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DEMOGRAPHIC AND HEALTH HOUSEHOLD SURVEY IN AFGHANISTAN

TAKHAR PROVINCE

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I. Executive Summary

The Afghanistan Health Sector Support Project assists in the development of the ability the Medical Committees of the Area Health Service Administration and the Ministry of Public Health of the Afghanistan Interim Government, to plan, operate and monitor health services in Afghanistan. To plan programs, the project conducted basic health surveys and operations research. The objectives of such studies were to improve the quality, efficiency, coverage and sustainability of the health services initiated by the project.

Apart from the routine monitoring and evaluation activities the project is conducting 3 types of research:

- Provincial Health Resources Survey, to screen all available health resources in Afghanistan;
- Green Book Analysis, to study the morbidity pattern for health facility users and to evaluate the staff's ability to do case management;
- Household Survey, to study morbidity, mortality, disability, sources of health care and community expenditure on health services.

The Household Survey is being carried out in 3 provinces: Wardak in the central mountainous part of the country, Takhar in the north, and Kandahar in the south. Wardak province was surveyed and results were published in March 1991. This report prevents results of surveying 310 households in Takhar province.

Carefully selected field supervisors with experience in conducting household surveys were sent to Takhar where they worked with Basic Health Workers (BHWs). Interviews were carried out in the summer of 1991 in 10 villages in Taloqan, Farkhar and Kalafgan districts.

The questionnaire used in Takhar was field tested in Konar province and used in the Wardak survey.

Results:

The average number of individuals per household was 5.4. The sample included 841 males and 821 females with a ratio of 102.4.

More than half the households were within 2 Km. of the nearest health facility. About one fifth were more than 15 km. away from the nearest health facility.

Nineteen percent of males and 0.5% of females above the age of 5 stated that they could read and write.

The morbidity pattern of the community for the 2 weeks prior to the interview shows that children under 5 years were significantly more prone to getting sick than other age groups. Females of childbearing age were more presented in the morbid population than males in the same age group, 23% to 13% respectively.

Infectious diseases were on the top of the disease list for all age groups. Dysentery was the probable diagnosis in 12.2% of cases. Suspected T.B. and suspected Malaria were 7.7% and 4.7% respectively. Acute Diarrhea and Acute Respiratory infection were 12.5% and 9.7% respectively.

The single most frequent source of health care called upon was the private doctor. Hospitals/clinics, BHWs and Mullahs were less frequently utilized sources.

On average, each patient paid 2,661 Afghanis, or $2.99, (1$US = 889 Afs.) in cash or in kind for health services including drugs, transport and consultation. This amount is equivalent to 2 times the average household daily income. Almost 80% of the expense was spent on drugs, about 18% on transportation and 2% on consultation fee.

Private doctors were the most expensive source of health care available to the community. The average cost of service offered by private doctors was Afs.5,262 ($5.92) per case, or 4 times the average household daily income.

Sixty percent of patients who sought consultation from a Hospital/Clinic paid for drugs. For those who paid, the average cost of drugs was 4,572 Afs. ($5.14) or 3.5 times the average household daily income.

Less than 2% of individuals were physically disabled. War injury and mine accidents caused about one third of these cases. Although one might expect a higher number of disabilities due to the war, this is consistent with the findings of the Wardak Survey.

Investigating the source of antenatal and natal care for women in the sample who had delivered in the 12 months prior to the interview revealed that only one third of them sought prenatal care. Dais, doctors, nurses and mullahs were the sources of consultation during pregnancy. More than 95% of deliveries took place at home. The dai, mother in law and mother were the main source of help in delivery. Thirty seven percent of women stated that they have received a vaccination during their pregnancy.

Seventy one percent of all children under 5 years in the sample did not have any foods or fluids, except milk, by the age of 6 months.

A B.C.G. scar was detected in 61% of children under 5, and there was no significant difference between males and females.

Out of 21 mortality cases detected during the 12 months prior to the interview, 11 were under 5 years (52%) and 8 of these were under one year (38%).

II. Methodology

1. Province Selection and Sample size

Three provinces were selected for conducting the household survey: Wardak from the central mountainous part; Takhar from the northern part and Kandahar in the southern part of the country. A total of 900 households were selected, 300 from each province. The sample size allows results about morbidity, health care services in each province to stand alone statistically. Analysis of the rarer events of mortality and disability, will need to be combined for the 3 provinces.

2. District, Village and Household Selection

Within Takhar Province, Taloqan, Farkhar and Rustaq districts were initially selected because of their significant population, relative safety and availability of BHWs who were to be the interviewers. When field supervisors reached Taloqan in the beginning of their trip, they learned that the way to Rustaq was not safe to travel. Hence, Kalafgan district was selected instead of Rustaq. See map in *Figure 1*.

A total of 310 households were interviewed, 220 in Taloqan, 50 in Farkhar and 40 in Kalafgan. This distribution is in proportion to the estimated total population in the 3 districts*[1]. The sample was distributed over 10 villages. See *Table 1* in the Annex.

The estimated population, ethnic groups, spoken languages and geographical description are summarized in *Table 2*.

Within each district, a list of all villages with BHWs was prepared. Out of the list, 6 villages in Taloqan, 2 in Farkhar and 2 in Kalafgan were randomly selected. In each village, a map was prepared by field supervisors and a census of all households in the village was carried out with assistance from senior local residents.

Once the total number of households to be included in each district was known, the number of households to interview in each village was taken in proportion to its population in relation to the total population of all the selected villages.

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[1] * Source: Thomas H. Eighmy, Afghanistan Population Inside and Out, 1990

3. Field Supervisors, Interviewers, Questionnaire and Field Test

Field supervision in Takhar was carried out by 2 carefully selected Afghan physicians who had been trained in Peshawar, had conducted the field test in Konar and had supervised the survey in Wardak.

Surveyors had 3 options for selection of interviewers:

a. To recruit interviewers from refugee camps in and around Peshawar, train them in Peshawar and send them inside Afghanistan to carry out the interviews;

b. To recruit interviewers from each selected province;

c. To use Basic Health Workers (BHWs) as survey interviewers.

The third option, using BHWs, was selected as the most suitable method of carrying out the field interviews given the security, logistical and technical aspects of the survey. The potential study bias imposed by using a male interviewer (BHW) who is an active part of health system has been recognized and considered in setting study objectives and in questionnaire design.

Due to the lack of availability of enough BHWs in Takhar, 2 Medical Technicians, 2 Vaccinators, and 1 Dental Technician were used in addition to 5 BHWs.

The Takhar Survey took place in July - August 1991. The questionnaire consisted of the following:

General Form: includes information about household individuals, number of rooms, water, toilet facilities, annual income and physical disability among household members.

Morbidity Form : completed for every person in the household who was sick during the 2 weeks preceding the interview. Questions addressed symptoms, source of care and expenditure on health care.

Mortality Form : completed for every death in the household in the last 12 months.

Child's Form : completed for every child less than 5 years old in the sample the form included questions about the child's feeding, weaning, vaccination, weight, height and arm circumference.

Woman's Form : completed for every woman who had a delivery during the previous 12 months. The source of natal and prenatal care was investigated.

The questionnaire and survey methodology were field tested in Konar Province. Interviews were completed for 54 households in 2 villages. After the field test all forms were shortened, especially the woman's form which was reduced to questions that could be asked by a male interviewer.

4. Special Challenges

Conducting a survey inside Afghanistan in the middle of an active war, while based in Pakistan was technically and logistically very challenging. Getting local commanders' acceptance and support required a great deal of preparation. It was necessary to map travel route, determine the names of commanders along the way, and send messages ahead to explain the reason for travel and the purpose of the survey, to seek safe passage.

There was no guarantee of field supervisors' security along the way. The trip to Takhar was particularly difficult from Shah Salim on the Pakistan Afghanistan border to Dahanai Pew in Takhar. Field Supervisors had to travel on horses for 4 days through high rugged mountains. On August 16, towards the end of their trip, field supervisors faced unexpected heavy bombardment while in Taloqan City.

III. Results and Discussion:

The main focus in this section will be on highlighting the important similarities and differences between results obtained from Takhar and Wardak provinces.

1. Description of Sample Population:

- Similar to Wardak, more than 80% of respondents were males. The head of the household was the source of information in 64% of the interviews. The wife was the source of information in 11.6% of the interviews. See *Tables 3 & 4* in the Annex.

- The average number of individuals per household was 5.36 compared to 5.73 in Wardak. See *Figure 2*.

- The distribution of the sample population by age and sex was similar to Wardak. Children less than 5 years old were 23.8% of the population. Individuals under 15 years were 53.6%. Women in the childbearing age were 19.1%. The sample included 841 males and 821 females with a sex ratio of 102.4 compared to 112.9 in Wardak. The difference is not statistically significant. See *Figure 3*.

- The majority (74.6%) of households had one or more children under 5 years, 35.2% had one child, 29.4% had 2 children, 7.4% had 3 children, and 2.6% had more than 3 children under 5 years. Results are similar to Wardak.

- "River" and "Spring" were the source of drinking water in 60.3% and 36.8% of households in Takhar versus 33.9% and 17.1% respectively in Wardak. While, "Well" was used to a lesser extent in Takhar, only 2.9% as compared to 25.2% in Wardak. "Karez" was not a source of drinking water in any of the sample households in Takhar while it was in 23.9% of Wardak households. A Karez is a system by which the water of a spring is maximized by digging an underground tunnel.

- The main arrangements for toilet facility in Takhar were "Kinarab" in 55.5% and "Out side the house" in 42.3% of households. In Wardak, "Kinarab" was used in 91.6%, and "Out side the house" in 6.1% of households. A "Kinarab" consists of 2 small, double-story rooms built on the surface of the ground in one corner of the house. The 2 rooms are connected by a hole. The upper room is used as a toilet and the lower room is for storing sewage. Whenever the lower room is filled

sewage can be removed from another side opening and the "Kinarab" can be used again.

- As in Wardak, there was no electricity in any of the sample households in Takhar.

- An important difference was observed in the distance to the nearest health facility. While in Wardak 97.8% of HH were within 2 Km., in Takhar only 58.5% were within 2 Km. Actually 17.2% of HH were more than 15 Km away from the nearest health facility in Takhar. See *Table 5*.

  This finding reflects the density of health facilities in Wardak compared to Takhar province. This might be because of Wardak's accessibility to Pakistan where most organizations providing war relief are based.

- The ability to read and write for individuals over 5 years old was investigated. In Takhar, 19.2% of males and 0.5% of females stated they can read and write, compared to 41.8% of males and 1.6% of females in Wardak. See *Table 6*.

- The ratio of literate males was significantly higher in Wardak probably because of its proximity to Kabul and its relative accessibility to Peshawar where schools are available. In Takhar, the economic base is primarily on farming. This also explains the relative low ratio of males over 5 years who attended one or more years of school in Takhar (23.9%) compared to 45% in Wardak. See *Table 7*.

- As in Wardak, females in the sample population in Takhar were reported to have no work outside the house. About one third of males 6 years and above were also without work.

- In the occupation categories, the main difference between the two sites was observed in "Farming" and "Student". For males 6 years and above, "Farming" was the occupation of 26.6% in Wardak versus 43.6% in Takhar. "Student" in Wardak was the occupation of 23.8% versus 10.9% in Takhar. Because of the presence of more literate males in Wardak, there were more teachers, office clerks and Mullahs in the sample population. See *Table 8*.

2. Morbidity Pattern, Source of Consultation and Expenditure on Health Services.

2.1. Morbidity Pattern:

There were 283 cases identified as being sick in the 2 weeks prior to the interview. Interviews were carried out during the months July and August. The decision on diagnosis was not made by interviewers, it was made at the data analysis stage by combining a group of symptoms to form a probable diagnosis. The Diagnosis Scheme is shown in *Figure 4*. Important findings are summarized below.

- As shown in *Table 9* in the Annex, cases identified as suspected T.B. and Suspected Malaria were 7.7% and 4.7% respectively. Dysentery was the probable diagnosis in 12.2% of the cases. These results are similar to the Wardak survey results.

  The main differences were in "Acute Respiratory Infection" which was 9.7% in Takhar and 19.1% in Wardak; and in "Diarrhea" which was 12.5% in Takhar and 9.1% in Wardak. This can be explained by the seasons of the two surveys Takhar was done in the Summer while Wardak was done in the Fall.

- Children under 5 years were over represented in the morbid population (34%) compared to their proportion in the population sample (24%). This difference is statistically significant (P<.001).

  Females age 16-45 were significantly more represented in the morbid population than males in the same age group by ratio of 23% to 13%.

  As in Wardak, results in Takhar point to the importance of increasing services for women in the childbearing age and children under 5 years. In Afghanistan where most of the health providers are males, MCH services must be increased. See *Figures 5 and 6*.

2.2. Source of Consultation

- In Wardak "Hospital/Clinic" and "BHW" were the most frequently used sources of consultation, while in Takhar it was "Private Doctor". Also 25% of cases in Takhar did not seek any consultation compared to only 12% in Wardak. See *Figure 7*.

Reasons for this difference may be that the concentration of health facilities and BHWs is greater in Wardak than Takhar. People in Wardak have relatively easy access to hospitals in Kabul and Pakistan. Also, people in Takhar may be more able to afford the charges for consultation of private doctors due to their relative high average household income compared to Wardak.

- The level of patient satisfaction with their selected source of consultation is presented in *Table 10.*

2.3. Expenditure on Health Services

Expenses for transportation, consultation and drugs; and whether paid in cash or in kind, were investigated.

- "Private doctors" provided the single most expensive service. The average cost per visit was Afs 5,262 ($5.92). This includes transportation, consultation and drug costs. The second most expensive sources of care were "Hospital/Clinic" and "Pharmacy". The average cost per visit to either source of care was over Afs 2,000 ($2.25). *Figures 8 and 9.*

- Forty seven percent of patients in Takhar who sought consultation from "Hospital/Clinic" paid for transportation compared to only 18% in Wardak. Again this reflects the proximity of households in Wardak to health facilities.

- While 60% of patients who sought consultation from "Hospital/Clinic" in Takhar paid for drugs, only 20% did so in Wardak. Reasons could be either lack of availability of drugs in Takhar's hospitals and clinics so that patients had to buy drugs from the market, or some hospitals and clinics charge for drugs issued to patients.

- An interesting difference between the services provided by BHWs in Takhar and Wardak was observed. While 20% of patients who sought consultation from BHWs in Takhar paid for drugs, no patient in Wardak had paid for drugs or services provided by BHWs. See *Figure 10.*

- The annual income per household in Takhar varied from less than Afs.100,000 ($112.48) up to more than Afs.1,000,000 ($1,124.86). The average annual income, in cash or kind, per household was Afs 364,140 or $ 409.61 (using $1 = Afs 889 in July - August, 1991) compared to Afs 226,246 or $411.35 in Wardak (using $1 = Afs 550 in September - October, 1990). The higher income in Takhar can be due to the

existence of more agricultural land per capita or the land being more productive in Takhar. Since the Takhar household survey was conducted 10 months after Wardak, inflation, especially in prices of farm products could also have contributed to the difference in the average household income between the 2 provinces. *Figure 11.*

- Farm products were the single most important source of income, 71%, in Takhar compared to 30% in Wardak. Wages in cash and income from remittances played a much lesser role in Takhar's household income. Wages in cash contributed 35% of the average household income in Wardak compared to 9% in Takhar. This may be due to the presence of more literate males in Wardak who work as teachers, clerks and Mullahs. *Figures 12 and 13.*

- On average, a household in Takhar had to pay two days' worth of income for health services for the sick individual. To compare the burden of paying for health services in Takhar and Wardak, it seems like most patients in Takhar pay for their health services. In Wardak the majority receive services for free. If the burden of paying for health services is calculated only for patients who actually paid for health services-- that is, by excluding those who received free services-- on average, a household had to pay 2.4 days' worth of income in Takhar, see *Figure 14*, versus 6.5 days' worth of income in Wardak.

  This difference may be due to the higher daily income in Takhar. Also, in Wardak a minority seeks sophisticated health services in neighboring Kabul which is expensive.

3. Physical Disability

- Out of the 1662 individuals in the Takhar study sample 31 were physically disabled (1.9%) compared to 1.4% in Wardak. "War Injury" and "Mine" were the cause of the disability in 32% of the cases in Takhar compared to 28% in Wardak. Musculoskeletal disorders, poliomyelitis, accidents not related to war, birth defects and hemiplegia were other important causes of disability in Takhar. *Figure 15.*

- The affected organs are listed in *figure 16.*

4. Sources of Prenatal and Natal Care

- Out of the 95 women who had given birth during the 12 months prior to

the interview, 28 (29.4%) were in the high risk group of under 20 years old compared to 17.6% in Wardak. Although the difference is not statistically significant it may suggest that females in Takhar get married at an earlier age. *Table 11.*

- There were 2 reported stillbirths out of the 95 deliveries.

- Similar to Wardak, most (63%) women said they did not receive any sort of prenatal care when asked if they had received medical care for their pregnancy. Dais, doctors, nurses and mullahs were the important sources of consultation during pregnancy. *Figure 17.*

- In Takhar, 37% of women claimed that they have received a vaccination during their pregnancy compared to 18.3% in Wardak. The difference is statistically significant ($P<0.05$) and probably suggests a more active Tetanus Toxoid vaccination program in Takhar. While both provinces have mobile teams of male vaccinators, Takhar has an active MCH clinic with 4 female staff located in Taloqan.

  This finding may suggest that women in Afghanistan are more willing to accept preventive health services if provided by female staff.

- Ninety six percent of the deliveries took place at home. The Dai was the single most important source of help during delivery (54%); the mother in law (25%); and mother (13%). *Figure 18.*

5. Child Feeding and Vaccination

- Questions about age at which breast feeding was stopped show that in Takhar children continue to have breast feeding till a later age compared to Wardak. By the age of 12 months, 14.2% of children stop taking breast milk in Takhar versus 23% in Wardak. *Table 12.*

- Results suggest that supplementary feeding is introduced to infants later in Takhar than in Wardak. In Takhar, 71% of children in the sample did not have any food except milk, introduced in their meals by the age of 6 months compared to 60% in Wardak. Also, the modal age for introducing other food or fluids was 8 months in Takhar versus 6 months in Wardak. *Table 13.*

- Two thirds of children under 5 years had received one or more vaccinations. A B.C.G. scar was detected in 61% of them. There was no difference between males and females. *Tables 14 and 15.* Results in this

area are similar to Wardak.

6. Mortality

- Out of the 21 mortality cases detected during the 12 months prior to the interview, 11 were under 5 years (52%), and 8 of them were under one year (38%), *Table 16*. *Table 17* presents the causes of death.

- Crude Death Rate was 13 per 1000 population and Infant Mortality Rate was 84 per 1000 livebirth. These rates are lower than expected and may reflect the inability of male interviewers to get accurate information about infant mortality especially neonatal mortality.

TABLE 1

NUMBER OF HOUSEHOLDS BY DISTRICT AND VILLAGE
Takhar Province

Village	Number of Households in Sample	Total Number of Households in Village	Percentage(%)
Taloqan District:			
Makhdom	18	70	25.7
Taqcha Khana	43	175	24.5
Shoratoo	38	150	25.3
Abdal	47	185	25.4
Nahre Sayed	42	170	24.7
Muqeem	32	125	25.6
Total:	220	875	25.1
Kalafgan District:			
Sarasyab	29	263	11
Sarake Bala	11	100	11
Total:	40	363	11
Farkhar District:			
Piani	29	252	11.5
Kashan	21	180	11.6
Total:	50	432	11.5
Total for the Province:	310		

TABLE 2

DISCRIPTION OF VILLAGES IN THE SAMPLE
Takhar Province, Afghanistan

Village	Distance From District center (Km)	Population Estimated	Ethenic Groups	Languages	Geographical Description
Taloqan District:					
Muqeem	7	600	Tajek 96% Uzbek 4%	Pharsi Uzbaki	Plain
Shorato	30	750	Uzbek 100%	Uzbaki	Plain
Abdal	25	900	Uzbek 75% Tajek 20% Pashtoon 5%	Uzbaki Pharsi Pashto	Plain
Makhdoom	25	350	Tajek 40% Uzbek 60%	Pharsi Uzbaki	Plain
Taqcha Khana	50	900	Tajek 100%	Pharsi	Hilly
Nahre Sayed	5	850	Tajek 90% Uzbek 7% Pashtoon 3%	Pharsi Uzbaki Pashto	Plain
Kalafgan District:					
Sarakbala	0	500	Uzbek 99% Tajek 1%	Uzbaki Pharsi	Plain
Sarasyab	3	1300	Uzbek 100%	Uzbaki	Hilly
Farkhar District:					
Piani	30	1300	Tajek 75% Uzbek 25%	Pharsi Uzbaki	Hilly
Kashan	35	900	Tajek 98% Uzbek 2%	Pharsi Uzbaki	Hilly

TABLE 3

RESPONDENT RELATION TO HEAD OF HOUSEHOLD
TAKHAR PROVINCE

Respondent Relation	No. of HHs	Percent
Head	198	63.9
Wife	36	11.6
Brother	25	8.1
Mother	13	4.2
Son	13	4.2
Father	11	3.5
Other	14	4.5
Total	310	100

TABLE 4

DISTRIBUTION OF RESPONDENTS BY AGE & SEX
TAKHAR PROVINCE

Respondent	Females		Males		Total	
Age	No.	%	No.	%	No.	%
<16 Years	0	0	2	100	2	100
16-20 years	4	26.7	11	73.3	15	100
21-25 years	8	15.7	43	84.3	51	100
26-30 years	14	26.9	38	73.1	52	100
31-35 years	2	6.9	27	93.1	29	100
36-40 years	10	21.7	36	78.3	46	100
41-45 years	3	11.5	23	88.5	26	100
46+	13	14.6	76	85.4	89	100
Total	54	17.4	256	82.6	310	100

TABLE 5

DISTANCE TO THE NEAREST HEALTH FACILITY
TAKHAR PROVINCE

Distance (Km)	No. of HHs	Percent (%)
0 - 1	137	44.5
1 - 2	43	14.0
2 - 10	47	15.3
10 - 15	28	9.0
>15	53	17.2
TOTAL	*308	100

* 2 HHs have missing information

TABLE 6

ABILITY TO READ & WRITE BY AGE & SEX
FOR POPULATION ABOVE 5 YEARS OLD
TAKHAR PROVINCE

Age Group (Years)	FEMALES No. Who Can Read & Write	FEMALES Sample Population	FEMALES %	MALES No. Who Can Read & Write	MALES Sample Population	MALES %
6-10	0	162	0	21	156	13.4
11-15	0	90	0	31	90	34.4
16-45	3	320	0.9	67	298	22.4
46+	0	57	0	3	90	3.3
Total	3	629	0.5	122	634	19.2

TABLE 7

YEARS IN SCHOOL BY AGE GROUP & SEX
FOR OVER 5 YEAR OLD POPULATION
TAKHAR PROVINCE

Age Group	FEMALES No. of individuals with school Yr=						MALES No. of individuals with school Yr=					
	0	1-3	4-6	7-9	10+	Total	0	1-3	4-6	7-9	10+	Total
6-10	162	0	0	0	0	162	123	31	2	0	0	156
11-15	90	0	0	0	0	90	56	17	16	0	0	89
16-45	317	1	0	1	0	319	212	13	36	16	16	293
46+	57	0	0	0	0	57	86	0	1	1	1	89
TOTAL	626	1	0	1	0	628	477	61	55	17	17	627
100%	99.6	0.2	0	0.2	0	100%	76.1	9.7	8.8	2.7	2.7	100%

TABLE 8

OCCUPATION BY AGE GROUP
FOR MALES OVER 5 YEARS OLD
TAKHAR PROVINCE

Occupation	Age Group in Years 6-10	11-15	16-45	46+	Total	%
None	123	48	25	5	201	31.9
Farming	0	10	198	67	275	43.6
Student	33	29	7	0	69	10.9
Labourer	0	2	22	4	28	4.4
Weaver	0	0	17	1	18	2.8
Trade/Shopkeeper	0	0	12	3	15	2.4
Black Smith	0	0	3	4	7	1.1
*Other	0	1	12	5	18	2.9
TOTAL	156	90	296	89	631	100

* Other categories include 4 Mullah, 2 BHWs, 1 Vaccinator

TABLE 9

PROBABLE DIAGNOSIS BY AGE GROUP
Takhar Province, Afghanistan 1991

Probable Diagnosis	Less than 5 Years	6 Years +	All Age Group	% of Total
Acute Respiratory Infection	13	26	39	9.7
Fever	8	17	25	6.2
Dysentry	31	18	49	12.2
Sore Throat	9	25	34	8.5
Diarrhea	31	19	50	12.5
Suspected T.B	0	31	31	7.7
Colic with or without Fever	11	32	43	10.7
Suspected Malaria	4	15	19	4.7
Otitis Media	18	14	32	8.0
Eye Infection	5	18	23	5.7
Skin Diseases	2	7	9	2.3
Cardio Vascular Diseases	0	8	8	2.0
Worms	6	6	12	3.0
Suspected Measles	1	1	2	0.5
Joint Pain	0	9	9	2.3
Jen	0	5	5	1.3
Other	5	6	11	2.7
Total	144	257	401	100

Survey duration: July – August 1991

TABLE 10

PATIENT SATISFACTION BY SOURCE OF CONSULTATION
TAKHAR PROVINCE

Source of Consultation	Satisfied		Unsatisfied		Total	
	No.	%	No.	%	No.	%
Hospital/Clinic	13	40.6	19	59.4	32	100
Basic Health Worker	25	80.6	6	19.4	31	100
Private Doctor	59	60.2	39	39.8	98	100
Dokan for Medicine	14	58.4	10	41.7	24	100
Mullah	18	64.3	10	35.7	28	100
Pharmacy	12	52.2	11	47.8	23	100
Shrine	0	0	4	100.0	4	100
Compounder	17	68.0	8	32.0	25	100

TABLE 11

DELIVERIES IN 12 MONTHS
BY AGE OF MOTHER
Takhar Province

Age of Mother	No of Deliveries	%
15 Years or less	0	0
16 – 20	28	29.4
21 – 25	28	29.4
26 – 30	21	22.1
31 – 35	12	12.6
36 – 40	3	3.1
41 – 54	0	0
46+	3	3.1
Total	95	100

TABLE 12

AGE WHEN BREAST FEEDING WAS STOPPED
Wardak Province, Afghanistan

Age in Months	No. of Children	%	Cum. %
0 - 6	13	5.2	5.2
7 - 12	45	17.9	23.1
13 - 18	61	14.3	47.4
19 - 24	110	43.8	91.2
25+	22	8.8	100
Total	251	100	

TABLE 13

AGE WHEN FOOD OR FLUIDS WERE INTRODUCED FOR THE FIRST TIME
Takhar Province

Age in Months	Number of Children	Percent (%)	Cumulative (%)
1	1	0.3	0.3
2	0	0	0.3
3	0	0	0.3
4	15	4.5	4.8
5	17	5.1	9.9
6	65	19.4	29.3
7	38	11.3	40.6
8	78	23.3	63.9
9	14	4.2	68.1
10	14	4.2	72.2
11	9	2.7	74.9
12	67	20.0	94.9
13+	17	5.0	100
Total	335	100	

TABLE 14

DISTRIBUTION OF CHILDREN UNDER 5 YEARS OLD
WHO HAVE EVER BEEN VACCINATED,
BY SEX

Ever Vaccinated?	Sex				Total	
	Male		Female			
	No.	%	No.	%	No.	%
Yes	129	64.8	119	64.0	248	64.4
No	70	35.2	67	36.0	137	35.6
Total	199	100	186	100	385	100

TABLE 15

PRESENCE OF B.C.G. SCAR
AMONG CHILDREN UNDER 5 YEARS OLD
BY SEX

Scar Present	Sex				Total	
	Male		Female			
	No.	%	No.	%	No.	%
Yes	116	60.1	106	61.6	222	60.8
No	77	39.9	66	38.8	143	39.2
Total	193	100	172	100	365	100

TABLE 16

MORTALITY BY AGE AND SEX
Takhar Province

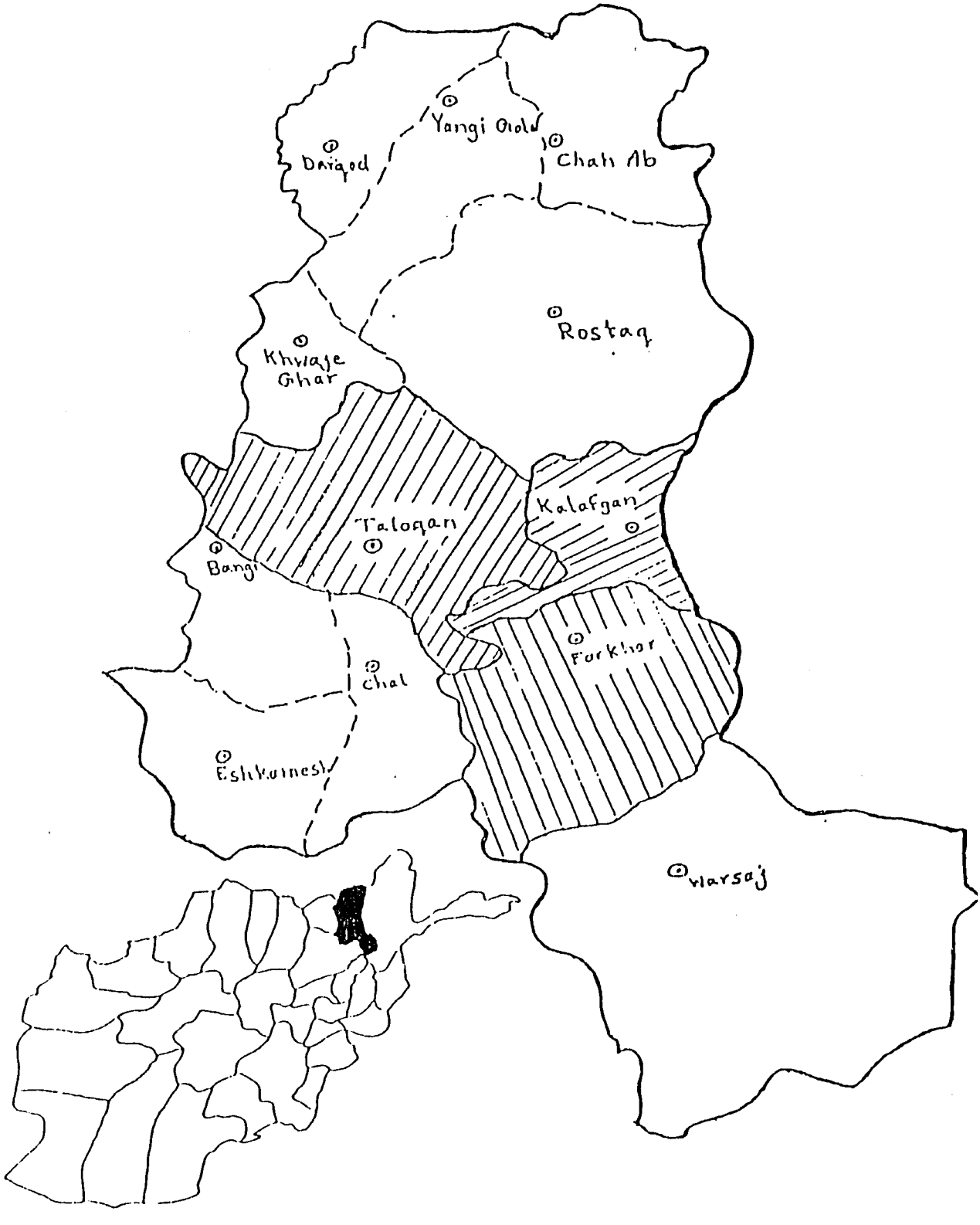
Age Group	Sex				Total	
	Male		Female			
	No.	%	No.	%	No.	%
<1	5	23.8	3	14.3	8	38.1
1 - 4	1	4.7	2	9.5	3	14.3
5+	4	19.0	6	28.5	10	47.6
Total	10	47.6	11	52.4	21	100

TABLE 17

CAUSES OF DEATH
Takhar Province, Afhganistan, 1991

Causes	No.	%
Tetanus	3	13.6
Respiratory	2	9.1
G.I.	3	13.6
T.B.	4	18.2
War Related	1	4.5
Measles	3	13.6
Other	2	9.1
Unknown	4	18.2
Total	22	100

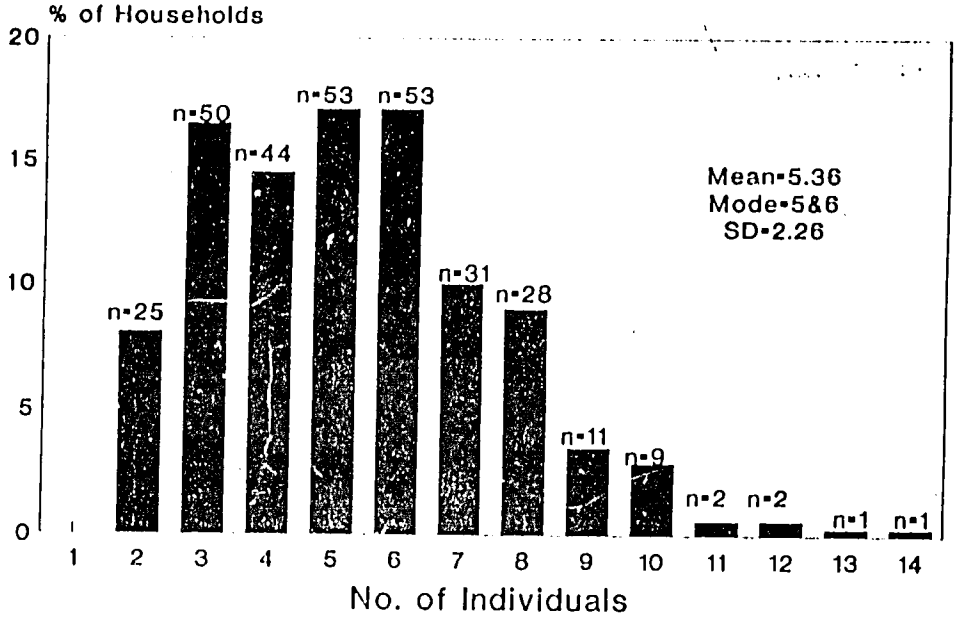
FIGURE 1



SELECTED DISTRICTS IN TAKHAR PROVINCE

FIGURE 2

Distribution of Households by Number of individuals - Tahkar

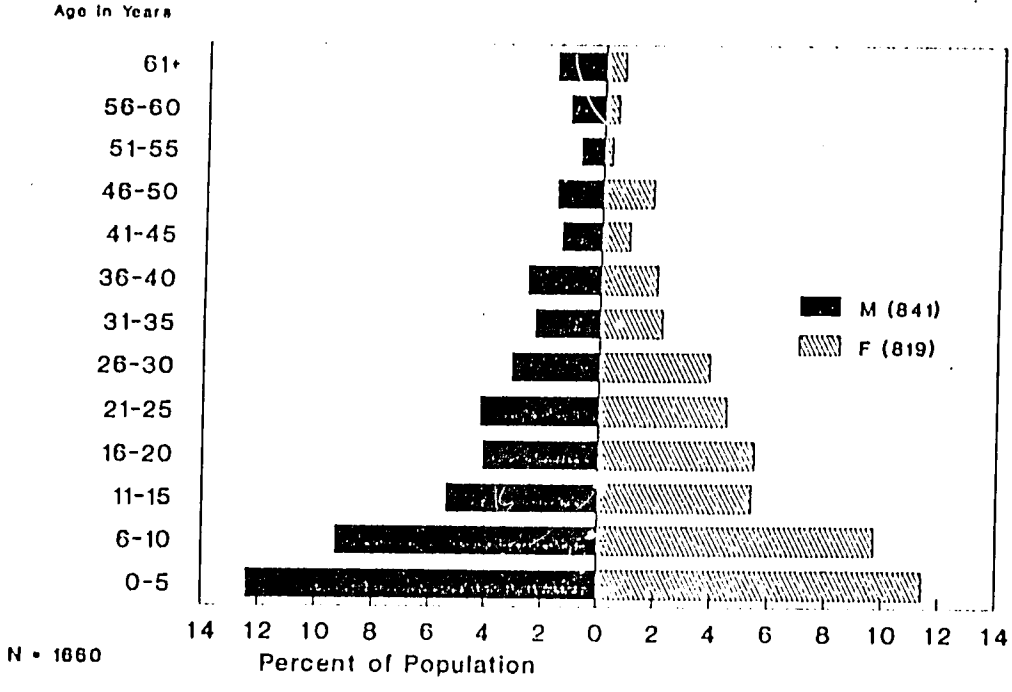


310 Households, 1662 Individuals

FIGURE 3

Age & Sex Distribution for Individuals

Takhar Province, Afghanistan, 1991



N = 1660

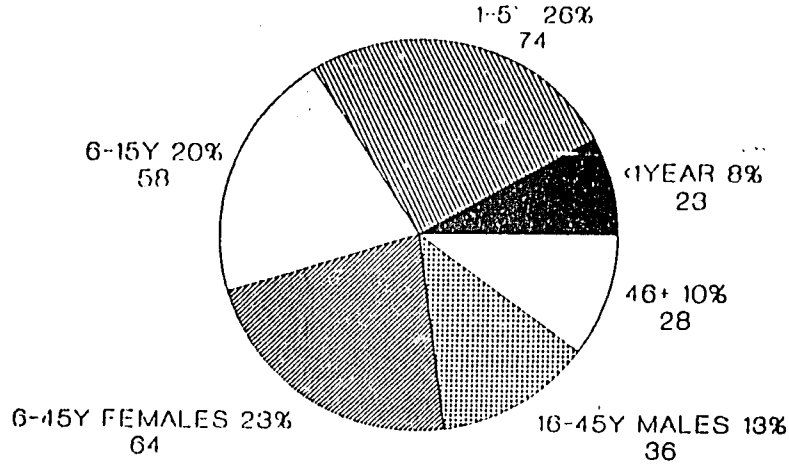
FIGURE 4

Diagnosis Scheme

- ARI = Cough + Fever for < 2 months
- Dysentery = Blood or Mucous in Stools
- Diarrhea = 4+ Motions Per Day
- T.B. = Cough with Sputum for > 2 months
  Coughing Blood or Red Sputum
- Malaria = Fever + Chills + Headache
- Fever = Fever with no other symptoms

FIGURE 5

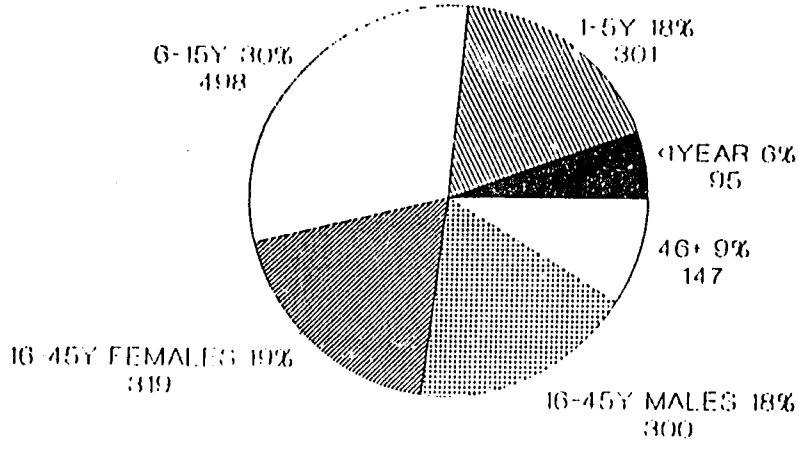
Morbidity Distribution By Age Group
Takhar Province, Afghanistan, 1991



N = 283

FIGURE 6

POPULATION SAMPLE BY AGE GROUP
Takhar Province, Afghanistan, 1991



Age of 2 females is not known

N = 1660

FIGURE 7

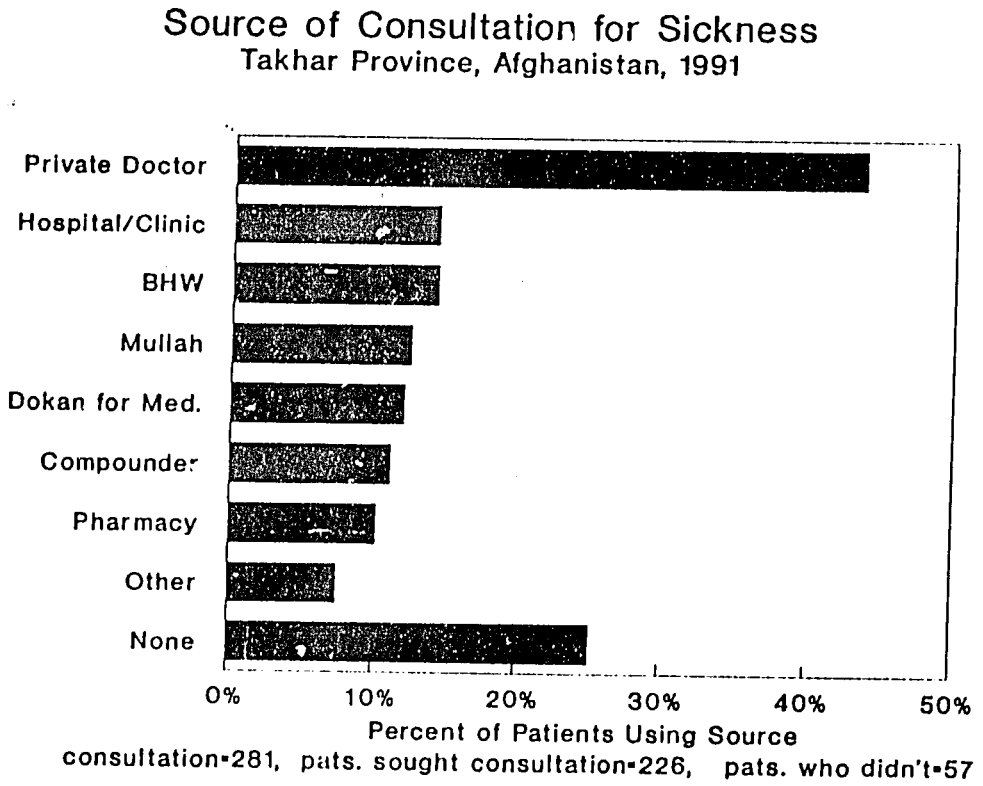
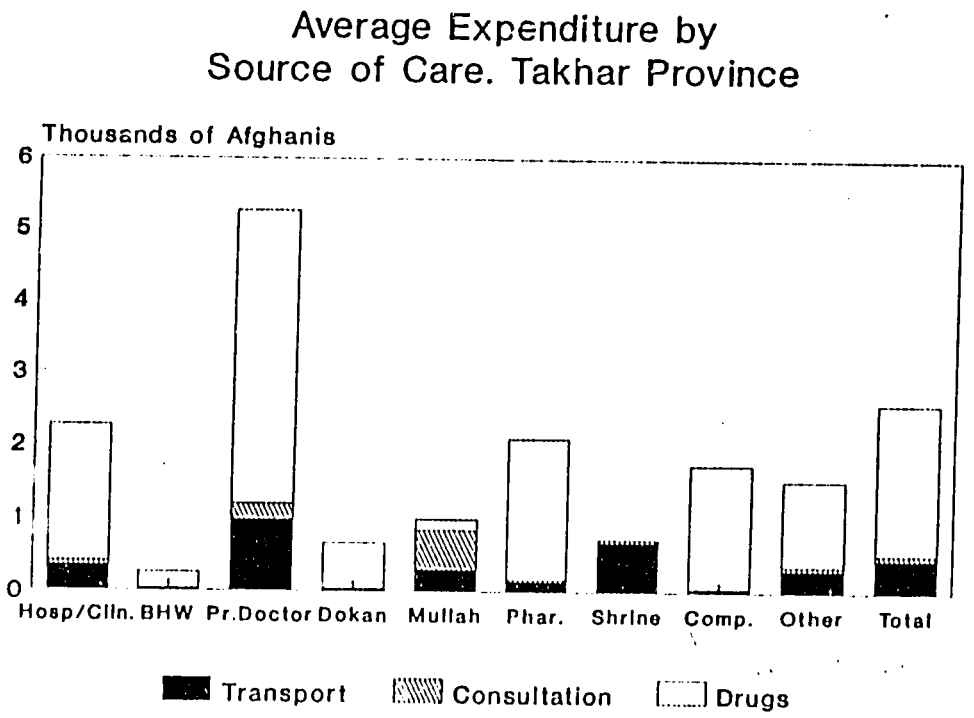


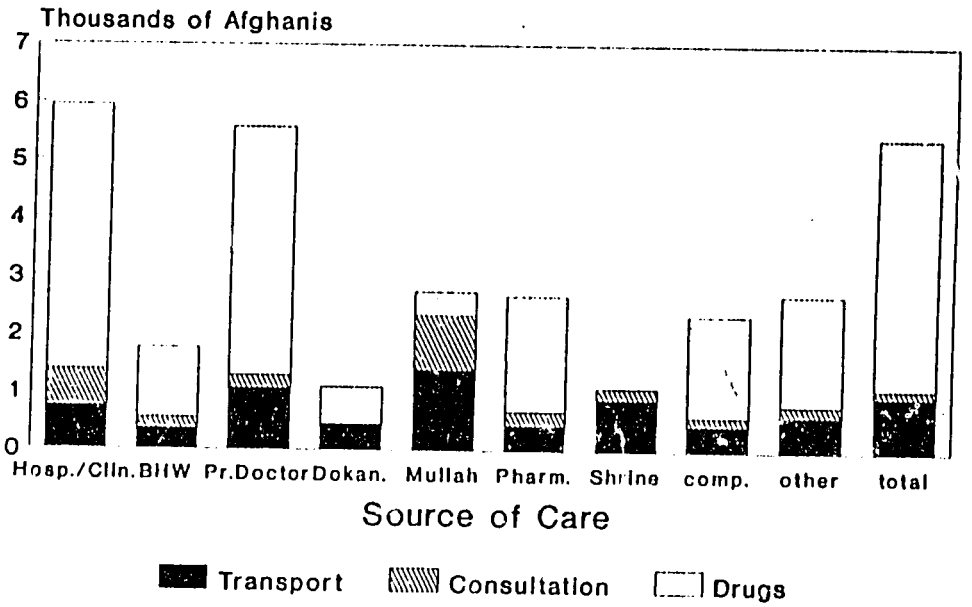
FIGURE 8



1 $ US= 889 Afganis

FIGURE 9

Average Expenditure by source of Care
for Patients Who Paid, Takhar Province



1 $ US = 889 Afghanis

FIGURE 10

Proportion of Patients Who Paid for Care
by Source of Care, Takhar Province

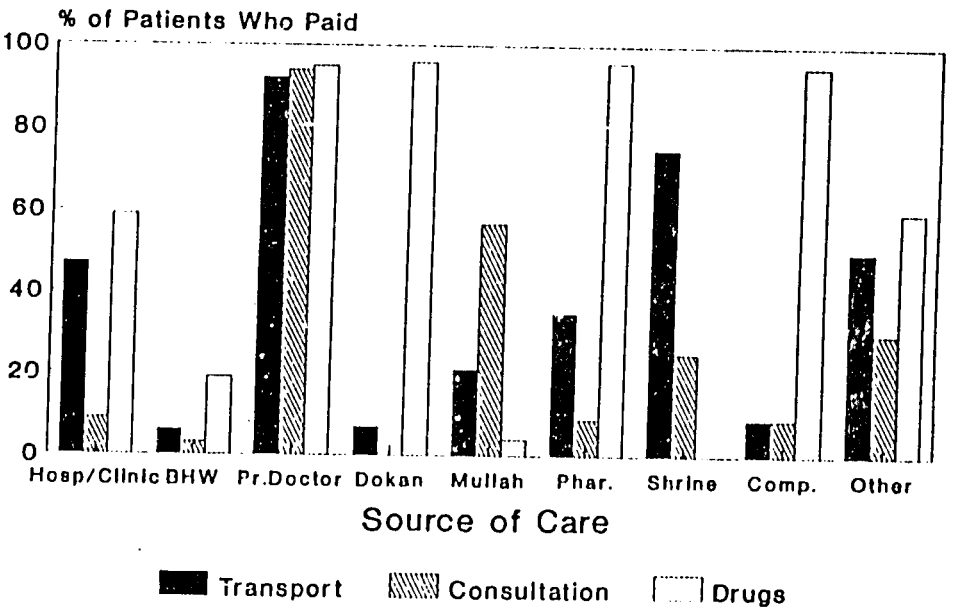
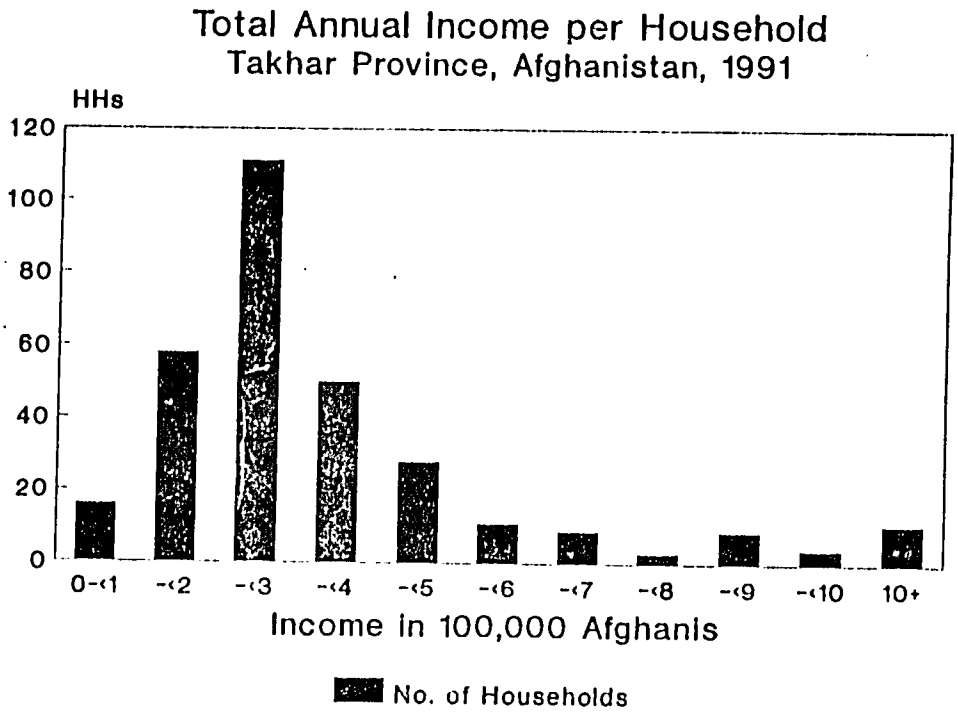
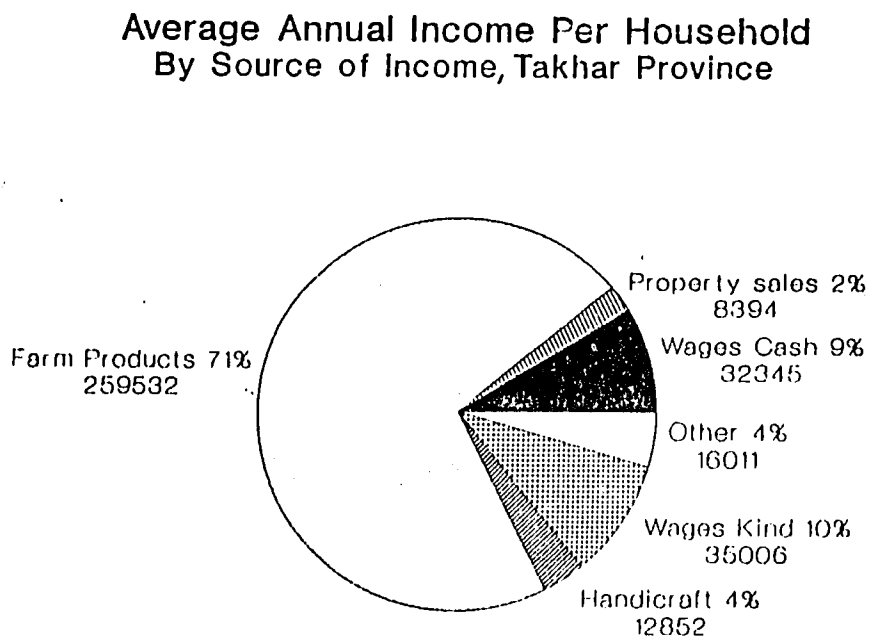


FIGURE 11



Average = 364,140 Afs., 1$US = 889 Afs.

FIGURE 12



Income in Afghanis, $1 US = 889 Afs. (July-Aug. 91)

Total Average Annual Income=364,140 Afs.

FIGURE 13

Source of Income per Household
Takhar Province, Afghanistan, 1991

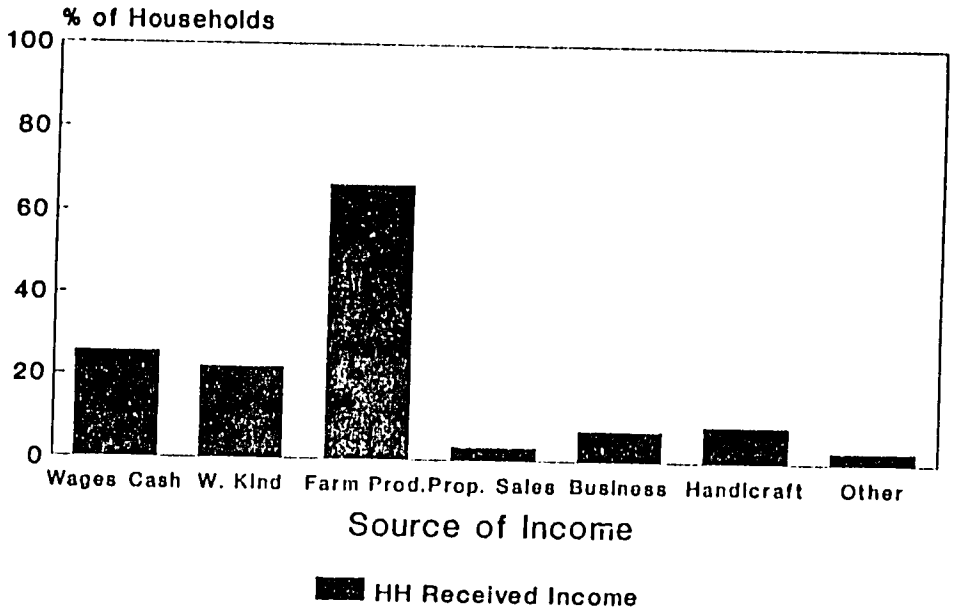


FIGURE 14

Average Expenditure on Sickness in Relation to Average Household Income.

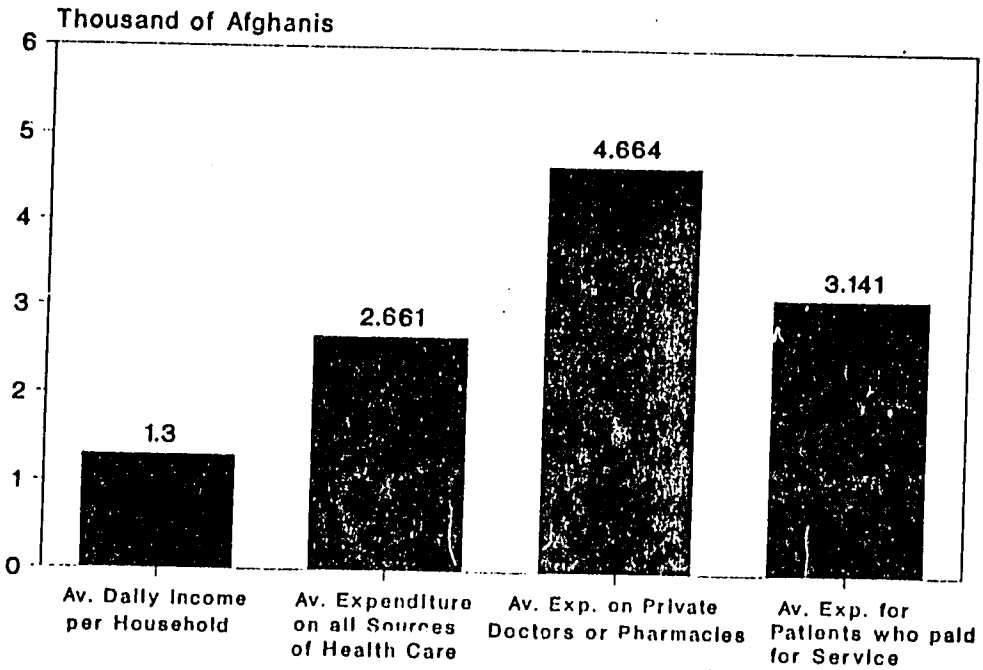
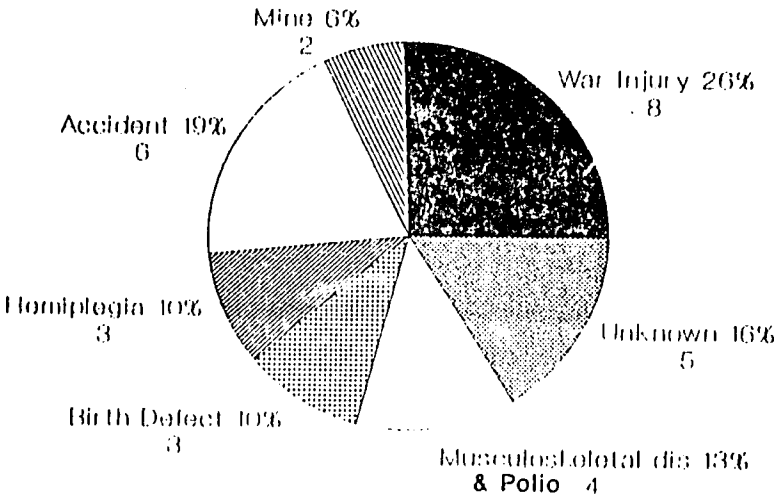


FIGURE 15

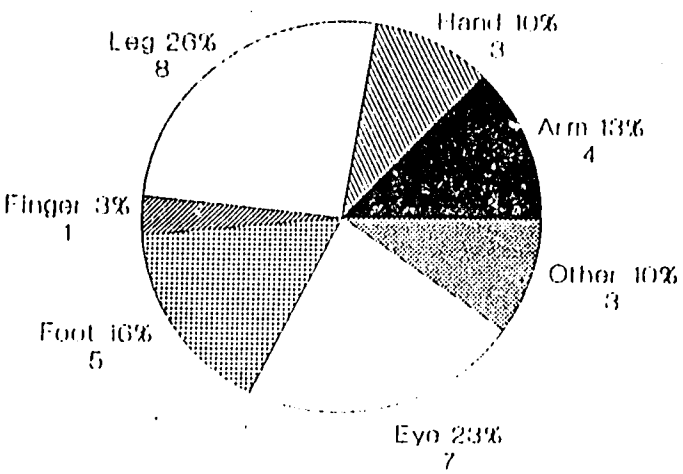
Causes of Disability
Takhar Province, Afghanistan, 1991



N = 31

FIGURE 16

Type of Disability
Takhar Province, Afghanistan, 1991

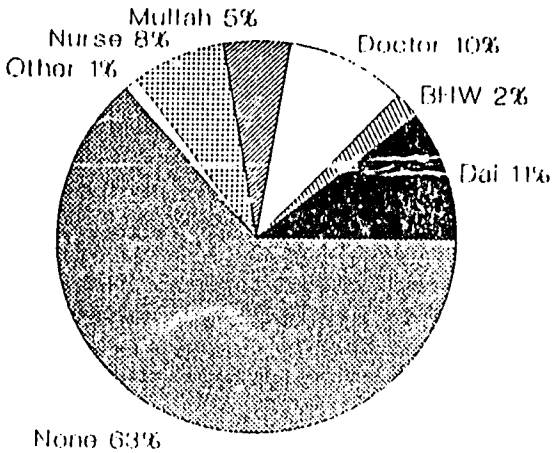


1.9% of population is physically disabled,
9 females and 22 males

N = 31

FIGURE 17

Source of Care During Pregnancy
Takhar Province, Afghanistan, 1991

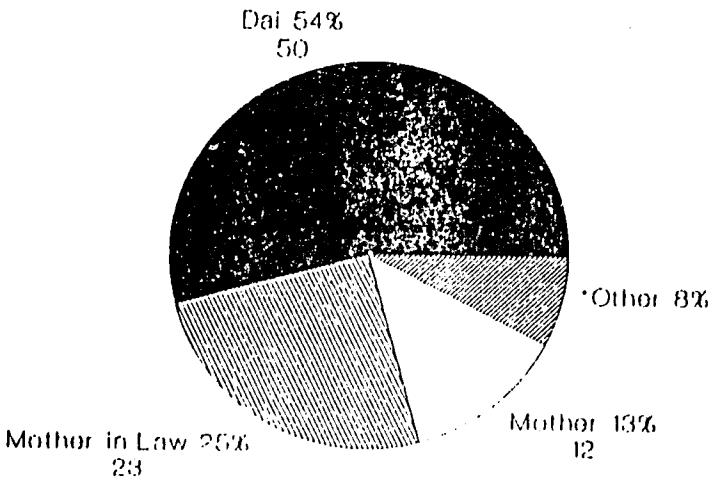


34 Women (37%) claimed recieving
Vaccination during pregnancy

N = 93

FIGURE 18

Who Helped in the Delivery
Takhar Province, Afghanistan, 1991



* Other includes: Sister, Daughter, Doctor & Nurse
Home deliveries are 96%

N=92