coverage	6.3	0.574	0.055	0.095	2.51	1.58	311	206	0.465	0.684
Polio immunization coverage	6.3	0.534	0.047	0.089	1.97	1.40	330	221	0.440	0.629
Immunization coverage for DPT	6.3	0.419	0.059	0.141	2.74	1.66	291	194	0.302	0.537
Measles immunization coverage	6.3	0.502	0.062	0.123	3.28	1.81	321	214	0.378	0.626
Fully immunized children	6.3	0.287	0.024	0.213	1.79	1.34	309	207	0.240	0.334
Diarrhoea in last two weeks	6.5	0.210	0.017	0.083	3.33	1.82	1826	1215	0.176	0.245
Oral rehydration therapy with continued feeding	6.7	0.542	0.048	0.089	3.62	1.90	384	244	0.445	0.638
Acute respiratory infection in last two weeks	6.8	0.165	0.020	0.120	5.20	2.28	1826	1215	0.125	0.205
Antibiotic treatment of suspected pneumonia	6.8	0.581	0.035	0.060	1.59	1.26	301	193	0.512	0.651
Care-seeking for suspected pneumonia	6.8	0.450	0.040	0.088	2.06	1.43	301	193	0.371	0.530
Attendance to early childhood education	9.1	0.008	0.004	0.500	1.59	1.26	785	519	0.000	0.016
Support for learning	9.2	0.759	0.027	0.036	3.17	1.78	785	519	0.704	0.814
Father's support for learning	9.2	0.494	0.033	0.066	3.29	1.81	785	519	0.429	0.560
Learning materials: children's books	9.3	0.023	0.005	0.226	2.17	1.47	1826	1215	0.012	0.033
Learning materials: playthings	9.3	0.501	0.037	0.073	9.82	3.13	1826	1215	0.427	0.574
Inadequate care	9.4	0.326	0.037	0.115	11.66	3.41	1826	1215	0.251	0.401
Birth registration	11.1	0.283	0.031	0.109	8.55	2.92	1826	1215	0.222	0.345
Safe disposal of child's faeces	7.7	0.374	0.037	0.099	6.15	2.48	1041	696	0.300	0.448

Appendix D. Data Quality Tables

Table D.1: Age distribution of household population
Single-year age distribution of household population by sex, Afghanistan, 2010-2011

		Sex			
		Male		Female	
		Number	Percent	Number	Percent
Age	0	1,193	2.2	1,148	2.4
	1	1,325	2.5	1,295	2.7
	2	1,766	3.3	1,590	3.3
	3	1,792	3.4	1,778	3.7
	4	1,895	3.6	1,693	3.5
	5	1,901	3.6	1,722	3.5
	6	2,000	3.8	1,836	3.8
	7	1,806	3.4	1,772	3.6
	8	1,980	3.7	1,777	3.7
	9	1,241	2.3	1,160	2.4
	10	2,093	3.9	1,720	3.5
	11	933	1.8	758	1.6
	12	1,864	3.5	1,581	3.3
	13	1,255	2.4	1,278	2.6
	14	1,354	2.5	1,562	3.2
	15	1,522	2.9	1,058	2.2
	16	1,442	2.7	1,355	2.8
	17	941	1.8	906	1.9
	18	1,903	3.6	1,698	3.5
	19	771	1.5	731	1.5
	20	1,878	3.5	1,809	3.7
	21	531	1.0	479	1.0
	22	1,093	2.1	940	1.9
	23	657	1.2	544	1.1
	24	591	1.1	499	1.0
	25	1,518	2.9	1,583	3.3
	26	546	1.0	504	1.0
	27	528	1.0	515	1.1
	28	732	1.4	759	1.6
	29	265	0.5	312	0.6
	30	1,669	3.1	1,496	3.1
	31	176	0.3	148	0.3
	32	484	0.9	415	0.9
	33	231	0.4	231	0.5
	34	187	0.4	204	0.4

35	1,200	2.3	1,222	2.5
36	264	0.5	285	0.6
37	235	0.4	272	0.6
38	368	0.7	429	0.9
39	170	0.3	219	0.5
40	1,293	2.4	1,173	2.4
41	127	0.2	103	0.2
42	277	0.5	257	0.5
43	142	0.3	184	0.4
44	125	0.2	130	0.3
45	921	1.7	811	1.7
46	138	0.3	153	0.3
47	146	0.3	130	0.3
48	235	0.4	253	0.5
49	123	0.2	126	0.3
50	968	1.8	1093	2.3
51	74	0.1	160	0.3
52	190	0.4	225	0.5
53	75	0.1	89	0.2
54	79	0.1	80	0.2
55	530	1.0	555	1.1
56	108	0.2	68	0.1
57	103	0.2	54	0.1
58	140	0.3	70	0.1
59	75	0.1	41	0.1
60	973	1.8	535	1.1
61	46	0.1	33	0.1
62	94	0.2	61	0.1
63	51	0.1	32	0.1
64	48	0.1	27	0.1
65	384	0.7	225	0.5
66	41	0.1	25	0.1
67	59	0.1	26	0.1
68	44	0.1	34	0.1
69	27	0.1	17	0.0
70	546	1.0	247	0.5
71	27	0.1	8	0.0
72	42	0.1	17	0.0
73	34	0.1	14	0.0
74	13	0.0	4	0.0
75	146	0.3	69	0.1
76	22	0.0	5	0.0
77	18	0.0	4	0.0

	78	25	0.0	9	0.0
	79	4	0.0	4	0.0
	80+	327	0.6	137	0.3
	DK/missing		0.0	2	0.0
Total		53140	100.0	48573	100.0

Table D.2: Age distribution of eligible and interviewed women

Household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed, by five-year age groups, Afghanistan, 2010-2011

		Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed (Completion rate)
		Number	Number	Percent	
Age	10-14	6,899			
	15-19	5,748	5,514	26.0	95.9
	20-24	4,271	4,092	19.3	95.8
	25-29	3,673	3,559	16.8	96.9
	30-34	2,494	2,447	11.5	98.1
	35-39	2,427	2,379	11.2	98.0
	40-44	1,846	1,792	8.4	97.1
	45-49	1,474	1,435	6.8	97.4
	50-54	1,648			
Total (15-49)		21,933	21,219	100.0	96.7
Ratio of 50-54 to 45-49	1.12				

Table D.3: Age distribution of under-5s in household and under-5 questionnaires

Household population of children age 0-7, children age 0-4 whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caretakers were interviewed, by single ages, Afghanistan, 2010-2011

		Household population of children 0-7 years	Interviewed under-5 children		Percentage of eligible under-5s interviewed (Completion rate)
		Number	Number	Percent	
Age	0	2,341	2,227	14.9	95.1
	1	2,620	2,532	16.9	96.6
	2	3,356	3,238	21.6	96.5
	3	3,571	3,461	23.1	96.9
	4	3,588	3,501	23.4	97.6
	5	3,622			
	6	3,836			
	7	3,578			
Total (0-4)		15,475	14,959	100.0	96.7
Ratio of 5 to 4	1.01				

Table D.4: Women's completion rates by socio-economic characteristics of households
Household population of women age 15-49, interviewed women age 15-49, and percentage of eligible women who were interviewed, by selected social and economic characteristics of the household, Afghanistan, 2010-2011

		Household population of women age 15-49 years		Interviewed women age 15-49 years		Percent of eligible women interviewed (Completion rates)
		Number	Percent	Number	Percent	
Region	Central	3,806	17.4	3,610	17.0	94.9
	Central Highlands	736	3.4	688	3.2	93.5
	East	2,216	10.1	2,174	10.2	98.1
	North	2,965	13.5	2,928	13.8	98.9
	North East	3,866	17.6	3,817	18.0	98.8
	South	2,757	12.6	2,724	12.8	99.0
	South East	2,813	12.8	2,596	12.2	92.3
	West	2,774	12.6	2,683	12.6	96.7
Residence	Urban	4,152	18.9	4,003	18.9	96.4
	Rural	17,782	81.1	17,217	81.1	96.9
Household size	1-3	8,045	36.7	815	3.8	98.0
	4-6	6,075	27.7	4,632	21.8	97.4
	7+	7,813	35.6	15,773	74.3	96.6
Education of household head	None	14,530	66.2	14,079	66.4	96.9
	Primary	2,513	11.5	2,429	11.4	96.8
	Secondary +	4,880	22.3	4,702	22.2	96.4
	Missing/DK	10	0.0	0.9	0.0	86.5
Wealth index quintiles	Poorest	4,097	18.7	4,000	18.9	97.7
	Second	4,277	19.5	4,139	19.5	96.8
	Middle	4,327	19.7	4,213	19.9	97.5
	Fourth	4,479	20.4	4,302	20.3	96.1
	Richest	4,753	21.7	4,565	21.5	96.1
Total		21,933	100.0	21,219	100.0	96.8

Table D.5: Completion rates for under-5 questionnaires by socio-economic characteristics of households
Household population of under-5 children, under-5 questionnaires completed, and percentage of under-5 children for whom interviews were completed, by selected socio-economic characteristics of the household, Afghanistan, 2010-2011

		Household population of under-5 children		Interviewed under-5 children		Percent of eligible under-5s with completed under-5 questionnaires (Completion rates)
		Number	Percent	Number	Percent	
Region	Central	2,314	15.0	2,227	14.9	96.4
	Central Highlands	539	3.5	504	3.4	94.2
	East	1,732	11.2	1,709	11.4	99.0
	North	2,170	14.0	2,153	14.4	99.6
	North East	2,558	16.5	2,519	16.8	98.7

	South	1,866	12.1	1,815	12.1	98.8
	South East	2,404	15.5	2,202	14.7	92.3
	West	1,891	12.2	1,830	12.2	96.8
Residence	Urban	2,500	16.2	2,417	16.2	97.3
	Rural	12,975	83.8	12,543	83.8	97.1
Household size	1-3	510	3.3	310	2.1	98.7
	4-6	4,509	29.1	3,607	24.1	98.2
	7+	10,456	67.6	11,042	73.8	96.8
Education of household head	None	10,554	68.2	10,221	68.3	97.3
	Primary	1,841	11.9	1,788	12.0	97.3
	Secondary +	3,069	19.8	2,941	19.7	96.6
	Missing/DK	11	0.1	8.0	0.1	77.4
Wealth index quintiles	Poorest	3,216	20.8	3,123	20.9	97.5
	Second	3,315	21.4	3,213	21.5	97.3
	Middle	3,126	20.2	3,029	20.3	97.4
	Fourth	3,086	19.9	2,994	20.0	97.4
	Richest	2,731	17.7	2,600	17.4	95.9
Total		15,475	100.0	14,959	100.0	97.2

Table D.6: Completeness of reporting

Percentage of observations that are missing information for selected questions and indicators, Afghanistan, 2010-2011

	Percent with missing/incomplete information*	Number of cases
Age	0.0	101,671
Starting time of interview	1.2	13,116
Ending time of interview	1.6	13,116

Table D.6: Completeness of reporting

Percentage of observations that are missing information for selected questions and indicators, Afghanistan, 2010-2011

	Percent with missing/incomplete information*	Number of cases
Woman's date of birth: Only month	56.5	21,290
Woman's date of birth: Both month and year	13.5	21,290
Date of first birth: Only month	27.0	13,640
Date of first birth: Both month and year	9.2	13,640
Completed years since first birth	0.0	1,292
Date of last birth: Only month	6.1	13,640
Date of last birth: Both month and year	0.1	13,640
Date of first marriage/union: Only month	41.9	15,105
Date of first marriage/union: Both month and year	20.6	15,105
Age at first marriage/union	0.5	15,105
Starting time of interview	1.2	21,290
Ending time of interview	1.4	21,290

Table D.6: Completeness of reporting
Percentage of observations that are missing information for selected questions and indicators, Afghanistan, 2010-2011

	Percent with missing/incomplete information*	Number of cases
Date of birth: Only month	4.4	14,872
Date of birth: Both month and year	0.0	14,872
Anthropometric measurements: Weight	10.3	14,872
Anthropometric measurements: Height	13.3	14,872
Anthropometric measurements: Both weight and height	9.8	14,872
Starting time of interview	1.3	14,872
Ending time of interview	1.4	14,872

Table D.7: Completeness of information for anthropometric indicators

Weight - Distribution of children under 5 by completeness of information for anthropometric indicators, Afghanistan, 2010-2011

			Reason for exclusion from analysis						
		Valid weight and date of birth	Weight not measured	Incomplete date of birth	Weight not measured, incomplete date of birth	Flagged cases (outliers)	Total	Percent of children excluded from analysis	Number of children under 5
Weight by age	<6 months	72.6	24.8	0.7	0.5	1.4	100.0	27.4	1,270
	6-11 months	84.0	12.7	1.5	.0.3	1.5	100.0	16.0	1,100
	12-23 months	88.9	7.5	1.9	0.6	1.1	100.0	11.1	2,535
	24-35 months	88.6	6.0	4.1	0.7	0.7	100.0	11.4	3,185
	36-47 months	87.3	7.4	4.2	0.8	0.3	100.0	12.7	3,379
	48-59 months	86.0	8.3	4.5	1.0	0.2	100.0	14.0	3,403
Total		86.1	9.2	3.4	0.7	0.7	100.0	13.9	14,872

Table D.7: Completeness of information for anthropometric indicators

Height - Distribution of children under 5 by completeness of information for anthropometric indicators, Afghanistan, 2010-2011

			Reason for exclusion from analysis						
		Valid height and date of birth	Height not measured	Incomplete date of birth	Height not measured, incomplete date of birth	Flagged cases (outliers)	Total	Percent of children excluded from analysis	Number of children under 5
Height by age	<6 months	63.8	31.0	0.3	0.9	4.0	100.0	36.2	1,270
	6-11 months	80.1	14.5	0.5	1.4	3.5	100.0	19.9	1,100
	12-23 months	84.1	9.3	0.8	1.6	4.1	100.0	15.9	2,535
	24-35 months	86.1	6.5	1.9	2.8	2.6	100.0	13.9	3,185
	36-47 months	86.7	7.3	2.2	2.8	0.9	100.0	13.3	3,379
	48-59 months	85.6	8.8	3.0	2.5	0.1	100.0	14.4	3,403
Total		83.4	10.4	1.8	2.3	2.1	100.0	16.6	14,872

Table D.7: Completeness of information for anthropometric indicators

Weight by Height - Distribution of children under 5 by completeness of information for anthropometric indicators, Afghanistan, 2011

			Reason for exclusion from analysis						
		Valid weight and height	Weight not measured	Height not measured	Weight and height not measured,	Flagged cases (outliers)	Total	Percent of children excluded from analysis	Number of children under 5
Weight by height	<6 months	61.1	0.4	6.6	24.4	7.2	100.0	38.9	1,270
	6-11 months	80.1	0.6	2.5	12.1	4.3	100.0	19.9	1,100
	12-23 months	85.2	0.4	2.2	7.1	4.2	100.0	14.8	2,535
	24-35 months	86.0	0.4	0.9	5.6	5.3	100.0	14.0	3,185
	36-47 months	84.1	0.6	0.5	6.8	6.1	100.0	15.9	3,379
	48-59 months	81.4	0.6	1.1	7.7	6.5	100.0	18.6	3,403
Total		81.8	0.5	1.7	8.7	5.7	100.0	18.2	14,872

Table D.8: Heaping in anthropometric measurements
Distribution of weight and height/length measurements by digits reported for decimals, Afghanistan, 2010-2011

		Weight		Height	
		Number	Percent	Number	Percent
Digits	0	1,496	11.2	2,481	18.4
	1	1,333	9.9	917	6.8
	2	1,660	12.4	1,185	8.8
	3	1,582	11.8	1,059	7.9
	4	1,357	10.1	931	6.9
	5	1,312	9.8	1,786	13.3
	6	1,188	8.9	1,076	8.0
	7	1,009	7.5	1,202	8.9
	8	1,235	9.2	1,469	10.9
	9	1,227	9.2	1,371	10.2
	0 or 5	2,808	21.0	4,267	31.7
	Total	13,399	100.0	13,477	100.0

Table D9: Observation of places for hand washing
Percentage of places for hand washing observed by the interviewer in all interviewed households, Afghanistan, 2010-2011

		Observation of places for hand washing: Observed	Place for hand washing not in dwelling	No permission to see	Other	Total	Number of households interviewed
Region	Central	88.7	9.2	1.9	0.2	100.0	2,626
	Central Highlands	13.8	84.5	0.9	0.8	100.0	1,164
	East	67.0	24.9	6.6	1.5	100.0	1,571
	North	49.9	44.4	4.9	0.3	100.0	1,922
	North East	40.1	55.9	3.8	0.2	100.0	1,811
	South	75.3	15.7	7.6	1.2	100.0	1,309
	South East	61.7	10.2	8.4	19.5	100.0	1,280
	West	57.9	41.4	0.8	0.0	100.0	1,433
Residence	Urban	82.5	13.9	2.9	0.7	100.0	3,545
	Rural	51.3	40.9	4.6	3.0	100.0	9,571
Wealth index quintiles	Poorest	39.1	53.7	5.0	2.2	100.0	2,423
	Second	43.2	49.2	4.0	3.2	100.0	2,525
	Middle	55.8	35.2	5.1	3.8	100.0	2,427
	Fourth	67.6	26.1	4.0	2.3	100.0	2,398
	Richest	84.4	11.6	3.1	0.9	100.0	3,343
Total		59.7	33.6	4.1	2.4	100.0	13,116

Table D.10: Observation of under-5s birth certificates
Percent distribution of children under 5 by presence of birth certificates, Afghanistan, 2010-2011

		Child does not have birth certificate	Child has birth certificate		Missing/DK	Total	Percent of birth certificates seen by the interviewer (1)/(1+2)*100	Number of children under age 5
			Seen by the interviewer (1)	Not seen by the interviewer (2)				
Region	Central	45.2	22.2	31.8	0.8	100.0	41.1	2,703
	Central Highlands	68.1	9.8	21.5	0.5	100.0	31.4	1,321
	East	44.8	10.5	43.4	1.3	100.0	19.4	1,814
	North	66.9	12.5	16.6	4.0	100.0	42.8	2,104
	North East	60.4	13.8	24.8	0.9	100.0	35.7	2,134
	South	63.3	2.3	33.5	0.9	100.0	6.4	1,450
	South East	74.4	2.5	16.0	7.2	100.0	13.5	2,131
	West	67.2	9.0	17.3	6.5	100.0	34.2	1,215
Area	Urban	45.2	19.0	34.5	1.3	100.0	35.5	3,529
	Rural	64.9	8.8	23.2	3.1	100.0	27.6	11,343
Child's age	0	59.1	17.7	21.0	2.2	100.0	45.7	2,350
	1	57.1	14.7	26.1	2.1	100.0	36.0	2,545
	2	59.9	10.9	26.0	3.2	100.0	29.5	3,185
	3	60.9	8.5	27.7	2.8	100.0	23.5	3,382
	4	62.8	7.2	27.1	2.9	100.0	21.0	3,410
	Missing							0
Total		60.2	11.2	25.9	2.7	100.0	30.3	14,872

Table D.11: Observation of women's health cards

Percent distribution of women with a live birth in the last 2 years by presence of a health card, and the percentage of health cards seen by the interviewers, Afghanistan, 2010-2011

		Woman does not have health card	Woman has health card		Missing/DK	Total	Percent of health cards seen by the interviewer (1)/(1+2)*100	Number of women with a live birth in the last two years
			Seen by the interviewer (1)	Not seen by the interviewer (2)				
Region	Central	38.0	28.2	32.9	1.0	100.0	46.2	980
	Central Highlands	30.3	29.7	38.4	1.6	100.0	43.7	498
	East	52.7	13.1	23.4	10.8	100.0	35.9	535
	North	51.8	20.2	25.4	2.6	100.0	44.3	736
	North East	39.9	29.1	29.5	1.4	100.0	49.7	766
	South	72.4	3.7	21.1	2.7	100.0	15.1	294
	South East	51.9	18.8	25.5	3.8	100.0	42.5	711
	West	60.9	15.8	18.6	4.8	100.0	46.1	442
Residence	Urban	41.6	24.4	32.5	1.6	100.0	42.9	1,275
	Rural	49.2	20.9	26.1	3.9	100.0	44.5	3,687
Wealth index quintiles	Poorest	58.3	15.7	22.5	3.6	100.0	41.1	868
	Second	51.2	21.3	23.7	3.9	100.0	47.3	987
	Middle	47.4	20.9	27.2	4.5	100.0	43.5	956
	Fourth	43.1	23.7	29.5	3.7	100.0	44.5	989
	Richest	39.0	25.9	34.0	1.1	100.0	43.2	1,162
Total		47.2	21.8	27.7	3.3	100.0	44.0	4,962

Table D.12: Observation of vaccination cards

Percent distribution of children under 5 by presence of a vaccination card, and the percentage of vaccination cards seen by the interviewers, Afghanistan, 2010-2011

		Child does not have vaccination card		Child has vaccination card					
		Had vaccination card previously	Never had vaccination card	Seen by the interviewer (1)	Not seen by the interviewer (2)	Missing/DK	Total	Percent of vaccination cards seen by the interviewer (1)/(1+2)*100	Number of children under age 5
Region	Central	3.1	16.3	27.7	52.8	.1	100.0	34.5	2703
	Central Highlands	3.3	32.8	22.2	41.6	.2	100.0	34.8	1321
	East	7.6	24.5	22.3	45.5	.1	100.0	32.8	1814
	North	2.5	35.7	19.7	42.0	.1	100.0	32.0	2104
	North East	2.6	27.4	29.5	40.5	0.0	100.0	42.1	2134
	South	2.8	64.1	1.2	31.9	0.0	100.0	3.7	1450
	South East	19.2	33.1	23.0	24.7	.0	100.0	48.2	2131
	West	3.9	37.4	19.9	38.8	0.0	100.0	33.9	1215
Area	Urban	4.2	17.0	26.6	52.2	.0	100.0	33.7	3529
	Rural	6.3	36.5	20.3	36.8	.1	100.0	35.6	11343
Child's age	0	1.5	30.0	43.7	24.8	.1	100.0	63.8	2350
	1	3.8	29.0	31.4	35.8	.1	100.0	46.8	2545
	2	7.0	30.5	21.0	41.4	.1	100.0	33.7	3185
	3	6.7	33.1	13.1	47.0	.1	100.0	21.8	3382
	4	8.4	35.5	8.9	47.2	.1	100.0	15.8	3410
	Missing								0
Total		5.8	31.9	21.8	40.4	.1	100.0	35.0	14872

Table D.13: Presence of mother in the household and the person interviewed for the under-5 questionnaire
Distribution of children under five by whether the mother lives in the same household, and the person interviewed for the under-5 questionnaire, Afghanistan, 2010-2011

		Mother in the household	Mother not in the household				
		Mother interviewed	Father interviewed	Other adult female interviewed	Other person interviewed	Total	Number of children under 5
Age	0	99.6	0.0	0.4	0.0	100.0	2,341
	1	99.4	0.0	0.6	0.0	100.0	2,620
	2	99.2	0.0	0.8	0.0	100.0	3,356
	3	99.1	0.1	0.8	0.0	100.0	3,571
	4	99.1	0.0	0.9	0.0	100.0	3,588
	Total	99.3	0.0	0.7	0.0	100.0	15,475

Table D.14: Selection of children age 2-14 years for the child discipline module
Percent of households with at least two children age 2-14 years where correct selection of one child for the child discipline module was performed, Afghanistan, 2011

		Percent of households where correct selection was performed	Number of households with 2 or more children age 2-14 years
Region	Central	44.2	2,040
	Central Highlands	46.6	1,001
	East	47.7	1,326
	North	51.0	1,546
	North East	49.4	1,446
	South	44.5	1,159
	South East	48.9	1,153
	West	55.8	1,054
Residence	Urban	48.2	2,773
	Rural	48.2	7,952
Number of households by number of children 2-14	2	66.7	1,903
	3	58.6	2,229
	4	52.4	2,257
	5+	32.6	4,336
Total		48.2	10,725

Table D.15: School attendance by single age

Distribution of household population age 5-24 by educational level and educational level and grade attended in the current (or most recent) school year, Afghanistan, 2010-2011

		Not attend-ing school	Pre-school	Primary							Secondary							Higher Education		Total	Number of household members
				1	2	3	4	5	6	DK	7	8	9	10	11	12	DK	Higher	DK		
Age	5	88.9	0.5	5.0	4.9	0.7	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	3,840
	6	68.2	0.1	11.7	14.7	4.5	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	3,572
	7	53.4	0.2	8.7	20.4	12.6	4.2	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	3,737
	8	47.8	0.0	3.4	16.9	17.4	10.3	3.1	1.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	100.0	2,690
	9	41.3	0.1	1.8	9.0	17.3	15.7	9.4	4.3	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	100.0	3,516
	10	41.6	0.0	0.7	4.9	12.2	15.6	14.0	8.4	0.0	2.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	2,102
	11	37.7	0.0	0.8	2.7	6.8	12.4	15.1	14.0	0.0	6.9	2.5	0.9	0.0	0.0	0.0	0.0	0.0	0.1	100.0	3,187
	12	44.6	0.0	0.3	1.3	3.6	7.5	10.4	12.3	0.0	9.5	7.5	2.4	0.6	0.0	0.0	0.0	0.0	0.0	100.0	2,665
	13	49.0	0.0	0.1	0.6	1.5	3.0	6.4	9.9	0.0	10.8	10.7	5.0	2.1	0.7	0.0	0.0	0.0	0.2	100.0	2,790
	14	51.4	0.0	0.1	0.1	1.1	1.7	3.7	7.6	0.0	8.1	12.0	8.5	3.6	1.6	0.3	0.0	0.0	0.1	100.0	2,582
	15	56.9	0.0	0.0	0.2	0.2	0.9	1.5	3.3	0.0	6.3	9.4	9.7	6.3	3.8	1.3	0.0	0.2	0.0	100.0	2,802
	16	61.5	0.0	0.0	0.0	0.2	0.7	1.0	1.7	0.0	2.9	6.0	7.2	8.6	6.6	2.8	0.0	0.8	0.0	100.0	1,955
	17	66.0	0.0	0.0	0.1	0.1	0.3	0.7	0.9	0.0	2.5	3.6	6.2	7.1	6.0	5.1	0.0	1.2	0.1	100.0	3,390
	18	72.0	0.0	0.1	0.1	0.1	0.1	0.7	1.0	0.0	0.9	2.1	3.4	5.5	4.9	6.5	0.0	2.7	0.0	100.0	1,814
	19	82.6	0.0	0.0	0.0	0.2	0.0	0.1	0.5	0.0	0.6	1.5	2.0	2.3	3.8	3.9	0.0	2.5	0.0	100.0	3,300
	20	84.9	0.0	0.0	0.0	0.0	0.0	0.2	0.3	0.0	0.7	0.5	1.2	1.5	3.0	3.4	0.0	4.3	0.0	100.0	1,528
	21	84.9	0.0	0.0	0.1	0.1	0.0	0.1	0.2	0.0	0.4	0.3	1.0	1.3	3.3	4.0	0.0	4.2	0.0	100.0	1,880
	22	90.9	0.0	0.0	0.0	0.0	0.0	0.1	0.5	0.0	0.3	0.3	0.5	1.0	0.9	2.0	0.0	3.4	0.0	100.0	1,318
	23	90.7	0.0	0.0	0.0	0.1	0.2	0.2	0.1	0.0	0.1	0.4	0.4	0.4	1.2	1.9	0.0	4.2	0.0	100.0	1,034
	24	99.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.1	0.0	100.0	2889

Table D.16: Sex ratio at birth among children ever born and living

Sex ratio (number of males per 100 females) among children ever born (at birth), children living, and deceased children, by age of women, Afghanistan, 2010-2011

		Children Ever Born			Children Living			Children Deceased			
		Number of sons ever born	Number of daughters ever born	Sex ratio	Number of sons living	Number of daughters living	Sex ratio	Number of deceased sons	Number of deceased daughters	Sex ratio	Number of women
Age	15-19	377	311	1.21	344	289	1.19	33	22	1.50	5,579
	20-24	2,609	2,266	1.15	2,388	2,083	1.15	221	183	1.21	4,139
	25-29	5,641	5,026	1.12	5,136	4,616	1.11	505	410	1.23	3,546
	30-34	6,066	5,419	1.12	5,405	4,906	1.10	661	513	1.29	2,434
	35-39	7,787	6,959	1.12	6,891	6,182	1.11	896	777	1.15	2,420
	40-44	6,351	5,630	1.13	5,447	4,896	1.11	904	734	1.23	1,759
	45-49	5,568	4,650	1.20	4,733	3,986	1.19	835	664	1.26	1,413
	Total	34,399	30,261	1.15	30,344	26,958	1.14	4,055	3303	1.27	21,290

Appendix E. AMICS4 Indicators - Numerators and Denominators

MICS4 INDICATOR		Module[1]	Numerator	Denominator	MDG [2]
1. MORTALITY					
1.1	Under-five mortality rate	CM	Probability of dying by exact age 5 years		MDG 4.1
1.2	Infant mortality rate	CM	Probability of dying by exact age 1 year		MDG 4.2
2. NUTRITION					
2.1a 2.1b	Underweight prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) from the median weight for age of the WHO standard	Total number of children under age 5	MDG 1.8
2.2a 2.2b	Stunting prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) from the median height for age of the WHO standard	Total number of children under age 5	
2.3a 2.3b	Wasting prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) from the median weight for height of the WHO standard	Total number of children under age 5	
2.4	Children ever breastfed	MN	Number of women with a live birth in the 2 years preceding the survey who breastfed the child at any time	Total number of women with a live birth in the 2 years preceding the survey	
2.5	Early initiation of breastfeeding	MN	Number of women with a live birth in the 2 years preceding the survey who put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the 2 years preceding the survey	
2.6	Exclusive breastfeeding under 6 months	BF	Number of infants under 6 months of age who are exclusively breastfed [3]	Total number of infants under 6 months of age	
2.7	Continued breastfeeding at 1 year	BF	Number of children age 12-15 months who are currently breastfeeding	Total number of children age 12-15 months	

2.8	Continued breastfeeding at 2 years	BF	Number of children age 20-23 months who are currently breastfeeding	Total number of children age 20-23 months	
2.9	Predominant breastfeeding under 6 months	BF	Number of infants under 6 months of age who received breast milk as the predominant source of nourishment [4] during the previous day	Total number of infants under 6 months of age	
2.10	Duration of breastfeeding	BF	Duration of any breastfeeding, exclusive breastfeeding and predominant breastfeeding among children 0-35 months	Total number of children age 0-35 months	
2.11	Bottle feeding	BF	Number of children age 0-23 months who were fed with a bottle during the previous day	Total number of children age 0-23 months	
2.12	Introduction of solid, semi-solid or soft foods	BF	Number of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	Total number of infants age 6-8 months	
2.13	Minimum meal frequency	BF	Number of children age 6-23 months receiving solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum times [5] or more, according to breastfeeding status, during the previous day	Total number of children age 6-23 months	
2.14	Age-appropriate breastfeeding	BF	Number of children age 0-23 months appropriately fed [6] during the previous day	Total number of children age 0-23 months	
2.15	Milk feeding frequency for non-breastfed children	BF	Number of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	Total number of non-breastfed children age 6-23 months	
2.16	Iodized salt consumption	SI	Number of households with salt testing 15 parts per million or more of iodide/iodate	Total number of households in which salt was tested or with no salt	
2.17	Vitamin A supplementation (children under age 5)	IM	Number of children age 6-59 months who received at least one high-dose vitamin A supplement in the 6 months preceding the survey	Total number of children age 6-59 months	
	Child anaemia		Number of children under 5 who had blood test and Hb concentration below 11 g/dl	Number children under 5 who had blood test	
	Women anaemia		Number of non- pregnant women aged 15-49 who had blood test and Hb concentration below 12 g/dl	Number of non-pregnant women age 15-49 who had blood test	
			Number of pregnant women aged 15-49 who had blood test and Hb concentration below 11 g/dl for non-pregnant women	Number of pregnant women age 15-49 who had blood test	
3. CHILD HEALTH					
3.1	Tuberculosis immunization coverage [7]	IM	Number of children age 12-23 months who received BCG vaccine before their first birthday	Total number of children age 12-23 months	
3.2	Polio immunization coverage	IM	Number of children age 12-23 months who received OPV3 vaccine before their first birthday	Total number of children age 12-23 months	
3.3	Immunization coverage for diphtheria, pertussis and tetanus (DPT)	IM	Number of children age 12-23 months who received DPT3 vaccine before their first birthday	Total number of children age 12-23 months	
3.4	Measles immunization coverage	IM	Number of children age 12-23 months who received measles vaccine before their first birthday	Total number of children age 12-23 months	MDG 4.3
3.7	Neonatal tetanus protection	MN	Number of women age 15-49 years with a live birth in the 2 years preceding the survey who were given at least two doses of tetanus toxoid vaccine within the appropriate interval [8] prior to giving birth	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	
3.8	Oral rehydration therapy with continued feeding	CA	Number of children under age 5 with diarrhoea in the previous 2 weeks who received ORT (ORS packet or recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	Total number of children under age 5 with diarrhoea in the previous 2 weeks	

3.9	Care-seeking for suspected pneumonia	CA	Number of children under age 5 with suspected pneumonia in the previous 2 weeks who were taken to an appropriate health provider	Total number of children under age 5 with suspected pneumonia in the previous 2 weeks	
3.10	Antibiotic treatment of suspected pneumonia	CA	Number of children under age 5 with suspected pneumonia in the previous 2 weeks who received antibiotics	Total number of children under age 5 with suspected pneumonia in the previous 2 weeks	
3.11	Solid fuels	HC	Number of household members in households that use solid fuels as the primary source of domestic energy to cook	Total number of household members	
4. WATER AND SANITATION					
4.1	Use of improved drinking water sources	WS	Number of household members using improved sources of drinking water	Total number of household members	MDG 7.8
4.2	Water treatment	WS	Number of household members using unimproved drinking water who use an appropriate treatment method	Total number of household members in households using unimproved drinking water sources	
4.3	Use of improved sanitation facilities	WS	Number of household members using improved sanitation facilities which are not shared	Total number of household members	MDG 7.9
4.4	Safe disposal of child's faeces	CA	Number of children age 0-2 years whose last stools were disposed of safely	Total number of children age 0-2 years	
4.5	Place for hand washing	HW	Number of households with a specific place for hand washing where water and soap are present	Total number of households	
4.6	Availability of soap	HW	Number of households with soap anywhere in the dwelling	Total number of households	
5. REPRODUCTIVE HEALTH					
5.2	Early childbearing	CM	Number of women age 20-24 years who had at least one live birth before age 18	Total number of women age 20-24 years	
5.3	Contraceptive prevalence rate	CP	Number of married women age 15-49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method	Total number of married women age 15-49 years who are currently married or in union	MDG 5.3
5.5a 5.5b	Antenatal care coverage	MN	Number of women age 15-49 years who were attended during pregnancy in the 2 years preceding the survey (a) at least once by skilled personnel (b) at least four times by any provider	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	MDG 5.5
5.6	Content of antenatal care	MN	Number of women age 15-49 years with a live birth in the 2 years preceding the survey who had their blood pressure measured and gave urine and blood samples during the last pregnancy	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	
5.7	Skilled attendant at delivery	MN	Number of women age 15-49 years with a live birth in the 2 years preceding the survey who were attended during childbirth by skilled health personnel	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	MDG 5.2
5.8	Institutional deliveries	MN	Number of women age 15-49 years with a live birth in the 2 years preceding the survey who delivered in a health facility	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	
5.9	Caesarean section	RH	Number of women age 15-49 who had a live birth in the two years preceding the survey and delivered by caesarean section	Total number of women age 15-49 years who have given birth 2 years preceding the survey	

6. CHILD DEVELOPMENT					
6.1	Support for learning	CE	Number of children age 36-59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	Total number of children age 36-59 months	
6.2	Father's support for learning	CE	Number of children age 36-59 months whose father has engaged in one or more activities to promote learning and school readiness in the past 3 days	Total number of children age 36-59 months	
6.3	Learning materials: children's books	CE	Number of children under age 5 who have three or more children's books	Total number of children under age 5	
6.4	Learning materials: playthings	CE	Number of children under age 5 with two or more playthings	Total number of children under age 5	
6.5	Inadequate care	CE	Number of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the past week	Total number of children under age 5	
6.7	Attendance to early childhood education	CE	Number of children age 36-59 months who are attending an early childhood education programme	Total number of children age 36-59 months	
7. LITERACY AND EDUCATION					
7.1	Literacy rate among young women	WB	Number of women age 15-24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education	Total number of women age 15-24 years	MDG 2.3
7.2	School readiness	ED	Number of children in first grade of primary school who attended pre-school during the previous school year	Total number of children attending the first grade of primary school	
7.3	Net intake rate in primary education	ED	Number of children of school-entry age who enter the first grade of primary school	Total number of children of school-entry age	
7.4	Primary school net attendance ratio (adjusted)	ED	Number of children of primary school age currently attending primary or secondary school	Total number of children of primary school age	MDG 2.1
7.5	Secondary school net attendance ratio (adjusted)	ED	Number of children of secondary school age currently attending secondary school or higher	Total number of children of secondary-school age	
7.6	Children reaching last grade of primary	ED	Proportion of children entering the first grade of primary school who eventually reach last grade		MDG 2.2
7.7	Primary completion rate	ED	Number of children (of any age) attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school)	
7.8	Transition rate to secondary school	ED	Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year	Total number of children who are attending the first grade of secondary school	
7.9	Gender parity index (primary school)	ED	Primary school net attendance ratio (adjusted) for girls	Primary school net attendance ratio (adjusted) for boys	MDG 3.1
7.10	Gender parity index (secondary school)	ED	Secondary school net attendance ratio (adjusted) for girls	Secondary school net attendance ratio (adjusted) for boys	MDG 3.1
8. CHILD PROTECTION					
8.1	Birth registration	BR	Number of children under age 5 whose births are reported registered	Total number of children under age 5	
8.2	Child labour	CL	Number of children age 5-14 years who are involved in child labour	Total number of children age 5-14 years	
8.3	School attendance among child labourers	ED - CL	Number of children age 5-14 years who are involved in child labour and are currently attending school	Total number of children age 5-14 years involved in child labour	

8.4	Child labour among students	ED - CL	Number of children age 5-14 years who are involved in child labour and are currently attending school	Total number of children age 5-14 years attending school	
8.5	Violent discipline	CD	Number of children age 2-14 years who experienced psychological aggression or physical punishment during the past month	Total number of children age 2-14 years	
8.6	Marriage before age 15	MA	Number of women age 15-49 years who were first married or in union by the exact age of 15	Total number of women age 15-49 years	
8.7	Marriage before age 18	MA	Number of women age 20-49 years who were first married or in union by the exact age of 18	Total number of women age 20-49 years	
8.8	Young women age 15-19 years currently married or in union	MA	Number of women age 15-19 years who are currently married or in union	Total number of women age 15-19 years	
8.9	Polygamy	MA	Number of women age 15-49 years who are in a polygamous union	Total number of women age 15-49 years who are currently married or in union	
8.10a 8.10b	Spousal age difference	MA	Number of women currently married or in union whose spouse is 10 or more years older, (a) for women age 15-19 years, (b) for women age 20-24 years	Total number of women currently married or in union (a) age 15-19 years, (b) age 20-24 years	
8.14	Attitudes towards domestic violence	DV	Number of women who state that a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	Total number of women age 15-49 years	
9.17	Children's living arrangements	HL	Number of children age 0-17 years not living with a biological parent	Total number of children age 0-17 years	
9.18	Prevalence of children with at least one parent dead	HL	Number of children age 0-17 years with at least one dead parent	Total number of children age 0-17 years	
9.19	School attendance of orphans	HL - ED	Number of children age 10-14 years who have lost both parents and are attending school	Total number of children age 10-14 years who have lost both parents	MDG 6.4
9.20	School attendance of non-orphans	HL - ED	Number of children age 10-14 years, whose parents are alive, who are living with at least one parent, and who are attending school	Total number of children age 10-14 years, whose parents are alive, and who are living with at least one parent	MDG 6.4
9. HIV/AIDS					
9.1	Comprehensive knowledge about HIV prevention	HA	Number of women age 15-49 years who correctly identify two ways of preventing HIV infection [9], know that a healthy looking person can have HIV, and reject the two most common misconceptions about HIV transmission	Total number of women age 15-49 years	
9.2	Comprehensive knowledge about HIV prevention among young people	HA	Number of women age 15-24 years who correctly identify two ways of preventing HIV infection[12], know that a healthy looking person can have HIV, and reject the two most common misconceptions about HIV transmission	Total number of women age 15-24 years	MDG 6.3
9.3	Knowledge of mother-to-child transmission of HIV	HA	Number of women age 15-49 years who correctly identify all three means [10] of mother-to-child transmission of HIV	Total number of women age 15-49 years	
9.4	Accepting attitudes towards people living with HIV	HA	Number of women age 15-49 years expressing accepting attitudes on all four questions [11] toward people living with HIV	Total number of women age 15-49 years who have heard of HIV	

[1] Some indicators are constructed by using questions in several modules. In such cases, only the module(s) that contain most of the necessary information is indicated.
[2] MDG indicators as of February 2010.
[3] Infants receiving breast milk, and not receiving any other fluids or foods, with the exception of oral rehydration solution, vitamins, mineral supplements and medicines.
[4] Infants who receive breast milk and certain fluids (water and water-based drinks, fruit juice, ritual fluids, oral rehydration solution, drops, vitamins, minerals, and medicines), but do not receive anything else (in particular, non-human milk and food-based fluids).

[5] Breastfeeding children: Solid, semi-solid, or soft foods, two times for infants age 6-8 months, 3 times for children 9-23 months; Non-breastfeeding children: Solid, semi-solid, or soft foods, or milk feeds, four times for children age 6-23 months.
[6] Infants age 0-5 who are exclusively breastfed, and children age 6-23 months who are breastfed and ate solid, semi-solid or soft foods.
[7] Age groups used in indicators 3.1 to 3.6 are applicable when basic immunization schedules are used (with measles administered at 9 months). For the calculation of indicators when different schedules are used, see MICS4 manual for detailed descriptions.
[8] See MICS4 manual for a detailed description.
[9] Using condoms and limiting sex to one faithful, uninfected partner.
[10] Transmission during pregnancy, during delivery, and by breastfeeding.
[11] Women (1) who think that a female teacher with the AIDS virus should be allowed to teach in school, (2) who would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus, (3) who would not want to keep it as a secret if a family member became infected with the AIDS virus, and (4) who would be willing to care for a family member who became sick with the AIDS virus.

HOUSEHOLD QUESTIONNAIRE

[*Afghanistan*]

HOUSEHOLD INFORMATION PANEL	HH
HH1. Cluster number: ___ ___ ___	HH2. Household number: ___ ___
HH3. Interviewer name and number: Name_____ ___ ___	HH4. Supervisor name and number: Name_____ ___ ___
HH5. Day / Month / Year of interview:	___ ___ / ___ ___ / ___ ___ ___ ___
HH6. Area: Urban ..... 1 Rural..... 2	HH7. Region: *Region C* 1 *Region NE* 5 *Region CH* 2 *Region S* 6 *Region E* 3 *Region SE* 7 *Region N* 4 *Region W* 8
HH7A Is this HH selected for Nutrition Survey sub-sample?	Y 1 N 2

WE ARE FROM THE CENTRAL STATISTICS ORGANISATION (CSO). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT (***45***) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- ☐ *Yes, permission is given ⇨ Go to HH18 to record the time and then begin the interview.*
- ☐ *No, permission is not given ⇨ Complete HH9. Discuss this result with your supervisor.*

After all questionnaires for the household have been completed, fill in the following information:	
HH8. Name of head of household: _____	
HH9. Result of household interview: Completed.....01 No household member or no competent respondent at home at time of visit.....02 Entire household absent for extended period of time .....03 Refused.....04 Dwelling vacant / Address not a dwelling .....05 Dwelling destroyed.....06 Dwelling not found .....07 Other (*specify*)..... 96	HH10. Respondent to household questionnaire: Name:_____ Line Number: ___ ___ HH11. Total number of household members: ___ ___
HH12. Number of women age 15-49 years: ___ ___	HH13. Number of woman's questionnaires completed: ___ ___
HH14. Number of children under age 5: ___ ___	HH15. Number of under-5 questionnaires completed: ___ ___

HH16. Field edited by (Name and number): Name_____ ___ ___	HH17. Data entry clerk (Name and number): Name_____ ___ ___

HH18.
Record the time:

Hour .....__ __

Minutes .....__ __

HOUSEHOLD LISTING FORM

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)
Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?
If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL6 for each person at a time.
Use an additional questionnaire if all rows in the household listing form have been used.

	Eligibility For Woman's Interview	Mother or Caretaker Of Child Age **5-14**	Eligibility For **Under-5** *INTERVIEW*	*For all household members*	*For children age* **0-17** *years ask HL11-HL14*

HL1. *Line number*	HL2. *Name*	HL3. WHAT IS THE RELATION-SHIP OF (*name*) TO THE HEAD OF HOUSE-HOLD?	HL4. IS (*name*) MALE OR FEMALE? 1 Male 2 Female	HL6. HOW OLD IS (*name*)? *Probe:* HOW OLD WAS (*name*) ON HIS/HER LAST BIRTHDAY? *Record in completed years. If age is 95 or above, record '95'*	HL7. *Circle line number if woman is age* **15-49**	HL8. *For children age 5-14:* WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record line number of mother/ caretaker*	HL9. *For children under age 5:* WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record line number of mother/ caretaker*	HL10. DID (*name*) STAY HERE LAST NIGHT? 1 Yes 2 No	HL11. IS (*name*)'S NATURAL MOTHER ALIVE? 1 Yes 2 No↘ HL13 8 DK↘ *HL13*	HL12. DOES (*name*)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? *Record line number* of mother or 00 for "No"	HL13. IS (*name*)'S NATURAL FATHER ALIVE? 1 Yes 2 No↘ Next Line 8 DK↘ NEXT LINE	HL14. DOES (*name*)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? *Record line number of father or 00 for "No"*
Line	Name	Relation*	M F	Age	15-49	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
01		0 1	1 2	__ __	01	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
02		__ __	1 2	__ __	02	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
03		__ __	1 2	__ __	03	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
04		__ __	1 2	__ __	04	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
05		__ __	1 2	__ __	05	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
06		__ __	1 2	__ __	06	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
07		__ __	1 2	__ __	07	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
08		__ __	1 2	__ __	08	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
09		__ __	1 2	__ __	09	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __

HL1. *Line number*	HL2. *Name*	HL3. WHAT IS THE RELATION-SHIP OF (*name*) TO THE HEAD OF HOUSE-HOLD?	HL4. IS (*name*) MALE OR FEMALE? 1 Male 2 Female	HL6. HOW OLD IS (*name*)? *Probe:* HOW OLD WAS (*name*) ON HIS/HER LAST BIRTHDAY? *Record in completed years. If age is 95 or above, record '95'*	HL7. *Circle line number if woman is age* **15-49**	HL8. *For children age 5-14:* WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record line number of mother/ caretaker*	HL9. *For children under age 5:* WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record line number of mother/ caretaker*	HL10. DID (*name*) STAY HERE LAST NIGHT? 1 Yes 2 No	HL11. IS (*name*)'S NATURAL MOTHER ALIVE? 1 Yes 2 No↘ HL13 8 DK↘ *HL13*	HL12. DOES (*name*)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? *Record line number* of mother or 00 for "No"	HL13. IS (*name*)'S NATURAL FATHER ALIVE? 1 Yes 2 No↘ Next Line 8 DK↘ NEXT LINE	HL14. DOES (*name*)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? *Record line number of father or 00 for "No"*
Line	Name	Relation*	M F	Age	15-49	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
10		__ __	1 2	__ __	10	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
11		__ __	1 2	__ __	11	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
12		__ __	1 2	__ __	12	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
13		__ __	1 2	__ __	13	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
14		__ __	1 2	__ __	14	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
15		__ __	1 2	__ __	15	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __

TICK HERE IF ADDITIONAL QUESTIONNAIRE USED ☐

Probe for additional household members.
Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.
Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.
You should now have a separate questionnaire for each eligible woman and each child under five in the household.

** Codes for HL3: Relationship to head of household:*

01 Head	06 Parent	11 Niece / Nephew
02 Wife / Husband	07 Parent-In-Law	12 Other relative
03 Son / Daughter	08 Brother / Sister	13 Adopted / Foster / Stepchild
04 Son-In-Law / Daughter-In-Law	09 Brother-In-Law / Sister-In-Law	14 Not related
05 Grandchild	10 Uncle / Aunt	98 Don't know

EDUCATION ED

For household members age **5 and above**							*For household members age* **5-24** *years*								
ED1. *Line number*	ED2. *Name and age* *Copy from Household Listing Form, HL2 and HL6*		ED3. HAS (*name*) EVER ATTENDED SCHOOL OR PRE-SCHOOL? 1 Yes 2 No ⇘ Next Line		ED4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (*name*) ATTENDED? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK *If level=0, skip to ED5* WHAT IS THE HIGHEST GRADE (*name*) COMPLETED AT THIS LEVEL? Grade: 98 DK *If less than 1 grade, enter 00.*		ED5. DURING THE ١٣٨9 (***2010-2011***) SCHOOL YEAR, DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ⇘ ED7		ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (*name*) ATTENDING? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK *If level=0, skip to ED7* Grade: 98 DK *If less than 1 grade, enter 00.*		ED7. DURING THE PREVIOUS SCHOOL YEAR ١٣٨8, THAT IS (***2009-2010***), DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ⇘ Next Line 8 DK ⇘ Next Line			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (*name*) ATTEND? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK *If level=0, go to next person* Grade: 98 DK *If less than 1 grade, enter 00.*	
Line	Name	Age	Yes	No	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level	Grade
01		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
02		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
03		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
04		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
05		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
06		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
07		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
08		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
09		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
10		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
11		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
12		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
13		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
14		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
15		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __

WATER AND SANITATION		WS
WS1. WHAT IS THE **MAIN** SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling ..... 11 Piped into compound, yard or plot ..... 12 Piped to neighbour ..... 13 Public tap / standpipe ..... 14 Tube Well, Borehole..... 21 Dug well Protected well/Kariaz ..... 31 Unprotected well/Kariaz ..... 32 Water from spring Protected spring ..... 41 Unprotected spring..... 42 Rainwater collection..... 51 Tanker-truck..... 61 Cart with small tank / drum..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel,Candas) 81 Bottled water ..... 91 Other (*specify*) _____ 96	11⇨WS6 12⇨WS6 13⇨WS6 WS3 91⇨WS2 96⇨WS3
WS2. WHAT IS THE **MAIN** SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling ..... 11 Piped into compound, yard or plot ..... 12 Piped to neighbour ..... 13 Public tap / standpipe ..... 14 Tube Well, Borehole..... 21 Dug well Protected well/Kariaz ..... 31 Unprotected well/Kariaz ..... 32 Water from spring Protected spring.....41 Unprotected spring..... 42 Rainwater collection..... 51 Tanker-truck..... 61 Cart with small tank / drum..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel, Candas)81 Other (*specify*) _____ 96	11⇨WS6 12⇨WS6 13⇨WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling..... 1 In own yard / plot..... 2 Elsewhere..... 3	1⇨WS6 2⇨WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes..... __ __ __ DK 998	

WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? *Probe:* IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years) ....1 Adult man (age 15+ years) ....2 Female child (under 15)..............................3 Male child (under 15)..................................4 DK...8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes...1 No ....2 DK...8	 2⇨WS8 8⇨WS8
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? *Probe:* ANYTHING ELSE? *Record all items mentioned*	Boil.. A Add bleach / chlorine .... B Strain it through a cloth...............................C Use water filter (ceramic, sand, composite, etc.) ....D Solar disinfection .... E Let it stand and settle .... F Other (*specify*) _____________________ X DK... Z	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? *If "flush" or "pour flush", probe:* WHERE DOES IT FLUSH TO? *If necessary, ask permission to observe the facility.*	Flush / Pour flush Flush to piped sewer system ....11 Flush to septic tank................................12 Flush to pit (latrine)................................13 Flush to somewhere else.......................14 Flush to unknown place / Not sure / DK where ....15 Pit latrine Ventilated Improved Pit latrine (VIP) ....21 Pit latrine with slab................................22 Pit latrine without slab / Open pit...........23 Composting toilet.....................................31 Bucket..41 Double vault...51 Eco Sanitation……………………………61 Single vault…………………………………71 No facility, Bush, Field ....95 Other (*specify*) _____________________ 96	 95⇨Next Module
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes...1 No 2	2⇨Next Module
WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public)..............1 Public facility...2	 2⇨Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 __ Ten or more households............................10 DK..98	

HOUSEHOLD CHARACTERISTICS		HC
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Pashto .....1 Dari .....2 Uzbek .....3 Turkmen .....4 Other language (*specify*) 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms.....__ __	
HC3. Main material of the dwelling floor. *Record observation.*	Natural floor Earth / Sand / Mud.....11 Dung .....12 Rudimentary floor Wood planks.....21 Palm / Bamboo .....22 Finished floor Parquet or polished wood.....31 Vinyl or asphalt strips .....32 Ceramic tiles.....33 Cement .....34 Carpet.....35 Other (*specify*)_____ 96	
HC4. Main material of the roof. *Record observation.*	Natural roofing No Roof.....11 Thatch / Palm leaf.....12 Sod .....13 Rudimentary Roofing Rustic mat.....21 Palm / Bamboo .....22 Wood planks.....23 Cardboard.....24 Finished roofing Metal.....31 Wood .....32 Calamine / Cement fibre.....33 Ceramic tiles.....34 Cement .....35 Roofing shingles .....36 Other (*specify*)_____96	

HC5. Main material of the exterior walls. *Record observation.*	Natural walls No walls ..... 11 Cane / Palm / Trunks ..... 12 Dirt ..... 13 Rudimentary walls Mud wall/Bamboo with mud ..... 21 Stone with mud ..... 22 Uncovered adobe ..... 23 Plywood ..... 24 Cardboard ..... 25 Reused wood ..... 26 Finished walls Cement ..... 31 Stone with lime / cement ..... 32 Bricks ..... 33 Cement blocks ..... 34 Covered adobe ..... 35 Wood planks / shingles ..... 36 Other (*specify*)_____ 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD **MAINLY** USE FOR COOKING?	Electricity ..... 01 Liquefied Petroleum Gas (LPG) ..... 02 Natural gas ..... 03 Biogas ..... 04 Kerosene ..... 05 Coal / Lignite ..... 06 Charcoal ..... 07 Wood ..... 08 Straw / Shrubs / Grass ..... 09 Animal dung ..... 10 Agricultural crop residue ..... 11 No food cooked in household ..... 95 Other (*specify*)_____ 96	01⇨HC8 02⇨HC8 03⇨HC8 04⇨HC8 05⇨HC8 95⇨HC8
HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS? *If 'In the house', probe*: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?	In the house In a separate room used as kitchen ..... 1 Elsewhere in the house ..... 2 In a separate building ..... 3 Outdoors ..... 4 Other (*specify*) _____ 6	
HC8. DOES YOUR HOUSEHOLD HAVE:	Yes No	
[A] ELECTRICITY?	Electricity 1 2	
[B] A RADIO?	Radio 1 2	
[C] A TELEVISION?	Television 1 2	
[D] A NON-MOBILE TELEPHONE?	Non-mobile telephone 1 2	
[E] A REFRIGERATOR?	Refrigerator 1 2	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:	Yes No	

[A] A WATCH? [B] A MOBILE TELEPHONE? [C] A BICYCLE? [D] A MOTORCYCLE OR SCOOTER? [E] AN ANIMAL-DRAWN CART? [F] A CAR OR TRUCK?	Watch .....1 2 Mobile telephone .....1 2 Bicycle .....1 2 Motorcycle / Scooter .....1 2 Animal drawn-cart.....1 2 Car / Truck.....1 2	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING, OR IS THIS DWELLING RENTED? - *If "Not Owned", then ask:* DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD? *If "Rented from someone else", circle "2". For other responses, circle "6".*	Own .....1 Rent .....2 Other (Not owned or rented) 6	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes .....1 No 2	2⇨HC13
HC12. HOW MANY JIRIB OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? *If less than 1, record "00".* *If 95 or more, record '95'.* *If unknown, record '98'.*	Jirib .....___ ___	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes .....1 No 2	2⇨HC15
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] POULTRY? *If none, record '00'.* *If 95 or more, record '95'.* *If unknown, record '98'.*	 Cattle, milk cows, or bulls.....___ ___ Horses, donkeys, or mules.....___ ___ Goats .....___ ___ Sheep .....___ ___ Poultry .....___ ___ ___ ___	
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes .....1 No 2	

CHILD LABOUR — CL

To be administered for children in the household age **5-14** *years. For household members below age 5 or above age 14, leave rows blank.*

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

CL1. *Line number*	CL2. *Name and Age* *Copy from Household Listing Form, HL2 and HL6*		CL3. DURING THE PAST WEEK, DID (*name*) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? *If yes:* FOR PAY IN CASH OR KIND? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇨CL5			CL4. SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? *If more than one job, include all hours at all jobs.*	CL5. DURING THE PAST WEEK, DID (*name*) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE? 1 Yes 2 No ⇨ CL7		CL6. SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	CL7. DURING THE PAST WEEK, DID (*name*) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET? *Include work for a business run by the child, alone or with one or more partners.* 1 Yes 2 No ⇨ CL9		CL8. SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/ HERSELF?	CL9. DURING THE PAST WEEK, DID (*name*) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE? 1 Yes 2 No ⇨ Next Line		CL10. SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?
Line	Name	Age	Yes Paid	Yes Unpaid	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours
01		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
02		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
03		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
04		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
05		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
06		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
07		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
08		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
09		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
10		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
11		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
12		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
13		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
14		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
15		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___

CHILD DISCIPLINE — CD

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE QUESTIONS

- *List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.*
- *Record the line number, name, sex, and age for each child.*
- *Then record the total number of children aged 2-14 in the box provided (CD6).*

CD1. *Rank number*	CD2. *Line number from HL1*	CD3. *Name from HL2*	CD4. *Sex from HL4*		CD5. *Age from HL6*
Rank	Line	Name	M	F	Age
1	__ __		1	2	___ ___
2	__ __		1	2	___ ___
3	__ __		1	2	___ ___
4	__ __		1	2	___ ___
5	__ __		1	2	___ ___
6	__ __		1	2	___ ___
7	__ __		1	2	___ ___
8	__ __		1	2	___ ___
CD6.	Total children age 2-14 years				___ ___

- *If there is only one child age 2-14 years in the household, then skip table 2 and go to CD8; write down'1' and continue with CD9*

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

- *Use Table 2 to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household.*
- *Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.*
- *Check the total number of eligible children (2-14) in CD6 above. This is the number of the column you should go to.*
- *Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (CD1) about whom the questions will be asked.*

CD7.	**Total Number Of Eligible Children In The Household (CD6)**							
Last digit of household number (HH2)	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD8. *Record the rank number of the selected child*..... ___

CD9. *Write name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.*	Name _____ Line number ..... __ __	
CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH *(name)* **IN THE PAST MONTH**. CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING *(name)* LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes.....1 No 2	
CD12. EXPLAINED WHY (*name*)'S BEHAVIOR WAS WRONG.	Yes.....1 No 2	
CD13. SHOOK HIM/HER.	Yes.....1 No 2	
CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes.....1 No 2	
CD15. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes.....1 No 2	
CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes.....1 No 2	
CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes.....1 No 2	
CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes.....1 No 2	
CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes.....1 No 2	
CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes.....1 No 2	
CD21. BEAT HIM/HER UP WITH AN IMPLEMENT *Probe if necessary*: HIT OVER AND OVER AS HARD AS ONE COULD.	Yes.....1 No 2	
CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes.....1 No .....2 Don't know / No opinion.....8	

HANDWASHING		HW
HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed .....1 Not observed Not in dwelling / plot / yard.....2 No permission to see .....3 Other reason.....6	 2 ⇨HW4 3 ⇨HW4 6 ⇨HW4
HW2. *Observe presence of water at the specific place for hand washing* *Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water*	Water is available .....1 Water is not available 2	
HW3. *Record if soap or detergent is present at the specific place for hand washing.* *Circle all that apply.*	Bar soap ..... A Detergent (Powder / Liquid / Paste) ..... B Liquid soap ..... C Ash / Mud / Sand ..... D None ..... Y	HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes.....1 No 2	 2⇨HH19
HW5. CAN YOU PLEASE SHOW IT TO ME? *Record observation. Circle all that apply*	Bar soap ..... A Detergent (Powder / Liquid / Paste) ..... B Liquid soap ..... C Ash / Mud / Sand ..... D Not able / Does not want to show..... Y	

HH19. *Record the time.*	Hour and minutes ..... __ __ : __ __	

SALT IODIZATION		**SI**
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD? *Once you have tested the salt, circle number that corresponds to test outcome.*	Not iodized 0 PPM .....1 More than 0 PPM & less than 15 PPM.....2 15 PPM or more.....3 No salt in the house.....6 Salt not tested.....7	

HH20. *Does any eligible woman age 15-49 reside in the household?*

Check household listing, column HL7 for any eligible woman.
You should have a questionnaire with the Information Panel filled in for each eligible woman.

☐ *Yes.* ⇨ *Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.*

☐ *No.* ⇨ *Continue.*

HH21. *Does any child under the age of 5 reside in the household?*

Check household listing, column HL9 for any eligible child under age 5.
You should have a questionnaire with the Information Panel filled in for each eligible child.

☐ *Yes.* ⇨ *Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.*

☐ *No.* ⇨ *End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and complete the relevant information on the cover page.*

Interviewer's Observations

Field Editor’s Observations

Supervisor’s Observations

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

[*Afghanistan*]

UNDER-FIVE CHILD INFORMATION PANEL	UF

This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6).
A separate questionnaire should be used for each eligible child.

UF1. Cluster number: ___ ___ ___	UF2. Household number: ___ ___
UF3. Child's name: Name_____	UF4. Child's line number: ___ ___
UF5. Mother's / Caretaker's name: Name_____	UF6. Mother's / Caretaker's line number: ___ ___
UF7. Interviewer name and number: Name_____ ___ ___	UF8. Day / Month / Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___

UF8A: Is this Child selected for the Nutrition Survey sub-sample? Y 1 N 2

Repeat greeting if not already read to this respondent:

WE ARE FROM CENTRAL STATISTICS ORGANISATION (CSO). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT (***45***) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (***child's name from UF3***)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT (***45***) MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

☐ *Yes, permission is given ⇨ Go to UF12 to record the time and then begin the interview.*

☐ *No, permission is not given ⇨ Complete UF9. Discuss this result with your supervisor*

UF9. Result of interview for children under 5 Codes refer to mother/caretaker.	Completed ..... 1 Not at home ..... 2 Refused ..... 3 Partly completed ..... 4 Incapacitated ..... 5 Other (*specify*) _____ 9

UF10. Field edited by (Name and number):	UF11. Data entry clerk (Name and number):

Name _____ ___ ___	Name_____ ___ ___

UF12. *Record the time.*	Hour and minutes..... __ __ : __ __	

AGE		AG
AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF (*name*). IN WHAT MONTH AND YEAR WAS (*name*) BORN? *Probe:* WHAT IS HIS / HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day Month and year must be recorded.	Date of birth Day ..... __ __ DK day .....98 Month..... __ __ Year ..... __ __ __ __	
AG2. HOW OLD IS (*name*)? *Probe*: HOW OLD WAS (*name*) AT HIS / HER LAST BIRTHDAY? Record age in completed years. Record '0' if less than 1 year. Compare and correct AG1 and/or AG2 if inconsistent.	Age (in completed years)..... __	

BIRTH REGISTRATION		BR
BR1. DOES (*name*) HAVE A BIRTH CERTIFICATE? *If yes, ask:* MAY I SEE IT?	Yes, seen ..... 1 Yes, not seen ..... 2 No ..... 3 DK 8	1⇨Next Module 2⇨ Next Module
BR2. HAS (*name*)'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes ..... 1 No ..... 2 DK 8	1⇨Next Module
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes ..... 1 No 2	2⇨Next Module
BR4. WHY IS (*name*)'S BIRTH NOT REGISTERED?	Must travel too far ..... 1 Did not know it should be registered ..... 2 Did not want to get in trouble with authorities ..... 3 Does not know where to register ..... 4 Hospital didn't register the baby ..... 5 Other (specify) _____ 6 DK 8	

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (*name*)?	None ..... 00 Number of children's books ..... 0 __ Ten or more books 10	
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (*name*) PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response	Y N DK Homemade toys..... 1 2 8 Toys from a shop ..... 1 2 8 Household objects or outside objects 1 2 8	
EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN. ON HOW MANY DAYS IN THE PAST WEEK WAS (*name*): [A] LEFT ALONE FOR MORE THAN AN HOUR? [B] LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD) FOR MORE THAN AN HOUR? If 'none' enter'0'. If 'don't know' enter'8'	Number of days left alone for more than an hour ..... __ Number of days left with other child for more than an hour..... __	
EC4. *Check AG2: Age of child* ☐ *Child age 3 or 4 ⇨ Continue with EC5* ☐ *Child age 0, 1 or 2 ⇨ Go to Next Module*		

EC5. DOES (*name*) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes ..... 1 No ..... 2 DK 8					2⇨EC7 8⇨EC7
EC5A. WHAT TYPE OF EARLY CHILDHOOD EDUCATION PROGRAMME DOES (*name*) ATTEND?	Community ..... 1 Government ..... 2 Private ..... 3 DK 8					
EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (*name*) ATTEND?	Number of hours ..... __ __					
EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (*name*): *If yes, ask:* WHO ENGAGED IN THIS ACTIVITY WITH (*name*)? *Circle all that apply.*		Mother	Father	Other	No one	
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (*name*)?	Read books	A	B	X	Y	
[B] TOLD STORIES TO (*name*)?	Told stories	A	B	X	Y	
[C] SANG SONGS TO (*name*) OR WITH (*name*), INCLUDING LULLABYS?	Sang songs	A	B	X	Y	
[D] TOOK (*name*) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Took outside	A	B	X	Y	
[E] PLAYED WITH (*name*)?	Played with	A	B	X	Y	
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (*name*)?	Named/counted	A	B	X	Y	

BREASTFEEDING		BF
BF1. HAS (*name*) EVER BEEN BREASTFED?	Yes.....1 No .....2 DK.....8	 2⇨BF3 8⇨BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes.....1 No .....2 DK.....8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (*name*) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (*name*) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. DID (*name*) DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	
BF4. DID (*name*) DRINK INFANT FORMULA YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	 2⇨BF6 8⇨BF6
BF5. HOW MANY TIMES DID (*name*) DRINK INFANT FORMULA?	Number of times ..... __ __	
BF6. DID (*name*) DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	 2⇨BF8 8⇨BF8
BF7. HOW MANY TIMES DID (*name*) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times ..... __ __	
BF8. DID (*name*) DRINK JUICE OR JUICE DRINKS YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	
BF9. DID (*name*) DRINK SOUP YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	
BF10. DID (*name*) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	
BF11. DID (*name*) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	

BF12. DID (*name*) DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	
BF13. DID (*name*) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	 2⇨BF15 8⇨BF15
BF14. HOW MANY TIMES DID (*name*) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... __ __	
BF15. DID (NAME) EAT THIN PORRIDGE YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	
BF16. DID (*name*) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	 2⇨BF18 8⇨BF18
BF17. HOW MANY TIMES DID (*name*) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... __ __	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (*name*) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes.....1 No .....2 DK.....8	
BF19. YESTERDAY, DURING THE DAY OR NIGHT, WAS (*name*) GIVEN A PACIFIER?	Yes.....1 No .....2 DK.....8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (*name*) HAD DIARRHOEA?	Yes.....1 No .....2 DK.....8	 2⇨CA7 8⇨CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH (*name*) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? *If less, probe*: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less.....1 Somewhat less .....2 About the same.....3 More.....4 Nothing to drink.....5 DK.....8	
CA3. DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? If "less", probe: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less.....1 Somewhat less .....2 About the same.....3 More.....4 Stopped food .....5 Never gave food .....6 DK.....8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS (*name*) GIVEN TO DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. [A] A FLUID MADE FROM A SPECIAL PACKET CALLED ORS? [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA? [C] GOVERNMENT-RECOMMENDED HOMEMADE FLUID (*Wheat Salt Solution WSS*)? [D] GOVERNMENT-RECOMMENDED HOMEMADE FLUID *(Salt & Sugar Solution SSS)?*	Y N DK Fluid from ORS packet ..... 1 2 8 Pre-packaged ORS fluid..... 1 2 8 Homemade fluid WSS ..... 1 2 8 Homemade fluid SSS 1 2 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes.....1 No .....2 DK.....8	 2⇨CA7 8⇨CA7

CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA? *Probe*: ANYTHING ELSE? *Record all treatments given. Write brand name(s) of all medicines mentioned.* _____ (Name)	Pill or Syrup Antibiotic ..... A Antimotility ..... B Zinc ..... C Other (Not antibiotic, antimotility or zinc) ..... G Unknown pill or syrup ..... H Injection Antibiotic ..... L Non-antibiotic ..... M Unknown injection ..... N Intravenous ..... O Home remedy / Herbal medicine ..... Q Other (*specify*) _____ X	
CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (*name*) HAD AN ILLNESS WITH A COUGH?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA14 8⇨CA14
CA8. WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA14 8⇨CA14
CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest ..... 1 Blocked or runny nose ..... 2 Both ..... 3 Other (*specify*) _____ 6 DK 8	 2⇨CA14 6⇨CA14
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA12 8⇨CA12
CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? *Probe:* ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions. Probe to identify each type of source. If unable to determine if public or private sector, write the name of the place. _____ (Name of place)	Public sector Govt. hospital ..... A Govt. health centre ..... B Govt. health post ..... C Village health worker ..... D Mobile / Outreach clinic ..... E Other public (*specify*) _____ H Private medical sector Private hospital / clinic ..... I Private physician ..... J Private pharmacy ..... K Mobile clinic ..... L Other private medical (*specify*) _____ O Other source Relative / Friend ..... P Shop ..... Q Traditional practitioner ..... R Other (*specify*) _____ X	

CA12. WAS (*name*) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes.....1 No .....2 DK.....8	 2⇨CA14 8⇨CA14
CA13. WHAT MEDICINE WAS (*name*) GIVEN? *Probe:* ANY OTHER MEDICINE? Circle all medicines given. Write brand name(s) of all medicines mentioned. _____ (Names of medicines)	Antibiotic Pill / Syrup..... A Injection ..... B Anti-malarials.....M Paracetamol / Panadol / Acetaminophen ... P Aspirin.....Q Ibuprofen.....R Other (*specify*) _____ X DK..... Z	
CA14. Check AG2: Child aged under 3? ☐ Yes. ⇨ Continue with CA15 ☐ *No. ⇨ Go to Next Module*		
CA15. THE LAST TIME *(name)* PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine .....01 Put / Rinsed into toilet or latrine.....02 Put / Rinsed into drain or ditch .....03 Thrown into garbage (solid waste) .....04 Buried .....05 Left in the open.....06 Other (*specify*) _____ 96 DK.....98	

IMMUNIZATION — IM

If an immunization card is available, copy the dates in IM3-IM8 for each type of immunization recorded on the card. IM6-IM16 are for registering vaccinations that are not recorded on the card. IM6-IM16 will only be asked when a card is not available.

IM1. DO YOU HAVE A A CARD WHERE (*name*)'S VACCINATIONS ARE WRITTEN DOWN? (*If yes*) MAY I SEE IT PLEASE?	Yes, seen.....1 Yes, not seen.....2 No card 3	1⇨IM3 2⇨IM6
IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (*name*)?	Yes.....1 No 2	1⇨IM6 2⇨IM6

IM3.
(a) Copy dates for each vaccination from the card.
(b) Write '44' in day column if card shows that vaccination was given but no date recorded.

		Date of Immunization								
		Day		Month		Year				
BCG	BCG									
POLIO AT BIRTH	OPV0									
POLIO 1	OPV1									
POLIO 2	OPV2									
POLIO 3	OPV3									
DPT1	DPT1									
DPT2	DPT2									
DPT3	DPT3									
HEPB1	H1									
HEPB2	H2									
HEPB3	H3									
MEASLES	MEASLES									
VITAMIN A (MOST RECENT)	VITA									

IM4. *Check IM3. Are all vaccines (BCG to Yellow Fever) recorded?*

☐ *Yes⇨ Continue with IM18*

☐ *No ⇨ Continue with IM5*

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION	Yes.....1 (Probe for vaccinations and write '66' in the corresponding day column for each vaccine	

DAYS? Record 'Yes' only if respondent mentions vaccines shown in the table above.	mentioned. Then skip to IM18.) No .....2 DK 8	 2⇨IM18 8⇨IM18
IM6. HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?	Yes.....1 No .....2 DK 8	 2⇨IM18 8⇨IM18
IM7. HAS (*name*) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes.....1 No .....2 DK 8	
IM8. HAS (*name*) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes.....1 No .....2 DK 8	 2⇨IM11 8⇨IM11
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?	First two weeks.....1 Later.....2	
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times .....__	
IM11. HAS (*name*) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? *Probe by indicating that DPT vaccination is sometimes given at the same time as Polio*	Yes.....1 No .....2 DK 8	 2⇨IM13 8⇨IM13
IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?	Number of times .....__	
IM13. HAS (*name*) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B *Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines*	Yes.....1 No .....2 DK 8	 2⇨IM16 8⇨IM16
IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?	Within 24 hours.....1 Later.....2	
IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?	Number of times .....__	
IM16. HAS (*name*) EVER RECEIVED A MEASLES INJECTIONS – THAT IS, A SHOT IN THE ARM AT THE AGE OF **9** MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes.....1 No .....2 DK 8	

IM18. HAS (*name*) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 6 MONTHS? *Show 100,000 IU capsule (blue) or dispenser.*	Yes.....1 No .....2 DK.....8	
IM19 Please tell me if (*name*) has participated in any of the following campaigns, national immunization days and/or vitamin A or child health days: [A] *Polio NIDs 2008* [B] *Polio NIDs 2009* [c] *Tetanus NIDs 2008* [d] *Tetanus NIDs 2009* [E] *Vit A 2008* [F] *Vit a 2009*	Y N DK *A POLIO NIDS 2008* 1 2 8 *B POLIO NIDS 2009* ..... 1 2 8 *C TETANUS NIDS 2008* ..... 1 2 8 *D TETANUS NIDS 2009*..... 1 2 8 *E VIT A 2008*..... 1 2 8 *F VIT A 2009* 1 2 8	

UF13. *Record the time.*	Hour and minutes ..... __ __ : __ __	

UF14. *Does another eligible child reside in the household for whom this respondent is mother/caretaker?*

☐ *Yes.* ⇨ *Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent*

☐ *No.* ⇨ *End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child.*

Check to see if there are other woman's or under-5 questionnaires to be administered in this household.

Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.

ANTHROPOMETRY		AN
After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.		
an1. Measurer's name and number:	Name_____ ___ ___	
an2. Result of height / length and weight measurement	Either or both measured .....1 Child not present.....2 Child or caretaker refused .....3 Other (*specify*) _____ 6	 2⇨AN6 3⇨AN6 6⇨AN6
an3. Child's weight	Kilograms (kg)..... __ __ . __ Weight not measured 99.9	
an4. Child's length or height Check age of child in AG2: ☐ Child under 2 years old. ⇨ Measure length (lying down). ☐ Child age 2 or more years. ⇨ Measure height (standing up).	Length (cm) Lying down..... 1 __ __ __ . __ Height (cm) Standing up..... 2 __ __ __ . __ Length / Height not measured 9999.9	
AN5. OEDEMA Observe and record	Checked Oedema present.....1 Oedema not present.....2 Unsure .....3 Not checked (*specify reason*).....7	
AN5A Check age of child in AG1: Is the Child under 6 months? ☐ Yes. ⇨ go to *AN6* ☐ No. ⇨ Continue with *AN5B*		
AN5B MUAC Observe and record	Checked MUAC (mm)..... __ __ __ 1 Not checked (*specify reason*).....7	

AN6. Is there another child in the household who is eligible for measurement?

☐ Yes. ⇨ Record measurements for next child.

☐ No. ⇨ Is this child part of the Sub-sample for Nutrition survey?

☐ Yes. ⇨ Collect blood sample for Hemoglobin test for this child.

▱ No. ⇨ End the interview with this household by thanking all participants for their cooperation.

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

UNDER-FIVE CHILD SELECTED FOR BLOOD TEST	SCU
This questionnaire is to be administered to children under five who are selected for blood test	
SCU1. Cluster number: ___ ___ ___	SCU2. Household number: ___ ___
SCU3. Child's line number: ___ ___	SCU4. Interviewer name and number: Name_____ ___ ___
SCU5. May I take blood from the child?	No.....1 Yes.....2
SCU6: Have you taken sufficient blood?	No.....1 Yes.....2
SCU7: Results of the haemoglobin level	__ __ . __ (g/dl)

MICS

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

[*Afghanistan*]

WOMAN'S INFORMATION PANEL	WM
This questionnaire is to be administered to all women age 15 through 49 (see column HL7 of Household Listing Form). Fill in one form for each eligible woman	
WM1. Cluster number: ___ ___ ___	WM2. Household number: ___ ___
WM3. Woman's name: Name_____	WM4. Woman's line number: ___ ___
WM5. Interviewer name and number: Name_____ ___ ___	WM6. Day / Month / Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___
WM6A: Is this Woman selected for Nutrition Survey sub-sample? Y 1 N 2	

Repeat greeting if not already read to this woman:

WE ARE FROM THE CENTRAL STATISTICS ORGANISATION (CSO). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT (***30)*** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT (30) MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

☐ *Yes, permission is given ⇨ Go to WM10 to record the time and then begin the interview.*

☐ *No, permission is not given ⇨ Complete WM7. Discuss this result with your supervisor.*

WM7. Result of woman's interview	
	Completed..... 1 Not at home ..... 2 Refused..... 3 Partly completed ..... 4 Incapacitated..... 5 Other (*specify*) _____ 9

WM8. Field edited by (Name and number):	WM9. Data entry clerk (Name and number):
Name _____ ___ ___	Name_____ ___ ___

WM10. *Record the time.*	Hour and minutes ..... __ __ : __ __	

WOMAN'S BACKGROUND		**WB**
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month ..... __ __ DK month ..... 98 Year ..... __ __ __ __ DK year 9998	
WB2. HOW OLD ARE YOU? *Probe:* HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? *Compare and correct WB1 and/or WB2 if inconsistent*	Age (in completed years)..... __ __	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes ..... 1 No..... 2	2⇨WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool ..... 0 Primary..... 1 Secondary ..... 2 Higher..... 3	0⇨ WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? *If less than 1 grade, enter "00"*	Grade ..... __ __	
WB6. *Check WB4:* ☐ *Secondary or higher. ⇨ Go to Next Module* ☐ *Primary ⇨ Continue withWB7*		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. *Show sentence on the card to respondent. If respondent cannot read whole sentence, probe:* CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all..... 1 Able to read only parts of sentence ..... 2 Able to read whole sentence ..... 3 No sentence in required language _____ 4 *(specify language)* Blind / mute, visually / speech impaired..... 5	

CHILD MORTALITY		CM
All questions refer only to LIVE births.		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes.....1 No 2	2⇨CM8
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER. *Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.*	Date of first birth Day ..... __ __ DK day.....98 Month..... __ __ DK month.....98 Year ..... __ __ __ __ DK year..... 9998	 ⇨CM4
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth ..... __ __	
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes.....1 No 2	 2⇨CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? *If none, record '00'.*	Sons at home..... __ __ Daughters at home ..... __ __	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes.....1 No 2	 2⇨CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? *If none, record '00'.*	Sons elsewhere ..... __ __ Daughters elsewhere..... __ __	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? *If "No" probe by asking:* I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes.....1 No 2	 2⇨CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? *If none, record '00'.*	Boys dead..... __ __ Girls dead ..... __ __	
CM10. Sum answers to CM5, CM7, and CM9.	Sum ..... __ __	
CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?		

☐ *Yes. Check below:*

☐ *No births ⇨ Go to ILLNESS SYMPTOMS Module*

☐ *One or more births ⇨ Continue with CM12*

☐ *No. ⇨ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12*

CM12. OF THESE (*total number*) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? Month and year must be recorded.	Date of last birth Day ..... __ __ DK day.....98 Month..... __ __ Year ..... __ __ __ __	

CM13. *Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in* ***2008***

☐ *No live birth in last 2 years. ⇨ Go to ILLNESS SYMPTOMS Module.*

☐ *Yes, live birth in last 2 years. ⇨ Ask for the name of the child*

*Name of child*_____

If child has died, take special care when referring to this child by name in the following modules.

Continue with the next module.

DESIRE FOR LAST BIRTH		DB
This module is to be administered to all women with a live birth in the 2 years preceding date of interview. *Check child mortality module CM13 and record name of last-born child here* _____. *Use this child's name in the following questions, where indicated.*		
DB1. WHEN YOU GOT PREGNANT WITH (*name*), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes.....1 No 2	1⇨Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later.....1 No more.....2	2⇨Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months..... 1 __ __ Years ..... 2 __ __ DK..... 998	

MATERNAL AND NEWBORN HEALTH		MN
This module is to be administered to all women with a live birth in the 2 years preceding date of interview. *Check child mortality module CM13 and record name of last-born child here* _____. *Use this child's name in the following questions, where indicated.*		
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (*name*)?	Yes ..... 1 No 2	2⇨MN5
MN2. WHOM DID YOU SEE? *Probe:* ANYONE ELSE? *Probe for the type of person seen and circle all answers given.*	Health professional: Doctor ..... A Nurse / Midwife ..... B Auxiliary midwife ..... C Other person Traditional birth attendant ..... F Community health worker ..... G Other (*specify*) _____ X	
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times ..... __ __ DK 98	
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	Yes No Blood pressure ..... 1 2 Urine sample ..... 1 2 Blood sample 1 2	
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? *If a card is presented, use it to assist with answers to the following questions.*	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No ..... 3 DK 8	
MN6. WHEN YOU WERE PREGNANT WITH (*name*), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes ..... 1 No ..... 2 DK 8	 2⇨MN9 8⇨MN9
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (*name*)? *If 7 or more times, record '7'.*	Number of times ..... __ DK 8	 8⇨MN9
MN8. *How many tetanus injections during last pregnancy were reported in MN7?* ☐ *At least two tetanus injections during last pregnancy. ⇨ Go to MN17* ☐ *Fewer than two tetanus injections during last pregnancy. ⇨ Continue with MN9*		

MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (*name*), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes.....1 No .....2 DK.....8	 2⇨MN17 8⇨MN17
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name*)? *If 7 or more times, record '7'.*	Number of times .....__ DK.....8	 8⇨MN17
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name*)?	Years ago .....__ __	
MN17. WHO ASSISTED WITH THE DELIVERY OF (*name*)? *Probe:* ANYONE ELSE? *Probe for the type of person assisting and circle all answers given.* *If respondent says no one assisted, probe to determine whether any adults were present at the delivery.*	Health professional: Doctor ..... A Nurse / Midwife ..... B Auxiliary midwife ..... C Other person Traditional birth attendant ..... F Community health worker ..... G Relative / Friend ..... H Other (*specify*) _____ X No one ..... Y	

MN18. WHERE DID YOU GIVE BIRTH TO (*name*)? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Home Your home .....11 Other home.....12 Public sector Govt. hospital.....21 Govt. clinic / health centre .....22 Govt. health post.....23 Other public (*specify*) _____ 26 Private Medical Sector Private hospital .....31 Private clinic.....32 Private maternity home.....33 Other private medical (*specify*) _____ 36 Other (*specify*) _____ 96	 11⇨MN23 12⇨MN23 96⇨MN23
MN19. WAS (*name*) DELIVERED BY CAESEREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?	Yes.....1 No 2	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (*name*)?	Yes.....1 No 2	

MN24. DID YOU EVER BREASTFEED (*name*)?	Yes.....1 No 2	2⇨ Next Module
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (*name*) TO THE BREAST? *If less than 1 hour, record '00' hours.* *If less than 24 hours, record hours. Otherwise, record days.*	Immediately ..... 000 Hours ..... 1 __ __ Days..... 2 __ __ Don't know / remember 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (*name*) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes.....1 No 2	2⇨MN28
MN27. WHAT WAS (*name*) GIVEN TO DRINK? *Probe:* ANYTHING ELSE?	Milk (other than breast milk) ..... A Plain water..... B Sugar or glucose water..... C Gripe water ..... D Sugar-salt-water solution..... E Fruit juice ..... F Infant formula..... G Tea / Infusions ..... H Honey .....I Other (*specify*) _____ X	
MN28. IN THE FIRST TWO MONTHS AFTER THE BIRTH OF (*name*), DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS? *Show 200,000 IU capsule (red) or dispenser.*	Yes.....1 No .....2 DK.....8	

ILLNESS SYMPTOMS		IS
IS1. *Check Household Listing, column HL9* Is the respondent the mother or caretaker of any child under age 5? ☐ Yes. ⇨ Continue with IS2. ☐ No. ⇨ Go to Next Module.		
IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY? *Probe:* ANY OTHER SYMPTOMS? Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, but do NOT prompt with any suggestions	Child not able to drink or breastfeed..... A Child becomes sicker ..... B Child develops a fever ..... C Child has fast breathing..... D Child has difficult breathing ..... E Child has blood in stool ..... F Child is drinking poorly .....G Other (*specify*) _____ X Other (*specify*) _____ Y Other (*specify*) _____ Z	

CONTRACEPTION		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant .....1 No .....2 Unsure or DK.....8	1⇨Next Module
CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes.....1 No 2	2⇨Next Module
CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization..... A Male sterilization..... B IUD..... C Injectables..... D Implants..... E Pill..... F Male condom..... G Female condom..... H Diaphragm..... I Foam / Jelly..... J Lactational amenorrhoea method (LAM)..... K Periodic abstinence/Rhythm..... L Withdrawal..... M Other (*specify*) _____ X	

ATTITUDES TOWARD DOMESTIC VIOLENCE					DV
DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:		Yes	No	DK	
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling	1	2	8	
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8	
[C] IF SHE ARGUES WITH HIM?	Argues	1	2	8	
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex	1	2	8	
[E] IF SHE BURNS THE FOOD?	Burns food	1	2	8	
[F] IF SHE ISN'T WEARING CLOTHING HE CONSIDERS APPROPRIATE?	Inappropriate clothing	1	2	8	

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married ..... 1 Yes, living with a man ..... 2 No, not in union 3	 3⇨MA5
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER? *Probe*: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years ..... __ __ DK 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes ..... 1 No 2	 2⇨MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number ..... __ __ DK 98	⇨MA7 98⇨MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married ..... 1 Yes, formerly lived with a man ..... 2 No 3	 ⇨Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once 2	
MA8. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage Month ..... __ __ DK month ..... 98 Year ..... __ __ __ __ DK year 9998	 ⇨Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years ..... __ __	

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes.....1 No 2	 2⇨WM11
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes.....1 No .....2 DK.....8	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes.....1 No .....2 DK.....8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes.....1 No .....2 DK.....8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes.....1 No .....2 DK.....8	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes.....1 No .....2 DK.....8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes.....1 No .....2 DK.....8	
HA8. CAN THE VIRUS THAT CAUSES AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	Yes No DK During pregnancy ..... 1 2 8 During delivery..... 1 2 8 By breastfeeding..... 1 2 8	
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes.....1 No .....2 DK / Not sure / Depends.....8	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes.....1 No .....2 DK / Not sure / Depends.....8	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes.....1 No .....2 DK / Not sure / Depends.....8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR HOUSEHOLD?	Yes.....1 No .....2 DK / Not sure / Depends.....8	

WM11. *Record the time*.	Hour and minutes ..... __ __ : __ __	

WM12. *Is the respondent the mother or caretaker of any child age 0-4 living in this household?*
Check household listing, column HL9.

☐ *Yes.* *Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.*

☐ *No.* *End the interview with this respondent by thanking her for her cooperation and;*
Check WM6A: Is this HH part of NNS subsample?
- ☐ *Yes.* ⇨ *ask the woman to wait for Anthropometry and check for the presence of any other eligible woman or children under-5 in the household.*
- ☐ *No.* ⇨ *Check for the presence of any other eligible woman or children under-5 in the household.*

After ALL women questionnaires have been completed, go to ANW1 for Anthropometry module of all women.

ANTHROPOMETRY ANW

After questionnaires for all Women and Under-5 children in the Household are complete, and the measurer begins the Anthropometry module for Under-5 Children, the measurer weighs and measures ALL WOMAN 15-49.
Record weight and height below, taking care to record the measurements on the correct questionnaire for each woman. Check the woman's name and line number on the household listing before recording measurements.

Do not measure any woman with casts, heavy bandages, or missing limbs. Do not measure women who are pregnant).

ANW1. *Is this Woman pregnant?*

☐ *Yes. ⇨ write your name and number in ANW2 and go straight to ANW6*

☐ *No. ⇨ Is this Woman with casts, heavy bandages or missing limbs?*

☐ *Yes. ⇨ End with this module and go to the Specimen Collection for Haemoglobin*

☐ *No. ⇨ continue with ANW2*

ANW2. Measurer's name and number:		
ANW3. Result of height and weight measurement	Either or both measured.....1 Woman refused.....3 Other (*specify*) _____ 6	
ANW4. Woman's weight	Kilograms (kg) .....__ __ . __ Weight not measured.....99.9	
ANW5. Woman's height	Height (cm) Standing up ..... __ __ __ . __ Height not measured.....9999.9	
Anw6. Muac *Observe and record*	Checked MUAC (mm)..... __ __ __ 1 Not checked (*specify reason*).....7	

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

WOMEN AGED 15-49 SELECTED FOR BLOOD TEST	SCW
This questionnaire is to be administered to women aged 15-49 who are selected for blood test	
SCW1. Cluster number: ___ ___ ___	SCW2. Household number: ___ ___
SCW3. Woman's line number: ___ ___	SCW4. Interviewer name and number: Name_____ ___ ___
SCW5. May I take blood from the child?	No.....1 Yes.....2
SCW6: Have you taken sufficient blood?	No.....1 Yes.....2
SCW7: Results of the haemoglobin level	__ __ . __ (g/dl)