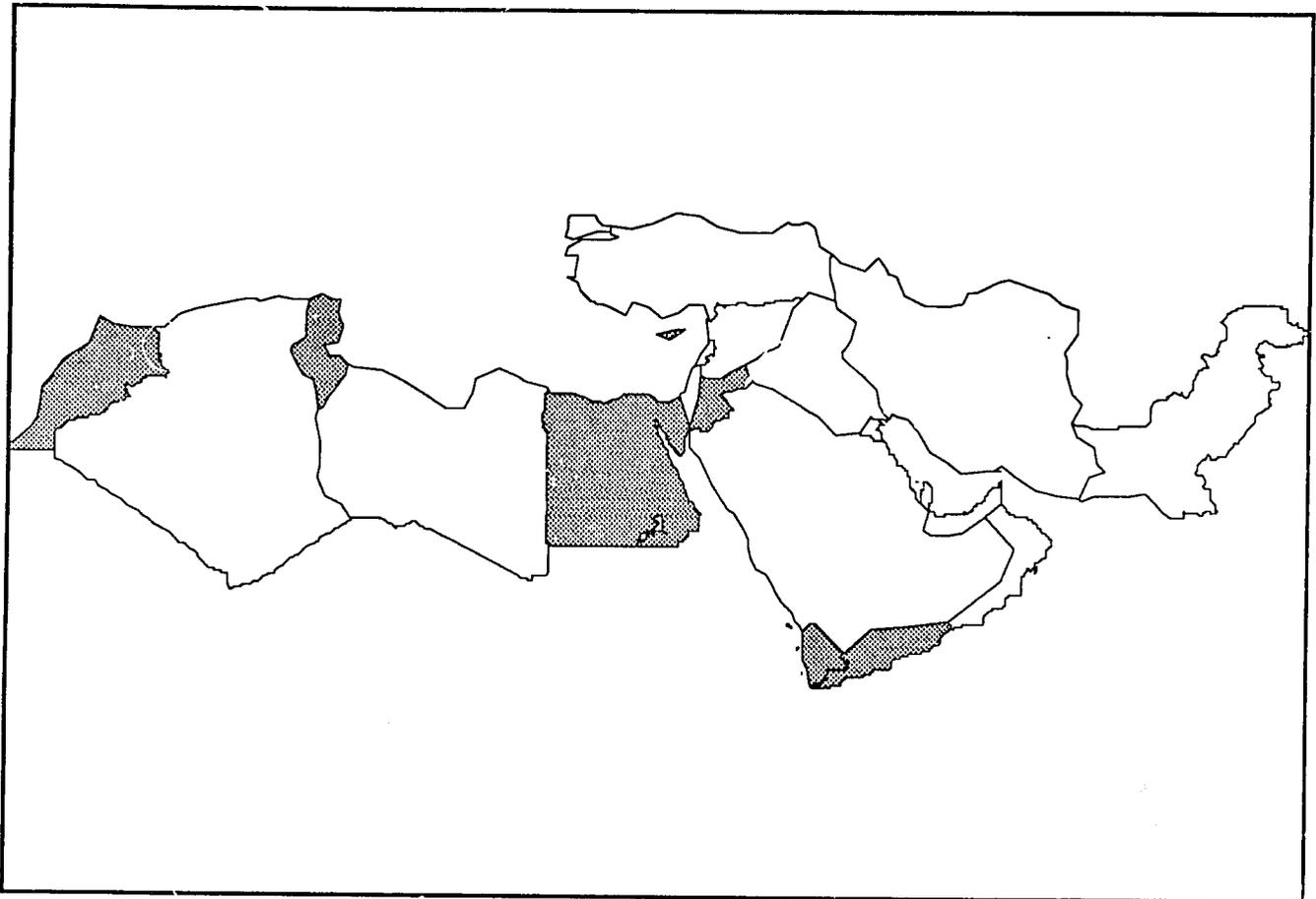


Selected Health and Demographic Statistics

USAID Assisted Countries

The Near East

August 1991



Center for International Health Information
USAID Health Information System
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ASIA AND NEAR EAST

Regional Progress Toward Child Survival Goals

In the early 1980s, concern about the health status of children in the Near East and Asia* prompted several USAID missions to begin implementing health activities targeted at children under age five. In 1985, when USAID initiated its child survival program, Bangladesh, India, Indonesia, Nepal, Morocco, Egypt, Yemen and Pakistan were designated the region's child survival emphasis countries.

Since 1985, infant and child mortality rates in the Near East and Asia have declined significantly, and life expectancy has increased. Infant mortality rates have dropped from almost 100 (1985) to 89 deaths per 1,000 live births in 1990. The target infant mortality rate of 75 has been achieved by three emphasis countries, Egypt (43), Indonesia (70), and Morocco (73).

Even more dramatic have been the improvements in immunization coverage among USAID-assisted countries in the region: Since 1985, vaccination coverage for DPT3 has more than doubled to 84 percent. Based on provisional data, Egypt, Morocco, Pakistan, and Yemen have exceeded 80 percent coverage for polio3, DPT3 and BCG. In Indonesia and Pakistan, coverage against measles vaccination has been increased by 70 to 75 percent since 1985. And Bangladesh has increased measles coverage from 1 percent in 1985 to 54 percent in 1990.

Fluctuations in the reported levels of oral rehydration therapy (ORT) use have been seen in the region due to varying supplies of oral rehydration salts (ORS) packets and to continued refinement in data collection and reporting systems. ORT use did not increase greatly at the regional level, but ORT use in Egypt rose to 66 percent and is quickly approaching 45 percent in Pakistan and Indonesia.

In addition to child survival targets adopted by the agency, the Asia and Near East Bureau established a goal of 50 percent contraceptive prevalence for the region by 1990. Several countries, including Indonesia, India, and Egypt, are within reach of that target.

Progress has been made toward many of the targets set in 1985, but much remains to be done. Infant mortality rates in Bangladesh, India, and Yemen, among others, remain above 93 deaths per 1,000 live births. Vaccination coverage for measles and tetanus lags behind coverage for other diseases. ORT use in Bangladesh, Morocco, and Nepal, as in many other countries remains low. And Nepal, Pakistan, Yemen and other countries still have contraceptive prevalence rates under 18 percent. The region's large population and high fertility rate are making it difficult not only to maintain services but also to expand them to meet the growing demand.

Indicators such as immunization, ORT use and infant mortality rates often reflect improvements in service coverage and survival in areas with greater access to health services and overall levels of development. Disparities often exist among regions of a country and among urban, peri-urban, and rural areas. In Indonesia, regional infant mortality rates range from 37 (Yogyakarta) to 95 deaths per 1,000 live births (West Java). In Egypt, data from the period 1978-1988 shows the infant mortality rate for rural areas to be 115 deaths per 1,000 live births compared with 66 deaths per 1,000 live births in urban areas.

With ORT and immunization well established, the APRE and ENE Bureaus are looking at the underlying causes of infant mortality and at other issues, as appropriate, such as high risk births, acute respiratory infections, vitamin A deficiency, poor maternal health,

and child undernutrition. An APRE Regional Vitamin A project aims to reduce infant and child morbidity and mortality by supporting country-specific interventions designed to correct vitamin A deficiency.

The countries that have made the least progress toward improving child survival are ones where women's access to health care is severely limited. Increasing the number of female health providers is one of the keys to improving the access of both women and children to health care. Pakistan's Primary Health Care Project has increased female enrollment in health technician training to 40 percent. Yemen and Nepal are also recruiting and training women as health workers.

The populations of Asian and Near East countries are diverse and demographically expanding and shifting. With infant mortality rates declining and life expectancy increasing, the fastest growing age group in many countries is no longer children but young adults. Young families will demand a wide range of services as disease patterns shift. Moreover, urban areas will contain half of the total population in the North African and Near East areas of the ENE Bureau by the year 2000, which will create new and more complex public health problems. A new ENE Regional Population Project is being developed to assess the broad implications of urbanization and other major demographic trends.

Strategies are being developed to enhance sustainability by stimulating private sector involvement in pursuing child survival objectives. Private sector promotion, production, distribution and sale of ORS packets has been increasing throughout the regions. Private sector companies promote or produce ORS in Bangladesh, Egypt, and Pakistan and ORS production in the private sector is planned in Morocco. Ministries of health are creating opportunities for private sector involvement by deregulating the distribution of ORS. In India, USAID is helping to increase and diversify private sector involvement in health problems in the country's principal underserved areas.

Sustainable strategies are a high priority. Cost recovery mechanisms aimed at those most able to pay will also enable governments to focus public resources on the segments of the population that cannot afford essential health services. In Indonesia, legislation is being developed to allow the private sector to provide health insurance in order to increase cost recovery from those who can afford to pay. Surveys often find that even poor rural households by-pass free government services and pay for private services. Continued research into factors affecting demand and utilization of health services will be necessary for improved child survival.

The new regional Health Sector Financing and Support project will help countries develop the skills needed to address health finance and sustainability issues. In addition, Morocco and the Philippines are developing new bilateral health finance projects, and a health finance project in Egypt is already underway.

*When the child survival program was initiated in 1985, the Near East and Asia region was under one bureau. In 1990, USAID divided the bureau into two separate bureaus, Europe and the Near (ENE) and Asia and Private Enterprise (APRE). Because the region was under one bureau for the majority of the reporting period, the bureaus are presented together in the discussion and the graphs.

Source: *Child Survival 1985-1990: A Sixth Report to Congress on the USAID Program.* (May 1991)

II. NOTES AND SOURCES

NOTES

This report presents health and demographic data for selected USAID-supported countries in the Near East Region. The values given in this report are stored and maintained in the Health Statistics Database, a compendium of data available from multiple sources. The data are continually analyzed and determinations made as to the quality of the data. The tables in the report display the most currently available values for each indicator. The accompanying graphs portray trends in those indicators where longitudinal data on an annual basis are available or where longitudinal data can be interpolated from five year period estimates.

On the tables, the notation N/A is used to signal the non-availability of data for a particular indicator.

INDICATOR DEFINITIONS

DEMOGRAPHIC INDICATORS

- 1) TOTAL POPULATION: Mid-year estimate of the total number of individuals in a country.
- 2) INFANT MORTALITY RATE (IMR): The estimated number of deaths in infants (children under age one) in a given year per 1,000 live births in that same year. An IMR may be calculated by direct methods (counting births and deaths) or by indirect methods (applying well-established demographic models).
- 3) UNDER FIVE MORTALITY RATE: The estimated number of children born in a given year who will die before reaching age five per thousand live births in that same year. The under five mortality rate may be calculated by direct or indirect methods.
- 4) LIFE EXPECTANCY AT BIRTH: An estimate of the average number of years a newborn can expect to live. Life expectancy is computed from age-specific death rates for a given year. It should be noted that low life expectancies in developing countries are, in large part, due to high infant mortality.
- 5) CHILDREN UNDER AGE 1: Mid-year estimate of the total number of children under age one.
- 6) ANNUAL INFANT DEATHS: An estimate of the number of deaths occurring to children under age one in a given year.

- 7) TOTAL FERTILITY RATE: An estimate of the average number of children a woman would bear during her lifetime given current age-specific fertility rates.

VACCINATION COVERAGE RATES

- 8) VACCINATION COVERAGE IN CHILDREN: An estimate of the proportion of living children between the ages of 12 and 23 months who have been vaccinated before their first birthday -- three times in the cases of polio and DPT and once for both measles and BCG. Vaccination coverage rates are calculated in two ways. Administrative estimates are based on reports of the number of vaccines administered divided by an estimate of the pool of children eligible for vaccination. Survey estimates are based on sample surveys of children in the target age group and may or may not include children without vaccination cards whose mothers recall that their children had been vaccinated.

On the graphs presenting trends in vaccination coverage, a range of estimates from Demographic and Health surveys is included where available. The reader should be aware that this range is based on coverage in children 12 to 23 months of age at the time of the survey irrespective of the age at which the vaccinations were administered. The title on the Y-axis of those graphs, "Pct. vaccinated by 12 months of age", applies to the longitudinal trend line but not to the points denoting the range suggested by the DHS survey.

- 9) VACCINATION COVERAGE IN MOTHERS: An estimate of the proportion of women in a given time period who have received two doses of tetanus toxoid during their pregnancies. Currently under worldwide review, this indicator is being changed to account for the cumulative effect of tetanus toxoid boosters. A woman and her baby are protected against tetanus when a mother has had only one or, perhaps, no boosters during a given pregnancy so long as the woman had received the appropriate number of boosters in the years preceding the pregnancy in question. (The appropriate number of boosters required during any given pregnancy varies with number received previously and the time elapsed.) The revised indicator is referred to as TT2+. Rates are computed using administrative methods or surveys.

ORAL REHYDRATION THERAPY

- 10) ORS ACCESS RATE: An estimate of the proportion of the population under age five with reasonable access to a trained provider of Oral Rehydration Salts (ORS) who receives adequate supplies. This is a particularly

difficult indicator to measure and, therefore, it may fluctuate dramatically from year to year as improved methods of estimation are devised.

- 11) **ORT USE RATE:** An estimate of the proportion of all cases of diarrhea in children under age five treated with appropriate oral fluids (ORS sachets, sugar and salt solution and/or recommended home fluids). ORT use may be determined using administrative means or surveys. In general, administrative estimates are based on estimates of the number of episodes of diarrhea in the target population for a given year and the quantity of ORS available. Thus, changes in the estimates of the frequency of diarrhea episodes can alter the ORT Use Rate as well as "real" changes in the pattern of use. Surveys are more precise in that they focus on the actual behavior of mothers in treating diarrhea in the two-week period prior to the survey.

CONTRACEPTIVE PREVALENCE RATES

- 12) **ALL METHODS:** An estimate of the proportion of women, aged 15 through 44 (or, in some countries, 15 through 49), in union or married, currently using a modern or traditional method of contraception.
- 13) **MODERN METHODS:** An estimate of the proportion of women, aged 15 through 44 (or, in some countries, 15 through 49), in union or married, currently using a modern method of contraception.

NUTRITION

- 14) **ADEQUATE NUTRITIONAL STATUS:** An individual child of a certain age is said to be adequately nourished if his/her weight is greater than the weight corresponding to "two Z-scores" (two standard deviations) below the median weight achieved by children of that age. The median weight and the distribution of weights around that median in a healthy population are taken from a standard established by the National Center For Health Statistics, endorsed by the World Health Organization. The indicator for the population as a whole is the proportion of children 12 through 23 months of age who are adequately nourished.
- 15) **APPROPRIATE INFANT FEEDING:** A composite estimate of the proportion of infants (children under age one) being breastfed and receiving other foods at an appropriate age according to the following criteria: breastfed through infancy with no bottle-feeding, exclusively breastfed through four months (120 days) of age, and receiving other foods if over six months of age (181 days). Water is not acceptable in the first four months (120 days). ORS is

considered acceptable at any age. Surveys are the only source of data to form this indicator. Surveys yield an estimate of how many children in the target group (children under age one) are being fed correctly at the moment of the survey. They do not give an indication of the proportion of individual children fed appropriately throughout their first year of life.

A number of sub-indicators may be calculated from the data used to form the composite, of which two are presented in this report.

EXCLUSIVELY BREASTFED: An estimate of the proportion of infants through four months (120 days) of age who receive no foods or liquids other than breast milk.

INTRODUCTION OF SOLIDS: An estimate of the proportion of infants over six months (181 days) of age still breastfeeding but also receiving complementary weaning foods.

- 16) **BREASTFED ONE YEAR OR LONGER:** An estimate of the proportion of children breastfed for at least one year. All values presented in this report for this indicator are the proportion of children 12 to 14 months of age at the time of the survey still receiving breast milk.

SOURCES

- 1) Demographic and Health Surveys (DHS), an USAID contract, Institute of Resource Development-Westinghouse, 1985-1989; MacroSystems, 1989-Present:
 - Egypt Demographic and Health Survey, 1988
 - Enquête Nationale sur la Planification Familiale, la Fécondité et la Santé de la Population au Maroc (ENFS), 1987
 - Enquête Démographique et de Santé en Tunisie, 1988
- 2) Mission Response Form (M.R.F.), accompanying the FY 1989 and 1990 Health and Child Survival Project Questionnaires, provides the mission with an opportunity to comment/update data in the USAID Health Information System. Updates received from USAID missions prove to be extremely valuable in providing more current data than that available from other sources.
- 3) Mortality of children under age five (ST/ESA/SER.A/105), Population Division of the Department of International Economic and Social Affairs, United Nations, 1988.

- 4) World Health Organization, assorted reports of the Diarrhoeal Disease Control Program, Estimates of ORS access and ORS/ORT use rates by country and region.
- 5) World Health Organization Expanded Program on Immunization, Report WHO/EPI/CEIS/91.1.
- 6) World Population Profile: 1989, U.S. Department of Commerce Bureau of Census, September 1989.
- 7) World Population Prospects: 1990 (U.N. Tape #PRO206), Estimates and Projections Section, Population Division, Department of International Economic and Social Affairs, United Nations.

EGYPT:

- CAPMAS Official Publication, December 1989 as cited in the FY 1990 Mission Response Form.
- Ministry of Health Published Statistics as cited in the FY 1990 Mission Response Form.
- Knowledge, Attitudes and Practice (KAP) Study, National CDD Project as cited in the FY 1990 Questionnaire #2007.

YEMEN:

- Central Planning Organization (YARG) as cited in the FY 1989 Mission Response Form and/or USAID/Yemen facsimile 967-2-251578.

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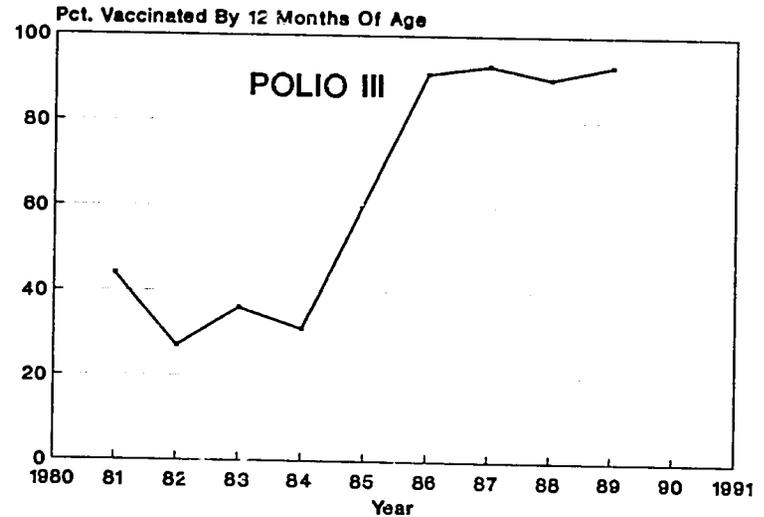
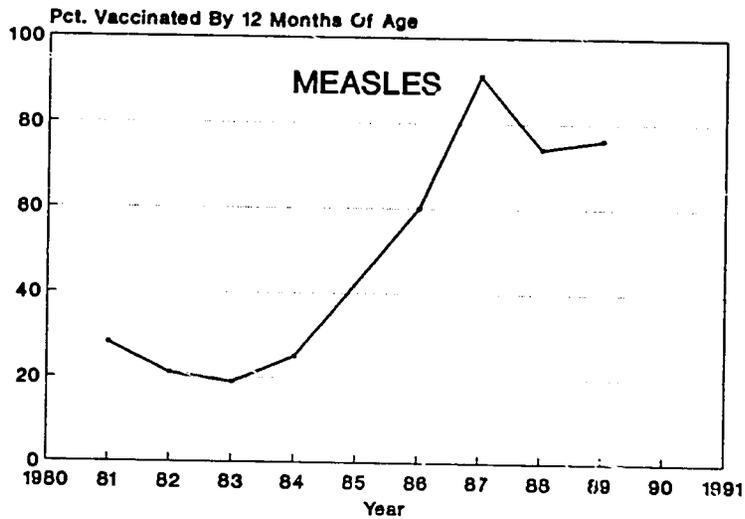
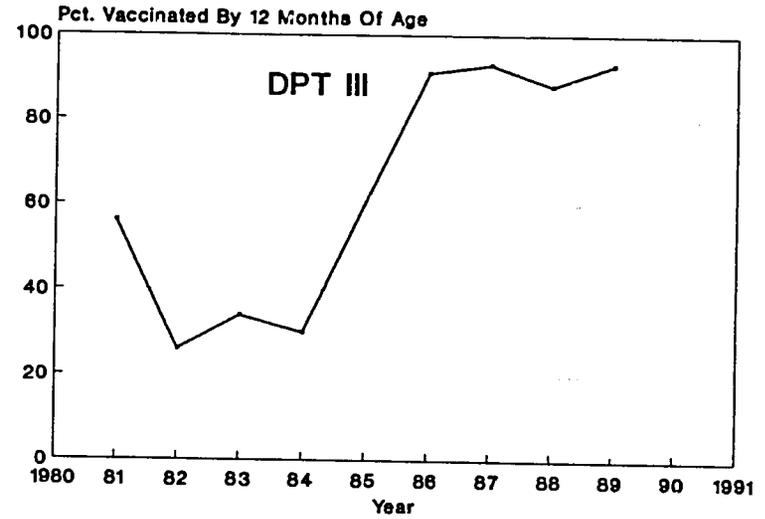
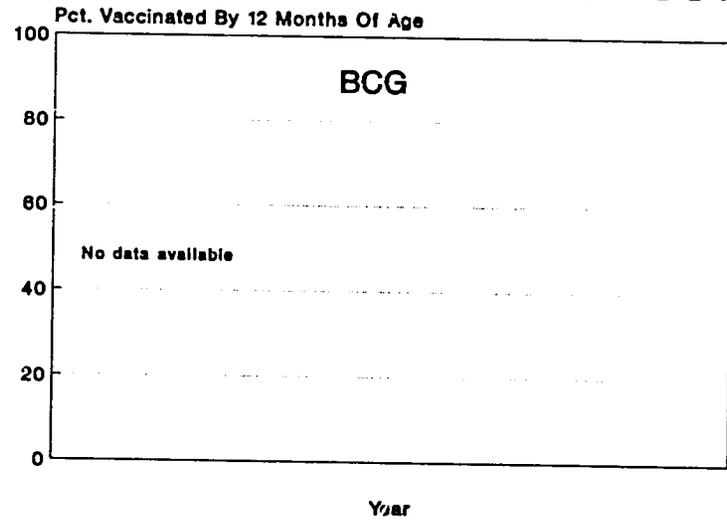
CYPRUS

VALUES FOR DEMOGRAPHIC AND HEALTH INDICATORS

Demographic Indicators	Value	Year	Source
Total Population	700,819	1990	A
Infant Mortality Rate	11	1990	A
Under 5 Mortality	15	1990	B
Life Expectancy At Birth	76	1990	A
Children Under Age 1	12,327	1990	A
Annual Infant Deaths	135	1990	A
Total Fertility Rate	2.3	1990	A
Child Survival Indicators			
Immunization Coverage			
BCG	N/A		
DPT 3	93.0%	1989	C
Measles	76.0%	1989	C
Polio 3	93.0%	1989	C
Tetanus 2	30.0%	1984	D
Oral Rehydration Therapy			
ORS Access Rate	35.0%	1989	E
ORT Use Rate	4.0%	1989	E
Contraceptive Prevalence			
All Methods	N/A		
Modern Methods	N/A		
Nutrition			
Adequate Nutritional Status	N/A		
Appropriate Infant Feeding			
a) Exclusive Breastfeeding	N/A		
b) Introduction Of Solids	N/A		
Breastfed 1 Year Or Longer	N/A		

- =====
A World Pop. Prospects, 1990: U.N. Tape #PRO206
B Mort. of children under age 5 (ST/ESA/SER.A/105)
C WHO/EPI/CEIS/91.1, April, 1991
D WHO/EPI Report 7/87
E WHO/CDD Facsimile, 7/15/91

VACCINATION COVERAGE RATES IN CYPRUS

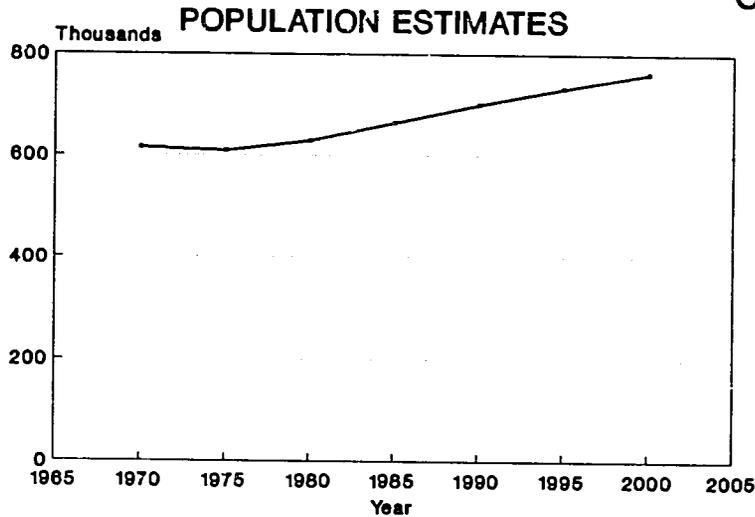


SOURCE: WHO, Annual Reports of the EPI Programme

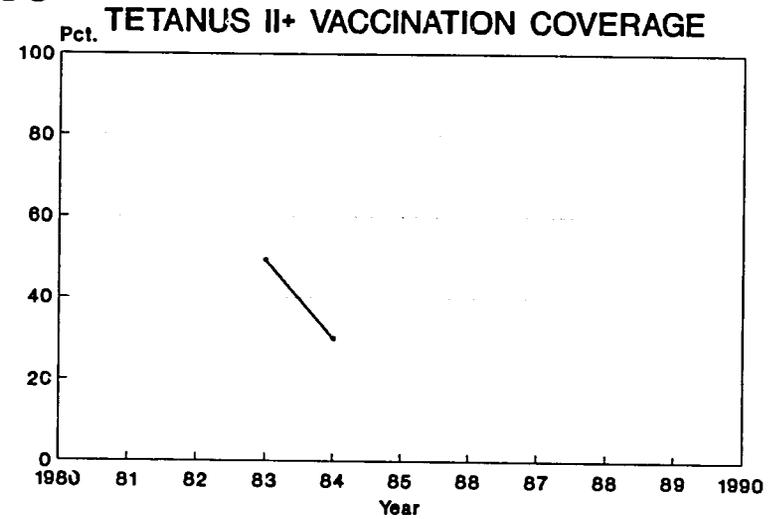
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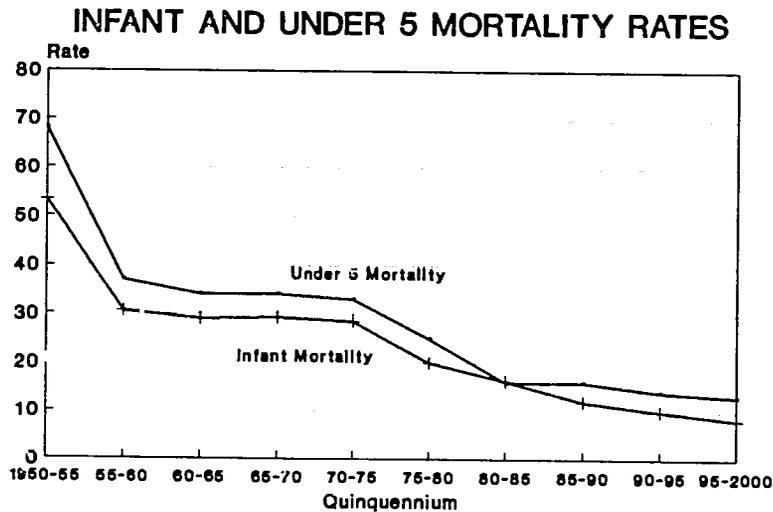
CYPRUS



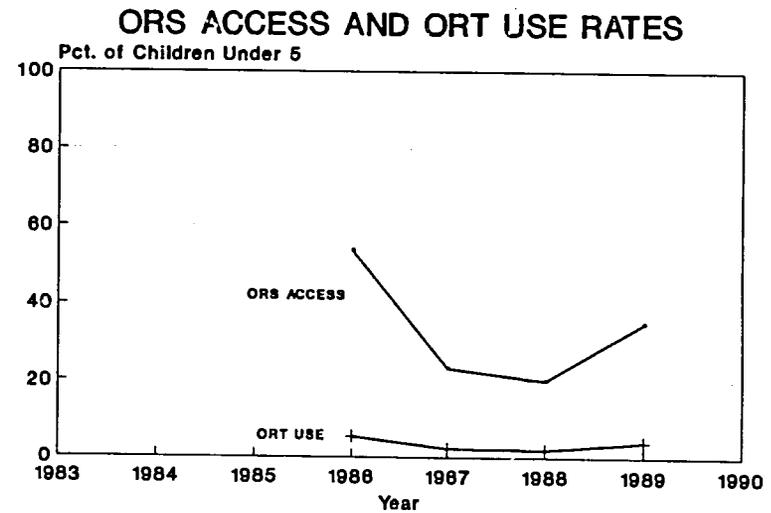
SOURCE: United Nations,
World Population Prospects, 1990



SOURCE: World Health Organization
Annual Reports of the EPI Programme



SOURCE: United Nations;
1) World Population Prospects, '90, and
2) Mortality of Children Under Age 5 '89



SOURCE: World Health Organization,
Reports of the Programme for Control
of Diarrhoeal Diseases

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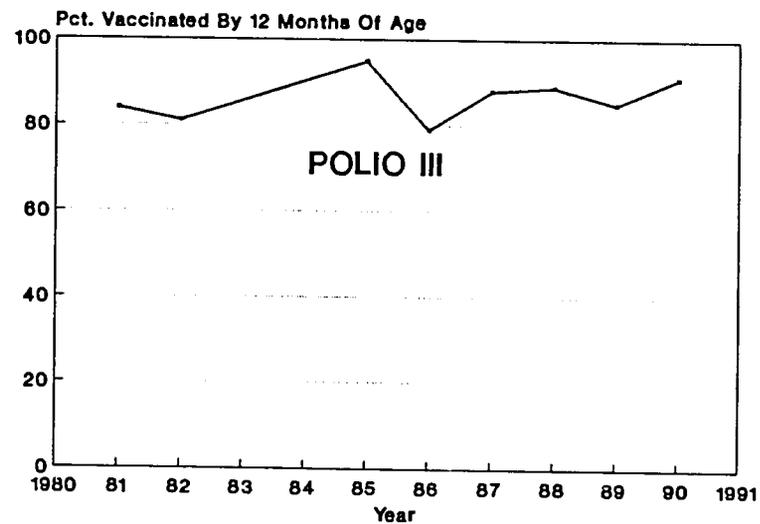
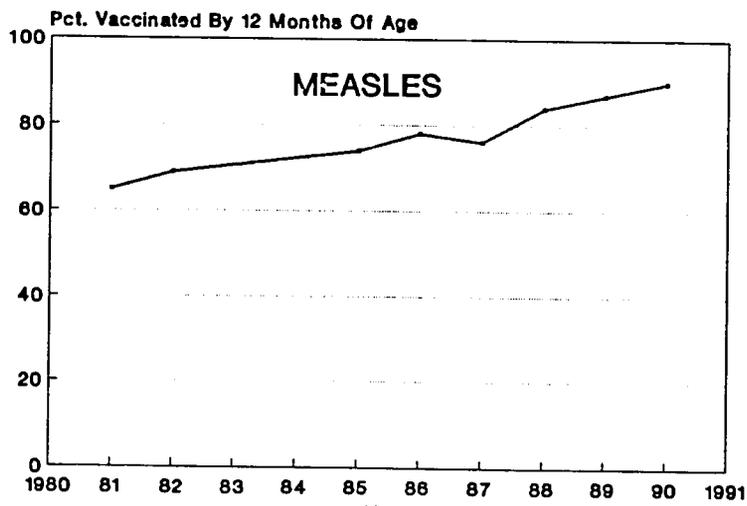
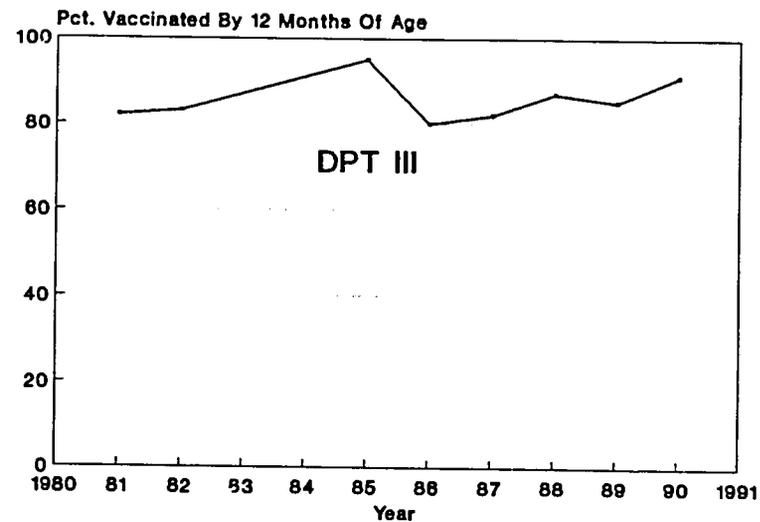
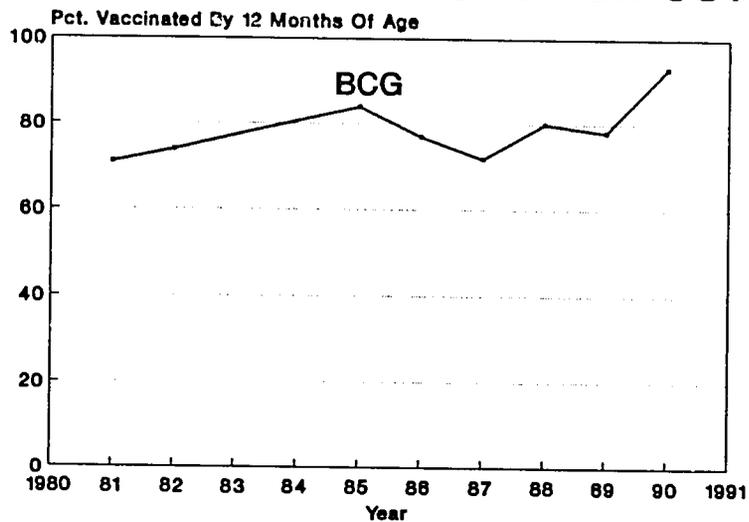
EGYPT

VALUES FOR DEMOGRAPHIC AND HEALTH INDICATORS

Demographic Indicators	Value	Year	Source
Total Population	54,059,000	1989	A
Infant Mortality Rate	44	1989	B
Under 5 Mortality	112	1990	C
Life Expectancy At Birth	60	1990	D
Children Under Age 1	1,801,755	1989	A
Annual Infant Deaths	84,106	1989	A
Total Fertility Rate	4.4	1988	E
Child Survival Indicators			
Immunization Coverage			
BCG	93.0%	1990	F
DPT 3	91.0%	1990	F
Measles	90.0%	1990	F
Polio 3	91.0%	1990	F
Tetanus 2	28.0%	1990	F
Oral Rehydration Therapy			
ORS Access Rate	98.0%	1987	G
ORT Use Rate	66.0%	1988	H
Contraceptive Prevalence			
All Methods (15-44)	39.5%	1988	E
Modern Methods (15-44)	37.2%	1988	E
Nutrition			
Adequate Nutritional Status	83.2%	1988	E
Appropriate Infant Feeding	N/A		
a) Exclusive Breastfeeding	N/A		
b) Introduction Of Solids	N/A		
Breastfed 1 Year Or Longer	N/A		

- =====
- A CAPMAS Official Publication (Dec. 1989) - MRF FY90
 - B Ministry of Health published statistics - MRF FY90
 - C Mort. of children under age 5 (ST/ESA/SER.A/105)
 - D World Pop. Prospects, 1990: U.N. Tape #PRO206
 - E Demographic and Health Survey, 1988
 - F WHO/EPI/CEIS/91.1, April, 1991
 - G WHO/CDD/89
 - H Nat'l CDD Project (263-0137), KAP Study - Q2007/90

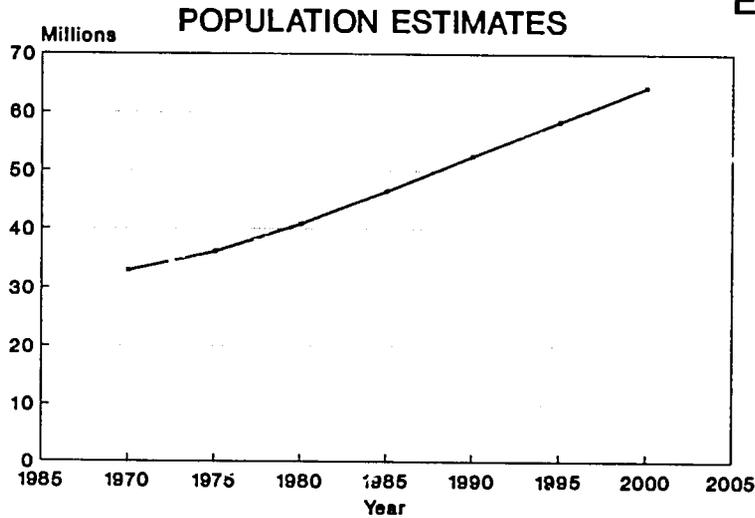
VACCINATION COVERAGE RATES IN EGYPT



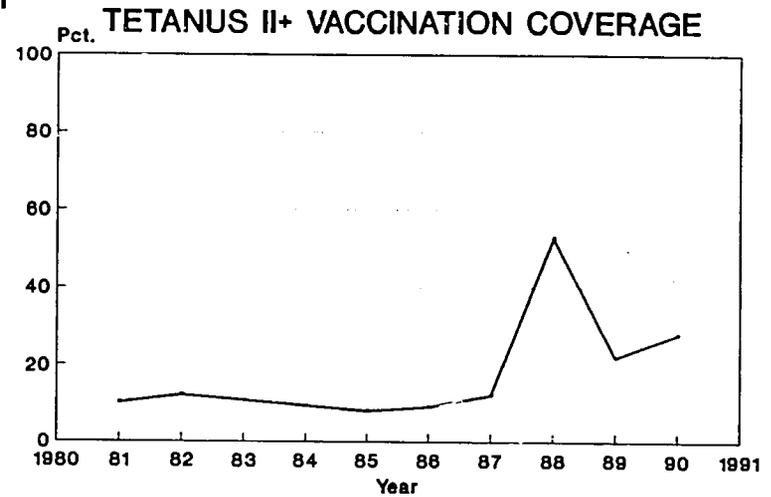
SOURCE: WHO, Annual Reports of the EPI Programme
MOH/EPI Routine Reporting: 1989

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EGYPT

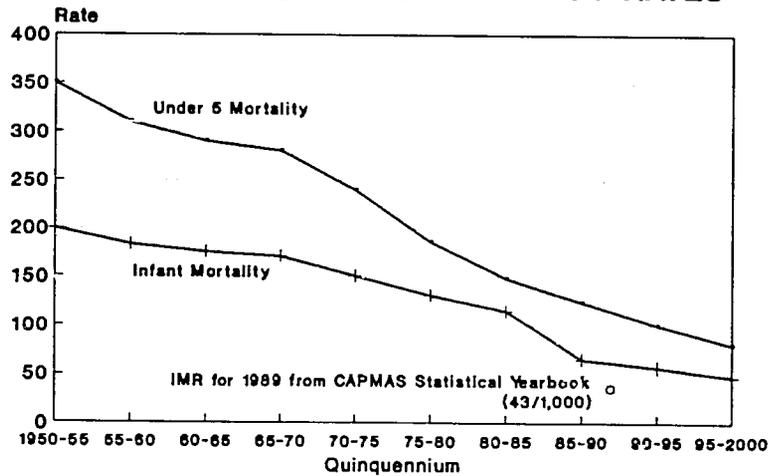


SOURCE: United Nations, World Population Prospects, 1990



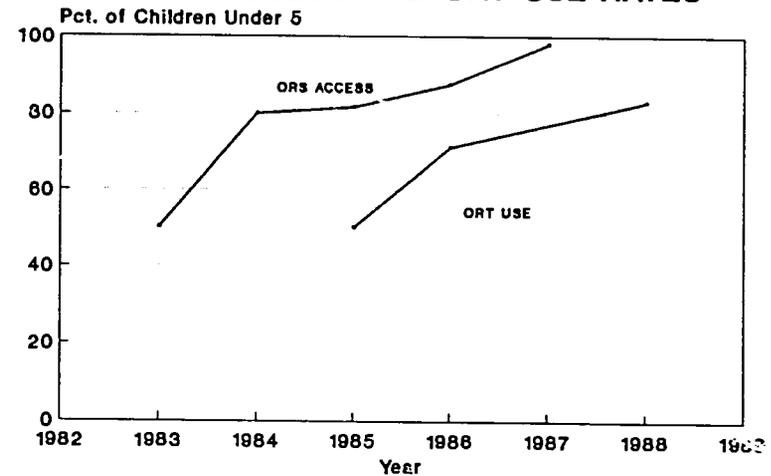
SOURCE: World Health Organization Annual Reports of the EPI Programme MOH/EPI: 1989

INFANT AND UNDER 5 MORTALITY RATES



SOURCE: United Nations; 1 World Population Prospects, '90, and 2 Mortality of Children Under Age 5 (89)

ORS ACCESS AND ORT USE RATES



SOURCE: WHO Reports of the CDD Programme 1987 ORT Use: USAID Cable/00398 1988 ORT Use: KAP Study

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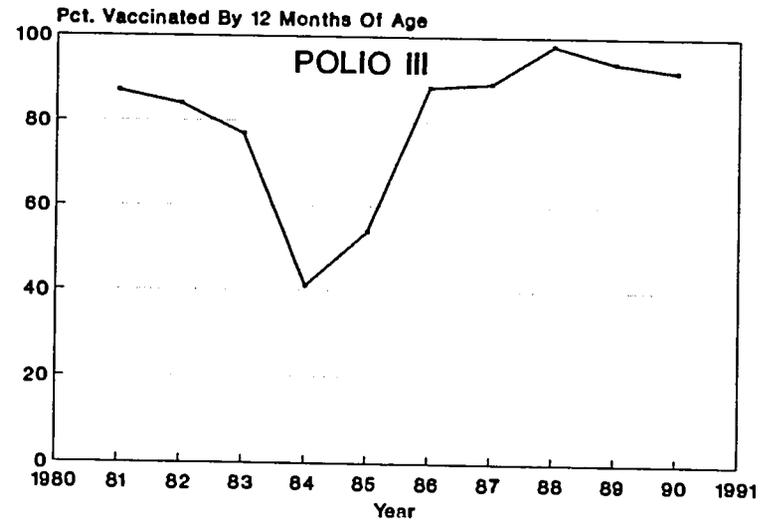
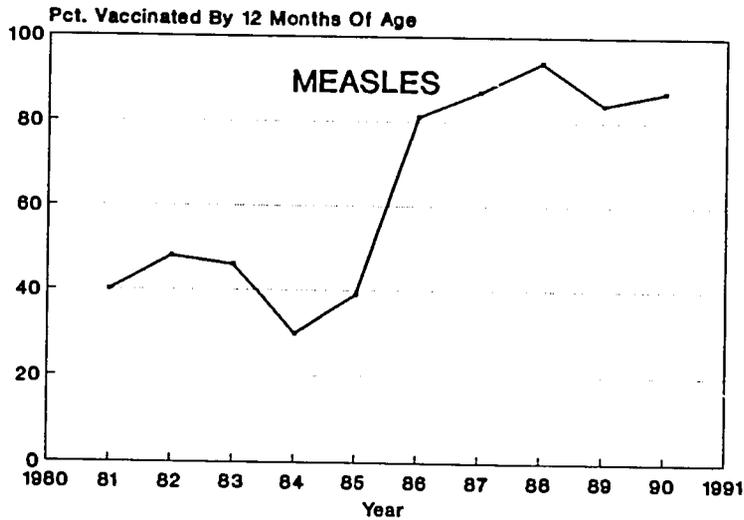
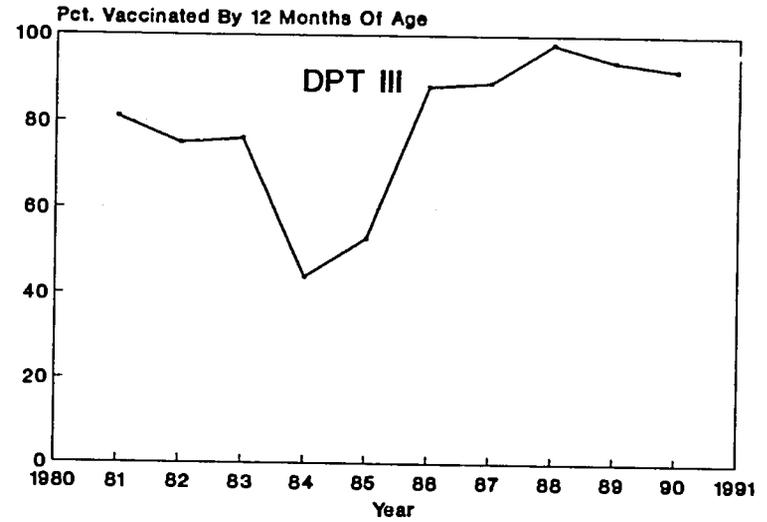
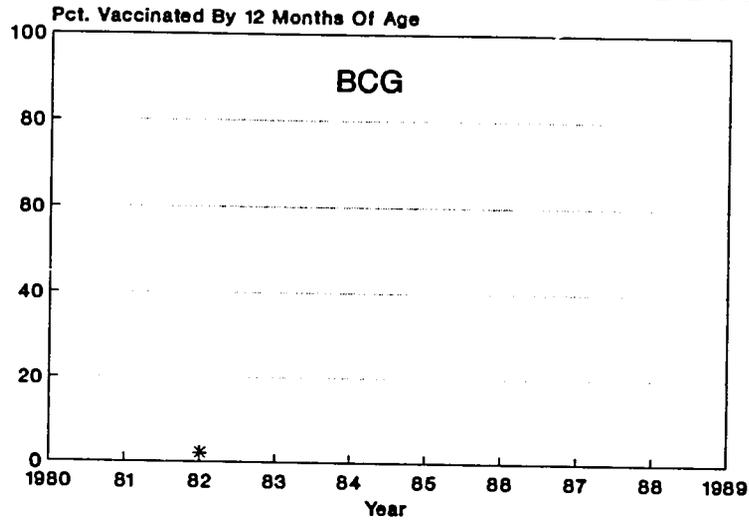
JORDAN

VALUES FOR DEMOGRAPHIC AND HEALTH INDICATORS

Demographic Indicators	Value	Year	Source
Total Population	4,009,083	1990	A
Infant Mortality Rate	40	1990	A
Under 5 Mortality	51	1990	B
Life Expectancy At Birth	67	1990	A
Children Under Age 1	151,331	1990	A
Annual Infant Deaths	6,260	1990	A
Total Fertility Rate	5.8	1990	A
Child Survival Indicators			
Immunization Coverage			
BCG	2.0%	1982	C
DPT 3	92.0%	1990	D
Measles	87.0%	1990	D
Polio 3	92.0%	1990	D
Tetanus 2	23.0%	1990	D
Oral Rehydration Therapy			
ORS Access Rate	89.0%	1989	E
ORT Use Rate	68.0%	1989	E
Contraceptive Prevalence			
All Methods (15-44)	26.1%	1983	F
Modern Methods (15-44)	20.9%	1983	F
Nutrition			
Adequate Nutritional Status	N/A		
Appropriate Infant Feeding	N/A		
a) Exclusive Breastfeeding	N/A		
b) Introduction Of Solids	N/A		
Breastfed 1 Year Or Longer	N/A		

- =====
- A World Pop. Prospects, 1990: U.N. Tape #PRO206
 - B Mort. of children under age 5 (ST/ESA/SER.A/105)
 - C WHO/EPI Report 7/87
 - D WHO/EPI/CEIS/91.1, April, 1991
 - E WHO/CDD Facsimile, 7/15/91
 - F Survey as cited in World Population Profile, 1989

VACCINATION COVERAGE RATES IN JORDAN

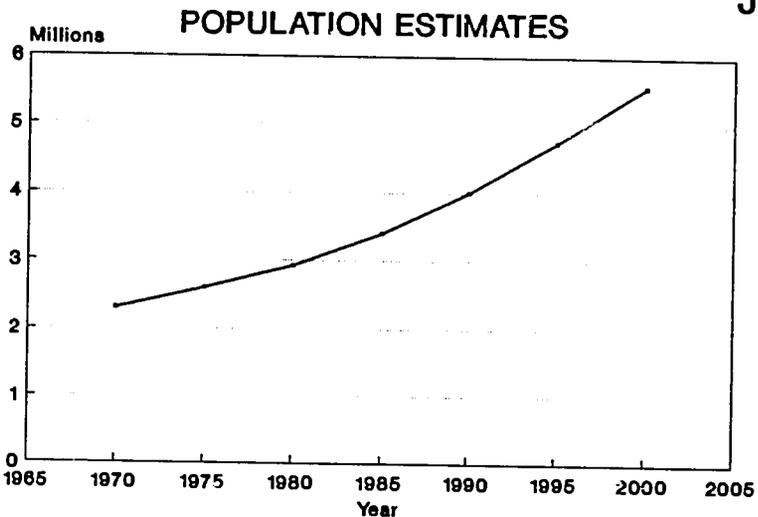


SOURCE: WHO, Annual Reports of the EPI Programme

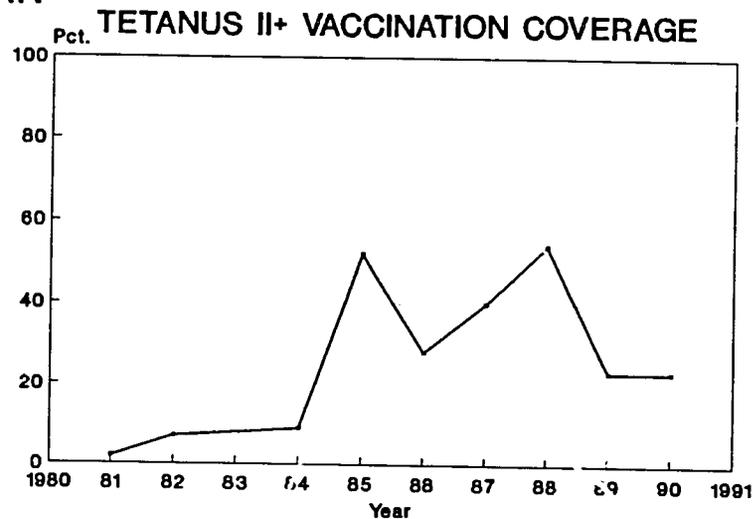
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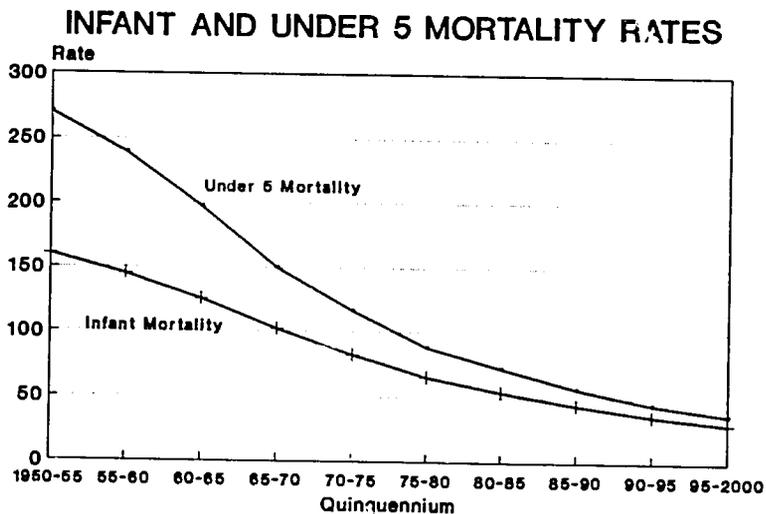
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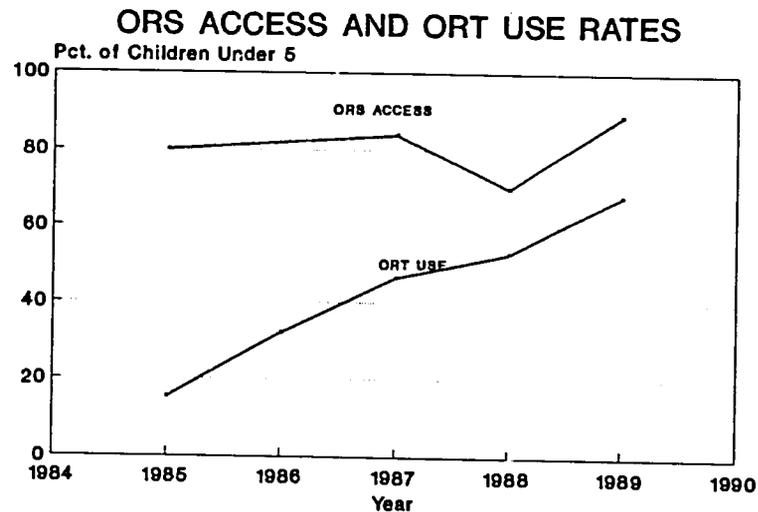
SOURCE: United Nations, World Population Prospects, 1990



SOURCE: World Health Organization Annual Reports of the CDD Programme



SOURCE: United Nations, 1 World Population Prospects, '90, and 2 Mortality of Children Under Age 5 (89)



SOURCE: World Health Organization, Reports of the Programme for Control of Diarrhoeal Diseases

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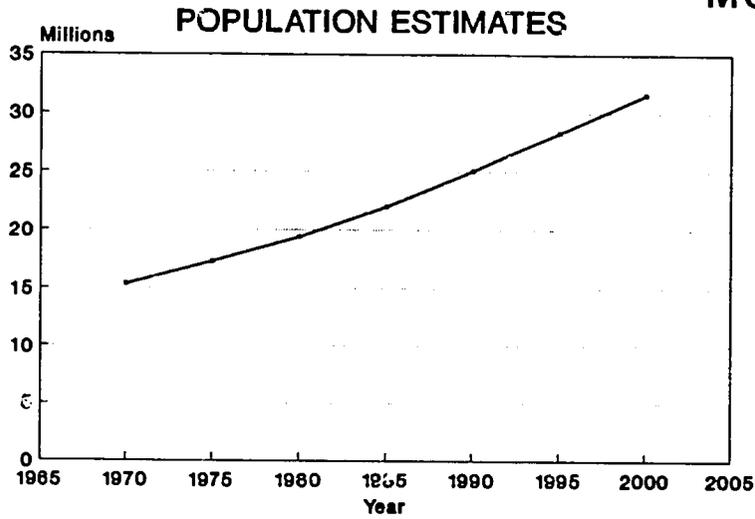
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VALUES FOR DEMOGRAPHIC AND HEALTH INDICATORS

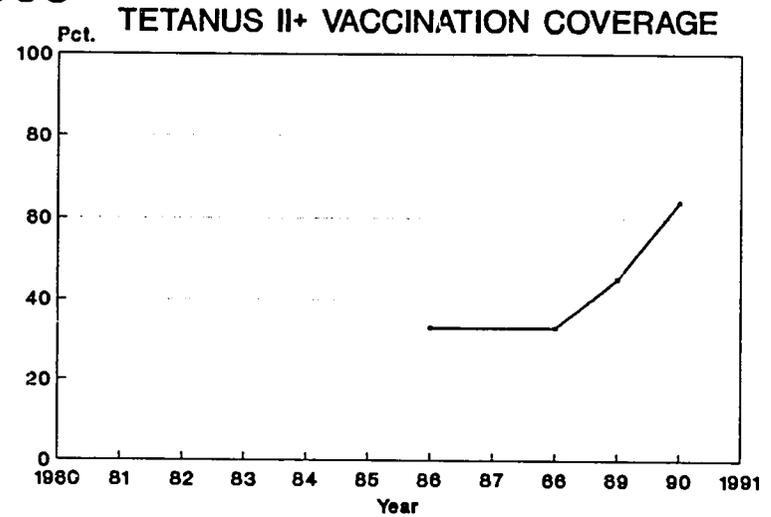
Demographic Indicators	Value	Year	Source
Total Population	25,060,640	1990	A
Infant Mortality Rate	73	1987	B
Under 5 Mortality	107	1990	C
Life Expectancy At Birth	62	1990	A
Children Under Age 1	809,888	1990	D
Annual Infant Deaths	62,576	1990	D
Total Fertility Rate	4.6	1987	B
Child Survival Indicators			
Immunization Coverage			
BCG	96.0%	1990	E
DPT 3	81.0%	1990	E
Measles	79.0%	1990	E
Polio 3	81.0%	1990	E
Tetanus 2	64.0%	1990	E
Oral Rehydration Therapy			
ORS Access Rate	44.0%	1989	F
ORT Use Rate	14.0%	1989	F
Contraceptive Prevalence			
All Methods (15-44)	36.7%	1987	B
Modern Methods (15-44)	30.0%	1987	B
Nutrition			
Adequate Nutritional Status	80.0%	1987	B
Appropriate Infant Feeding	47.0%	1987	B
a) Exclusive Breastfeeding	42.0%	1987	B
b) Introduction Of Solids	43.0%	1987	B
Breastfed 1 Year Or Longer	15.2%	1987	B

- =====
- A World Pop. Prospects, 1990: U.N. Tape #PRO206
 - B Enquete Nationale...Population au Maroc, 1987(DHS)
 - C Mort. of children under age 5 (ST/ESA/SER.A/105)
 - D Derived from WPP '90 and DHS '87 sources
 - E WHO/EPI/CEIS/91.1, April, 1991
 - F WHO/CDD Facsimile, 7/15/91

MOROCCO

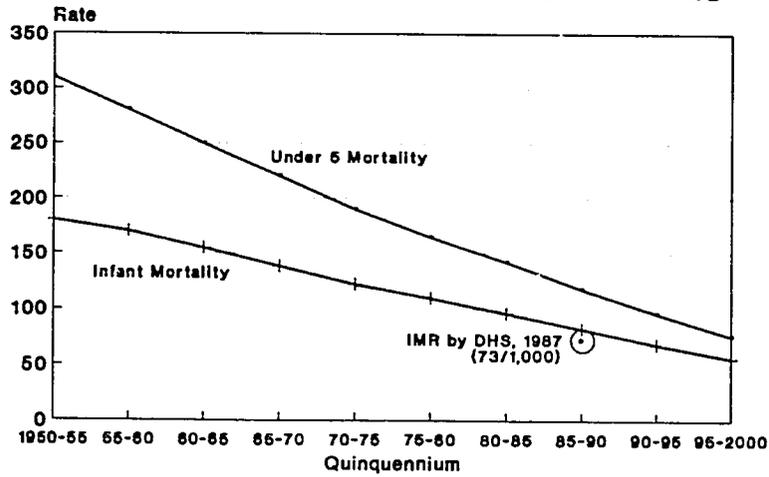


SOURCE: United Nations, World Population Prospects, 1990



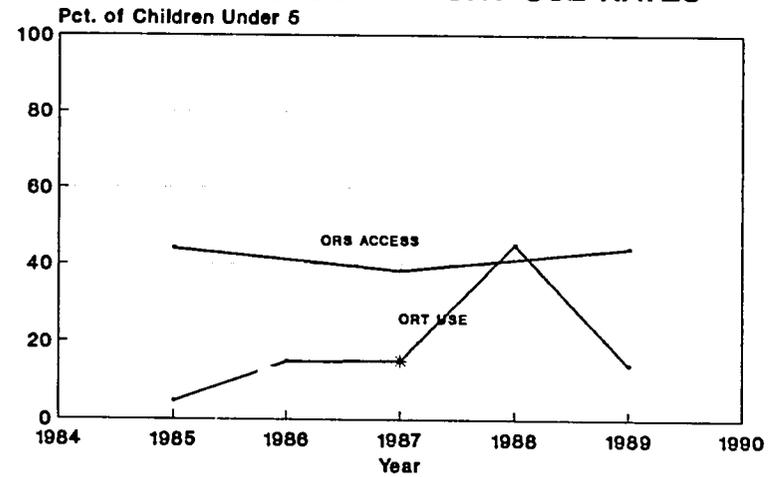
SOURCE: World Health Organization Annual Reports of the EPI Programme

INFANT AND UNDER 5 MORTALITY RATES



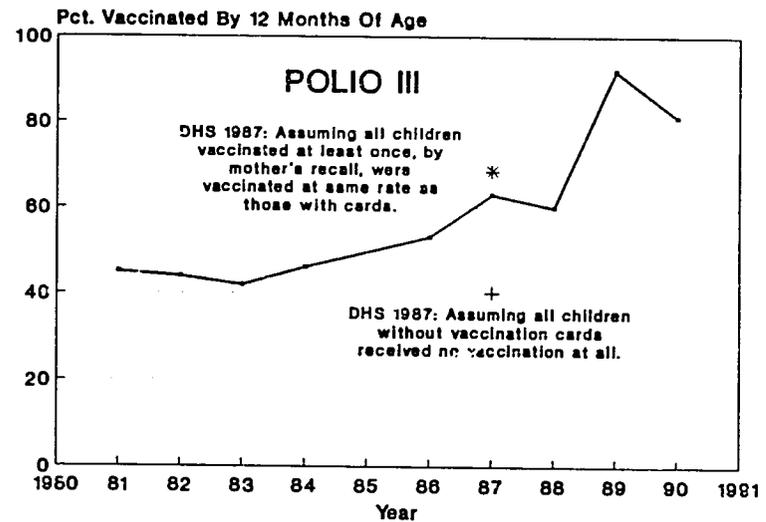
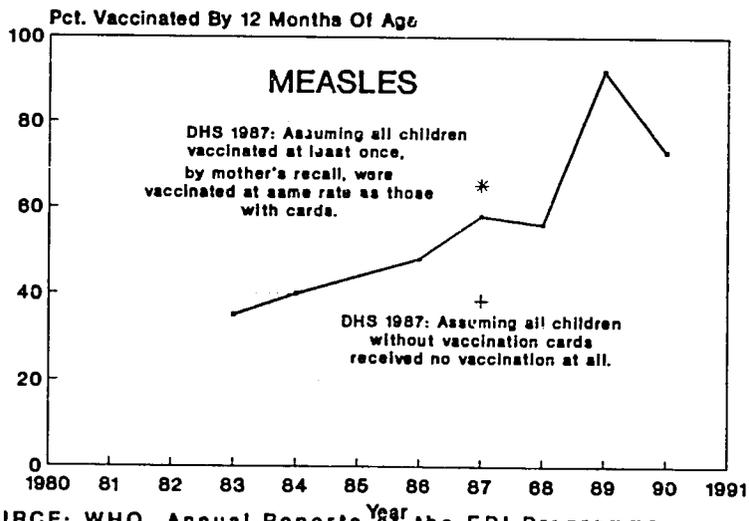
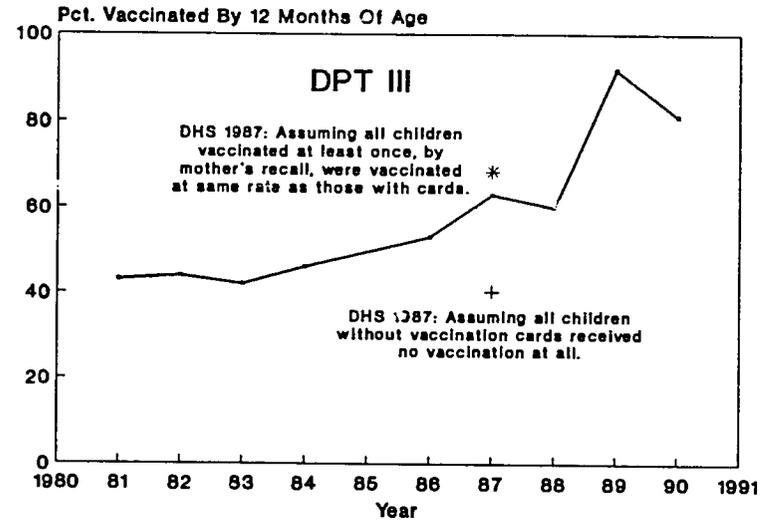
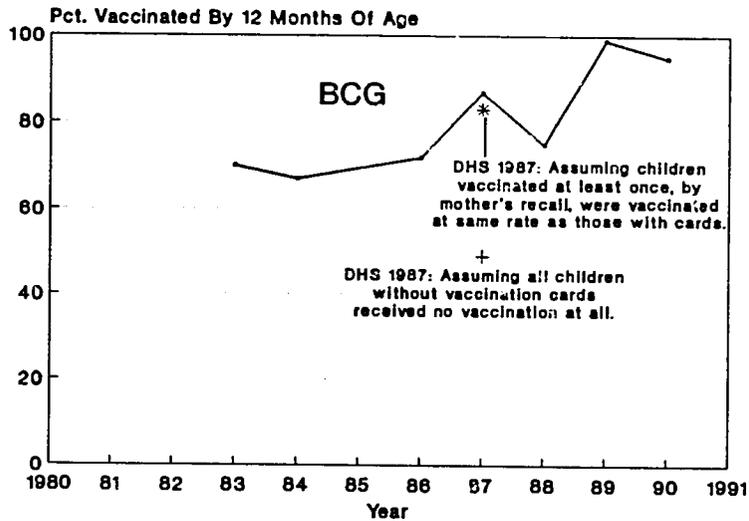
SOURCE: United Nations; 1 World Population Prospects, '90, and 2 Mortality of Children Under Age 5 (89)

ORS ACCESS AND ORT USE RATES



SOURCE: WHO, Reports of the Programme for Control of Diarrhoeal Diseases DHS 1987

VACCINATION COVERAGE RATES IN MOROCCO



SOURCE: WHO, Annual Reports of the EPI Programme
DHS Survey 1987

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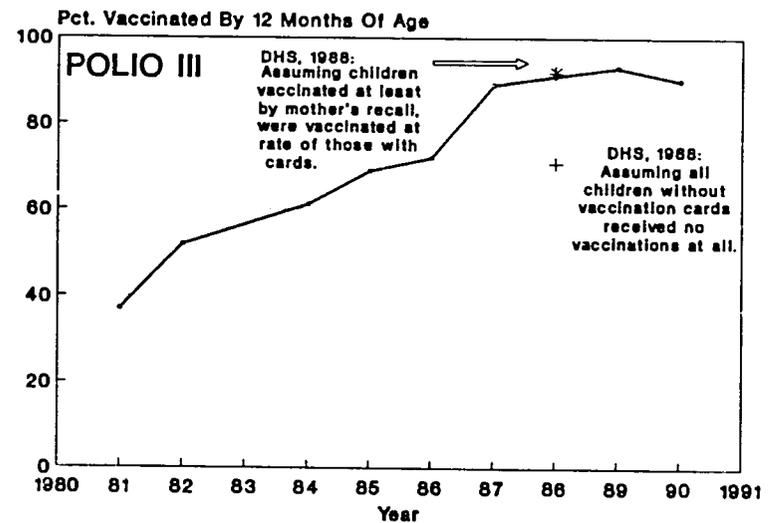
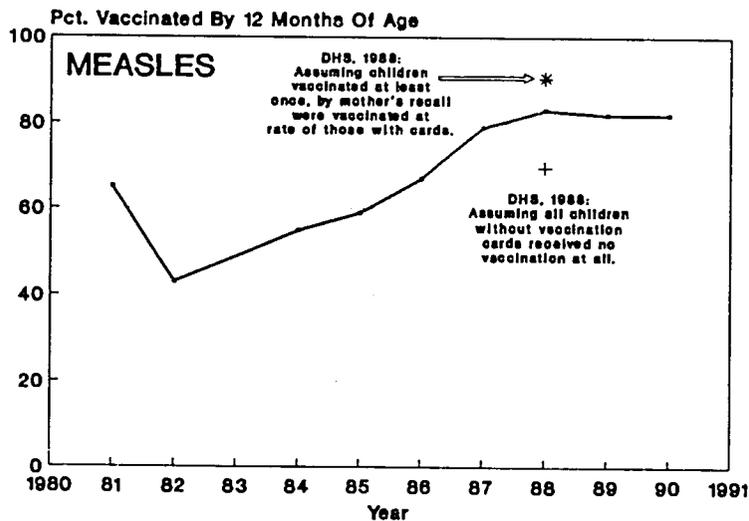
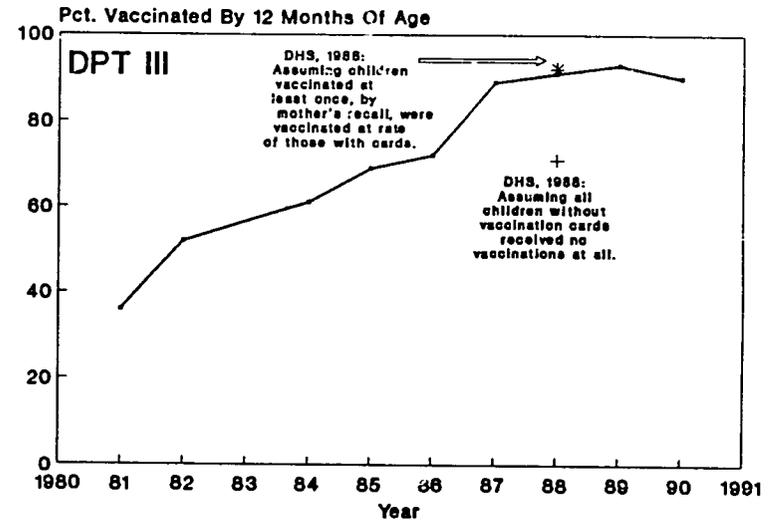
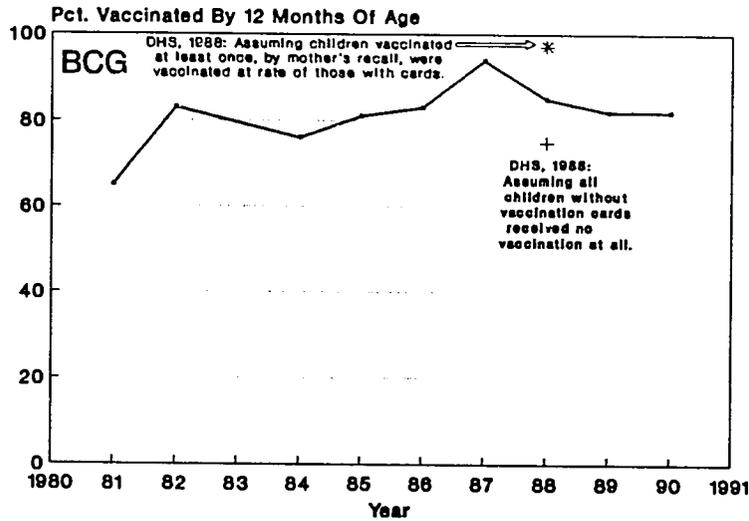
TUNISIA

VALUES FOR DEMOGRAPHIC AND HEALTH INDICATORS

Demographic Indicators	Value	Year	Source
Total Population	8,179,661	1990	A
Infant Mortality Rate	48	1990	A
under 5 Mortality	89	1990	B
Life Expectancy At Birth	67	1990	A
Children Under Age 1	230,228	1990	A
Annual Infant Deaths	11,435	1990	A
Total Fertility Rate	3.7	1990	A
Child Survival Indicators			
Immunization Coverage			
BCG	82.0%	1990	C
DPT 3	87.0%	1990	C
Measles	81.0%	1990	C
Polio 3	87.0%	1990	C
Tetanus 2	38.0%	1990	C
Oral Rehydration Therapy			
ORS Access Rate	50.0%	1989	D
ORT Use Rate	63.0%	1989	D
Contraceptive Prevalence			
All Methods (15-49)	49.7%	1988	E
Modern Methods (15-49)	40.3%	1988	E
Nutrition			
Adequate Nutritional Status	88.1%	1988	F
Appropriate Infant Feeding			
a) Exclusive Breastfeeding	19.0%	1988	F
b) Introduction Of Solids	37.0%	1988	F
Breastfed 1 Year Or Longer	N/A		

- =====
- A World Pop. Prospects, 1990: U.N. Tape #PR0206
 - B Mort. of children under age 5 (ST/ESA/SER.A/105)
 - C WHO/EPI/CEIS/91.1, April, 1991
 - D WHO/CDD Facsimile, 7/15/91
 - E DHS as cited in World Population Profile, 1989
 - F Enquete Demographique et de Sante en Tunisie, 1988

VACCINATION COVERAGE RATES IN TUNISIA

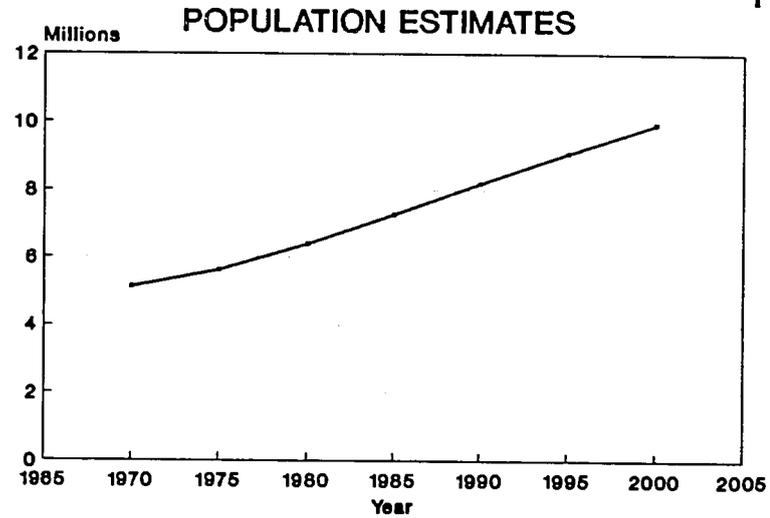


SOURCE: WHO, Annual Reports of the EPI Programme

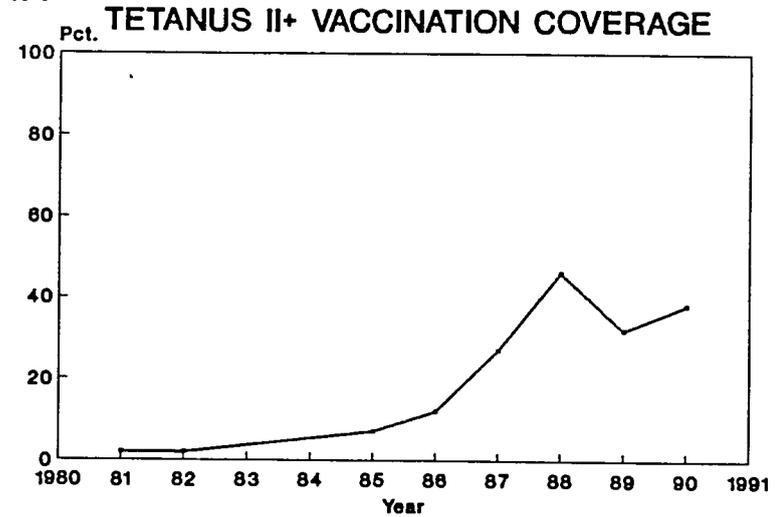
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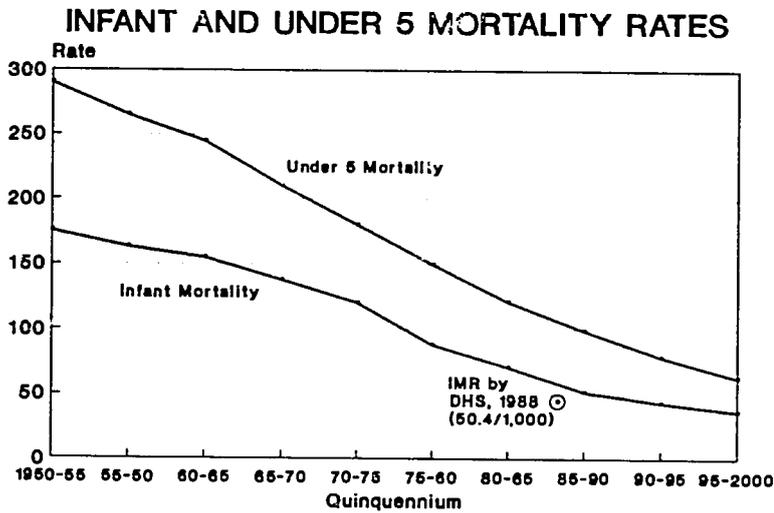
TUNISIA



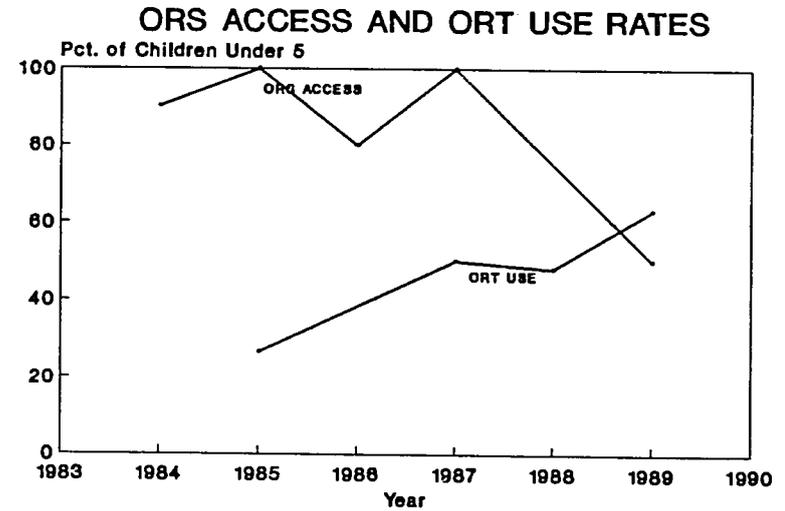
SOURCE: United Nations, World Population Prospects, 1990



SOURCE: World Health Organization Annual Reports of the EPI Programme



SOURCE: United Nations; 1 World Population Prospects, '90, and 2 Mortality of Children Under Age 5 (85)



SOURCE: World Health Organization, Reports of the Programme for Control of Diarrhoeal Diseases

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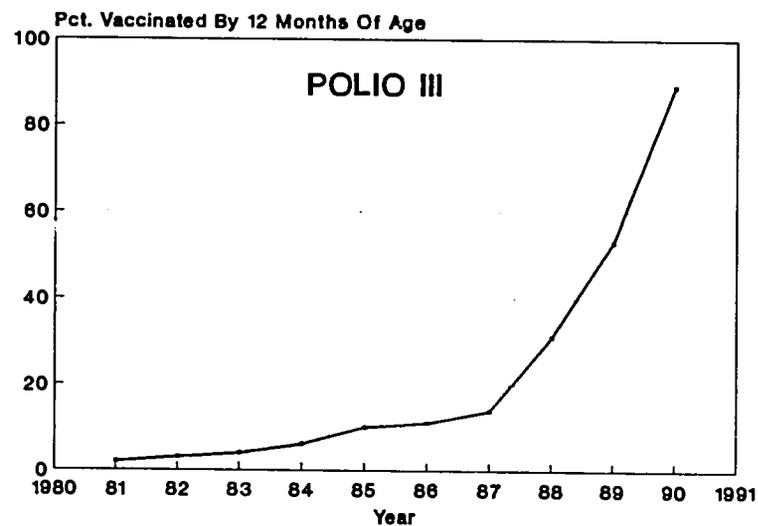
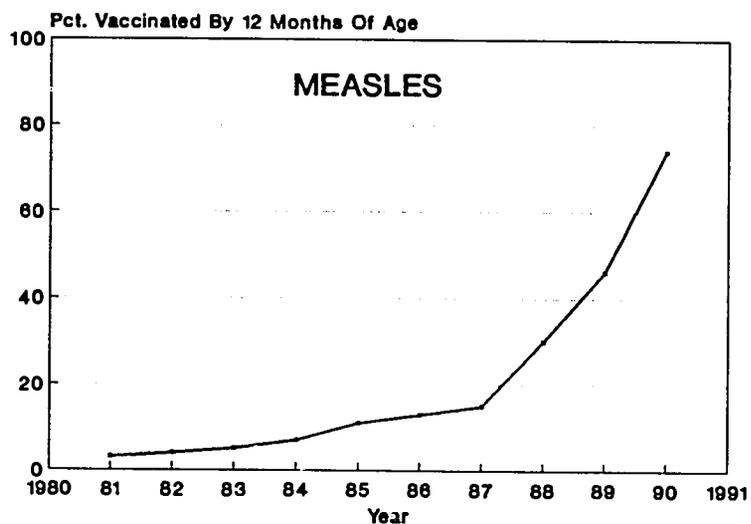
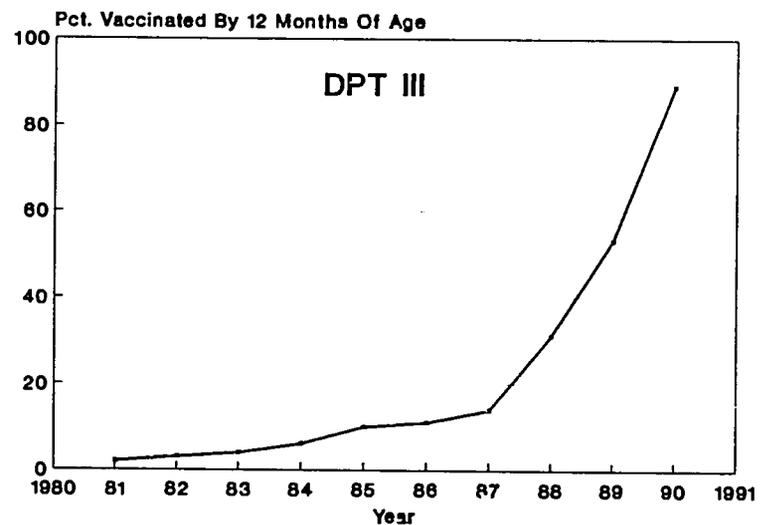
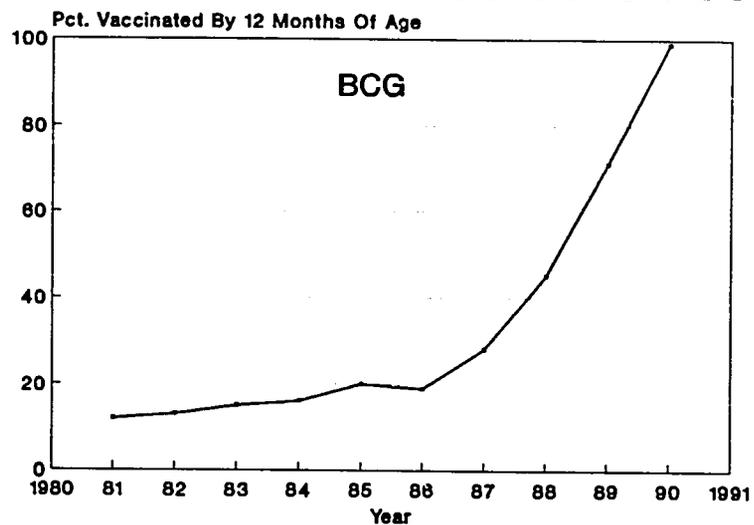
YEMEN

VALUES FOR DEMOGRAPHIC AND HEALTH INDICATORS

Demographic Indicators	Value	Year	Source
Total Population	9,274,173	1989	A
Infant Mortality Rate	136	1989	A
Under 5 Mortality	184	1990	B
Life Expectancy At Birth	44	1989	A
Children Under Age 1	408,064	1989	A
Annual Infant Deaths	60,541	1989	A
Total Fertility Rate	8.7	1989	A
Child Survival Indicators			
Immunization Coverage			
BCG	99.0%	1990	C
DPT 3	89.0%	1990	C
Measles	74.0%	1990	C
Polio 3	89.0%	1990	C
Tetanus 2	20.0%	1990	C
Oral Rehydration Therapy			
ORS Access Rate	16.0%	1989	D
ORT Use Rate	6.0%	1989	D
Contraceptive Prevalence			
Method Unspecified	3.5%	1989	E
Nutrition			
Adequate Nutritional Status	N/A		
Appropriate Infant Feeding	N/A		
a) Exclusive Breastfeeding	N/A		
b) Introduction Of Solids	N/A		
Breastfed 1 Year Or Longer	N/A		

- =====
- A Central Planning Organization (YARG) - USAID/Yemen
 - B Mort. of children under age 5 (ST/ESA/SER.A/105)
 - C WHO/EPI/CEIS/91.1, April, 1991
 - D WHO/CDD Facsimile, 7/15/91
 - E Central Planning Org. (YARG) + Pop. Strategy Team

VACCINATION COVERAGE RATES IN YEMEN



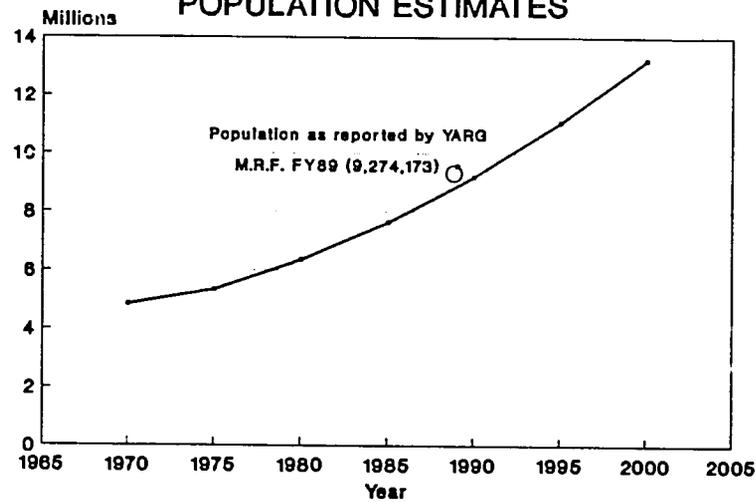
SOURCE: WHO, Annual Reports of the EPI Programme

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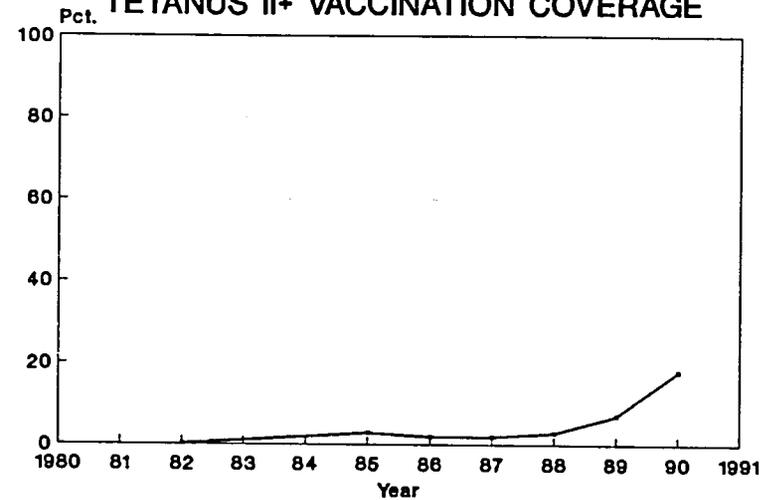
YEMEN

POPULATION ESTIMATES



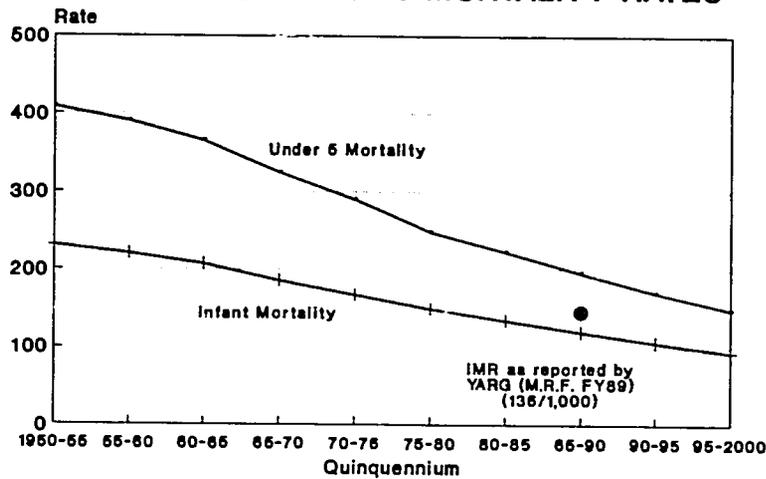
SOURCE: United Nations,
World Population Prospects, 1990

TETANUS II+ VACCINATION COVERAGE



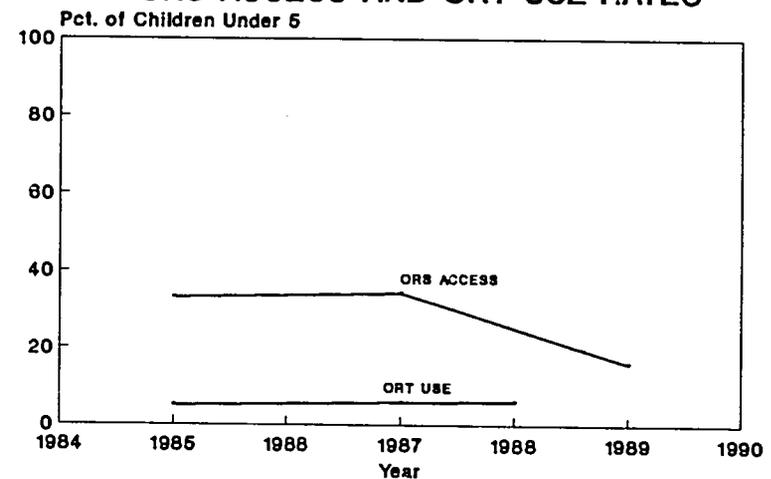
SOURCE: World Health Organization
Annual Reports of the EPI Programme

INFANT AND UNDER 5 MORTALITY RATES



SOURCE: United Nations;
1 World Population Prospects, '90, and
2 Mortality of Children Under Age 5 (89)

ORS ACCESS AND ORT USE RATES



SOURCE: World Health Organization,
Reports of the Programme for
Control of Diarrhoeal Diseases

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