

## The health status of maternal and children under five in Gozarah district belonging to Herat province west part of Afghanistan by Catchment Area Annual Census (CAAC) survey in 2013.

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### Objectives of the research:

- Identifying the number of house hold and total population
- Identifying the number of married women (age 15-49)
- Key health services coverage (Family planning, vaccination)
- Identifying Maternal and children morality rate
- Collecting the information is very significant and use in each level of health facilities in Afghanistan.
- These information help for better health services to decrease mortality

### Introduction:

Afghanistan's health status was one of the worst in the world before 2002 ( UNICEF 2002) Fortunately after that there are many change during the recent years with some positive intervention and revised Basic Package of Health Services ( BPHS) by ministry of public health of Afghanistan and decreased maternal and children mortality rate, The under-5 mortality rate for Afghanistan excluding the South zone for the 2-6 years prior to the survey is 97 deaths per 1,000 births, and the infant mortality rate is 77 deaths per 1,000 births(Afghanistan Mortality Survey( AMS 2010).



The pregnancy-related mortality ratio in Afghanistan based on sibling histories is estimated to be 327 per 100,000 births for the seven years preceding the AMS 2010 survey. With the Gakidou-King recommended adjustment, the pregnancy-related mortality ratio increases to 372 per 100,000 births. This means that for every 1,000 live births, about 3-5 women die during pregnancy, in childbirth, or in the two months after delivery.

The AMS 2010 survey estimates are much lower than previous estimates that were based on a very geographically limited and no representative sample.

Gozarah district is one of the biggest district which is located in south part of Hirat province (20 km far from Hirat city), with 386 villages and 259078 total population( CAAC survey 2013) in whole, considered to be not only insecure areas but remote enough being outside the enclaves of Herat city. The district consists of sand hills and lands, mountainous, farms garden around, boys and girls schools have been established by ministry of education in many villages in different level, 109 health post, five Basic Health Center, five sub health center, one district hospital and one mobile health team have been admitted according ministry of public health Afghanistan BPHS strategy husbandry and cultivations are big business of the inhabitants, outbreaks of pertusis, measles, Tania, CCHF have been reported during the last year in some villages.

The survey started on October and finished on December 2013 totally 386 villages covered in these all villages from 259000 total population collected the information door by door by 60 couples surveyors during 25 days, fully immunized children under two years calculated 70%, maternal mortality rate 391/100,000 and children under five mortality rate is 69/1000 totally in whole villages calculated.

### **Content of the project**

The catchment area annual census (CAAC) identifies the number of people in important age groups who require health services. These numbers are essential to interpret data that is collected in health posts and health facilities and will be used at the health post, health facility, provincial and Afghanistan national levels.



In addition, from the CAAC local death rates in these age groups can be determined so that health services can be improved and fewer people will die. It also counts the number of couples who use birth spacing methods and children who are fully vaccinated. CAAC is a process of visiting people s' homes in a community and recording the data. Specific forms and tools are used to facilitate the process. In the bellows are the data tools which used in Gozarah district CAAC survey.

### **3.1. Tools**

1. Pictorial tally sheet
2. CAAC Report (CAACR at the level of health post and individual village)
3. CAAC Aggregated Report( CAACAR at the level of health facility)

## Pictorial tally sheet

The CAAC pictorial tally sheet is a pictorial form and is used by the Community Health Workers(CHW) and Health Facility (HF) staff to collect information about the number of people by age group who are living in the catchment area of the health post (HP) and HF. Because there may be more than 1 CHW per health post there may be more than 1 CAAC pictorial tally sheet per HP.

The information is recorded by the CHW and HF staff during the first visit to a house. Each house in the catchment area must be visited by the CHW once during the first 3 months of each year. Once the data collection completed, CAAC tally sheet collected by the Community Health Supervisors(CHS) who will sum the totals for each box on a CAAC Report (CAACR). Once all houses in the catchment area have been visited, the census is complete for that year. If during the 3 months there is insufficient space on the tally sheet, a second tally sheet can be used.



## CAAC Report (CAACR)

The purpose of the CAACR is to combine the CAAC information for each health post or village.

The CAACR completed by the CHS during the 3th month. One CAACR used for each health post or village. The CHS sum all CAAC pictorial tally sheets pertaining to one health post. After 3 months the CHS took the CAAC tally sheet from the CHWs. One copy of CAACR is kept by CHW for his/her use and the second copy is sent to HF for aggregation.

It is very important to be Ensure that all the identifying information for the CAAC is completed (the year of the pictorial CAAC, Include the district name and code, and the province name and code, health facility name and code as well as the health post name and code.

## CAAC Aggregated Report (CAAC-AR)

CAAC-AR provides CAAC information at the level of the health facility. This provides denominator information for the health facility as well as selected indicators as described previously.

Community Health Supervisor (CHS) collected all CAACR and once the census is complete, they sum all CAACR to produce the aggregated report CAACAR.



### 3.2. Methodology and Process

Gozarah district CAA survey started on October and finished on December( three months) the process of the survey started with conducting the meeting with Gozarah and PZ district community health supervisors and district director to seek the available ways, challenges and making the action plan, the action plan has been designed and implanted and included estimated population, Number of couple surveyors, Number of local supervisors, district supervisor, project coordinator , data collector and data entry, training of the surveyors, tolls, performances of the project, result and analysis . according the action plan, the couple surveyors selected base on HFs population , the training of the surveyors have done on HFs level individually to each center, 60 couples surveyor from Community Health workers (CHWs) 12 HFs supervisor selected to do the project survey at the middle of October month the actual survey started and these 60 couples did the survey door by door and 12 HFs supervisor (CHS and Outreach vaccinators), district supervisors(district director) ,one data collector and one coordinator involved with survey of whole Gozara district villages including deep remote areas, they did survey during three months time. Table 1 shown summary sheet of health status in Gozarah district belonging to Herat province west part of Afghanistan:

### Conclusion

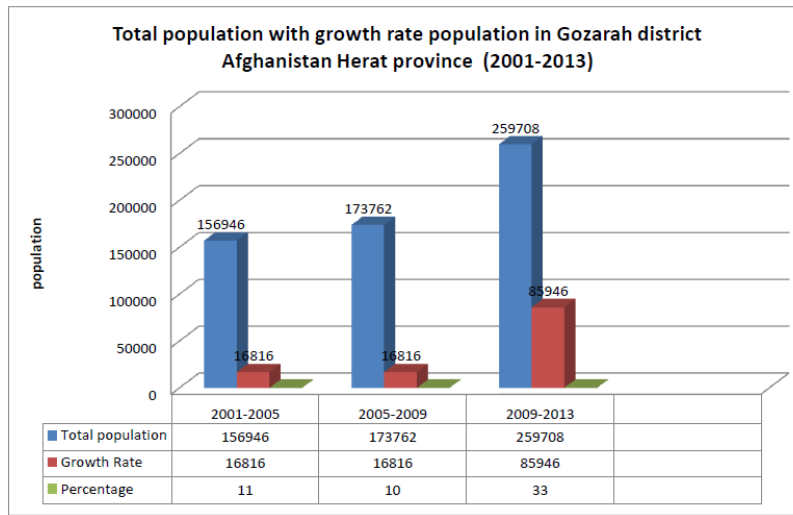
CAAC survey is a process of collecting key information for all villages It has done in Gozarha district during three months time, whole area of district has been covered , All the information and data collected at the village and health post level first and then aggregated at health facility level.

60 couples surveyors (Male and Female ) involved in the survey totally we collected 386 villages information 44218 house hold (HH)with 259078 total population, fully immunized children 1-2years shown 70%, children under five mortality rate 69/1000, infant mortality rate 56/1000 live birth, maternal mortality rate 391/100000 pregnant women, 39%women used family planning .

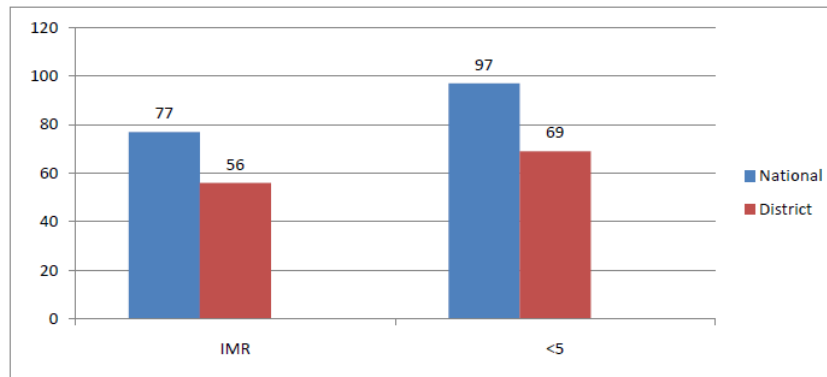
This study financially supported by Danish Afghanistan Committee(DAC) organization which have been implemented health services according to Afghanistan Basic Package of Health services since 1993 in this district

Data has shown that many changes has been occurred as compared with last survey (2005) 36 villages newly established mostly they are Internal Displace People (IDP) that they migrated from other provinces Afghanistan and districts of Herat province and built houses in the area of Gozarah district, due to huge IDP migrant and new villages and town established in the district survey has shown intense increasing population and much higher growth rate population in the district as compared with 2005 CAAC survey

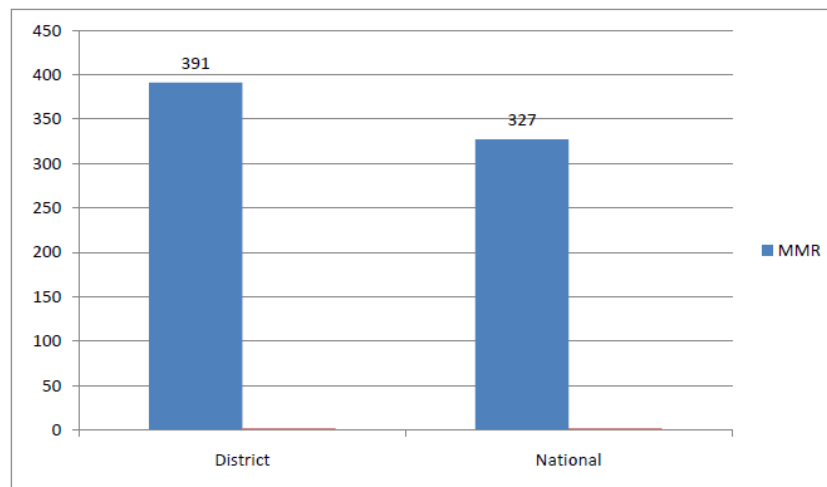
children mortality rate, infant mortality rate shown much lower than national level (AMS2010) but still maternal mortality shown a little high than the national level. Below are some figures which compared the values..



**Figure 1:**



**Figure 2:** Gozarah district infant and Children under five mortality Rate comparison with national level/1000 live birth



**Figure 3:** Gozarah district MMR comparison with national level/100,000 live birth



**Figure 4:** Surveyors at the village collecting the data

**Table 1** Table of Survey Indicators in Catchment Area Annual Censuses survey based on HFs wise In Gozarah District

<i>No</i>	<i>Health facility Name</i>	<i># of villages</i>	<i># of Family</i>	<i># of population</i>	<i># of &lt;1 (0 to 11M)</i>	<i># of &lt;2 Y (12 to 23M)</i>	<i># of &lt;5 (24 to 59)</i>	<i>Total &lt;5</i>
1	GDH	68	11680	68362	3703	3731	7523	14957
2	Dehnow	45	6296	42030	1193	1535	3122	5852
3	Malan	35	8447	47076	2026	2647	4381	9054
4	Seywshan	44	4104	23532	980	1287	2275	4524
5	Nashin	6	638	4822	191	185	527	903
6	Goshmir	9	1292	7382	315	329	557	1201
7	Toqchi	56	4022	22656	1019	1543	2839	5401
8	Nayestan	24	1059	5971	380	434	653	1467
9	Cha bolbol	19	1490	7608	507	559	792	1858
10	Khamziarat	23	573	2889	222	295	314	831
11	Kurt	26	2424	14861	659	755	1636	3050
12	Pushtkuh	31	2193	11889	570	677	1458	2705
<b>Gozarah District Grand Total</b>		<b>386</b>	<b>44218</b>	<b>259078</b>	<b>11765</b>	<b>13977</b>	<b>26077</b>	<b>51819</b>

<i>full immunized 1-2Y</i>	<i>mortalit y 0-1Y</i>	<i>Mortalit y 1-2Y</i>	<i>Mortality 2-5Y</i>	<i>Total Mortality &lt;5Y</i>	<i># of women married in Reproductive age</i>	<i>Women who are using new method of FP</i>	<i># of mother MMR during pregnancy</i>	<i># of infant mortality rate</i>
2730	155	19	19	191	11827	5087	12	92
1274	64	12	11	98	5556	2306	10	46
1757	107	14	8	118	7794	3406	3	45
1074	97	8	3	108	3693	1770	1	54
161	12	2	1	14	591	150	1	7
247	22	1	4	27	1168	622	1	11
824	54	7	10	69	3751	1461	4	34

145	26	5	2	33	1011	194	3	10
178	9	6	1	16	1327	191	3	10
226	12	0	0	12	645	36	6	13
562	65	7	0	72	2304	748	0	36
564	41	5	3	49	1845	528	2	24
<b>9742</b>	<b>664</b>	<b>86</b>	<b>62</b>	<b>807</b>	<b>41512</b>	<b>16499</b>	<b>46</b>	<b>382</b>



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