Afghanistan MICS
Multiple Indicator Cluster Survey 2022-23

SUMMARY FINDINGS REPORT

May, 2023

Afghanistan MICS 2022-23

Multiple Indicator Cluster Survey 2022-23

Summary Findings Report

ARTF Afghanistan Reconstruction Trust Fund | unicef د هـر ماشوم لپاره بـرای هـر طفـل

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Background:

The Afghanistan Multiple Indicator Cluster Survey (MICS) was carried out in 2022-2023 by United Nations Children's Fund (UNICEF) in collaboration with National Statistics and Information Authority (NSIA), as part of the Global MICS Programme. The survey was funded by UNICEF and the Afghanistan Reconstruction Trust Fund.

The Global MICS Programme was developed by UNICEF in the 1990s as an international multi-purpose household survey to support countries in collecting internationally comparable data on a wide range of indicators on the situation of children and women. MICS measure key indicators that allow countries to generate data for use in policies, programmes, and national development plans, and to monitor progress towards the Sustainable Development Goals (SDGs) and other internationally agreed upon commitments.

The MICS Afghanistan 2022-2023 has as its primary objectives:

- To provide high quality data for assessing the situation of children, adolescents, women and households in Afghanistan;
- To furnish data needed for monitoring progress toward national goals, as a basis for future action;
- To collect disaggregated data for the identification of disparities, to inform policies aimed at social inclusion of the most vulnerable;
- To validate data from other sources and the results of focused interventions;
- To generate data on national and global SDGs indicators;
- To generate internationally comparable data for the assessment of the progress made in various areas, and to put additional efforts in those areas that require more attention;
- To generate behavioural and attitudinal data not available in other data sources.

The objective of this report is to facilitate the timely dissemination and use of results from the MICS Afghanistan 2022-2023. The report presents the main findings of the survey.

For more information on the Global MICS Programme, please go to mics.unicef.org

Suggested citation:
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SUMMARY TABLE OF SURVEY IMPLEMENTATION AND THE SURVEY POPULATION

Survey sample and implementation			
Sample frame – Updated	2019 NSIA Sampling Frame (Satellite Imagery) September-November, 2022	**Questionnaires**	Household Women (age 15-49) Children under five Children age 5-17
Interviewer training	August - September 2022	**Fieldwork**	September 2022 - February 2023

Survey sample			
Households		Women (age 15-49)	
– Sampled	23,338	– Eligible for interviews	44,874
– Occupied	23,251	– Interviewed	44,341
– Interviewed	23,213	– Response rate (Per cent)	98.8
– Response rate (Per cent)	99.8		
Children under five		Children age 5-17	
– Eligible	33,398	– Number in interviewed households	75,614
– Mothers/caretakers interviewed	32,989	– Eligible[1]	20,222
– Response rate (Per cent)	98.8	– Mothers/caretakers interviewed	20,068
		– Response rate (Per cent)	98.8

Survey population			
Average household size	8.3	Percentage of population living in	
Percentage of population under:		Urban areas	25.4
– Age 5	16.5	Rural areas	74.6
– Age 18	54.5		
Percentage of women age 15-49 years with at least one live birth in the last 2 years	28.2		

Percentage of population living in			
– Kabul	12.8	– Takhar	3.3
– Kapisa	1.3	– Kunduz	3.4
– Parwan	2.2	– Samangan	1.5
– Maidan Wardak	1.8	– Balkh	5.0
– Logar	1.3	– Sar-e-Pul	1.8
– Nangarhar	6.6	– Ghor	2.5
– Laghman	1.9	– Daykundi	2.2
– Panjsher	0.3	– Urozgan	1.5
– Baghlan	2.6	– Zabul	1.3
– Bamyan	1.0	– Kandahar	4.7
– Ghazni	3.0	– Jawzjan	2.3
– Paktika	1.6	– Faryab	3.8
– Paktya	1.9	– Helmand	7.1
– Khost	2.7	– Badghis	2.2
– Kunarha	1.5	– Herat	8.2
– Nooristan	0.5	– Farah	1.8
– Badakhshan	3.5	– Nimroz	1.0

1 The Questionnaire for Children Age 5-17 was administered to one randomly selected child in each interviewed household

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LIST OF ABBREVIATIONS

ANAR	Adjusted Net Attendance Rate
ARI	Acute Respiratory Infection
ASFR	Age Specific Fertility Rates
BCG	Bacillus Calmette-Guérin (Tuberculosis)
C-section	Caesarean section
CAPI	Computer-Assisted Personal Interviewing
CBR	Crude Birth Rate
CRC	Convention on the Rights of the Child
DK	Don't Know
DTP	Diphtheria, Tetanus and Pertussis
FCT	Field Check Table
GFR	General Fertility Rate
GPI	Gender Parity Index
Hib	Haemophilus influenzae type B
ICT	Information and Communication Technology
IPV	Inactivated Polio Vaccine
IYCF	Infant and Young Child Feeding
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
LBW	Low birth weight
MICS	Multiple Indicator Cluster Survey
MICS6	Sixth global round of Multiple Indicator Clusters Surveys programme
MMR	Measles, Mumps, and Rubella
MMRate	Maternal Mortality Rate
NSIA	National Statistics and Information Authority
ORS	Oral Rehydration Salt Solution
OPV	Oral Polio Vaccine
ORT	Oral Rehydration Therapy
PNC	Post-natal Care
SDGs	Sustainable Development Goals
TFR	Total Fertility Rate
UN	United Nations
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

FOREWORD

The Afghanistan Multiple Indicator Cluster Survey 2022-23 was commissioned to update the situation of children, adolescents, women and households post COVID-19, draught, and the recent political and economic shocks. Data collection started in the last week of September 2022 and ended on 28 February 2023. The survey was implemented using the Global MICS methodology and tools.

UNICEF is thankful to the National Statistics and Information Authority (NSIA) for the collaboration in sampling design, questionnaire customization and field monitoring. UNICEF's sincere gratitude to the enumerators particularly female enumerators who worked tirelessly as front-line staff to collect data throughout the country.

Special appreciation goes to the World Bank Group for the partial financial contribution to this survey, UNICEF values partnership in improving the welfare of children and women in Afghanistan. The immense contributions made by UNICEF South Asia Regional Office and UNICEF Headquarters cannot be overemphasized.

UNICEF remains committed to working with partners to ensure that quality and timely data is available to support policies, programmes and monitoring progress toward national goals including global Sustainable Development Goals (SDGs), as a basis for future action.

We believe both development and humanitarian actors will use results from the Afghanistan MICS 2022-23 to better target and prioritize their programme implementation.

UNICEF has worked in Afghanistan for 73 years, lifting the lives of children in need and realizing the rights of every child. We won't stop.

_____

Fran Equiza
Representative
UNICEF Afghanistan Country Office

May 2023

SURVEY ORGANISATION AND METHODOLOGY

The Afghanistan MICS 2022-23 was implemented by UNICEF with technical collaboration from NSIA. The Global MICS team of UNICEF provided on and off-site support and reviews during key phases of the survey as per the standard Technical Collaboration Framework of the global MICS programme.

The sample for the Afghanistan MICS 2022-23 was designed to provide estimates for a large number of indicators on the situation of children and women at the national, for urban and rural areas, and for 34 provinces.

Four questionnaires were used in the survey: 1) a household questionnaire to collect basic demographic information on all household members, the household, and the dwelling; 2) a questionnaire for individual women administered in each household to all women age 15-49 years; 3) an under-5 questionnaire, administered to mothers (or caretakers) of all children under 5 living in the household; and 4) a questionnaire for children age 5-17 years, administered to the mother (or caretaker) of one randomly selected child age 5-17 years living in the household.

The questionnaires were based on the MICS6 standard questionnaires. From the MICS6 model English version, the questionnaires were customised and translated into Dari and Pashto.

MICS utilise Computer-Assisted Personal Interviewing (CAPI).

34 team were trained for 31 days for the fieldwork in August and September 2022. Participants first completed full training on paper questionnaires, followed by training on the CAPI application. The trainees spent 2 days in field practice. Measurers received dedicated training on anthropometric measurements for three days, including standardization.

During the fieldwork period, each team was visited multiple times by NSIA team members. Additional field visits were arranged for UNICEF staff members.

Throughout the fieldwork, field check tables (FCTs) were produced weekly for analysis and recommendations were provided to monitoring teams for action.

SAMPLE & SURVEY CHARACTERISTICS

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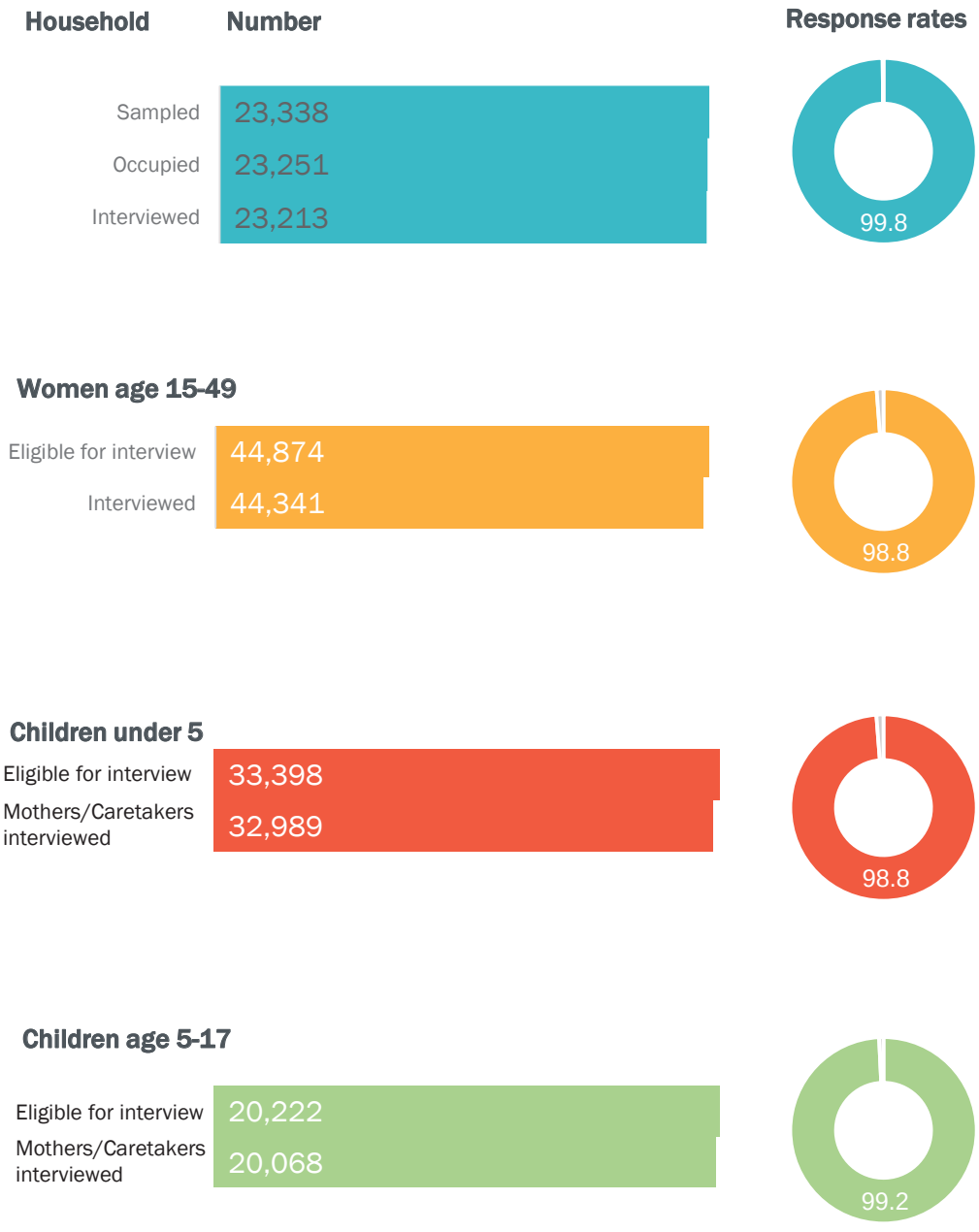
SAMPLE & SURVEY CHARACTERISTICS

Response Rates



Survey Implementation

Implementing agency:
UNICEF

Sampling frame:
2019 NSIA Sampling Frame using satellite imagery

Listing & mapping:
September – November 2022

Interviewer training:
August – September 2022

Fieldwork:
September 2022 – February 2023

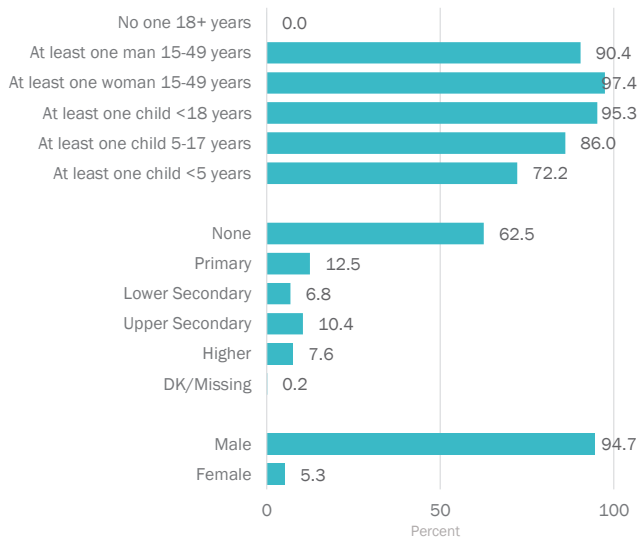
Questionnaires:
Household
Women age 15-49
Children under 5
Children age 5-17

Population Characteristics

Household Population Age & Sex Distribution

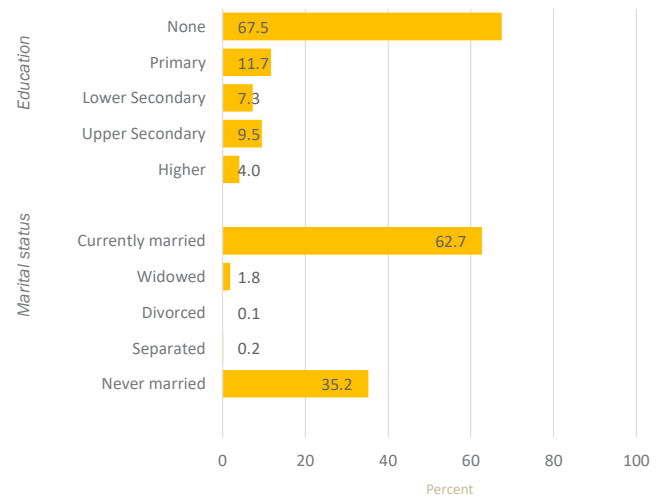
Percent distribution of household population by age group and sex

Household Composition & Characteristics of Head of household



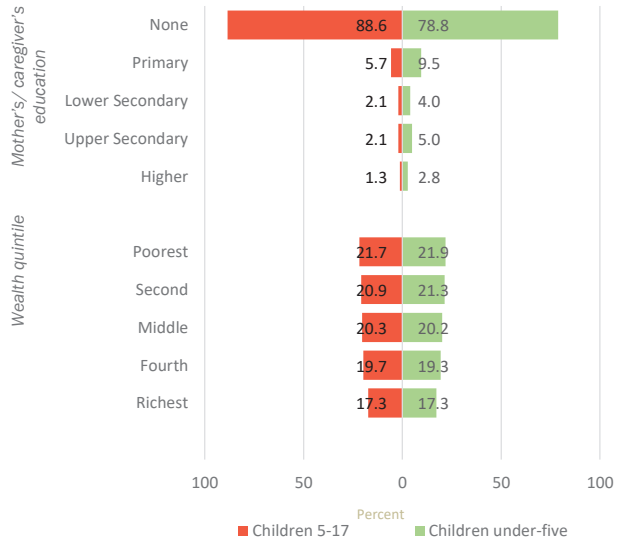
Percent of households by selected characteristics

Women's Profile



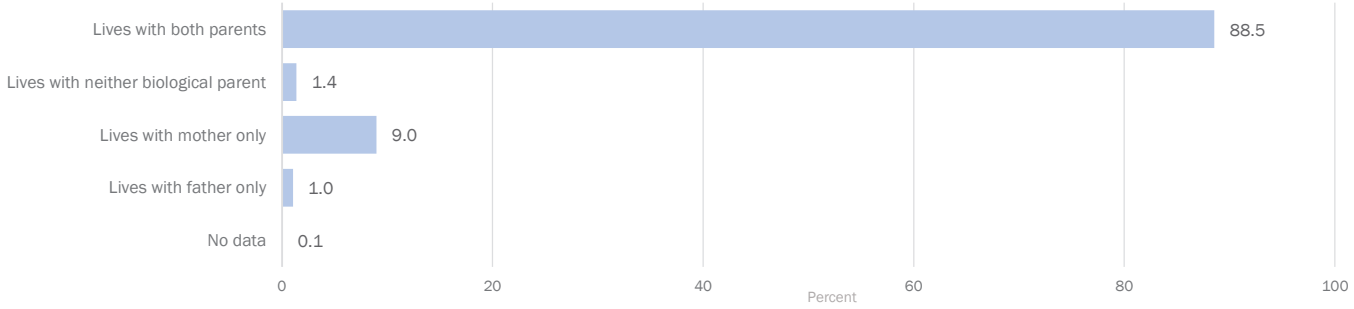
Percent distribution of women age 15-49 by background characteristics

Children's Profile



Percent distribution of children age 5-17 and under-five by background characteristics

Children's Living Arrangements



Percent distribution of children age 0-17 years according to living arrangements

Provincial Distribution of Population (percent)

Province	Households	Women 15-49	Children under 5	Children 5-17
Afghanistan	**100.0**	**100.0**	**100.0**	**100.0**
Kabul	13.7	14.2	10.8	11.6
Kapisa	1.3	1.3	1.3	1.2
Parwan	2.0	2.3	2.2	2.0
Maidan Wardak	1.6	1.8	1.7	1.8
Logar	1.0	1.3	1.4	1.2
Nangarhar	6.3	6.3	6.3	7.0
Laghman	1.7	1.9	2.1	1.9
Panjsher	0.3	0.3	0.2	0.2
Baghlan	3.1	2.5	2.5	2.7
Bamyan	1.1	1.1	0.9	1.0
Ghazni	3.1	3.0	2.8	3.2
Paktika	1.3	1.5	1.6	1.7
Paktya	1.4	2.0	1.8	1.8
Khost	1.8	2.8	2.8	2.8
Kunarha	1.3	1.4	1.6	1.5
Nooristan	0.4	0.4	0.5	0.5
Badakhshan	3.8	3.4	3.4	3.6
Takhar	3.7	3.3	3.3	3.4
Kunduz	3.5	3.3	3.8	3.4
Samangan	1.6	1.4	1.4	1.5
Balkh	5.5	5.3	5.0	4.6
Sar-e-Pul	1.9	1.9	2.0	1.6
Ghor	2.5	2.1	2.2	2.6
Daykundi	2.7	2.4	2.2	2.0
Urozgan	1.4	1.4	1.3	1.5
Zabul	1.1	1.2	1.5	1.4
Kandahar	4.0	4.4	5.1	5.0
Jawzjan	2.0	2.4	2.4	2.1
Faryab	4.2	3.7	4.6	4.0
Helmand	5.7	6.3	7.8	7.8
Badghis	2.6	2.0	2.5	2.4
Herat	9.6	9.0	7.6	8.1
Farah	1.9	1.6	2.0	1.8
Nimroz	1.0	0.9	1.1	1.1

Data from this snapshot can be found in tables SR.1.1, SR.5.1W, SR.5.2, SR.5.3 and SR.2.3 in the Survey Findings Report.

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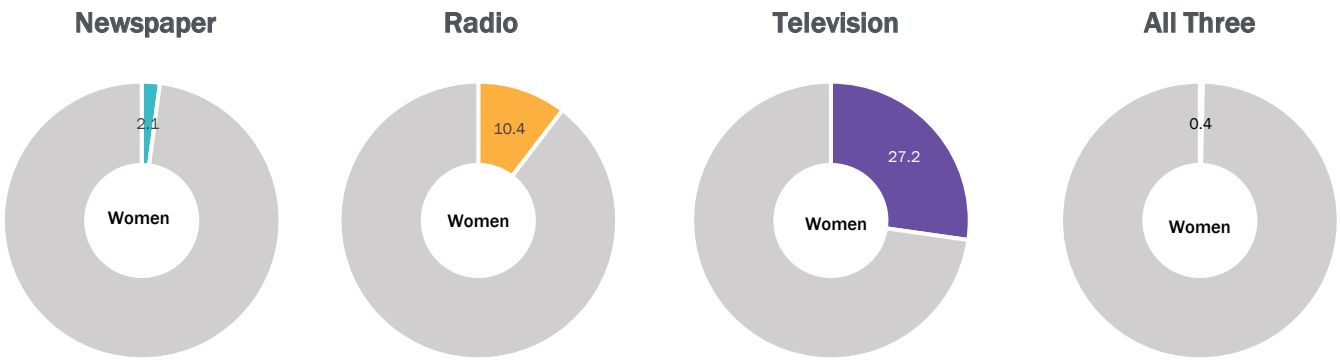
MASS MEDIA, COMMUNICATIONS AND INTERNET

MASS MEDIA, COMMUNICATIONS & INTERNET

Exposure to Mass Media



Percentage of women age 15-49 years who are exposed to specific mass media (newspaper, radio, television) on a weekly basis and percentage of women age 15-49 who are exposed to all three on a weekly basis

Inequalities in Exposure to Mass Media

Women Exposed to Newspaper, Radio & Television Weekly

Percentage of women age 15-49 years who are exposed to newspaper, radio, and television on a weekly basis

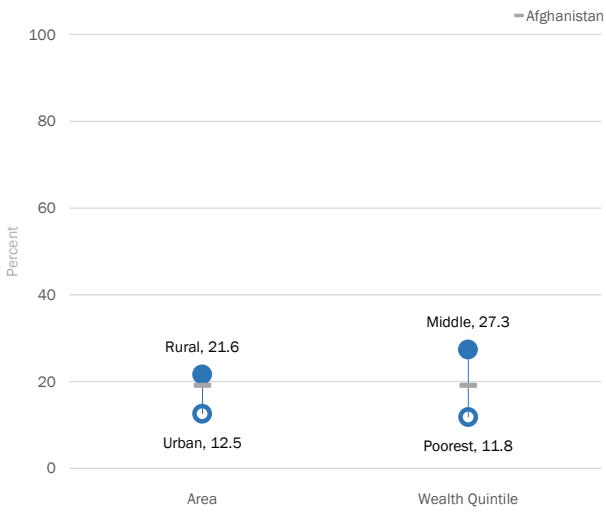
Household Ownership of Information & Communication Technology (ICT) Equipment & Internet at Home

Province	Radio	Television	Telephone-Fixed line	Telephone-Mobile	Computer	Internet at Home
Afghanistan	**19.1**	**31.7**	**1.3**	**85.2**	**5.1**	**27.7**
Kabul	9.9	73.0	2.0	97.5	13.8	44.3
Kapisa	32.0	18.9	0.0	81.9	3.2	18.8
Parwan	25.6	43.2	1.1	91.1	3.6	30.2
Maidan Wardak	36.5	20.1	0.5	95.8	7.9	24.9
Logar	30.0	22.0	1.2	96.3	8.2	35.7
Nangarhar	14.6	13.8	0.4	88.3	2.1	15.2
Laghman	23.0	15.2	0.2	93.5	2.1	29.2
Panjsher	9.7	60.8	1.1	92.9	7.0	27.9
Baghlan	4.5	26.6	1.1	82.5	3.6	19.1
Bamyan	14.6	43.0	10.8	97.3	5.7	22.5
Ghazni	38.1	25.6	1.2	88.9	4.9	35.3
Paktika	50.4	10.3	2.4	68.7	2.6	12.6
Paktya	48.0	21.4	2.1	89.5	7.8	38.6
Khost	54.9	20.1	5.5	93.2	13.3	43.2
Kunarha	31.0	6.1	1.6	90.0	2.4	11.7
Nooristan	32.0	5.6	0.9	39.0	4.5	4.4
Badakhshan	9.5	14.8	2.7	66.2	1.5	7.4
Takhar	16.2	25.4	0.5	90.0	3.0	26.7
Kunduz	10.9	34.2	0.4	95.3	2.5	26.8
Samangan	12.0	20.6	0.1	66.5	2.1	11.6
Balkh	3.1	52.5	0.2	96.2	6.2	42.0
Sar-e-Pul	6.3	21.5	1.8	85.9	2.6	35.7
Ghor	38.9	12.9	2.6	39.5	1.2	5.5
Daykundi	22.7	28.0	4.9	91.0	6.2	36.0
Urozgan	35.2	7.2	0.5	38.1	1.4	5.1
Zabul	44.9	3.6	0.8	64.2	2.2	8.6
Kandahar	49.6	11.1	0.1	91.7	5.5	22.4
Jawzjan	15.9	36.9	0.0	95.7	2.3	27.9
Faryab	4.5	23.6	0.1	88.4	3.0	36.6
Helmand	38.4	7.8	0.1	73.4	2.8	19.2
Badghis	9.5	6.2	0.7	43.1	1.1	5.0
Herat	5.8	49.8	0.5	92.1	4.2	34.5
Farah	18.8	12.0	3.5	74.0	2.2	27.6
Nimroz	8.7	40.9	0.7	86.5	2.4	27.0

Percentage of households which own a radio, television, telephone-fixed line, telephone-mobile, computer and that have access to the internet at home

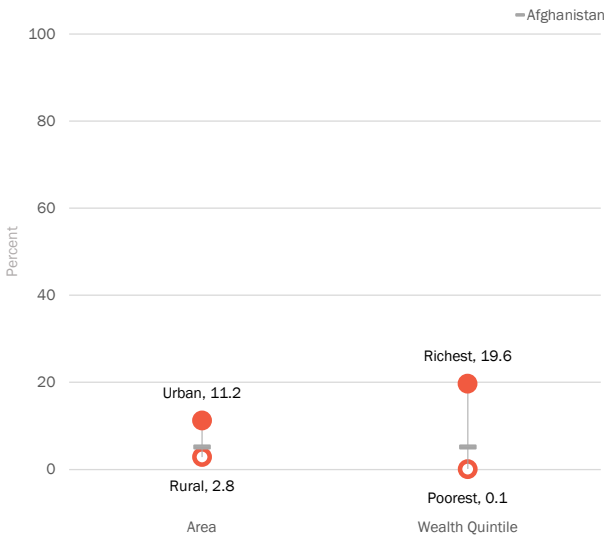
Inequalities in Household Ownership of ICT Equipment & Internet at Home

Household Ownership of a Radio



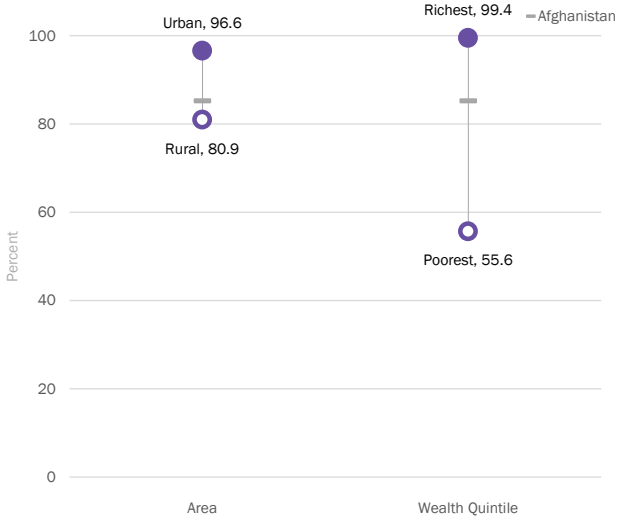
Percentage of households with a radio at home

Household Ownership of a Computer



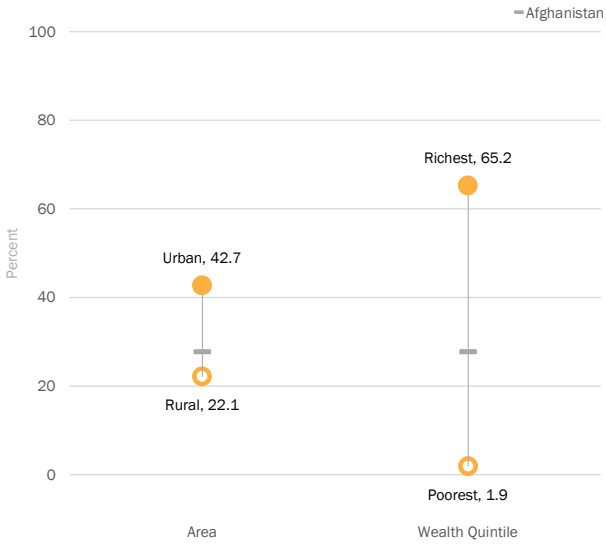
Percentage of households with a computer at home

Household Ownership of a Mobile Telephone



Percentage of households with mobile telephone

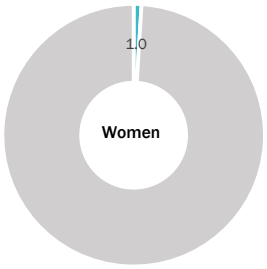
Households with Internet



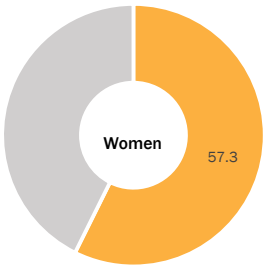
Percentage of households with access to the internet at home

Use of Information & Communication Technology

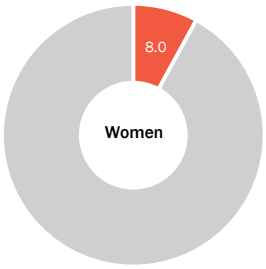
Computer Use



Mobile Phone Use



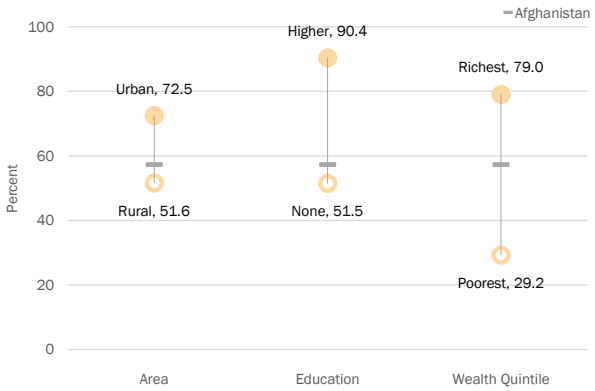
Internet Use: SDG17.8.1



Percentage of women age 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet

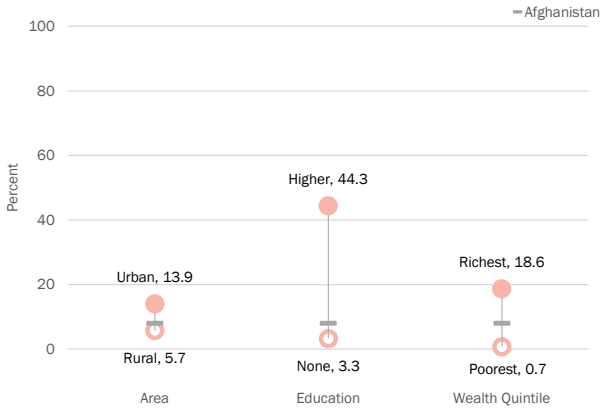
Disparities in Use of Information & Communication Technology

Disparities in Mobile Phone Use among Women



Percentage of women age 15-49 years who during the last 3 months used a mobile phone

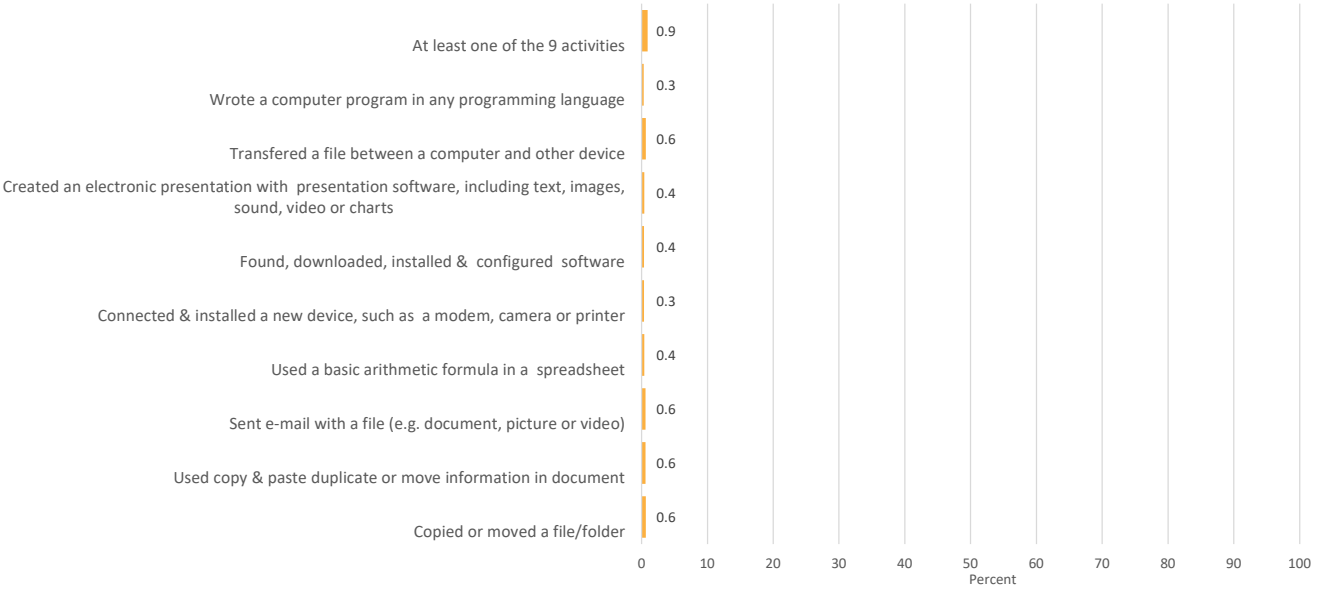
Disparities in Internet Use among Women: SDG17.8.1



Percentage of women age 15-49 years who used the internet in the last 3 months

Information & Communication Technology Skills

Specific Computer Skills



Percentage of women age 15-49 years who in the last 3 months have carried out specific computer related activities and the percentage who have carried out at least one of these activities

Provincial Data on ICT Use & Skills among Women

Province	Computer Use	Mobile Phone Use	Internet Use	Performed at least 1 Computer-related Activity
Afghanistan	**1.0**	**57.3**	**8.0**	**0.9**
Kabul	2.4	73.1	8.8	2.4
Kapisa	0.8	58.6	5.1	0.5
Parwan	0.9	53.6	12.5	0.8
Maidan Wardak	0.5	71.9	3.2	0.5
Logar	0.9	77.2	9.7	0.8
Nangarhar	0.2	56.3	1.5	0.2
Laghman	0.0	70.0	1.8	0.0
Panjsher	0.9	48.5	5.2	0.8
Baghlan	1.5	48.5	9.3	1.4
Bamyan	2.1	85.6	10.6	2.0
Ghazni	0.7	79.4	13.1	0.7
Paktika	0.0	12.6	0.4	0.0
Paktya	0.5	54.4	1.7	0.3
Khost	0.6	68.9	1.5	0.6
Kunarha	0.1	32.9	0.6	0.1
Nooristan	0.3	40.6	0.8	0.3
Badakhshan	0.5	41.6	3.1	0.5
Takhar	0.3	46.3	12.2	0.1
Kunduz	0.5	50.5	3.4	0.4
Samangan	0.1	26.0	2.4	0.1
Balkh	2.1	72.1	21.8	2.1
Sar-e-Pul	1.3	63.1	25.6	1.3
Ghor	0.5	29.0	1.4	0.4
Daykundi	1.3	81.3	18.8	1.1
Urozgan	0.1	13.8	1.6	0.1
Zabul	0.1	16.8	0.2	0.1
Kandahar	0.9	51.6	3.3	0.9
Jawzjan	0.3	53.9	6.4	0.2
Faryab	1.8	53.6	15.2	1.3
Helmand	0.2	39.1	1.7	0.2
Badghis	0.3	27.1	0.9	0.3
Herat	0.8	71.6	14.1	0.8
Farah	0.3	52.1	3.6	0.3
Nimroz	0.7	57.8	8.8	0.4

Percentage of women age 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet and percentage who performed at least 1 computer-related activity

Data from this snapshot can be found in tables SR.9.1W, SR.9.2, SR.9.3W and SR.9.4W in the Survey Findings Report.

CHILD MORTALITY

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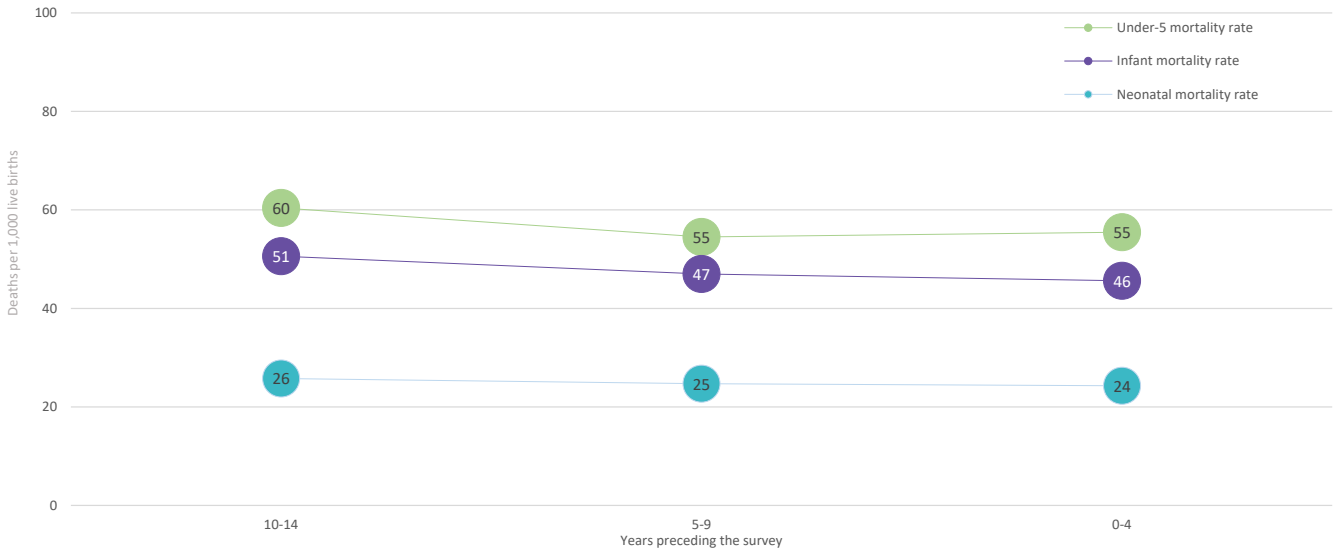
CHILD MORTALITY

Mortality Rates among Children Under-5



Years preceding the survey	Neonatal mortality rate: SDG 3.2.2	Post-neonatal mortality rate	Infant mortality rate	Child mortality rate	Under-5 mortality rate: SDG 3.2.1
0-4	24	21	46	10	55
5-9	25	22	47	8	55
10-14	26	25	51	10	60

Neonatal mortality (NN): probability of dying within the first month of life
Post-neonatal mortality: calculated as the difference between infant and neonatal mortality rates
Infant mortality ($_1q_0$): probability of dying between birth and first birthday
Child mortality ($_4q_1$): probability of dying between the first and fifth birthday
Under-5 mortality ($_5q_0$): probability of dying between birth and fifth birthday

MICS uses a **direct method for estimation of child mortality**. This involves collecting **full birth histories** whereby married women age 15-49 are asked for the date of birth of each child born alive, whether the child is still alive and, if not, the age at death.

Under-5 mortality rate by socio-economic characteristics & area

Under-five mortality rates for the five-year period preceding the survey, by socio-economic characteristics and area

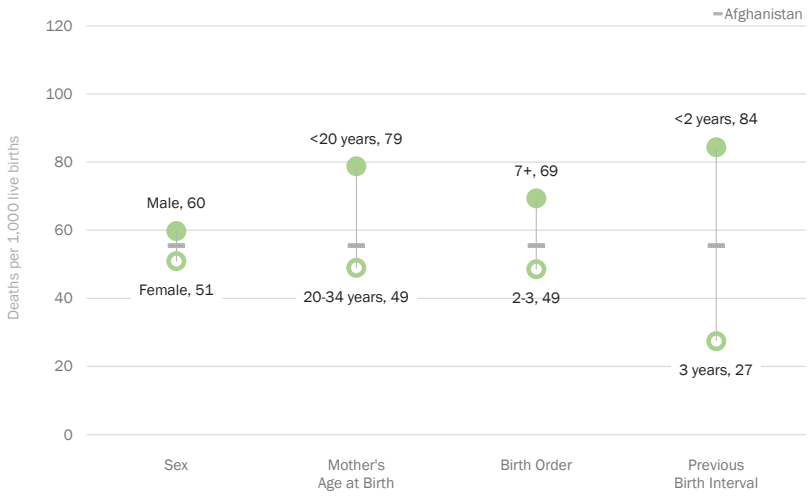
Differentials in Child Mortality

Neonatal & under-5 mortality rates by province

Province	Neonatal mortality	Under-5 mortality
Afghanistan	**24**	**55**
Kabul	12	31
Kapisa	5	16
Parwan	18	42
Maidan Wardak	32	64
Logar	24	49
Nangarhar	26	49
Laghman	20	62
Panjsher	11	27
Baghlan	17	30
Bamyan	27	41
Ghazni	30	68
Paktika	26	47
Paktya	33	78
Khost	19	50
Kunarha	23	53
Nooristan	43	120
Badakhshan	12	52
Takhar	42	66
Kunduz	28	78
Samangan	17	49
Balkh	26	50
Sar-e-Pul	40	60
Ghor	7	40
Daykundi	15	48
Urozgan	14	39
Zabul	38	80
Kandahar	31	68
Jawzjan	10	41
Faryab	33	72
Helmand	32	74
Badghis	21	49
Herat	28	65
Farah	25	56
Nimroz	26	52

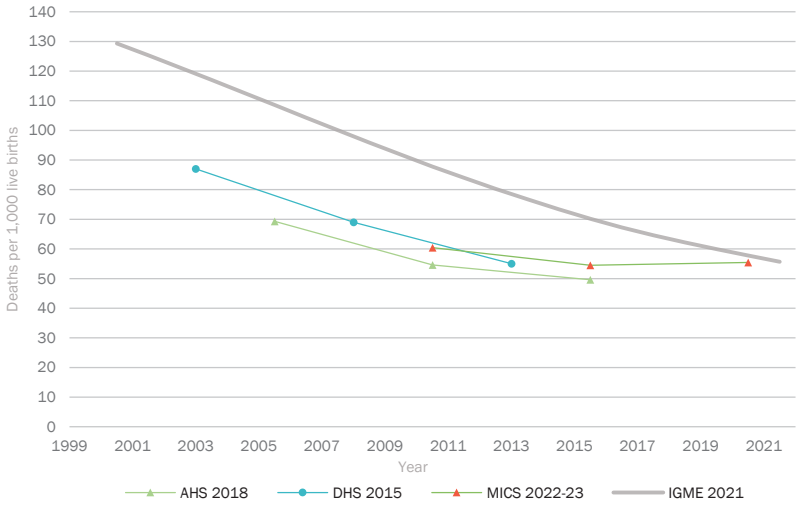
Neonatal mortality and under-5 mortality rates (deaths per 1,000 live births) for the five-year period preceding the survey, by province

Under-5 mortality rate by demographic risk factors



Under-five mortality rates for the five-year period preceding the survey, by demographic risk factors

Trends in under-5 mortality rates



The source data used in the above graph is taken from the final reports of MICS 2022-23, Afghanistan Health Survey 2018 and Afghanistan Demographic and Health Survey 2015. IGME 2021 data was downloaded from the UN IGME web portal.

Child mortality source data are published on www.childmortality.org, the web portal of the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). UN IGME data points may differ from the published estimates of a survey, census or vital registration system since UN IGME recalculates estimates using smaller intervals, longer reference periods and/or calendar years (if data are available).

Data from this snapshot can be found in tables CS.1, CS.2, and CS.3 in the Survey Findings Report.

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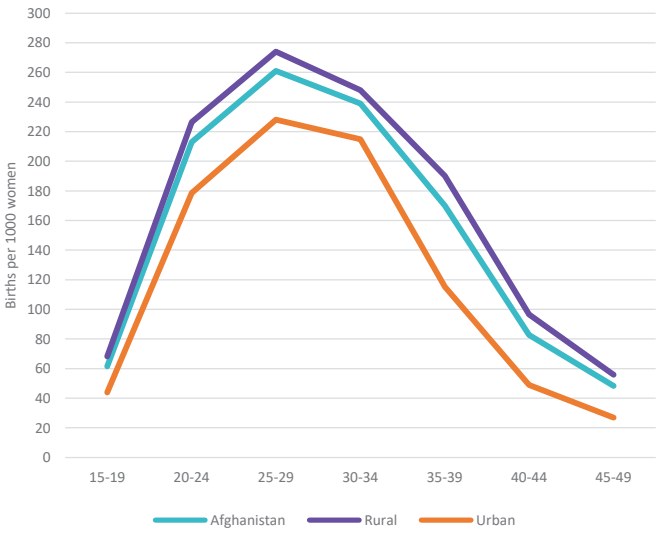
FERTILITY

FERTILITY

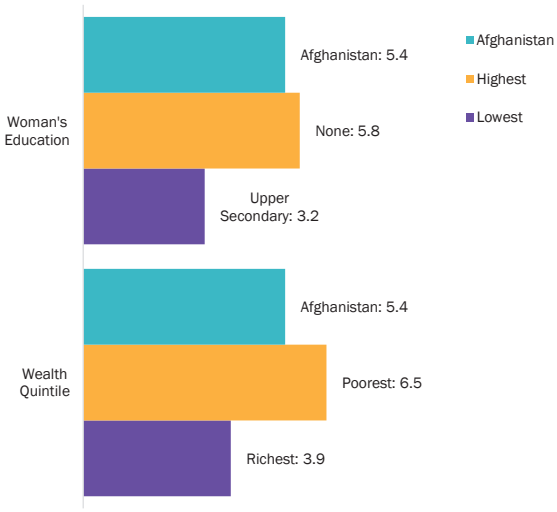
Fertility

Age Specific Fertility Rates



Age-specific fertility rates (ASFR) are the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

Total Fertility Rate



The total fertility rate (TFR) is calculated by summing the age-specific fertility rates (ASFRs) calculated for each of the five-year age groups of women, from age 15 through to age 49

Adolescent Birth Rate: SDG indicator 3.7.2

Age-specific fertility rate for girls age 15-19 years for the three-year period preceding the survey

Adolescent Birth rate SDG 3.7.2 indicator is under target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. Preventing births very early in a woman's life is an important measure to improve maternal health and reduce infant mortality.

Provincial Data on Fertility

Province	Adolescent Birth Rate	Total Fertility Rate	Child bearing before 15*	Child bearing before 18
Afghanistan	**62**	**5.4**	**0.8**	**16.3**
Kabul	33	3.8	0.2	8.3
Kapisa	29	5.6	0.3	5.4
Parwan	55	5.0	0.0	12.3
Maidan Wardak	34	5.3	0.0	9.5
Logar	18	6.2	0.2	3.9
Nangarhar	47	5.6	0.0	10.0
Laghman	34	6.2	0.0	11.2
Panjsher	27	3.5	0.0	4.8
Baghlan	33	5.4	0.0	13.4
Bamyan	40	4.2	0.0	7.2
Ghazni	73	5.6	0.9	16.3
Paktika	54	6.3	1.2	14.1
Paktya	16	5.7	0.0	3.1
Khost	43	5.3	0.2	11.8
Kunarha	58	6.4	0.4	14.1
Nooristan	79	5.6	0.8	17.3
Badakhshan	69	5.1	0.4	26.6

Province	Adolescent Birth Rate	Total Fertility Rate	Child bearing before 15*	Child bearing before 18
Afghanistan	**62**	**5.4**	**0.8**	**16.3**
Takhar	51	5.9	0.7	8.8
Kunduz	59	6.4	0.0	20.3
Samangan	75	4.3	0.4	23.5
Balkh	33	4.9	0.0	8.8
Sar-e-Pul	65	5.5	3.3	17.4
Ghor	104	4.8	1.5	36.5
Daykundi	74	4.8	0.9	16.4
Urozgan	38	5.6	0.6	11.9
Zabul	77	7.8	0.8	18.0
Kandahar	80	6.3	0.8	18.4
Jawzjan	43	5.5	0.8	15.0
Faryab	99	6.4	4.1	31.1
Helmand	115	7.3	1.8	22.5
Badghis	125	5.8	1.4	37.9
Herat	77	4.4	1.5	24.1
Farah	113	7.1	2.3	37.3
Nimroz	128	6.2	2.9	32.9

*Percentage of women age 15-19 years who have had a live birth before age 15

Data from this snapshot can be found in tables TM.1.1, TM.2.1, and TM.2.2W in the Survey Findings Report.

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MATERNAL & NEWBORN HEALTH

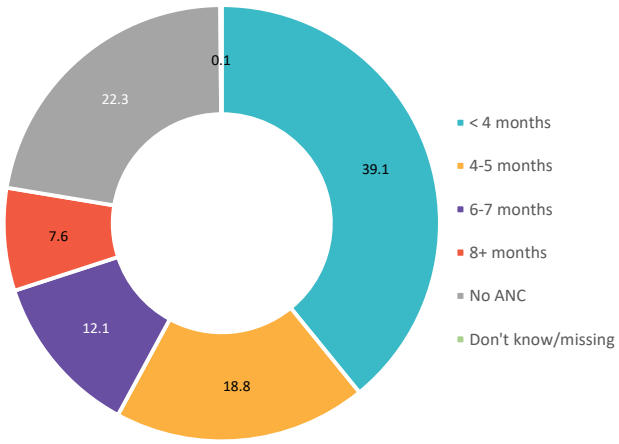
MATERNAL & NEWBORN HEALTH

Key Elements of Maternal & Newborn Health

Maternal & Newborn Health Cascade by Area

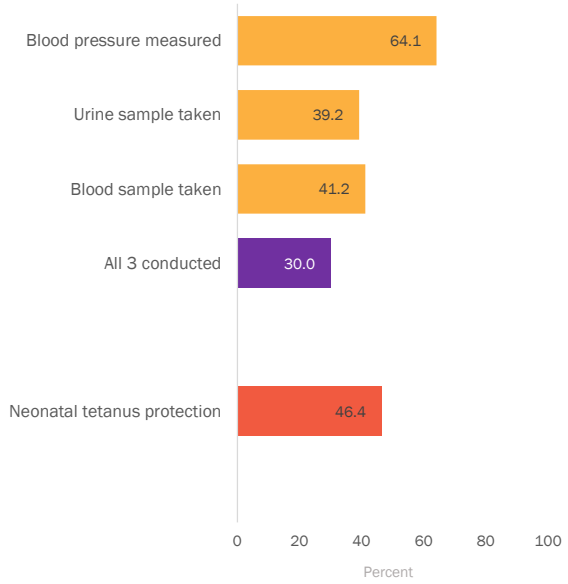
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider, who were attended by skilled health personnel during their most recent live birth (**SDG 3.1.2**), whose most recent live birth was delivered in a health facility, who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by area

Timing of First Antenatal Care Visit



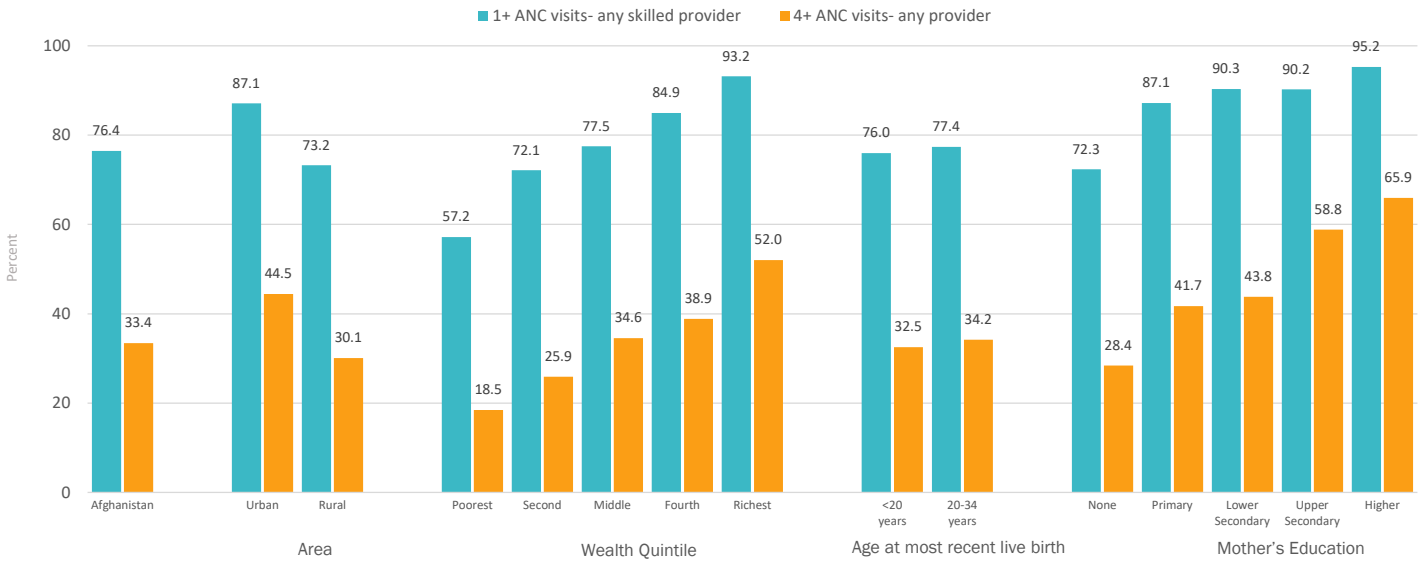
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel, by the timing of first ANC visit

Content & Coverage of Antenatal Care Services



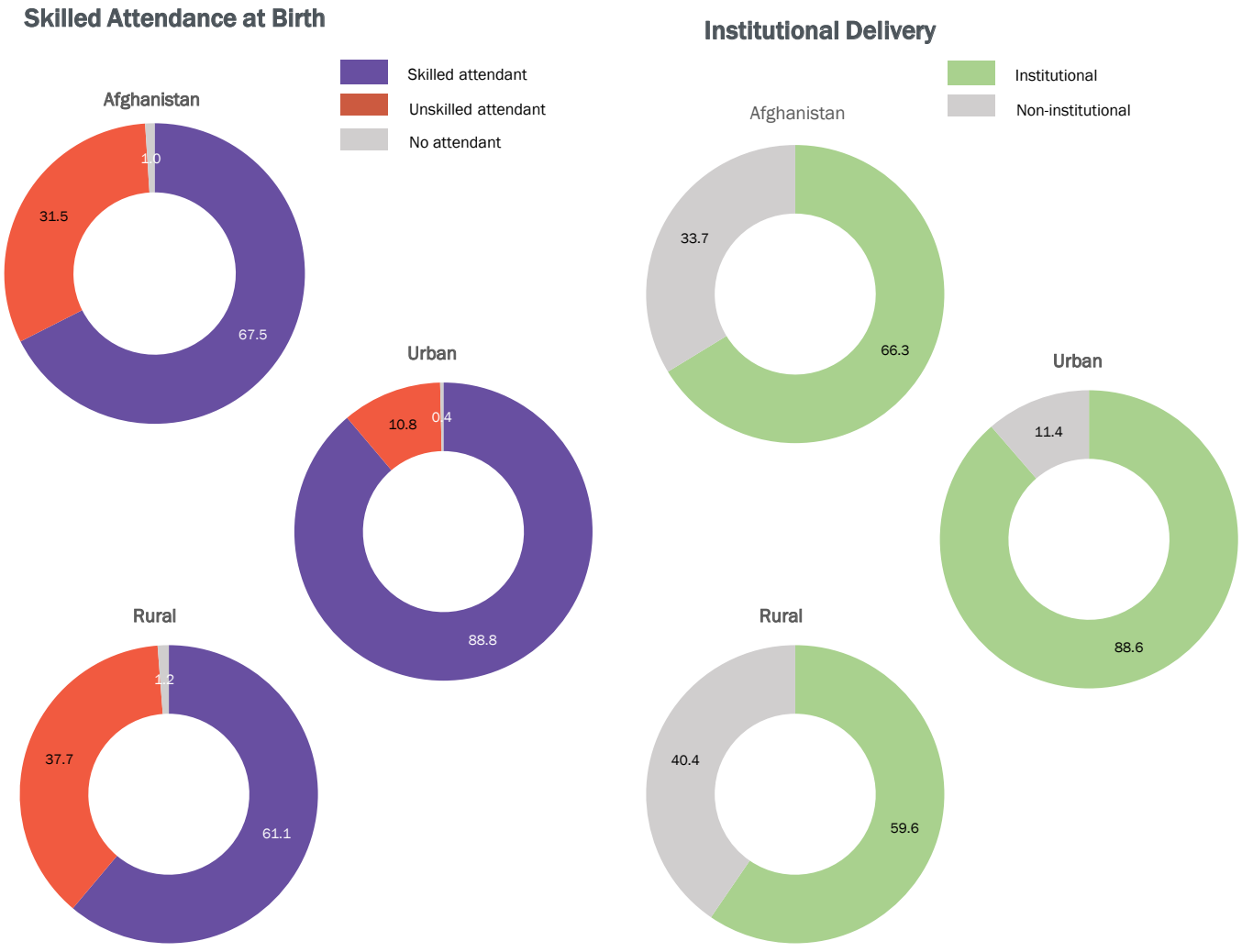
Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples, were given at least two doses of tetanus toxoid vaccine within the appropriate interval that led to a live birth

Coverage of Antenatal Care by Various Characteristics



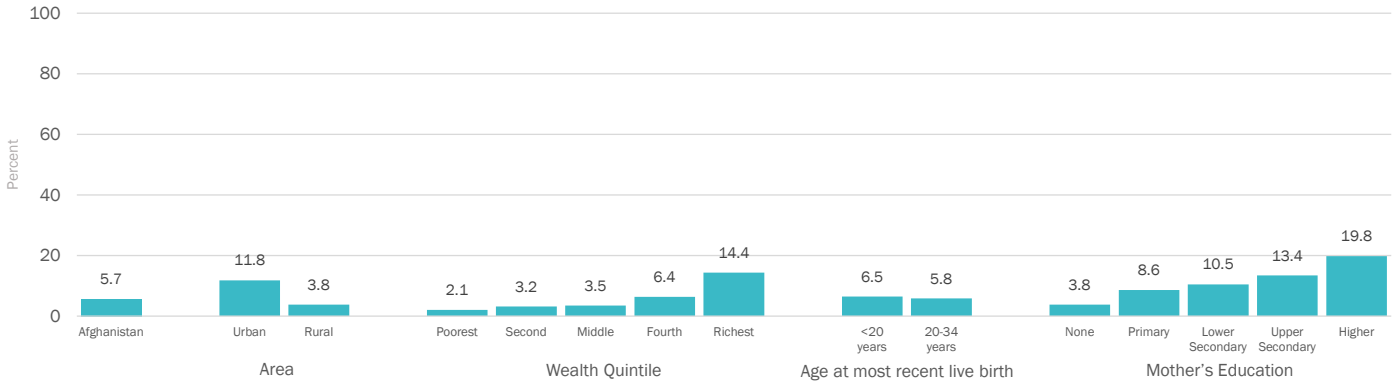
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider

Coverage of Skilled Attendance at Birth & Institutional Delivery by Area



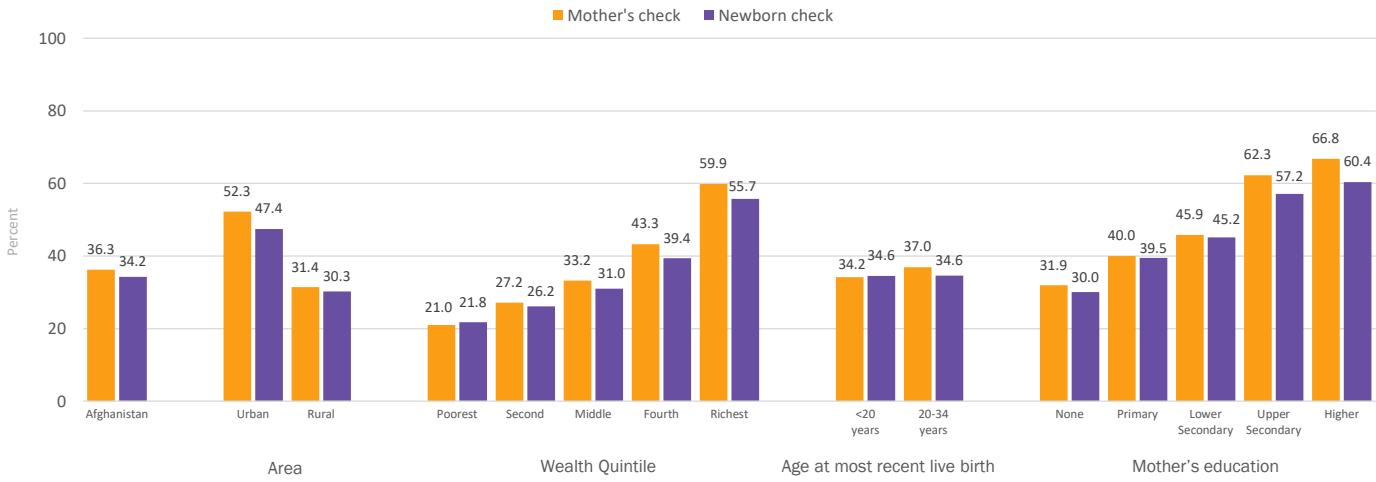
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth and percentage whose most recent live birth was delivered in a health facility (institutional delivery) by area

Caesarian Section by Various Characteristics



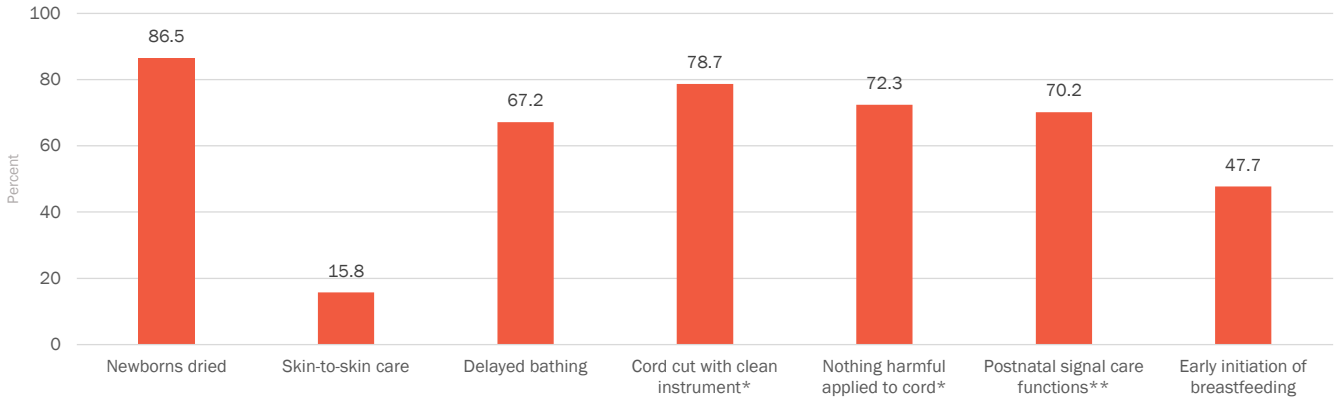
Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered by caesarean section by various characteristics

Postnatal Care within 2 Days of Birth by Various Characteristics



Percentage of women age 15-49 years with a live birth in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by various characteristics

Coverage of Newborn Care



Among the last live-birth in the last 2 years, percentage who were dried after birth; percentage who were given skin to skin contact; percentage who were bathed after 24 hours of birth; percentage where the umbilical cord was cut with a new blade or boiled instrument*; percentage where nothing harmful was applied to the cord*; percentage where the newborn received at least 2 postnatal signal care functions within 2 days after birth**; and percentage put to the breast within one hour of birth

* Among the last live-births in the last 2 years delivered outside a facility

** At least 2 of i) umbilical cord examination, ii) temperature assessment, iii) breastfeeding counselling or observation, iv) weight assessment, and v) counselling on danger signs for newborns

Provincial Data on Maternal and Newborn Cascade

Province	ANC: At least 1 visit (skilled provider)	ANC: At least 4 visits (any provider)	Skilled Attendance at Birth	Institutional Delivery	Postnatal Care for Mother <2 days	Postnatal Care for Newborn <2 days
Afghanistan	**76.4**	**33.4**	**67.5**	**66.3**	**36.3**	**34.2**
Kabul	90.7	49.8	94.2	92.1	60.9	55.0
Kapisa	61.7	16.4	74.4	68.8	15.4	15.9
Parwan	84.8	55.8	80.5	78.5	53.7	54.2
Maidan Wardak	73.9	29.7	74.0	73.5	29.6	28.4
Logar	86.7	39.5	81.5	80.7	36.6	33.2
Nangarhar	82.8	40.8	80.8	78.4	39.6	37.6
Laghman	73.4	32.3	57.5	55.9	21.7	22.0
Panjsher	85.0	46.1	77.0	73.7	52.0	53.2
Baghlan	63.9	30.6	60.4	70.3	32.8	33.6
Bamyan	93.5	63.2	82.9	82.1	56.9	50.8
Ghazni	71.2	24.7	72.8	71.8	23.8	21.8
Paktika	64.2	28.1	67.0	64.1	34.6	36.1
Paktya	71.9	21.5	70.3	65.3	32.7	31.2
Khost	87.6	29.1	84.3	83.5	61.6	62.3
Kunarha	58.1	15.9	76.9	74.8	61.8	66.7
Nooristan	32.5	6.7	9.5	8.4	5.0	5.8
Badakhshan	66.8	33.9	48.2	46.3	26.0	23.2
Takhar	87.5	37.2	74.5	71.9	36.4	32.5
Kunduz	86.7	36.5	69.5	74.0	25.7	21.8
Samangan	69.9	18.1	68.3	67.8	33.3	31.5
Balkh	84.4	44.5	70.0	75.1	51.5	46.0
Sar-e-Pul	84.4	40.3	76.4	74.4	41.7	37.9
Ghor	29.9	8.6	21.0	15.4	16.9	19.3
Daykundi	83.9	43.4	65.0	62.5	64.1	64.3
Urozgan	31.3	10.1	36.7	33.8	9.2	8.9
Zabul	65.6	12.5	49.1	49.4	12.5	15.0
Kandahar	72.6	27.7	67.2	66.7	32.6	25.5
Jawzjan	71.9	29.4	80.3	74.9	35.4	37.5
Faryab	77.6	31.8	58.6	56.9	25.3	21.1
Helmand	74.5	26.4	52.4	51.6	17.7	17.4
Badghis	39.5	9.0	24.1	17.9	35.1	37.9
Herat	82.8	34.7	60.0	56.4	28.6	27.3
Farah	71.5	24.9	54.7	54.3	31.7	33.6
Nimroz	78.7	34.4	76.7	75.4	46.2	46.1

For indicator definitions, see earlier charts

Data from this snapshot can be found in tables TM.4.1, TM.4.2, TM.4.3, TM.5.1, TM.6.1, TM.6.2, TM.8.2, TM.8.4, TM.8.5, TM.8.6, TM.8.7 and TC.7.1 in the Survey Findings Report.

CHILD HEALTH &
CARE OF ILLNESS

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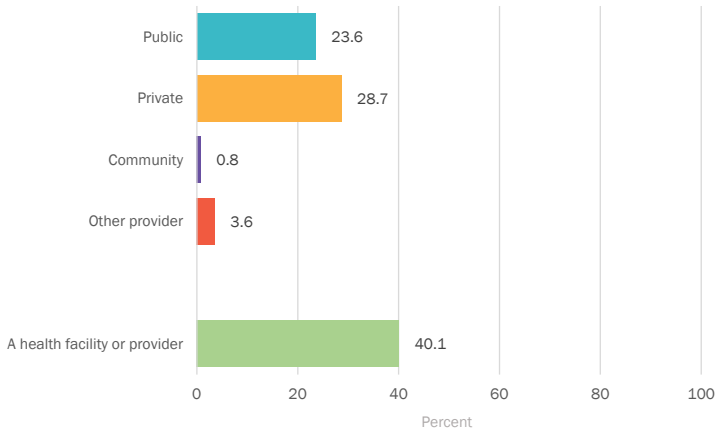
CHILD HEALTH & CARE OF ILLNESS

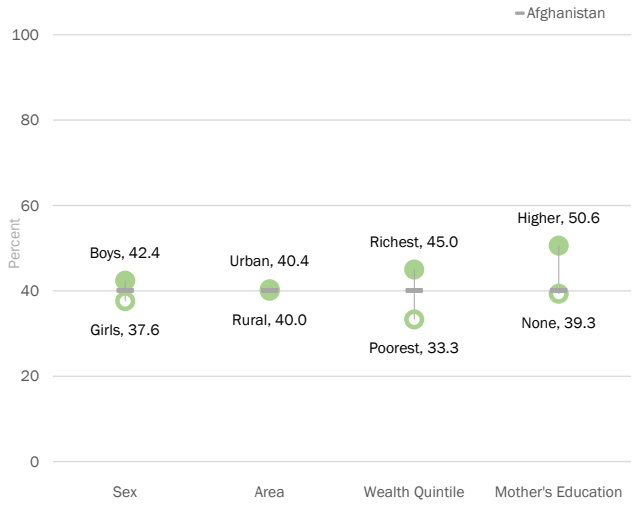
Diarrhoea

Care-seeking for Diarrhoea



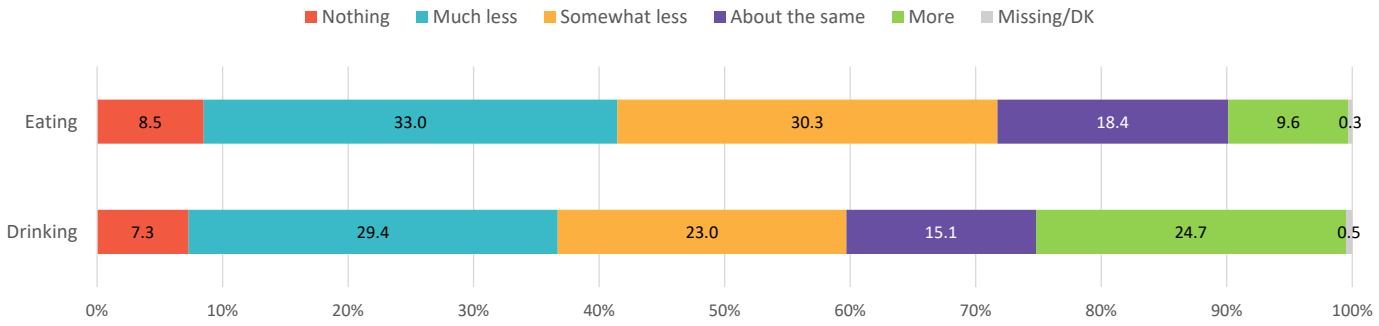
Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought by source of provider

Disparities in Care-seeking for Diarrhoea



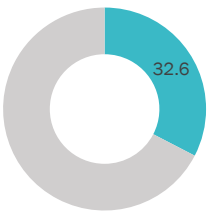
Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought at a health facility or provider

Feeding during Diarrhoea



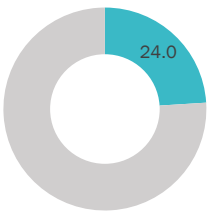
Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea

ORS Treatment for Diarrhoea



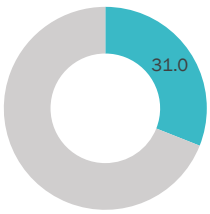
Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS)

ORS + Zinc Treatment for Diarrhoea



Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS) and zinc

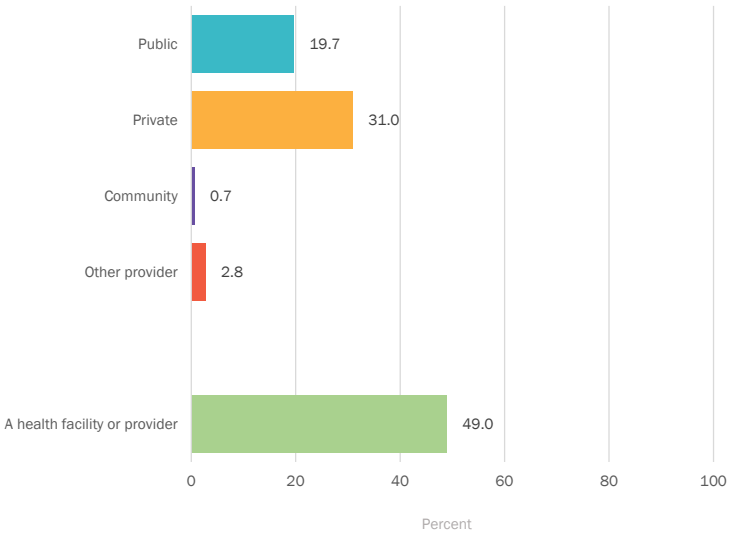
ORT + Continued Feeding for Diarrhoea



Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given oral rehydration therapy (ORT) with continued feeding

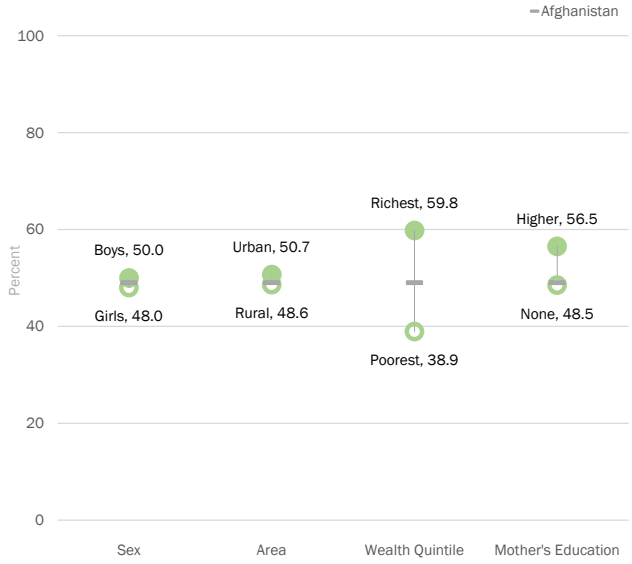
Fever

Care-seeking during Fever



Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought, by source of advice or treatment

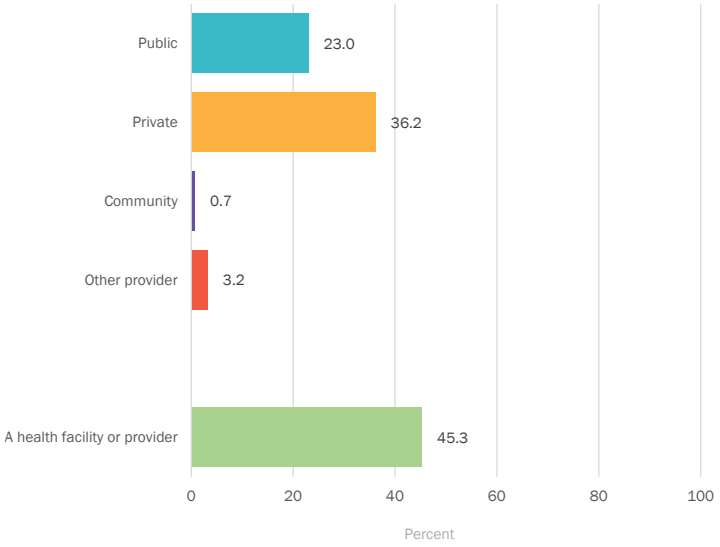
Disparities in Care-seeking during Fever



Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought at a health facility or provider

Symptoms of Acute Respiratory Infection (ARI)

Care-seeking for Symptoms of ARI



Percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought, by source of advice or treatment

Disparities in Care-seeking for Symptoms of ARI

Percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought at a health facility or provider

Provincial Data on Care-seeking for Childhood Illness

Province	Care-Seeking at a health facility or provider for:		
	Diarrhoea	Fever	Symptoms of ARI
Afghanistan	**40.1**	**49.0**	**45.3**
Kabul	46.9	52.3	42.2
Kapisa	45.4	55.5	44.3
Parwan	65.3	62.9	74.3
Maidan Wardak	46.1	43.0	42.6
Logar	54.7	56.1	55.7
Nangarhar	51.7	57.0	46.0
Laghman	57.6	61.1	81.4
Panjsher	77.0	71.9	83.9
Baghlan	41.8	75.8	63.3
Bamyan	52.9	62.2	54.9
Ghazni	29.8	61.0	42.6
Paktika	56.5	57.7	68.1
Paktya	56.7	59.9	73.7
Khost	77.5	92.1	78.6
Kunarha	84.5	80.3	81.9
Nooristan	38.0	39.0	39.1
Badakhshan	39.2	28.1	40.4

Province	Care-Seeking at a health facility or provider for:		
	Diarrhoea	Fever	Symptoms of ARI
Afghanistan	**40.1**	**49.0**	**45.3**
Takhar	42.7	47.5	47.1
Kunduz	28.1	53.6	44.6
Samangan	44.1	38.2	67.8
Balkh	31.4	42.0	42.7
Sar-e-Pul	42.9	57.8	42.7
Ghor	32.3	40.6	60.1
Daykundi	62.0	58.6	60.2
Urozgan	43.5	39.4	60.0
Zabul	46.5	43.0	39.2
Kandahar	28.4	26.2	29.7
Jawzjan	47.3	54.5	55.3
Faryab	45.5	42.8	45.2
Helmand	15.1	44.4	19.0
Badghis	35.6	25.3	29.2
Herat	30.5	34.8	33.8
Farah	25.2	22.8	14.3
Nimroz	32.9	43.7	30.8

Data from this snapshot can be found in tables TC.3.1, TC.3.3, TC.3.4, TC.5.1 and SR.6.10 in the Survey Findings Report.

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VACCINATIONS
IN THE FIRST YEARS OF LIFE

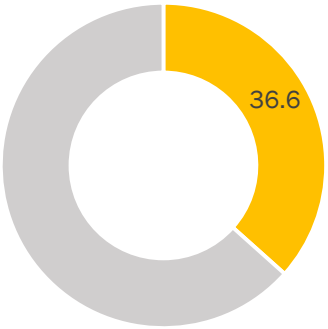
VACCINATIONS IN THE FIRST YEARS OF LIFE

Basic and Full Immunisation

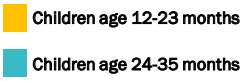
Immunisation is a proven cost-effective tool for controlling and eliminating life-threatening infectious diseases and from the years 2021 to 2030, it is estimated to avert between 4.9 to 5.4 million deaths each year[1]. The Ministry of Public Health of Afghanistan recommends all infants and young children (especially those under 2 years of age) to be vaccinated against tuberculosis, polio, hepatitis B, diphtheria, tetanus, pertussis, haemophilus influenzae type b, pneumococcal disease, rotavirus, and measles. **Basic immunisation** refers to children age 12-23 months vaccinated against tuberculosis, polio, diphtheria, tetanus, pertussis and measles. **Full immunisation** refers to children age 24-35 months who have received all the vaccines scheduled to be given in the two first years of life, according to the national vaccination schedule.

Basic Immunisation

(BCG, OPV3, DTP3, and Measles 1)

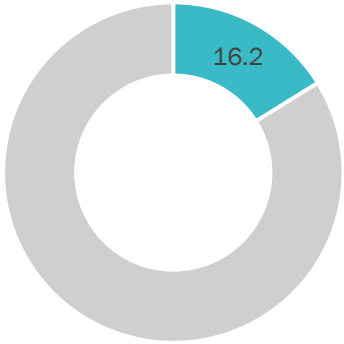


Percentage of children age 12-23 months who at any time before the survey had received all basic vaccinations.



Full Immunisation

(BCG, Polio at Birth, HepB at Birth, OPV3/IPV1, OPV4, IPV2, HepB3, DTP3, Hib3, PCV3, Rota2, and Measles 2)



Percentage of children age 24-35 months who at any time before the survey had received all vaccines scheduled in the first two years of life, according to the national vaccination schedule.

Vaccines recommended by the Ministry of Public Health for children under age 2 years:

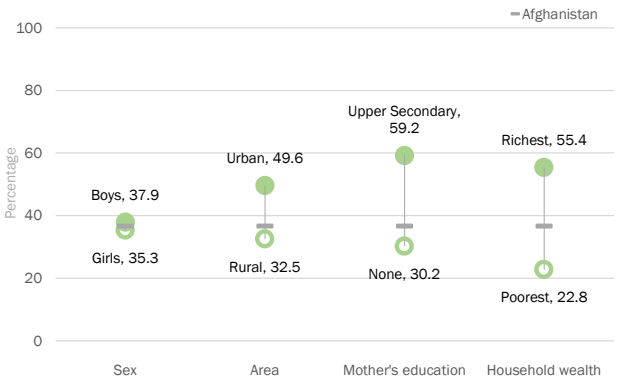
The Bacillus Calmette–Guérin **(BCG)** vaccine protects against some of the deadliest forms of tuberculosis (TB), a bacterial infection.
Oral Polio Vaccine **(OPV)** and Inactivated Polio Vaccine **(IPV)** provide protection against polio, or poliomyelitis.
The **HepB** vaccine protects against liver infection caused by the hepatitis B virus.
The **DTP** vaccine is a combination vaccine against three infectious diseases: diphtheria, tetanus, and pertussis (or whooping cough). A DT booster is an additional administration of the DT vaccine after the primary doses.
The **Hib** vaccine protects against the *Haemophilus influenzae* type b bacteria, a leading cause of meningitis in children younger than 5 years old.
The Pneumococcal conjugate vaccine **(PCV)** can prevent illnesses caused by pneumococcal bacteria (or *Streptococcus pneumoniae*), one of the leading causes of pneumonia.
The **Rota** vaccine protects infants and young children against the rotavirus which can cause severe watery diarrhea, vomiting, fever, and abdominal pain.
The **Measles** vaccine is given against the infectious viral disease: measles.

Information on vaccination coverage in MICS is collected for all children under three years of age.
Mothers or caretakers of children under 36 months of age are asked to show vaccination records, that is, cards or similar documents where vaccinations are recorded. If a vaccination record for a child is available, interviewers copy vaccination information from the document(s) onto the MICS questionnaire and asks the respondent about any vaccines not recorded. If no vaccination record is available for the child, the interviewer proceeds to ask the mother to recall whether the child has received each of the vaccinations, and, for applicable antigens, how many doses the child received.
The final vaccination coverage estimates are based on information obtained from vaccination records and mothers' report of vaccinations received by the child.

[1] Carter, Austin and Msemburi, William and Sim, So Yoon and A.M. Gaythorpe, Katy and Lindstrand, Ann and Hutubessy, Raymond C.W., Modeling the Impact of Vaccination for the Immunization Agenda 2030: Deaths Averted Due to Vaccination Against 14 Pathogens in 194 Countries from 2021-2030 (April 20, 2021). Available at SSRN: https://ssrn.com/abstract=3830781 or http://dx.doi.org/10.2139/ssrn.3830781

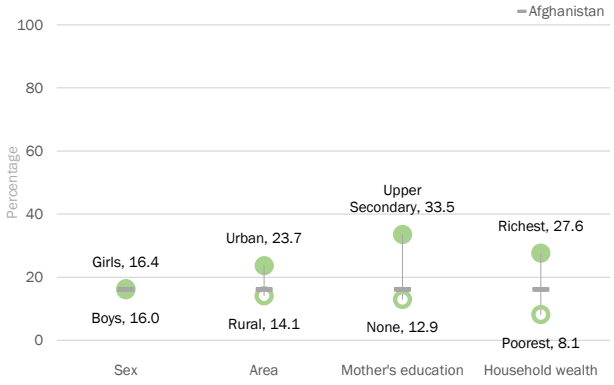
Socio-economic Disparities in Vaccination Coverage

Basic Immunisation



Percentage of children age 12-23 months who at any time before the survey had received all basic vaccinations (BCG, Polio3, DTP3, and Measles 1), by sex, area, mother's education, and household wealth.

Full Immunisation



Percentage of children age 24-35 months who at any time before the survey had received all vaccines scheduled in the first two years of life, according to the national vaccination schedule, by sex, area, mother's education, and household wealth.

Provincial Disparities in Vaccination Coverage

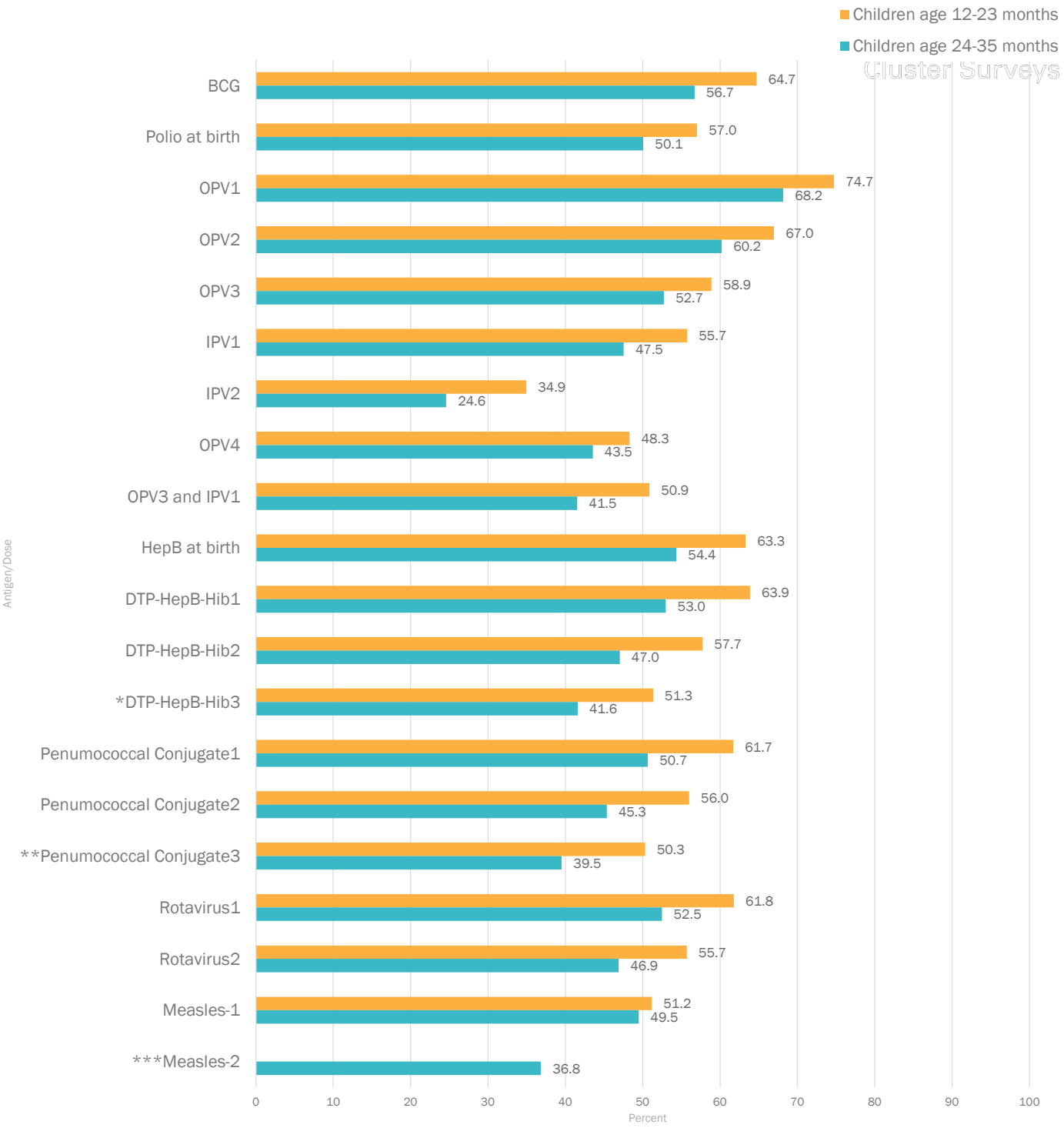
Province	Basic	Full	No Vaccinations	
	Children 12-23 months	Children 24-35 months	Children 12-23 months	Children 24-35 months
Afghanistan	**36.6**	**16.2**	**18.7**	**26.4**
Kabul	56.5	29.7	3.7	12.4
Kapisa	28.3	17.4	41.0	46.4
Parwan	35.3	20.4	16.5	29.5
Maidan Wardak	35.7	18.5	15.2	17.7
Logar	32.3	20.8	14.8	21.4
Nangarhar	40.2	27.2	18.3	28.9
Laghman	44.4	23.2	31.7	49.4
Panjsher	42.7	11.5	17.4	13.0
Baghlan	37.9	22.4	25.0	30.7
Bamyan	86.1	23.4	0.0	3.4
Ghazni	24.7	14.1	14.4	14.2
Paktika	11.3	3.7	51.4	64.2
Paktya	23.5	10.9	25.2	37.4
Khost	37.8	32.7	17.7	23.3
Kunarha	45.2	37.7	32.8	41.3
Nooristan	5.1	7.9	54.3	43.9
Badakhshan	25.4	16.1	23.4	29.6

Province	Basic	Full	No Vaccinations	
	Children 12-23 months	Children 24-35 months	Children 12-23 months	Children 24-35 months
Afghanistan	**36.6**	**16.2**	**18.7**	**26.4**
Takhar	42.7	17.2	6.6	7.0
Kunduz	20.9	6.0	21.5	26.5
Samangan	17.3	4.9	18.5	22.4
Balkh	43.5	14.4	10.6	13.5
Sar-e-Pul	36.9	11.2	14.5	16.2
Ghor	7.8	3.7	17.2	18.9
Daykundi	60.8	6.3	4.8	8.5
Urozgan	2.6	3.1	60.7	68.9
Zabul	10.6	3.6	25.1	42.3
Kandahar	19.6	4.5	31.4	34.6
Jawzjan	35.5	23.9	32.9	38.0
Faryab	40.8	16.0	15.0	24.3
Helmand	8.6	6.7	31.6	34.8
Badghis	11.8	4.3	40.1	52.4
Herat	69.1	14.6	5.9	10.8
Farah	32.3	14.6	21.2	37.4
Nimroz	42.5	19.6	11.5	22.3

Percentage of children age 12-23 months who had received all basic vaccinations, percentage of children age 24-35 months who had received all vaccines scheduled in the first two years of life, according to the national vaccination schedule, and percentage of children age 12-23 and 24-35 months who had not received any vaccination doses at all, at any time before the survey.

Vaccination Coverage by Antigen

Vaccination Coverage Among Children Age 12-23 and 24-35 Months, by Vaccine



Percentage of children age 12-23 months and 24-35 months vaccinated against vaccine preventable childhood diseases at any time before the survey (Crude coverage), by specific vaccine.
*Diphtheria, tetanus and pertussis (DTP) immunization coverage; SDG indicator 3.b.1 & 3.8.1
**Pneumococcal (Conjugate) immunization coverage; SDG indicator 3.b.1
***Measles immunization coverage; SDG indicator 3.b.1

Data from this snapshot can be found in tables TC.1.1 and TC.1.2 in the Survey Findings Report.

INFANT & YOUNG CHILD FEEDING

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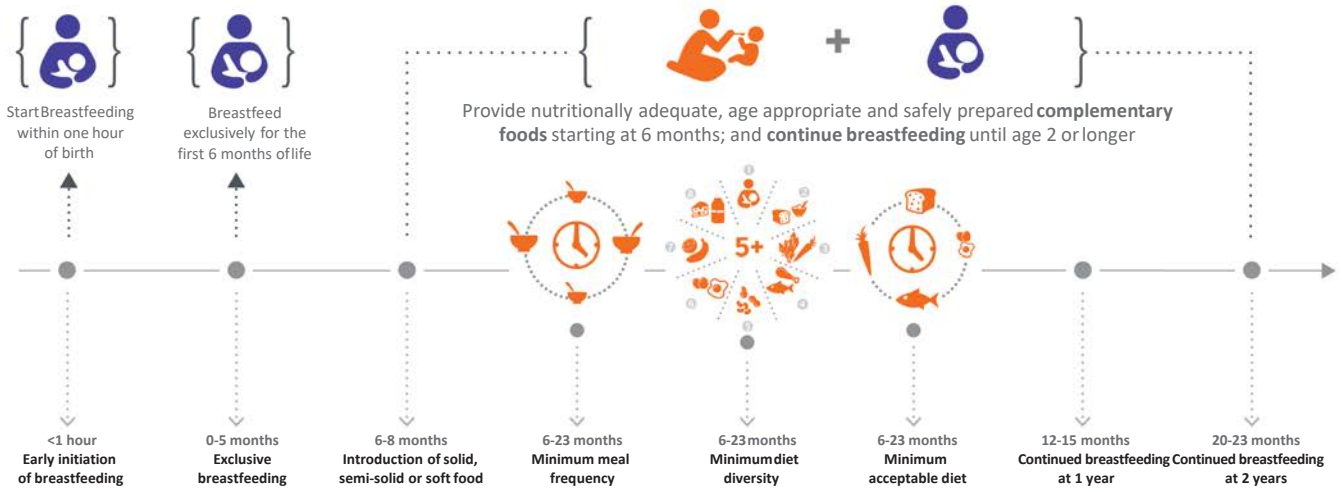
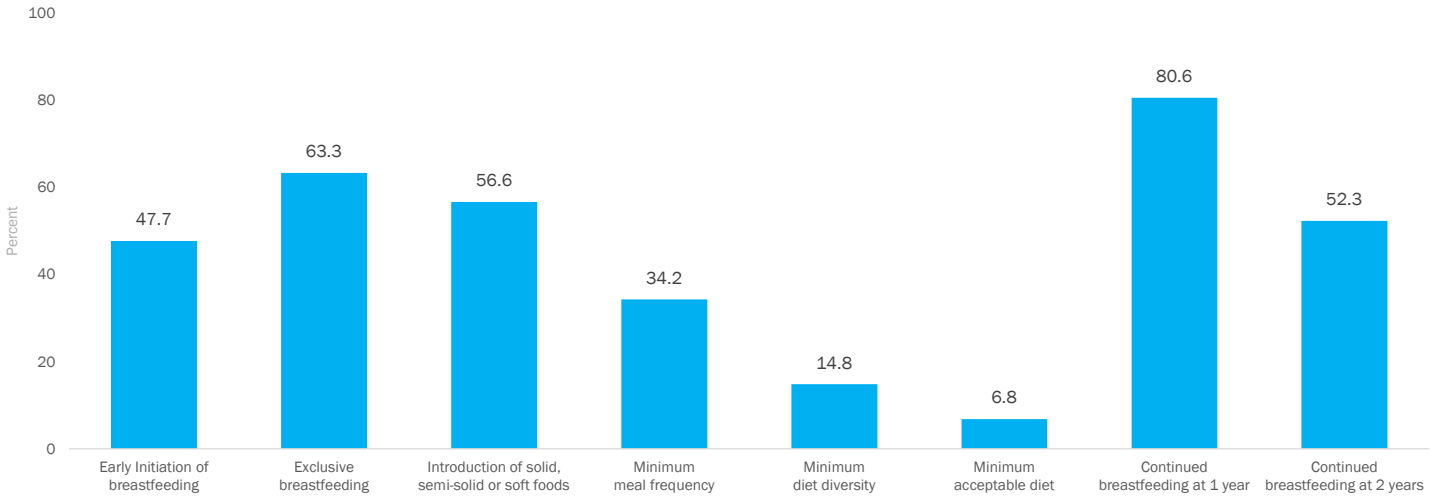
INFANT & YOUNG CHILD FEEDING (IYCF)

Infant & Young Child Feeding

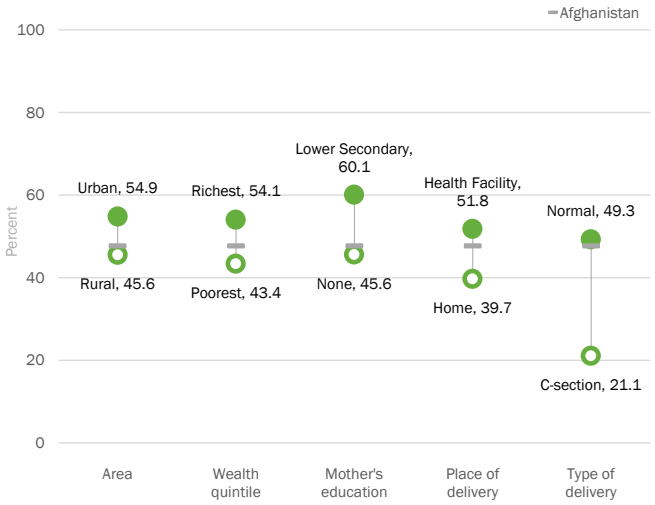




Early initiation: percentage of newborns put to breast within 1 hour of birth; **Exclusive breastfeeding:** percentage of infants aged 0-5 months receiving only breastmilk; **Introduction to solids**: percentage of infants aged 6-8 months receiving solid or semi-solid food; **Minimum diet diversity:** percentage of children aged 6-23 months receiving 5 of the 8 recommended food groups; **Minimum meal frequency:** percentage of children aged 6-23 months receiving the recommended minimum number of solid/liquid feeds as per the age of child; **Minimum acceptable diet:** percentage of children aged 6-23 months receiving the minimum diversity of foods and minimum number of feeds; **Continued breastfeeding at 1 year:** percentage of children aged 12-15 months who continue to receive breastmilk**; Continued breastfeeding at 2 years:** percentage of children aged 20-23 months who continue to receive breastmilk.

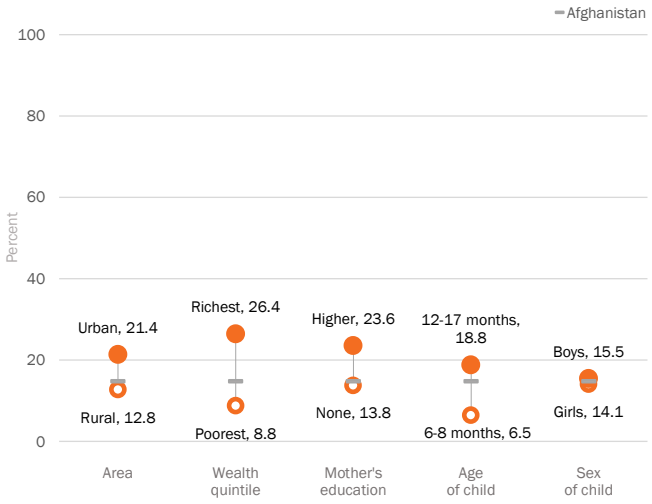
IYCF: Equity

Early Initiation of Breastfeeding



Percent of newborns put to the breast within one hour of birth, by background characteristics

Minimum Diet Diversity



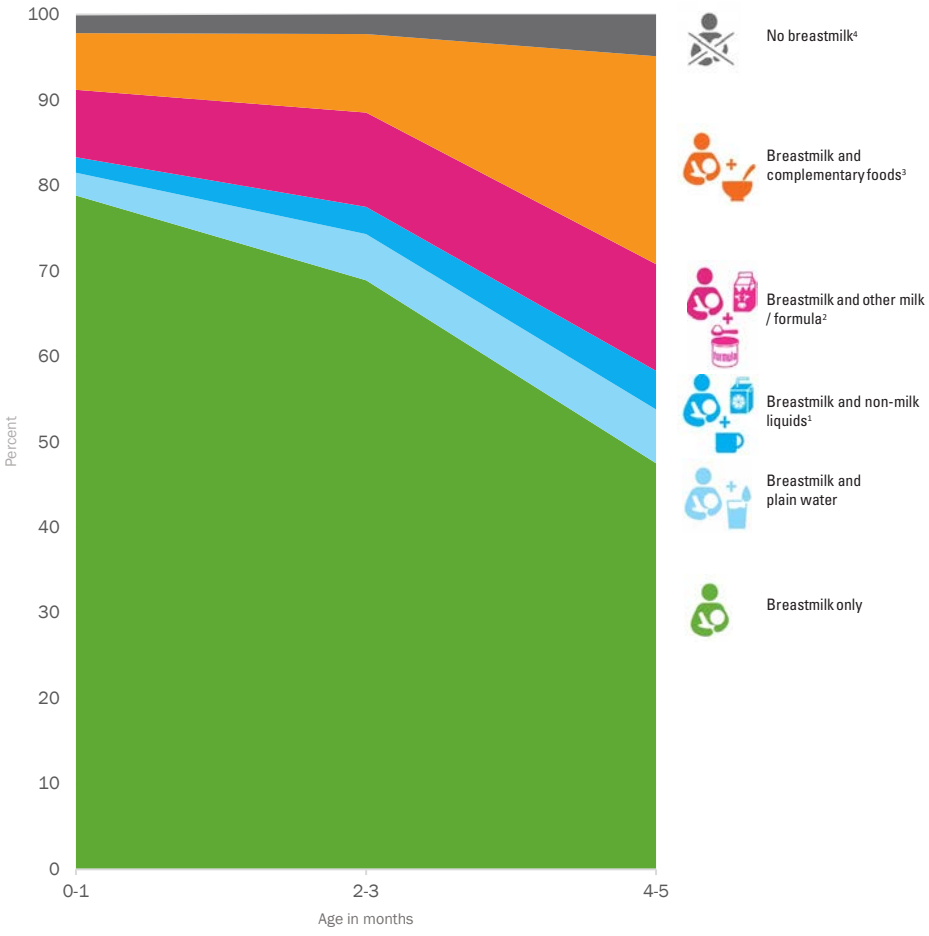
Percent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups, by background characteristics

IYCF: What are the Youngest Infants Fed?

Liquids or foods consumed by infants 0-5 months old

Percent of infants aged 0-5 months receiving breastmilk only, breastmilk and plain water, breastmilk and non-milk liquids, breastmilk and other milk/formula, breastmilk and complementary foods and no breastmilk

Notes: 1) may also have been fed plain water; 2) may also have been fed plain water and/or non-milk liquids; 3) may also have been fed plain water, non-milk liquids and/or other milk/formula; 4) may have been fed plain water, non-milk liquids, other milk/infant formula and/or solid, semi-solid and soft foods.



Provincial Data

Province	Early Initiation of breastfeeding	Minimum Diet Diversity
Afghanistan	**47.7**	**14.8**
Kabul	71.4	34.8
Kapisa	35.1	13.1
Parwan	68.8	31.2
Maidan Wardak	58.0	11.1
Logar	29.4	15.0
Nangarhar	49.9	20.5
Laghman	43.0	11.9
Panjsher	45.6	26.4
Baghlan	39.1	13.0
Bamyan	76.6	7.2
Ghazni	45.9	9.7
Paktika	44.6	12.8
Paktya	15.4	8.8
Khost	41.4	53.9
Kunarha	57.8	30.8
Nooristan	40.1	10.2
Badakhshan	50.9	7.5
Takhar	62.3	7.2
Kunduz	57.9	8.3
Samangan	60.5	15.1
Balkh	35.6	9.9
Sar-e-Pul	42.2	12.7
Ghor	61.8	17.2
Daykundi	35.6	9.7
Urozgan	28.2	16.8
Zabul	21.7	7.6
Kandahar	27.1	15.9
Jawzjan	56.2	10.5
Faryab	61.0	5.7
Helmand	31.8	2.8
Badghis	60.3	8.9
Herat	46.3	7.4
Farah	43.9	1.1
Nimroz	14.5	14.6

Percent of newborns put to the breast within one hour of birth, and percent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups by province

Data from this snapshot can be found in tables TC.7.1, TC.7.3, TC.7.5, TC.7.6 and TC.7.7 in the Survey Findings Report.

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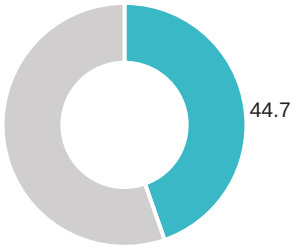
NUTRITIONAL STATUS OF CHILDREN

NUTRITIONAL STATUS OF CHILDREN

Anthropometric Malnutrition Indicators

Stunting: SDG 2.2.1

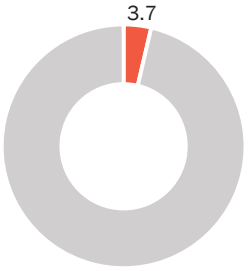
Stunting refers to a child who is too short for his or her age. Stunting is the failure to grow both physically and cognitively and is the result of chronic or recurrent malnutrition.



Percentage of children under-5 who are stunted

Wasting: SDG 2.2.2

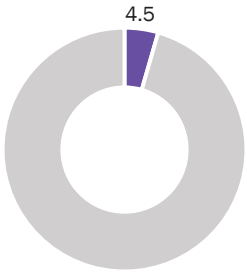
Wasting refers to a child who is too thin for his or her height. Wasting, or acute malnutrition, is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible.



Percentage of children under-5 who are wasted

Overweight: SDG 2.2.2

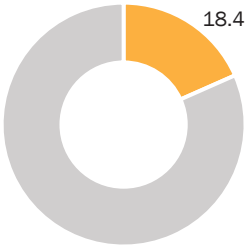
Overweight refers to a child who is too heavy for his or her height. This form of malnutrition results from expending too few calories for the amount consumed from food and drinks and increases the risk of noncommunicable diseases later in life.



Percentage of children under-5 who are overweight

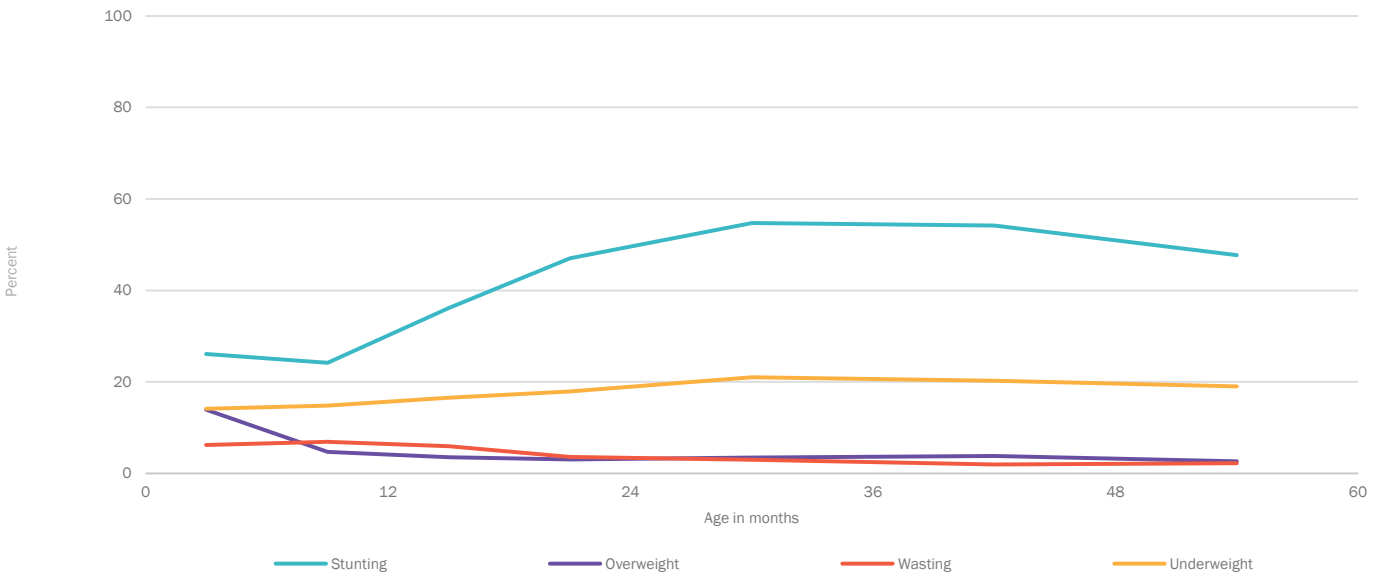
Underweight

Underweight is a composite form of undernutrition that can include elements of stunting and wasting (i.e. an underweight child can have a reduced weight for their age due to being too short for their age and/or being too thin for their height).



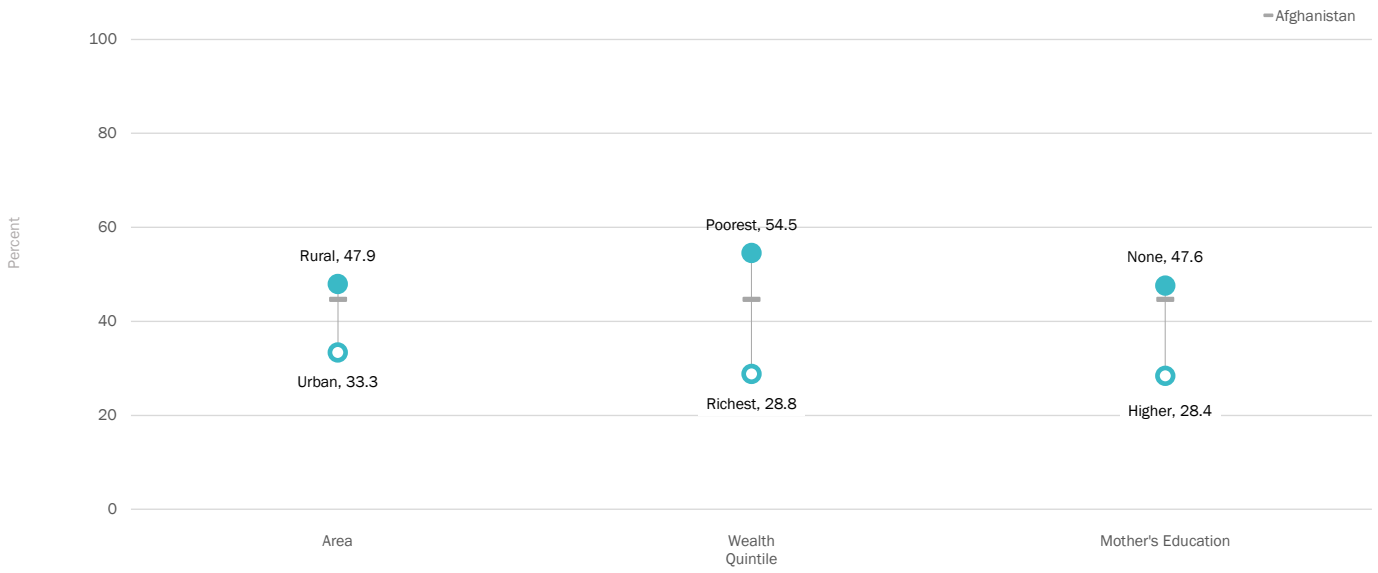
Percentage of children under-5 who are underweight

Anthropometric Malnutrition Indicators by Age



Percentage of children who are underweight, stunted, wasted and overweight, by age in months

Stunting: SDG 2.2.1



Percentage of under 5 children who are stunted, by background characteristics

Wasting: SDG 2.2.2

Percentage of under 5 children who are wasted, by background characteristics

Provincial Data on Stunting, Overweight & Wasting

	Stunting: SDG 2.2.1	Overweight: SDG 2.2.2	Wasting	
	% stunted (moderate and severe)	% overweight (moderate and severe)	% wasted (moderate and severe, SDG 2.2.2)	% wasted (severe)
Afghanistan	**44.7**	**4.5**	**3.7**	**1.2**
Kabul	35.3	4.9	2.4	0.7
Kapisa	46.8	2.8	5.3	1.9
Parwan	37.9	1.9	5.1	1.9
Maidan Wardak	39.6	3.6	4.5	1.7
Logar	36.5	1.5	2.0	0.1
Nangarhar	47.7	2.8	5.0	1.9
Laghman	41.4	3.1	2.2	0.6
Panjsher	40.7	4.6	4.9	2.0
Baghlan	39.4	5.8	7.7	3.5
Bamyan	42.7	5.6	4.5	0.9
Ghazni	47.9	1.8	3.2	0.9
Paktika	51.1	3.8	4.3	2.2
Paktya	42.6	2.5	4.9	1.6
Khost	34.4	1.9	2.4	0.6
Kunarha	50.9	2.7	3.8	1.0
Nooristan	59.4	9.4	4.9	2.2
Badakhshan	58.0	3.1	4.6	1.6
Takhar	46.4	5.8	2.4	0.9
Kunduz	39.9	6.5	1.7	0.4
Samangan	51.3	11.2	3.0	1.4
Balkh	30.8	8.1	2.5	0.3
Sar-e-Pul	43.4	7.0	1.5	0.4
Ghor	67.4	3.5	4.9	2.1
Daykundi	34.3	2.9	3.6	1.0
Urozgan	66.3	13.5	8.2	3.3
Zabul	61.6	3.3	8.9	3.2
Kandahar	58.9	5.2	3.5	1.4
Jawzjan	40.1	5.1	3.5	0.9
Faryab	50.2	7.8	2.7	0.7
Helmand	51.7	1.3	5.1	1.8
Badghis	54.1	10.3	6.5	2.2
Herat	35.0	2.7	1.5	0.4
Farah	46.3	3.8	2.4	0.4
Nimroz	40.6	3.0	4.6	0.8

Data from this snapshot can be found in table TC.8.1 in the Survey Findings Report.

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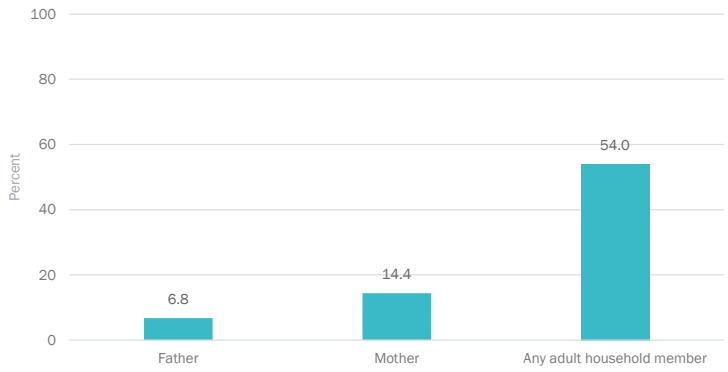
EARLY CHILDHOOD DEVELOPMENT

EARLY CHILDHOOD DEVELOPMENT (ECD)

Support for Learning

Early Stimulation & Responsive Care



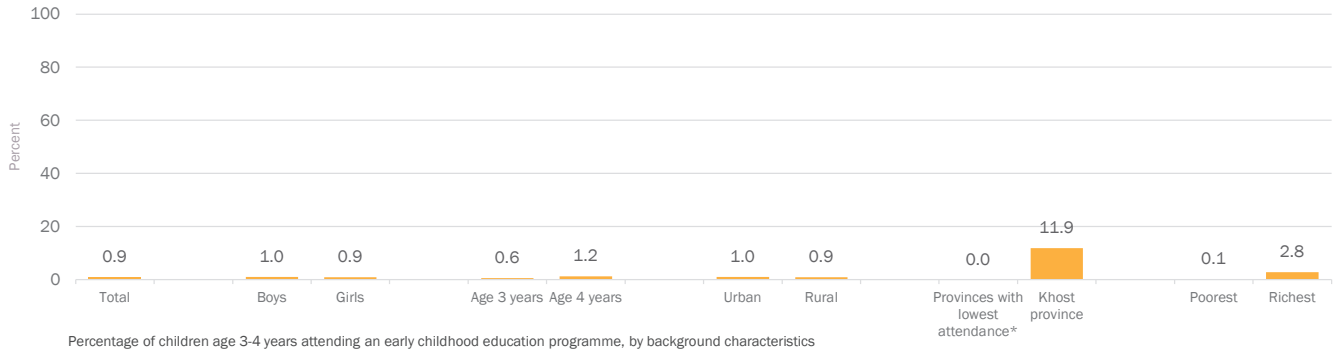
Percentage of children age 2-4 years with whom the father, mother or adult household members engaged in activities that promote learning and school readiness during the last three days

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child

Early childhood, which spans the period up to 8 years of age, is critical for cognitive, social, emotional and physical development. During these years, a child's newly developing brain is highly plastic and responsive to change. Optimal early childhood development requires a stimulating and nurturing environment, access to books and learning materials, interactions with responsive and attentive caregivers, adequate nutrients, access to good quality early childhood education, and safety and protection. All these aspects of the environment contribute to developmental outcomes for children.

Children facing a broad range of risk factors including poverty; poor health; high levels of family and environmental stress and exposure to violence, abuse, neglect and exploitation; and inadequate care and learning opportunities face inequalities and may fail to reach their developmental potential. Investing in the early years is one of the most critical and cost-effective ways countries can reduce gaps that often place children with low social and economic status at a disadvantage.

Attendance at Early Childhood Education Programmes

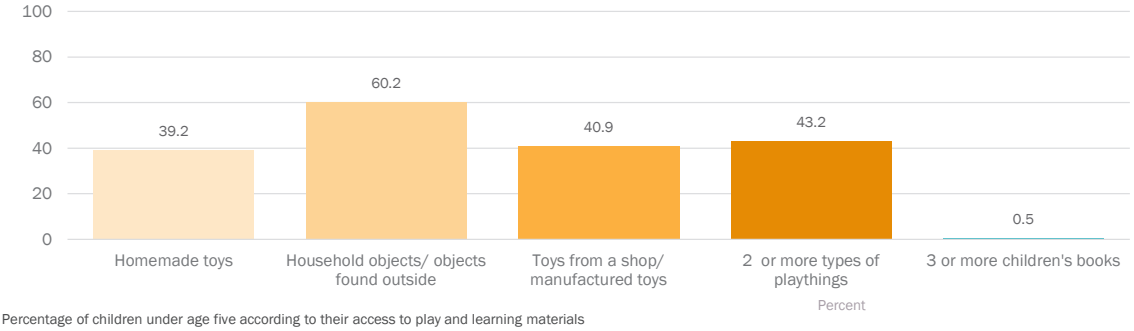


Percentage of children age 3-4 years attending an early childhood education programme, by background characteristics

*Provinces with lowest attendance are: Kapisa, Maidan Wardak, Laghman, Panjsher, Takhar, Kunduz, Samangan, Daykundi, and Urozgan.

Learning Materials & Child Supervision

Access to Play & Learning Materials



Percentage of children under age five according to their access to play and learning materials

Learning Materials & Child Supervision

Inadequate supervision of children

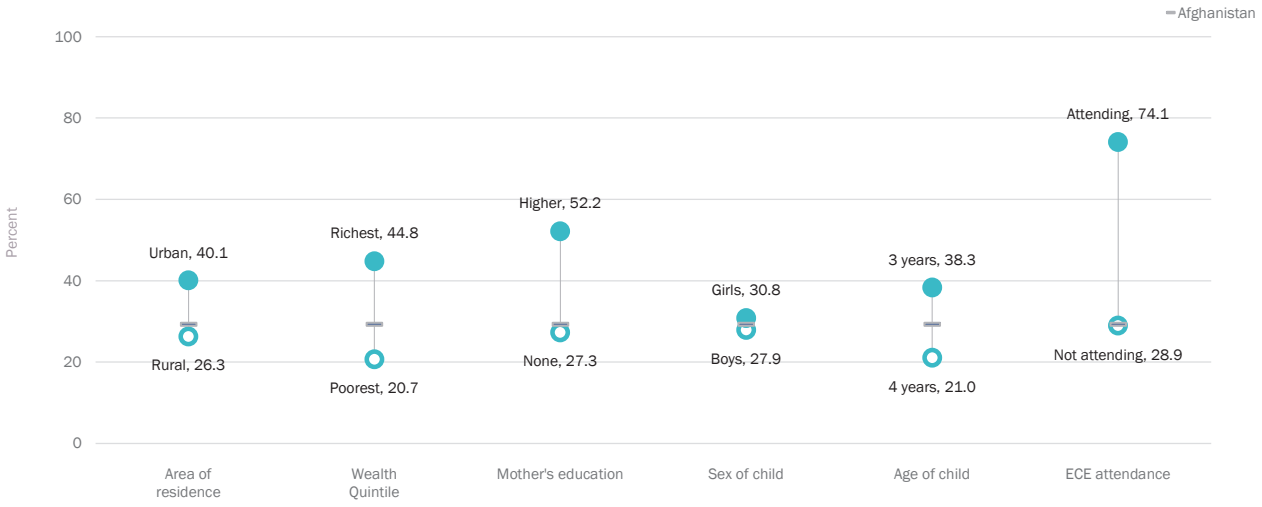
Province	Left in inadequate supervision
Afghanistan	**35.8**
Kabul	21.1
Kapisa	36.4
Parwan	22.8
Maidan Wardak	50.6
Logar	56.7
Nangarhar	17.2
Laghman	37.4
Panjsher	46.9
Baghlan	31.2
Bamyan	52.5
Ghazni	65.3
Paktika	26.3
Paktya	24.7
Khost	59.7
Kunarha	35.5
Nooristan	48.8
Badakhshan	57.2

Province	Left in inadequate supervision
Afghanistan	**35.8**
Takhar	47.9
Kunduz	52.4
Samangan	33.6
Balkh	16.5
Sar-e-Pul	58.8
Ghor	72.1
Daykundi	69.6
Urozgan	17.6
Zabul	26.5
Kandahar	27.8
Jawzjan	9.9
Faryab	44.2
Helmand	33.4
Badghis	66.8
Herat	13.8
Farah	55.1
Nimroz	54.4

Percentage of children under age five left alone or under the supervision of another child younger than 10 years of age for more than one hour at least once in the last week, by province

Early Childhood Development Index (ECDI)

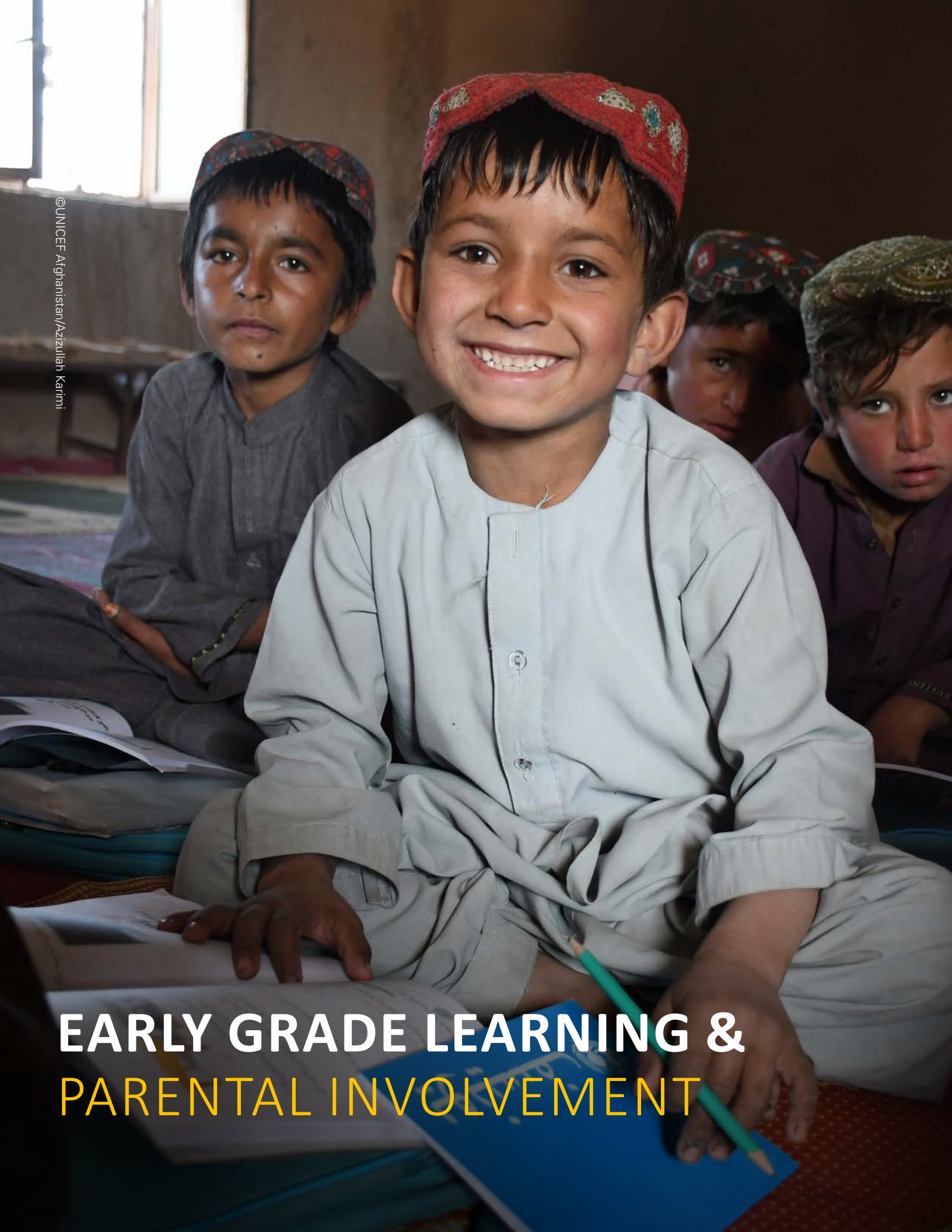
ECDI: Disaggregates



ECDI by various characteristics
ECE = early childhood education

Note: Children age 24-35 months are excluded, as ECDI related questions were only collected for children age 36-59 months.

Data from this snapshot can be found in tables TC.10.1, LN.1.1, TC.10.2, TC.10.3 and TC.11.1 in the Survey Findings Report.



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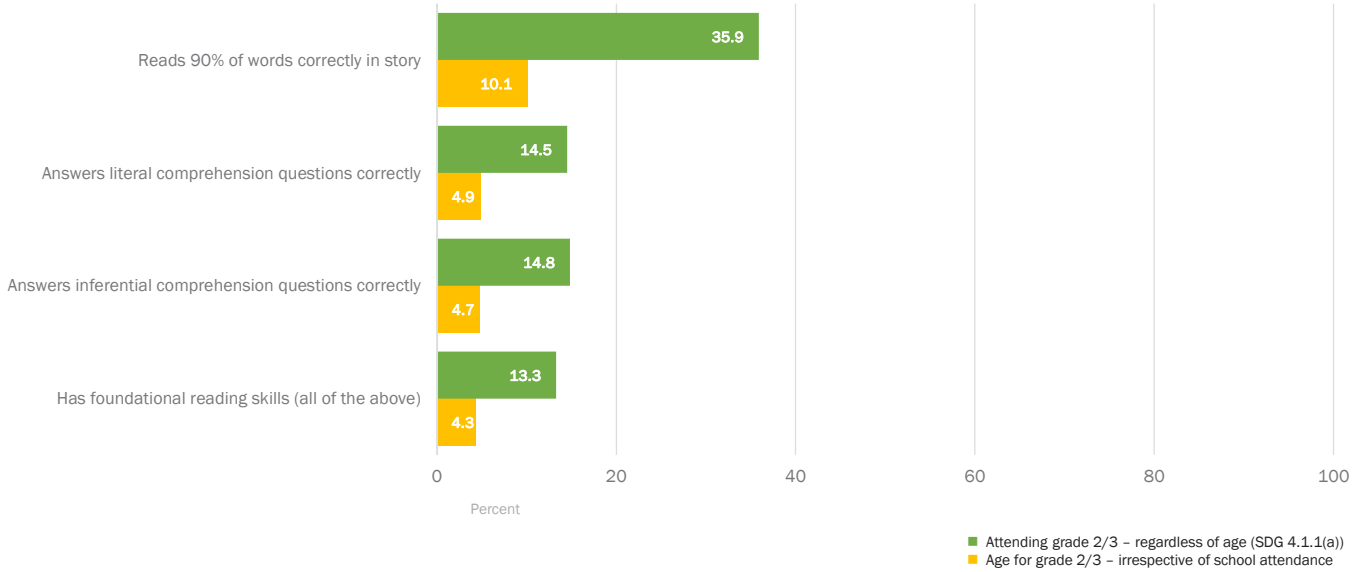
EARLY GRADE LEARNING & PARENTAL INVOLVEMENT

EARLY GRADE LEARNING & PARENTAL INVOLVEMENT

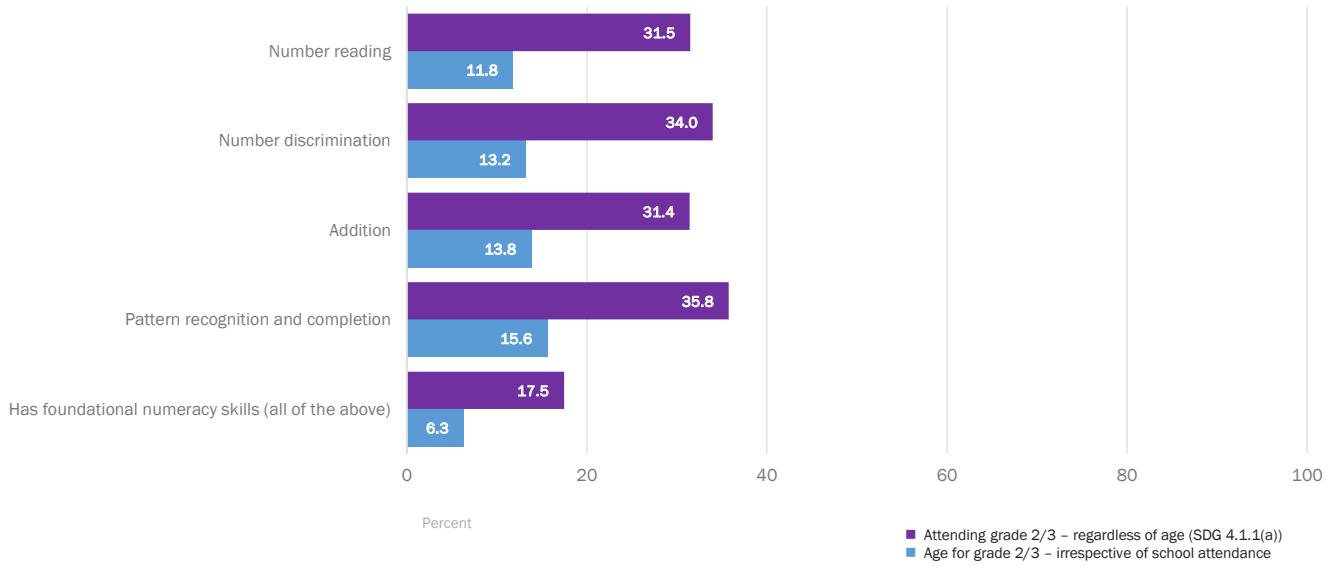
Early Grade Learning: SDG 4.1.1(a)

Foundational Reading Skills: SDG 4.1.1(a) (i: reading)



Percentage of children attending grade 2/3 and at age for grade 2/3 who can 1) read at least 90% of words in a story correctly, 2) answer three literal comprehension questions, 3) answer two inferential comprehension questions

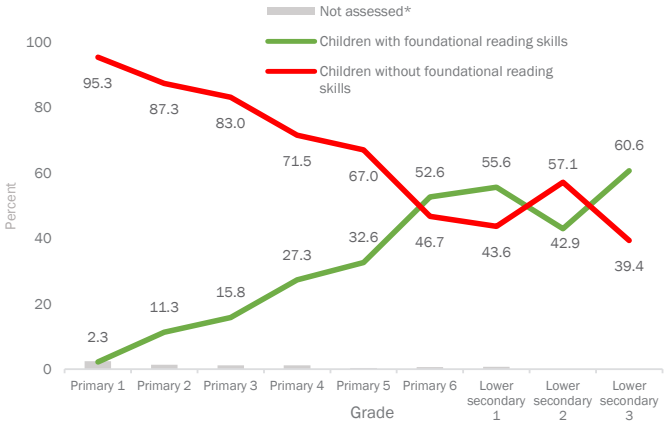
Foundational Numeracy Skills: SDG 4.1.1(a) (ii: numeracy)



Percentage of children attending grade 2/3 and at age for grade 2/3 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

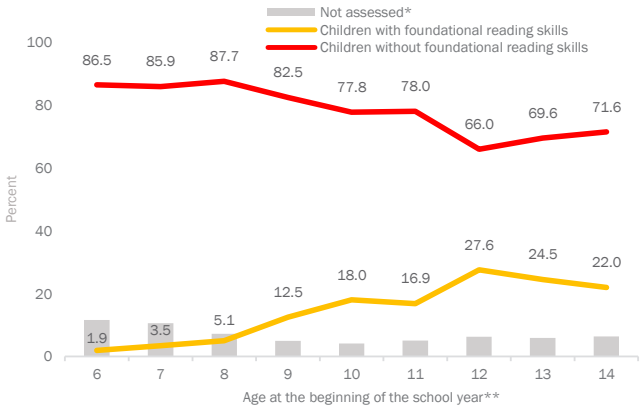
Early Grade Learning: Disaggregates (age 7-14 years)

Foundational Reading Skills, by grade of attendance



Percentage of children age 7-14 years attending primary or lower secondary school by foundational reading skills, by grade of attendance.

Foundational Reading Skills, by age



Percentage of children age 7-14 years by foundational reading skills, by age at beginning of school year**

Note: Data for "Lower Secondary 2" are based on 25-49 unweighted cases.

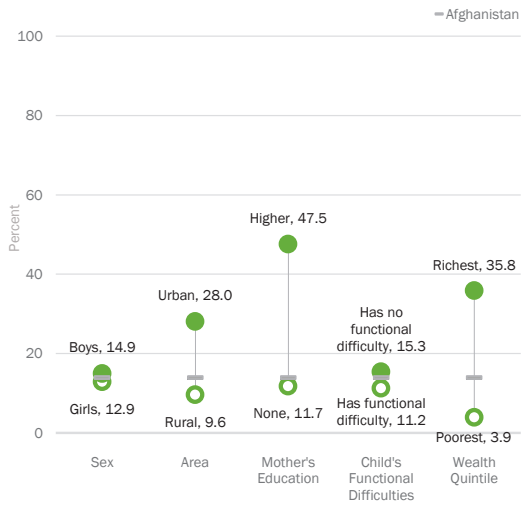
Note that the chart excludes children out of school or attending lower or higher levels of education.

The percentage of children without the foundational reading skills is calculated by subtracting the children with foundational reading skills and children for whom reading tasks were not available in the main language used by teachers and in the main language used at home from the total number of children.

* The reading tasks were available in Dari and Pashto. Children were assessed in the main language used by teachers or, for those who never attended school, in the main language used at home. Children for whom the reading tasks were not available in the main language used by teachers and in the main language used at home are recorded here.

** As eligibility for the Foundational Learning Skills module was determined based on age at time of interview (age 7-14 years), age at beginning of school year inevitably presents children who were age 6 years at the beginning of the school year.

Disaggregates in Foundational Reading Skills



Percentage of children age 7-14 years who demonstrate foundational reading skills by successfully completing three foundational reading tasks, by background characteristics

Provincial Data on Foundational Reading Skills

Province	Boys	Girls	Total
Afghanistan	**14.9**	**12.9**	**13.9**
Kabul	30.4	31.9	31.2
Kapisa	14.1	6.6	10.2
Parwan	34.9	27.3	31.0
Maidan Wardak	21.4	7.8	15.2
Logar	7.6	4.9	6.3
Nangarhar	10.7	6.9	8.8
Laghman	27.0	16.6	21.8
Panjsher	11.5	8.9	10.2
Baghlan	12.3	7.0	9.5
Bamyan	19.6	14.2	17.0
Ghazni	12.8	13.4	13.1
Paktika	3.3	0.0	1.8
Paktya	14.7	6.7	10.3
Khost	25.9	9.1	18.0
Kunarha	10.2	3.3	7.0
Nooristan	0.9	0.3	0.6
Badakhshan	6.0	4.7	5.3

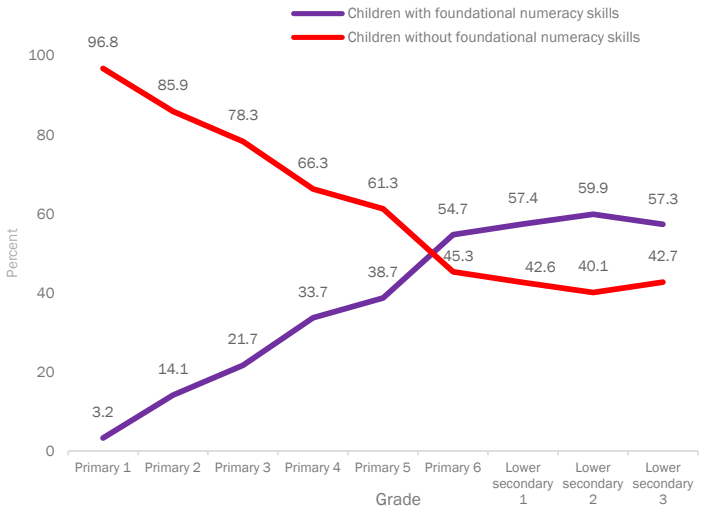
Province	Boys	Girls	Total
Afghanistan	**14.9**	**12.9**	**13.9**
Takhar	5.5	4.8	5.1
Kunduz	10.7	15.8	13.4
Samangan	2.1	6.2	4.2
Balkh	20.0	21.9	20.9
Sar-e-Pul	16.7	19.6	18.1
Ghor	5.5	3.1	4.4
Daykundi	16.0	11.1	13.8
Urozgan	4.0	0.5	2.4
Zabul	6.4	4.8	5.5
Kandahar	11.7	5.5	8.9
Jawzjan	18.5	18.6	18.5
Faryab	12.9	10.6	11.8
Helmand	5.5	4.9	5.2
Badghis	8.8	5.4	7.1
Herat	18.2	26.1	22.0
Farah	9.9	6.0	8.1
Nimroz	9.4	10.0	9.7

Measuring Reading & Numeracy Skills in MICS

- The Foundational Learning Skills (FL) module is a direct assessment of children's reading and numeracy competencies. It is designed to assess foundational learning skills expected upon completion of 2nd grade of primary education, thus contributing to SDG indicator 4.1.1(a).
- The FL module is part of the Questionnaire for Children Age 5-17 administered to one randomly selected child in each household. Children age 7-14 years are eligible for module.
- The reading assessment in the FL module consists of a reading passage and a set of comprehension questions related to the story. The assessment is customised in each country to ensure vocabulary and cultural references are relevant and appropriate. The numeracy assessment consists of four number tasks based on universal math skills expected at 2nd grade level.
- The reading assessment of Afghanistan MICS was conducted in Dari and Pashto. The reading skills of 6.9% of the interviewed children could not be evaluated in their home or school language.
- As MICS also collects data on school attendance and numerous individual and household characteristics, such as location, household socio-economic status, and ethnicity, the most marginalized sub-populations of children can be identified for support to improve learning outcomes.

Early Grade Learning: Disaggregates (age 7-14 years)

Foundational Numeracy Skills, by grade of attendance



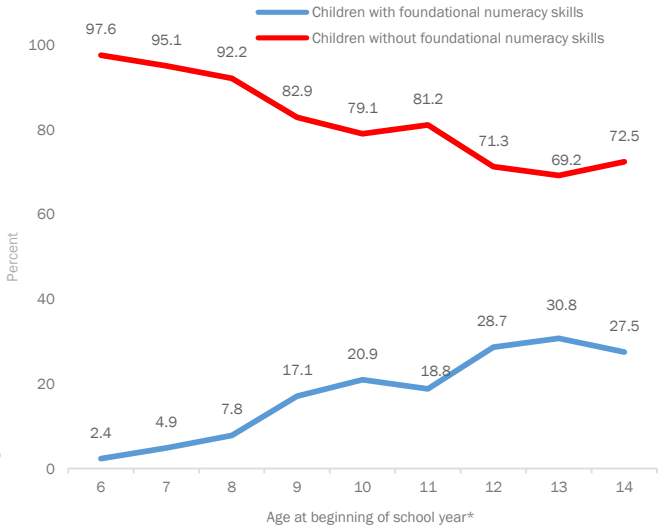
Percentage of children age 7-14 years attending primary or lower secondary school by foundational numeracy skills, by grade of attendance

Note: Data for "Lower Secondary 2" are based on 25-49 unweighted cases.

Note that the chart excludes children out of school or attending lower or higher level of education.

The percentage of children without foundational numeracy skills is calculated by subtracting the children with foundational reading skills from the total number of children.

Foundational Numeracy Skills, by age

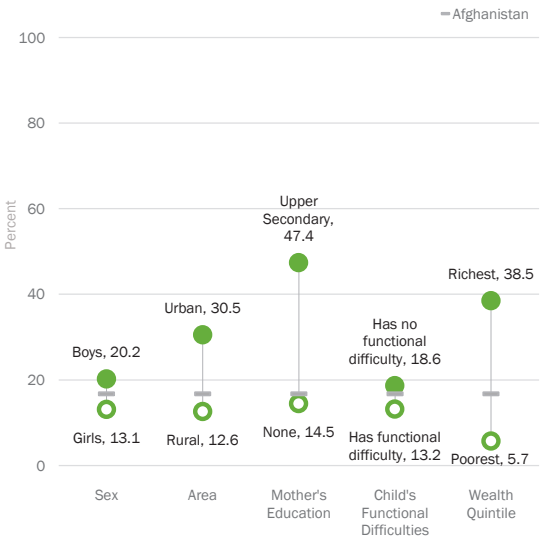


Percentage of children age 7-14 years by foundational numeracy skills, by age at beginning of school year*

The percentage of children without foundational numeracy skills is calculated by subtracting children with foundational reading skills from the total number of children.

* As eligibility for the Parental Involvement and Foundational Learning Skills modules was determined based on age at time of interview (age 7-14 years), age at beginning of school year inevitably presents children who were age 6 years at the beginning of the school year.

Disaggregates in Foundational Numeracy Skills



Percentage of children age 7-14 years who demonstrate foundational numeracy skills by successfully completing four foundational numeracy tasks, by background characteristics

Provincial Data on Foundational Numeracy Skills

Province	Boys	Girls	Total
Afghanistan	**20.2**	**13.1**	**16.7**
Kabul	37.0	34.8	35.9
Kapisa	20.2	9.2	14.5
Parwan	46.4	33.4	39.8
Maidan Wardak	22.3	6.0	14.8
Logar	12.4	6.7	9.6
Nangarhar	10.9	4.0	7.4
Laghman	29.2	15.1	22.3
Panjsher	26.0	18.3	22.2
Baghlan	13.8	16.1	15.0
Bamyan	34.8	29.8	32.4
Ghazni	15.6	14.5	15.0
Paktika	11.5	1.5	7.0
Paktya	19.2	6.5	12.3
Khost	31.4	11.7	22.2
Kunarha	15.5	9.9	13.0
Nooristan	2.1	0.6	1.4
Badakhshan	9.7	10.7	10.2

Province	Boys	Girls	Total
Afghanistan	**20.2**	**13.1**	**16.7**
Takhar	13.3	6.0	9.4
Kunduz	15.8	6.7	10.9
Samangan	2.9	8.0	5.5
Balkh	22.9	15.8	19.6
Sar-e-Pul	37.0	30.6	33.9
Ghor	6.8	4.9	5.9
Daykundi	23.5	11.8	18.2
Urozgan	2.8	0.5	1.7
Zabul	7.5	2.3	4.8
Kandahar	12.7	2.9	8.2
Jawzjan	31.0	19.5	25.6
Faryab	14.1	11.6	12.9
Helmand	14.8	2.8	8.3
Badghis	12.5	5.4	8.9
Herat	29.8	22.8	26.4
Farah	13.0	5.7	9.6
Nimroz	14.0	11.9	13.1

Data from this snapshot can be found in table LN.3.1, LN.3.3, LN.4.1 and LN.4.2 in the Survey Findings Report.

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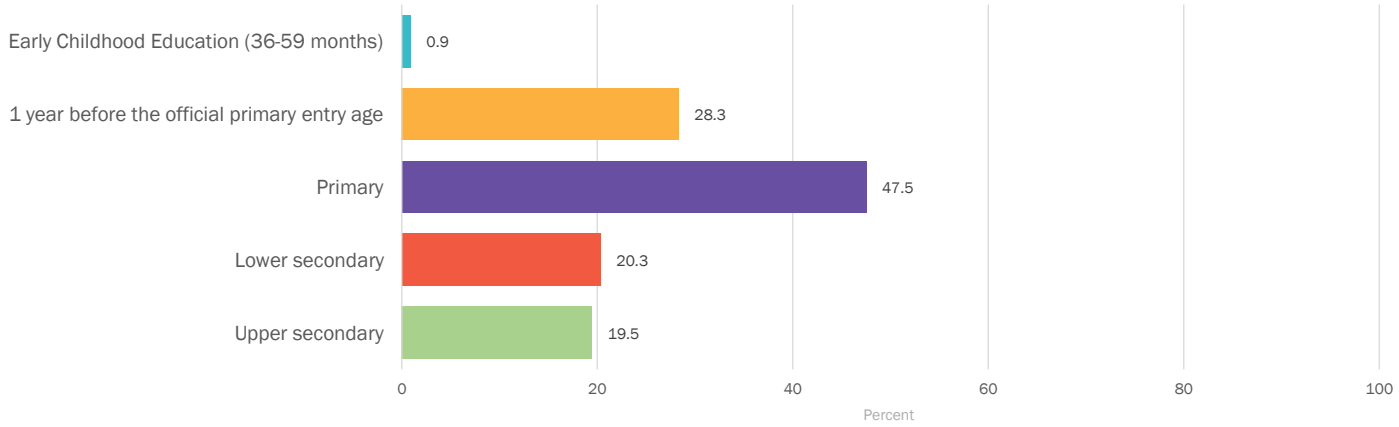
EDUCATION

EDUCATION

Attendance Rates & Inequalities

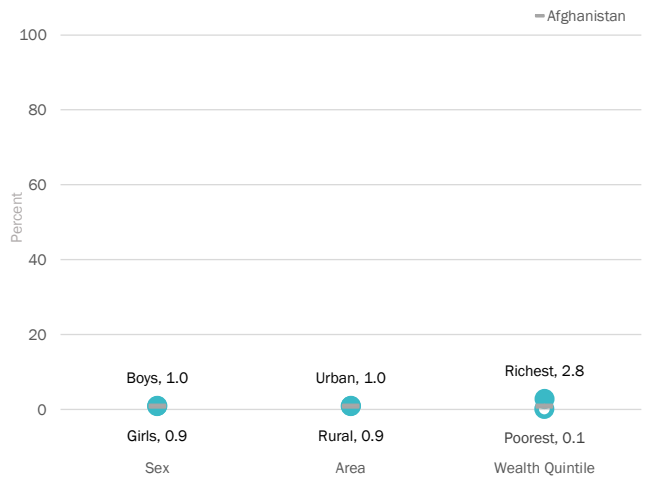
School Net Attendance Rates (adjusted)



Percentage of children of intended age for level of education attending level of education for age or higher, by level of education

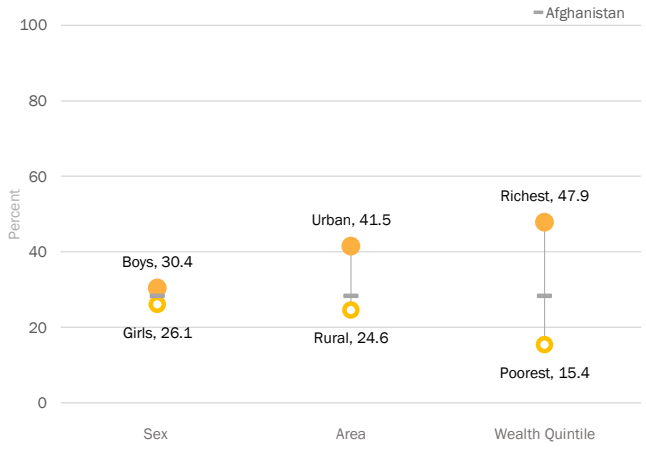
Inequalities in Attendance in Early Childhood Education & Participation in Organized Learning

Early Childhood Education Attendance Rate (age 3-4)



Percentage of children age 36-59 months who are attending early childhood education

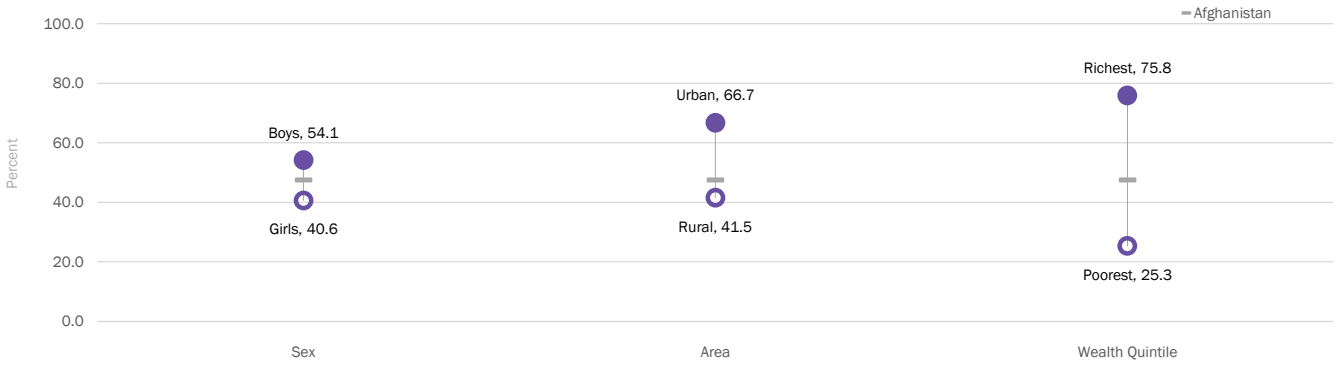
Participation Rate in Organised Learning (1 Year Before the Official Primary Entry Age): SDG 4.2.2



Percentage of children age one year younger than the official primary school entry age at the beginning of the school year who are attending an early childhood education programme or primary school (adjusted net attendance rate)

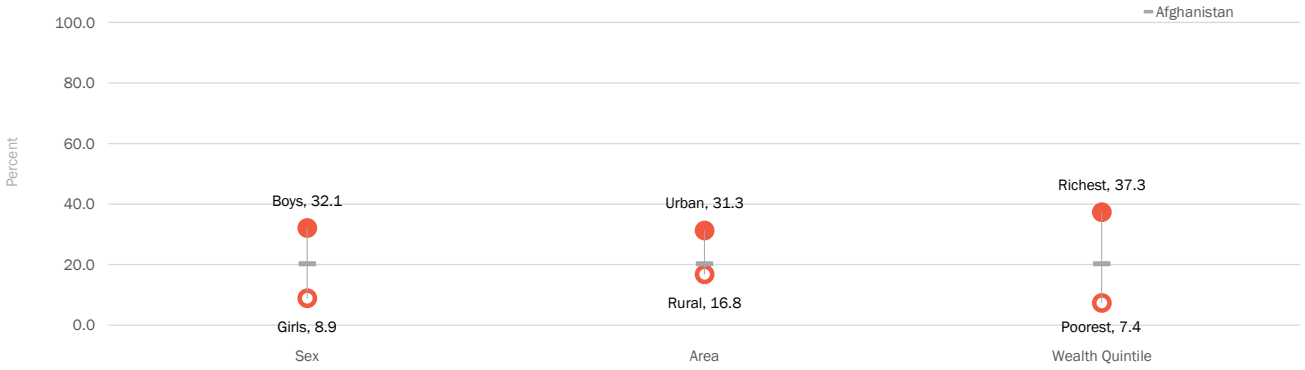
Inequalities in Attendance Rates

Primary School
Net Attendance Rate (adjusted)



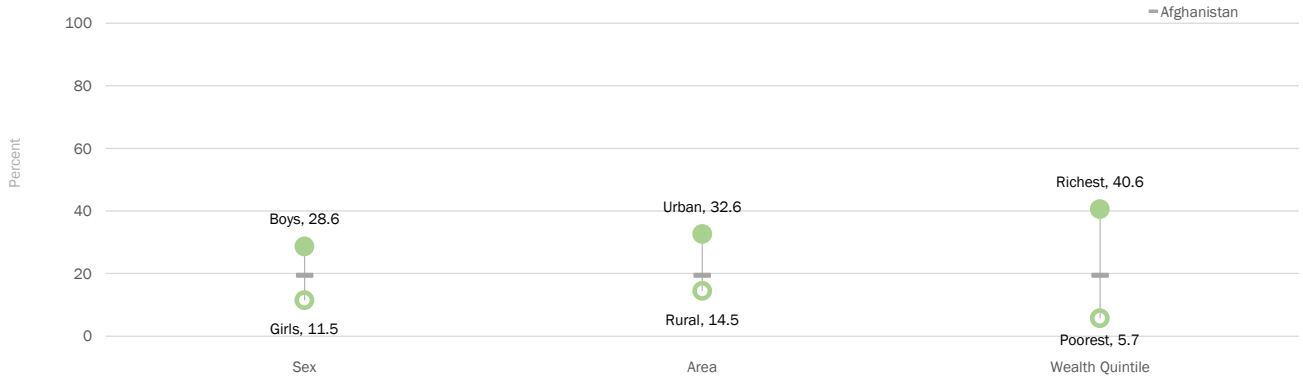
Percentage of children of primary school age (as of the beginning of school year) who are attending primary, lower or upper secondary school

Lower Secondary School
Net Attendance Rate (adjusted)



Percentage of children of lower secondary school age (as of the beginning of school year) who are attending lower secondary school or higher

Upper Secondary School
Net Attendance Rate (adjusted)

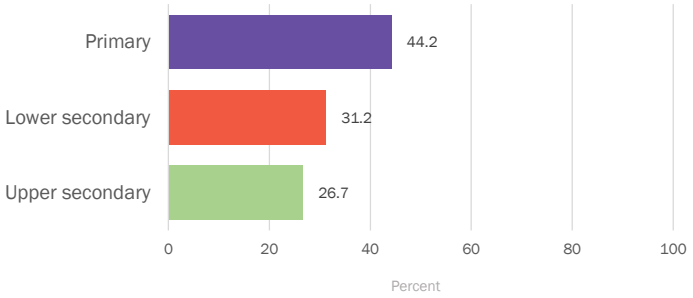


Percentage of children of upper secondary school age (as of the beginning of school year) who are attending upper secondary school or higher

Provincial Data for Net Attendance Rates (adjusted)

Province	Early Childhood Education (age 3-4)	Participation Rate in Organized Learning (age 6)	Primary (age 7-12)	Lower Secondary (age 13-15)	Upper Secondary (age 16-18)
Afghanistan	**0.9**	**28.3**	**47.5**	**20.3**	**19.5**
Kabul	0.4	49.8	75.5	33.2	37.3
Kapisa	0.0	13.0	32.0	16.1	20.4
Parwan	0.3	33.8	60.3	32.2	30.9
Maidan Wardak	0.0	42.7	63.4	26.4	27.1
Logar	0.5	34.8	52.4	22.4	18.4
Nangarhar	0.2	30.7	53.6	17.4	16.7
Laghman	0.0	52.6	62.3	25.1	23.1
Panjsher	0.0	37.5	59.0	36.5	41.1
Baghlan	0.6	20.0	36.4	14.4	17.4
Bamyan	0.9	54.4	78.4	29.4	32.4
Ghazni	0.5	25.0	55.3	24.9	18.6
Paktika	0.2	11.5	16.8	7.4	7.4
Paktya	2.0	28.8	42.8	16.4	14.4
Khost	11.9	23.0	40.7	21.9	19.7
Kunarha	1.3	30.5	57.0	26.9	18.3
Nooristan	0.6	24.0	40.0	14.0	16.0
Badakhshan	0.2	19.0	37.2	12.4	15.4
Takhar	0.0	34.7	58.3	20.0	20.9
Kunduz	0.0	22.0	42.1	25.3	17.9
Samangan	0.0	13.2	29.5	16.6	11.7
Balkh	1.0	42.3	70.2	50.8	36.8
Sar-e-Pul	0.4	36.1	55.0	24.9	20.4
Ghor	0.2	10.9	23.0	12.9	10.6
Daykundi	0.0	20.5	60.1	37.7	31.0
Urozgan	0.0	9.1	11.5	3.8	4.3
Zabul	0.2	19.1	15.4	4.5	4.0
Kandahar	0.7	13.8	24.1	6.6	7.7
Jawzjan	0.6	43.9	56.8	30.3	25.4
Faryab	0.1	22.5	43.2	15.7	13.4
Helmand	0.6	16.4	20.8	5.7	6.5
Badghis	0.6	14.5	19.8	6.4	6.2
Herat	2.5	33.8	63.0	12.7	12.8
Farah	0.2	19.4	28.8	8.1	7.4
Nimroz	0.8	28.4	49.4	14.8	10.9

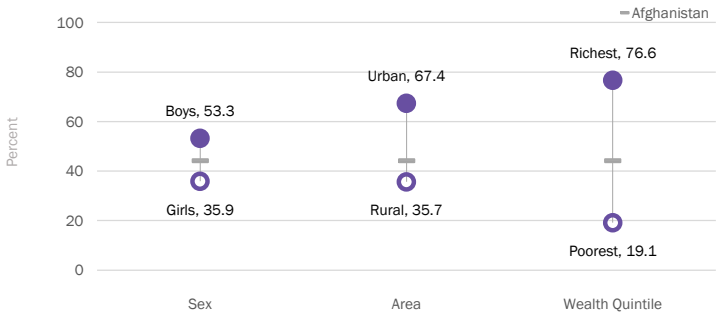
Completion Rates: SDG 4.1.2



Percentage of children age 3 to 5 years above the intended age for the last grade who have completed that grade, by level of education

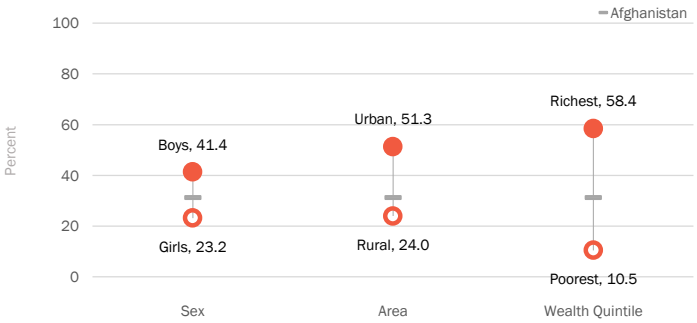
Inequalities in Completion Rates

Primary School Completion Rate



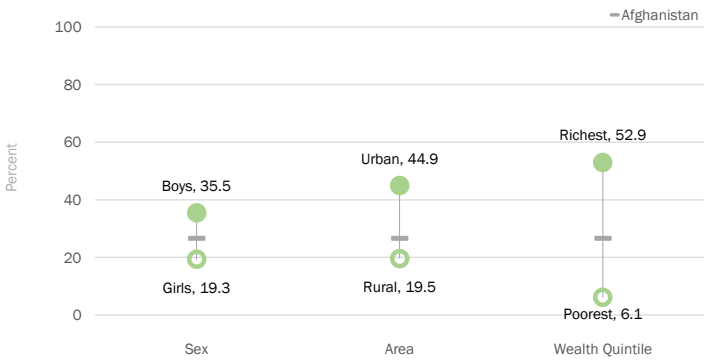
Percentage of children age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education

Lower Secondary School Completion Rate



Percentage of children age 3 to 5 years above the intended age for the last grade of lower secondary school who have completed lower secondary education

Upper Secondary School Completion Rate



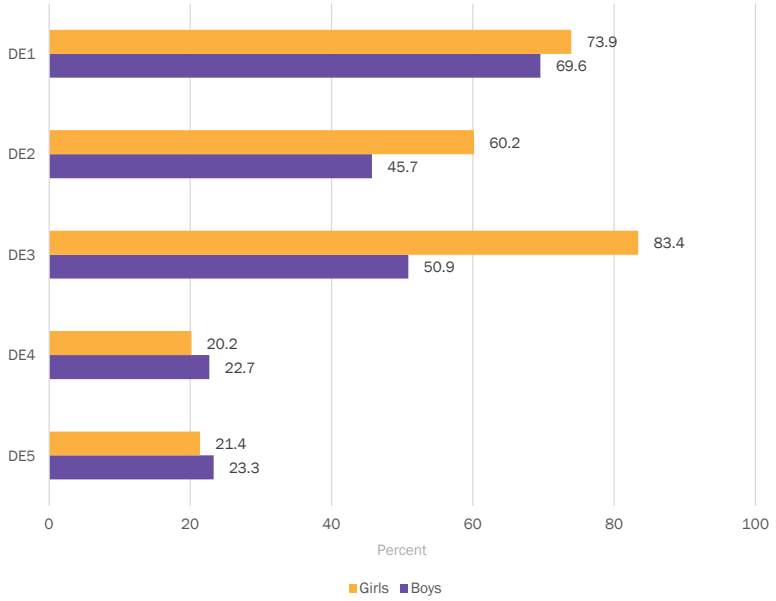
Percentage of children or youth age 3 to 5 years above the intended age for the last grade of upper secondary school who have completed upper secondary education

Provincial Data in Completion Rates

Province	Primary (age 7-12)	Lower Secondary (age 13-15)	Upper Secondary (age 16-18)
Afghanistan	**44.2**	**31.2**	**26.7**
Kabul	77.2	60.6	51.5
Kapisa	44.2	41.1	33.5
Parwan	62.0	47.4	39.2
Maidan Wardak	47.7	26.3	23.6
Logar	39.0	26.4	20.3
Nangarhar	38.9	29.6	25.6
Laghman	44.2	33.3	30.1
Panjsher	76.8	69.0	52.6
Baghlan	43.8	36.3	26.2
Bamyan	72.3	55.6	39.0
Ghazni	47.3	24.6	15.8
Paktika	19.3	11.2	9.8
Paktya	32.4	22.7	20.5
Khost	39.8	27.5	20.2
Kunarha	40.7	27.2	28.2
Nooristan	28.4	24.3	21.6
Badakhshan	51.2	40.2	29.3
Takhar	58.0	35.5	30.9
Kunduz	38.1	21.6	25.1
Samangan	35.3	20.3	16.5
Balkh	66.4	52.8	39.2
Sar-e-Pul	44.9	31.8	24.0
Ghor	27.8	21.3	16.7
Daykundi	56.6	46.3	28.2
Urozgan	8.0	9.0	10.0
Zabul	10.0	6.3	4.2
Kandahar	18.6	12.9	6.3
Jawzjan	44.1	32.7	23.4
Faryab	28.7	18.2	19.0
Helmand	14.4	9.6	7.1
Badghis	13.8	11.8	5.8
Herat	49.6	26.2	27.9
Farah	20.0	15.1	15.1
Nimroz	35.1	21.1	17.5

Out of School Rates

Out of School Dimensions for Levels of Education



Dimension 1: Children age one year younger than primary entry age not attending an early childhood education programme or primary school

Dimension 2: Children of primary school age who are not attending any level of education

Dimension 3: Children of lower secondary school age who are not attending any level of education

Dimension 4: Children who are in primary school but at risk of dropping out (over-age for grade by 2 or more years)

Dimension 5: Children who are in lower secondary school but at risk of dropping out (over-age for grade by 2 or more years)

SDG Summary for Education

SDG	MICS Indicator	Definition & Notes	Value		
			Primary	Lower Secondary	Upper Secondary
4.1.2	LN.8a,b,c	Completion rate	44.2%	31.2%	26.7%
4.5.1	LN.5a	Gender Parity Indices (attendance, girls/boys)	0.75	0.28	0.40
4.5.1	LN.5b	Wealth Parity Indices (attendance, poorest/richest)	0.33	0.20	0.14
4.5.1	LN.5c	Area Parity Indices (attendance, rural/urban)	0.62	0.54	0.44
			Total	Boys	Girls
4.2.2	LN.2	Participation rate in organized learning (one year before the official primary entry age)	28.3%	30.4%	26.1%

Data from this snapshot can be found in table LN.1.1, LN.1.2, LN.2.3, LN.2.4, LN.2.5 , LN.2.6, and LN.2.7 in the Survey Findings Report.

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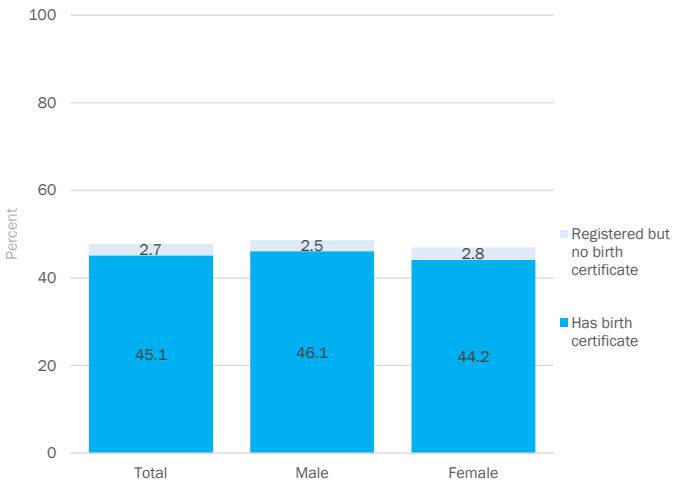
BIRTH REGISTRATION

BIRTH REGISTRATION

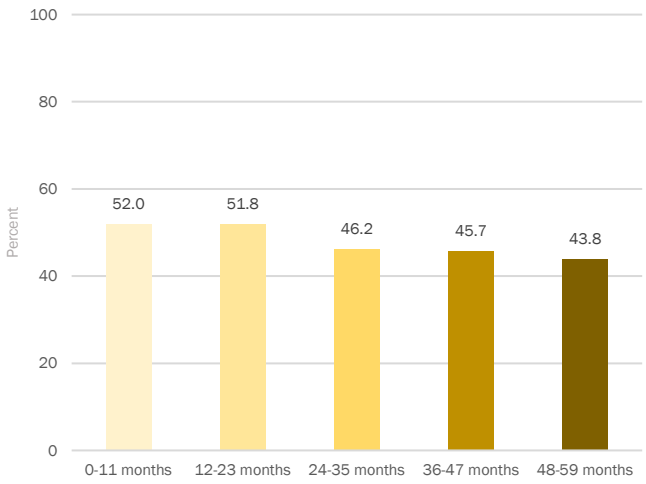
Birth Registration Levels

Birth registration for Children Under-Five: SDG 16.9.1



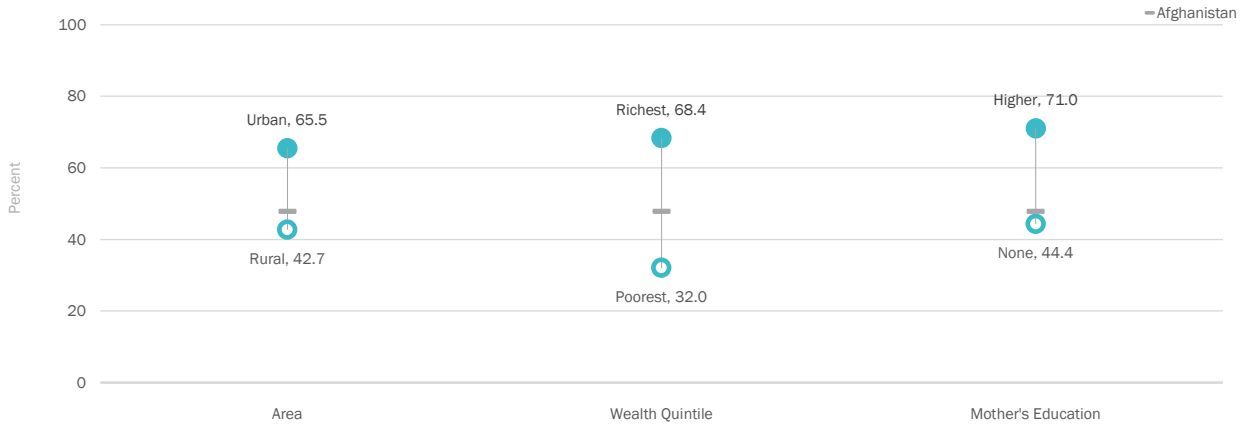
Percentage of children under age 5 whose births are registered, by whether or not they have a birth certificate and by sex

Birth registration by Age



Percentage of children under age 5 whose births are registered, by age in months

Birth Registration: Inequalities



Percentage of children under age 5 whose births are registered, by background characteristics

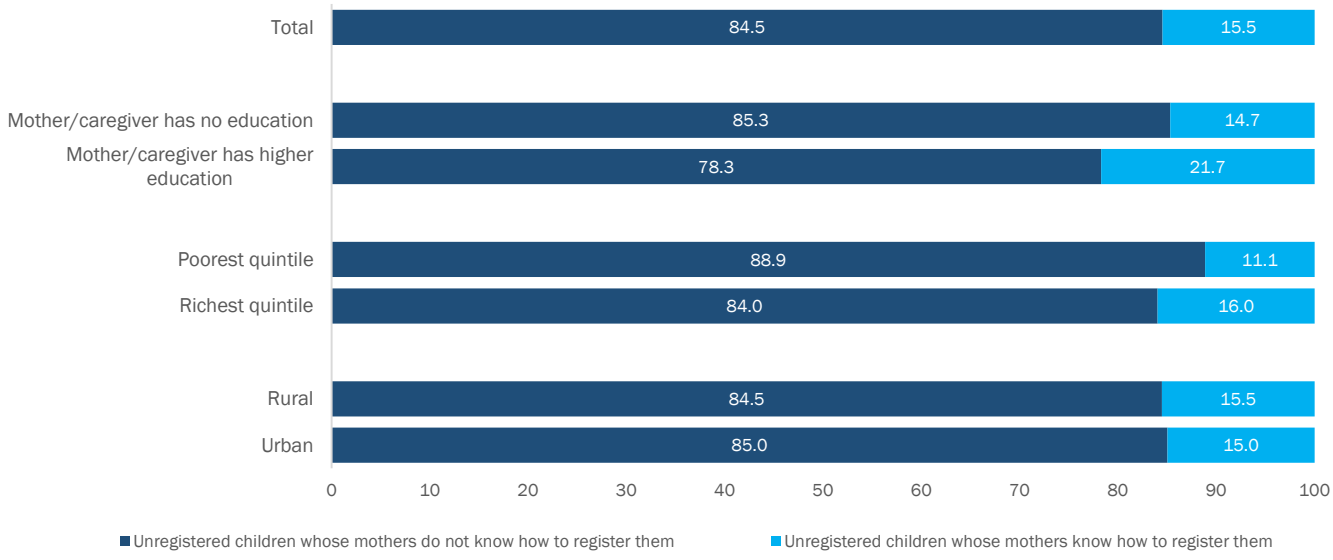
Provincial Data on Birth Registration

Province	Total registered
Afghanistan	**47.8**
Kabul	92.3
Kapisa	55.0
Parwan	52.1
Maidan Wardak	63.7
Logar	44.5
Nangarhar	55.9
Laghman	47.2
Panjsher	76.8
Baghlan	59.2
Bamyan	94.4
Ghazni	21.2
Paktika	29.8
Paktya	53.7
Khost	81.0
Kunarha	67.0
Nooristan	30.4
Badakhshan	25.8

Province	Total registered
Afghanistan	**47.8**
Takhar	36.8
Kunduz	42.1
Samangan	44.6
Balkh	43.4
Sar-e-Pul	67.7
Ghor	26.6
Daykundi	51.7
Urozgan	6.3
Zabul	39.8
Kandahar	22.0
Jawzjan	38.1
Faryab	61.3
Helmand	37.5
Badghis	23.4
Herat	23.4
Farah	38.6
Nimroz	37.5

Percentage of children under age 5 whose births are registered, by province

Mother's (or Caregiver's) Knowledge of How to Register



Percentage of children under age 5 whose births are not registered, by mother's (or caregiver's) knowledge of how to register a child

Data from this snapshot can be found in table PR.1.1 in the Survey Findings Report.

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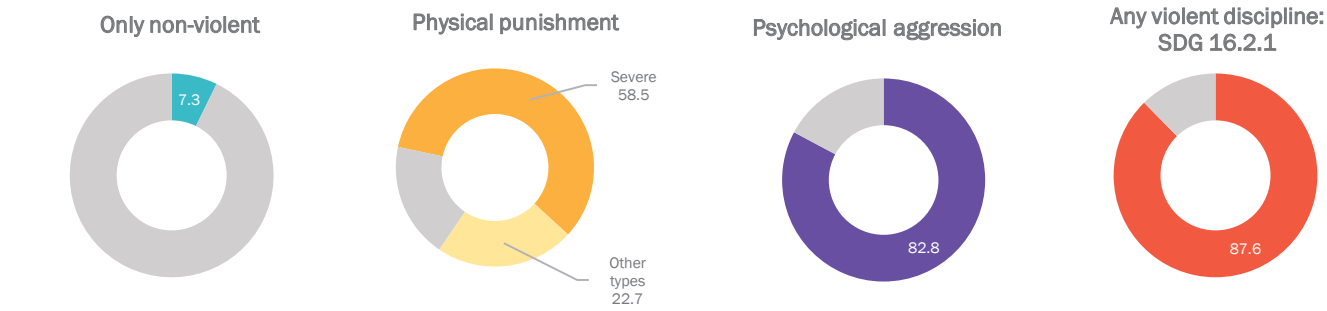
CHILD **DISCIPLINE**

CHILD DISCIPLINE

Child Discipline

Types of Child Discipline



Percentage of children age 1 to 14 years who experienced any discipline in the past month, by type

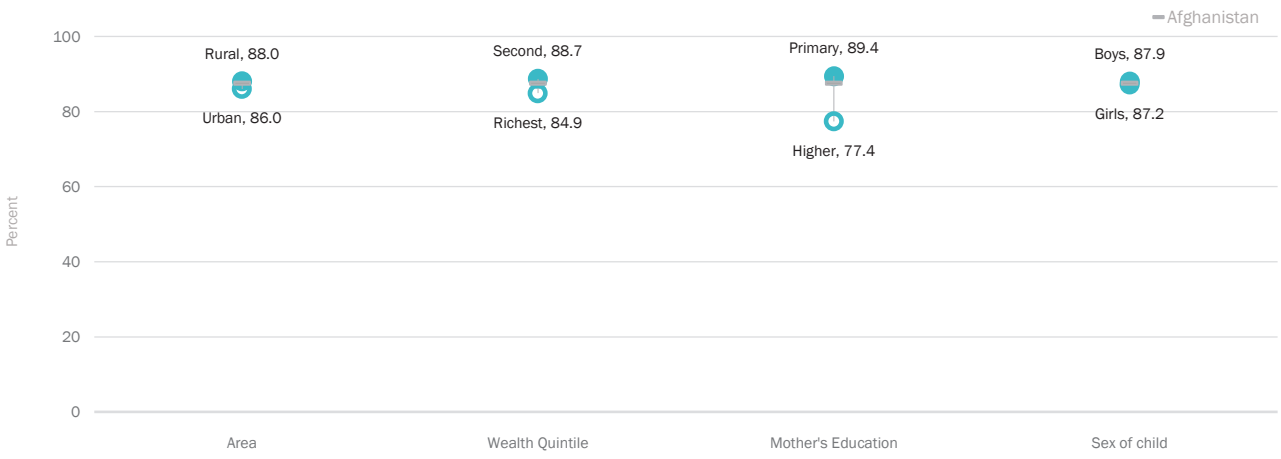
Physical punishment: Shaking, hitting or slapping a child on the hand/arm/leg, hitting on the bottom or elsewhere on the body with a hard object, spanking or hitting on the bottom with a bare hand, hitting or slapping on the face, head or ears, and hitting or beating hard and repeatedly.

Severe physical punishment: Hitting or slapping a child on the face, head or ears, and hitting or beating a child hard and repeatedly.

Psychological aggression: Shouting, yelling or screaming at a child, as well as calling a child offensive names such as 'dumb' or 'lazy'.

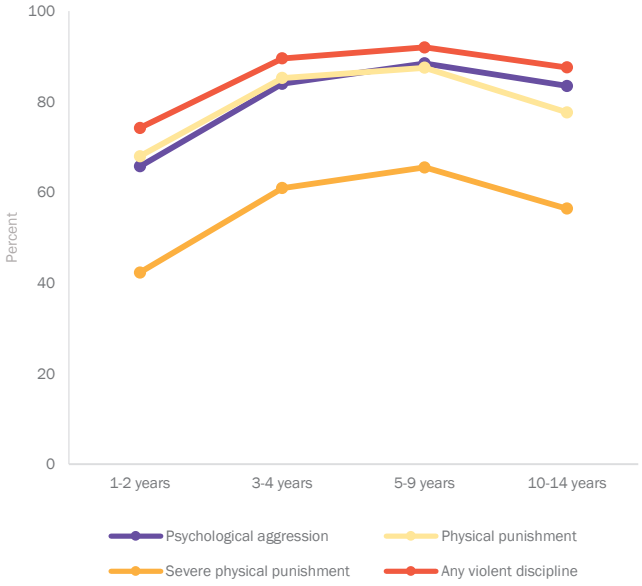
Violent discipline: Any physical punishment and/or psychological aggression.

Violent Discipline: Inequalities



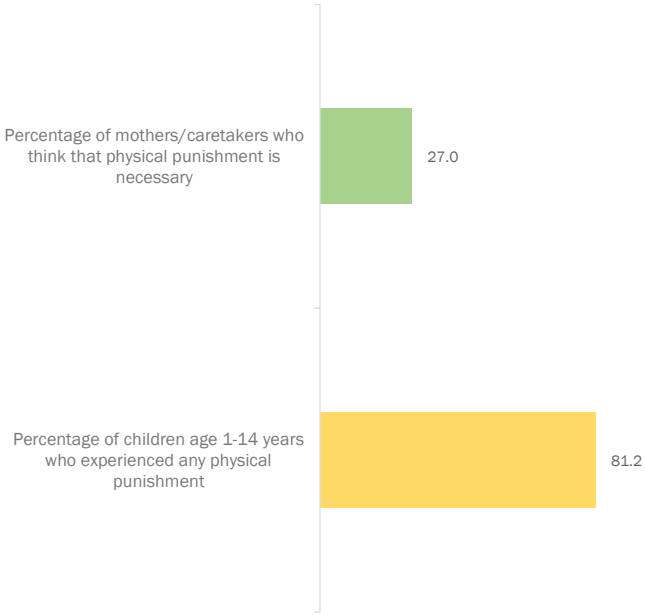
Percentage of children aged 1 to 14 years who experienced any violent discipline in the past month, by background characteristics

Violent Discipline: Age Patterns

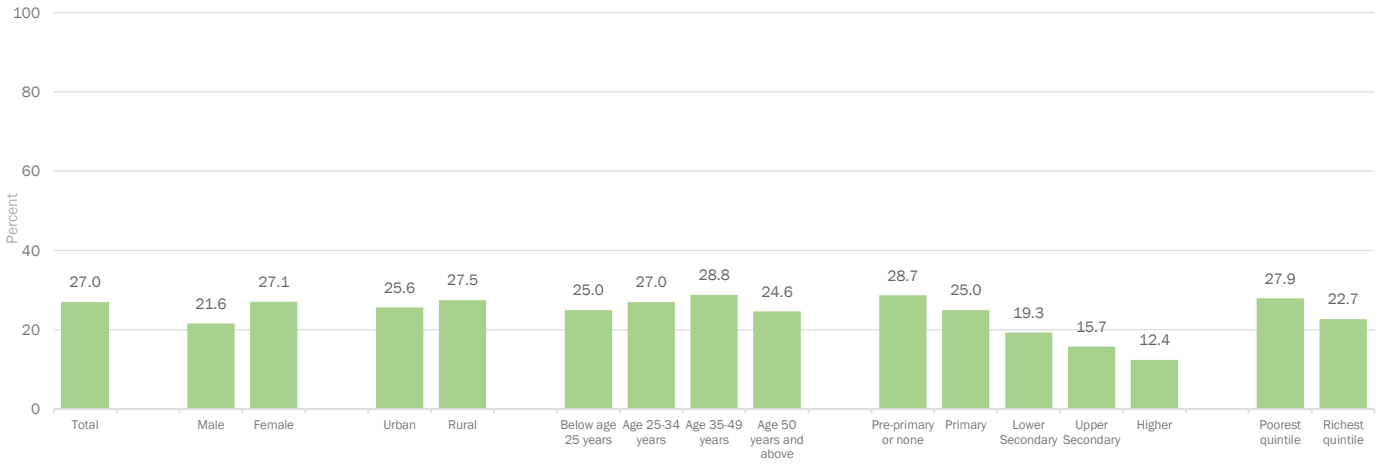


Percentage of children age 1 to 14 years who experienced any violent discipline in the past month, by type and by age

Physical Punishment: Attitudes & Experiences



Attitudes to Physical Punishment



Percentage of mothers/caretakers who think that physical punishment is necessary to raise or educate children, by their background characteristics

Data from this snapshot can be found in tables PR.2.1 and PR.2.2 in the Survey Findings Report.

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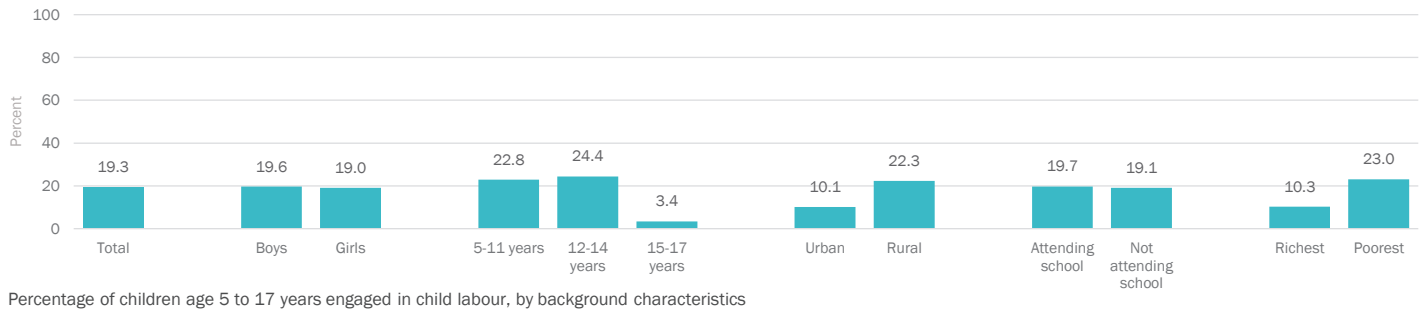
CHILD **LABOUR**

CHILD LABOUR

Child Labour: Levels & Disaggregates

Child Labour for Age 5-17 years: SDG 8.7.1



Percentage of children age 5 to 17 years engaged in child labour, by background characteristics

Definition of Child Labour

Age 5 to 11 years: At least 1 hour of economic activities or 21 hours of unpaid household services per week.

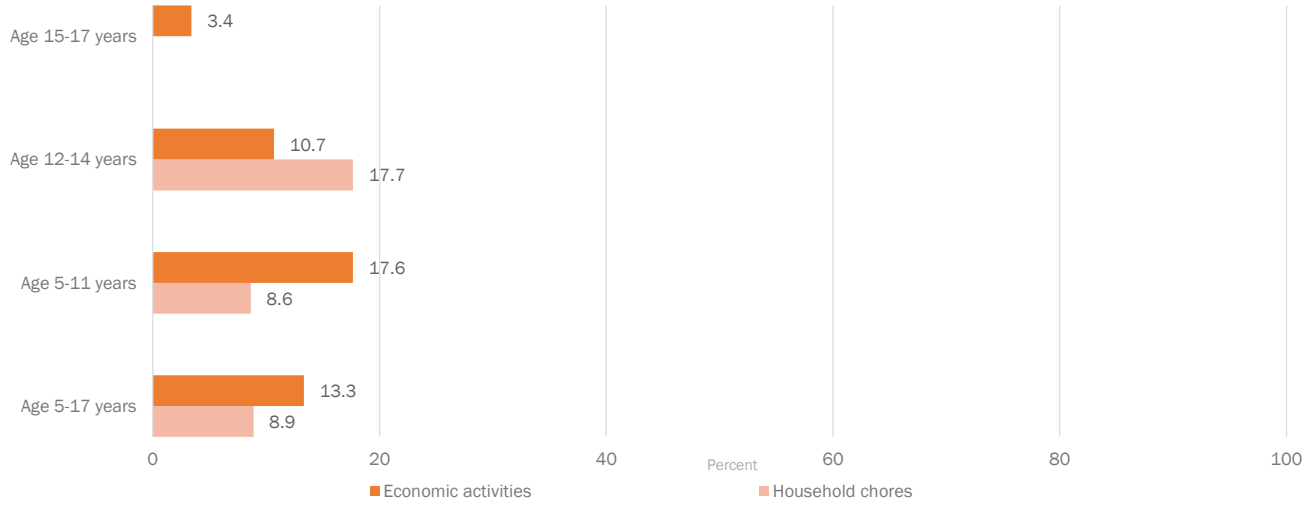
Age 12 to 14 years: At least 14 hours of economic activities or 21 hours of unpaid household services per week.

Age 15 to 17 years: At least 43 hours of economic activities. No threshold for number of hours of unpaid household services.

Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children.

Note that the child labour indicator definition has changed during the implementation of the sixth round of MICS. Changes include age-specific thresholds for household chores and exclusion of hazardous working conditions. While the overall concept of child labour includes hazardous working conditions, the definition of child labour used for SDG reporting does not.

Types of Child Labour



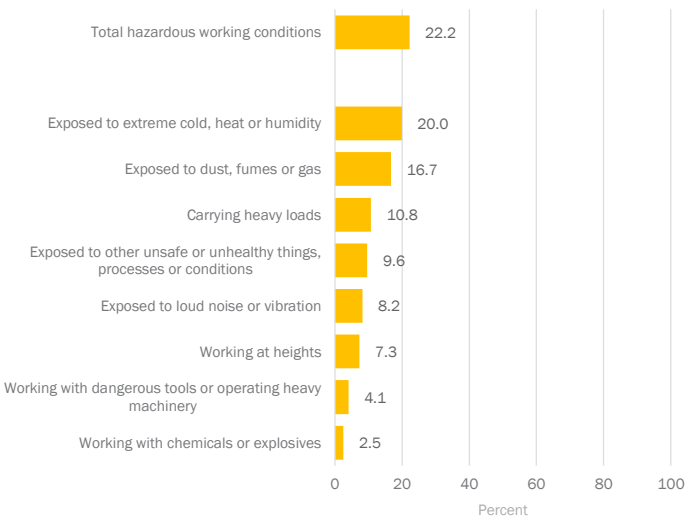
Percentage of children age 5 to 17 years engaged in child labour, by type of activity and by age

Note: These data reflect the proportions of children engaged in the activities at or above the age specific thresholds outlined in the definitions box.

Inequalities in Child Labour

Percentage of children age 5 to 17 years engaged in child labour, by type of activity and by sex

Hazardous Working Conditions



Percentage of children age 5 to 17 years working under hazardous conditions

Provincial Data on Child Labour

Province	Total Child Labour
Afghanistan	**19.3**
Kabul	7.4
Kapisa	13.5
Parwan	27.5
Maidan Wardak	22.4
Logar	26.0
Nangarhar	14.4
Laghman	9.3
Panjsher	19.1
Baghlan	18.4
Bamyan	36.2
Ghazni	20.3
Paktika	15.3
Paktya	16.8
Khost	44.7
Kunarha	14.0
Nooristan	12.6
Badakhshan	9.0

Province	Total Child Labour
Afghanistan	**19.3**
Takhar	28.1
Kunduz	15.9
Samangan	30.7
Balkh	18.2
Sar-e-Pul	12.1
Ghor	18.3
Daykundi	29.5
Urozgan	13.8
Zabul	26.1
Kandahar	27.8
Jawzjan	14.1
Faryab	21.4
Helmand	31.4
Badghis	18.2
Herat	16.0
Farah	22.6
Nimroz	12.5

Percentage of children age 5 to 17 years engaged in child labour, by province

Data from this snapshot can be found in tables PR.3.1, PR.3.2, PR.3.3 and PR.3.4 in the Survey Findings Report.

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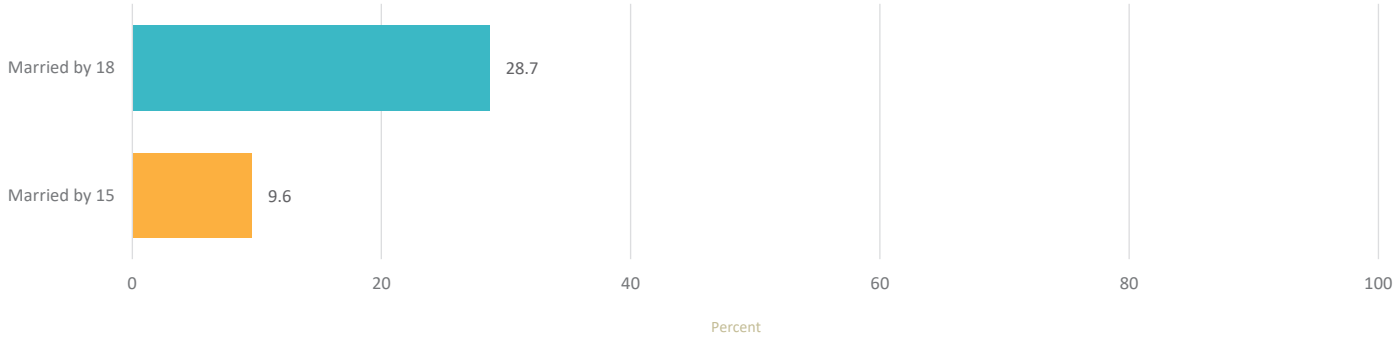
CHILD MARRIAGE

CHILD MARRIAGE: LEVELS AND DISAGGREGATES

Marriage before Age 15 & Age 18: SDG 5.3.1

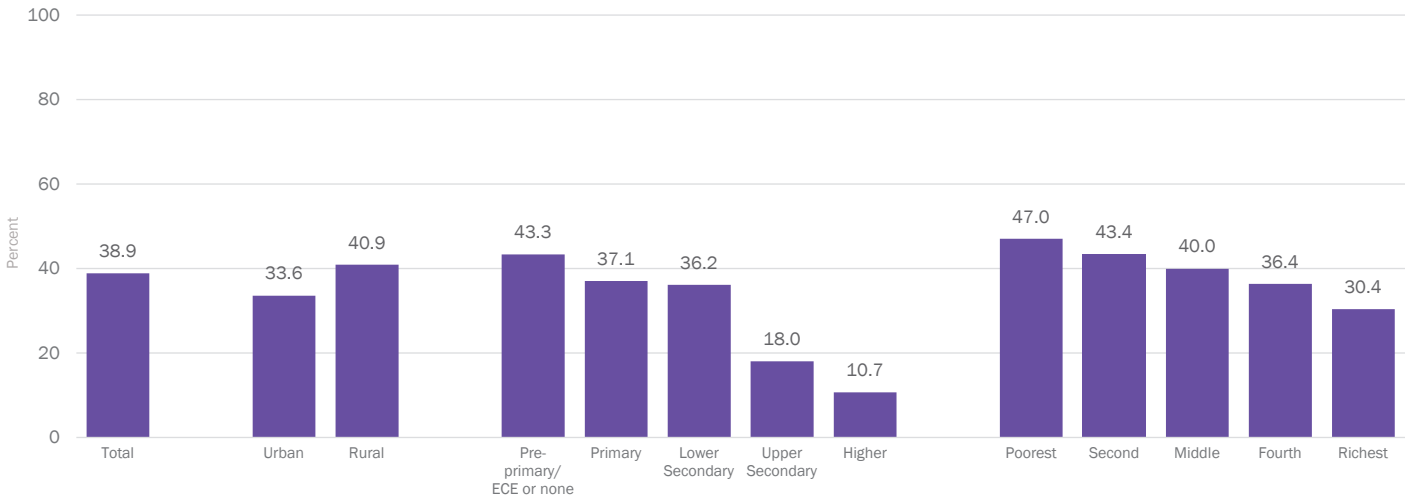
Marriage before Age 15 & Age 18: SDG 5.3.1



Percentage of women age 20-24 years who were first married before age 15 and before age 18

The above chart refers to women aged 20 to 24 years, as this youngest cohort most recently completed exposure to the risk of marrying in childhood, thus giving a closer approximation of the current prevalence of child marriage. The following charts, which show disaggregation by background characteristics, refer to the full cohort of women aged 20 to 49 years.

Disaggregates in Marriage before Age 18



Percentage of women age 20-49 years who were first married before age 18, by residence, education and household wealth quintile

Provincial Data on Child Marriage

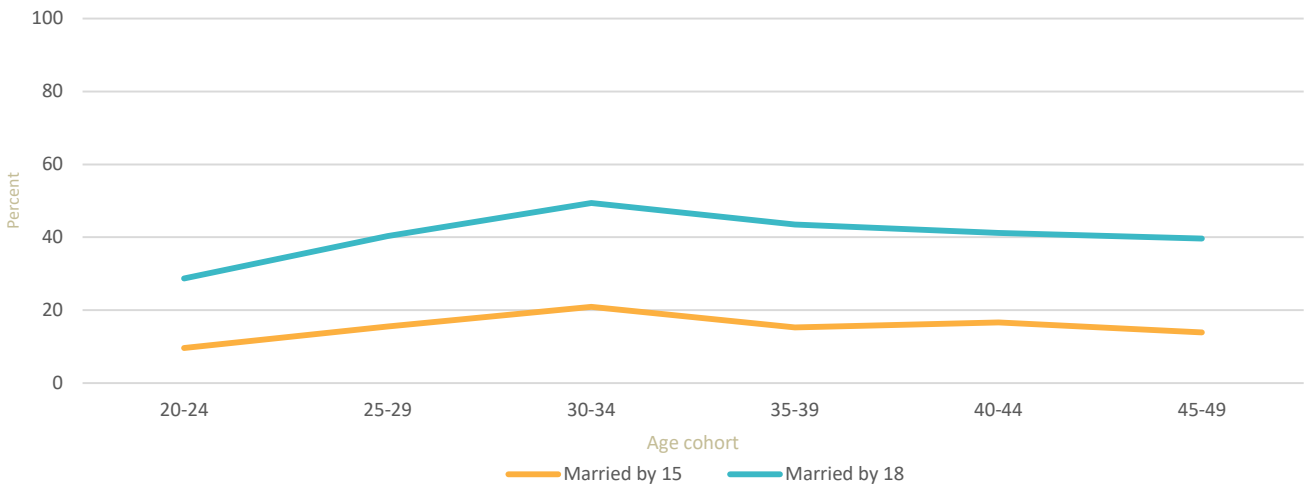
Province	Marriage by age 18
Afghanistan	**38.9**
Kabul	27.6
Kapisa	22.2
Parwan	26.6
Maidan Wardak	29.3
Logar	19.2
Nangarhar	37.2
Laghman	34.6
Panjsher	24.9
Baghlan	34.9
Bamyan	36.7
Ghazni	40.8
Paktika	38.6
Paktya	17.0
Khost	43.9
Kunarha	44.3
Nooristan	42.5
Badakhshan	47.6

Province	Marriage by age 18
Afghanistan	**38.9**
Takhar	38.9
Kunduz	42.4
Samangan	36.1
Balkh	31.0
Sar-e-Pul	40.1
Ghor	48.4
Daykundi	37.6
Urozgan	31.0
Zabul	42.0
Kandahar	47.7
Jawzjan	32.8
Faryab	50.5
Helmand	52.2
Badghis	46.7
Herat	52.2
Farah	48.1
Nimroz	48.2

Percentage of women aged 20 to 49 years who were first married before age 18, by province

Marriage before the age of 18 is a reality for many young girls. In many parts of the world, parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training, reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner.

Trends in Child Marriage



Percentage of women age 20-49 years who were first married before age 15 and before age 18, by age cohort

Data from this snapshot can be found in table PR.4.1W in the Survey Findings Report.

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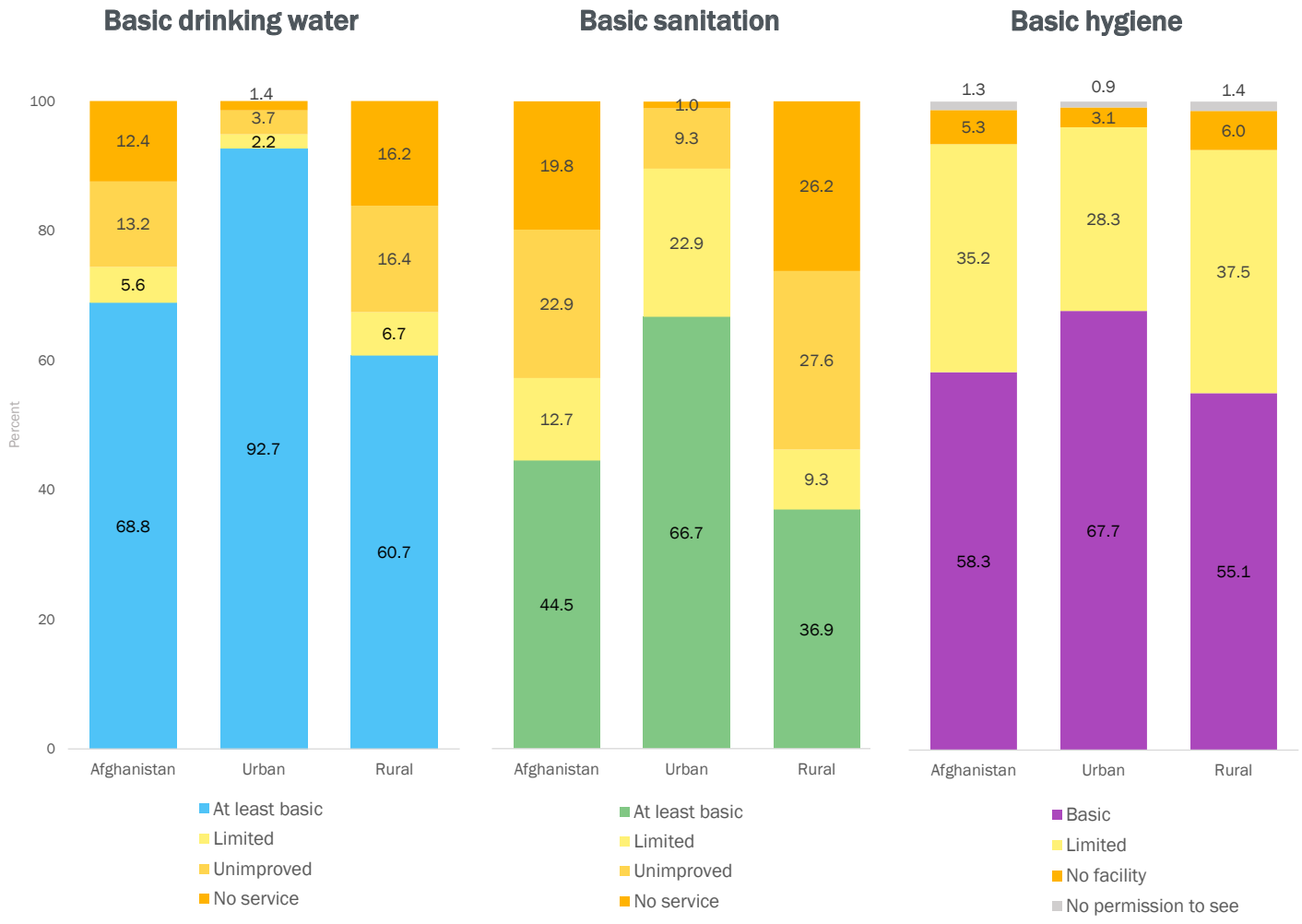
DRINKING WATER, SANITATION AND HYGIENE (WASH)

DRINKING WATER, SANITATION & HYGIENE (WASH)

Basic Drinking Water, Sanitation & Hygiene Services



Percent of population by drinking water, sanitation and hygiene coverage

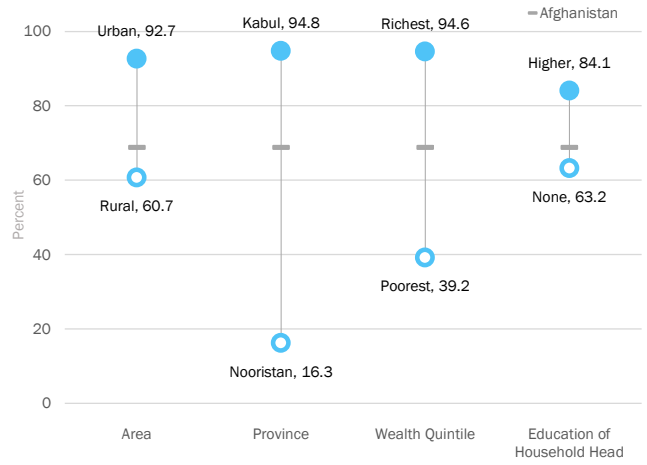
Drinking water ladder. **At least basic** drinking water services (SDG 1.4.1) refer to an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water. **Limited** refers to an improved source more than 30 minutes roundtrip. **Unimproved** sources include unprotected dug wells and unprotected springs. **No service** refers to the direct collection of water from surface waters such as rivers, lakes or irrigation channels.

Sanitation ladder: **At least basic** sanitation services (SDG 1.4.1) refer to the use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs. **Limited** sanitation service refers to an improved facility shared with other households. **Unimproved** sanitation facilities include flush/pour flush to an open drain, pit latrines without a slab, hanging latrines and bucket latrines. **No service** refers to the practice of open defecation.

Hygiene ladder: A **basic** hygiene service (SDG 1.4.1 & SDG 6.2.1) refers to the availability of a handwashing facility on premises with soap and water. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents. **Limited** hygiene service refers to a facility lacking water and/or soap. **No facility** means there is no handwashing facility on the household's premises.

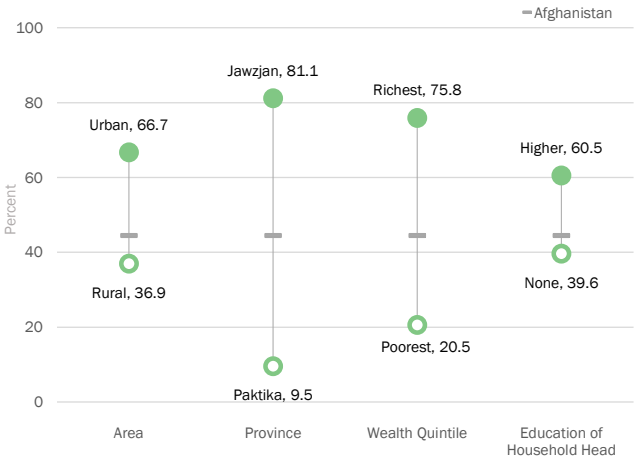
WASH: Inequalities in Basic Services

Basic Drinking Water



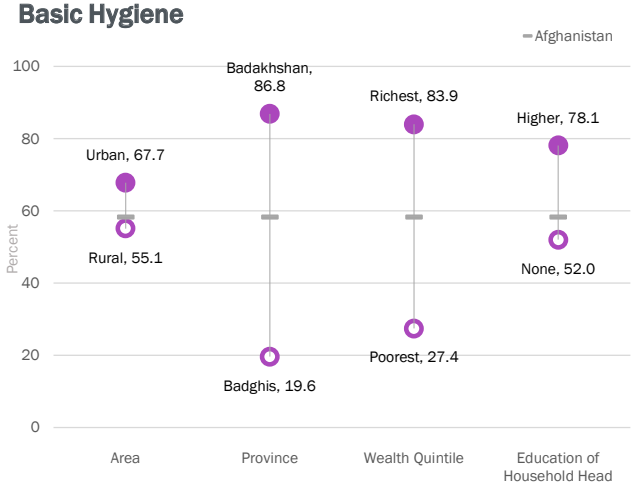
Percent of population using basic drinking water services by background characteristics

Basic Sanitation



Percent of population using basic sanitation services by background characteristics

Basic Hygiene



Percent of population using basic hygiene services by background characteristics

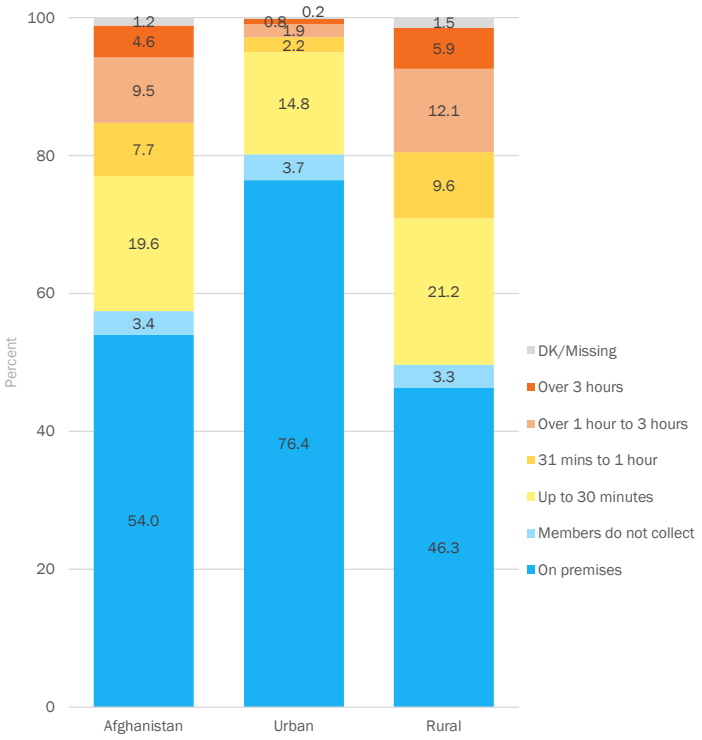
Provincial Data on Basic Services

Province	Basic Drinking Water	Basic Sanitation	Basic Hygiene	Open Defecation
Afghanistan	**68.8**	**44.5**	**58.3**	**19.8**
Kabul	94.8	67.3	62.3	0.0
Kapisa	46.9	51.8	63.8	10.3
Parwan	50.2	51.2	77.3	6.1
Maidan Wardak	44.3	43.1	69.0	3.5
Logar	91.5	33.0	75.5	4.5
Nangarhar	93.3	28.9	53.0	20.8
Laghman	55.2	20.7	86.6	25.1
Panjsher	70.2	41.2	85.9	1.1
Baghlan	47.7	32.8	48.0	31.7
Bamyan	62.2	47.7	70.1	5.1
Ghazni	70.4	55.4	79.0	13.9
Paktika	79.8	9.5	82.3	51.9
Paktya	85.6	59.3	75.7	13.8
Khost	92.5	42.9	86.8	32.5
Kunarha	64.4	43.2	73.7	26.4
Nooristan	16.3	27.2	51.9	9.2
Badakhshan	62.8	41.6	86.8	20.4
Takhar	56.1	55.2	77.3	14.0
Kunduz	50.7	60.5	23.2	8.7
Samangan	35.0	35.5	39.4	10.5
Balkh	73.6	55.0	79.7	4.5
Sar-e-Pul	41.7	57.9	57.7	8.0
Ghor	22.5	17.4	23.6	63.4
Daykundi	43.8	30.4	34.7	30.4
Urozgan	56.2	47.7	66.2	39.3
Zabul	72.3	16.1	41.6	46.7
Kandahar	80.7	25.9	39.1	23.4
Jawzjan	50.6	81.1	51.4	1.8
Faryab	47.2	48.5	46.9	7.3
Helmand	77.2	15.6	49.0	66.9
Badghis	38.2	39.6	19.6	32.1
Herat	75.5	57.7	56.9	7.3
Farah	60.3	20.4	35.8	46.0
Nimroz	78.1	58.9	53.4	14.1

Percent of population using basic drinking water, sanitation and hygiene services, and population practicing open defecation, by province

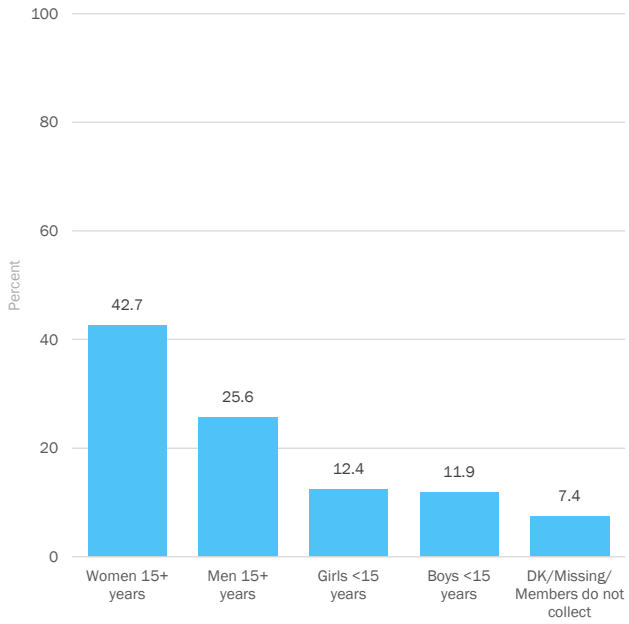
Accessibility of Drinking Water & Sanitation Facilities

Accessibility of drinking water



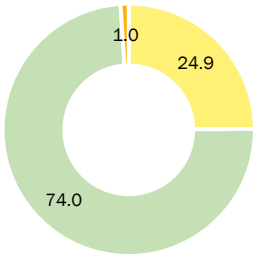
Percent of population by average time spent per day by household members collecting drinking water

Who Primarily Collects Drinking Water for the Household

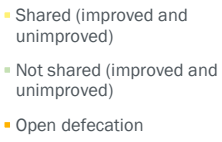


Percent of population in households without drinking water on premises, by gender and age of person primarily responsible for collecting drinking water

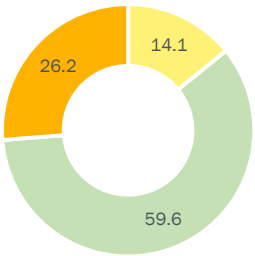
Shared sanitation



Shared sanitation in urban areas

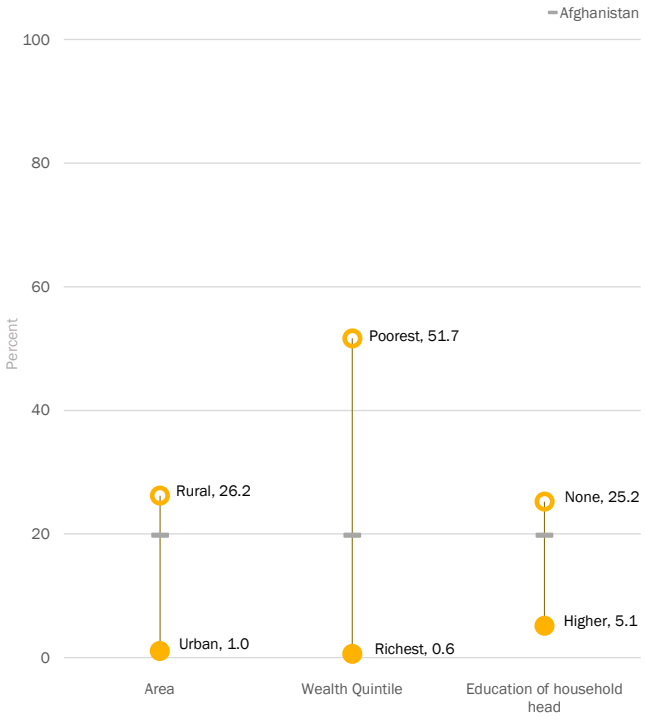


Shared sanitation in rural areas



Percent of the population sharing sanitation facilities, by residence

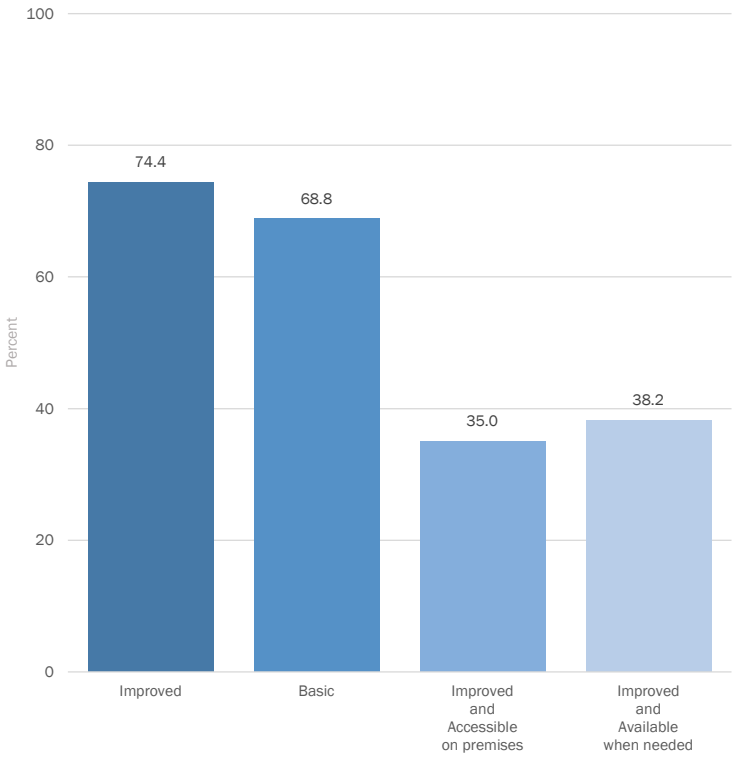
Open Defecation



Percent of the population practising open defecation, by background characteristics

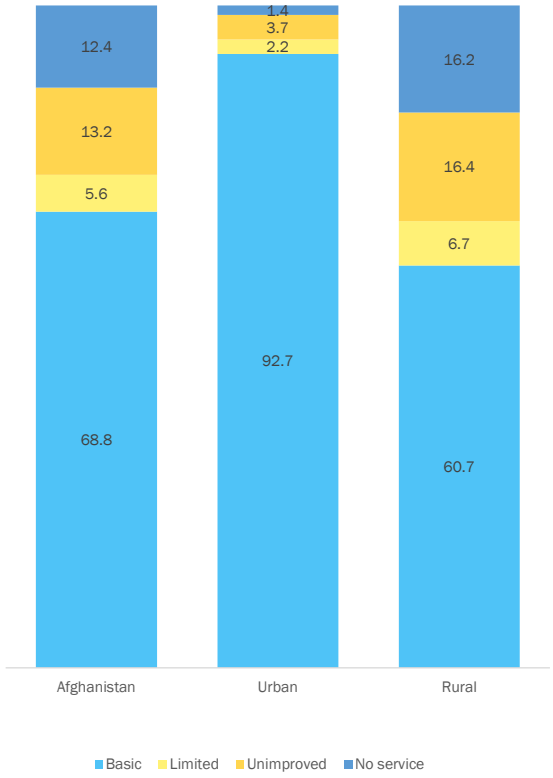
Improved and Basic Water Services: SDG 6.1.1

Improved & basic drinking water



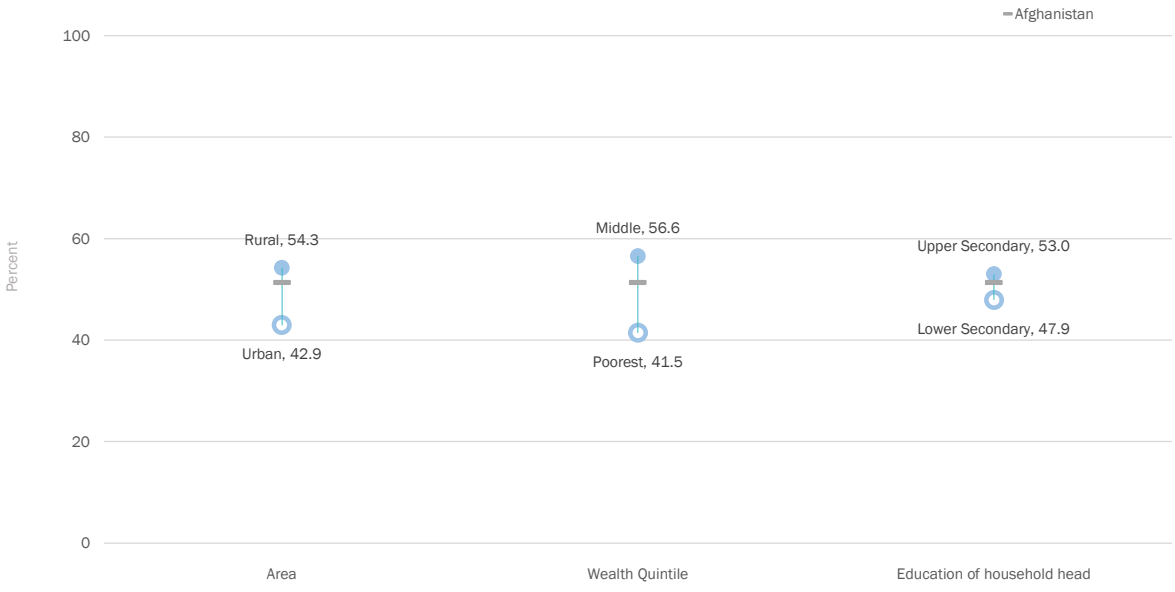
Percent of population using improved and basic drinking water services

Drinking water coverage: Afghanistan, urban & rural



Percent of population by drinking water coverage

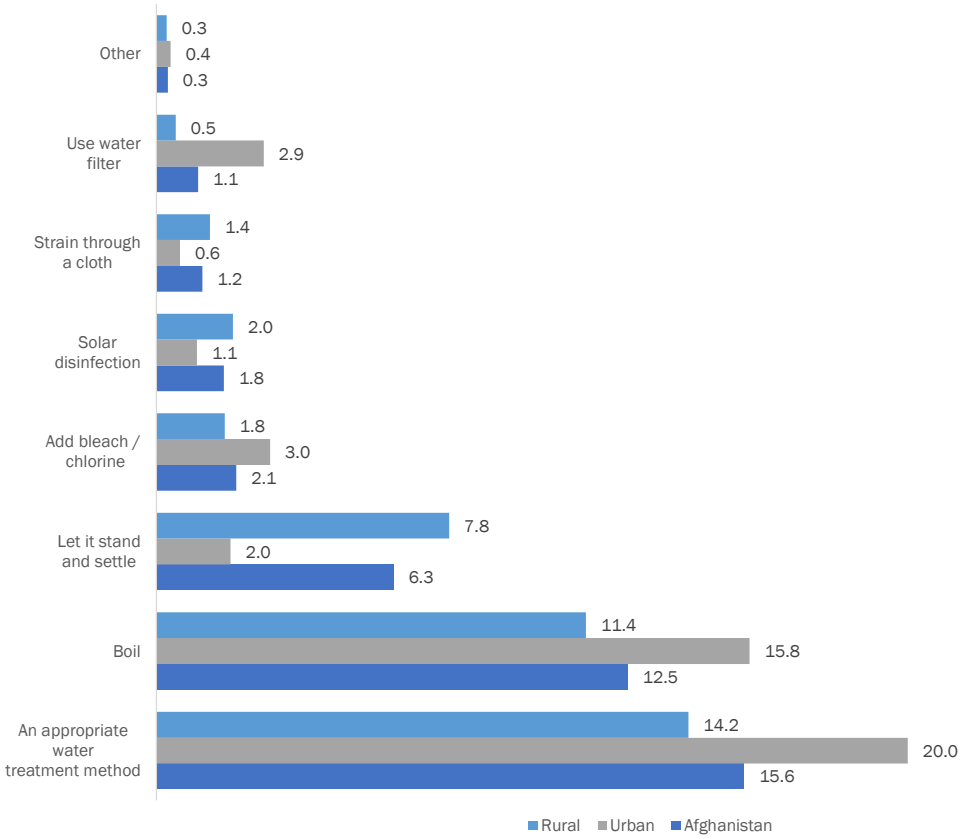
Availability of Drinking Water



Percent of population using drinking water sources with sufficient drinking water in the last month

Water Treatment Methods

Household Water Treatment Methods



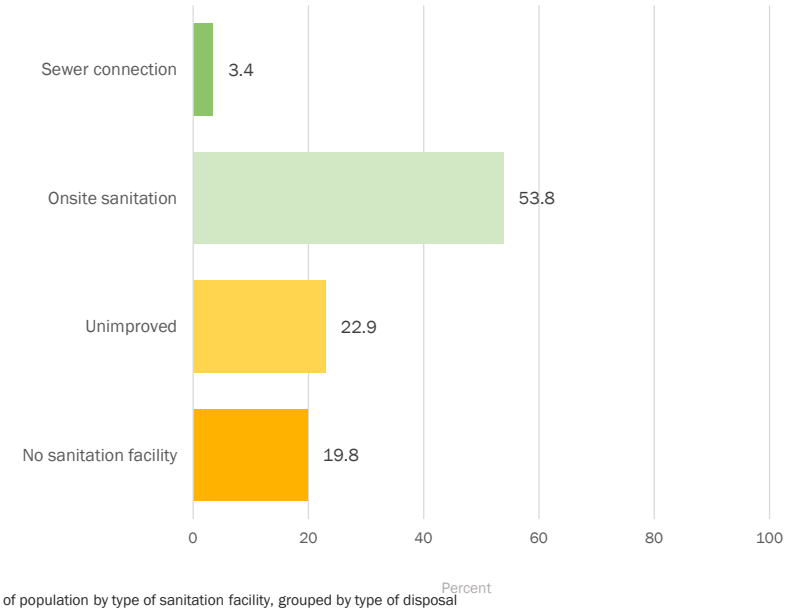
Percentage of household population by drinking water treatment method used in the household and the percentage who are using an appropriate treatment method

Appropriate Water Treatment Methods

Percentage of household population who are using an appropriate treatment method by area, wealth quintile, education of household head, and province

Safely Managed Sanitation Services: SDG 6.2.1

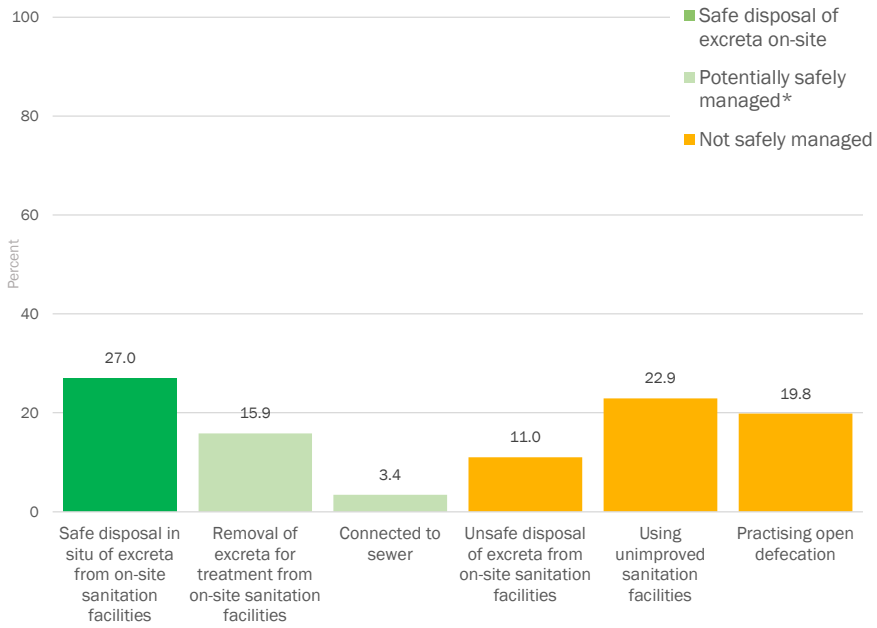
Types of Sanitation Facility



Percent of population by type of sanitation facility, grouped by type of disposal

Sewer connections include "Flush/pour flush to piped sewer system" and "Flush to DK where"
Onsite sanitation facilities include "Flush/pour flush to septic", "Flush/pour flush to latrine", "Ventilated improved pit latrine", "Pit latrine with slab" and "Composting toilet"

Management of Excreta from Household Sanitation Facilities



Percent of population by management of excreta from household sanitation facilities

*Additional information required to determine whether faecal sludge and wastewater is safely treated.

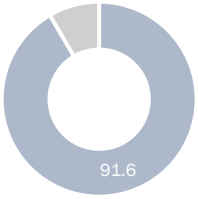
Safely managed sanitation services represents an ambitious new level of service during the SDGs and is the indicator for target 6.2. Safely managed sanitation services are improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite. The MICS survey collected information on the management of excreta from onsite facilities. For households where excreta are transported offsite (sewer connection, removal for treatment), further information is needed on the transport and treatment of excreta to calculate the proportion that are safely managed.

Types of Sanitation Facility by Province

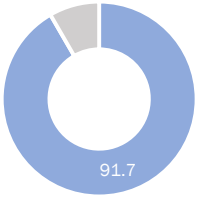
Province	Sewer connection	Onsite sanitation
Afghanistan	3.4	53.8
Kabul	1.0	93.5
Kapisa	1.2	57.5
Parwan	5.3	65.0
Maidan Wardak	0.0	60.8
Logar	1.2	43.8
Nangarhar	9.1	28.8
Laghman	1.0	23.2
Panjsher	2.1	44.3
Baghlan	1.9	41.3
Bamyan	0.3	67.1
Ghazni	0.3	66.1
Paktika	0.7	10.6
Paktya	2.4	60.9
Khost	12.7	33.6
Kunarha	13.1	38.0
Nooristan	6.1	27.9
Badakhshan	2.1	41.6
Takhar	0.8	72.6
Kunduz	1.5	74.6
Samangan	1.5	40.1
Balkh	0.0	68.0
Sar-e-Pul	0.2	69.6
Ghor	0.4	17.4
Daykundi	0.1	38.3
Urozgan	2.6	45.9
Zabul	0.0	16.3
Kandahar	16.6	15.5
Jawzjan	0.6	90.0
Faryab	0.3	78.5
Helmand	4.8	12.2
Badghis	0.7	44.6
Herat	3.8	74.9
Farah	6.7	26.7
Nimroz	0.8	81.4

Percent of population using sewer connections and onsite sanitation, by province

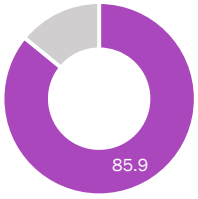
Menstrual Hygiene Management



Women with a private place to wash & change at home



Women with appropriate materials



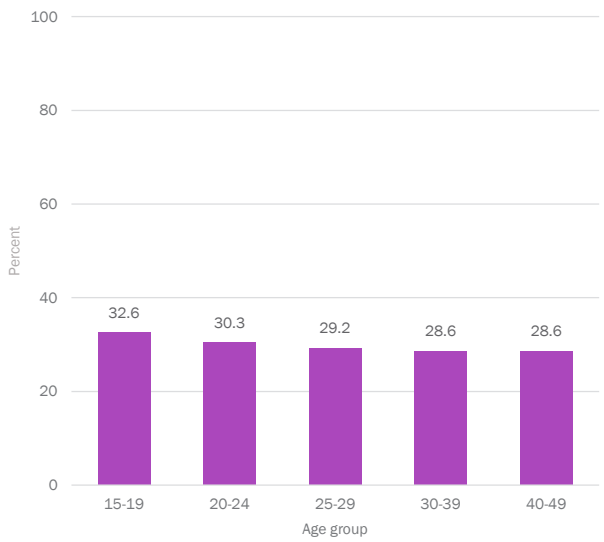
Women with appropriate materials & a private place to wash & change at home

Denominator for all 3 indicators: women age 15-49 who reported menstruating in the last 12 months

Inequities in Access to Appropriate Materials & Private Place to Wash & Change at Home

Percent of women age 15-49 using appropriate menstrual hygiene materials with a private place to wash and change while at home, among women reporting menstruating in the last 12 months

Exclusion from Activities during Menstruation



Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by age, among women reporting menstruating in the last 12 months

Exclusion from Activities during Menstruation by Various Characteristics

Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by residence, wealth quintile and education, among women reporting menstruating in the last 12 months

Data from this snapshot can be found in tables WS.1.1 to WS.4.2 in the Survey Findings Report.

For further information on the WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply, Sanitation and Hygiene indicator definitions and methods please visit washdata.org.

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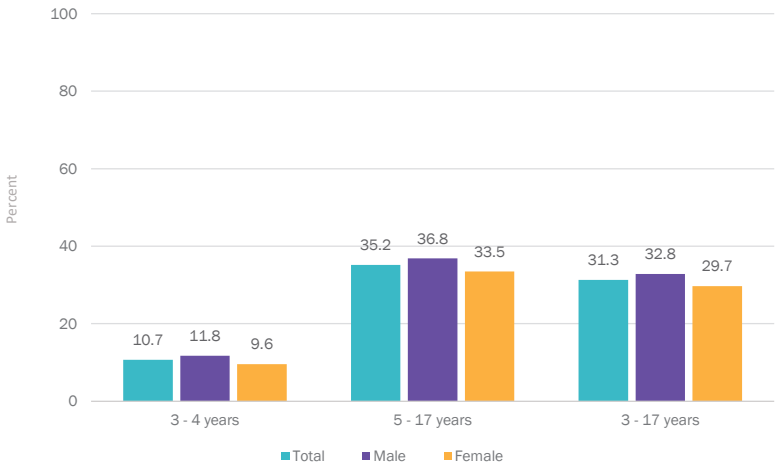
CHILD **FUNCTIONING**

CHILD FUNCTIONING

Child Functioning: Levels & Domains

Child Functioning Levels by Age-Group



Percentage of children age 3–17 years with functional difficulty, by age-group

Children with disabilities are among the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, and lack of adequate policies and legislation, they are often likely to be among the poorest members of the population and are less likely to attend school, access medical services, or have their voices heard in society. Discrimination against and exclusion of children with disabilities also puts them at a higher risk of physical and emotional abuse or other forms of neglect, violence and exploitation.

The Convention on the Rights of the Child (UNICEF, 1989) and the Convention on the Rights of Persons with Disabilities (UN, 2006) explicitly state the rights of children with disabilities on an equal basis with other children and call for improvements in their access to services, and in their participation in all aspects of life.

In order to achieve these goals, there is a need for cross-nationally comparable, reliable data. The Child Functioning module is designed In line with the WHO's International Classification of Functioning, Disability and Health and the UN Convention on the Rights of Persons with Disabilities, to collect information on functional difficulties that children experience in different domains including hearing, vision, communication/comprehension, learning, mobility and emotions. Children with functional difficulties may be at risk of experiencing limited participation in an unaccommodating environment and limit the fulfilment of their rights.

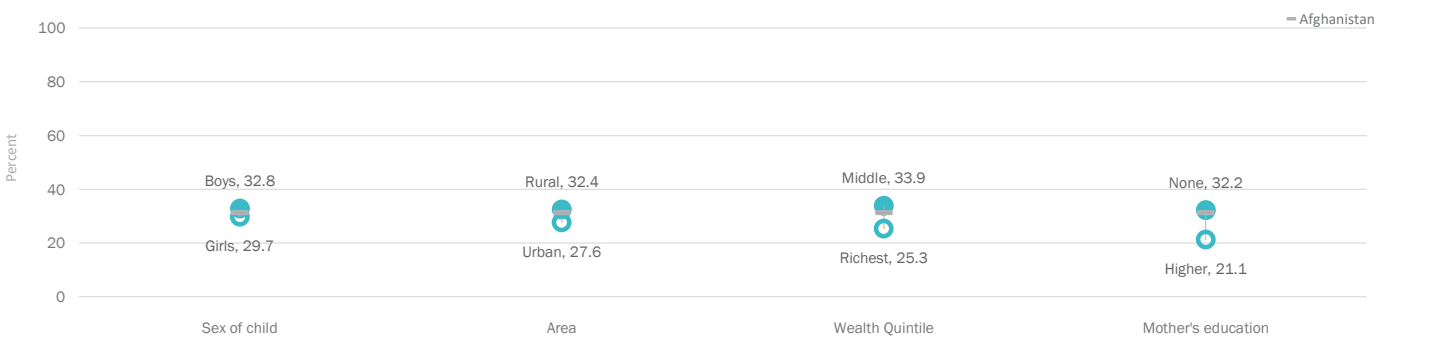
Child Functioning Domains

	Seeing	Hearing	Walking	Fine Motor	Communication	Learning	Playing	Controlling Behaviour	Self Care	Remembering	Concentrating	Accepting Change	Making Friends	Anxiety	Depression
3-4 years	0.8	0.7	1.7	1.7	3.3	5.2	2.6	2.6	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5-17 years	0.8	0.9	3.8	N/A	1.4	3.7	N/A	4.9	1.0	3.8	2.2	3.7	1.8	24.3	14.8

Percentage of children age 3–4 and 5-17 years with functional difficulty in at least one domain, by domain of difficulty

N/A- Not Applicable

Child Functioning: Inequalities



Percentage of children age 3–17 years with functional difficulty, by background characteristics

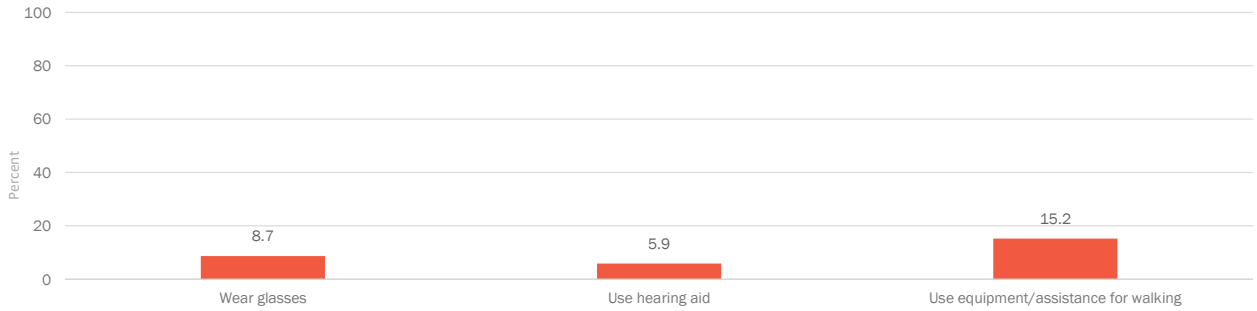
Provincial Data on Child Functioning

Province	3-4 years	5-17 years	3-17 years
Afghanistan	**10.7**	**35.2**	**31.3**
Kabul	5.6	25.5	22.4
Kapisa	19.7	41.0	37.3
Parwan	9.5	24.4	21.8
Maidan Wardak	25.4	42.0	39.3
Logar	36.5	61.4	57.1
Nangarhar	5.5	60.3	52.6
Laghman	7.9	77.9	65.7
Panjsher	6.6	38.8	34.4
Baghlan	2.7	38.8	33.3
Bamyan	2.5	28.9	24.5
Ghazni	12.4	47.8	43.0
Paktika	7.6	15.8	14.6
Paktya	19.9	31.1	29.2
Khost	10.4	26.7	24.0
Kunarha	55.6	67.9	65.7
Nooristan	12.3	40.6	35.9
Badakhshan	17.1	35.9	33.0

Province	3-4 years	5-17 years	3-17 years
Afghanistan	**10.7**	**35.2**	**31.3**
Takhar	3.4	26.1	22.6
Kunduz	8.2	35.2	30.3
Samangan	4.8	26.8	23.1
Balkh	8.3	26.6	23.4
Sar-e-Pul	3.0	16.2	13.7
Ghor	4.4	28.5	25.3
Daykundi	2.0	6.3	5.5
Urozgan	47.1	42.7	43.3
Zabul	28.6	60.8	55.3
Kandahar	23.5	50.1	45.9
Jawzjan	13.1	11.2	11.5
Faryab	6.1	40.4	34.0
Helmand	9.0	47.4	41.4
Badghis	9.2	14.7	13.7
Herat	2.8	18.8	16.4
Farah	9.8	23.2	20.9
Nimroz	3.1	36.0	31.1

Percentage of children age 3–17 years with functional difficulty in at least one domain, by province

Children who use Assistive Devices & have Functional Difficulties



Percentage of children age 2-17 years with difficulties seeing when wearing glasses among those who wear glasses, percentage of children age 2-17 years with difficulties hearing when using a hearing aid among those who use a hearing aid, and percentage of children age 2-17 years with difficulties walking when using equipment or receiving assistance among those who use equipment or receive assistance walking

Data from this snapshot can be found in tables EQ.1.1, EQ.1.2, EQ.1.3, and EQ.1.4 in the Survey Findings Report.

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GENDER EQUALITY

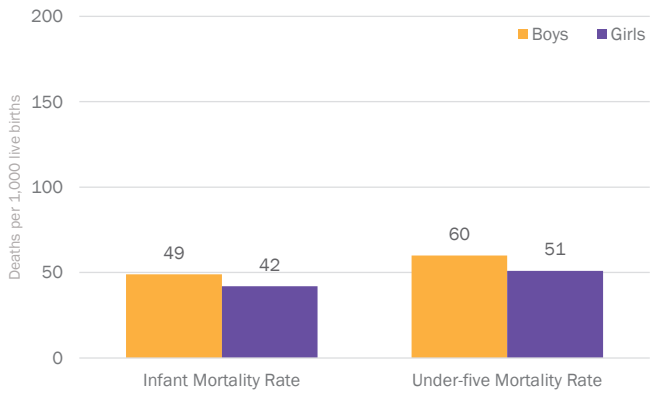
GENDER EQUALITY

Gender equality means that girls and boys, women and men, enjoy the same rights, resources, opportunities and protections. Investments in gender equality contribute to lifelong positive outcomes for children and their communities and have considerable inter-generational payoffs because children's rights and well-being often depend on women's rights and well-being. This snapshot shows key dimensions of gender equality during the lifecycle. It is organized around: 1) the first decade of life (0-9 years of age) when gender disparities are often small, particularly in early childhood; 2) the second decade of childhood (10-19 years of age) when gender disparities become more pronounced with the onset of puberty and the consolidation of gender norms; and 3) adulthood, when gender disparities impacts both the wellbeing of women and girls and boys.

Every Girl & Boy Survives & Thrives: The First Decade of Life

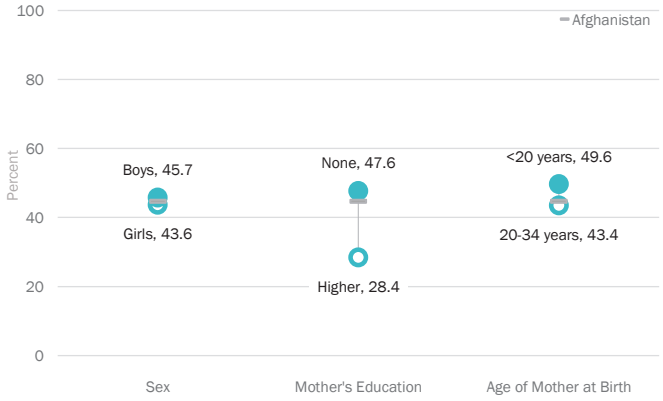
Nutrition and a supportive environment in early childhood are among the key determinants of the health and survival of children and their physical and cognitive development. Generally, girls tend to have better biological endowments than boys for survival to age five, and thus higher survival chances under natural circumstances. However, gender discrimination against girls can affect survival, resulting in higher than expected female mortality. Similarly, stunting rates are typically lower among girls than boys, potentially due to the higher risk for preterm birth among boys, which is inextricably linked with lower birth weight. However, children with mothers who gave birth at a young age or who have no education may be more likely to be malnourished. Children with restricted cognitive development during early life are at risk for later neuropsychological problems, poor school achievement, early school drop-out, low-skilled employment, and poor care of their own children. Stimulation and interaction with parents and caregivers can jumpstart brain development and promote well-being in early childhood. This is also the period of development when gender socialization, or the process of learning cultural roles according to one's sex, manifests. Caregivers, particularly fathers, may respond to, and interact with, sons and daughters differently.

Mortality Rates among Children Under-5, SDG 3.2.1 Sex Disaggregate



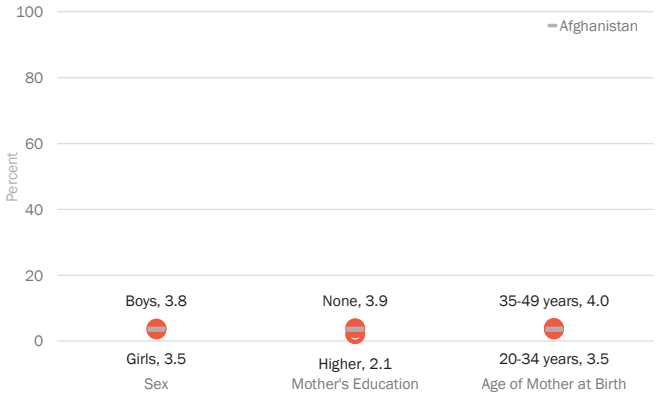
Infant mortality: probability of dying between birth and the first birthday
Under-five mortality: the probability of dying between birth and the fifth birthday

Malnutrition: Stunting (Moderate & Severe) among Children Under-5, SDG 2.2.1



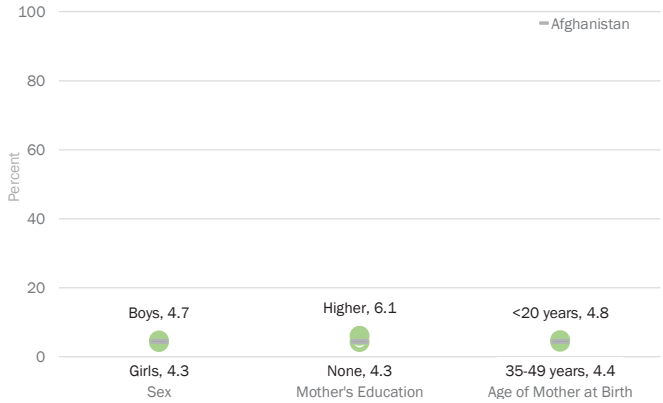
Stunting refers to a child too short for his or her age

Malnutrition: Wasting (Moderate & Severe) among Children Under-5, SDG 2.2.2



Wasting refers to a child who is too thin for his or her height

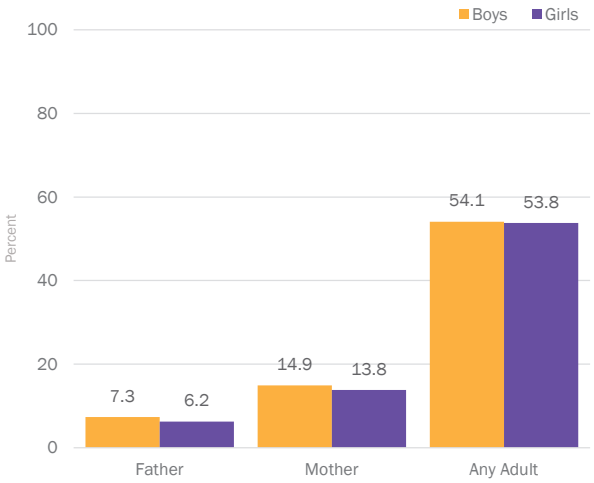
Malnutrition: Overweight (Moderate & Severe) among Children Under-5, SDG 2.2.2



Overweight refers to a child who is too heavy for his or her height

Every Girl & Boy Survives & Thrives: The First Decade of Life

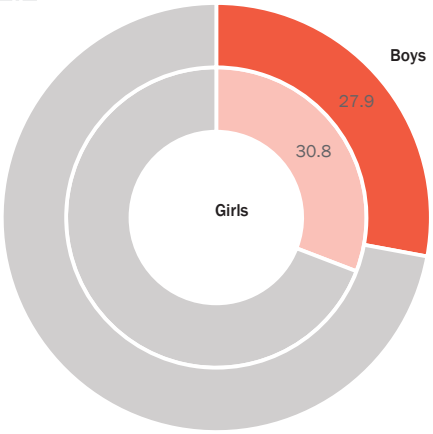
Early Stimulation & Responsive Care by Adults



Percentage of children age 2-4 years with whom adult household members engaged in activities that promote learning and school readiness during the last three days, by person interacting with child and sex of child.

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child

Early Childhood Development Index, SDG 4.2.1



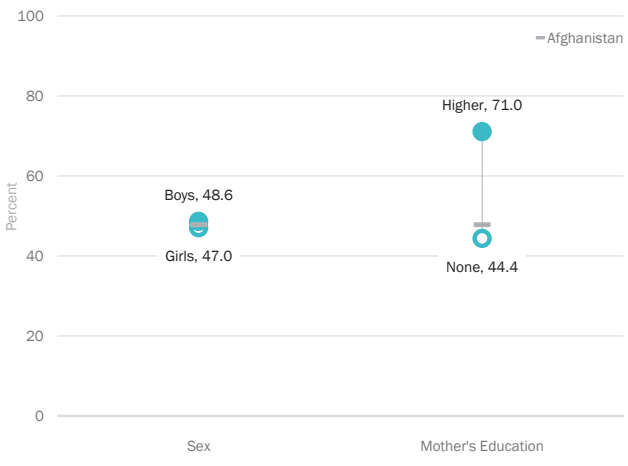
Percentage of children age 3-4 years who are developmentally on track in health, learning and psychosocial well-being, by sex

Note: Children age 24-35 months are excluded, as ECDI related questions were only collected for children age 36-59 months.

Every Girl & Boy Is Protected From Violence & Exploitation: The First Decade of Life

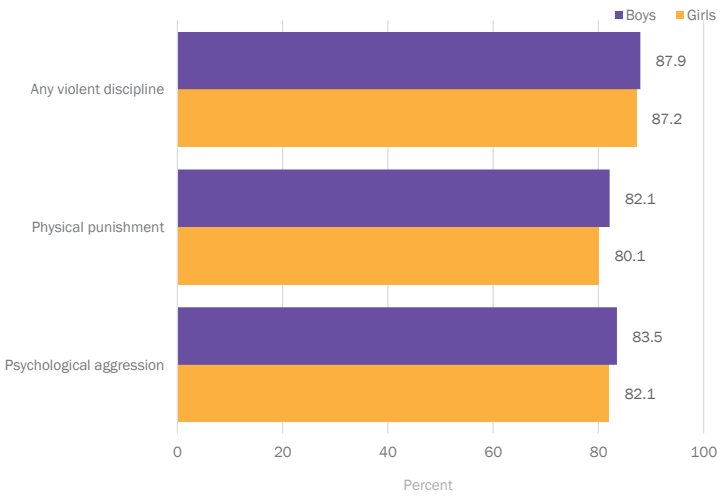
Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed. While vitally important for both girls and boys, the implications of low birth registration rates for girls are significant, rendering them more vulnerable to certain forms of exploitation they are at greater risk of, including child marriage and international trafficking. Although average birth registration rates are similar for girls and boys, children with mothers who have no education may be less likely to have their births registered. While girls and boys face similar risks of experiencing violent discipline -which includes physical punishment and psychological aggression- by caregivers in the home, gender inequality and domestic violence are among the factors associated with an elevated risk of violence against both girls and boys.

Birth Registration, SDG 16.9.1 Sex Disaggregate



Percentage of children under age 5 whose births are registered, by sex and maternal education level

Violent Discipline, SDG 16.2.1 Sex Disaggregate

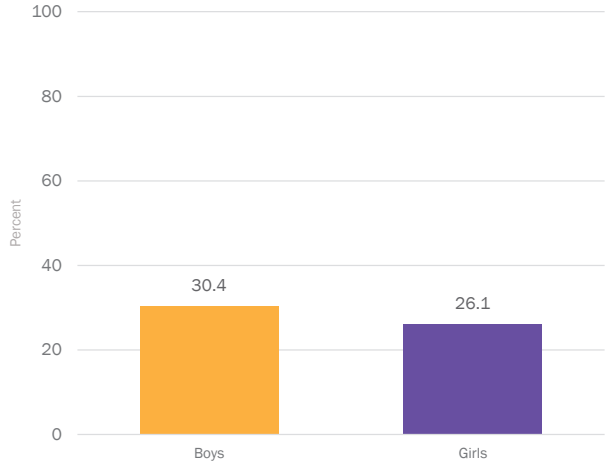


Percentage of children age 1-14 years who experienced violent discipline in the past month, by sex
Note: The age group 1-14 spans the first and second decades of life.

Every Girl & Boy Learns: The First Decade of Life

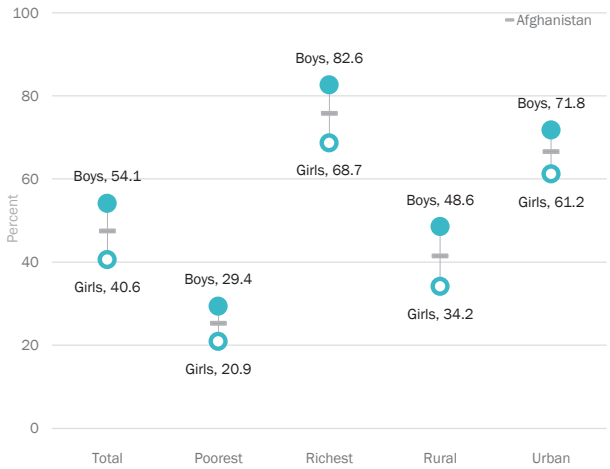
Investment in good quality early childhood education services prior to entering school improves learning outcomes for children. It also enhances the efficiency of the school system by reducing repetition and drop-out and improving achievement, especially among girls and marginalized groups. Primary education provides the foundation for a lifetime of learning. Considerable progress has been made in achieving universal education and closing the gender gap but gender disparities to the disadvantage of girls still exist in some countries. Further, girls still comprise the majority of the world's out-of-school population.
Note: Because children of primary school age range from 7-12 years, these indicators include some children in their second decade of life.

Participation Rate in Organized Learning, SDG 4.2.2



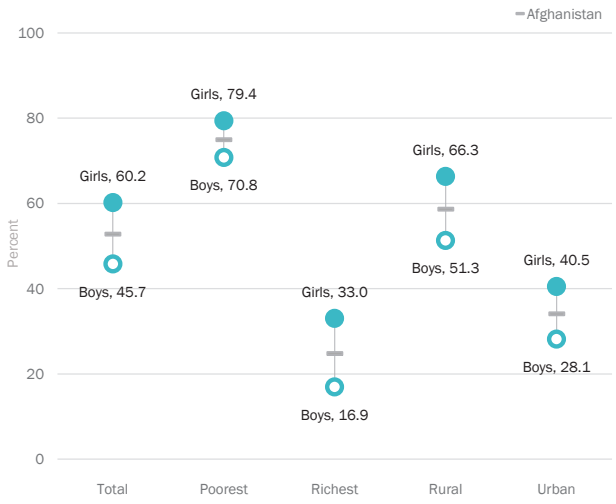
Percentage of children age one year younger than the official primary school entry age at the beginning of the school year who are attending an early childhood education programme or primary school (adjusted net attendance rate), by sex

Primary School Attendance



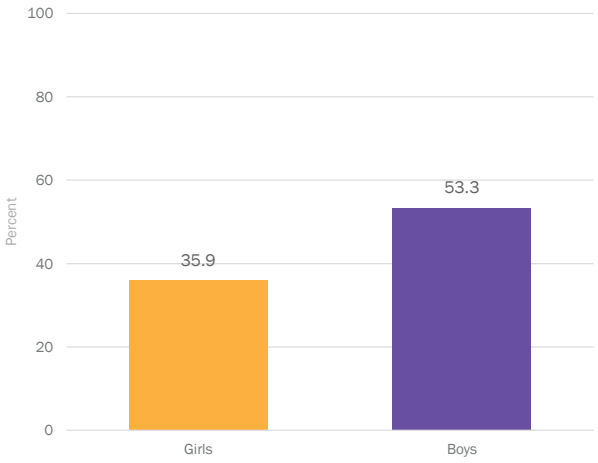
Percentage of children of primary school age attending primary, lower or upper secondary school (adjusted net attendance rate), by wealth quintile and urban/rural residence

Children of Primary School Age Out of School



Percentage of children of primary school age who are not attending any level of education, by wealth quintile and area

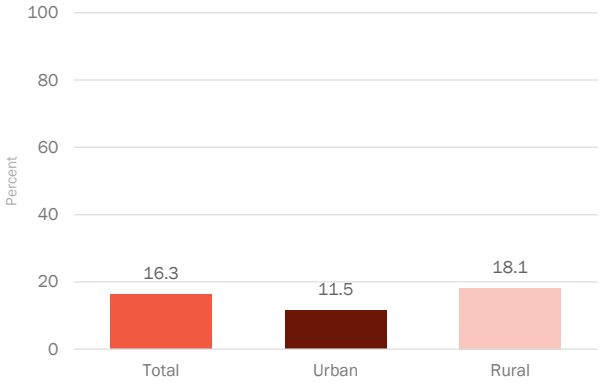
Primary Completion, SDG 4.1.2



Percentage of children age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education, by sex

Every Adolescent Girl & Boy Survives & Thrives: The Second Decade of Life

Early Childbearing - by Age 18



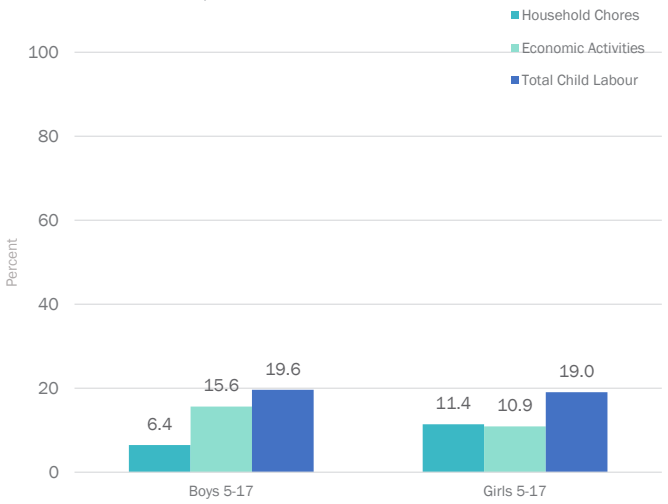
Percentage of women age 20-24 years who had a live birth by age 18, by urban/rural residence

While adolescence carries new health risks for both girls and boys, girls often face gender-specific vulnerabilities, with lifelong consequences. Complications related to pregnancy and childbirth are among the leading causes of death worldwide for adolescent girls age 15 to 19. Preventing adolescent pregnancy not only improves the health of adolescent girls, but also provides them with opportunities to continue their education, preparing them for jobs and livelihoods, increasing their self-esteem and giving them more say in decisions that affect their lives. Yet, too often, adolescent girls lack access to appropriate sexual and reproductive health services, including modern methods of contraception. Additionally, despite having a higher risk of contracting HIV due to both greater physiological vulnerabilities and gender inequalities, adolescent girls are often less knowledgeable than adolescent boys about how HIV is transmitted. However, gender norms adversely impact adolescent boys as well. For example, norms around masculinity that encourage risk taking may heighten adolescent boys' use of alcohol and tobacco, increasing their likelihood of developing noncommunicable diseases later in life.

Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

Adolescence presents unique vulnerabilities to violence and exploitation for girls. In many countries, marriage before the age of 18 is a reality for girls due to the interaction of several factors that place a girl at risk, including poverty, social norms, customary or religious laws that condone the practice, an inadequate legislative framework and the state of a country's civil registration system. Child marriage often compromises a girl's development by resulting in early pregnancy and social isolation, interrupting her schooling, and limiting her opportunities for career and vocational advancement. It also often involves a substantial age difference between the girl and her partner, thus further disempowering her and putting her at greater risk of partner violence, sexually transmitted diseases and lack of agency. Attitudes about wife beating serve as a marker for the social acceptability of intimate partner violence. Acceptance of wife beating among adolescent girls and boys suggests that it can be difficult for married girls who experience violence to seek assistance and for unmarried girls to identify and negotiate healthy and equitable relationships. Female genital mutilation is a human rights issue that also affects girls and women. Adolescence, in particular, is a vulnerable period for girls who have undergone FGM because they may experience heightened consequences of the procedure as they become sexually active and begin childbearing. Gender-based discrimination may be one of the most ubiquitous forms of discrimination adolescent girls face, and it has long-lasting and far-reaching effects on their personal trajectories as well as on all aspects of social and economic development. While in most regions, girls and boys are equally likely to be involved in child labour, gender is a determinant of the types of activities boys and girls engage in, with girls more likely to be involved in domestic work.

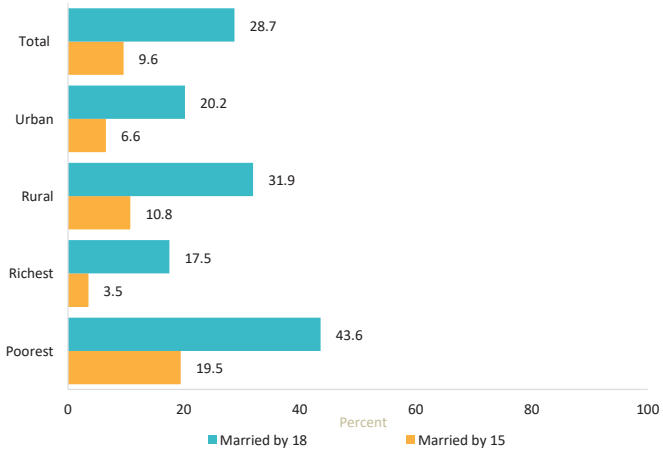
Child Labour, SDG 8.7.1



Percentage of children age 5-17 years engaged in child labour, by sex, age group and type of activity

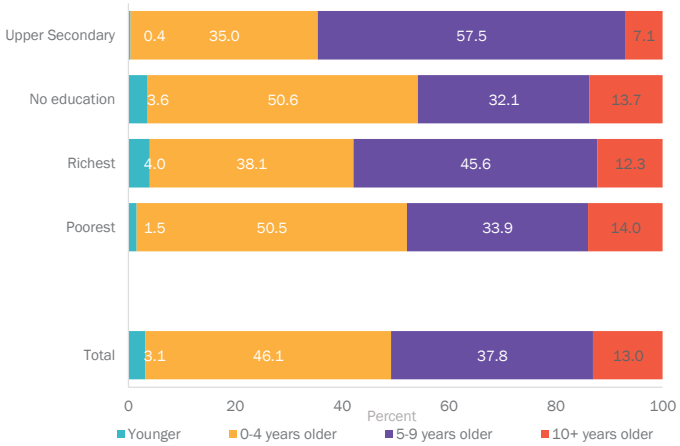
* Note: Indicator includes children in the first & second decade of life

Child Marriage, SDG 5.3.1



Percentage of women age 20-24 years who were first married before age 15 and before age 18*, by area and wealth quintile

Spousal Age Difference

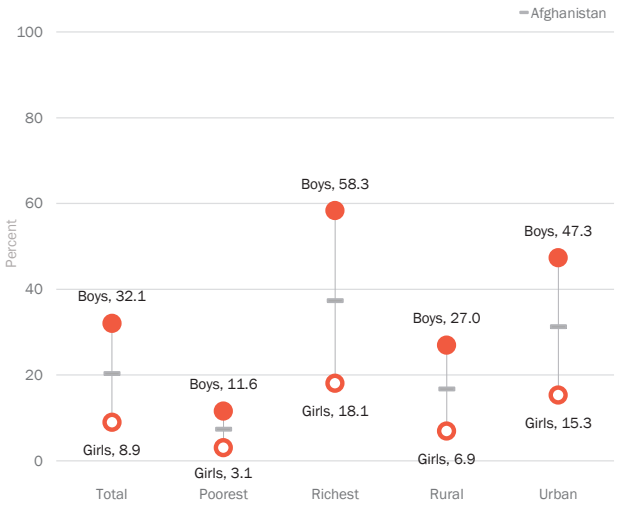


Percent distribution of adolescent girls age 15-19 currently married by age of their partner, by education level and wealth quintile

Every Adolescent Girl & Boy Learns: The Second Decade of Life

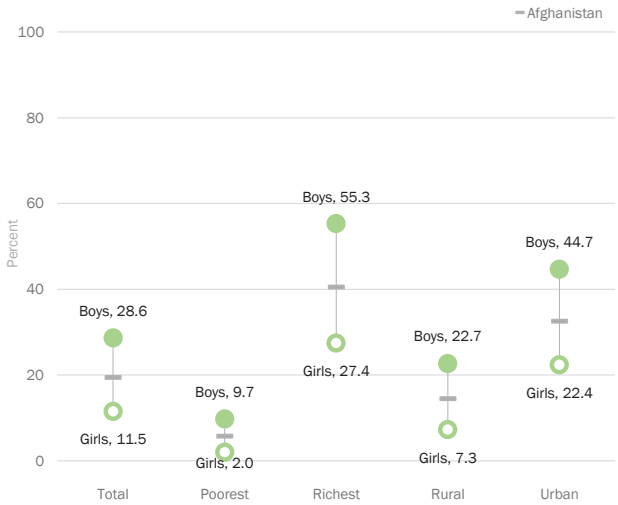
Globally, participation in secondary education is expanding, progress lags behind primary education. Gender disparities disadvantaging girls are also wider and occur in more countries at the secondary level than at the primary level. Yet, advancing girls' secondary education is one of the most transformative development strategies countries can invest in. Completion of secondary education brings significant positive benefits to girls and societies – from increased lifetime earnings and national growth rates, to reductions in child marriage, stunting, and child and maternal mortality.

Lower Secondary Attendance Net Attendance Rate



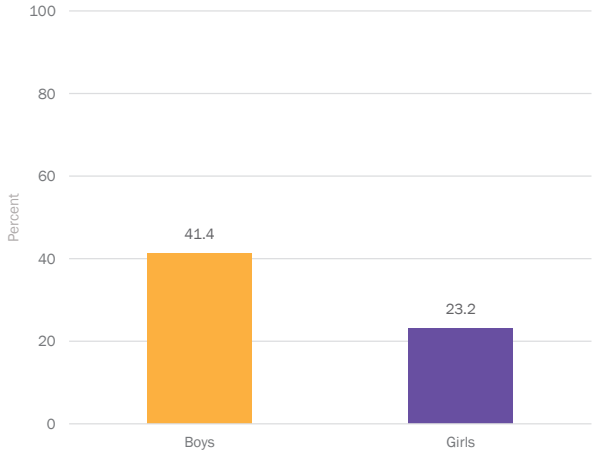
Percentage of children of lower secondary school age attending lower secondary school or higher (adjusted net attendance rate), by sex, wealth quintile and area

Upper Secondary Attendance Net Attendance Rate



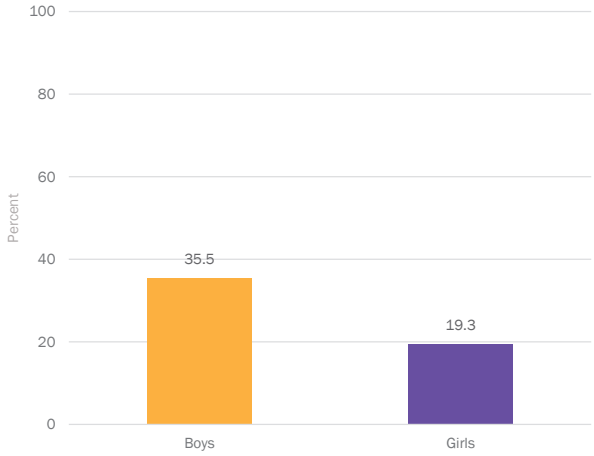
Percentage of children of upper secondary school age attending upper secondary school or higher (adjusted net attendance rate), by sex, wealth quintile and area

Lower Secondary Completion, SDG 4.1.2



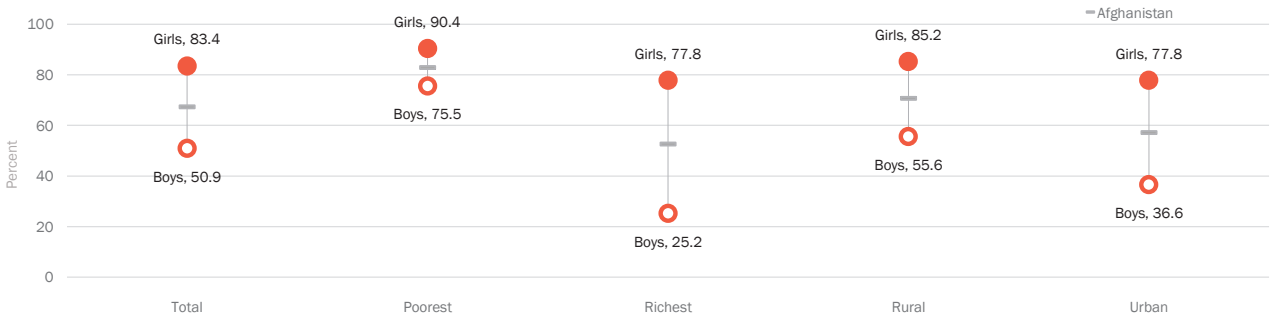
Percentage of children who age 3 to 5 years above the intended age for the last grade of lower secondary school who have completed lower secondary education, by sex

Upper Secondary Completion, SDG 4.1.2



Percentage of children or youth who age 3 to 5 years above the intended age for the last grade of upper secondary school who have completed upper secondary education, by sex

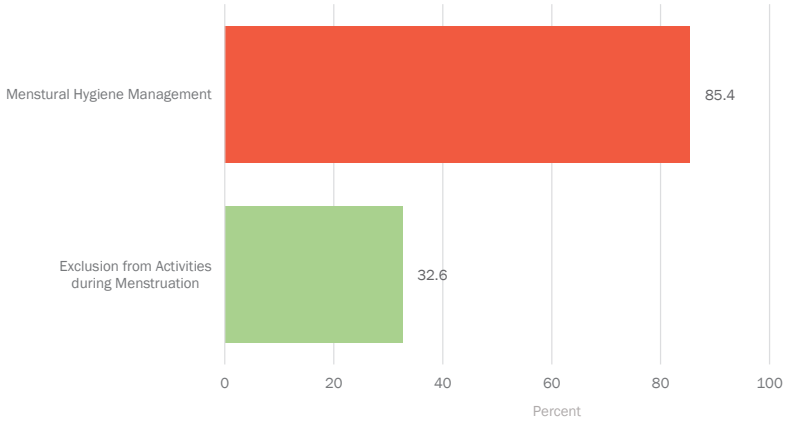
Children of Lower Secondary School Age Out of School



Percentage of children of lower secondary school age who are not attending any level of education, by sex, wealth quintile and area

Every Adolescent Girl & Boy Lives in a Safe & Clean Environment: The Second Decade of Life

Menstrual Hygiene Management



The ability of adolescent girls to safely manage their monthly menstrual cycle in privacy and with dignity is fundamental to their health, psychosocial well-being and mobility. Girls in low-resource and emergency contexts without access to adequate menstrual hygiene management facilities and supplies experience stigma and social exclusion while also forgoing important educational, social and economic opportunities.

Menstrual Hygiene Management: Among adolescent girls age 15-19 who reported menstruating in the last 12 months, percentage using appropriate menstrual hygiene materials with a private place to wash and change while at home

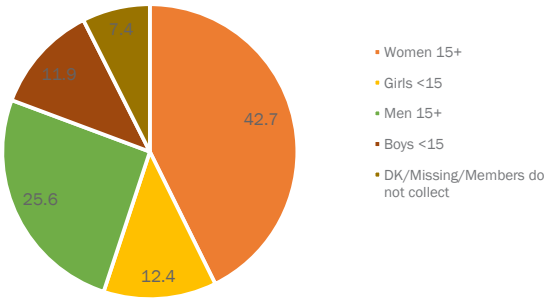
Exclusion from Activities during Menstruation: Among adolescent girls age 15-19 who reported menstruating in the last 12 months, percentage of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months

Gender Equality in Adulthood

To survive and thrive, all children require care and support from women and men. Care and support can be substantively improved by fostering gender equality, an important goal in its own right, and by reducing the gender-related barriers. Gender-related barriers include women's and girls' disproportionate lack of information, knowledge and technology, resources, and safety and mobility, as well as the gender division of labour and gender norms. For example, a mother's lack of mobility, due to prohibitive norms or lack of transportation, may impede birth registration, nutrition, and other child outcomes. The internalization of gender norms around masculine and feminine expectations and behaviours may influence women's and men's attitudes toward intimate partner violence and physical punishment of children as well as self-perceptions of well-being, including life satisfaction and expectations for the future.

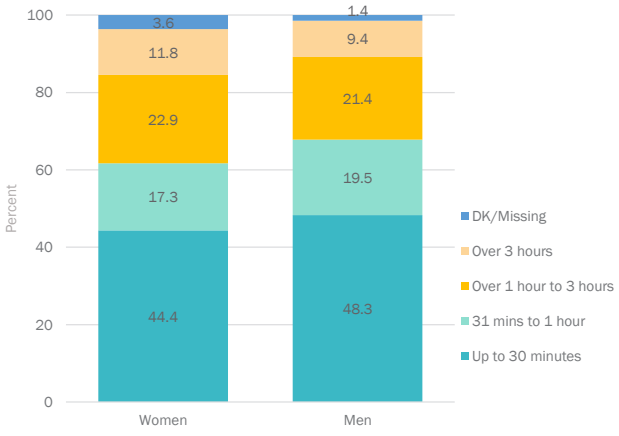
Time on Household Chores: Water Collection

Who collects water?



Percent distribution of household members without drinking water on premises by person usually collecting drinking water used in the household

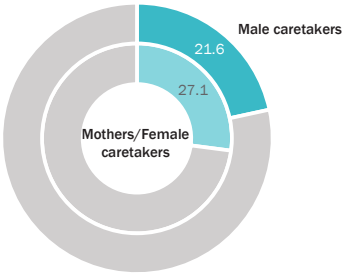
Time spent on water collection



Percent distribution of average amount of time spent collecting water per day by sex of person primarily responsible for water collection in households without drinking water on premises

Feminine & masculine attitudes & expectations

Attitudes toward physical punishment



Percentage of mothers/caretakers who believe that physical punishment is needed to bring up, raise, or educate a child properly, by sex of caretaker

Data from this snapshot can be found in tables SR.6.1W, CS.3, TC.8.1, TC.10.1, TC.11.1, LN.1.2, LN.2.3, LN.2.4, LN.2.6, LN.2.7, TM.2.2W, PR.1.1, PR.2.1, PR.2.2, PR.3.3, PR.4.1W, PR.4.1, WS 1.3, WS.1.4, WS.4.1 and WS.4.2 in the Survey Findings Report.

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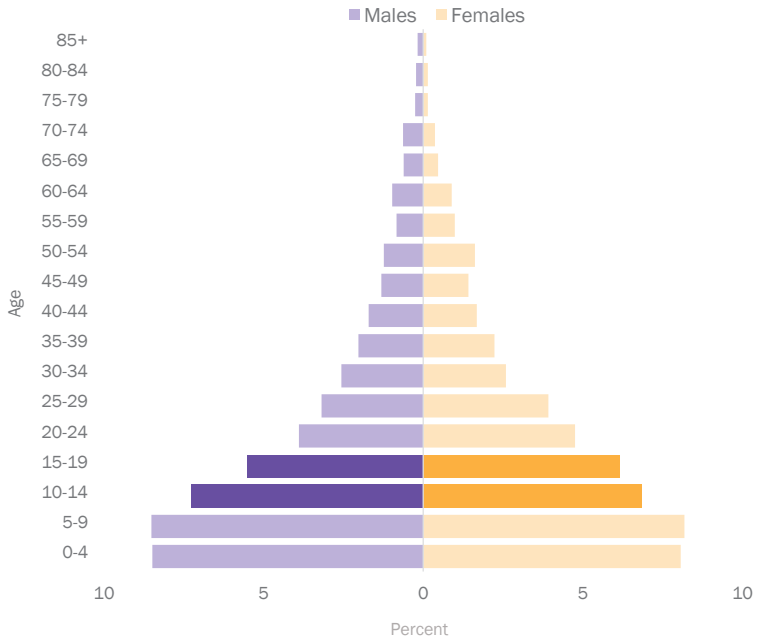
ADOLESCENTS

ADOLESCENTS

The Adolescent Population: Age 10-19

Age & Sex Distribution of Household Population

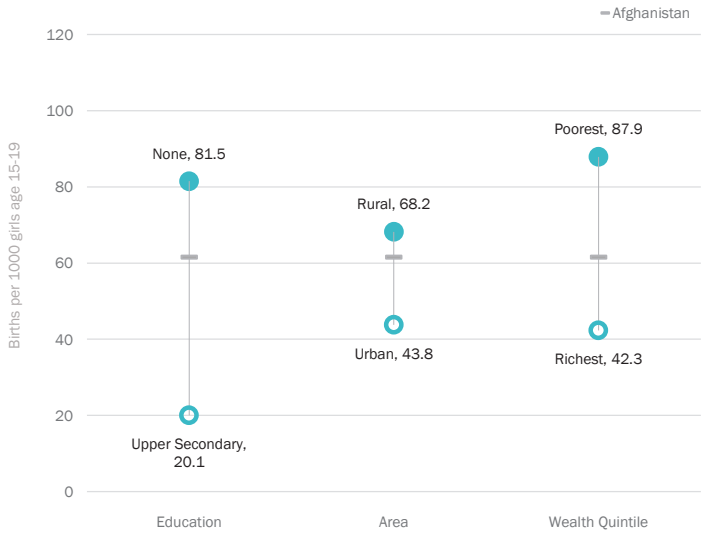


This snapshot of adolescent well-being is organized around key priority areas for adolescents:

- Every adolescent survives and thrives
- Every adolescent learns
- Every adolescent is protected from violence and exploitation
- Every adolescent lives in a safe and clean environment
- Every adolescent has an equitable chance in life

Every Adolescent Survives & Thrives

Adolescent Birth Rate: SDG 3.7.2

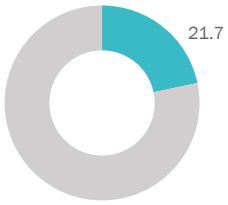


Age-specific fertility rate for girls age 15-19 years: the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

Adolescence is by some measures the healthiest period in the life-course, yet it can also mark the first manifestations of issues which can have lifelong effects on health and wellbeing, such as unsafe sexual behavior, early childbearing and substance misuse. Nevertheless, health interventions during this period are shown to have long-lasting effects. Access to appropriate contraceptive methods is critical to prevent adolescent pregnancy and its related consequences, allowing adolescents to transition into adulthood with the ability to plan their pregnancies and live healthy and productive lives.

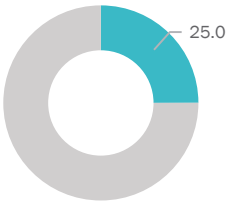
Every Adolescent Learns

Foundational Reading Skills



Percentage of children age 10-14 who can 1) read 90% of words in a story correctly, 2) Answer three literal comprehension questions, and 3) Answer two inferential comprehension questions

Foundational Numeracy Skills

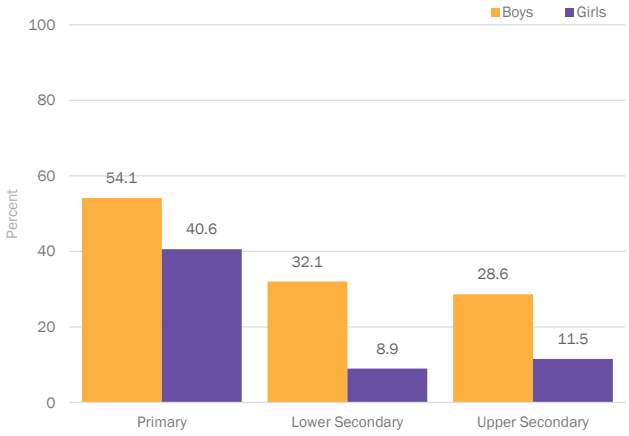


Percentage of children age 10-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

Quality education and experiences at school positively affect physical and mental health, safety, civic engagement and social development. Adolescents, however, can also face the risk of school drop-out, early marriage or pregnancy, or being pulled into the workforce prematurely.

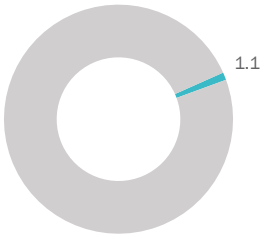
Data on reading and numeracy skills are collected in MICS through a direct assessment method. The Foundational Learning module captures information on children's early learning in reading and numeracy at the level of Grade 2 in primary education.

School Attendance Rates



Adjusted net attendance rate, by level of education and by gender

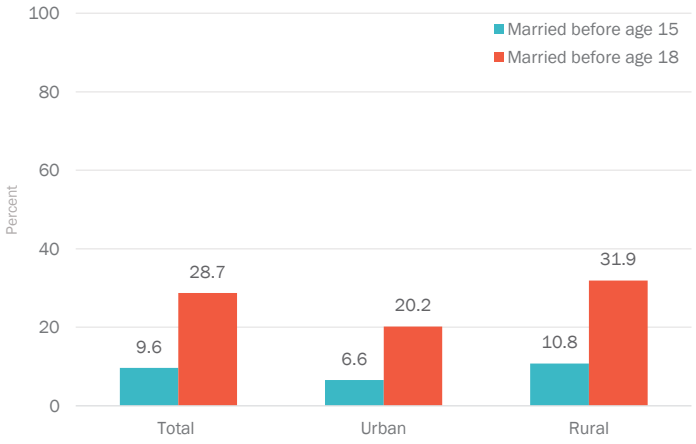
Information & Communications Technology (ICT) Skills*



Percentage of girls age 15-19 who in the last 3 months have performed at least one of nine specific computer related activities
*Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills

Every Adolescent is Protected from Violence & Exploitation

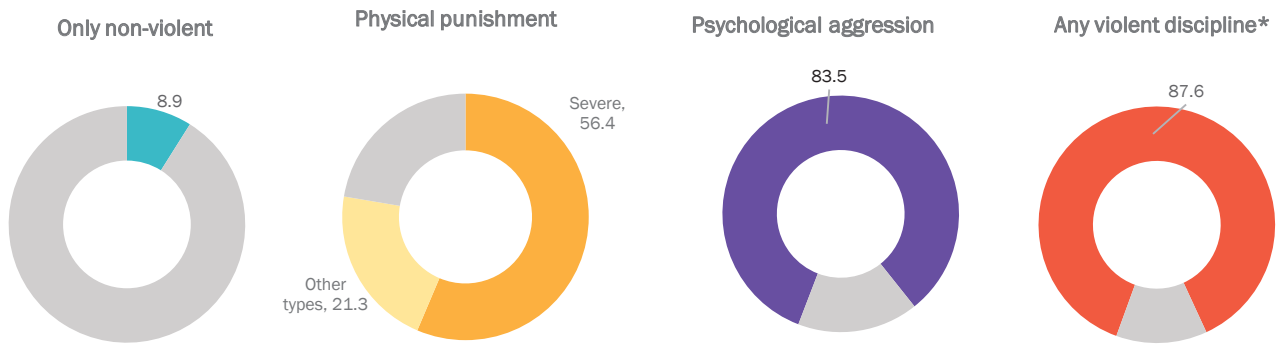
Child Marriage: SDG 5.3.1



Percentage of women age 20-24 years who were first married before age 15 and before age 18, by area

Adolescence is a period of heightened risk to certain forms of violence and exploitation. The onset of puberty marks an important transition in girls' and boys' lives whereby gender, sexuality and sexual identity begin to assume greater importance, increasing vulnerability to particular forms of violence, particularly for adolescent girls. Certain harmful traditional practices, such as female genital mutilation/cutting and child marriage, often take place at the onset of puberty. At the same time, as children enter adolescence, they begin to spend more time outside their homes and interact more intimately with a wider range of people, including peers and romantic partners. This change in social worlds is beneficial in many respects, but also exposes adolescents to new forms of violence.

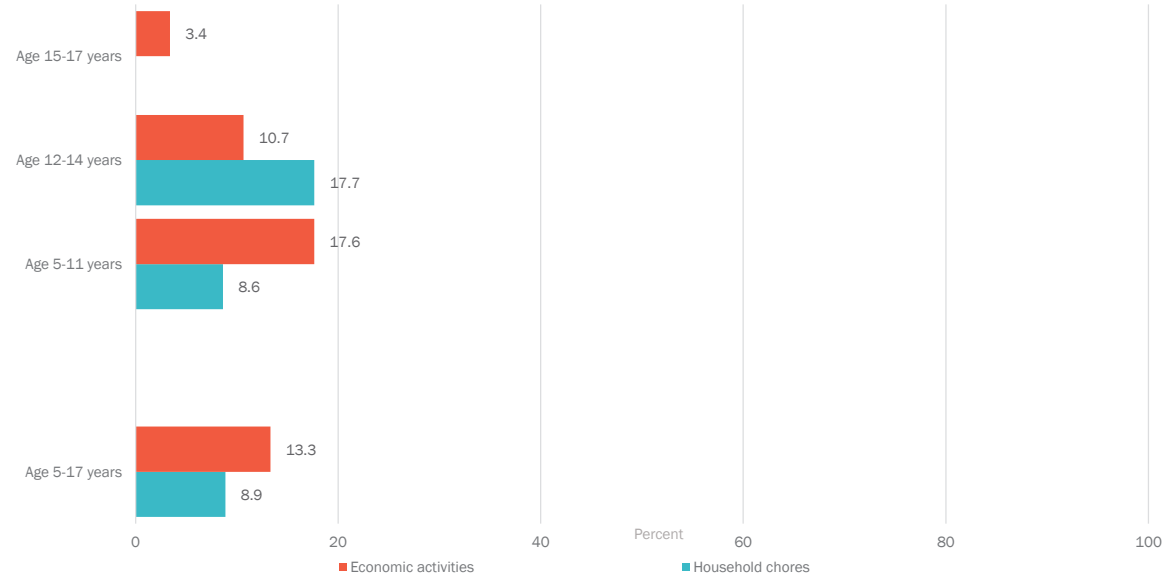
Child Discipline



Percentage of children age 10-14 years who experienced any discipline in the past month, by type
*Age disaggregate of SDG 16.2.1

Every Adolescent is Protected from Violence & Exploitation

Child Labour: SDG 8.7.1



Percentage of adolescents age 5-17 years engaged in child labour, by type of activity and by age
Note: These data reflect the proportions of children engaged in the activities at or above the age specific thresholds outlined in the definitions box.

Definition of Child Labour

Age 5 to 11 years: At least 1 hour of economic activities or 21 hours of unpaid household services per week.

Age 12 to 14 years: At least 14 hours of economic activities or 21 hours of unpaid household services per week.

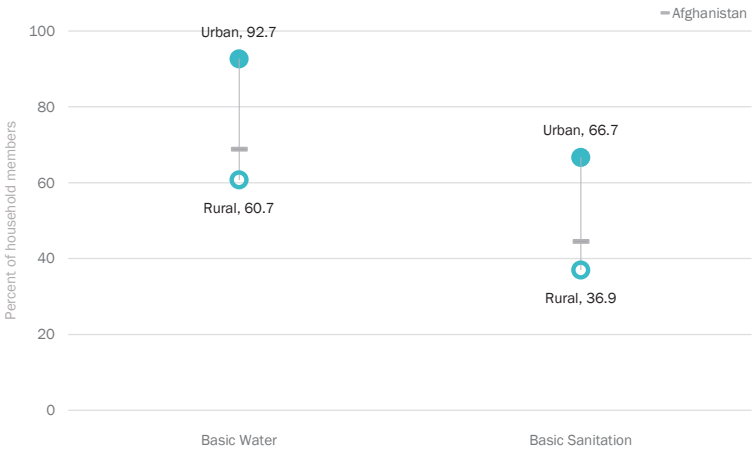
Age 15 to 17 years: At least 43 hours of economic activities. No threshold for number of hours of unpaid household services.

Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children.

Note that the child labour indicator definition has changed during the implementation of the sixth round of MICS. Changes include age-specific thresholds for household chores and exclusion of hazardous working conditions. While the overall concept of child labour includes hazardous working conditions, the definition of child labour used for SDG reporting does not.

Every Adolescent Lives in a Safe & Clean Environment

Water & Sanitation



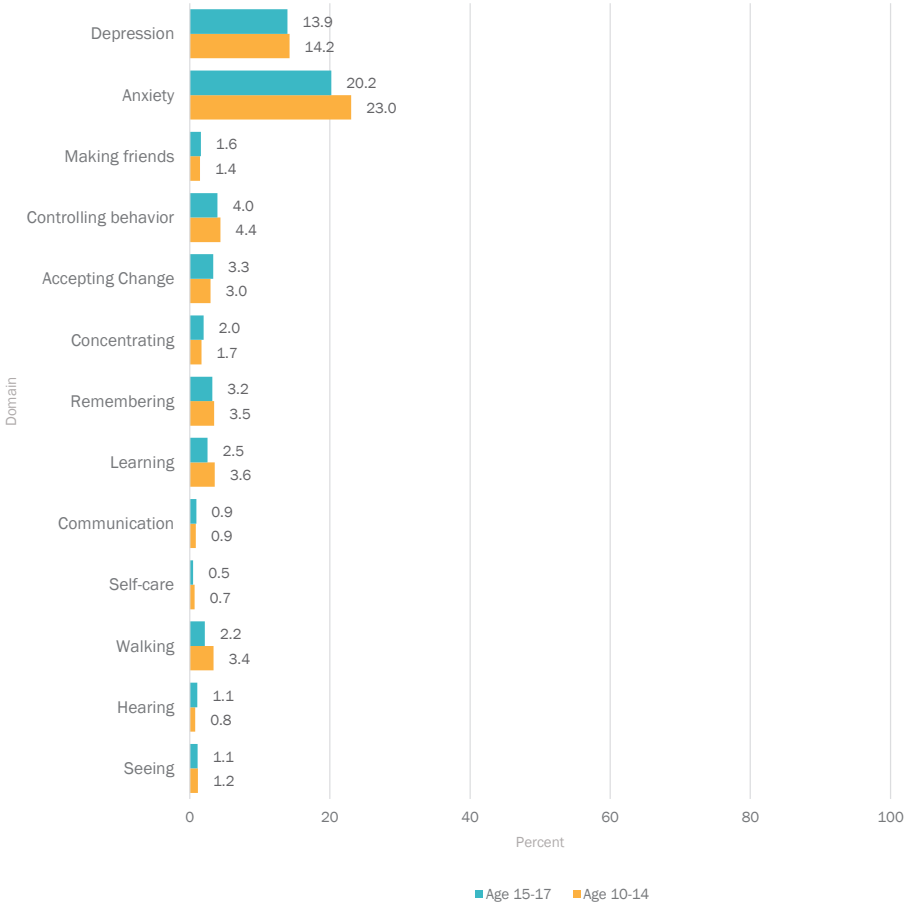
The data presented here are at the household level. Evidence suggests that adolescent access to these services are comparable to household-level data.

Basic Drinking Water SDG 1.4: Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water

Basic Sanitation Services SDG 1.4.1/6.2.1 : Use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs

Every Adolescent has an Equitable Chance in Life

Functioning Difficulties in Adolescents



Percentage of adolescents who have a functioning difficulty, by domain and age

Achieving sustainable progress and results with regard to equity demands a human rights-based approach. At the core of international human rights legal framework is the principle of non-discrimination, with instruments to combat specific forms of discrimination, including against women, indigenous peoples, migrants, minorities, people with disabilities, and discrimination based on race and religion, or sexual orientation and gender identity. As adolescents begin to form more of an individual identity, discrimination can often become more pronounced, taking form in harassment, bullying, or exclusion from certain activities. At the same time, research has shown that discrimination during adolescence has a particularly strong effect on stress hormones, potentially leading to life-long mental or physical health side effects.

Children and adolescents with disabilities are one of the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, lack of adequate policies and legislation, adolescents with disabilities are effectively barred from realizing their rights to health, education, and even survival.

Data from this snapshot can be found in tables SR.4.1, SR.9.4W, TM.2.1, LN.2.3, LN.2.4, LN.2.6, LN.4.1, LN.4.2, PR.2.1, PR.3.3, PR.4.1W, WS.3.6, and EQ.1.2 in the Survey Findings Report.

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