

Executive Summary

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

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

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

Survey Coverage

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

Characteristics of Households and Population

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

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

Child Mortality

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

Nutrition

Almost one in three children under age five in Afghanistan is moderately and severely underweight (31%), one in two is moderately stunted (55%) and almost one in five is moderately or severely wasted (18%). Children in the Southern region are more likely to be underweight, stunted and wasted than other children. The same pattern is observed for children living in rural areas, and for children whose mothers have secondary education or higher.

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

Only 20% of households are consuming adequate levels of iodized salt, with use lowest in the Western region (9%) and highest in the Central region (52%), and a considerable gap found in consumption between urban (41%) and rural (16%) areas. Within the six months prior to survey, 51% of children aged 6-59 months received a high dose Vitamin A supplement, with significant variation in coverage by region, with the lowest in the Southern region (19%). The mother's level of education is related to the likelihood of Vitamin A supplementation. Anaemia, which poses an increased risk of child mortality, has prevalence among children aged 6-59 months of 34%. Overall, the prevalence of anaemia among pregnant women aged 15-49 is 16%, and among non-pregnant women aged 15-49, it is 21%.

Child Health

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

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

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

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

Water and Sanitation

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

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

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

Reproductive Health

Despite the significant risks of early childbearing to mother and child, 10% of women in Afghanistan aged 15-19 have already had a birth and 4% are pregnant with their first child; therefore, 14% have begun childbearing. Alarming, 2% have had a live birth before the age of 15. One in four women age 20-24 years have had already a live birth before reaching age 18. There are strong correlations between early childbearing and mothers' education levels. Contraception use is extremely low with almost 80% of women not using any form of contraception. Of those women who do use

contraception, the most popular method is use of injectables followed by the pill. The percentage of women using any method of contraception rises from 20% among those with no education to 27% among women with primary education, and to 38% among women with secondary education or higher.

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

Child Development

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

Literacy and Education

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

In 2010/2011, 29% of school eligible children were attending the first grade of primary school, with significant regional disparities. In the Southern region, for instance, the school attendance indicator is below 12%, but 45% in the Eastern region. Children's entry into primary school is timelier in urban areas (43%) than in rural areas (26%). Only 55% of children of primary school age are attending school, with disparities between urban and rural areas, and about 68% of secondary school age children are not

attending school. The secondary school net attendance rate for girls is more than two times lower than that of boys. Of all children starting Grade 1, nearly four in five will eventually reach the last grade, and the majority of the children who successfully completed the last grade of primary school (93%) were attending the first grade of secondary school. Gender parity for primary school is 0.74, indicating a difference in the attendance of girls and boys in primary school. The indicator drops to 0.49 for secondary education, with a particularly pronounced inequity for girls in the Southern region.

Child Protection

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

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

HIV and AIDS

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