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MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL

4528

TO : William H. Foege, M.D., Director
Center for Disease Control
Through: Director, Bureau of Epidemiology

DATE: April 10, 1978

FROM : Deputy Director, Family Planning Evaluation Division, Bureau of Epidemiology

SUBJECT: Resource Support Services Report: Evaluation of the Afghan Family Guidance Association (AFGA), Afghanistan--Initial Report

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Summary

Of 2.3 million married women aged 15-49 in Afghanistan in 1977, approximately 710,000 delivered liveborn infants; 355,000 were in the first 6 months postpartum lactation; and 1,230,000 were at varying risk of conception. During the period 1968-1977 the Afghan Family Guidance Association (AFGA) provided contraceptive services to an estimated 93,951 women--who chiefly used oral contraceptives (53.0%), condoms (34.2%), and IUDs. The clinics were first opened in Kabul and later in provincial centers; during 1977 over half of acceptors lived outside Kabul. Nevertheless, the 1977 acceptor rate was estimated to be 8.3 per 100 women at risk of conception for Kabul and 0.8 per 100 for all other provinces combined.

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We conducted a systematic random sample of contraceptive acceptors during 1968-1976 in 8 Kabul clinics and estimated that 24.1% of these women returned to the same clinic during 1977 and only 9.1% had adequate contraceptive supplies on February 20, 1978. We obtained sufficient data to conduct a program continuation rate study--which will be reported separately--but this preliminary analysis suggests that most women are using contraception transiently. We will examine the family spacing plans of contraceptive acceptors in a separate report.

During 1976-1977, AFGA family guides evaluated the feasibility of contacting delinquent family planning patients to determine whether they still wanted contraception. Of 7,210 delinquent patients, the family guides only submitted follow-up reports on 527 (7.3%). The guides were discouraged by the amount of effort required to contact some individuals. Of 292 women actually visited by the guides, 106 (36.3%) were contracepting and 82 (28.1%) were motivated to return to the clinic for contraception. The results of this effort suggests that follow-up effort may be feasible and rewarding.

Based on these analyses of continuing contraceptive use, we designed a clinic tickler file system to identify patients the month they failed to return for contraceptive supplies.

In addition, we plan to continue to work with AFGA to simplify the present record system and improve the feedback of information to clinics. The preliminary analysis of client characteristics will determine 1) the quality of the data collected, 2) the distribution of characteristics, and 3) the usefulness of data for geographic comparisons, time trends, and comparison with other data sources. Following this analysis we propose eliminating questions which do not yield 1) data of adequate quality and 2) data which do not provide insights useful for policy and management decisions.

We are scheduling 2 weeks training at CDC in September 1978 (September 12-24 or 19-30) for 2 of the AFGA staff (Ms. Afifa Yusufi and Ms. Mastoora Masumi) to re-design the AFGA family planning record system. We plan to provide consultation follow-up to AFGA in November 1978.

Drs. Savoor and Rashidi expressed interest in discussing a national survey of nutritional status with a representative from the Bureau of Smallpox Eradication. I have discussed their request with Drs. Mike Lane, Director, Bureau of Smallpox Eradication, and Milt Nichaman, Director, Division of Nutrition, Bureau of Smallpox Eradication. The 1978 Afghanistan Census might facilitate selecting the sample, and the 1972-73 Afghan Demographic Survey (published volumes in FPED Reference Collection) might provide pertinent information on population characteristics. If such a survey is conducted, it might be appropriate to consider adding pertinent questions about the prevalence of contraception in urban areas.

I. Place

Kabul, Afghanistan, February 9-26 (as part of international trip which included Philippines)

II. Chief Contacts

Ministry of Public Health (MOPH)
Professor Abdullah Omar, M.D., Minister

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III. AFGA Evaluation

Introduction

On January 18, 1978, AID/W received a cable from AID/Afghanistan requesting CDC consultation in family planning evaluation. Mr. Don Newman telephoned Roger W. Rochat, M.D., to transmit the following cable and Dr. Rochat and Mr. Jack Graves amended planned Asia travel to respond to the cabled request:

> E.O. 11652: N/A
> Subject: Proposed TDY Consultants: Dr. Roger Rochat: Mr. Jack Graves (CDC)
>
> 1. Mission requests information concerning availability subject constants under centrally funded AID/RSSA with Center for Disease (CDC) Atlanta. Preferred timing - early February. Duration: one week, Rochat; three weeks, Graves.
>
> 2. Consultants needed (1) help analyse/modify AFGA's existing client-record and retrieval system and design system for common use by AFGA clinics and those BHC clinics just beginning delivery contraceptives to FP clients; (2) design operational procedures for collecting analysing FP statistical data, and providing useful feedback to AFGA/BHC clinics; (3) train key AFGA and BHC headquarters personnel in the use and application of client record and FP statistical data for planning/extending FP services; and (5) outline workscopes for pretesting above systems in selected clinic and for implementing short-term, in-country training programs for clinic personnel.
> Eliot

The preliminary results of the contraceptive prevalence survey and AFGA Family Guide Follow-Up Study were discussed with AFGA and USAID officials in Kabul.

The Family Planning Problem in Afghanistan

Although family planning services have been available in Afghanistan since 1968 through the semi-autonomous AFGA, the government does not have a national population policy and, until recently, has not provided family planning services through the Ministry of Public Health's Basic Health Centers or hospitals. Family planning services are provided to permit couples to voluntarily increase the spacing interval between pregnancies--as a means of improving maternal and child health.

A few Afghan professionals are also concerned that the current birth rate (50/1,000) and death rate (28/1,000) leads to a population growth rate (2.2%) which will double the population in 32 years--with the implication that there will then be proportionately fewer resources per person. A decrease in mortality or in duration of lactation will lead to an increase in the growth rate, while an increase in the age at marriage or an increase in fertility control use will decrease the growth rate.

Do Afghans want family planning? In a recently conducted (1976) household probability sample survey of 3,483 individuals in 17 villages in 3 provinces, the Ministry of Public Health learned that 69% of men and 92% of women were "interested in learning about ways that would allow them to increase the amount of time between pregnancies." What is the present interval between pregnancies? The same survey determined that women age 45-49 had had an average of 9.37 children of whom 5.67 were alive at the time of interview. The average duration of breast feeding reported by mothers was 2 years. (Detailed interval data not published in report.)

Dr. Abbas Rashidi, Director of Nutrition, Public Health Institute, collected data on duration of lactation (during previous pregnancies) from 423 pregnant women attending MCH clinics near Kabul: 4.3% breastfed 0-5 months, 6.9% 6-9 months, 10.7% 10-12 months, 32.6% 13-18 months, 41.1% 19-24 months, and only 4.4% for more than 24 months. Their reasons for stopping breastfeeding during the last inter-pregnancy interval were: pregnancy (68.6%), insufficient milk (20.1%), sickness (6.6%), still breastfeeding (4.7%). From these 2 surveys we gain the impression that 80% of women with surviving infants breastfeed for at least 12 months. Efforts to increase the inter-pregnancy interval through contraception must be initiated while the mother is lactating.

How many Afghan couples might use contraception to increase spacing? Of an estimated 2.3 million married women in Afghanistan in 1977 (Table 1, Column 3), approximately 710,000 (30.9%) are pregnant at any given point in time. About half that number (355,000) are in their first 6 months postpartum lactation and fairly well protected from conception--and the remaining 1.23 million couples are at risk of conception, and may wish to use contraception for birth spacing purposes. Some of these couples will also be infertile, surgically sterilized, trying to become pregnant, or using contraception other than that provided by AFGA clinics, etc. Nevertheless, Table 1, Column 6, gives a rough estimate of the number of couples (based on July 1977 population estimates) in each province who might use some method of birth spacing if it were readily available, accessible, and acceptable. The average number of women per province who might use family spacing is 43,940, and ranges

between 14,930 in Zabul and 98,045 in Kabul. Only 8.0% of these couples are in Kabul Province.

Age at Marriage: At what age do Afghans marry? Overall in 1972-73, the average (median) age at first marriage was 25.6 for males and 17.5 for females. However, those living in urban areas married later than those in rural areas. For urban areas the average ages for males and females were 26.3 and 19.6, respectively, while for rural areas the average ages were 25.5 and 17.1.

Since women in urban areas marry, on the average, 2.5 years later than those in rural areas, one would expect them to have fewer children. In fact, the age-specific fertility rate in 1972-73 for urban teenagers was 93.8 and for rural teenagers was 128.8.

Maternity Services: Who delivers babies in Afghanistan--and where are they delivered? Since family spacing is the primary voluntary family planning strategy in Afghanistan, one might expect that urban women delivering in hospitals would be offered contraception. That is not the case. The Ministry of Public Health (MOPH) reports that for the Afghan year 1355 (March 21, 1976-March 20, 1977) only 11,964 women were discharged from hospitals for pregnancy-related admissions (10.5%-abortion; 35.3%-other complications of pregnancy, childbirth, and the puerperium; 54.2% for delivery without mention of complication). Approximately 87.5% of these admissions are for Kabul residents. Hospital discharges are under-reported; Madame Nawaz reports that 17,500 deliveries occurred in one Kabul hospital that year and that an additional 2,500 were delivered at home by teams of trained nurse-midwives. The actual number of deliveries by medically trained personnel is not precisely known but it is certainly less than 5% of the estimated 710,000 births occurring annually in Afghanistan. However, the proportion of infants in Kabul delivered by medically trained personnel probably exceeds 50%. Thus, 95% of births are delivered by traditional birth attendants (dais) or family members.

Apparently family planning services are not provided in the immediate postpartum by any birth attendants. While this may be appropriate for those who plan to breastfeed for a year, family spacing education (or specific methods of birth control), at least, should be part of birth attendants' responsibilities.

AFGA Clinic Visits (1969-1977), Client Acceptor Rates (1977), Contraceptives Dispensed (1977), and Inventory (December 31, 1977)

AFGA began providing family planning services in 1968. Clinic numbers were assigned serially as additional clinics were opened. Within each clinic new patients are assigned serial numbers. Clinic records are filed numerically and the patient is given a card with her number. Clinics do not have an alphabetic (name)-patient number cross index. Patients will be registered with more than one number if they change clinic, and may be registered with more than one number in the same clinic if they forget their card. There is no systematic mechanism for detecting and eliminating duplicate records. For the analysis in this section we will ignore duplicate counts as we have no quantitative assessment of them.

Clinics are typically staffed by 1 physician, 2 nurse-midwives, and 4 family guides--2 guides for home visits and recruitment and 2 to assist in clinic activities. Clinic days and hours vary between facilities. Those I visited in Kabul appeared moderately busy in the mornings but comparatively inactive during the afternoons.

Table 2 shows the annual and cumulative number of first and subsequent client visits (revisits) to AFGA clinics for contraception. Except for 1974, the total number of acceptors increased steadily from 1969 through 1977. The chief reason for the drop in 1974 was a decline in the number of IUD acceptors. By the end of 1977, AFGA had registered 93,951 new contraceptive acceptors--who chiefly used oral contraceptives (53.0%), condoms (34.2%), and IUDs (11.8%).

Table 3 shows the contraceptive trends and preferences of acceptors in Kabul between 1969 and 1977. Kabul clinics generally increased their annual number of acceptors through 1976 (except 1974, which is a guesstimate). However, between 1976 and 1977 the number of new acceptors declined overall and for each of the 3 chief methods.

The proportion of new acceptors in Afghanistan which received services from clinics outside Kabul increased from 0.0% in 1970 to 55.4% in 1977. Overall, acceptors in Kabul were more likely to use IUDs (14.8% vs. 7.9%) and condoms (38.2% vs. 29.0%) than women elsewhere and less likely to use oral contraceptives (42.4% vs. 66.7%). DepoProvera has been recently made available in a few clinics.

Table 4 shows that 10 of 12 Kabul clinics experienced a drop in the number of acceptors in 1977. In fact, the older and largest clinics (Zahuga, Alauddin, Shashaheed) had their largest number of acceptors

between 1971 and 1973. Clearly, the overall increase in numbers of acceptors in Kabul between 1971 and 1976 was due to the opening of new clinic sites rather than expanding services at the older clinic sites.

It appears that most, or possibly all, of expanding clinic services in Afghanistan has been due to an increase in the number of sites which provide contraception. The current policy decision to limit the number of clinics to the present number may result in a pleateauing of the annual number of acceptors at about the present level (16,000-18,000).

Of the 17,399 first visits to AFGA clinics in 1977, less than half (47.0%) were clients in Kabul Province. Three different measures of acceptance per 100 women at risk show that women in Kabul Province were about 1,000% more likely than women in other provinces to visit an AFGA clinic for the first time in 1977 (Table 5). While 4.1% of married women in Kabul made a first visit in 1977, only 0.4% of married women in other provinces made a first visit in 1977. Since fewer than half of married women need contraception at any point in time, I estimate that 8.3% of women at risk of contraception in Kabul, but only 0.8% of women in other provinces, visited AFGA clinics for the first time in 1977.

Table 6 shows the contraceptive supplies dispensed by AFGA clinics during 1977 and the reported contraceptive supplies on hand on December 31, 1977. While some clinics have more than a year's supply on hand--which may be appropriate for an expanding program--a few clinics have a very limited supply compared with their apparent annual needs. Since Afghanistan has limited transportation to some areas during the winter, a minimum of one year's supply in each clinic would seem more appropriate.

It is interesting to note that the amount of contraceptives dispensed during 1977 is equivalant to approximately 11,784 couple-years of protection distributed as follows: 7,805 (66.2%) oral contraceptives, 1,947 (16.5%) condoms, 1,766 (15.0%) IUDs, and 266 (2.3%) foam and gels. This information alone implies that the number of active contraceptors during 1977 ranged between 9,000 and 15,000. It is possible that the number is higher--but that would depend on surgical sterilizations, IUD continuation rates, and alternative sources of contraceptive supplies. The 15 Kabul clinics distributed an estimated 4,831 couple-years protection of contraceptives during 1977. Of those, 3,361 (69.6%) were oral contraceptive users, 104 (2.2%) were condom users, 1,198 (24.8%) were IUD users, and 168 (3.5%) were foam and gel users.

In summary, AFGA has provided clinic-based family planning services since 1968. The services have been extended to all provinces and about half of new acceptors in 1977 attended clinics outside Kabul. The annual number of acceptors in Kabul has plateaued and for some clinics has

declined, yet the 1977 acceptance rate per 100 women at risk of conception in Kabul was only 8.3%--suggesting that Kabul clinics have the potential for substantial expansion. Still the Kabul acceptance rate for 1977 was 10-fold greater than outside Kabul. Market surveys or other information is needed to determine what the real market demand for contraception is.

Program-Based Contraceptive Prevalence

Evaluation teams from IPPF and AID/W in 1977 recommended that AFGA determine continuation and drop-out rates. To determine 12 month program continuation rates in Kabul, we selected contraceptive acceptors from the onset of the program (1968) through December 31, 1976 for study. We rank ordered clinics in Kabul by cumulative number of acceptors and chose a 1-in-60 sample so that we could expect a minimum of 200 acceptors for each of the 2 most common chosen methods--pills and condoms (Table 7). Starting with a different random number in each clinic we sampled every 60th record for the largest 8 clinics (which constitued 91.5% of all acceptors in Kabul during that period). In this section we present estimates of contraceptive use on February 20, 1978 for Kabul and, overall, for Afghanistan.

In one clinic (Zahesgah) we substituted the next available patient number when charts were missing. Of 189 charts sampled, 98 (51.9%) were "substitute" charts. We later learned that missing charts reflected "delinquent" patients who had entered the program during the era of an earlier record system. Because this bias might be expected to give us a falsely high estimate of the number of active patients at Zahesgah, we have examined the results for this clinic separately from all others--and have excluded the results for Zahesgah in extrapolations for Kabul and Afghanistan.

Of 594 records reviewed (Table 8), 150 patients (25.8%) visited the clinic during 1977 and 73 (12.5%) were active (had sufficient supplies) on February 20, 1978. For all clinics except Zahesgah, the proportion returning in 1977 was 24.1% and the proportion who were active in February 1978 was 9.1%.

We estimate, therefore, that of the 43,749 new patients who accepted family planning in Kabul before January 1977, approximately 10,544 attended the same clinic during 1977 (Table 9). Thus, the total number of individuals visiting Kabul clinics in 1977 was about 18,052 (7,508 new visits plus 10,544 visits by pre-1977 acceptors). By adding an arbitrarily chosen 75% of the number of 1977 acceptors (5,631) to the estimated number of active users (3,981) who entered the program before 1977, we estimate the number of active contraceptors in Kabul on February 20, 1978, was 9,612.

Of the 582 family planning records sampled in Kabul, 511 (86.0%) had not returned for scheduled supply visits or method checks. Of these 511 delinquent patients, 60 (11.7%) had a reason for discontinuing contraception noted on the clinic record. The reasons noted were pregnant (15), wants to get pregnant (14), moved (13), using other source of contraception (8), side effects (3), does not need contraception (3), and other reasons (3).

Although we have no basis for guessing whether acceptors outside Kabul are more or less likely to be continuing in the program than those in Kabul, we have applied the proportions for Kabul acceptors to those outside Kabul and overall for Afghanistan. Overall we estimate that about 35,848 Afghan women obtained contraceptive services in 1977 and about 20,015 were active in the program on February 20, 1978.

We can now prepare a crude estimate of the percentage of women at risk of conception who are using contraception (Table 10). We estimate that overall about 1.6% of Afghan women at risk of conception are using AFGA-provided contraception. The proportion is 9.8% for women in Kabul and 0.9% for women outside Kabul.

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AFGA Family Guide Follow-up Study

Early in 1976 AFGA family guides attempted to evaluate the feasibility of contacting delinquent family planning patients to determine 1) the reason for their not returning to the clinc for supplies or checkups, and 2) their willingness to return to an AFGA clinic for contraception. They obtained a computer print-out (dated February 2, 1976) of 7,210 oral contraceptive and condom users who visited AFGA clinics between November 1973 (onset of computerized data file) and May 1975 (8 months before cut-off date of December 1975) and who were at least 6 months late for their last supply visit. They sent this list to each clinic with delinquent patients and an individual questionnaire (in Dari) for each delinquent patient. Most follow-up activities were conducted between May and August 1976 and between January and March 1977. Sometimes adequate follow-up information was obtained by reviewing clinic records alone but usually a visit to the patient's home was required. Family guides reported anecdotally that more than one day's work was occasionally required to contact a patient, but no attempt was made to systematically determine the effort required to locate delinquent patients.

Table 11 shows that for 7,210 delinquent patients, 527 (7.3%) had a follow-up report submitted. The follow-up rate was higher in Kabul Province overall (11.4%) than the rest of the country (3.4%) but only 12 (52.2%) of 23 clinics with delinquent patients submitted any reports. Thus, follow-up activities varied between clinics but in no case were they successful in contacting many delinquent patients.

Table 12 shows the status of the 527 delinquent patients at time of follow-up. Of 230 women (43.6%) whose contraceptive status could not be determined, 155 could not be located and 44 had moved. Fifty-six (10.6%) were not at risk of pregnancy, and 109 had stopped either because they wanted to get pregnant or because they were pregnant. Some of the latter stopped because of side effects and then became pregnant. Ninety-seven (18.4%) had continued to use contraception from the same or another clinic, from the bazaar, or had switched to withdrawal. An additional 35 (6.6%) stopped because of side effects, opposition of husband, or distance to the clinic.

Of the 292 women contacted (Table 13), 106 (36.3%) were contracepting at the time of follow-up, and 82 (28.1%) were motivated to visit a clinic for contraception.

From this limited attempt at follow-up, we might learn a few lessons. First, the fact that only half of the clinics submitted follow-up forms suggests the guides in some clinics either did not know how to do follow-up or were not motivated to do so. These problems might be resolved through improved training, supervision, and evaluation. Second, some family guides became discouraged because of the effort required to contact delinquent patients. Positive feedback from supervisors for successful contacts might help counter-balance the frustrations of such efforts. It may be necessary to put a maximum time limit on the effort expended to contact any single delinquent patient. Third, follow-up can be rewarding. Over one-fourth (28.1%) of those contacted were motivated to return to the clinic. Are any other recruitment efforts that effective?

More successful follow-up efforts might be achieved if the following were done:

1. A clinic should identify delinquent patients within one month after the patient ran out of supplies.

2. Specific staff members (guides) should be given responsibility for follow-up.

3. The efforts and results of follow-up activities should be monitored.

4. Clinics should be rewarded for successful follow-up efforts.

IV. Graphical Material

Roger W. Rochat, M.D.

PROVINCES AND PROVINCIAL CENTERS, AFGHANISTAN, 1977

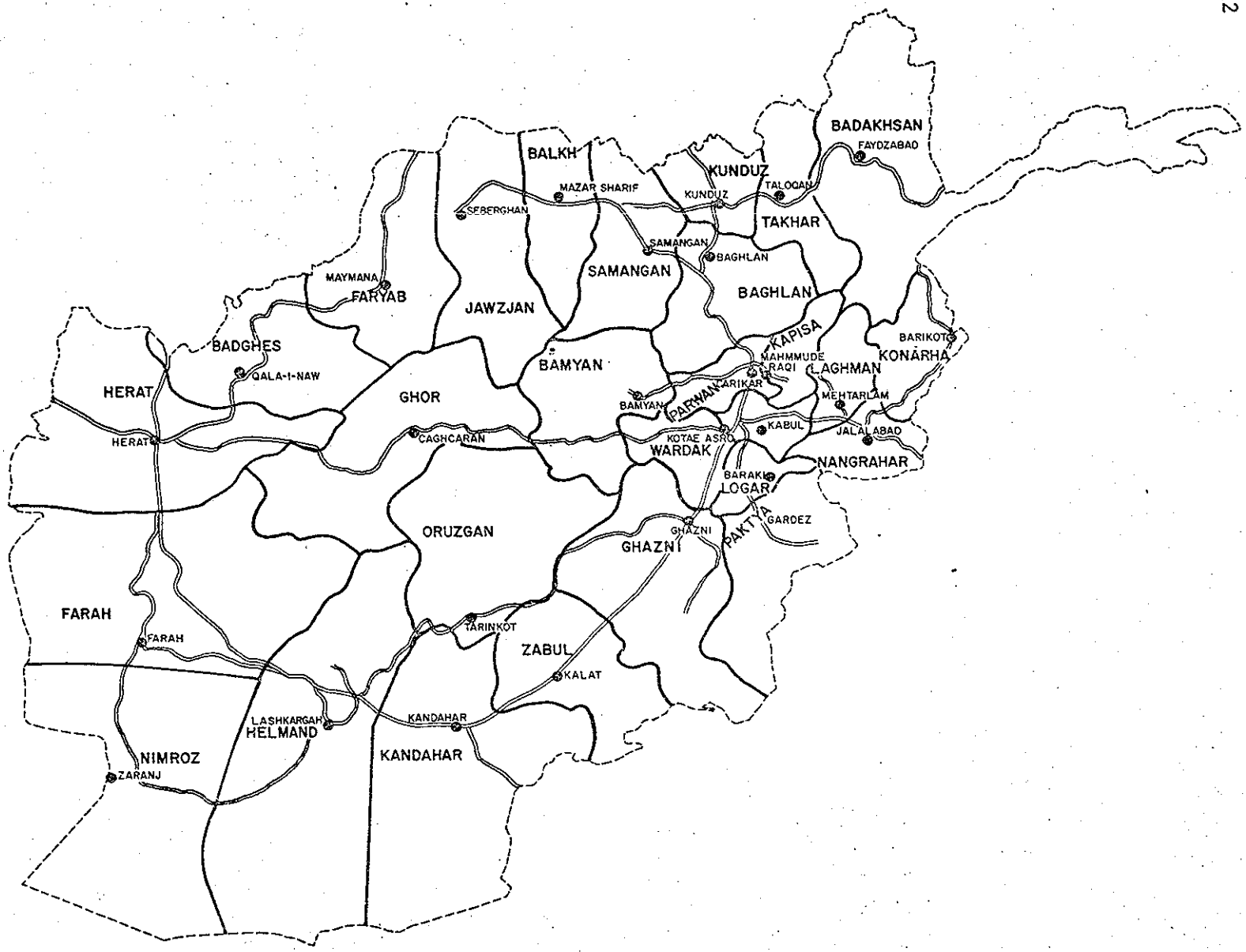

Table 1

ESTIMATED NUMBER OF NON-PREGNANT, MARRIED FEMALES 15-49 WHO ARE MORE THAN 6 MONTHS POSTPARTUM --AND THEREFORE AT RISK OF CONCEPTION--BY PROVINCE, AFGHANISTAN, 1977

Province	(1) Estimates 1972-73 Population	(2) Estimates 1972-73 Now Married Females 15-49	(3) Estimated No. Married Females 15-49 on July 1, 1977 [(2) x 1.4]	(4) Estimated Annual Nos. of Births [(1) x 1.4 x .05]	(5) Non-Pregnant Married Females (3) - (4)	(6) Women At Risk of Conception (5) - .5(4)
Kabul	955,330	141,680	198,350	66,870	131,480	98,045
Kapisa	318,195	49,033	68,650	22,270	46,380	35,245
Parwan	362,300	57,886	89,040	25,360	55,680	43,000
Maydan	300,143	49,851	69,790	21,010	48,780	38,275
Logar	185,888	27,428	38,400	13,010	25,390	18,885
Ghazni	597,409	98,980	138,570	41,820	96,750	75,840
Paktia	281,634	43,253	60,550	19,710	40,840	30,985
Konar	247,141	42,639	59,690	17,300	42,390	33,740
Loghman	301,158	50,113	70,160	21,080	49,080	38,540
Nangrahar	777,145	124,845	174,780	54,400	120,380	93,180
Jowzjan	468,160	70,724	99,010	32,770	66,240	49,855
Balkh	410,610	62,683	87,760	28,740	59,020	44,650
Samangan	220,648	30,301	42,420	15,450	26,970	19,245
Kunduz	350,184	56,021	78,430	24,510	53,920	41,665
Boghlan	264,659	44,322	62,050	18,530	43,520	34,255
Takhar	345,714	58,597	82,040	24,200	57,840	45,740
Badakshan	358,839	61,181	85,650	25,120	60,530	47,970
Farah	249,077	45,580	63,810	17,440	46,370	37,650
Herat	661,230	118,671	166,140	46,290	119,850	96,705
Badghis	245,715	43,020	60,230	17,200	43,030	34,430
Faryab	452,260	60,816	85,140	31,660	53,480	37,650
Ghar	160,018	27,931	39,100	11,200	27,900	22,300
Oruzgan	326,188	57,032	79,840	22,830	57,010	45,595
Zabul	119,375	19,622	27,470	8,360	19,110	14,930
Kandehar	517,472	83,310	116,630	36,220	80,410	62,300
Helmand	325,006	55,489	77,690	22,750	54,940	43,565
Nimroz	127,805	21,879	30,630	8,950	21,680	17,205
Bamian	206,737	36,200	50,680	14,470	36,210	28,975
TOTAL	10,136,060	1,639,087	2,294,720	709,520	1,585,200	1,230,440

Data sources and assumptions:

1. Columns (1) and (2) from National Demographic and Family Guidance Survey, 1972-73, Province Reports (Tables 1.1.1. and 8.1.3.)
2. Column (3) based on United States Bureau of Census (BuCen) estimate of total sedentary Afghan population of 14,067,000 on July 1, 1977 and proportionate increases from each province.
3. Column (4) based on a crude birth rate of 50 births per 1,000 population--again using BuCen estimated birth rate.
4. Column (6) assumes all women lactate for at least 6 months after delivery and that they are not at risk of conception during that interval.

Table 2

ANNUAL AND CUMULATIVE NUMBER OF FIRST AND REVISITS FOR CONTRACEPTION, BY METHOD, BY YEAR, AFGA[1] CLINICS, AFGHANISTAN, 1969-1977

Year	Annual Visits Total	First Visits				Revisits				
		Pills	Condoms	IUDs	Other[2]	Total	Pills	Condoms	IUDs	Other
1969	2,220	1,401	114	705	0	4,233	3,808	0	425	0
1970	4,480	2,265	1,155	1,060	0	6,629	4,928	3	1,701	0
1971	7,514	2,731	3,733	1,050	0	22,738	12,642	6,431	3,665	0
1972	9,988	4,322	3,870	1,796	0	23,520	14,362	6,466	2,742	0
1973	11,087	5,771	3,491	1,825	0	29,672	18,406	7,601	3,665	0
1974	10,997	6,411	3,438	1,148	0	37,811	24,008	9,812	3,991	0
1975	13,456	6,857	5,122	1,149	328	34,886	16,608	13,465	4,308	495
1976	16,810	9,757	5,674	1,283	96	62,343	37,370	20,264	4,042	667
1977	17,399	10,291	5,561	1,051	496	74,868	43,873	25,151	4,481	1,363
Percent Distribution (1977)	*100.0*	*59.1*	*32.0*	*6.0*	*2.9*	*100.0*	*58.6*	*33.6*	*6.0*	*1.8*
--CUMULATIVE VISITS--										
1969	2,220	1,401	114	705	0	4,233	3,808	0	425	0
1970	6,700	3,666	1,269	1,765	0	10,862	8,736	3	2,126	0
1971	14,214	6,397	5,002	2,815	0	33,600	21,378	6,434	5,791	0
1972	24,202	10,719	8,872	4,611	0	57,120	35,740	12,900	8,533	0
1973	35,289	16,490	12,363	6,436	0	86,792	54,146	20,501	12,198	0
1974	46,286	22,901	15,801	7,584	0	124,603	78,154	30,313	16,189	0
1975	59,742	29,758	20,923	8,733	328	159,489	94,762	43,778	20,497	495
1976	76,552	39,515	26,597	10,016	424	221,832	132,132	64,042	24,539	1,162
1977	93,951	49,806	32,158	11,067	920	296,700	176,005	89,193	29,020	2,525
Percent Distribution (1977)	*100.0*	*53.0*	*34.2*	*11.8*	*1.0*	*100.0*	*59.3*	*30.1*	*9.8*	*0.9*

[1]Afghan Family Guidance Association

[2]Of 592 first visits for other methods in 1976-77, 562 (94.9%) were for Depoprovera and 30 (5.1%) for diaphragm acceptors.

Table 3

FIRST CLIENT VISITS[1] TO AFGA[2] CLINICS IN KABUL,
BY FIRST METHOD OF CONTRACEPTION
AFGHANISTAN, 1969-1977

Year	Total	Pills	Condoms	IUDs	Other Contraceptives	None[3]
1969	2,220	1,401	114	705	0	0
1970	3,832	1,715	1,109	1,008	0	0
1971	5,425	1,706	2,854	865	0	0
1972	5,889	2,167	2,639	1,083	0	0
1973	5,886	2,557	2,284	1,045	0	0
1974	(4,840)	(2,103)	(1,878)	(859)	(0)	(?)
1975	8,180	3,712	2,934	815	0	719
1976	8,913	3,849	3,523	744	80	717
1977	7,760	3,250	2,913	703	271	623
TOTAL	52,945	22,460	20,248	7,827	351	2,059
Percent Distribution (of Total)	*100.0*	*42.4*	*38.2*	*14.8*	*0.5*	*3.9*

[1]1974 data estimated for each method; 1977 excludes 418 first visits at 2 military bases and 1 insurance company; pills (144), condoms (186), IUDs (25), other contraceptives (16), none (47)
[2]Afghan Family Guidance Association
[3]These visits were for infertility, gynecological complaints, and other medical problems.

Table 4

FIRST CLIENT VISITS[1] TO AFGA[2] CLINICS IN KABUL, BY CLINICS, AFGHANISTAN, 1969-1977

Year	Total	Clinic											
		Zahesga	Alauddin	Shashaheed	Markazi	Mirweiss	Shashdarak	Asmaee	Taimani	Khairkhanna	Mirbachakot	Shewaki	Paghman
1969	2,220	1,571	520	10	-	-	96	-	-	-	-	23	-
1970	3,832	1,929	1,310	253	-	-	266	-	-	-	-	74	-
1971	5,425	2,290	1,844	857	-	-	242	-	-	-	49	143	-
1972	5,889	2,270	1,952	805	88	-	271	-	-	-	331	172	-
1973	5,886	2,163	1,739	857	563	-	214	-	-	-	184	166	-
1974	(4,840)	(1,450)	(1,200)	(830)	(700)	(?)	(300)	(?)	(?)	(?)	(200)	(160)	(-)
1975	8,180	1,245	1,008	828	1,078	1,134	445	666	692	643	282	159	-
1976	8,913	1,348	1,048	801	1,170	1,188	418	868	779	704	276	107	206
1977	7,760	884	1,012	642	916	1,199	395	701	662	604	242	353	150
TOTAL	52,945	15,150	11,633	5,883	4,515	3,521	2,647	2,235	2,133	1,951	1,564	1,357	356

[1]1974 data estimated for each clinic; 1972 excludes 418 first visits at 2 military bases and 1 insurance company: Kwai Mosalah (162), Kwai Char (64), and Bimi Mamorin (192)
[2]Afghan Family Guidance Association

Table 5

ESTIMATED CLIENT ACCEPTOR RATES[5,6] AND RATIO[7]
OVERALL AND FOR KABUL AND OTHER PROVINCES
AFGHAN FAMILY GUIDANCE ASSOCIATION, JAN-DEC, 1977

	Married Women[1]	Women at Risk of Conception[2]	Births[3]	Clients[4]	Rate[5]	Rate[6]	Ratio[7]
Kabul	198,350	98,050	66,870	8,178	4.1	8.3	12.2
Other Provinces	2,096,370	1,132,390	642,650	9,221	0.4	0.8	1.4
Total	2,294,720	1,230,440	709,520	17,399	0.8	1.4	2.5

[1]Estimated currently married women in Kabul Province and other provinces, July 1, 1977 (based on projections from NDFGS)

[2]Estimated number of women who are not pregnant and not in first 6 months postpartum lactation

[3]Assumed crude birth rate is 50/1,000 for Kabul and other provinces

[4]AFGA Statistical and Evaluation Unit

[5]Rate per 100 married women

[6]Rate per 100 women at risk of conception

[7]Ratio per 100 livebirths

Table 6

CONTRACEPTIVES DISPENSED DURING 1977 AND CONTRACEPTIVE INVENTORY, DECEMBER 31, 1977, BY CLINIC, AFGA CLINICS, AFGHANISTAN

	Contraceptives Dispensed				Inventory, December 31, 1977			
Clinic	Pills (Cycles)	Condoms (Pieces)	IUDs	Foam/Gel	Pills (Cycles)	Condoms (Pieces)	IUDs	Foam/Gel
Alauddin	7,220	13,377	113	2,444	733	538	159	92
Asmaee	2,497	7,630	33	1,453	709	660	266	266
Badakshan	732	617	3	115	5,817	298	286	222
Badghis	526	1,339	0	214	5,424	1,620	100	143
Baghlan	2,395	11,209	19	895	4,811	2,878	878	196
Bamijan	198	220	0	37	2,683	2,595	50	169
Farah	1,829	2,665	2	523	6,880	1,650	198	178
Ghazni	1,838	5,058	21	1,246	2,153	550	148	14
Ghar	190	680	0	140	5,008	2,040	0	50
Herat	11,606	14,378	34	1,142	3,864	3,724	426	176
Jawzjan	1,770	4,200	5	395	836	1,375	195	200
Kandahar	6,074	9,883	258	881	11,121	1,991	236	504
Khairkhana	3,075	10,634	22	1,873	1,381	794	174	236
Khost	1,199	1,367	8	289	7,515	596	292	274
Kunduz	2,684	4,757	16	543	1,944	192	551	0
Loghman	1,366	305	10	59	7,122	140	119	120
Lashkargah	2,047	5,628	24	572	2,843	755	540	4
Logar	674	1,402	5	265	779	639	65	49
Maidan	183	360	0	73	5,087	4,340	100	129
Maimana	1,614	2,593	5	245	3,384	1,445	161	322
Markazi	4,063	11,248	226	1,496	943	469	111	80
Mazar-i-Sharif	11,407	11,931	46	1,081	4,000	2,357	463	207
Mirbachakot	1,079	1,258	11	203	531	401	151	28
Mirweiss	6,645	15,075	111	2,479	997	350	154	168
Nangrahar	4,171	6,892	49	326	2,191	1,245	172	114
Nimroz	377	75	0	20	4,311	2,719	100	180
Oruzgan	238	700	0	70	4,988	1,980	100	55
Paghman	266	950	5	159	1,754	10	192	0
Parwan	3,178	3,938	60	609	1,806	1,858	491	79
Samangan	578	362	1	49	2,636	2,369	97	144
Shashdarak	2,064	4,708	60	917	885	997	98	236
Shah-Shaheed	2,927	15,523	109	2,271	1,545	214	62	0
Shewaki	721	1,784	31	379	750	370	36	25
Takhar	738	256	2	54	1,071	2,446	18	136
Taimani	2,649	6,525	123	1,253	661	200	311	123
Zahesgah	10,102	13,412	331	1,457	317	268	105	43
Bimi Mamorin (Ins.)	211	1,005	16	208	1,849	915	4	43
Kuai Mosaloh (Military)	141	725	6	141	1,659	1,195	204	39
Kwai Char Zerh Dar (Military)	29	95	0	19	1,601	1,825	220	167
Zabul[1]	102	210	1	29	1,546	700	49	118
TOTAL	101,463	194,696	1,766	26,624	116,135	51,708	8,082	5,329
Couple-Years of Protection[2]	7,805	1,947	1,766	266	8,933	517	8,082	53

[1]Based on estimates for 1 quarter of year.

[2]One couple-year of protection may be arbitrarily defined as 13 cycles of pills, or 100 condoms, or one IUD, or 100 units of foam or gel. Thus, for 1977 the contraceptives distributed were sufficient to protect approximately 11,784 couples for one year (excluding ~~[illegible]~~se or wastage of supplies). Similarly, at the end of 1977 the clinics had sufficient annual supplies for approximately 17,585 couples.

Source: This table summarizes data tabulated by Mr. Zia Noorzai, USAID/Afghanistan from AFGA reports.

Table 7

AFGA ACCEPTORS IN KABUL CLINICS 1968-1976, BY METHOD, BY CLINIC, AND A 1-In-60 SAMPLE, BY METHOD, BY CLINIC

Clinics/ Random Number Start	Total Acceptors	%	Cum. %	Oral Contraceptives	Condoms	IUDs	Others
Zaheshga/36	14,266	*31.7*		6,460	4,985	2,707	117
Alauddin/19	10,531	*23.4*	*55.1*	4,332	3,925	2,195	79
Shashaheed/46	5,231	*11.6*	*66.7*	1,965	2,629	627	10
Markazi/57	3,599	*8.0*	*74.7*	1,406	1,182	606	405
Mirweiss/35	2,322	*5.2*	*79.9*	1,279	850	163	30
Shashdarak/24	2,222	*4.9*	*84.8*	1,092	844	237	49
Asmaee/03	1,534	*3.4*	*88.2*	542	725	67	200
Taimani/40	1,471	*3.3*	*91.5*	616	660	90	105
Khairkhana/44	1,347	*3.0*	*94.5*	600	655	32	60
Mirbachakot/20	1,297	*2.9*	*97.4*	557	330	199	211
Shewaki/52	964	*2.1*	*99.5*	385	396	89	94
Paghman/50	206	*0.5*	*100.0*	83	51	3	69
TOTAL	44,990			19,317	17,232	7,015	1,426

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Clinics	Total 1/60	Total Cum.	Oral Contraceptives 1/60	Oral Contraceptives Cum.	Condoms 1/60	Condoms Cum.	IUDs 1/60	IUDs Cum.	Others 1/60	Others Cum.
Zasheshga	238	238	108	108	83	83	45	45	2	2
Alauddin	176	414	72	180	65	148	37	82	1	3
Shashaheed	87	501	33	213	44	192	10	192	0	3
Markazi	60	561	23	236	20	212	10	102	7	10
Mirweiss	39	600	21	257	14	226	3	105	0	10
Shashdarak	37	637	18	275	14	240	4	109	1	11
Asmaee	26	663	9	284	12	252	1	110	3	14
Taimani	25	688	10	294	11	263	2	112	2	16
Khairkhana	22	710	10	304	11	274	1	113	1	17
Mirbachakot	22	732	9	313	6	280	3	116	4	21
Shewaki	16	748	6	319	7	287	1	117	2	23
Paghman	3	750	1	320	1	288	0	117	1	24

Table 8

EXPECTED AND ACTUAL SAMPLE SIZES, NUMBER OF PRE-1977 ACCEPTORS WHO VISITED THE CLINIC IN 1977, AND THE NUMBER WHO WERE ACTIVE CONTRACEPTORS FEBRUARY 20, 1978

Clinic	Expected Sample	Actual Sample	Family Planning Acceptors	No. Visiting Clinic in 1977	No. Active Contraceptors February 20, 1978
Alauddin	176	144	144	20	5
Shashaheed	87	73	73	14	10
Markazi	60	59	50	15	2
Mirweiss	39	46	46	17	6
Shashdarak	37	33	32	11	4
Asmaee	26	26	25	10	4
Taimani	25	25	24	8	5
Subtotal	450	406	394	95 *(24.1%)*[1]	36 *(9.1%)*[2]
Zahesgah	238	188	188	55 *(29.3%)*	37 *(19.7%)*
TOTAL	663	594	582	150 *(25.8%)*	73 *(12.5%)*

[1]95% Confidence Interval (C.I.) of 24.1% is 19.9%-28.3%. The 95% C.I. is equal to $.241 \pm 1.96\sqrt{\frac{(.241)(.759)}{394}}$

[2]95% C.I. of 9.1% is 6.3%-11.9%.

Table 9

ESTIMATED NUMBER[1] OF INDIVIDUALS VISITING AFGA CLINICS FOR FAMILY PLANNING IN 1977 AND ESTIMATED MAXIMUM NUMBER WHO WERE ACTIVELY CONTRACEPTING FEBRUARY 20, 1978

		(1)	(2)	(3)	(4)	(5)	(6)
		AFGA Acceptors 1968-1976					
Place	Range of Estimate[2]	Cum. FP Acceptors 1968-1976	Est. No. Returning in 1977 [(1)x.241]	Est. No. Active Feb. 20, 1978 [(1)x.091]	New Acceptors 1977	Total Ind. Visiting Clinics in 1977 (2)+(4)	Est. No. Active Users Feb. 20, 1978[3]
Kabul	Low		8,706	2,756		11,462	7,735
	Medium	43,749	10,544	3,981	7,508	14,525	9,612
	High		12,381	5,206		17,587	11,489
Outside Kabul	Low		6,528	2,067		16,419	7,931
	Medium	32,803	7,905	2,985	9,891	17,796	10,403
	High		9,283	3,904		19,174	12,876
Afghanistan	Low		15,234	4,823		32,633	15,666
	Medium	76,552	18,449	6,966	17,399	35,848	20,015
	High		21,664	9,110		39,063	24,365

[1]Estimates for columns (2) and (3) are based on proportions calculated from random systematic sample (394 records) from Kabul clinics (excluding Zahesgah).

[2]The medium estimate represents the best estimate based on the sample. The low and high estimates represent the range of the 95% Confidence Interval (1.96 S.E.) around the medium estimate, which equals $1.96\sqrt{\frac{pq}{n}}$.

[3]Column 6 is estimate of the number of active users on February 20, 1978. For each estimate the medium value from column (3) was used. The high estimate assumes that all new acceptors in 1977 were active on February 20, 1978. The medium estimate assumes 75% of 1977 acceptors were active, and the low estimate assumes 50% of 1977 acceptors were active on February 20, 1978.

Table 10

ESTIMATE OF PERCENTAGE OF WOMEN AT RISK OF CONCEPTION WHO ARE CONTRACEPTING, BY REGION, AFGHANISTAN, FEBRUARY 1978

Region	(1) Est. Women at Risk of Conception	(2) Estimated Active Users	(3) Estimated Percent Contracepting
Kabul	98,045	9,612	*9.8*
Outside Kabul	1,132,395	10,403	*0.9*
Afghanistan	1,230,440	20,015	*1.6*

Table 11

NUMBER OF DELINQUENT CONDOM AND ORAL CONTRACEPTIVE ACCEPTORS AS OF MAY 1975 AND THE NUMBER WHOSE STATUS WAS DETERMINED THROUGH AFGA FAMILY GUIDE FOLLOW-UP ACTIVITIES MAY-AUGUST 1976 AND JANUARY-MARCH 1977[1]

Clinic	Clinic Nos.	No. of Dropouts April 1975	Follow-Up Reports Submitted	
			No.	%
Kabul Province				
Zahesgah	010	1,251	203	*16.2*
Alauddin	020	1,020	52	*5.1*
Shashaheed	030	430	72	*16.7*
Shewaki	040	80	0	*0*
Shashdarak	050	188	27	*14.4*
Mirbachakot	090	129	0	*0*
Markazi	160	343	0	*0*
Mirweiss	170	5	41	*?*
Khairkhana	180	25	6	*24.0*
(Asmaee, Taimani)	041-044	33	0	*0*
Subtotal		3,504	401	*11.4*
Others				
Logar	011	78	0	*0*
Parwan	060	186	16	*8.6*
Ghazni	070	130	3	*2.3*
Lashkargah	080	172	0	*0*
Nadi Ali, Girishk Chahe Enjeer	081-083	102	0	*0*
Mazar-i-Sharif	100	416	51	*12.3*
Herat	110	751	16	*2.1*
Nangrahar	120	536	0	*0*
Kunduz	130	326	36	*11.0*
Baghlan	140	510	0	*0*
Kandahar	150	499	4	*0.8*
Subtotal		3,706	126	*3.4*
TOTAL		7,210	527	*7.3*

[1]This study was limited to oral contraceptive and condom users who visited AFGA clinics between November 1973 and May 1975. The print-out of delinquent patients was dated February 2, 1976. Delinquency was defined as being 6 or more months late for their last scheduled supply visit.

Table 12

STATUS OF 527 DELINQUENT FAMILY PLANNING PATIENTS AT TIME OF FOLLOW-UP,
Afghanistan Family Planning Association, 1976-1977

	Overall	Kabul Province	Other Provinces
Couldn't Locate	155	143	12
Unknown	31	30	1
Moved	44	21	23
Subtotal	230 *(43.6%)*	194 *(47.9%)*	36 *(29.5%)*
Not at Risk of Pregnancy			
Menopause	25	13	12
Widowed/Divorced	5	2	3
Husband Absent	15	13	2
Illness	11	11	0
Subtotal	56 *(10.6%)*	39 *(9.6%)*	17 *(13.9%)*
Pregnancy-Related			
Wants to Get Pregnant	21	11	10
Pregnant	88	63	25
Subtotal	109 *(20.7%)*	74 *(18.3%)*	35 *(28.7%)*
Continued Contraceptive Use			
Same Clinic	22	14	8
Other Clinic	42	42	0
Bazaar	12	9	3
Withdrawal	21	20	1
Subtotal	97 *(18.4%)*	85 *(21.0%)*	12 *(9.8%)*
Other			
Side Effects	20	9	11
Rumor About Side Effects	6	1	5
Husband Opposes	5	3	2
Distance	4	0	4
Subtotal	35 *(6.6%)*	13 *(3.2%)*	22 *(18.0%)*
TOTAL	527 *(100.0%)*	405 *(100.0%)*	122 *(100.0%)*

Table 13

CONTRACEPTIVE USE AT TIME OF FOLLOW-UP FOR 527 DELINQUENT ORAL CONTRACEPTIVE AND CONDOM ACCEPTORS, AFGA, 1976-1977

	Overall		Kabul Province		Other Provinces	
	No.	%	No.	%	No.	%
Total Follow-up Forms Returned	527		405		122	
Not Contacted[1]	235		194		36	
Contacted	292	*100.0*	211	*100.0*	86	*100.0*
Contracepting[2]	106	*36.3*	81	*38.4*	25	*29.1*
Not Contracepting						
Plan to Return to Clinic[3]	82	*28.1*	44	*20.9*	38	*44.2*
Remainder	104	*35.6*	86	*40.8*	23	*26.7*

[1]Could not locate, moved, or unknown
[2]Using oral contraceptives, IUDs, condoms, sterilization, or withdrawal
[3]Motivated by Family Guides during follow-up visit to agree to return to clinic