Afghanistan Health Indicators, Fact Sheet is updated annually to provide information on population, health and nutrition in Afghanistan at the national level. It is helpful in providing a snapshot view of the health sector. The indicators are selected to present an overall picture of the health and nutrition sector and related sectors. The estimates provided for indicators are from different published sources.

#	Indicators	Value	Year	Source
1	Total Population (million)[i]	27	2012	CSO
2	Settled Population (million)	25.5	2012	CSO
3	Life Expectancy at Birth, (year)	62-64	2010	AMS
4	Total Fertility Rate	5.1	2010	AMS
5	Infant Mortality Rate (per 1,000 live births)	77	2010	AMS
6	Under - 5 Mortality Rate (per 1,000 live births)	97	2010	AMS
7	Maternal Mortality Ratio (per 100,000 live births)	327	2010	AMS
8	Contraceptive Prevalence Rate (%)	21	2010/11	MICS
9	Skilled Antenatal Care (at least 1 visit) (%)	48	2010/11	MICS
10	Pregnant Women Receiving at least 2 Doses of Tetanus Toxoid (%)	23.8	2006	AHS
11	Skilled Birth Attendance (%)	39	2010/11	MICS
12	Exclusive Breastfeeding (%)[ii]	54	2010/11	MICS
13	Under weight prevalence under five (Moderately or Severe) (%)	31	2010/11	MICS
14	DPT3 coverage (%)[iii]	35	2010/11	MICS
15	Measles Vaccination Rate (12-23 Months)(%)	44	2010/11	MICS
16	Fully Immunized (12-23 months) (%)[iv]	18	2010/11	MICS
17	Vitamin A Receipt in Last 6 Months (6-59 months)(%)	51	2010/11	MICS
18	ITN utilization rate among under-five children (%)	5.7	2006	AHS
19	HIV Prevalence, Adult (%)	<0.1	2007	UNAIDS
20	TB prevalence (all cases per 100,000 population)	231	2008	NTP
21	TB cases detection Rate (%)	70	2007	NTP
22	TB (DOTS) Treatment Success Rate (%)	89	2007	NTP
23	Population with sustainable access to improved water source (%)	57	2010/11	MICS
24	Household using improved sanitation facilities (%)v	31	2010/11	MICS
25	Proportion of Population within one hour walking distance from a public health facility	57.4	2008	NRVA
26	Polio Laboratory confirmed cases	80	2011	NEPI

[i] The figures presented for total, settled and nomadic population are from pre-census done by the Central Statistical Office (CSO), Afghanistan. Other sources of population estimates available are from the UN used by the National EPI department. The M&E Advisory Board assessed and concluded that the CSO's estimates used the most transparent and systematic approach among all and it was the only source that could provide sufficient geographical breakdown of the data. Also, according to the law, all government agencies are required to use the CSO population. However the Expanded Programme of Immunization (EPI) is using the UN estimates for vaccination of children. The EPI policy states that, if in a country two separate population estimates are available the EPI program should use the higher estimates for planning purposes to ensure that there is no shortage of vaccines.

[ii] While the number of children between 0-5 months of age was small, 54% were reported to have received only breast milk in the last 24 hours. There is anecdotal evidence that infants in Afghanistan are frequently given tea or *maska* (butter) soon after birth. The high percentage of exclusive breastfeeding belies the anecdotal evidence of supplemental liquids/solids commonly being given to infants. Some mothers may not consider tea or *maska* as supplemental foods, and thus may not have reported giving these items to their infants. To the extent that this occurred, the estimated proportion of children exclusively breastfed in the last 24 hours would be artificially high.

[iii] The three indicators provide information on the coverage of immunization for children 12-23 months. Two different sources of information are available for immunization coverage, information from the routine reporting system from the EPI and from household survey. In the table, reported coverage for DPT3 and Measles vaccination are given from the MICS. Estimates from household survey for DPT3 and measles coverage are 44 percent. Caution should be used in interpreting the estimates form the household survey. DPT is only given through the routine health care system and involves 3 doses, which makes it difficult for a respondent (mother) to remember whether her child actually received all the doses in the absence of an immunization card (only 31% cards seen). In absence of a card to verify the number of doses it gets difficult for the respondent to recall the number of doses received. At the same time, measles is easier to remember as it is only 1 dose and can be given through campaigns. The estimates for measles, which follows the third dose of DPT in the EPI schedule, are higher than the DPT3 estimates.

[iv] Figures for full immunization are being reported from MICS, a household survey. The survey is representative of all Afghanistan provinces. Internationally, household surveys are considered to be the gold standard to measure effective coverage of immunization, however, as mentioned earlier *(point iv)* due to recall bias the results should be interpreted with caution. At the same time, since DPT is administered at health facilities, children have initial contact with the health system (DPT1 is 53%) but there is huge drop-out as families do not have appropriate contact with the health care system.

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Indicator Definitions
Total Population: The number of people in a given area (i.e., country) in a particular time period (usually a midyear estimate).
Settled Population: The number of settled people in a given area (i.e., country) in a particular time period (usually a midyear estimate).
Life Expectancy at Birth: The average number of years a newborn infant can expect to live under current mortality levels.
Total Fertility Rate (TFR): Number of children who would be born per woman if she lived to the end of her childbearing years and bore children at each age in accordance with prevailing age-specific fertility rates.
Infant Mortality Rate: The estimated annual number of deaths of infants under 12 months in a given year per 1,000 live births in that same year
Maternal Mortality Ratio (per 100,000 live births) : Number of maternal deaths during given time period per 100 000 live-births during same time period
Contraceptive Prevalence Rate: Percent of ever married women 15-49 currently using a modern method of contraception. Modern methods include oral contraceptives, IUDs, Injectables, female and male sterilization, all emergency contraception, and barrier methods. (Diaphragm, foam, jelly, male and female condom)
Antenatal Care (at least 1 visit) Doctor, Nurse, Midwife: Proportion of women who attended at least 1 ANC visit with a skilled provider, for a woman's most recent delivery in the previous 2 years.
Tetanus Toxoid Vaccination (for Pregnant Women): Percentage of pregnant women receiving two (or more) doses of tetanus toxoid.
Skilled Birth Attendance: Proportion of live births attended by a skilled attendant (excluding trained TBAs), for the most recent delivery in the previous 2 years.
Exclusive Breastfeeding (under 5 mos.): Proportion of children 0-5 months who were exclusively breastfed in the last 24 hours.
Under weight prevalence under five: Moderate and severe: below minus two standard deviations from median weight for age of reference population; severe: below minus three standard deviations from median weight for age of reference population.
DPT3 Vaccination Rate: Proportion of children under 1 year of age given DPT3 immunization.
Measles Vaccination Rate: Proportion of children under 1 year of age given measles immunization.
Fully Immunized (12-23 months): Proportion of children 12-23 months of age fully immunized. Full Immunization defined in the survey, schedule recommended by the World Health Organization (WHO), BCG and polio (OPV0) at birth, followed by 1 dose each of OPV and DPT at 6, 10 and 14 weeks, and finally measles vaccine at 9 months.
Vitamin A Receipt in Last 6 Months (6-59 months): Proportion of children 6-59 months of age receiving vitamin A supplementation.
Polio Laboratory confirmed cases: Number of laboratory confirmed polio confirmed cases in a year.
ITN utilization rate among under-five children: All children (under 5 years of age) who slept the night before the survey under a net treated in the 12 months preceding the survey.
HIV Prevalence, Adult: The estimated percentage of adults living with HIV/AIDS in 2007. Data are from UNAIDS' 2008 Report on the Global AIDS Epidemic and recent Demographic and Health Surveys.
TB prevalence (all cases per 100,000 population): Estimated number of TB cases (all forms)
TB cases detection Rate: The case Detection Rate is defined as the percentage of the annual new smear -positive notification of the estimated annual new smear -positive incidence.
TB (DOTS) Treatment Success Rate: The proportion of Smear -positive patients who were cured plus the proportion who completed treatment.
Hospital Beds per 10,000 Population: Number of Hospital Beds available for per 10,000 population
Population with sustainable access to improved water source: Access to safe drinking water sources is defined by the availability of at least 20 litres of water per person per day from a source within 1 kilometer of walking distance. Improved drinking water sources are: household connection, public standpipe, borehole, protected dug well, protected spring, rainwater collection
Population with access to improved sanitation: Improved sanitation facilities are: connection to a public sewer, connection to a septic system, pour-flush latrine, simple pit latrine, ventilated improved pit latrine
Access to public health facility :Proportion of Population within one hour walking distance from a public health facility

Data sources

AMS

The Afghanistan Mortality Survey (AMS) 2010 was carried out by the Ministry of Public Health (MoPH) and the Central Statistics Organization (CSO) Afghanistan. Technical assistance for the survey was provided by ICF Macro, the Indian Institute of Health Management Research (IIHMR) and the World Health Organization Regional Office for the Eastern Mediterranean (WHO/EMRO). The 2010 AMS is part of the worldwide MEASURE DHS project that assists countries in the collection of data to monitor and evaluate population, health, and nutrition programs

AHS **Afghanistan Health Survey:** The survey was conducted jointly by Ministry of Public Health (MoPH), Johns Hopkins University (JHU) & Indian Institute of Health Management Research (IIHMR) in 2006. The AHS 2006 was a population based survey designed to provide information on maternal and child health, child survival, family planning, health care utilization and related expenditures in rural Afghanistan. It follows a multistage cluster survey that is representative of most of rural Afghanistan (excluding 6 major cities and provinces and districts that could not be covered due to insecurity).

CSO **Central Statistical Office, Afghanistan**

PRB **Population Reference Bureau:** The rates and figures are primarily compiled from the following sources: official country statistical yearbooks and bulletins; *United Nations Demographic Yearbook, 2003* of the UN Statistics Division; *World Population Prospects: The 2006 Revision* of the UN Population Division; *Recent Demographic Developments in Europe, 2005* of the Council of Europe; and the data files and library resources of the International Programs Center, U.S. Census Bureau. Other sources include recent demographic surveys such as the Demographic and Health Surveys, Reproductive Health Surveys, special studies, and direct communication with demographers and statistical bureaus in the United States and abroad.

NEPI **National Expanded Program on Immunization, MoPH**

NHA **Afghanistan National Hospital Assessment (NHA).** The assessment was conducted in 2004 provides estimates on availability of beds in hospitals per 10,000 populations. It was a collaborative effort, implemented in partnership with The MoPH, the European Commission and the French Ministry of Foreign Affairs, as a follow-up to the 2002 National Health Resource Assessment (NHRA). A survey of 117 hospitals was undertaken to provide a detailed description of the public sector hospital care and provide elements of information for the ongoing process of hospital reform.

NNS **National Nutrition Survey (NNS).** The survey was conducted by CDC, National Institute for Research on Food and Nutrition – Italy and Tufts University, USA. The survey provides information on iodine, iron, anaemia, and vitamin A status of the population, assess overall nutritional status of target groups based on anthropometric indices, and provide other relevant information for the planning, implementation and monitoring of appropriate population based interventions to prevent vitamin and mineral deficiencies in Afghanistan. Population groups surveyed included: preschool children (6-59 months old), school aged children (7-11 years old), women of childbearing age (15-49 years old), and adult men (18-60 years old).

MICS **Multi Indicator Cluster Survey**. 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.

NTP **Annual report, National TB Control Program, MoPH**

SOWC **State of the World's Children (SOWC), UNICEF**

UNAIDS **United Nations Data on HIV/AIDS**