The Asia Foundation

MODEL DISABILITY SURVEY

OF AFGHANISTAN 2019

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PROJECT DIRECTION
The Asia Foundation

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ABOUT THE ASIA FOUNDATION

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Cover image depicts abandoned tanks from the Soviet era in Bamyan, Afghanistan.

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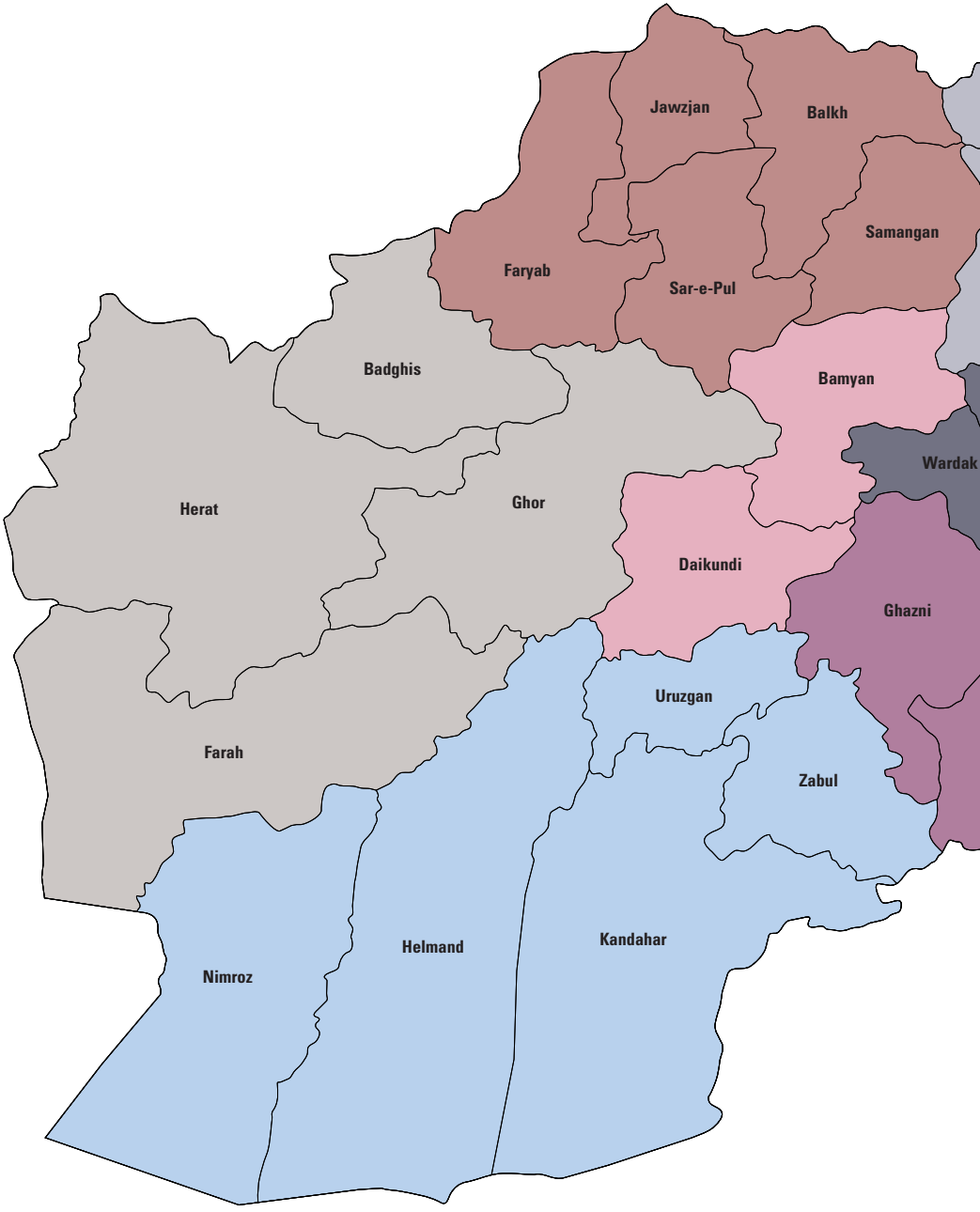
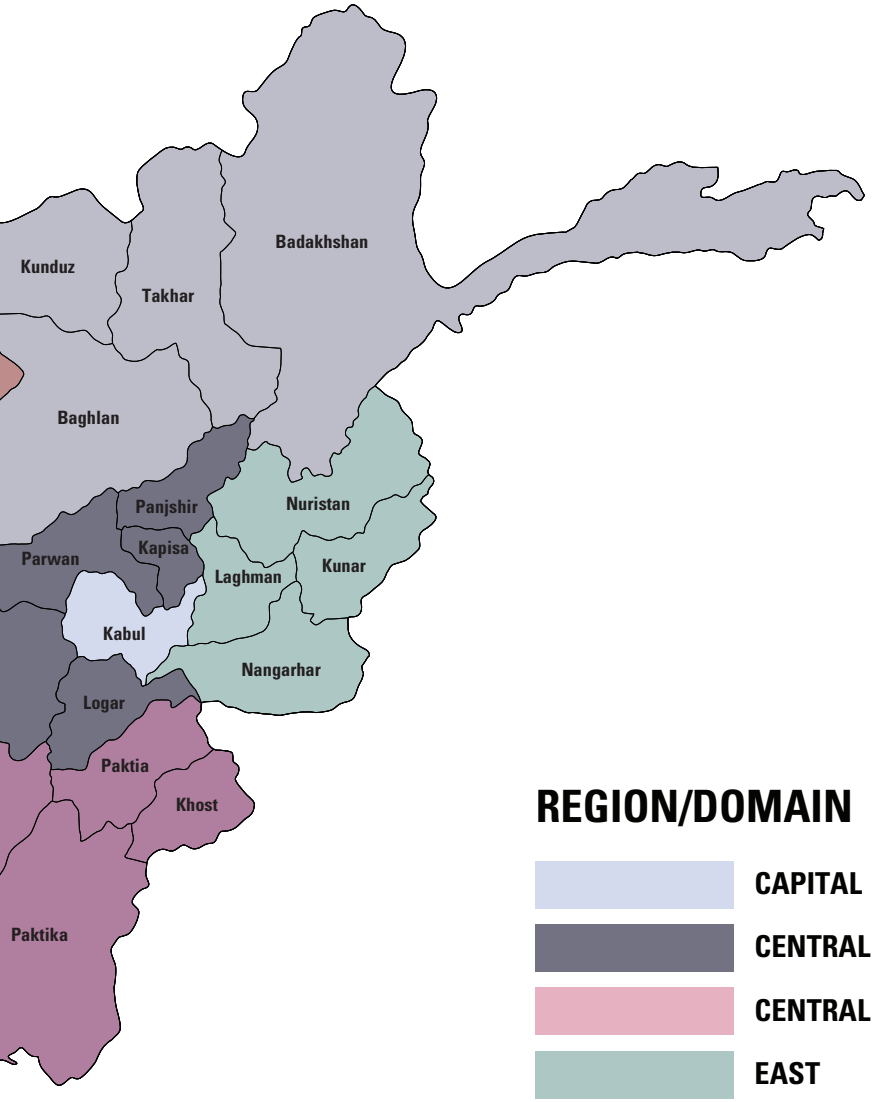
LIST OF ABBREVIATIONS

AAPOR	American Association for Public Opinion Research
ACSOR	Afghan Center for Socio-economic and Opinion Research
ALCS	Afghanistan Living Conditions Survey
BPHS	Basic Package of Health services
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Central Statistics Organization
DALYS	Disability-Adjusted Life Years
EPHS	Essential Package of Health Services
GDP	Gross Domestic Product
GNI	Gross National Income
GoIRA	Government of Islamic Republic of Afghanistan
HDI	Human Development Index
HH	Household
HI	Handicap International
ICF	International Classification of Functioning Disabilities and Health
IRT	Item Response Theory
MDS	Model Disability Survey
MDSA	Model Disability Survey of Afghanistan
MOLSAMD	Ministry of Labor, Social Affairs, and Martyrs and Disabled
MOPH	Ministry of Public Health
NDSA	National Disability Survey of Afghanistan
NGO	Non-governmental Organization
NSIA	National Statistics Information Authority
PPS	Probability Proportional-to-size Sampling
PSU	Primary Sampling Unit
SDG	Sustainable Development Goals
SDP	Severe Disability Prevalence
SSU	Secondary Sampling Unit
UN	United Nations
WB	The World Bank
WHO	The World Health Organization


Jawzjan
Balkh
Samangan
Faryab
Sar-e-Pul
Badghis
Bamyan
Wardak
Herat
Ghor
Daikundi
Ghazni
Uruzgan
Farah
Zabul
Nimroz
Helmand
Kandahar



REGION/DOMAIN

- CAPITAL
- CENTRAL
- CENTRAL HIGHLANDS
- EAST
- NORTH
- NORTH EAST
- SOUTH
- SOUTH EAST
- WEST

PREFACE

Since its independence in 1919, Afghanistan enjoyed years of relative stability, albeit, rather short lived as demonstrated by Afghanistan's more recent history of decades of instability and conflict. From the invasion of the Soviet Union in 1979–1989, years of civil war (1990–1996), and the emergence of the Taliban in 1994, the country deteriorated rapidly. While the ousting of the Taliban regime in 2001 brought relative stability and accelerated development, for the past two decades undoubtedly Afghanistan continues to suffer from widespread conflict, crime, political instability and terrorism. Abject poverty has exacerbated these issues, as Afghanistan is among the poorest countries in the world, with a GDP per capita in 2018 of $520 USD.

The impact of these precarious conditions touches not only migration, governance, infrastructure, development, and social progress, but most notably, the mental and physical health of all Afghans. It is estimated that for every one individual killed in conflict, three individuals sustain life-altering injuries, often resulting in long-term disability. Affected individuals are not limited to combat personnel, but also include innocent civilians, men, women and children.

In 2005, a national disability survey by Handicap International noted that 2.7 percent of Afghans live with a severe disability. Although over the past 15 years there has been measurable development and significant progress in healthcare, there is still much to be done in addressing physical and mental health needs in Afghanistan.

Thus, while there has been some data related to this pressing problem, there is not enough credible research available for healthcare professionals, government decision makers, civil society and importantly, the public concerned with the welfare and well-being of Afghans. Since the initial survey, the national burden, distribution and determinants of disabilities in adult and child populations in Afghanistan has not been systematically studied. In 2019, The Asia Foundation (the Foundation) addressed this gap by adapting and implementing the World Health Organization and World Banks' Model Disability Survey in Afghanistan (MDSA) to provide rigorous and current data for policy and action.

With the generous financial assistance from the United States Agency for International Development and technical assistance from the WHO, the Foundation completed the MDSA with interviews conducted in 14,290 households across 34 provinces of Afghanistan, representing 111,641 individuals nationwide. At present, the MDSA 2019 provides the most statistically reliable and comprehensive source of information on disabilities in the country.

Currently with an emerging political environment reflecting new and challenging realities, a roadmap on the way forward to address the healthcare of Afghans, with the MDSA as a focal point is critical to providing government and international community with essential information on the gaps and needs of all Afghans. While the underlying methodologies differ between the 2005 and 2019 national disability

surveys, all data seems to suggest that disability prevalence has increased in the country. Among other factors, Afghanistan's perilous context and conditions for health care including the ongoing violence and conflicts, land mines, birth defects, and malnutrition, among other factors, may have contributed to an increase in severe disability prevalence from 2.7 percent (2005) to 13.9 percent (2019) among Afghan adults aged 18 and above. Data suggests that currently, almost 2.5 million adults in Afghanistan have severe disabilities. Even more alarming is that another 65 percent of adults have either mild or moderate disabilities. Despite lower burden among children (2–17 years), 17.3 percent experience some form of mild (6.6 percent), moderate (7.1 percent) or severe disabilities (3.5 percent). Identifying challenges with basic functioning, mental and physical health, assistance, healthcare utilization, well-being and empowerment, the MDSA 2019's rich data suggests that interventions for children and adults with disabilities in Afghanistan require a multisectoral and urgent approach.

The Foundation remains committed to closing data gaps by providing empirical research and surveys to inform public policy and development programs to improve Afghan peoples' lives. The MDSA comes at an historical juncture in time with renewed commitments by the international community towards supporting peace initiatives, including at the time of publication, a reduction in violence. A roadmap on the way forward must continue to focus on healthcare, the MDSA is thus an essential tool for informing government, international community and other stakeholders to invest in those areas critical to the well-being of Afghans.

Abdullah Ahmadzai
Country Representative
The Asia Foundation–Afghanistan
March 2020

EXECUTIVE SUMMARY

Background and objectives:

Afghanistan has undergone rapid development and achieved significant healthcare progress over the past 15 years; however, a combination of health challenges remain, including physical and mental disabilities. The burden, distribution and determinants of disabilities in Afghanistan has not been systematically studied since 2005. According to the World Health Organization (WHO) and International Classification of Functioning, Disability and Health (ICF), disability is "an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between a person's health condition(s) and that individual's contextual factors (environmental and personal factors)".

Led by The Asia Foundation (the Foundation) in Kabul, Afghanistan, the WHO and World Banks' Model Disability Survey (MDS) was implemented in Afghanistan in 2019 to provide rigorous and current data for policy and action.

Specific objectives of the Model Disability Survey of Afghanistan (MDSA) 2019 included the following:

1) To determine the prevalence severe, moderate and mild disabilities among Afghan adults (age 18+ years), nationally and for major geographic regions;
2) To determine the prevalence of severe, moderate and mild disabilities among Afghan children (age 2–17 years), nationally and for major geographic regions;
3) To measure the healthcare utilization patterns, experience and satisfaction among people with disabilities in Afghanistan;
4) To identify the current conditions, needs and challenges faced by persons with different levels of disability in Afghanistan, specifically as pertaining to overall functioning, health conditions, personal assistance (including assistive products and facilitators), well-being and empowerment;
5) To understand the key macro, community and household-level determinants of disabilities outcomes in Afghanistan;
6) To provide the information necessary for the setting and pursuit of future policy priorities to improve the lives of disabled populations in Afghanistan

Methods:

Using an adapted MDS, the MDSA 2019 was designed and implemented to generate representative data at nationally and regionally representative levels. At project inception, the Foundation engaged key stakeholders in a workshop in July 2018 to advise on the development of a disability survey to ensure reliable data for future policy making and programming by the Government of Islamic Republic of

Afghanistan (GoIRA) and international community. From the inception stakeholder consultation to final data analysis, the project spanned 1.5 years from July 2018 to March 2020.

A complex survey using multistage sampling was administered respectively to adult (18+ years) and child (2–17 years) populations; a total of 14,290 households were surveyed, representing 111,641 Afghans across the country. Separate survey tools were implemented for adults (157 questions) and children (53 questions). Three core tools were developed covering: 1) household characteristics; 2) adult disabilities (related to functioning, health conditions, personal assistance, assistive products and facilitators, health care utilization, well-being and empowerment); 3) child disabilities (related to functioning and health conditions).

Mean and prevalence estimates for key indicators were estimated with appropriate standard errors. All analyses were conducted using sample survey weights. A multivariable analyses examining the distal (basic), intermediate (underlying) and proximal (immediate) drivers of adult disability was conducted to identify key determinants to target for policy and action at the national level.

Adult sample results:

- Disability prevalence among adults was 21.1% for no disabilities, 24.6% for mild, 40.4% for moderate and 13.9% for severe disabilities.
- Severe disability prevalence varies across regions as follows: 8.5% (Kabul), 9.0% (North), 11.4% (Central [without Kabul]), 12.3% (South), 13.9% (East), 15.1% (North East), 19.1% (South East), 20.5% (West), 25.4% (Central Highlands).
- Functioning (related to body function, body structures, activities and participation): the greatest challenges related to 'functioning' experienced by those with moderate or severe disability were related to physical mobility, community and citizen participation, and attaining employment and education.
- Health conditions: about 5% of all adults rate their health as bad or very bad, citing difficulties related to mental health (e.g. depression), physical pain or difficulty engaging in community or social activities. Back pain or disc problems (25.1%), anxiety (20.9%), gastritis or ulcers (20.3%), and depression (15.6%) were the most commonly prevalent health conditions. Among those with severe disabilities, back pain or disc problems, anxiety, depression, gastritis or ulcer were the most commonly reported conditions.
- Assistance: about 18% of Afghan adults have someone assisting them and typically these are (unpaid) friends, volunteers or family members. The use of assistive devices is low (<5%) for all types of devices. Of all assistive products, Afghans felt spectacles (eyeglasses) and walking support (i.e. canes, walking sticks, crutches) assistive devices made their lives most comfortable and expressed a need for these most often. About 44.1% of adults did not use assistive devices because they did not know about them.

- Healthcare utilization: about 40% of respondents had sought healthcare in the past year, 16% in the past 1-2 years and 13% in the past 2-3 years. Healthcare was most frequently sought at a private doctor's office or public hospital across disability levels. Inpatient care increased with disability level with more than 55% of adults with severe disabilities reporting having received inpatient care in the past 3 years. As disability level increased, so did the frequency of those who needed inpatient care but could not access it. The most common conditions for both inpatient and outpatient care with communicable diseases (infection, malaria, tuberculosis, human immunodeficiency viruses [HIV]) or acute conditions (diarrhea, fever, flu, headaches, cough). With regards to responsiveness and satisfaction with the healthcare system, those with higher levels of disability were more likely to report "bad" experiences and overall dissatisfaction.
- Well-being: quality of life decreased notably in a range of areas among those with greater disabilities. Those with severe disability are least satisfied with their health and their ability to perform daily activities. Respondents with higher levels of disability report greatest problems with having enough energy for everyday life, sufficient money, lacking companionship, feeling left out, and feeling isolated from others and alone.
- Empowerment: the sense of feeling empowered across a range of areas is notably lower among those with greater disabilities levels (e.g. moderate or severe disabilities).

Child sample results:

- Disability prevalence among children was 82.7% for no disabilities, 6.6% for mild, 7.1% for moderate and 3.5% for severe disabilities.
- Assistance and environment: 24.2% of the children sampled have someone, other than their usual family members, to assist them with their daily activities, 13.5% receive support at school, and 12.4% receive support outside the home. The most problematic functions reported by children were related to transportation being hard or very hard to use, the environment for peer or community engagement, and environment for learning at school; a striking dose-response pattern of increasing difficulties is observed in these areas as disability level increases (i.e. these functions become increasingly problematic with greater disability).
- Functioning: the most problematic functions (~5% prevalence) were related to community life (i.e. taking part in festivities, religious activities or sport events), having pain, changes in plans or routines, getting things done as required at school, completing a task, and biting, kicking and hitting other children or adults; severely disabled children experience greater problems in all indicators related to functioning (~10–12% prevalence) when compared to none, mild and moderate groups, with clear evidence of dose-response.
- Health conditions: muscular dystrophy, depression or anxiety, and migraines were the most commonly reported health conditions across all children. With evidence of dose-response, severely disabled children experience the most difficulties due to their health conditions, particularly with learning (3.5%), completing a task (3.2%), getting along with other children (2.9%), controlling his or her behavior (2.7%), walking (2.6%) and understanding people (2.2%).

Determinants of disability (adults):

- Of the distal (basic - macro or socioeconomic factors), the Pashtun ethnicity had higher levels of disability than compared to other ethnic groups. Higher education, higher household income, and an easier climate are associated with lower disability, while being married, separated, divorced or widowed (compared to never married) and employment status other than self- or salaried-employment was associated with higher disability.
- Of the intermediate-level variables (underlying - access or household factors), better access to health facilities, transportation, mobile phone and internet were all associated with lower disability. Household crowding, being dependent on (receiving assistance from) someone, and greater access to assistive devices were all associated with higher disability.
- At the proximal level (immediate - individual factors), improved mental health, higher relationship satisfaction, and lower isolation were related to lower disability. Older age and increased healthcare satisfaction were related to greater disability.

Policy recommendations:

Afghanistan has taken great strides in their commitment to advancing the rights of persons with disabilities through adopting key international instruments and national laws and policies. Results from MDSA 2019, can provide further insights into areas to target for efficiency and streamlined impact. Suggestions for the GoIRA and international community include:

- Nationwide campaigns to encourage awareness, education, de-stigmatization and acceptance of disabilities in all institutions ranging from education, healthcare, government, and private sector
- Locating and targeting the 13.9% of the adult population nationally (and the most severely-disabled across geographic regions such as the West [20.5%] and Central Highlands [25.4%]) to provide vital support and resources in areas where there are clear needs; these include physical mobility, engagement in community, education and employment
- Developing and implementing evidence-based interventions and/or innovations to target the most common health challenges experienced by those with severe disabilities, including back pain or disc problems, anxiety, depression, gastritis or ulcer; efforts for multisectoral planning and action should be considered to streamline impact
- Investing resources into supply and demand side initiatives to increase access to and utilization of assistive devices for those with disabilities; for instance, education and awareness campaigns at national-level through media outlets about the importance of assistive devices (particularly mobility and vision support) or creating a plan for procuring and deploying assistive devices to areas in most need
- Interventions in the healthcare system to improve the overall experience and service provided to individuals with disabilities is prudent. A government focus on providing trainings to healthcare workers (to deliver timely, quality and patient-centered care) and ensuring special supports are available (such as a streamline triage system for those with disabilities) may be key lost-cost, high impact solutions

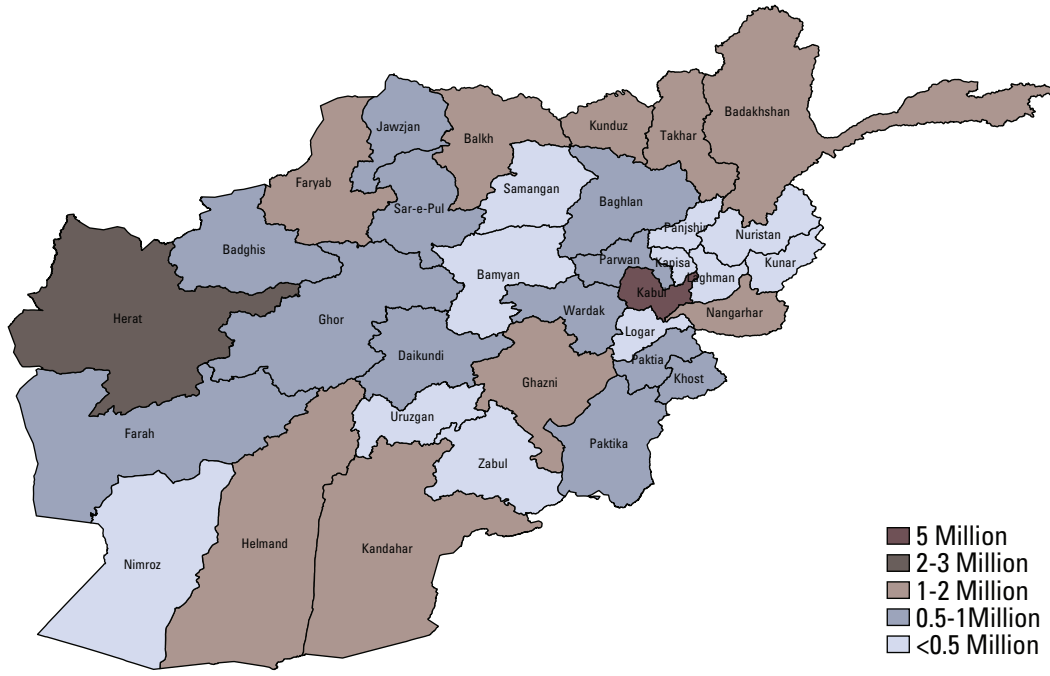
- Though less than 20% of children aged 2–17 years were found to have mild, moderate or severe disabilities, if timely and appropriate intervention is not sought, disabilities will persist and exacerbate into adulthood; therefore, both community and school-based interventions to address the needs of this population should be considered
- Specialized training of educators (on de-stigmatization, building responsive support systems, peer-support mechanisms) may provide an efficient solution to creating an environment of support for children with disabilities
- Government investments in training and deploying specially trained personnel (such as behavioral therapists) in schools to assist disabled children with day-to-day activities and learning/cognitive assistance will have high impact
- Encouraging community elders and families (for instance through shuras or women's support groups) to openly dialogue on topics related to the health, education, wellbeing and empowerment of children and adults with disabilities would create an environment of change and acceptance
- As major drivers of development and healthcare in Afghanistan, the donor community along with United Nations (UN) partners and non-governmental organizational (NGO) networks could engage on cross-sectoral action plans that can serve mandates, including the needs of those with disabilities in Afghanistan

1 BACKGROUND & INTRODUCTION

1.1: Demographic and background context of Afghanistan

Afghanistan is a landlocked low-income country in the Central Asia region of the world, bordered by Turkmenistan, Tajikistan, Uzbekistan, China, Pakistan and Iran. The country is home to a diverse set of ethnic and lingual cultures across 34 provinces. The Afghan terrain is largely mountainous, with the exception of the north-central and southwestern regions which are plains and deserts (1). The provinces are not autonomous, with political authority vested with the central government in Kabul (2).

Figure 1: *Afghanistan population size by province*



Afghanistan has a population of 37.2 million (**Figure 1**), with over three quarters of citizens living in rural areas and almost half under the age of 15 (**Table 1**). Youth unemployment rates are generally low at 18%, and, youth literacy rates are also low with more than half of the population aged 15–24 years illiterate (3).

According to the United Nations Development Programme's Human Development Report of 2018, Afghanistan ranked amongst the least developed nations globally (168th out of 189 countries) in the

Human Development Index (HDI), a composite score of life expectancy, education and Gross National Income (GNI) per capita (4). Gross Domestic Product (GDP) per capita is one of the lowest in the world at $520 USD, and the percent of the national GDP spent on health is only 10%. Despite free provision of basic health services to its civilians, out-of-pocket expenditure on health remains very high (77% of health expenditure).

TABLE 1: DEMOGRAPHIC AND BACKGROUND CHARACTERISTICS OF AFGHANISTAN

Characteristic		N	%
Total Population		37,172,386	100%
Gender			
Male		19,093,281	51.4%
Female		18,079,105	48.6%
Age group (year)			
0–14		16,017,631	43.1%
15–19		4,414,773	11.9%
20 and above		16,739,982	45.0%
Male	Age group (year)		
	0–14	8,203,224	43.0%
	15–19	2,266,701	11.9%
	20 and above	8,623,355	45.2%
Female	Age group (year)		
	0–14	7,814,407	43.2%
	15–19	2,148,072	11.9%
	20 and above	8,116,626	44.9%
Area of residence			
	Urban	9,477,100	25.5%
	Rural	27,695,286	74.5%
Literacy rate, youth total (% of people ages 15–24)			
Male		-	55.5%
Female		-	29.8%
Overall		-	43.0%
Unemployment, total (% of total labor force) (national estimate)			
Male		-	10.4%
Female		-	14.0%
Overall		-	11.2%

Unemployment, youth total (% of total labor force ages 15–24) (national estimate)		
Male	-	16.3%
Female	-	21.4%
Overall	-	17.6%
GDP per capita (current US$)	-	$520.89
Current health expenditure (% of GDP)	-	10.2%
Out-of-pocket expenditure (% of current health expenditure)	-	77.4%
Human Development Index	0.498	-
Human Development Rank	168	-
Sources: World Bank Development Database [3], United Nations Development Programme [4]		

1.2: Geographic location, political history and conflict in Afghanistan

Afghanistan lies at the crossroads between Central Asia, the Indian sub-continent and the Iranian plateau, marking its history as a result of great powers competing for control (5). The country was declared independent in 1919 following years of governance by British rule (1). Afghanistan has endured decades of instability and conflict, from the Soviet Union invasion (1979–1989) to the civil war (1990–1996), and the emergence of the Taliban in 1994 (5,6). Despite relative stability and accelerated development since 2001, the country continues to suffer from widespread conflict, political instability and terrorism for the past two decades (7).

1.3: Importance of studying disabilities and determinants

Persons with disabilities face higher risks and challenges in society, which are further exacerbated in conflict settings where resources are limited and subject to fierce competition. It is estimated that for every person who dies during a disaster, three people sustain injury which often results in long-term disabilities (8). The World Health Organization (WHO) and International Classification of Functioning, Disability and Health (ICF) describe disability as "an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between a person's health condition(s) and that individual's contextual factors (environmental and personal factors)" (9). They identify disabilities as a global public health issue and a human rights concern as persons with disabilities are faced with barriers in accessing services (i.e., health care, education, employment, social services), and experience widespread societal discrimination and inequalities (9).

Underscoring its significance, disability has been incorporated in the global 2030 Sustainable Development Goals (SDGs) as a cross-cutting theme, nestled in various goals and targets (10). Targets focused on persons with disability range from poverty and hunger (SDGs 1 and 2), health and well-being (SDG 3), sexual and reproductive health and reproductive rights (targets 3.7 and 5.6), education (SDG 4), gender equality and empowerment of women and girls with disabilities (SDG 5), availability of water and sanitation (SDG 6), access to energy (SDG 7), employment and decent work (SDG 8), access

to information and communications technology (target 9.c), inequality (SDG 10), inclusive cities and human settlements (SDG 11), disasters, shocks and climate change (targets 1.5 and 11.5 and SDG 13) and finally violence against persons with disabilities, inclusive societies and institutions, representative decision-making, birth-registration and access to justice and information (SDG 16). Thus, studying the underlying risks and challenges facing these vulnerable populations is a key priority to design and implement effective interventions as a step towards sustainable development (9).

1.4: Disability prevalence worldwide and other similar contexts

Disability is a complex phenomenon, comprising multidimensional facets making measurement challenging and unstandardized. The World Disability Report 2011 used disability data from the WHO World Health Survey of 2002–2004 and the WHO Global Burden of Disease 2004 study to estimate prevalence in various countries and contexts. Across all 59 countries, prevalence of disability in adults aged 18 and over was 15.6%, ranging from 11.8% in high-income countries to 18% in low income countries (11).

The Global Burden of Disease Study 2017 reports the total burden of disability across 195 countries and territories has increased by 52% between 1990 and 2017, with females consistently experiencing higher levels of disability than males (12). Non-communicable diseases are the drivers of disability burden, as they were the cause of 80% of disabilities in 2017. Top causes of disability globally include low back pain, headache disorders, depressive disorders, diabetes, and age-related hearing loss.

Eighty percent of persons with disability live in developing countries, making disabilities systemically prevalent in lower income countries. The situation is further exacerbated in armed conflict zones where individuals are faced with violent attacks, forced displacement and neglect (13). Lack of data on disability in low-income conflict affected countries has contributed to the limited knowledge of the burden of disabilities among policy makers, service providers and the public.

For example, the Syrian conflict is marked by the heavy use of explosive weapons, where it is estimated that almost 1 million Syrians have been injured due to ongoing conflict (14). Disability prevalence in Syria was reported to be 1% in 1981 and 0.8% in 1993, however that number is estimated to be over 18% today (11). Similarly, Somalia has endured decades of conflict and lack of healthcare services which has contributed to a high number of persons with disabilities in the country (15). The Somaliland National Disability Policy estimated that between 535,000 to 546,000 persons with disabilities lived in Somaliland in 2012 (16). That number had risen to 635,000 and to 646,000 in just 2 years (17). A survey of 767 households in the same area found that 42% had at least one member with a disability (18).

1.5: Disability prevalence and risk factors in Afghanistan

Like other conflict–prone contexts, reliable data on the burden of disability in Afghanistan is lacking. The National Disability Survey of Afghanistan (NDSA) in 2005, conducted jointly by the GoIRA and Handicap International, found prevalence of severe disability in the country to be 2.7% and moderate disability prevalence to be 4.7%, or between 660,000 and 1.2 million individuals (19). Kabul and Herat provinces contain the largest number of persons with disabilities, however nearly 75% of the population of disabled persons live in rural and poor semi–urban areas.

According to a more recent Afghanistan Living Conditions Survey 2016–2017, disability prevalence rate is 3.2%, and the percentage of people with a disability who have multiple disabilities is 33.1% (20). The highest rate of disability is among people above the age of 85 (56 %), and the lowest disability rate is among the youngest age group, 0–4 years, at 0.5%.

Over three decades of active violence and military operations in Afghanistan has contributed to countless civilian casualties and injuries resulting from crossfire, landmines, improvised explosive devices (IED), suicide attacks and airstrikes (21). Landmine Monitor estimates that 95% of explosive weapons victims in Afghanistan are civilians, and more than half are children (22). Data from the Global Burden of Disease 2016 study estimate the top causes of disability-adjusted life years (DALYs) in men are conflict and terrorism, ischemic heart disease, and road injuries, and for women to be lower respiratory infection, ischemic heart disease and congenital birth defects (23). Other causes of disability in Afghanistan may be related to limited access to health services, poor health infrastructure, malnutrition and mass drug usage/addiction to heroin (e.g., from robust poppy production) (21).

A 2019 report on the human right status of people with disabilities in Afghanistan surveyed 979 children and adults with disabilities across 28 provinces, and found that the most common disabilities were physical (n=696), followed by vision problems, hearing difficulties, and mental disabilities (24). Overall, it was concluded that individuals with disabilities in Afghanistan are still deprived of their basic human rights, and specifically fall short in the areas of education opportunities, right of rehabilitation, access to health services and employment opportunities. However, this survey did not cover the entire country and the sample size was relatively small.

1.6: Rationale

A comprehensive review of disability in Afghanistan is necessary in order to understand not only the current burden of disability, but to identify the distinct needs of adults and children in the country and how they differ by geographic region. Since the NDSA in 2005, the country has faced persistent conflict, coupled with existing challenges related to poverty and healthcare access barriers, however, the implications on disability outcomes are unknown. Additionally, the burden and distribution of disability among children has not been systematically examined in Afghanistan, including the challenges experienced in accessing healthcare, education and empowerment.

The Model Disability Survey of Afghanistan (MDSA) 2019 provides a comprehensive and current assessment of disability in Afghanistan, disaggregated for children and adults, and by region, including an assessment of the needs, barriers and inequalities faced by persons with disability. The MDSA 2019 also examines progress in provision of services, education, economic opportunities, and social inclusion/ participation for people with disabilities. To this end, MDSA 2019 provides a cross-cutting overview of the situation fifteen years after the NDSA, with hopes that these findings can provide insight into people with disability, their needs, and promote integration of their concerns into programs and policies of the GoIRA.

1.7: Objectives

Specific objectives of MDSA 2019 include the following:

1) To determine the prevalence severe, moderate and mild disabilities among Afghan adults (age 18+ years), nationally and for major geographic regions;
2) To determine the prevalence of severe, moderate and mild disabilities among Afghan children (age 2–17 years), nationally and for major geographic regions;
3) To measure the healthcare utilization patterns, experience and satisfaction among people with disabilities in Afghanistan;
4) To identify the current conditions, needs and challenges faced by persons with different levels of disability in Afghanistan, specifically as pertaining to overall functioning, health conditions, personal assistance (including assistive products and facilitators), well-being and empowerment;
5) To understand the key macro, community and household-level determinants of disabilities outcomes in Afghanistan;
6) To provide the information necessary for the setting and pursuit of future policy priorities to improve the lives of disabled populations in Afghanistan

2 METHODOLOGY

2.1: Stakeholder consultations

To ensure quality survey data and research, The Asia Foundation (the Foundation) engaged key stakeholders in the development of a disability survey in 2019 to ensure reliable data for future policy making and programming by the GoIRA and international community. The Foundation facilitated a workshop in July 2018 to provide stakeholders with a platform to further discuss the topic and develop the survey instruments and solicit feedback on areas of interest. The workshop was organized with the participation of 20 individuals (two females) from the (formerly amalgamated) Ministry of Labor, Social Affairs, Martyred and Disabled (MoLSAMD), Ministry of Public Health (MoPH), Swedish Committee (SCA), Handicap International (HI) and Afghanistan Land Mind Survivor Organization (ALSO).

The participants were divided into three groups to discuss the implementation of a disability survey in Afghanistan and review the Washington Group Questionnaire, a set of questions designed to identify individuals with a disability. Participants' feedback was grouped under the following four themes:

1. Prevalence rate of disability
2. Barriers to social inclusion
3. Challenges and opportunities
4. Socio-economic characteristics
5. Key issues to address in any upcoming surveys

Detailed notes from this consultation are provided in **Appendix 5.1.** All feedback was taken into consideration into the design, implementation, analysis of MDSA 2019 data.

2.2: Permissions

The Foundation requested support from the World Health Organization (WHO) in the design, implementation and analysis of MDSA 2019 using the Model Disability Survey (MDS) tools. The official letter of invitation from the Afghan government (Ministry of Public Health) to the WHO in Afghanistan requesting their support to aid the Foundation's implementation of the MDSA is included in English and local language in **Appendix 5.2.** The Afghan Ministry of Interior (MoI) provided permission to conduct fieldwork across the country.

2.3: Survey timeline

Table 2 displays timelines related to key design, implementation and analysis elements of MDSA 2019. From the inception stakeholder consultation to final data analysis, the project spanned from July 2018 to March 2020.

TABLE 2: SURVEY TIMELINE

Project Phase	Start Date	End Date	Comments
Stakeholder Consultation	July 2018		
Survey Design and Research	July 2018	November 2018	
WHO and the Foundation Consultations & Tool Development	August 15, 2018	December 2018	
Sampling and Implementation Design	December 22, 2018	March 24, 2019	
Questionnaire Review	January 7, 2019	March 25, 2019	
Questionnaire Translation	February 1, 2019	March 26, 2019	The questionnaire and training guide for supervisors and surveyors both went through multiple rounds of review and editing, which required multiple updates to the translations; back translations from Pashto & Dari into English
Training Guide Review and Translation	February 1, 2019	April 1, 2019	Feedback solicited from relevant stakeholders, including MoLSAMD, medical professionals, WHO, on accuracy of translations
Pilot and Revisions	March 10, 2019	March 20, 2019	Pilot conducted in urban areas of Kabul and rural areas of Parwan
Pre-field Preparations, Printing, and Set-up	March 27, 2019	April 6, 2019	
Briefings	April 6, 2019	April 16, 2019	Kabul training (5 days) for supervisors held first, followed by interviewer trainings in the provinces
Fieldwork	April 14, 2019	May 6, 2019	
Quality Control	April 14, 2019	May 6, 2019	
Data Processing & Review	May 1, 2019	July 25, 2019	
Data Cleaning and Logic Checks	July 25th, 2019	October 2019	
Data Analysis	October 2019	March 2020	

2.4: Survey design and tools

The MDSA was based on the MDS developed by the WHO, the World Bank (WB) and other key stakeholders for global application and comparability. The MDS is a general population survey designed to provide reliable and detailed data on all aspects of disability – impairments, activity limitations, participation restrictions, related health conditions, environmental factors. MDS is based on the

International Classification of Functioning, Disability and Health (ICF) and consolidates questions from 179 disability surveys that have been analyzed and mapped to the ICF. The model examines disability as an outcome of the dynamic of relationships, including interactions between an individual with a health condition and various environmental and personal factors, rather than focusing only on a person's health or impairments. It aims to provide a holistic view of the experience of an individual with disability. MDS has been extensively piloted and validated, having gone through several rounds of cognitive testing in 2013, 2014, and 2015.

The MDS survey questionnaire and core modules were adopted for MDSA 2019 with adaptations and translations made for the local context (**Appendix 5.3**). Three core tools were developed covering: 1) household characteristics; 2) adult disabilities (related to functioning, health conditions, personal assistance, assistive products and facilitators, health care utilization, well-being and empowerment); 3) child disabilities (related to functioning and health conditions).

Specifics of each tool are detailed below:

1) Household: given to a household informant, defined as the person most knowledgeable about household economy, as well as the health status of each household member. This was usually but not always the head of household. Because respondents for the adult and child modules were selected using the numbers assigned to them in the household roster, a household reference form was also included with each questionnaire so that interviewers would not have to disrupt the flow of the interview by turning back to previous pages in the questionnaire.
2) Adult: conducted with an adult aged 18 years or older, consisting of detailed health and lifestyle questions to screen for disabilities, difficulties, and other health issues. This was given to a randomly selected household member regardless of disability. In cases where a person with a disability or health condition that prevented them from completing the interview themselves was randomly selected, a caregiver could assist them or complete the interview for them.
3) Child: conducted about a randomly selected child in the household ages 2–17. In cases where the selected respondent was aged 13 or under, the interviewer was instructed to speak with a caregiver on behalf of the selected child. In cases where an adolescent respondent ages 14–17 was selected, he/she could be interviewed himself/herself unless a health problem or disability prevented the adolescent from being interviewed, in which case the interview was conducted with a caregiver. In cases where no eligible children were present in the household, no children or caregivers were available to be interviewed, or where the adults in the household refused to consent to child interviewing, the child interview was skipped, and only household-level and adult data was recorded for the household.

The household questionnaire included 157 questions, with space for recording information up to 28 household members; however, most households were not this large. The adult section included 161 substantive questions, while the child section included 53 questions. The questionnaire included 21 household-level management questions; the adult section included 19 survey management questions, and the child section included 9 management questions. The questionnaire was translated and back-translated into local languages, Pashto and Dari. Translations of key health terms were based on an

approved list of terminology shared by the MoLSAMD and MoPH. Afghan medical professionals also reviewed all three questionnaires (English, Pashto, and Dari) taking into consideration cultural sensitivities, consistency and reliability.

The survey also included a consent form with spaces for each household member to be interviewed. Before beginning each section, an interviewer would read a consent script informing the respondent about the purpose of the study, how the information would be used, and the voluntary nature of participation in the survey. Respondents were asked to sign if they were able to do so. Illiterate respondents could write their initials, make a mark, or have another household member sign for them. In cases where no one was able to sign but where the respondent consented verbally, the interviewer would mark accordingly on the form. One consent form was provided for each household, with three spaces for signatures or indications of consent: household information, adult respondent, and child respondent or caregiver.

2.5: Sample size estimation and sampling methodology

The major design features of the MDSA 2019 included domain analysis, explicit/implicit stratification, population proportional to size (PPS) sampling, cluster sampling, and weighting. The survey was designed to estimate severe disability prevalence (SDP) in Afghanistan – both at the national level, for each of 8 regions in the country, Kabul province, and for urban and rural strata. Regions were the individual domains and explicit stratification was done for urban/rural areas. Implicit stratification by province was embedded within explicit strata (i.e. urban/rural areas). Administrative geographic regions were selected as detailed in table below. These regional boundaries were selected to be comparable to previous national health and health-related surveys in Afghanistan such as the Demographic and Health Survey (DHS) 2015 and Multiple Indicator Cluster Survey (MICS) 2010/11. The Central region was split into Kabul (Capital) vs. all other provinces (Central) so that there are 9 domains total. Given Kabul's large population size and that most of the large tertiary care facilities (such as those for mental health or other disabilities) are located in Kabul province, this province was analyzed as its own unique domain.

Region/Domain	Provinces
Capital	Kabul
Central	Kapisa, Parwan, Wardak, Logar, Panjshir
Central Highlands	Bamyan, Daikundi
East	Nangarhar, Kunar, Laghman, Nuristan
North	Samangan, Balkh, Faryab, Sar-e-Pul, Jawzjan
North East	Baghlan, Badakhshan, Takhar, Kunduz
South	Uruzgan, Zabul, Kandahar, Helmand, Nimroz
South East	Ghazni, Pakitika, Paktia, Khost
West	Ghor, Badghis, Herat, Farah

The total survey sample size (N) was estimated using the below formula:

N = (Z^2) (p) (1-p) (Deff) (k)/ (P) (H) (e^2), where:

Figure 2: *Sample size formula*

N= sample size estimated (total # households)
Z= statistic that defines level of confidence (1.96 for 95%)
p=estimate of a key indicator to be measured by the survey (i.e. severe disability prevalence - SDP)
q= (1-p)
Deff=is the sample design effect
k= multiplier to account for the anticipated rate of non-response
P= proportion of the total population accounted for by the target population and upon which the parameter, p, is based.
H= average household size (average number of persons per household)
e= the margin of error to be attained.

For calculation of sample size, the key MDSA indicator to be measured was severe disability prevalence in the population. This value was estimated at 2.7% from the 2005 NDSA. Given that disability frequency and type may have increased over 14 years, the predicted value (p) used for the 2019 MDSA was 4%. The level of confidence was held at 95%, and design effect (Deff) was set at 2.0 – given previous multistage health surveys in Afghanistan that had reported similar design effects. The anticipated non-response rate (k) was set at 5% – a reasonable value given previous Foundation and health surveys in Afghanistan where non-response is typically <5%. P was set to 1 given that the MDSA survey focus is the entire population. The average household size (H) in Afghanistan was assumed to be 8 as reported in the recent Afghanistan DHS (2015). The margin of error to be attained for p was held at 12.5% so that e=0.125p; previous health surveys have used 10–25% margin of errors.

Using the above parameters, a total of 1550 households were required for each domain, corresponding to 1550*9 = 13,950 households at the national level. The 1550 sample size permits estimation of minimum 4% SDP with 12.5% precision at domain level; at national level, 13,950 households can estimate 4% SDP with 4% precision, and as low as 1% SDP with 8.5% precision.

The primary sampling unit (PSU) were villages (rural areas) and gozars (urban areas) – well-defined geographic areas operationalized as counting units for the census. The list of villages and gozars was used from the latest sampling frame (2018–2019) provided by the National Statistics and Information Authority (NSIA, formerly the Central Statistics Office, or CSO) of the government of Afghanistan. The sampling frame contained information about the location (province, district, and control area), the type of residence (urban or rural), and the estimated number of residential households for each of the approximately 35,000 villages and gozars. The target number of households selected per cluster was set to 18 to balance design effect, cost and logistics. This corresponded to a total of 13,950/18=775 villages and gozars to be selected nation-wide and 86 villages and gozars per domain (plus one additional sample distributed to a randomly selected domain (86*9+1) *18=13,950). Sample size estimates were inflated by an additional 2.5% to account for accessibility or other potential challenges that may be encountered during data collection or analysis. The final sample achieved was 14,290 Afghan households in 34 provinces.

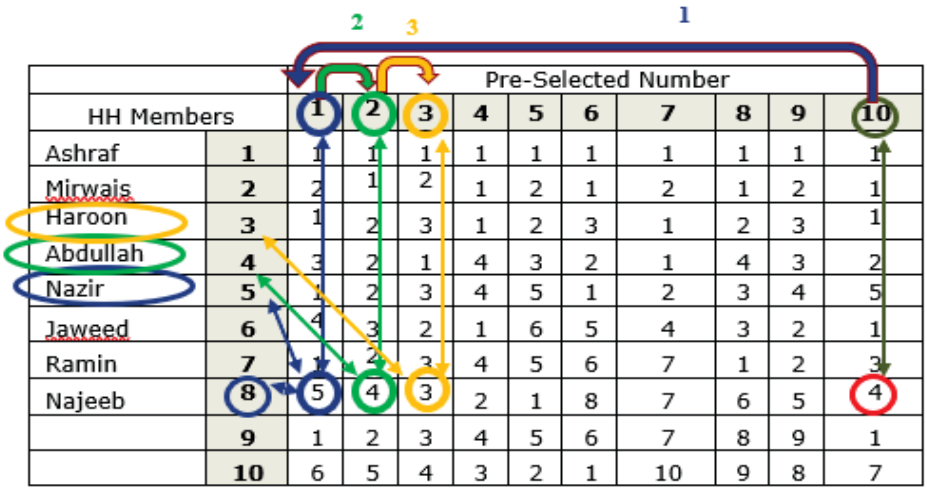
1) Step 1: For the main sample, a base sample was first stratified proportionally by province. Within each province, the sample was then stratified by urban and rural population figures from the 2018–2019 NSIA estimates.

Each one of the strata is allocated at least one primary sampling unit (PSU) to ensure that the entire target population has a probability of selection. After the urban and rural strata of each province receive a PSU, the remainder of the province's sample is allocated proportionally.

2) Step 2: Districts were selected via probability proportional to size (PPS) systematic sampling. Districts serve as the primary sampling unit (PSU). Each PSU contains at least one sampling point. Due to the size and complexity of the questionnaire, as well as the need to speak to multiple respondents in each household (household informant, adult respondent, and child respondent or caregiver), each questionnaire was administered by a male/female pair of interviewers.
3) Step 3: The settlements within districts were selected by simple random sampling. These serve as the secondary sampling unit (SSU). Within urban strata, neighborhoods (called "nahias" from cities and metros) and towns were used while in rural strata villages were used. As population data for settlement sizes does not exist, a simple random selection amongst all known settlements was used to select locations. In this survey, 12 interviews were done per sampling point, in compliance with research objectives.
    a. Because the large sampling points and length of the questionnaire would have required the teams to stay overnight in the sampling points had only one team been assigned to each sampling point – which is not safe in much of the country given the current security situation – three male/female teams were assigned to work in each sampling point, with each starting their random walk (described below) from a different starting point. Each team interviewed four households from each starting point. With three starting points in each sampling point, 12 households could be interviewed in a single day.
    b. The instability and frequent fighting in some provinces can cause a sampling point to be adjusted or replaced to keep interviewers out of areas with active violence.
    c. The use of male/female teams allowed interviewing to be gender-specific, with female interviewers interviewing only females and males interviewing only males, in compliance with Afghan culture.
    d. Some districts with significant insurgent activity, military operations, or lack of transportation were totally inaccessible or only accessible to male interviewers. Because of the need to use mixed-gender interviewing teams, it was decided at the outset that fieldwork could only be conducted in districts that were accessible to both male and female interviewers. In the case that a sampling point was inaccessible for female interviewing, it was replaced with a sampling point from within the same strata (same province and same urban/rural status).

4) Step 4: Field managers then used maps generated from several sources to select starting points within each starting point.
    a. In rural areas, a system was used that requires interviewers to start in one of five randomly selected locations (Northern, Southern, Eastern, or Western edges of the rural settlement and Center).
    b. In urban areas, because it is more difficult to differentiate neighborhood borders, a random location (Northern, Southern, Eastern, Western, or Center) is provided to the interviewer, and they are to start from an identifiable landmark in the vicinity (ex: school, mosque, etc.)
5) Step 5: To bolster the randomization process, each starting point team was also randomly assigned a different first contacted house, either the first, second, or third house the interviewer arrived at following the start of the random walk. After approaching the first contacted house, the interviewer then followed a set interval to select all other households for inclusion in the sample. For example, selecting every third house on the right in rural areas and every fifth house on the right in urban areas.
6) Step 6: After selecting a household, respondents for each of the three sections were selected using the following protocol:
    a. For the household interview, the interviewing team asked the household members to determine the person in the household most knowledgeable about the household economy and health status of each household member. This was typically (but not always) the head of household. Because of the nature of the questions in this section, random selection of a household informant would not be suitable.
    b. Adult section: Interviewers were instructed to utilize a Kish grid for randomizing the target respondent within the household. Because the interviewing team consisted of both a male and female interviewer, all male and female household members over age 18 were listed in the Kish grid, numbered according to their position in the household roster included in the household section. Each Kish grid had a random pre-selected starting number, indicated on the sampling plan. Members of the household were listed with their gender and age in descending order and then the respondent is selected according the rules of the Kish grid. Names were not included because in Afghan culture, it is inappropriate for men to ask for the names of women.
        i. In cases where a selected respondent was not available for interviewing, a replacement was selected by moving to the right in the Kish grid (see **Figure 3**).
        ii. In cases where a respondent was selected but who was unable to complete the interview on their own due to age, illness, or disability, a caregiver could either take the survey for them as a proxy or assist them in taking it.

Figure 3: *Interviewer instructions for replacing unavailable respondents using the Kish grid*



c. Child section: All children aged 17 and under were listed in the child section Kish grid. In cases where a child aged 13 or under was selected, the interview was conducted with a caregiver. In cases where an adolescent aged 14–17 was selected, the child herself/himself was the respondent, except in cases where illness or disability prevented the child from being interviewed, in which case a caregiver could assist or take the survey for the child as a proxy.

2.6: Weighting

Two weights were created for MDSA 2019. Each is calibrated to strata targets.

- RakedWgt: weights to national population per NSIA estimates
- RegionWgt: weights all regions to equal size for analysis

For each of these weights, an adjustment for response rates according to the American Association for Public Opinion Research (AAPOR) Response Rate 3 (RR3) was performed (defined below). Since this is a household-level survey, the survey is not weighted to gender. Details on weight calculation are provided in **Appendix 5.4.**

The base weights are thus computed as follows:

Figure 4: *Base weight calculations*

$$B_i = \left(\frac{n_i}{N_i}\right)^{-1}$$

B_i= probability of selection for a respondent
w_i= base weight for respondents
n_i= sample size in strata i
N_i= total population in strata i

2.7: Margin of error and design effects

Focusing on the portion of the sample that is probability based, the added variance from a multi-stage stratified cluster design can be estimated via a design effect estimates for the survey's variables, and in turn, used to estimate the complex margin of sampling error. Design effect estimates used in the MDSA are provided in **Appendix 5.5.**

2.8: Field implementation

Field Team

To conduct fieldwork, the Foundation collaborated with its longtime implementing partner, the Afghan Center for Socio-Economic Research (ACSOR) and its' parent company D3. A description of the field team composition by gender and experience is listed in **Table 3.** All interviewers had previously worked on the Foundation projects.

TABLE 3: FIELD TEAM BY GENDER AND EXPERIENCE LEVEL

	Female	Male	Total
Number of female/male interviewers	617	568	1185
Number of interviewers previously used in Foundation project	617	568	1185
Number of interviewers new to Foundation project	0	0	0

Pilot

A pilot study of 24 interviews was held in Kabul and Parwan between March 14 and March 15, 2019. The purpose was to test the field implementation plan for three male/female teams in each sampling point and see how respondents reacted to the questionnaire and subject matter. As a result of the pilot, some changes were made to the questionnaire wording in order to better explain the purpose of the study and elicit cooperation from non-disabled respondents.

Training

The WHO's MDS Manual was provided to the Foundation and partners to aid in survey implementation to improve quality of interview data. The manual was translated and back-translated into local languages, and provided practical information about survey design, the survey instruments and their use during interviews, practicalities of implementation and analysis. Under support from WHO, the manual informed trainings and were accessed by interviewers, field staff, supervisors and the research principal investigator (Dr. Nadia Akseer Shinwari), statisticians, and the Foundation partners to ensure rigorous implementation of the MDSA.

Dr. Nadia Akseer Shinwari (MSc, PhD) is an Epidemiologist-Biostatistician who has been actively involved in health research in Afghanistan. She has analyzed and published from the country's Multiple Indicator Cluster Surveys (2003/04, 2010/11), the Afghanistan Mortality Survey (2010), the Afghanistan Health Surveys (2006, 2012, 2015, 2018), the National Risk and Vulnerability Assessments (2005, 2007/08, 2011/12), the Demographic and Health Survey (2015), the National Nutrition Survey (2013) and other Afghanistan health-related surveys (25–29). Dr. Akseer Shinwari led all survey research for the MDSA including the survey design, sample size estimation, sampling plan and analysis.

The central training for provincial supervisors was held in Kabul on April 5–10, 2019 and was led by the Afghan Center for Socio-Economic Research (ACSOR) project managers. Administrative Director Ashraf Salehi also supervised and observed the training. Representatives of the independent third-party monitoring implementing partner attended the training, as did the Foundation's Policy and Research team, including director, Dr. Tabasum Akseer. Female Kabul interviewers also attended the training, as the last day of training included an exercise in which supervisors conducted practice interviews within households in Kabul, accompanied by a female interviewer, to make sure that they understood the field implementation procedure.

Topics covered during the training include:

1. Background and purpose of the project;
2. Proper household and respondent selection, including random walk procedure to select households, and correct respondent selection for all three sections of the survey;
3. Correct use of the contact sheet to record the result of all contact attempts;
4. Full review of the questionnaire content for all sections;
5. Complete review of the training manual;
6. Proper recording of questions;
7. Appropriate interviewing techniques;
8. Validation protocols;
9. Back-check and quality control procedures;
10. GPS coordinates and devices.

The supervisors conducted two stages of mock interviews were conducted to get a better understanding of the logic and concept of the questions:

a) First, the supervisors conducted mock interviews during the training session with one another to familiarize themselves with the questionnaire contents and field implementation.

b) On the last day of training, the supervisors went out into the field to conduct pilot interviews in Kabul with real households, accompanied by a female Kabul interviewer and, when possible, a member of the project management staff to observe. Because these were pilot interviews, they were not included in the sample.

The supervisors then returned to their respective provinces and held the interviewer trainings. All provincial trainings were observed by the third-party validator with some by representatives of the Foundation.

Field Outcomes

Procedures for sample replacements, reasons for replacements, contact procedures and response rates are detailed in **Appendix 5.6.**

In some provinces, field work proceeded smoothly and without major incidents. In other provinces, some problems were encountered in the field. Supervisors noted any political, social, or other newsworthy events that occurred during the field period, that may have affected the survey. Please see **Appendix 5.7** for a full report on incidents encountered during field work.

2.9: Quality control

MDSA undertook rigorous quality control measures in the field (inclusive of back-checks and collecting GPS data), during data management (entry and cleaning) and analysis. Details are provided in **Appendix 5.8.**

2.10: Statistical analysis

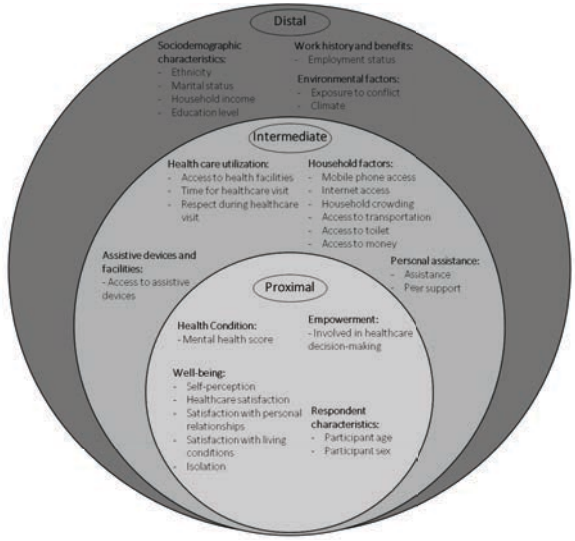
Descriptive and analytical statistics were conducted. Continuous variables were analyzed with means/standard deviations and histograms, while ordinal variables were assessed using medians/interquartile ranges. Nominal categorical variables were evaluated using frequencies and proportions. Bivariate associations between key variables were examined using Student's t-tests and chi-square tests/Fisher's exact tests (with smaller sample sizes), or directly with regression-based association statistics such as odds ratios or mean differences. Overall analyses were conducted by geographic region (8 regions and Kabul separately), for other stratifiers, and for adults and children separately. The multistage design and weighting was adjusted for in all analyses. A p-value <0.05 was considered statistically significant and 95% confidence intervals were produced to assess precision around estimates. Stata SE version 15.1 and R software were used for analyses.

2.11: Determinants of disability

To understand the major determinants of disability in Afghanistan, multivariable hierarchical linear regression was conducted, using step-wise modeling to derive a final set of statistically significant predictors. The main outcome was adult disability score (0–100) estimated from the MDSA modules.

Potential predictor indicators were selected from the MDSA such that they would represent the modules of the WHO MDS [1]. These variables were mapped to three levels of exposure to the outcome, at the distal (basic), intermediate (underlying), and proximal (immediate) levels. A conceptual framework was constructed as it accounts for the complex hierarchical inter-relationships between these determinants. See **Figure 5** for the conceptual framework based on literature and MDSA questions.

Figure 5: *Conceptual framework of determinants of adult disability*



Distal (basic) level variables included sociodemographic characteristics, work history and benefits, and environmental factors. A conflict classification of provinces was included based on battle-related death data published by the Uppsala Conflict Data Program; this classification has been scientifically reviewed and was published by the WB (30) and in the *Journal of the American Medical Association* network (25) health service delivery, and health outcomes are outdated and small in scale and do not span all essential reproductive, maternal, newborn, and child health interventions.To evaluate associations of conflict severity with improvement of health system performance, use of health services, and child nutrition outcomes in Afghanistan during the 2003 to 2018 reconstruction period.This population-based survey study included a sequential cross-sectional analysis of individual-level panel data across two periods (2003–2010 and 2010–2018). Each of the 34 Afghan provinces were categorized into minimal,

moderate and severe conflict groups based on the total number of conflict or war-related deaths that have occurred from 2010–2017 (see **Appendix 5.9)**. Intermediate (underlying) level variables were categorized as related to healthcare utilization, household factors, assistive devices and facilities, and personal assistance. Finally, proximal (immediate) level factors were grouped under the sub-headings of health condition, empowerment, well-being, and respondent characteristics.

Appendix 5.9 details variables with respective sample sizes and the hierarchical multilevel modeling approach used for analysis.

3 RESULTS

3.1: Household characteristics

Demographic and household characteristics of the sample are displayed in **Table 4.** There were slightly more males (51.7%) than females (48.3%) in the sample. Most respondents were in the 18–25 years age group (18.9%), followed by 14.3% in the 5–9 years age group, 13.3% in the 10–14 years age group, 12.4% in the 1–4 years age group and 12.4% in the 26–35 age group. When disaggregated by gender, similar patterns followed with the highest number of people being in the 18–25 age group, 18.3% in males and 19.5% in females. The 65+ age group was the least represented, including only 1.9% of the participants, however this number was double in males compared to females (2.5% vs. 1.2%). Respondents residing in rural areas were represented three times higher than urban areas (74.4% vs. 25.6%).

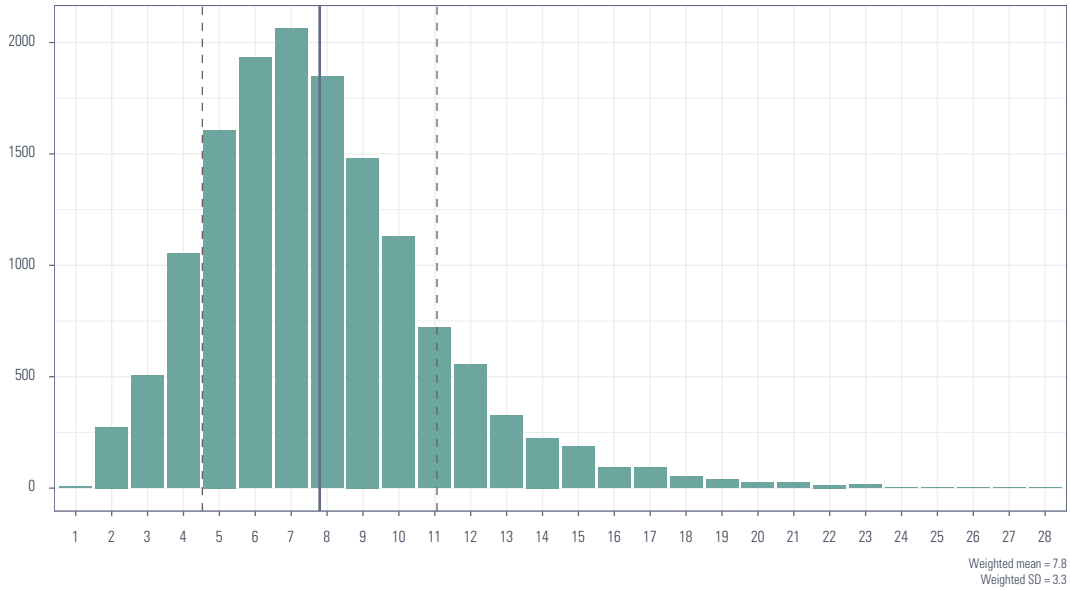
TABLE 4: HOUSEHOLD CHARACTERISTICS OF MDSA 2019 SAMPLE

Characteristics	N	%
Total	111,641	100
Gender		
Female	53,931	48.3
Male	57,710	51.7
Age group (year)		
1–4	14,295	12.8
5–9	16,019	14.3
10–14	14,904	13.3
15–17	8,123	7.3
18–25	21,119	18.9
26–35	13,828	12.4
36–45	10,524	9.4
46–55	6,787	6.1
56–65	3,931	3.5
65+	2,101	1.9

Male	**Age group (year)**		
	1–4	7,262	12.6
	5–9	8,288	14.4
	10–14	7,846	13.6
	15–17	4,233	7.3
	18–25	10,569	18.3
	26–35	6,936	12
	36–45	5,179	9
	46–55	3,552	6.2
	56–65	2,401	4.2
	65+	1,435	2.5
Female	**Age group (year)**		
	1–4	7,033	13
	5–9	7,731	14.3
	10–14	7,058	13.1
	15–17	3,890	7.2
	18–25	10,550	19.6
	26–35	6,892	12.8
	36–45	5,345	9.9
	46–55	3,235	6
	56–65	1,530	2.8
	65+	666	1.2
	Area of residence		
	Rural	83,057	74.4
	Urban	28,584	25.6

Figure 6 *depicts the average number of persons in the households for all Afghans surveyed. The mean household size was 7.8 individuals, with the majority of respondents reported a household size between 5 and 9 persons.*

Figure 6: *Distribution of household size*



When asked of education level attainment, the majority of adults, 60.1%, had no schooling or never completed any grade **(Figure 7)**. Over 13.7% of the sample graduated from high school, 11.6% completed elementary education or primary school, 8.7% have a university degree and 5.0% completed middle school.

Figure 7: *Education level*

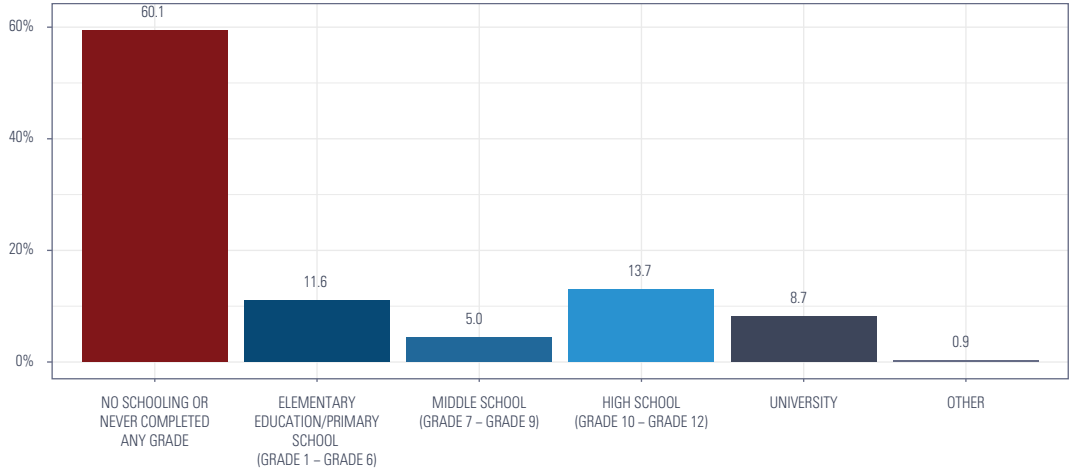


Figure 8 shows the various ethnicities reflected in the respondent base. The sample included majority Pashtun and Tajik ethnicity, 37.8% and 36.6% respectively, with a low percentage of Hazara or Uzbek, 10.8% and 8.7%.

Figure 8: *Ethnicity*

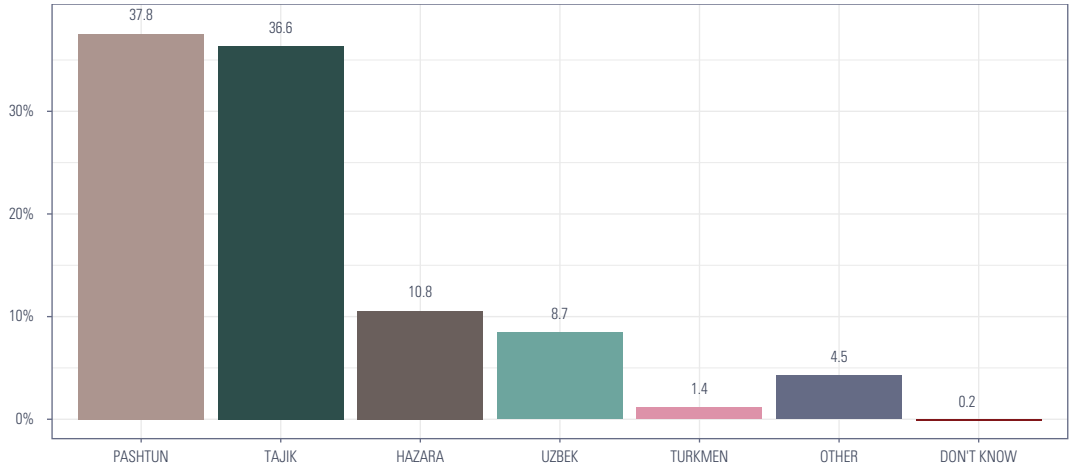
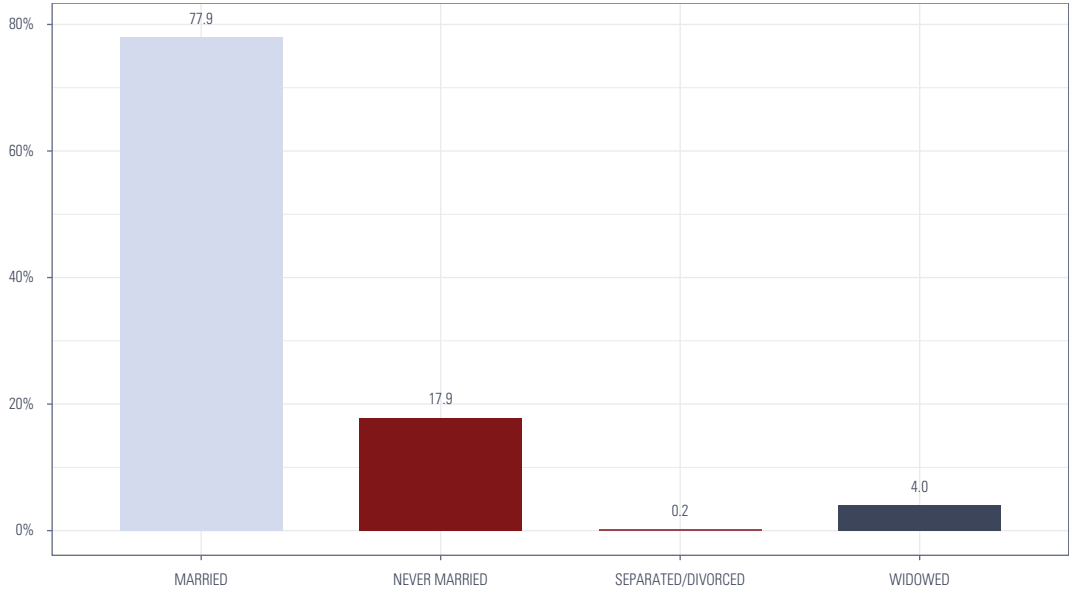


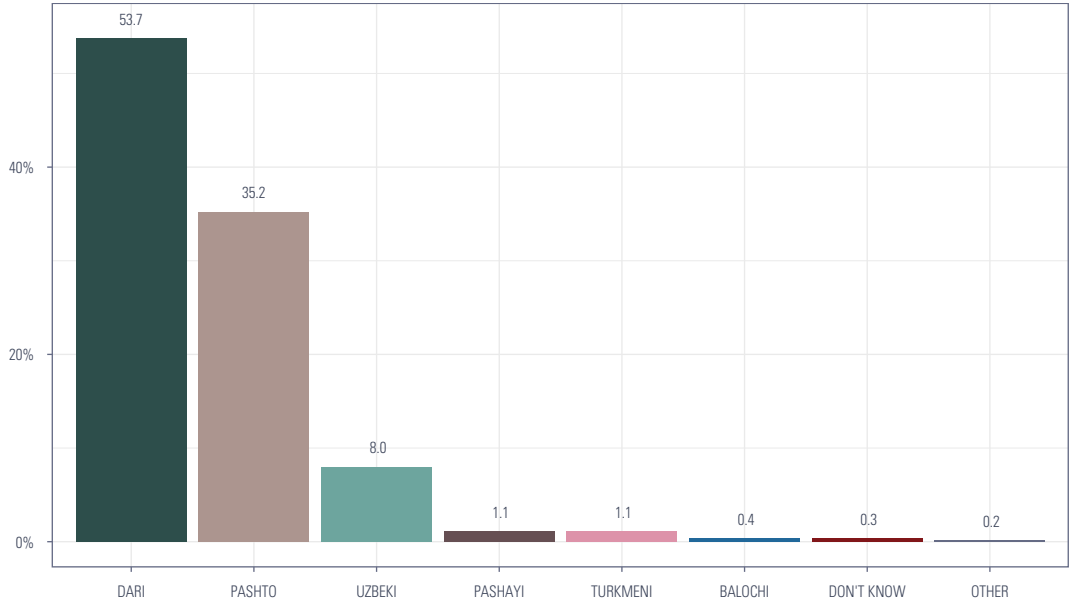
Figure 9 presents marital status of adults in the MDSA 2019. More than three quarters of adults were married (77.9%), while 17.9% were never married and 4.0% were widowed.

Figure 9: *Marital status*



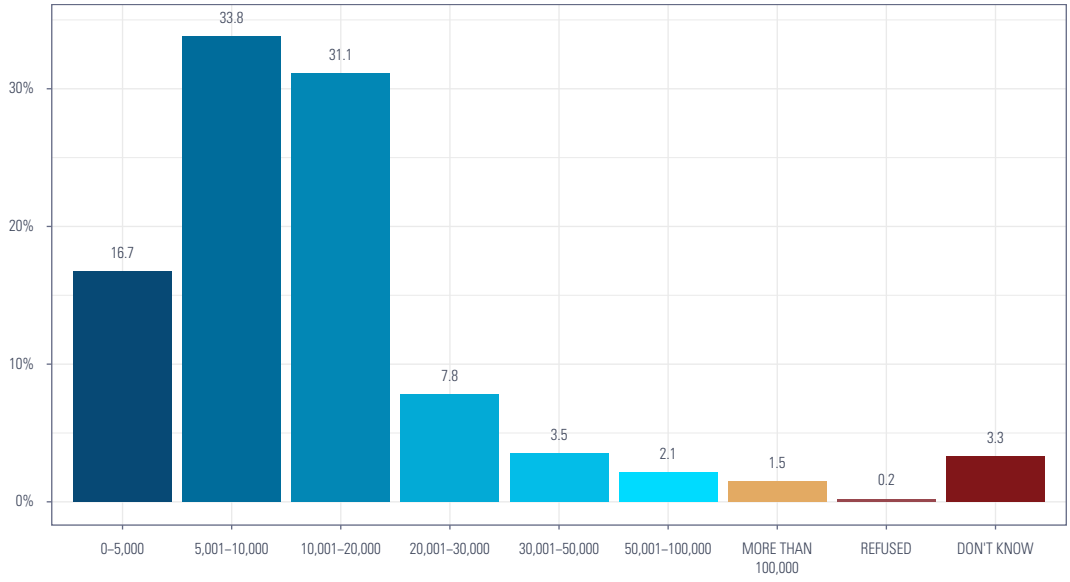
Half of the Afghan adults (53.7%) reported Dari as their native language, while 35.2% reported Pashto and 8.0% reported Uzbeki **(Figure 10)**.

Figure 10: *Native languages*



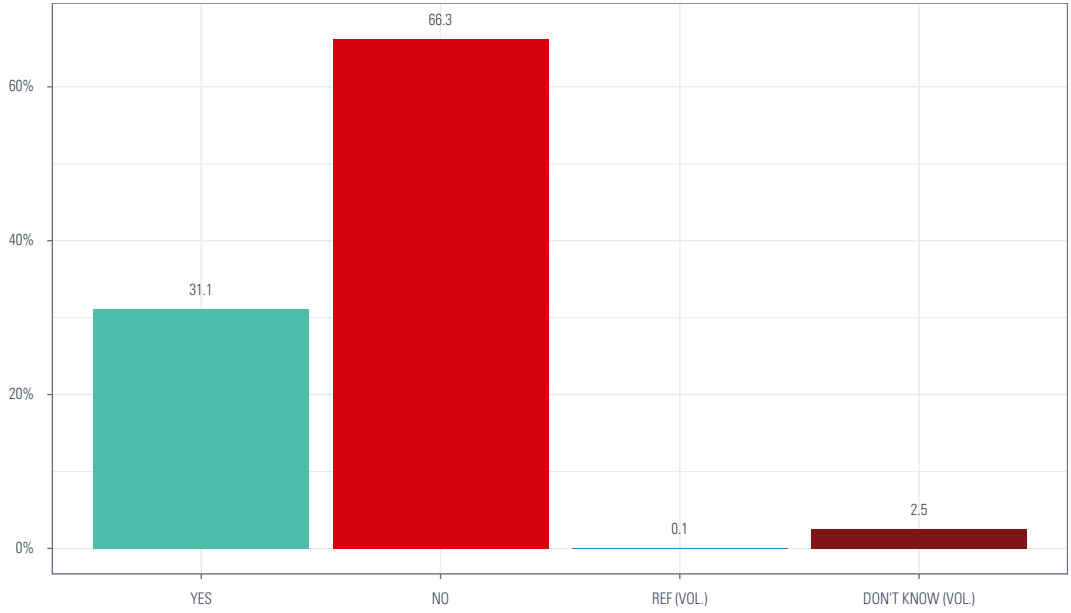
About 80% of the respondent's average household income are below 20,000 (AFN) per month (**Figure 11**).16.7% report their average household income between 0–5000 (AFN) per month, 33.8% between 5001–10,000 (AFN), 31.1% between 10,001–20,000 (AFN), 7.8% between 20,001–30,000 (AFN), and 1.5% reported income more than 100,000 (AFN) per month. When adult respondents were asked whether they have faced financial problems in the past 12 months, 66.3% reported no, while 31.1% reported yes (**Figure 12**).

Figure 11: *Average household income (in Afghanis)*



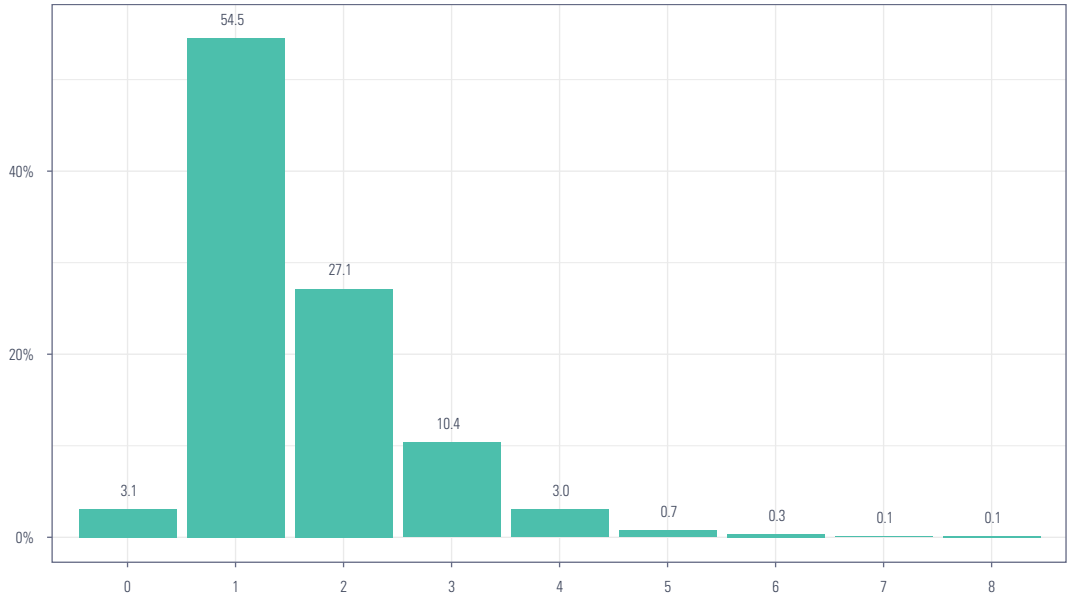
Weighted mean = 18160.6
Weighted SD = 41634.1

Figure 12: *Financial problems*



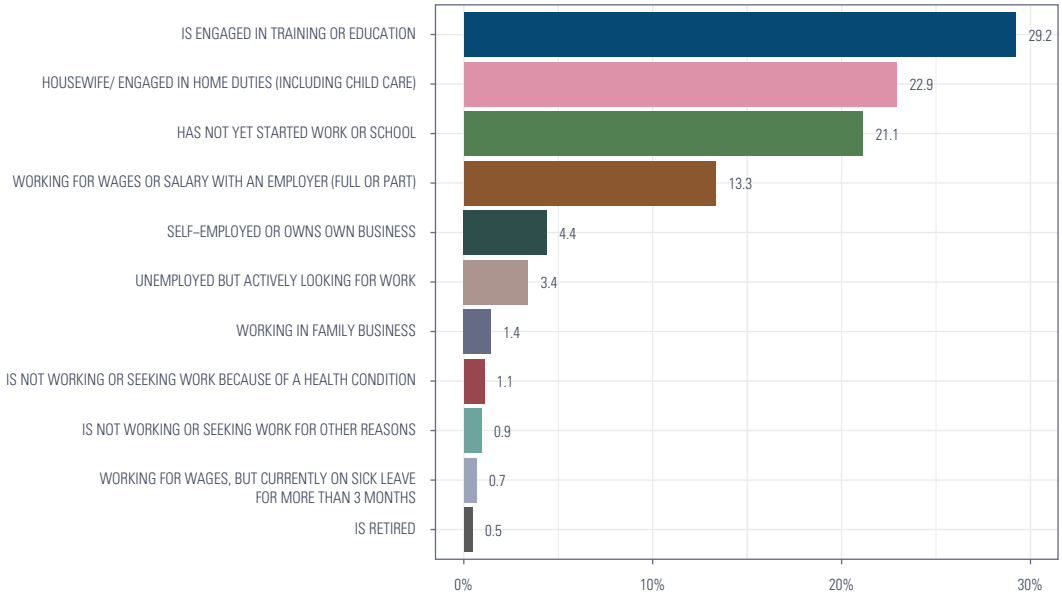
The majority (54.5%) of households have 1 member that contributes to the household income **(Figure 13)**. Only 27.1% of the households have two contributing members, and 10.4% with three.

Figure 13: *Number of household members that contribute to income*



Employment status of all household members is variable, with 29.2% being engaged in training or education, 22.9% are housewives or engaged in home duties, 21.1% have not yet started work or school,13.3% are working for wages with an employer, 4.4% are self-employed or own a business and 3.4% are unemployed but actively looking for work **(Figure 14)**.

Figure 14: *Employment status of all household members*



3.2: Adult disability prevalence

In this survey, disability is defined as the interaction between health conditions or impairments and aspects of the physical and socio-political environment in which a person lives (9). Examples of aspects of this kind may include access to and use of personal assistive products, social support, access to health care or the physical environment around the person.

The outcome, disability, is measured as a composite score of problems across 17 functioning domains. Based on 47 questions in Module 4000, each adult in the sample was given a disability composite score which ranged from zero (no disability) to 100 (high levels of disability) and was estimated using Item Response Theory (IRT). The Rasch composite score estimated during this procedure was developed by WHO technical consultants. WHO trained and supported the Foundation analysts in reproducing these composite disability scores for adult and child populations separately for the MDSA 2019. Using the composite scores estimated for each individual, a distribution of disability is estimated for the country and cut-offs are used to identify persons experiencing no, mild, moderate and severe disability. These standard cutoffs are suggested by WHO and are shown in **Box 1**.

BOX 1: CUTOFFS FOR DISABILITY PREVALENCE LEVEL

Target level	Cut-off criteria
No	Score < Mean – 1SD or Score = 0
Mild	Mean – 1SD < Score < Mean
Moderate	Mean < Score < Mean + 1SD
Severe	Score ≥ Mean + 1SD

Figure 15 shows the continuum of disability in Afghanistan, ranging from no disability (zero) to severe disability (100). The majority of the population experience moderate disability, followed by mild disability.

Figure 15: *Disability continuum for Afghanistan*

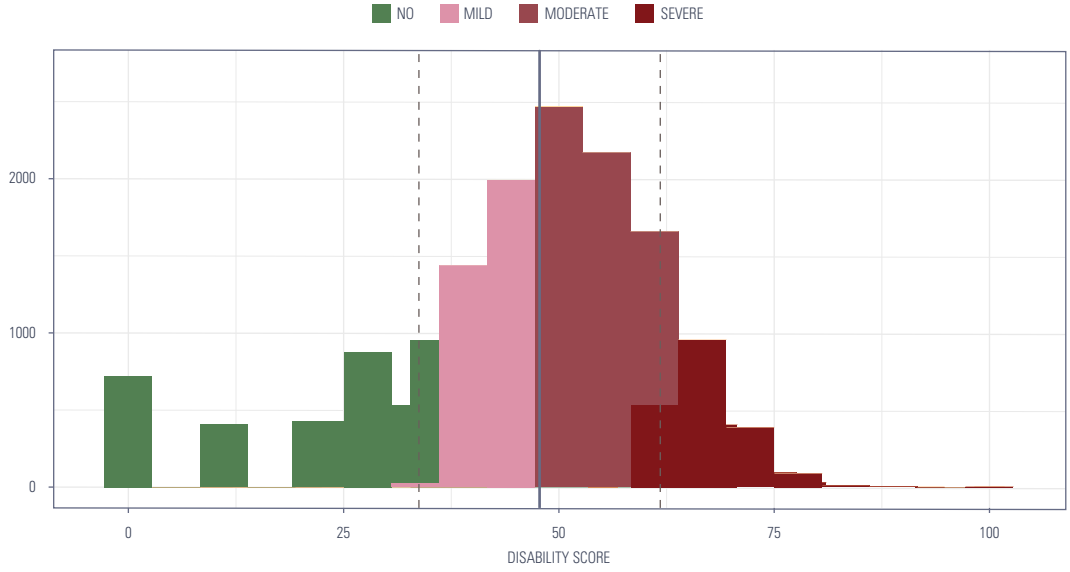


Table 5 displays the distribution of disability by severity in Afghanistan. While about one-fifth (21.1%) of Afghan adults aged 18+ years old experience no disability, approximately one-fourth (24.6%) suffer from mild disability, while almost half (40.4%) have moderate levels and 13.9% are estimated to have severe disabilities.

TABLE 5: DISABILITY PREVALENCE FOR AFGHANISTAN

Disability level	N	%
No disability	2,984	21.1%
Mild disability	3,477	24.6%
Moderate disability	5,709	40.4%
Severe disability	1,960	13.9%

Note: disability scores for n=160 respondents were not calculated due to high missing values for component variables.

Table 6 and **Figure 16** show the disability burden in Afghanistan by demographic characteristics. Overall, more females experience disability than males, as 25.7% of males reported no disability compared to 17.3% of females. A higher percentage of females experience moderate (43.9%) and severe disability (14.9%) compared to men (36.2% and 12.6%, respectively), while mild disability is more prevalent in males, 25.5% compared to 23.9% in females. These striking sex differences could be due to the male-dominated nature of Afghanistan, where gender inequality is high and women are often victims of sexual violence and limited access to health care (2). Girls and women with disability generally experience 'double discrimination', including mental and physical abuse, marginalization and gender-based violence (9).

TABLE 6: DISABILITY BURDEN BY ADULT RESPONDENT CHARACTERISTIC

Characteristic	Total		Disability level							
			No		Mild		Moderate		Severe	
	N	%	N	%	N	%	N	%	N	%
Gender										
Male	6411	45.4%	1,648	25.7%	1,634	25.5%	2,320	36.2%	808	12.6%
Female	7,719	54.6%	1,335	17.3%	1,842	23.9%	3,389	43.9%	1,152	14.9%
Age group (years)										
18–25	4,130	29.2%	1,105	26.7%	1,157	28.0%	1,508	36.5%	361	8.7%
26–35	3,880	27.5%	863	22.2%	1,003	25.8%	1,549	39.9%	465	12.0%
36–45	3,051	21.6%	580	19.0%	720	23.6%	1,286	42.2%	464	15.2%
46–55	1,688	11.9%	262	15.5%	371	22.0%	747	44.3%	308	18.3%
56+	1,382	9.8%	174	12.6%	226	16.4%	619	44.8%	362	26.2%
Education										
No schooling or never completed any grade	8,468	59.9%	1,310	15.5%	1,935	22.8%	3,767	44.5%	1,457	17.2%
Elementary education (1st – 6th grade)	1,643	11.6%	364	22.2%	444	27.0%	637	38.8%	197	12.0%
Middle school (7th – 9th grade)	708	5.0%	173	24.5%	213	30.0%	249	35.2%	72	10.2%

High school (10th – 12th grade)	1,943	13.8%	637	32.8%	520	26.8%	641	33.0%	145	7.4%
University	1,245	8.8%	466	37.4%	338	27.2%	366	29.4%	75	6.0%
Other	123	0.9%	34	27.5%	27	21.9%	48	39.3%	14	11.3%
Ethnicity										
Pashtun	5,327	37.7%	1,005	18.9%	1,382	26.0%	2,171	40.8%	768	14.4%
Tajik	5,186	36.7%	1,259	24.3%	1,230	23.7%	1,989	38.4%	708	13.7%
Hazara	1,530	10.8%	342	22.4%	369	24.1%	620	40.5%	199	13.0%
Uzbek	1,227	8.7%	227	18.5%	302	24.6%	554	45.1%	145	11.8%
Turkmen	198	1.4%	49	25.0%	47	23.7%	69	34.8%	33	16.5%
Other	662	4.7%	102	15.3%	147	22.3%	307	46.3%	106	16.1%
Marital status										
Never married	2,529	17.9%	778	30.8%	686	27.1%	877	34.7%	188	7.4%
Married	11,007	77.9%	2,147	19.5%	2,698	24.5%	4,570	41.5%	1,592	14.5%
Separated/divorced	28	0.2%	3	11.0%	4	15.2%	9	33.5%	11	40.3%
Widowed	566	4.0%	56	9.8%	89	15.7%	253	44.7%	169	29.8%
Native language										
Dari	7,601	53.8%	1,771	23.3%	1,807	23.8%	2,980	39.2%	1,042	13.7%
Pashto	4,967	35.2%	931	18.8%	1,287	25.9%	2,023	40.7%	725	14.6%
Uzbeki	1,131	8.0%	202	17.9%	283	25.0%	516	45.6%	130	11.5%
Pashayi	157	1.1%	14	8.7%	38	24.0%	80	51.1%	26	16.3%
Turkmeni	152	1.1%	45	29.3%	36	23.8%	53	34.6%	19	12.3%
Balochi	53	0.4%	7	12.2%	13	23.5%	30	56.6%	4	7.7%
Other	68	0.5%	14	21.0%	13	19.3%	27	39.2%	14	20.5%
Held a job										
Yes	5,102	36.2%	1,300	25.5%	1,337	26.2%	1,870	36.7%	594	11.6%
No	9,000	63.8%	1,680	18.7%	2,134	23.7%	3,825	42.5%	1,362	15.1%
Region										
Kabul province	2,321	16.4%	801	34.5%	645	27.8%	679	29.3%	196	8.5%
Central region	1,128	8.0%	251	22.2%	284	25.2%	465	41.2%	129	11.4%
Central highlands	455	3.2%	42	9.1%	68	15.0%	230	50.5%	115	25.4%
East	1,295	9.2%	228	17.6%	286	22.1%	601	46.4%	180	13.9%
North	1,922	13.6%	506	26.3%	524	27.3%	720	37.5%	172	9.0%
North east	1,942	13.7%	408	21.0%	468	24.1%	774	39.9%	292	15.1%
South	1,736	12.3%	309	17.8%	554	31.9%	659	38.0%	214	12.3%
South east	1,515	10.7%	197	13.0%	329	21.7%	700	46.2%	289	19.1%
West	1,816	12.9%	242	13.3%	320	17.6%	882	48.6%	372	20.5%
Conflict Status										
Minimal conflict	1,062	7.5%	196	18.5%	199	18.8%	469	44.2%	198	18.6%

Moderate conflict	2,832	20.0%	485	17.1%	558	19.7%	1,245	43.9%	544	19.2%
Severe conflict	10,235	72.4%	2,302	22.5%	2,719	26.6%	3,995	39.0%	1,219	11.9%
Total	14,130	100.0%	2,984	58.1%	3,477	65.0%	5,709	127.2%	1,960	49.7%

The distribution of disability by age indicates that disability severity increases with age. The percentage of individuals experiencing severe disability is highest in the eldest age group, 56 years plus, at 26.2%, followed by 18.3% in the 46–55 years age group, 15.2% in the 36–45 years age group, 12.0% in the 26–35 years age group and 8.7% in the 18–25 years age group. This interesting finding might be related to the ageing process increasing the likelihood of experiencing difficulties in functioning as a result of noncommunicable diseases, infectious diseases, neurological disorders, injuries or conditions (9). It is also possible that older persons may not recognize their disability and consider their functioning level as appropriate for their age, despite having significant difficulties in mobility and functioning (11).

Severe disability prevalence is higher among adult respondents with no schooling, 17.2%, and the least prevalent in those who have completed university, 6.0%. This finding is likely since it is known that persons and children with disabilities face barriers in attaining education, due to lack of accessibility and discrimination by teachers and other students (15,31).

Severe disability prevalence is similar across ethnic groups, with Turkmen and 'other' ethnic groups experiencing the highest percentage at 16.5% and 16.1%, respectively. The ethnic group with the least burden of severe disability is Uzbek at 11.8%.

Severe disability burden is highest among separated or divorced individuals, 40.3%, followed by widowed individuals at 29.8%, 14.5% in married individuals and 7.4% in those never married. These findings may reflect the Afghan context in which separated/divorced individuals often experience social pressures resulting from cultural taboos around divorce, stigmatization and economic burden which may result in greater levels of distress and mental health issues (32–34).

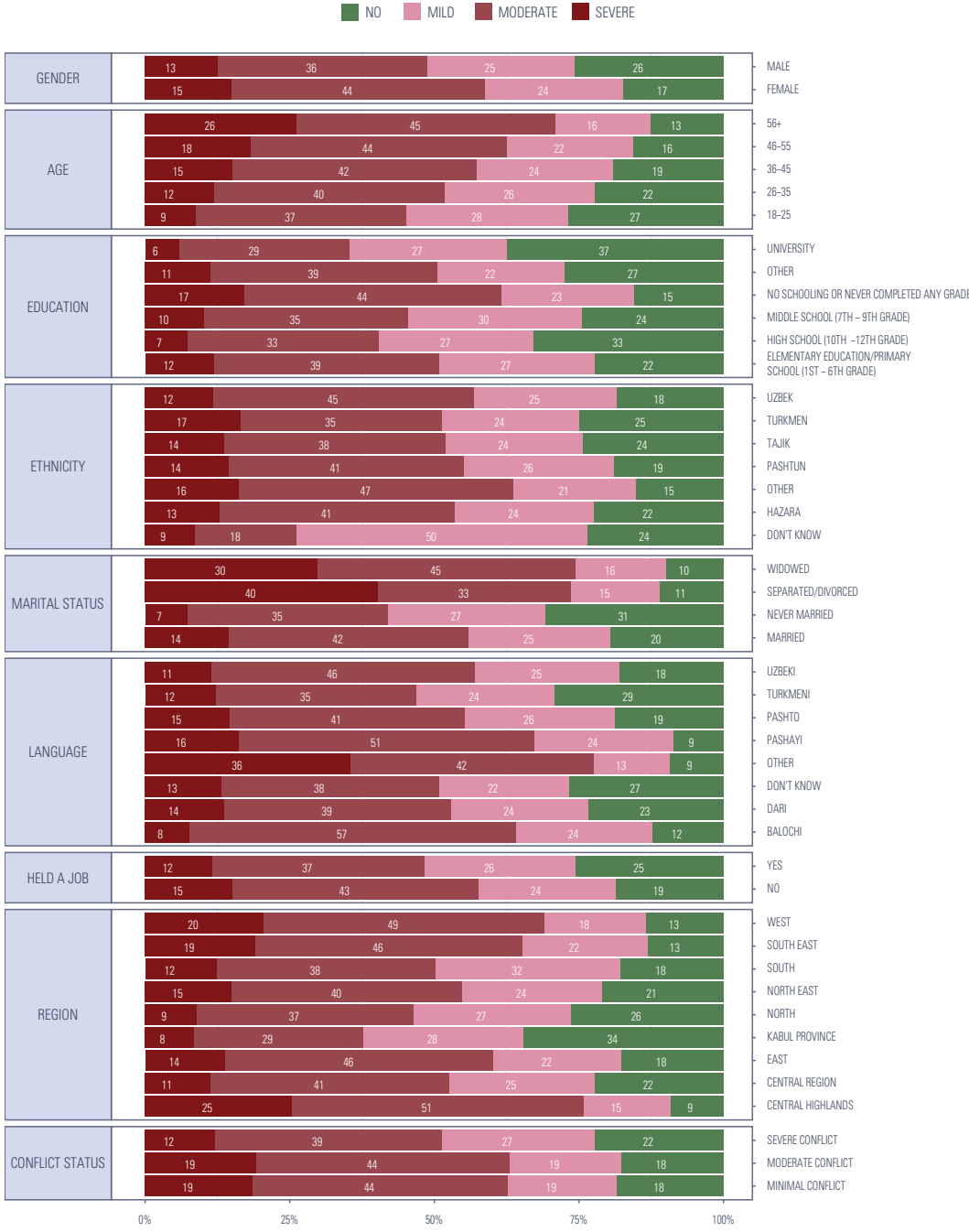
Those whose native language is Balochi exhibit the lowest prevalence of severe disability at 7.7%, while 'other' selected as a native language experience the highest at 20.5%. Moderate disability, on the other hand, is most prevalent in native Balochi speaking individuals (56.6%), followed by Pashayi (51.5%), Uzbeki (45.6%), Pashto (40.7%), and Dari and 'other' tied at 39.2%. It should be noted, however, that fewer respondents spoke Balochi (n=53), Turkmeni (n=152), Pashayee (n=157) and other (n=68) and so disability patterns among these groups should be interpreted with caution.

Among individuals who held a job, 11.6% experience severe disability and 36.7% experience moderate disability. Unemployed Afghans have a higher burden of both severe and moderate disability, 15.1% and 42.5%, respectively.

Geographically, severe disability is most prevalent in the Central Highlands (25.4%), followed by the West region (20.5%). The region with the least prevalent severe disability is Kabul province at 8.5% and North region at 9.0%.

Disability burden is narrowly variable by conflict status (minimal, moderate or severe conflict). Interestingly, however, severe conflict has the lowest rates of severe disability (11.9%) and moderate disability (39.0%), and moderate conflict had the highest rates of severe disability (19.2%).

Figure 16: *Disability prevalence by adult respondent characteristic*



3.3: Adult disability prevalence by domains

3.3.1: Functioning

MDSA disability is estimated based on problems reported in 17 functioning domains in module 4000 (functioning): mobility, hand and arm use, self-care, seeing, hearing, pain, sleep and energy, breathing, affect, interpersonal relationships, handling stress, communication, cognition, household tasks, community and citizenship participation, caring for others and work and schooling.

Figure 17 shows functioning assessed in terms of mobility, hand and arm use and self-care. Among those who have moderate or severe disability, mobility issues are the most prevalent. 21.8% report engaging in vigorous activities (such as running or working long hours in the field) as problematic or very problematic, 18.8% report walking a kilometer as an issue. Other issues with mobility such as walking short distances, standing up or getting out of the home were challenges for about one-tenth of adults with moderate or severe disability. Hand and arm use appear to be less of an issue among these adults, with 5.2% indicating that raising a 2 litre bottle of water from waist to eye level is problematic, and 3.7% reporting doing things requiring the use of their hands and fingers as a problem. Between 3-4% of adults with moderate or severe disability experience problems with self-care, such as with taking care of one's health, cutting toenails, going to the toilet, getting clean and dressed, and eating.

Figure 17: *Functioning (mobility, hand and arm use, and self-care) among individuals with moderate or severe disability*

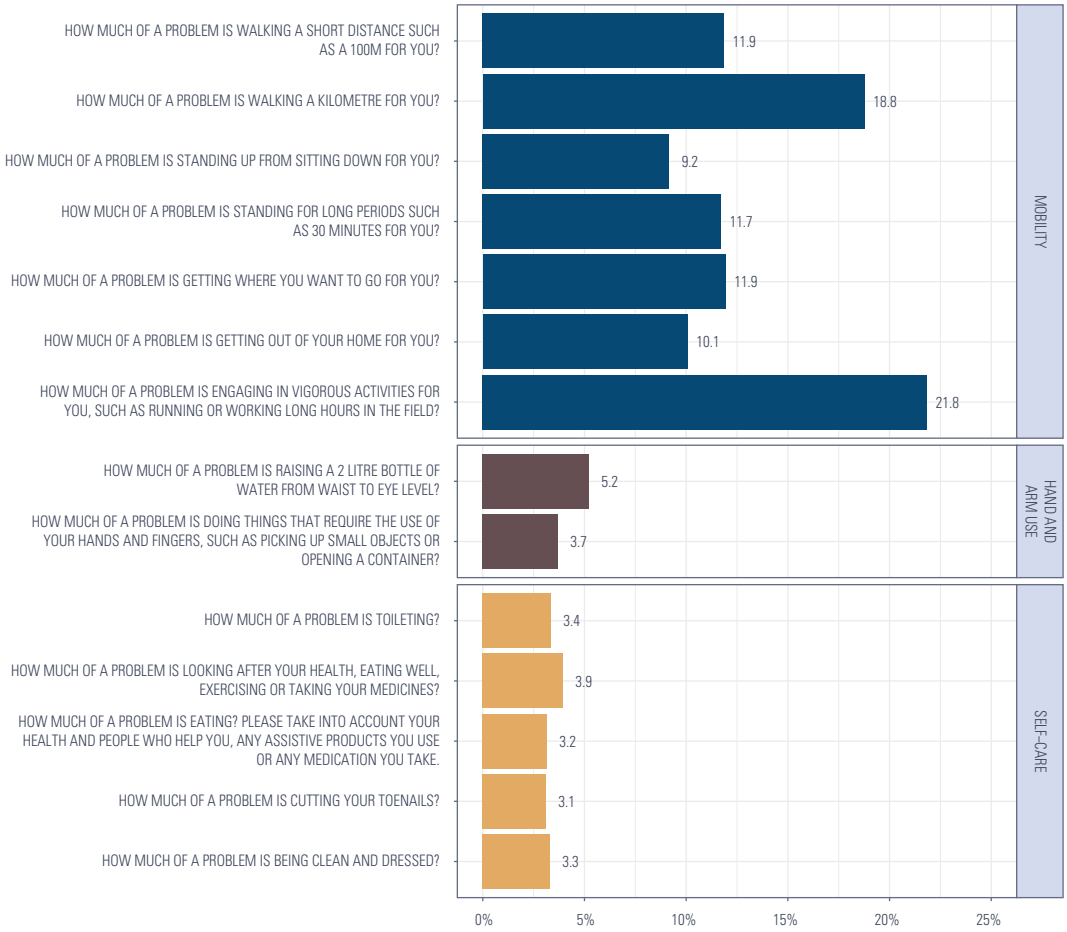


Figure 18 depicts functioning in terms of seeing, hearing, pain, energy and drive, breathing and affect. Having pain day-to-day is rated as problematic or very problematic by a large proportion of individuals with moderate or severe disability (15.6%). Depression and anxiety are problematic, with 9.3% having a problem with feelings of worry, nervousness and anxiety, and 8.3% having a problem with feeling sad, low or depressed. About 7.6% of respondents with moderate or severe disability felt being tired and not having enough energy was a problematic. Hearing problems among this group were also high when having a conversation with another person in a noisy room (6.2%) but were less of a problem in a quiet room (2.0%).

Figure 18: *Functioning (seeing, hearing, pain, energy and drive, breathing and affect) among individuals with moderate or severe disability*

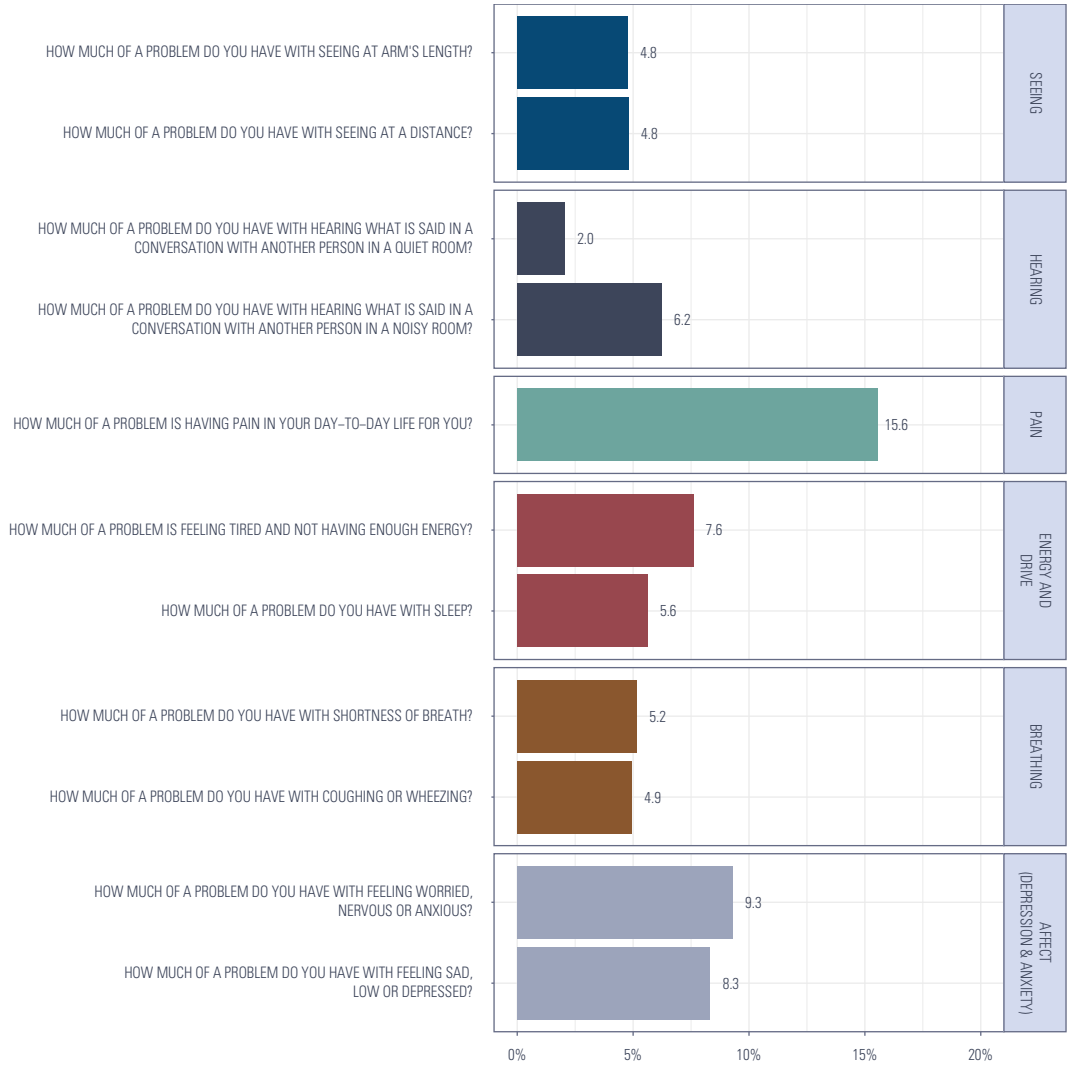


Figure 19 shows the percentage of Afghans with moderate or severe disability rating functioning in terms of interpersonal relationships, handling stress, communication and cognition as problematic or very problematic. The most rated problem is 'coping with all the things you have to do' at 9.1%, and 7.4% reported dealing with people they do not know as an issue. The least problematic issue 'getting along with people who are close to you' (1.4%) and 'being understood using your own language' (1.9%).

Figure 19: *Functioning (interpersonal relationships, handling stress, communication and cognition) among individuals with moderate or severe disability*

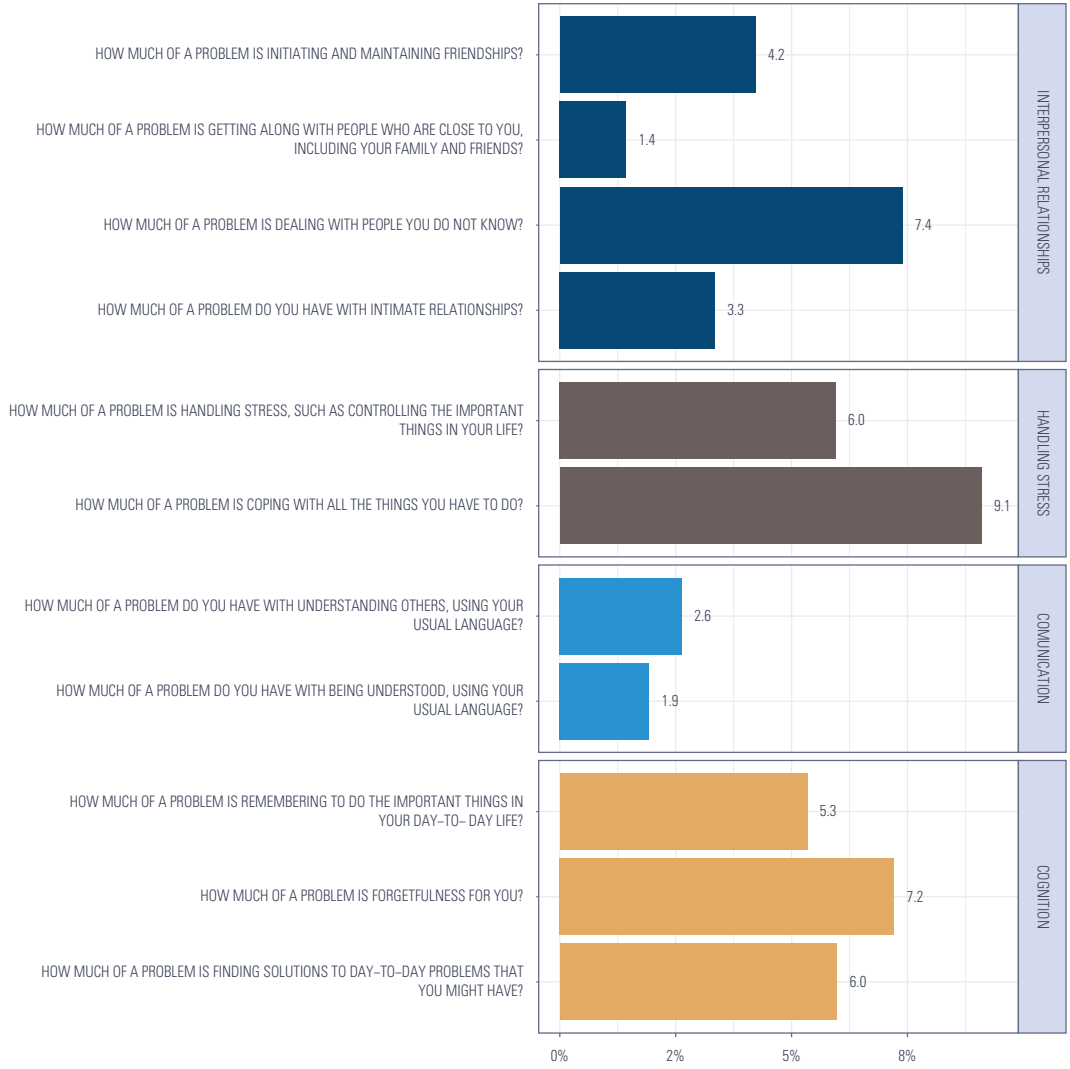
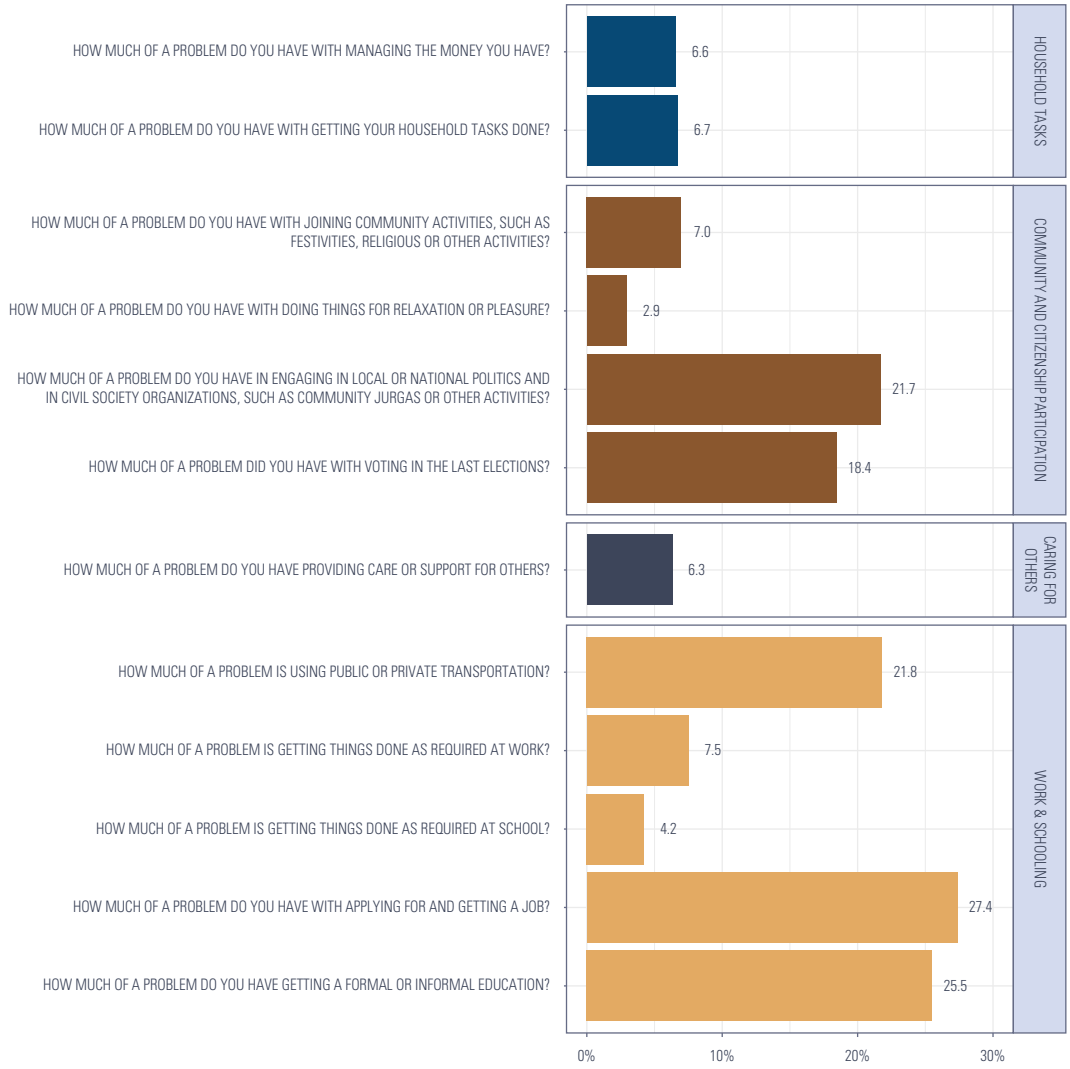


Figure 20 shows the percentage of civilians with moderate or severe disability rating functioning in terms of household tasks, community and citizenship participation, caring for others, and work and school as problematic or very problematic. Securing a job is the most problematic among the respondents (27.4%), followed by getting a formal or informal education (25.5%). 21.7% report engaging in local or national politics and civil society organizations as problematic and 21.8% have an issue with using public or private transportation.

Figure 20: *Functioning (household tasks, community and citizenship participation, caring for others, and work and school) among individuals with moderate or severe disability*



3.3.2: Health conditions

Identification of health conditions that are associated with disability can provide crucial information on how to improve the functionality of those with different disabilities, along with identifying their rehabilitation needs (11).

Figure 21 shows the percentage of Afghans who reported 'a lot of difficulty' or 'cannot do at all' when attempting certain activities because of a health condition. About 5% of Afghans surveyed experienced

extreme difficulties due to their health. Most often, these were related to having severe body aches and pains (7.5%), feeling sad, low or depressed (5.2%), feeling worried, nervous, or anxious due to their health (4.4% of all respondents), challenges with learning new tasks (4.3%), and difficulties engaging in community and social activities (4.3%).

Figure 21: *Difficulties due to health conditions*

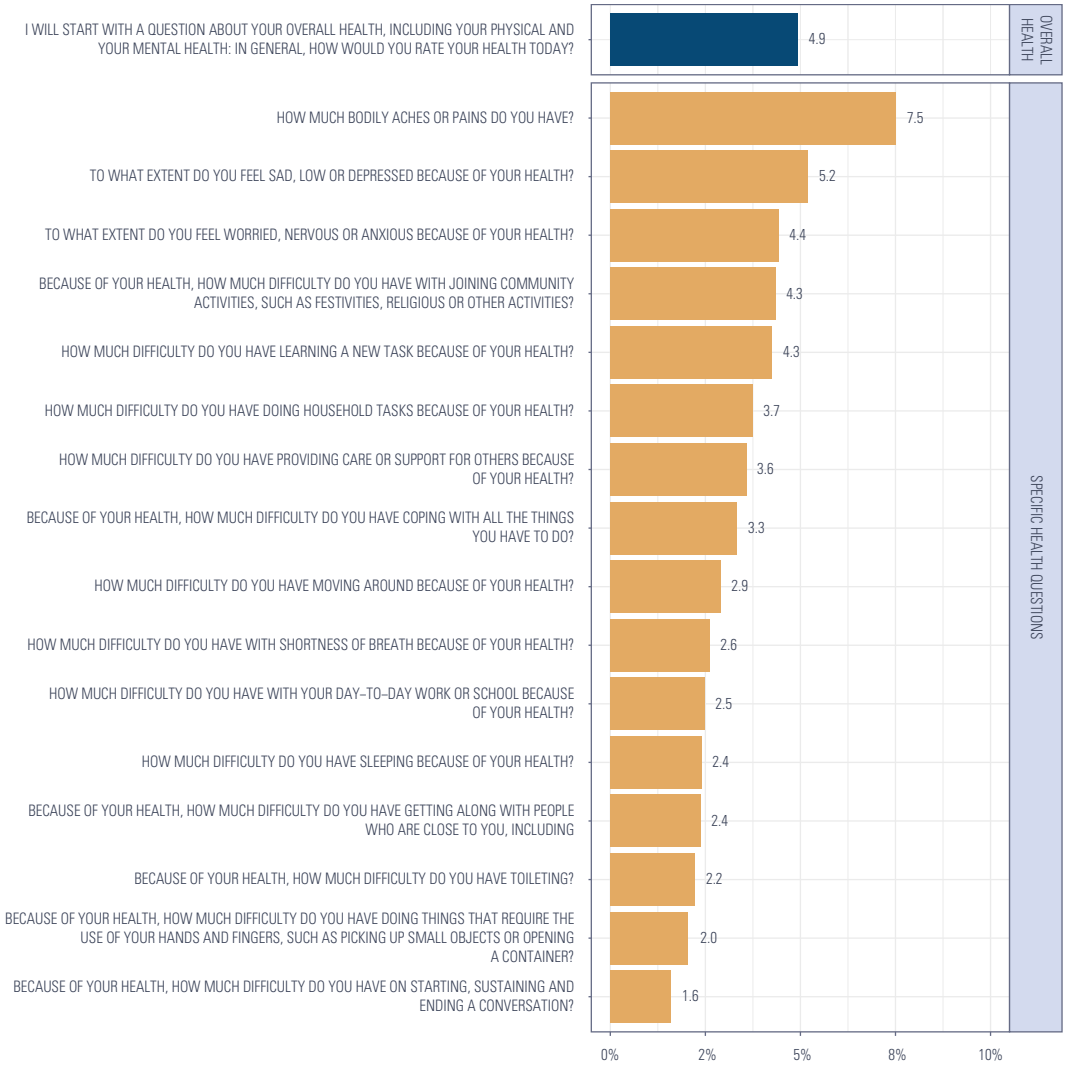
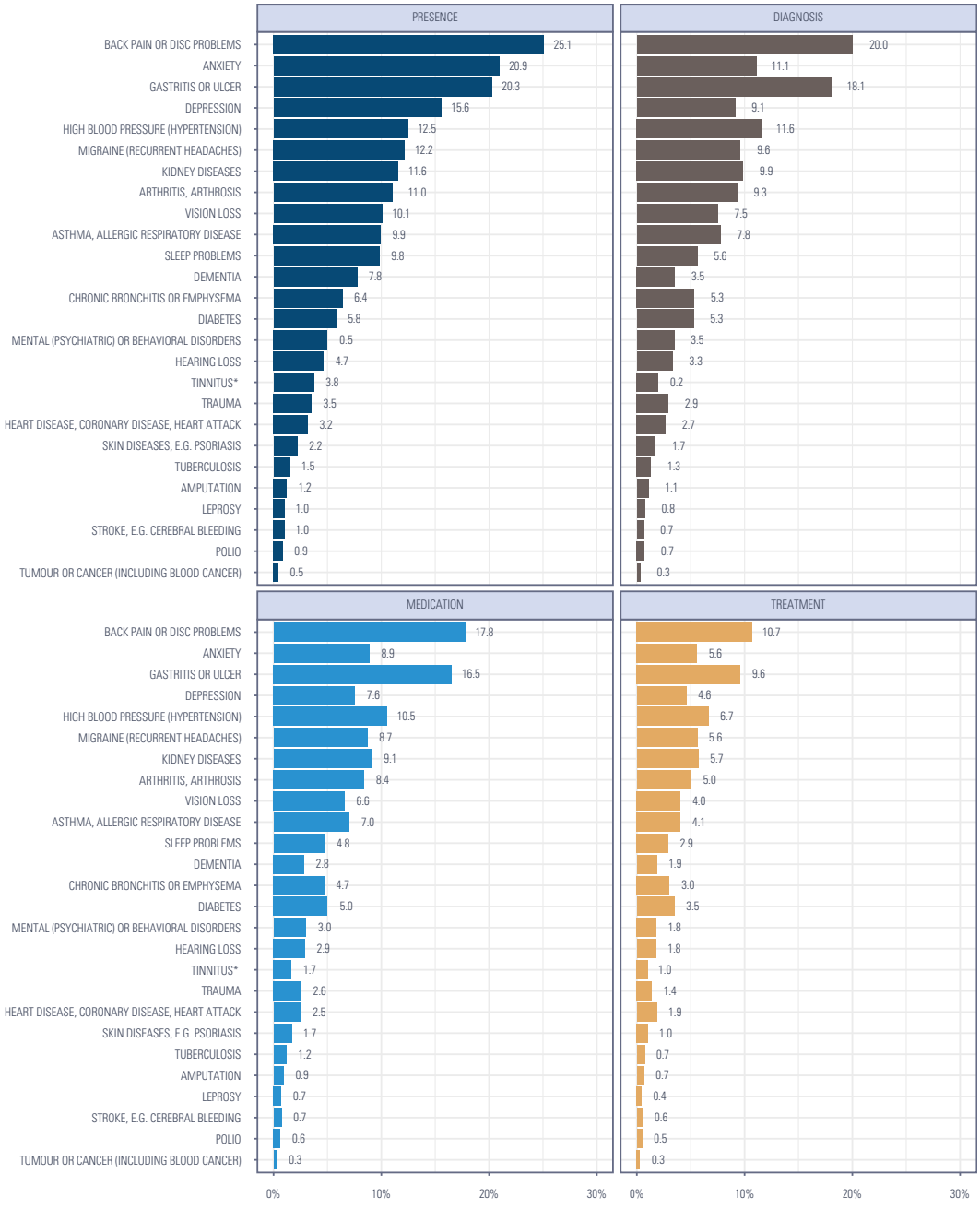


Figure 22 shows the percentage of respondents who have a condition (presence), who have ever been told by a doctor (or other health professional) that they have the condition (diagnosis), who have been given medication for the condition in the last 12 months (medication) and who have been given any other treatment for the condition (treatment).

The most prevalent condition across all four groups is back pain or disc problems, 25.1% reported presence, 20.0% diagnosed, 17.8% given medication and 10.7% received other treatment, followed by gastritis or ulcer (20.3%, 18.1%, 16.5% and 9.6%). Other common present conditions include anxiety (20.9%), depression (15.6%), high blood pressure (12.5%), migraine (recurrent headaches) (12.2%), kidney diseases (11.6%) and arthritis or arthrosis (11.0%). Other frequently diagnosed conditions include anxiety (11.1%) and high blood pressure (11.6%). Respondents are also typically receiving medications for these same conditions.

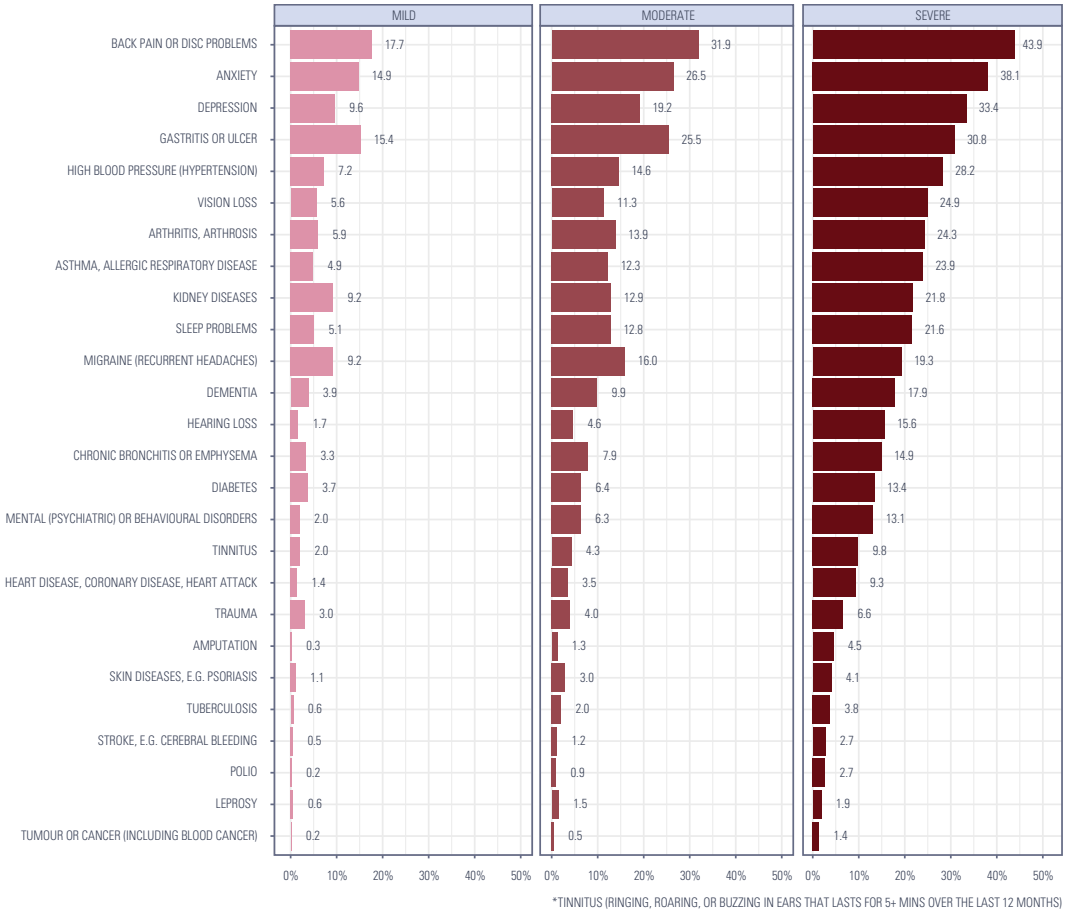
Figure 22: *Health condition presence, diagnosis and treatment*



*TINNITUS (RINGING, ROARING, OR BUZZING IN EARS THAT LASTS FOR 5+ MINS OVER THE LAST 12 MONTHS)

Health conditions were assessed by disability level (**Figure 23**). Back pain or disc problems was the most frequently reported health condition endured by Afghan adults. 43.9% of those with severe disability suffer from back pain or disc problems, 31.9% among those with moderate disability and 17.7% among those with mild disability. Anxiety is also reported highly among those with severe disability (38.1%), followed by depression (33.4%) and gastritis or ulcer (30.8%).

Figure 23: *Health condition by disability level*



*TINNITUS (RINGING, ROARING, OR BUZZING IN EARS THAT LASTS FOR 5+ MINS OVER THE LAST 12 MONTHS)

3.3.3: Personal assistance, assistive products and facilitators

The International Classification of Functioning (ICF) defines assistive devices and technology as any product, equipment, or instrument that is adapted or specially designed for improving the functioning of a person with disabilities (35). Afghanistan signed the Convention on the Rights of Persons with Disabilities (CRPD) in 2012 which requires governments to uphold the rights and needs of people

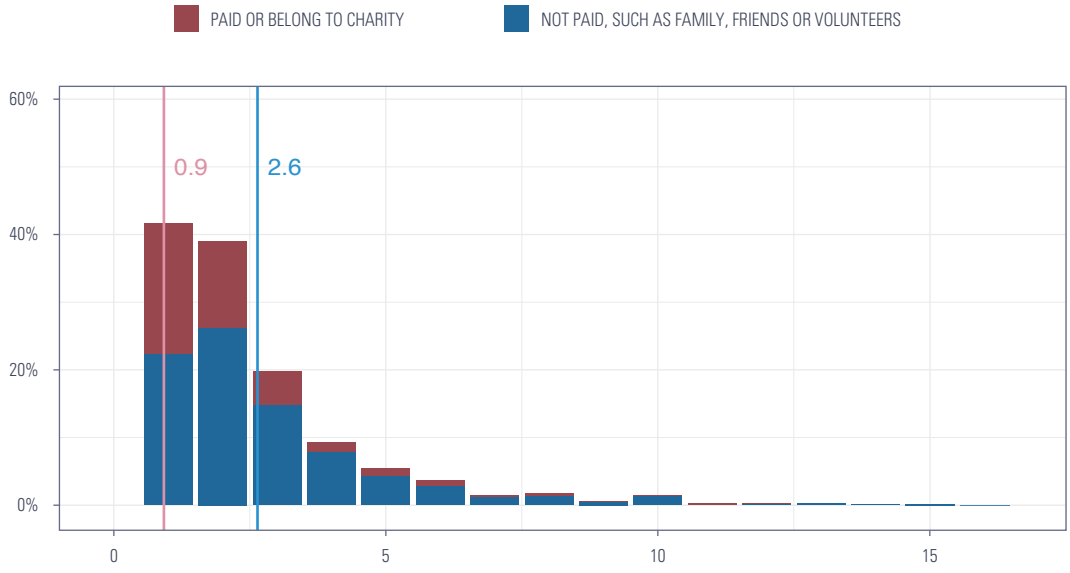
to assistive technology (9). However research on the effective implementation of the CRPD is not well researched in Afghanistan and other developing countries (36). The WHO estimates that only 5–15% of people living in low-and middle-income countries in need of assistive devices and technology have access to them (37). Among those who do, a study examining user satisfaction with mobility and assistive devices across four treatment centres in Mazar-e-Sharif, Ghazni, Jalalabad and Taloqan in Afghanistan found favourable usefulness results. Almost two thirds of the users found the fit, comfort and ease of use of assistive devises to be excellent, and 32% deemed them 'good' (38).

In the MDSA, the availability and access to assistive devices falls within the broad conceptualization of environment, defined as external factors that contribute to the lived experience of the individual. Such factors clearly reveal needs, barriers and inequalities in the country.

The MSDA found the majority of Afghans in the sample (81.7%) report they do not have someone assisting them with their day-to-day activities, while only 18.3% reported that they do.

Of those who have someone assisting them with day-to-day activities, the majority have one or two individuals assisting them, with approximately one-third of whom provide being unpaid support, such as family, friends or volunteers (**Figure 24**).

Figure 24: *Number of people assisting among those who have someone to assist them*



Respondents receiving assistance were asked whether they require additional assistance for their day-to-day activities at home or outside, and those not receiving assistance were asked if they think they need someone to assist them (**Figure 25**). Among those with existing assistance, 60.6% believe they require additional assistance and among those without, 20.2% think they need someone to assist them.

Figure 25: *Need of additional assistance*

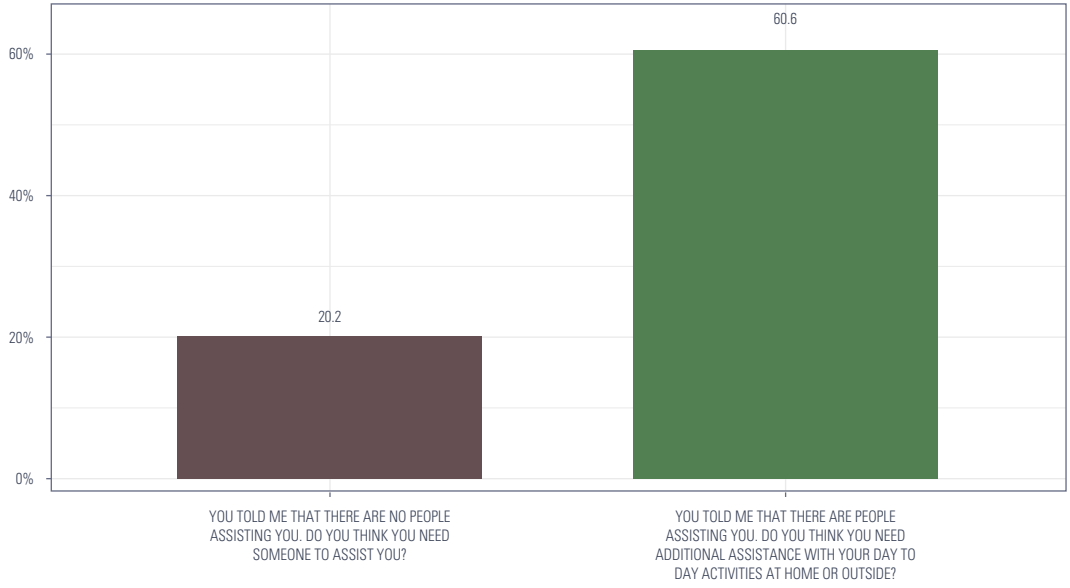
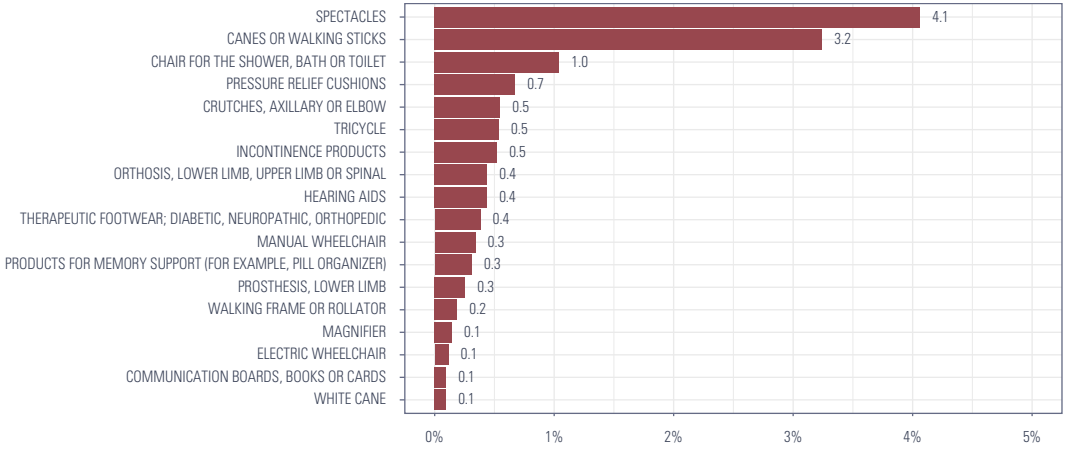


Figure 26 presents the type of assistive products and modifications used among all respondents who use them. Spectacles (eyeglasses) are the most commonly used assistive product (4.1%), followed by canes or walking sticks (3.2%) and chair for the shower, bath or toilet (1.0%).

The percentage of people who use assistive products is strikingly low considering the high number of Afghans with disability, particularly those with severe disability. This could be due to several reasons including financial barriers and accessibility challenges. For instance, the limited availability of these devices in Afghanistan results in long waiting lists for the production of wheelchairs and specialized assistive devices (31). Inadequate use of assistive products in the country may also be related to the lack or limited access to trained health personnel, who are needed for prescription, fitting, user training and follow-up of assistive products (11). Despite disability and physical rehabilitation being included in the Basic Packages of Health Services (BPHS) and Essential Packages of Hospital Services (EPHS) in Afghanistan, most services are received through national and international non-governmental organizations (NGOs) (38). However NGOs typically provide services focused on specific types of assistive products, have restricted financial means and geographic coverage and are often unable to sustain services nationally (39,40).

Addressing the high unmet need of these devices is crucial as they improve functionality and therefore inclusiveness of vulnerable populations, which play a key role in achieving multiple targets related to Sustainable Development Goal (SDG) 3.

Figure 26: *Use of assistive products and modifications*



When asked the extent to which the assistive products make their lives easier, respondents rated spectacles (eyeglasses) and communications boards as making their lives completely easier (15% for both) (**Figure 27**). Prosthesis, lower limb (31%), spectacles (30%) and crutches (22%) were found to make Afghan adults lives very much easier. The assistive products found to be not useful at all were orthosis, lower limb, upper limb or spinal (11%), prosthesis, lower limb (9%) and white cane (8%).

Figure 27: *Assistive products' usefulness*

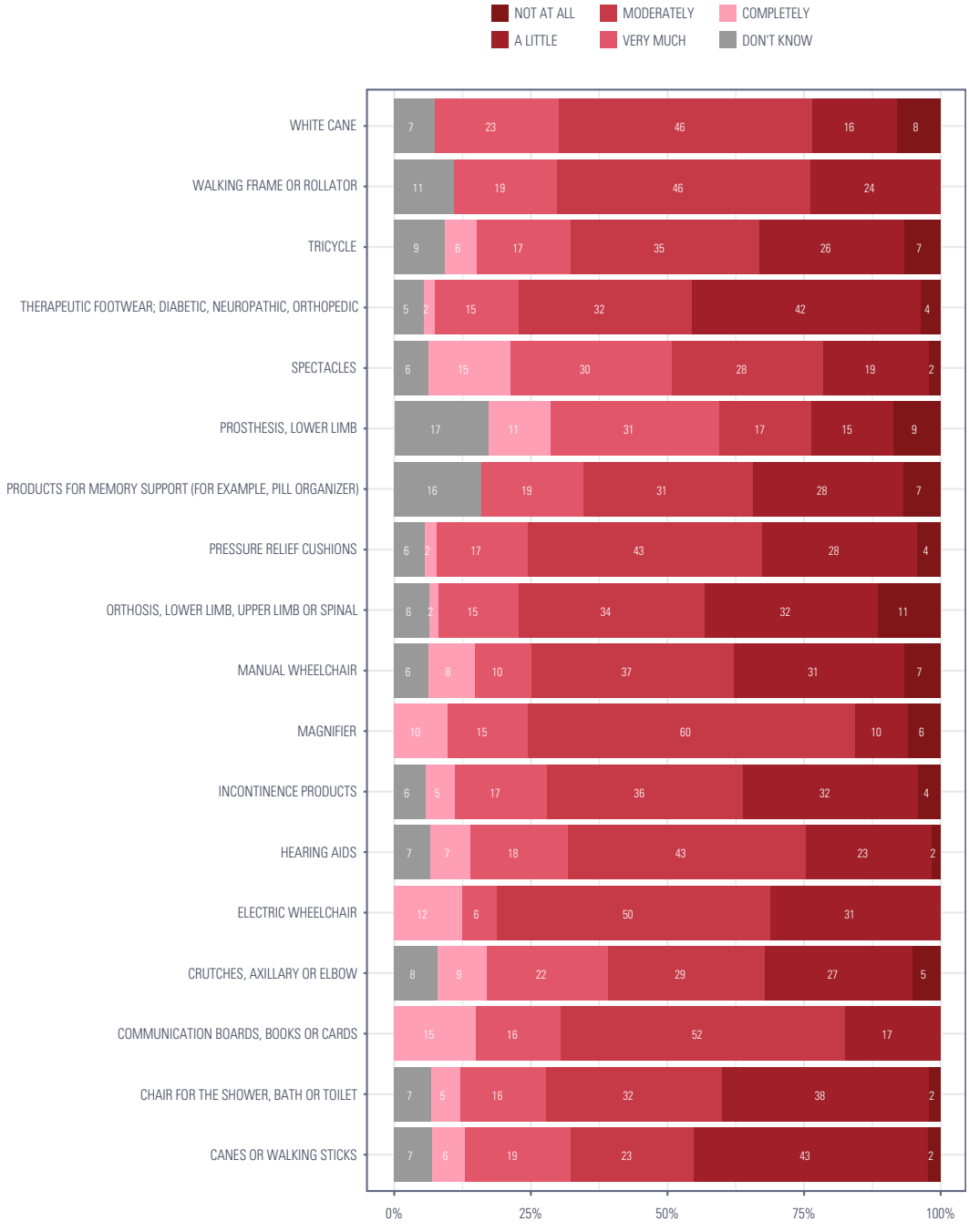
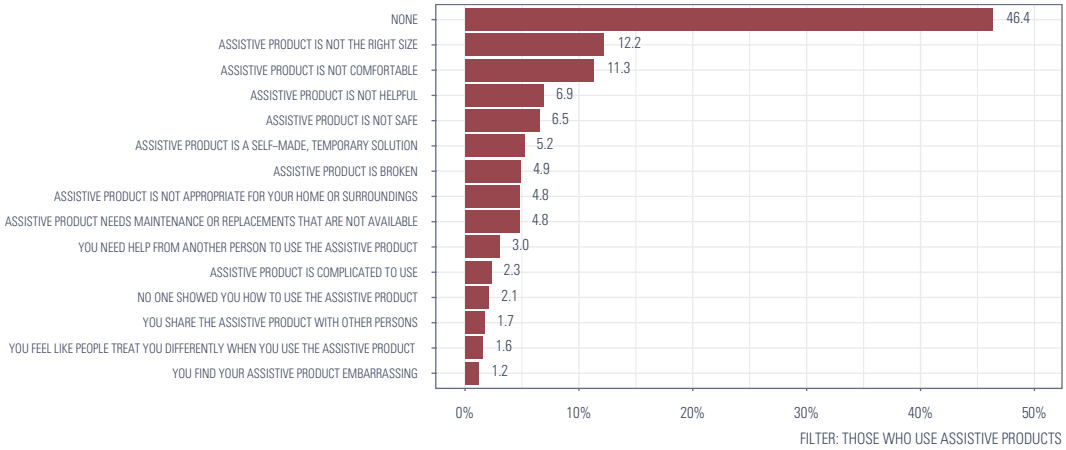


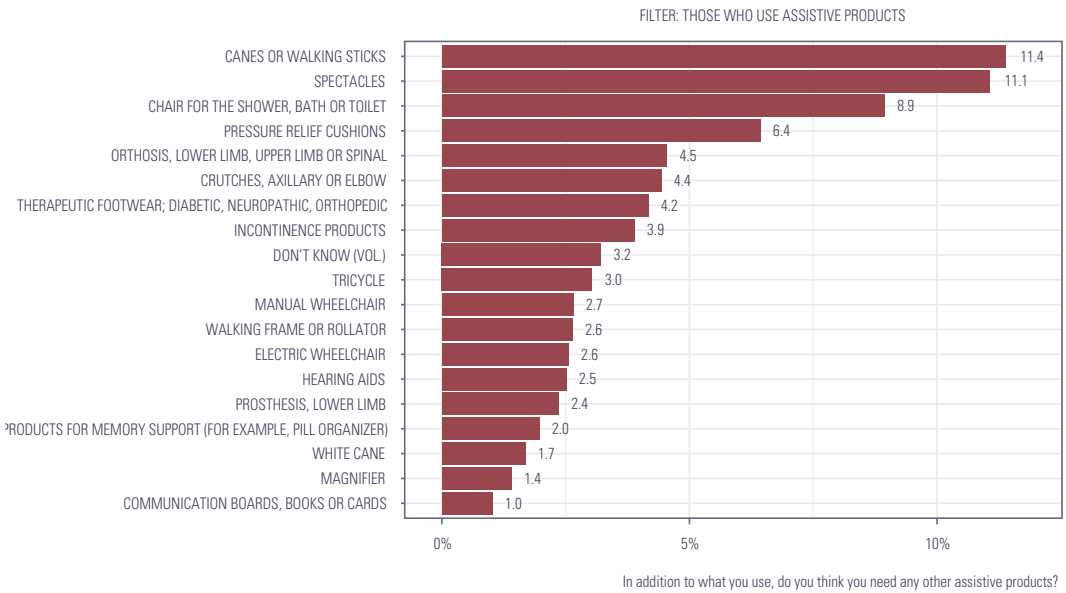
Figure 28 shows the reported problems using assistive product(s), if any. The majority of respondents reported no problems with using assistive products (46.4%). The top reported problems were assistive products not being the right size (12.2%) and not comfortable (11.3%).

Figure 28: *Problems using assistive product(s)*



Among individuals who use assistive products but indicate that they need additional tools, 11.4% report that they require canes or walking sticks, 11.1% need spectacles and 8.9% need a chair for the shower, bath or toilet (**Figure 29**).

Figure 29: *In need of assistive products*



Individuals who were not using assistive products were asked the reason for not using them, and the majority, 44.1%, stated the reason as not knowing about assistive products (**Figure 30**), suggesting the dire need of public health education campaigns to increase awareness and demand for such products. Only 4.3% reported not being able to afford the cost of the assistive products, and 3.4% said the available ones are not helpful.

Figure 30: *Reason for not using assistive products*

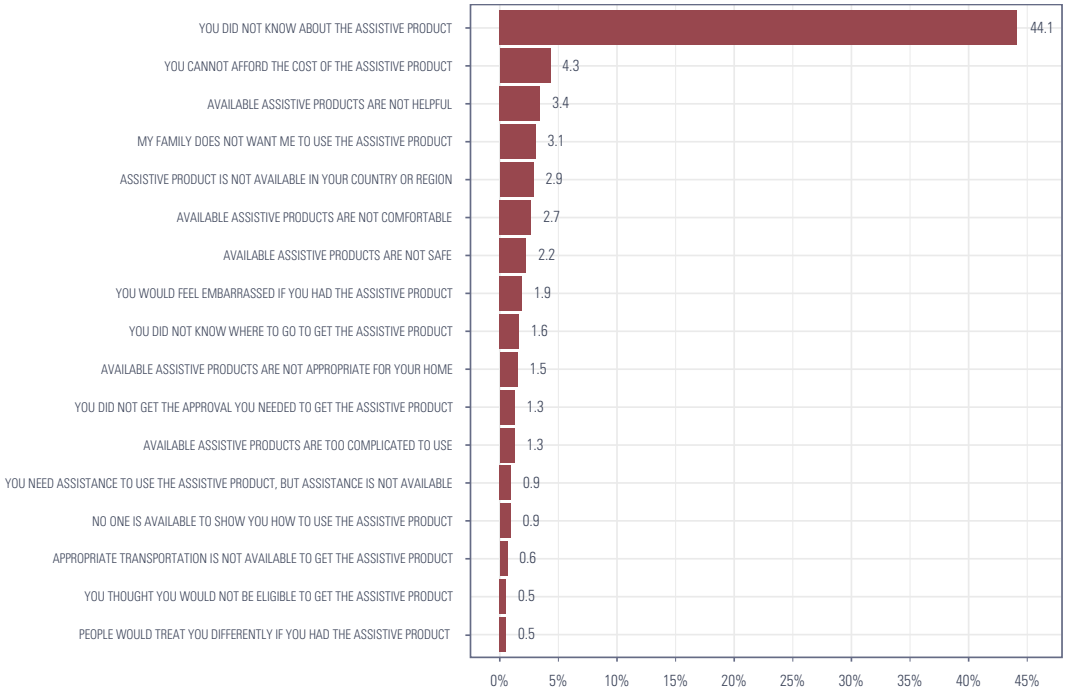


Figure 31 reports respondents views regarding the existence of assistive products that make it easier to work or get an education (i.e., computer with large print, barrier free washrooms or transportation, modified working hours or extra time for exams), to be at home (i.e., ramps, grab bars, or other assistance devices), or participate in community activities (accessible public transportation or accessible public toilets). Similar results are seen across all three scenarios where 76.9–85.7% of people respond "no" to the existence of assistive products, and 12.0–22.0% answer "yes". Among those who do have assistive products, 71.0–79.2% believe "additional products would make their lives easier", and among those who do not have assistive products, 66.0–72.7% need them.

Figure 31: *Facilitators at work or school, home and in the community*

3.3.4: Healthcare utilization

MDSA surveyed respondents on their use, patterns and experience related to healthcare in the country. About 20% of adult respondents reported never using healthcare (inpatient or outpatient), while 40% has used healthcare the past year, 16% in the past 1–2 years and 13% in the past 2–3 years. Among those who sought care in the past 3 years, healthcare was most frequently accessed at a private doctor's office (one-third of respondents) or the public hospital (one-fifth of respondents) (**Figure 32**); trends are similar across disability levels.

When asked if respondents had ever stayed overnight in a hospital, rehabilitation facility or long-term care facility, those who responded "no" decreased with disability level (no disability=70.9%, mild=68.8%, moderate=58.6%, severe=45.8%) (**Figure 33**). The most common facility type for inpatient care was the hospital.

Figure 32: *Places for healthcare by disability level*

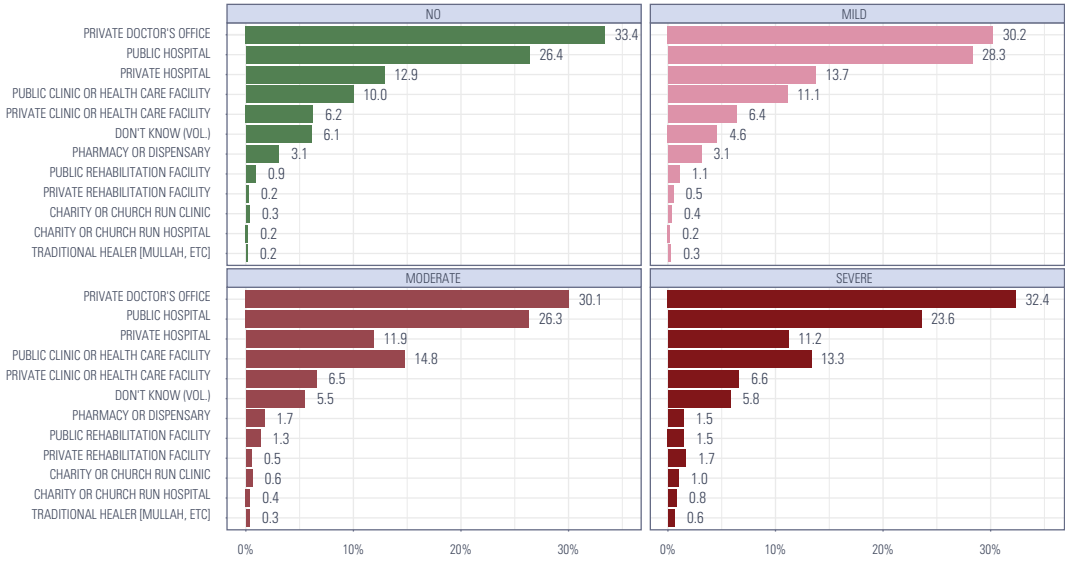
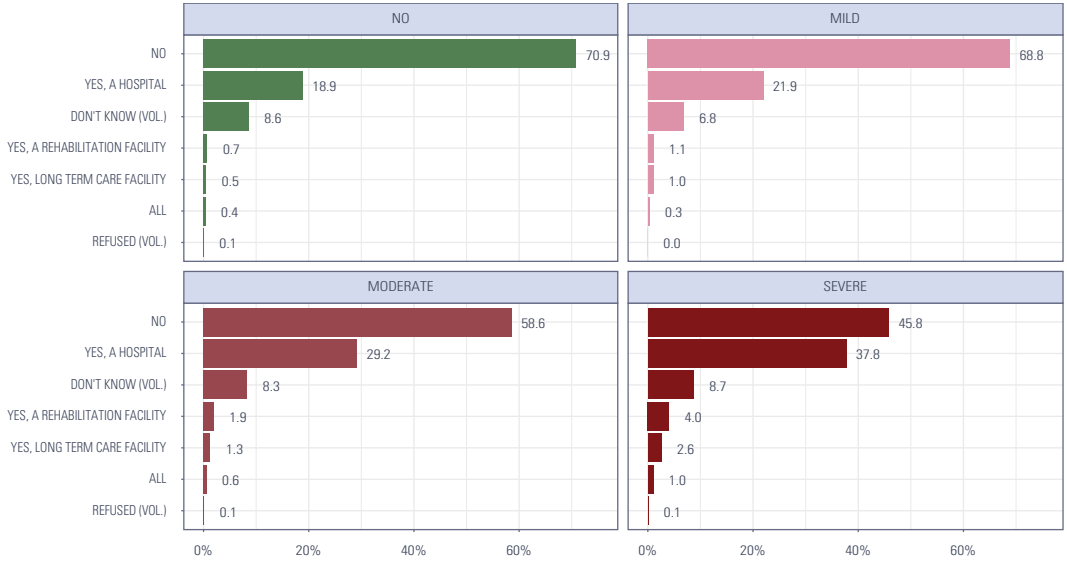


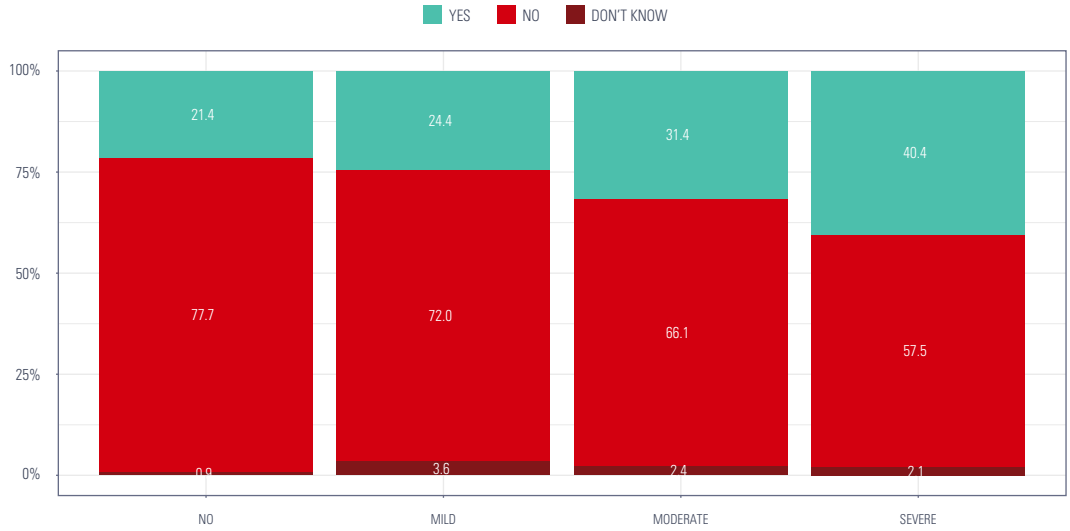
Figure 33: *Inpatient care by disability level*



Among those who stayed in a facility at least once in the last 12 months, those who reported there being a time when they needed to stay overnight in a health care facility but not being able to get that care

increased with disability level (**Figure 34**).

Figure 34: *Inpatient care need (but not received) by disability level*



About 40.4% of adults with severe disabilities did not receive inpatient care when they needed it. Across disability levels, the most common conditions for which inpatient care was needed (but not received) was communicable diseases (infection, malaria, tuberculosis, HIV) or acute conditions (diarrhea, fever, flu, headaches, cough) (**Figure 35**). Frequent reasons for why the inpatient care was not received were that the patient could not afford cost of the visit (one-third of respondents) or there was no transport available/they could not afford cost of transport (one-third); reasons were similar across disability levels (**Figure 36**).

Figure 35: *Common conditions for inpatient care need (but not received) by disability level*

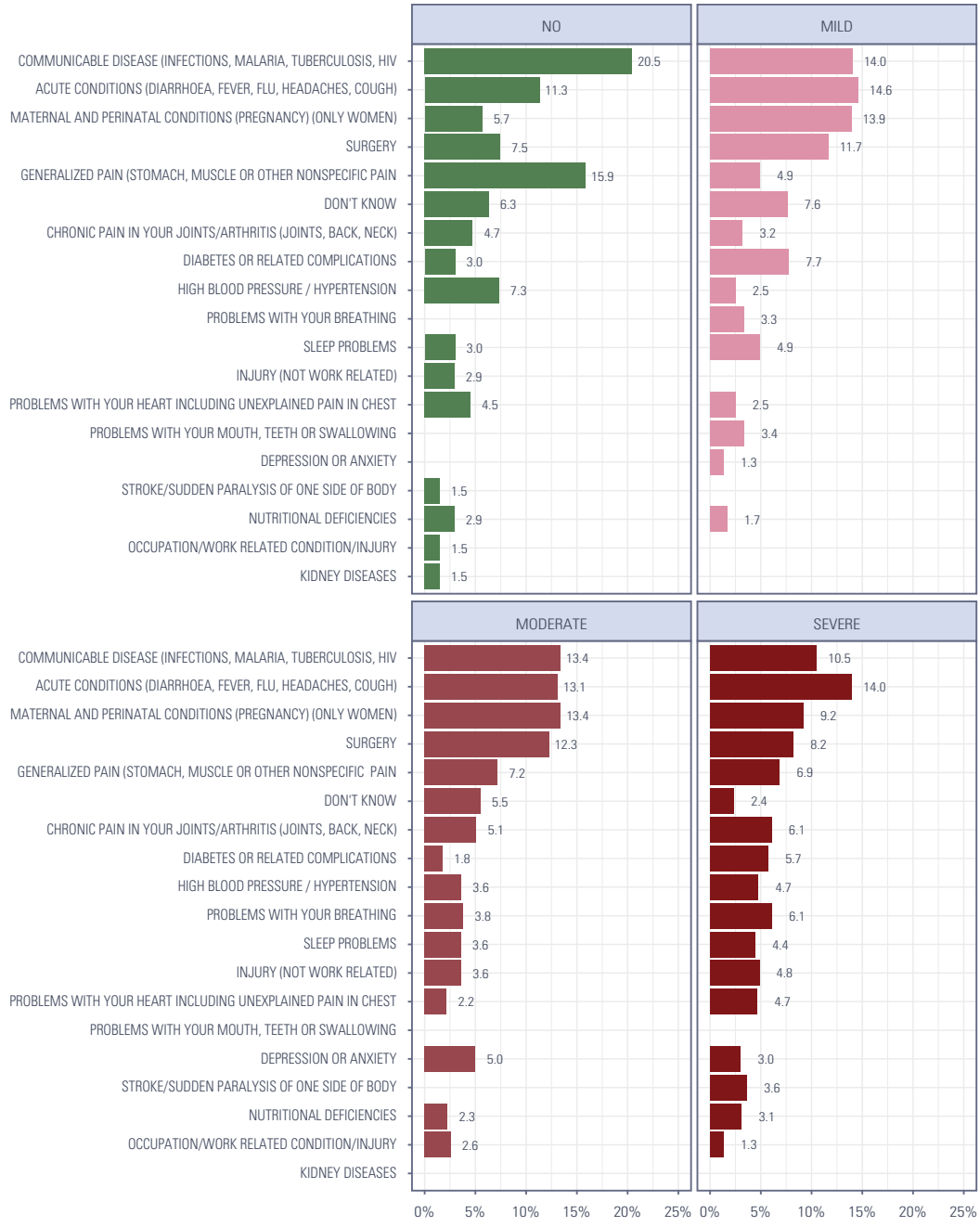
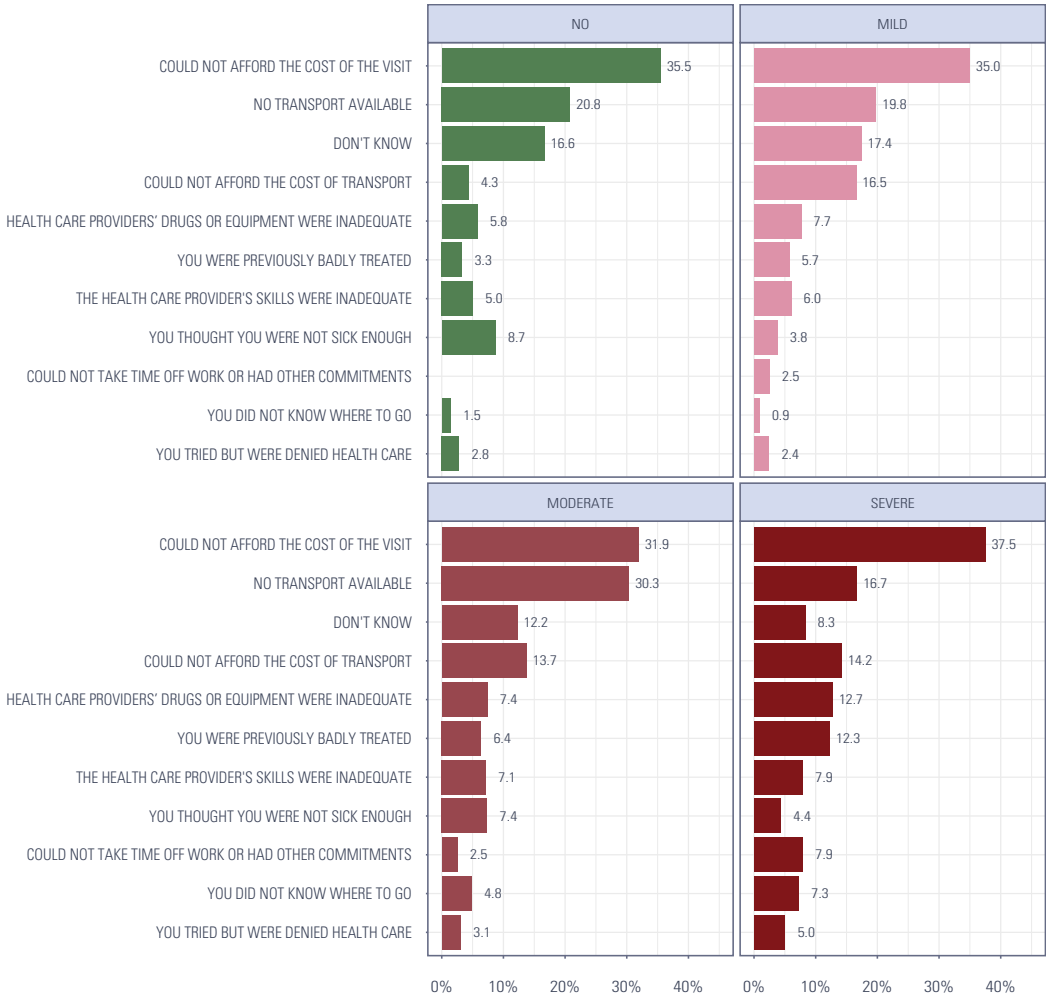


Figure 36: *Reasons for not being able to receive inpatient care when needed by disability level*



In regard to outpatient care, when asked if respondents had received care in the past 12 months that did not include an overnight stay, those who responded "yes" was 44.0% and this did not vary by disability level (**Figure 37**). The most common facility type for outpatient healthcare was a private doctor's office (about one-third) or public hospital (one-fourth); trends were similar across disability levels (**Figure 38**). Amongst those with mild, moderate or severe disability, the main reasons for these outpatient visits were acute conditions (diarrhea, fever, flu, headaches, cough) (about one-sixth of respondents), pregnancy-related conditions (upwards of one-sixth of respondents), communicable diseases (about 10%) and chronic pain in joints (**Figure 39**).

Figure 37: *Outpatient healthcare in past 12 months by disability level*

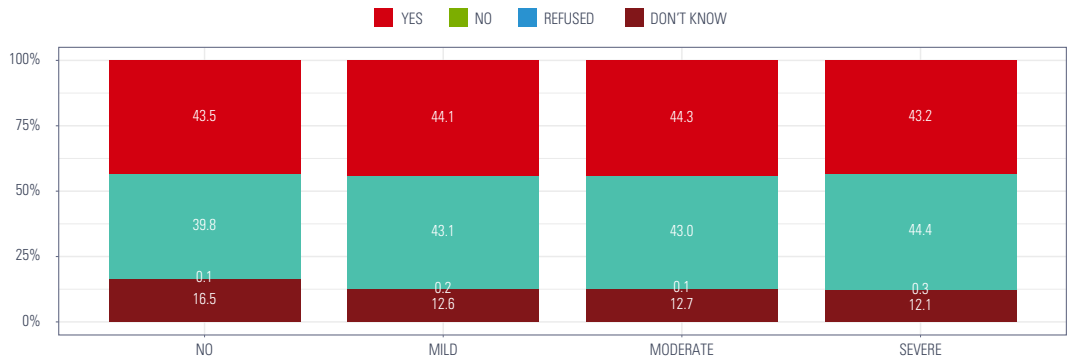
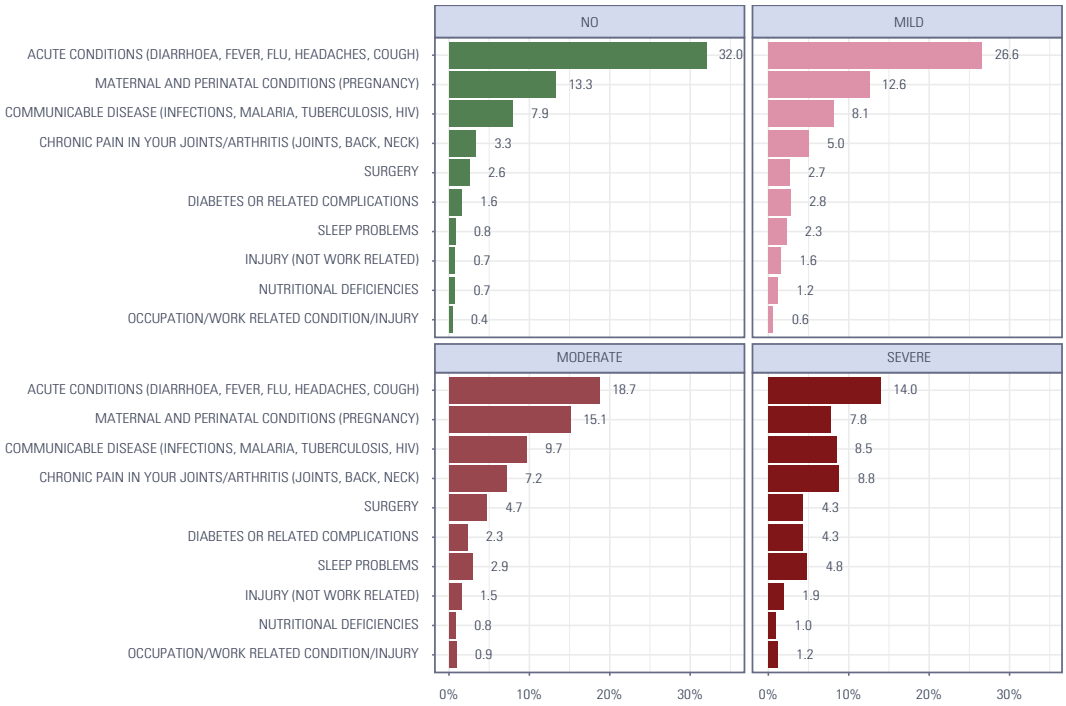


Figure 38: *Places for outpatient healthcare in the past 12 months by disability level*

Figure 39: *Common conditions for outpatient healthcare by disability level*



With regard to the most recent healthcare visit (either inpatient or outpatient), adult respondents ranked if they felt "very good", "good", "neither good or bad", "bad" or "very bad" about their experience (**Figure 40**). Those who felt their experiences were "bad" increased with disability level; adults with severe disability reported the highest level of "bad" experiences related to all questions asked. For instance, when asked about the amount of time waited before being attended to, 0.3% those with no disabilities reported their experience as "bad", while 9% of those with severe disabilities reported their experience as "bad".

When asked about satisfaction with how healthcare services are being run in the country (**Figure 41**), about 40% of respondents across disability levels report they are "satisfied"; however being "very satisfied" is lowest amongst the severe disability group (11.5%), and being "neither satisfied or dissatisfied" (21.8%), being "dissatisfied" (10.0%) or "very dissatisfied" (6.2%) are also highest among those with severe disabilities. Together, these questions related to healthcare responsiveness and satisfaction, suggest that those that are in the greatest need (i.e. severely disabled Afghans), are struggling with the current healthcare system's and feel it's not functioning optimally to support them.

Figure 40: *Responsiveness of the healthcare system by disability level*

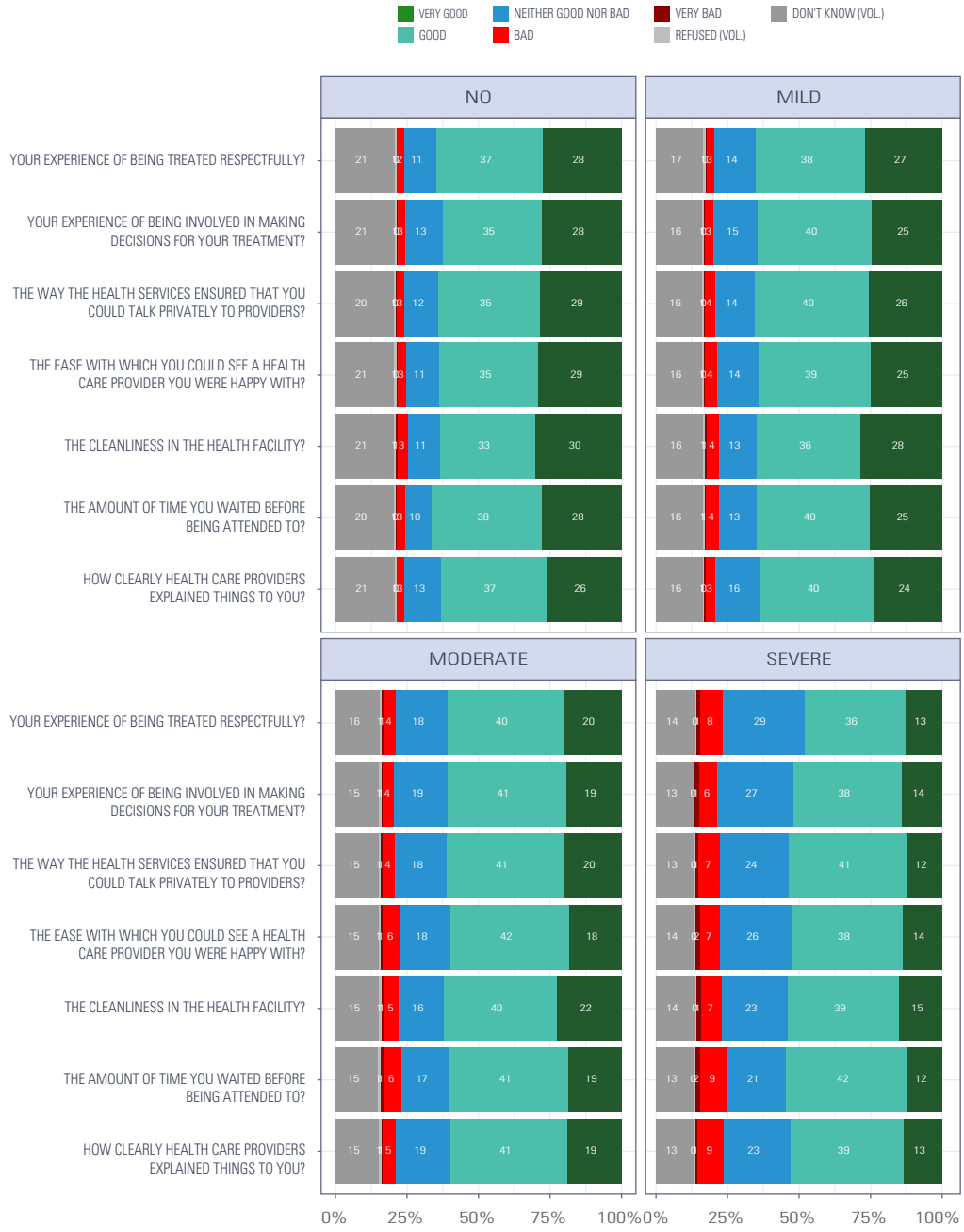
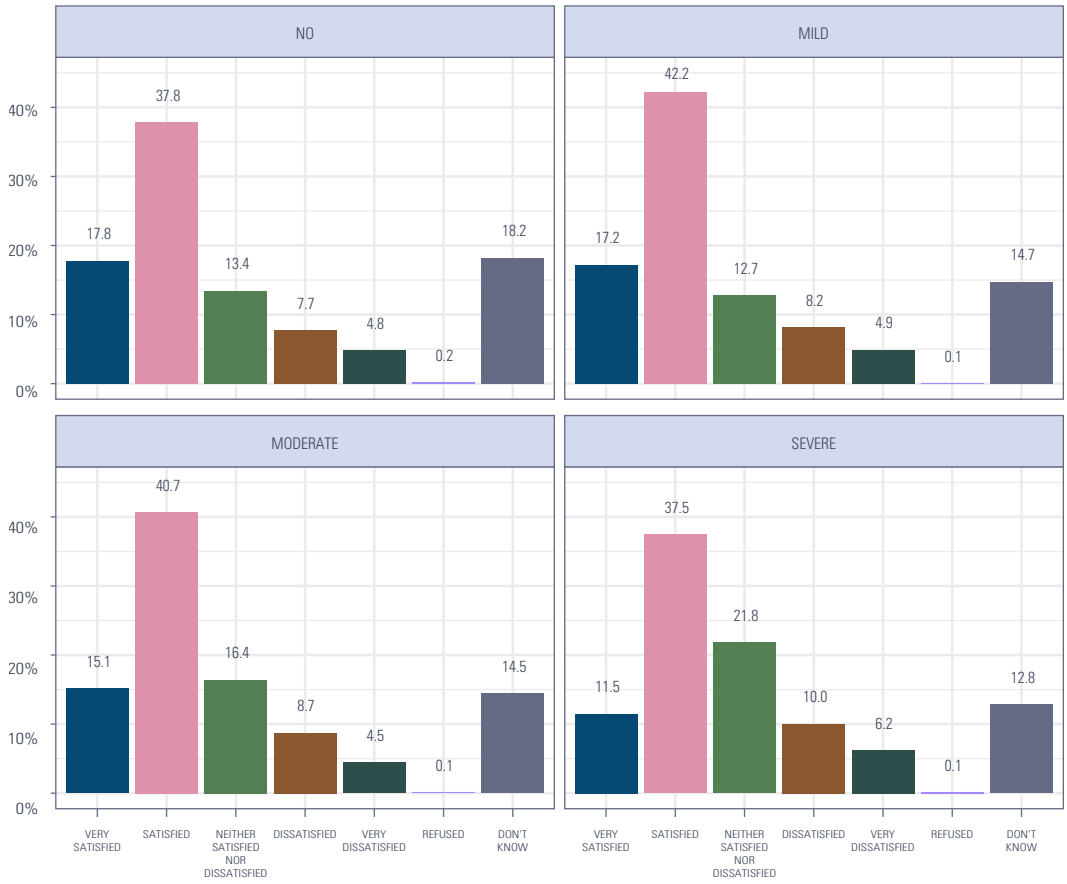


Figure 41: *Satisfaction with the healthcare system by disability level*



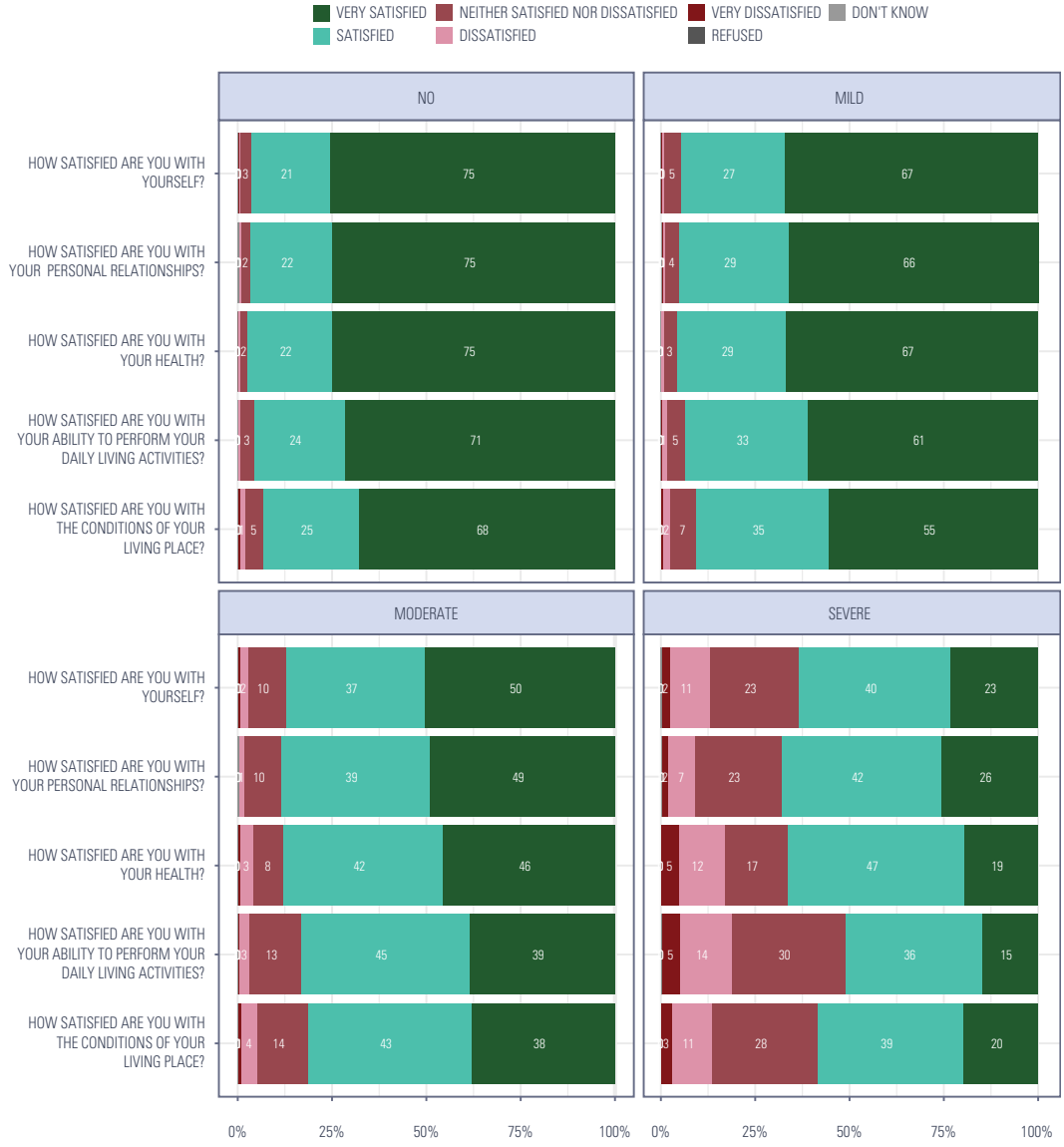
3.3.5: Well-being

It is important to understand the well-being and quality of life of disabled persons in Afghanistan because improvements in quality of life can enhance opportunities for social and economic empowerment (21).

The MDSA contains eight questions about quality of life, used to calculate a quality of life score ranging from 8.0 (minimum, value 1 out of 5 per question) to 40.0 (maximum, value 5 out of 5 per question), with higher scores indicating higher quality of life.

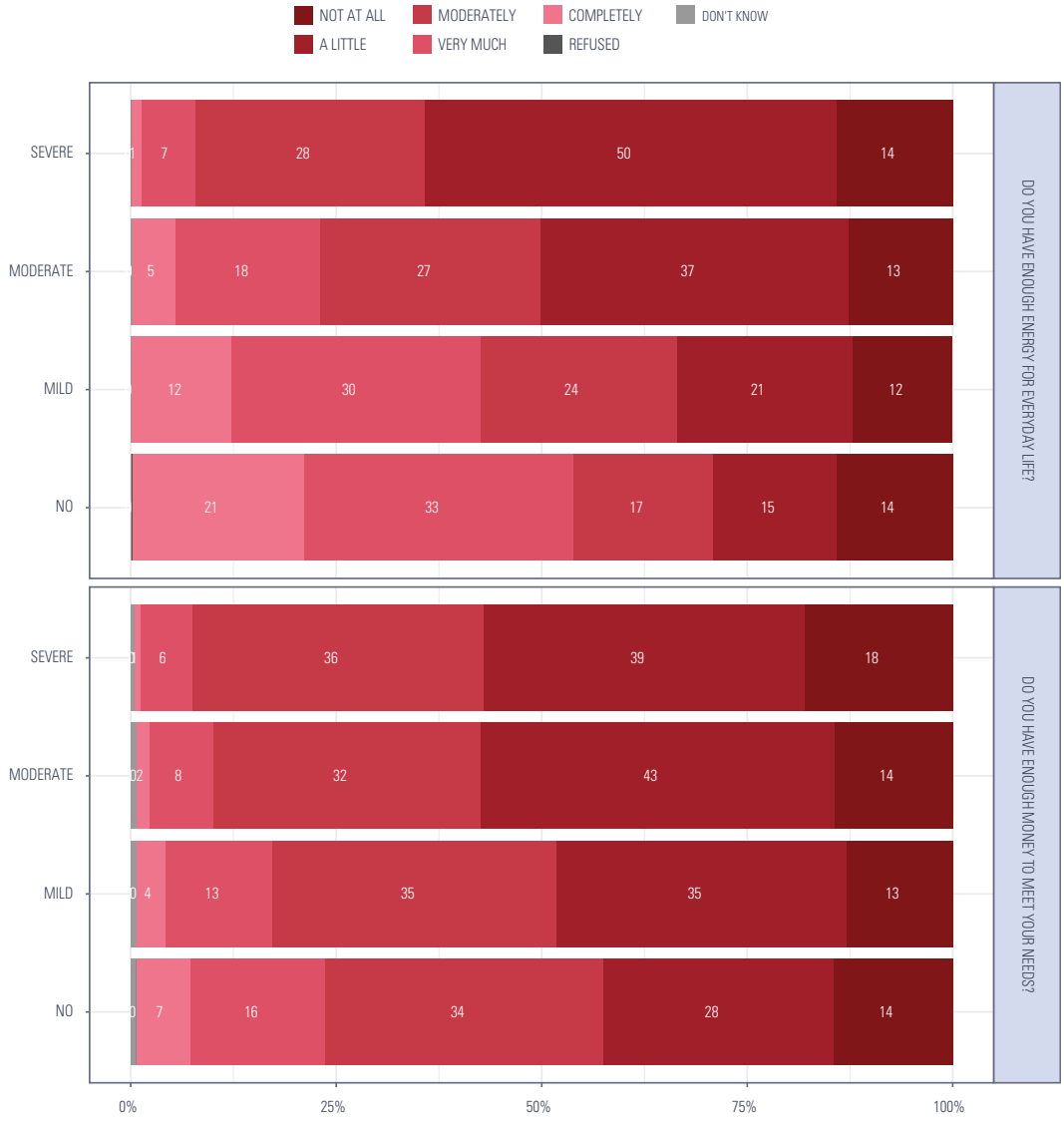
Figure 42 shows that as disability level increases, from no disability to severe, quality of life decreases commensurately. Those with severe disability are the least satisfied with their ability to perform their daily living activities (14% dissatisfied and 5% very dissatisfied), and their health (12% dissatisfied and 5% very dissatisfied).

Figure 42: *Quality of life in different areas of life by disability level*



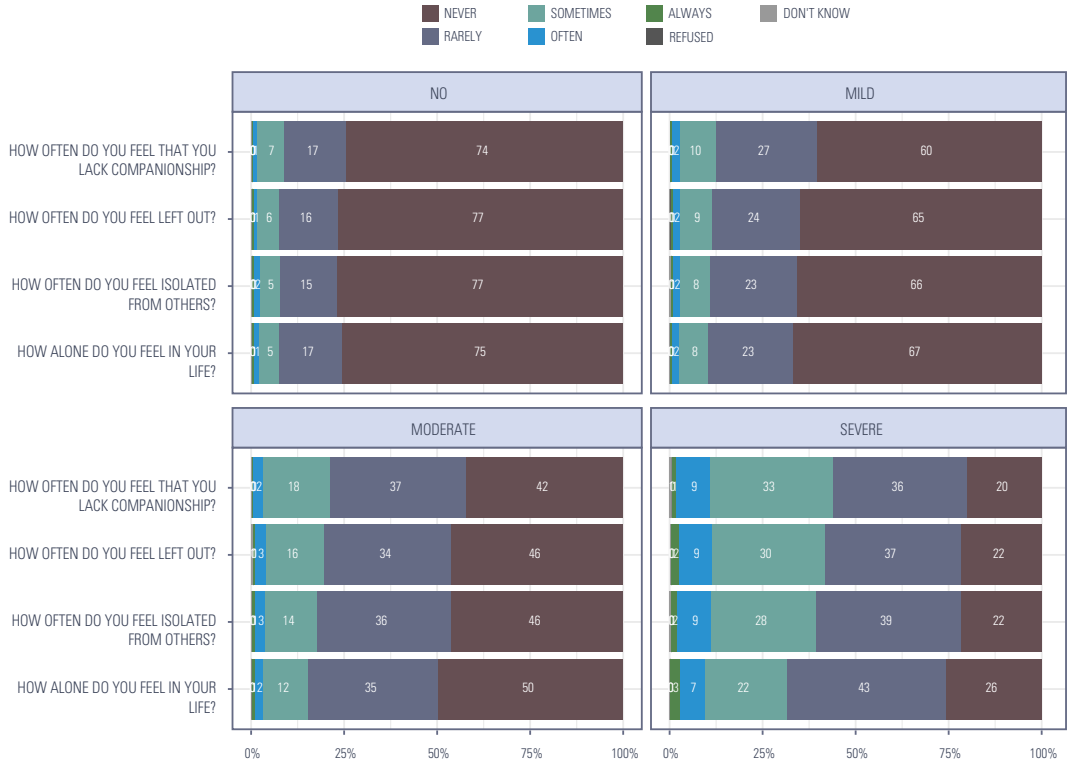
Quality of life in terms of having enough energy for everyday life and sufficient money to meet needs decreases as disability level increases (**Figure 43**). However interestingly, regardless of disability level, approximately one-sixth of adults responded 'not at all' to having sufficient energy for everyday life and sufficient money to meet their needs.

Figure 43: *Quality of life in different areas of life, by disability level*



As above, the frequency of feeling among adult respondents that they lack companionship, feeling left out, isolated from others and alone increases as disability severity increases (**Figure 44**). Always, often or sometimes feeling a lack of companionship is more than five almost two times higher in those with severe disability compared to those with no disability (43.1% vs. 8.0%). Wide gaps are also observed in feeling left out (41% vs. 7%), feeling isolated (39% vs. 7%) and feeling alone (32% vs. 6%).

Figure 44: *Quality of life in different areas of life, by disability level*



3.3.6: Empowerment

Understanding empowerment of persons with disability entails a human rights perspective, recognizing the need for inclusion of these individuals at all levels. Sustainable Development Goal (SDG) goal 10 aims to reduce inequality for persons with disability, and target 10.2 specifically calls for the empowerment and promotion of the social, economic and political inclusion of all, irrespective of disability (41). Empowerment through disability rights organizations, community-based rehabilitation organizations, self-advocacy groups can help persons with disabilities to identify their needs and advocate for improvements in service and access (42). Integration and empowerment of persons with disability in Afghanistan is imperative to the development of their communities, to strengthen their lobbying power against government and civil society, and to ensure their active contribution in decision-making processes (21). Currently in Afghanistan, there are number of organizations championing awareness, advocacy and service provision of persons with disabilities, including the Accessibility Organization for Afghan Disable, the Afghan Landmine Survivors' Organization, Afghanistan Association of the Blind, and the Afghan National Association for the Deaf, the International Committee of the Red Cross, Afghan Red Crescent Society, Swedish Committee for Afghanistan, Handicap International, Digni, and Serve Afghanistan (40)

In the MDSA, empowerment was measured through 10 questions and results are disaggregated by disability level (**Figure 45**). Feelings of empowerment are variable within and across disability levels with no distinct difference observed across disability levels. However, sense of 'complete' (ranging from 2–8%) or 'very much' empowerment (ranging from 8–18%) is lowest in those with severe disability compared to other disability groups. For example, among the no disability group, sense of 'complete' empowerment ranges from 6–22% across indicators and sense of 'very much' empowered ranges from 17–32%.

Figure 45: *Sense of empowerment by disability level*

3.4: Child disability prevalence

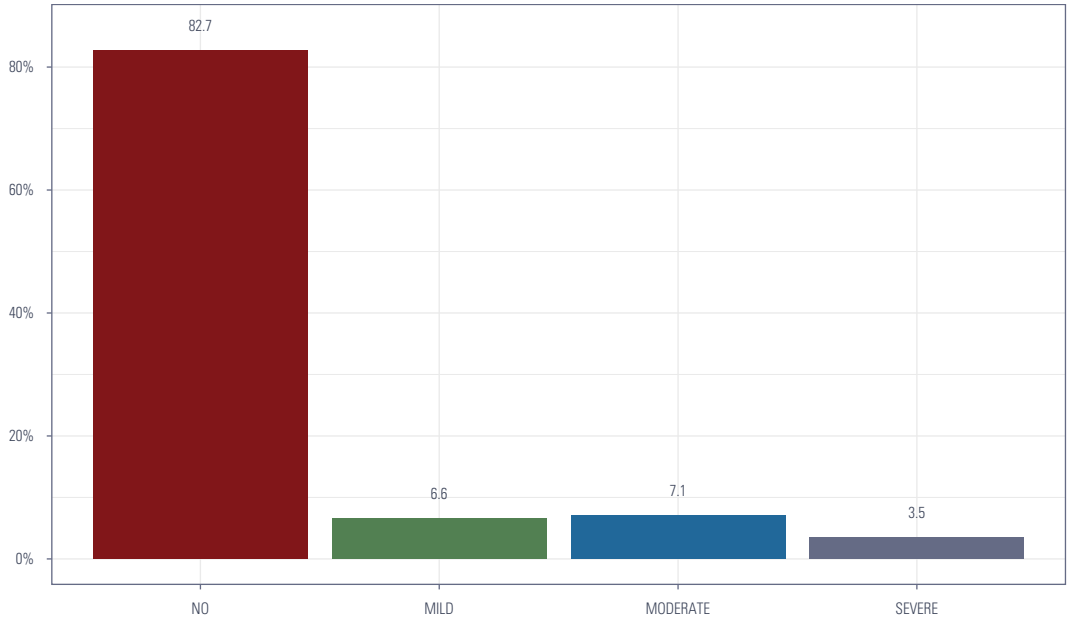
Living with a disability is particularly burdensome for children, who are already vulnerable to familial, community and social pressures. Children with disabilities are less likely to attend school as they tend to be bullied and victimized by other children, resulting in decreased productivity, fewer employment opportunities and ultimately limited opportunities for human capital formation in adulthood (11,43,44). In addition to typically being excluded from education, employment and broader opportunities to meaningfully participate in social and community life, children with disabilities often have difficulties in accessing health and other essential services.

The Global Burden of Disease estimates that one in 20 children under the age of 15 years live with a moderate or severe disability, equating to 93 million children worldwide (12). The prevalence of child disability in the developing world is discrepant, and likely underestimated as children with disabilities are not acknowledged or receiving the services they require (11). A review of child disability prevalence in low-income countries found critical issues in the characterization of disability in different contexts' due to lack of cultural and language-specific tools during assessment (45).

Understanding disability among Afghan children is particularly important, where in addition to high rates of consanguinity, birth defects and malnutrition, children are frequently exposed to armed conflict and related injuries and trauma that can result in disabilities. As noted earlier, persons with disabilities, specifically women, children and older persons with disabilities, are particularly vulnerable to exploitation, violence, physical, sexual and emotional abuse in the course of or following a humanitarian crisis (41). A number of sample surveys have been conducted on disability in Afghanistan, showing varying prevalence rates of disability among children, ranging from 1% to 4% (21). In terms of education access, in similar contexts, the out-of-school rates of children with disabilities are two to three times as high as those of children without disabilities in Colombia, the Maldives, Uganda and Yemen (41).

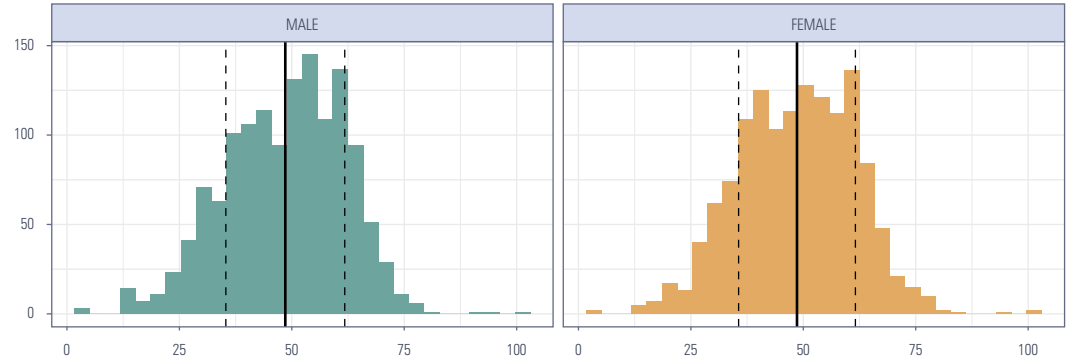
Using a set of child questions, the disability composite score for children is otherwise derived using similar methodologies as that of adults (i.e. estimated using a Rasch model and mean/standard deviation-based thresholds to identify mild, moderate and severe groups). **Figure 46** depicts the prevalence of child disability in Afghanistan. Over 80% of the children, aged 2–17 years, in the sample do not have a disability. However, 6.6% children in Afghanistan suffer from mild disability, 7.1% from moderate disability and 3.5% from severe.

Figure 46: *Child disability prevalence, overall*



The disability score continuums among children in Afghanistan has a bell-shaped curve that is similar between boys and girls (**Figure 47**). Average disability score for both boys and girls is 48.6 out of 100.

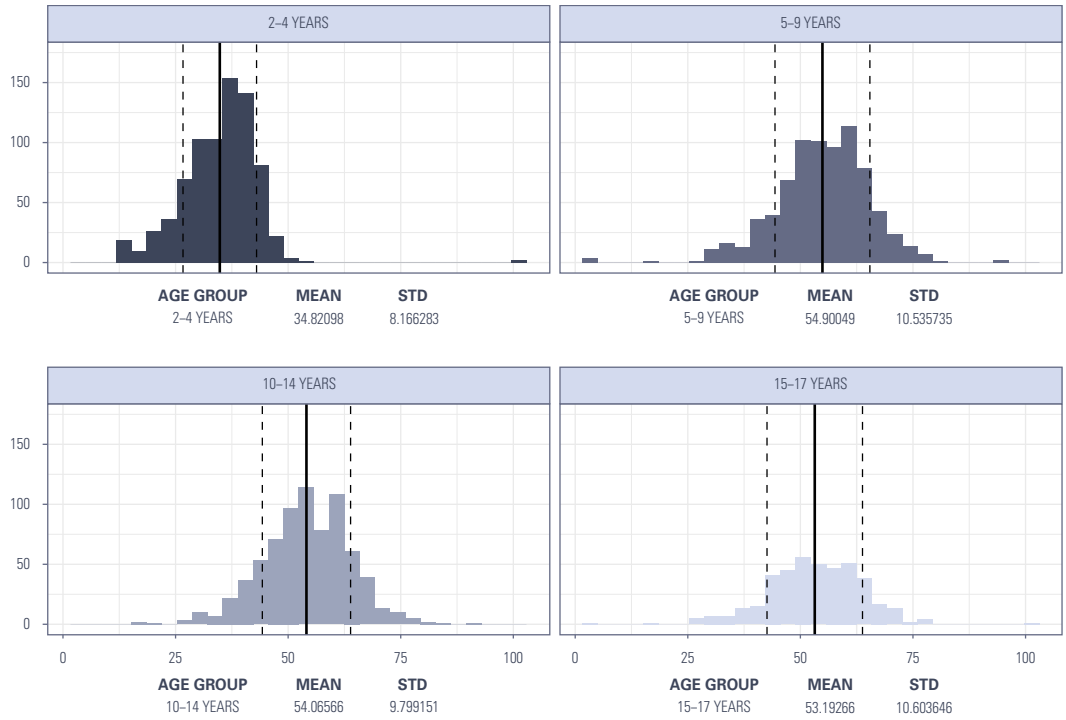
Figure 47: *Disability scores for children, by gender*



CHILD GENDER	MEAN	STD
MALE	48.55278	13.22161
FEMALE	48.59731	12.98494

Children aged 2–4 years have a lower average disability score compared to children overall, at 34.8 (**Figure 48**), and the scores have less variation (taller peak) and are shifted to the left or cluster around the lower values of 20 to 50. Children age 5–9 years, however, have much higher disability scores on average (54.9) and the entire continuum is shifted to the right. Adolescents aged 10–14 years also score relatively high on average (54.1), with similar variation as 5–9 year olds. Adolescents in the 15–17 years age group exhibit similar trends as the 10–14 years age group, with an average score of 53.2 though peaks are smaller and there is wider variation relative to other age groups.

Figure 48: *Child disability prevalence, by age*



3.5 Child disability prevalence, by domains

3.5.1: Assistance and environment

The MDSA 2019 aimed to evaluate health problems and difficulties that children in Afghanistan may experience in their day-to-day lives, and aspects of the environment that may help or hinder the child.

Figure 49 presents information on resources or people that may assist children and enhance the environment they live in. Almost one quarter (24.2%) of the children sampled have someone, other than their usual family, to assist them with their daily activities at home or outside of the home. Only

13.5% of children have resources at school that makes it easier for them, such as extra time for exams or barrier free classrooms, and 12.4% reported that there are resources that make it easier for them to participate in activities outside the home.

Figure 49: *Assistance and environment among children (% reporting yes)*

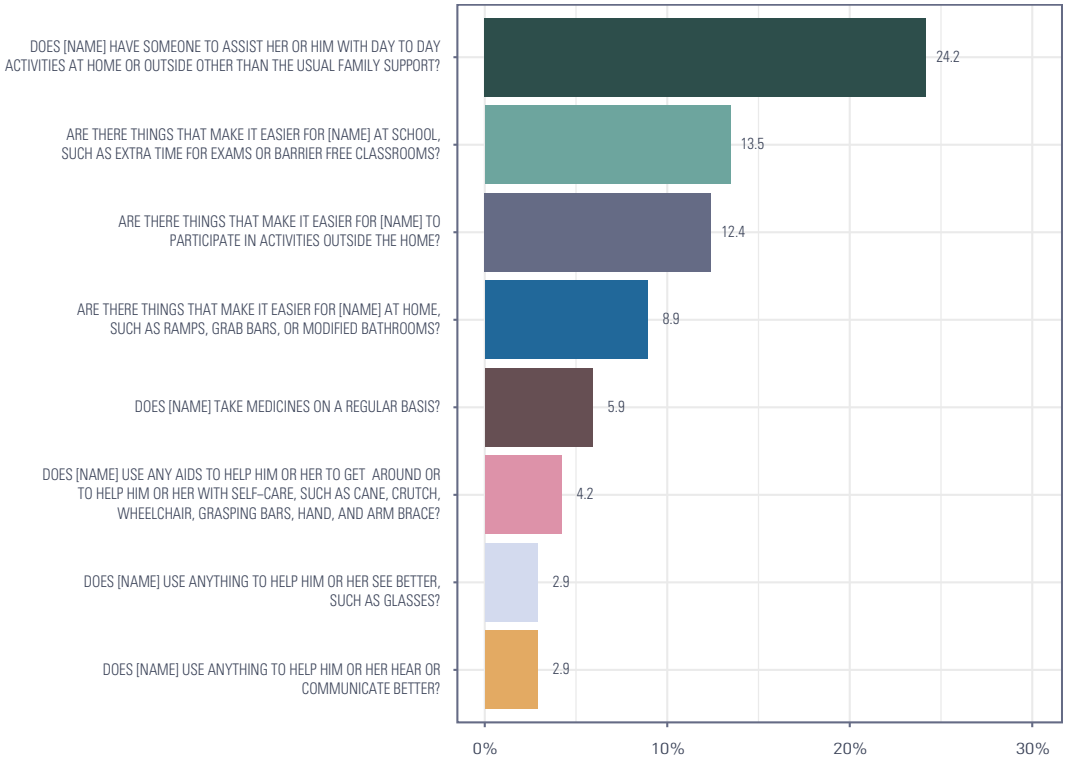
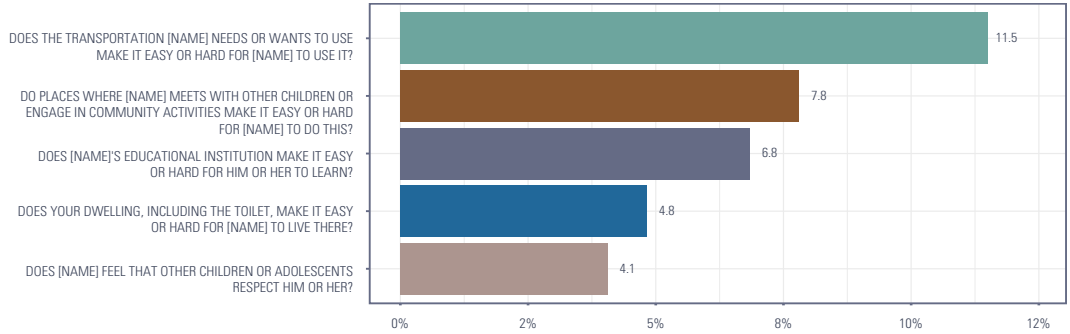


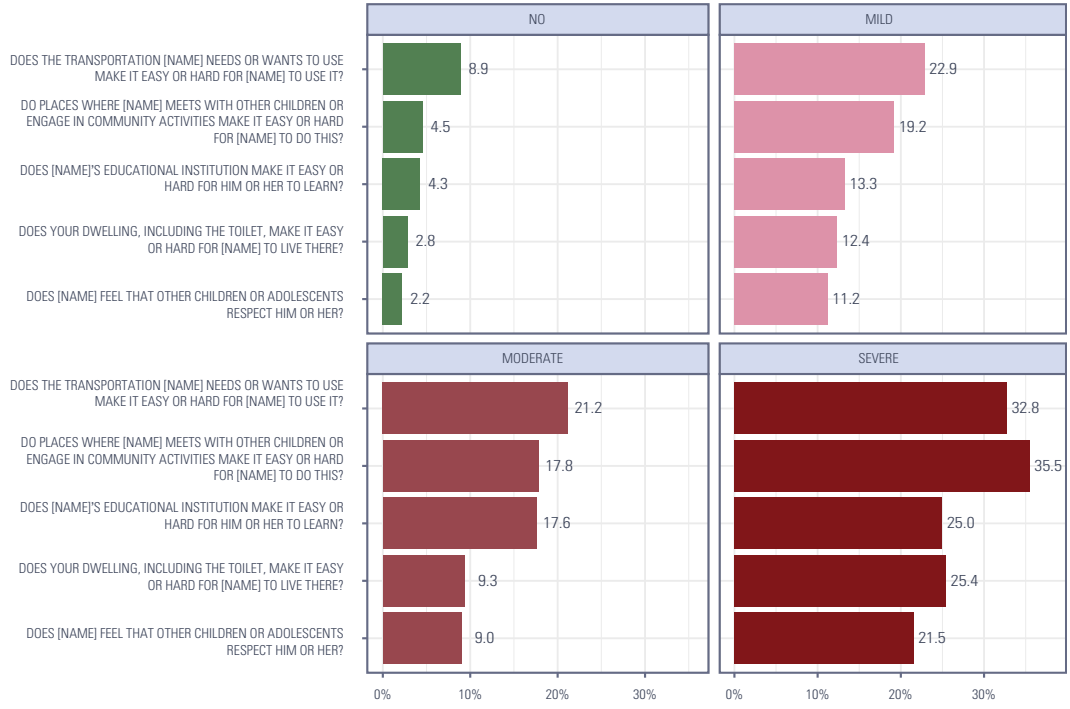
Figure 50 shows the percentage of children who responded 'very hard' or 'hard' to questions regarding difficulties in their daily lives. 11.5% of Afghan children report transportation being very hard or hard to use, 7.8% report such of the places where they meet with other children or engage in community activities, and 6.8% find their educational institution makes it very hard or hard to learn.

Figure 50: *Assistance and environment among children (% reporting very hard or hard)*



Across disability levels (**Figure 51**), a striking pattern of increasing difficulties is observed for all questions asked as disability level increases; (i.e. transportation, meeting with other children or engaging in community activities, learning at the educational institution, living at the dwelling, and peer respect is increasingly harder with greater disability). About 21.5% to 35.5% of the most severely disabled children, experience hard or very hard difficulties in the aforementioned areas.

Figure 51: *Assistance and environment among children (% reporting very hard or hard) by disability level*



3.5.2: Functioning

MDSA assessed functioning with regards to mobility, seeing, hearing, pain, energy and drive, breathing, affect, self-care, behavior, communication, learning, coping with change, school, playing, and community life. Problems in functioning among children across various domains is depicted in **Figure 52**. The most problematic functions were related to community life, where 5.2% of children reported being part of community activities, such as festivities, religious activities or sport events, as 'very problematic/cannot do at all or somewhat of a problem' and having pain (where 5.7% of children reported it as problematic). Changes in plans or routines are also deemed notably problematic among 4.6% of the children, followed by getting things done as required at school (4.5%), completing a task (4.0%), and biting, kicking and hitting other children or adults (3.8%). **Figure 53** shows this analysis by disability level.

Figure 52: *Functioning among children (% reporting extreme/cannot do at all or somewhat of a problem)*

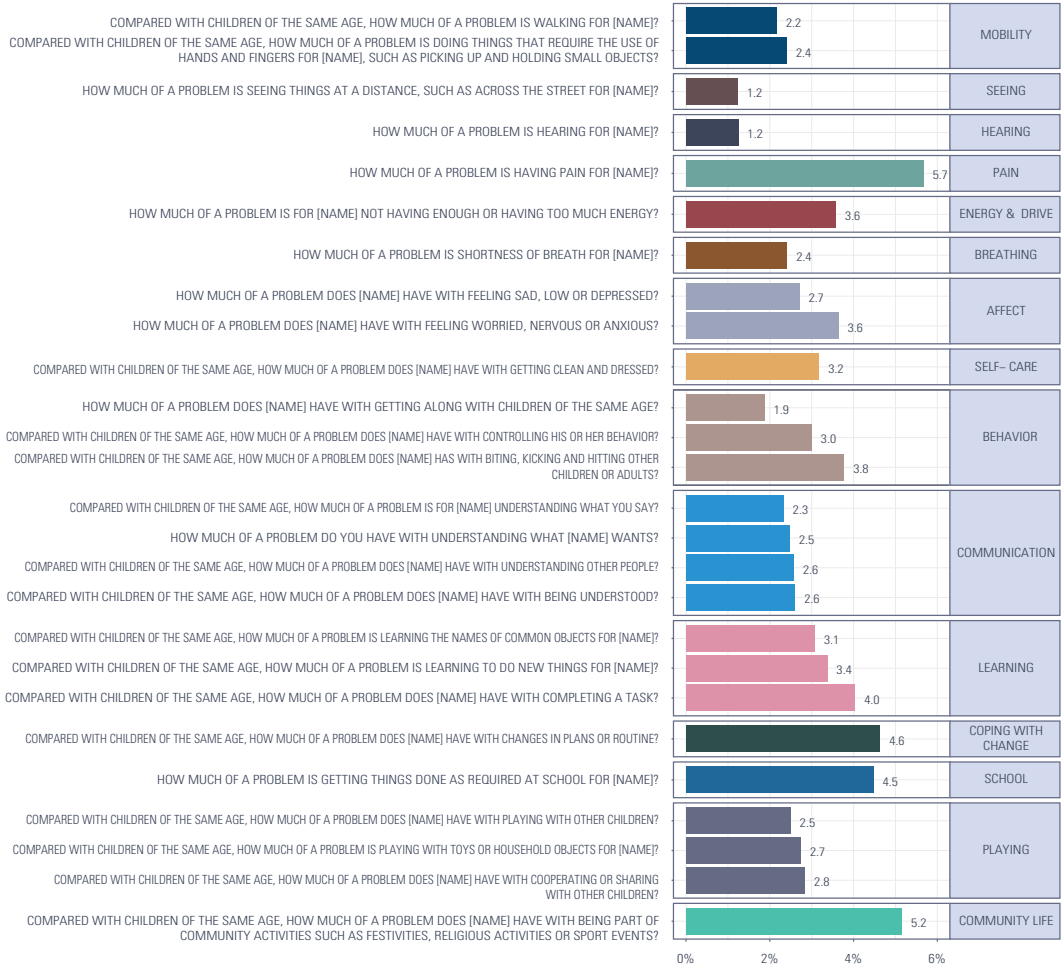
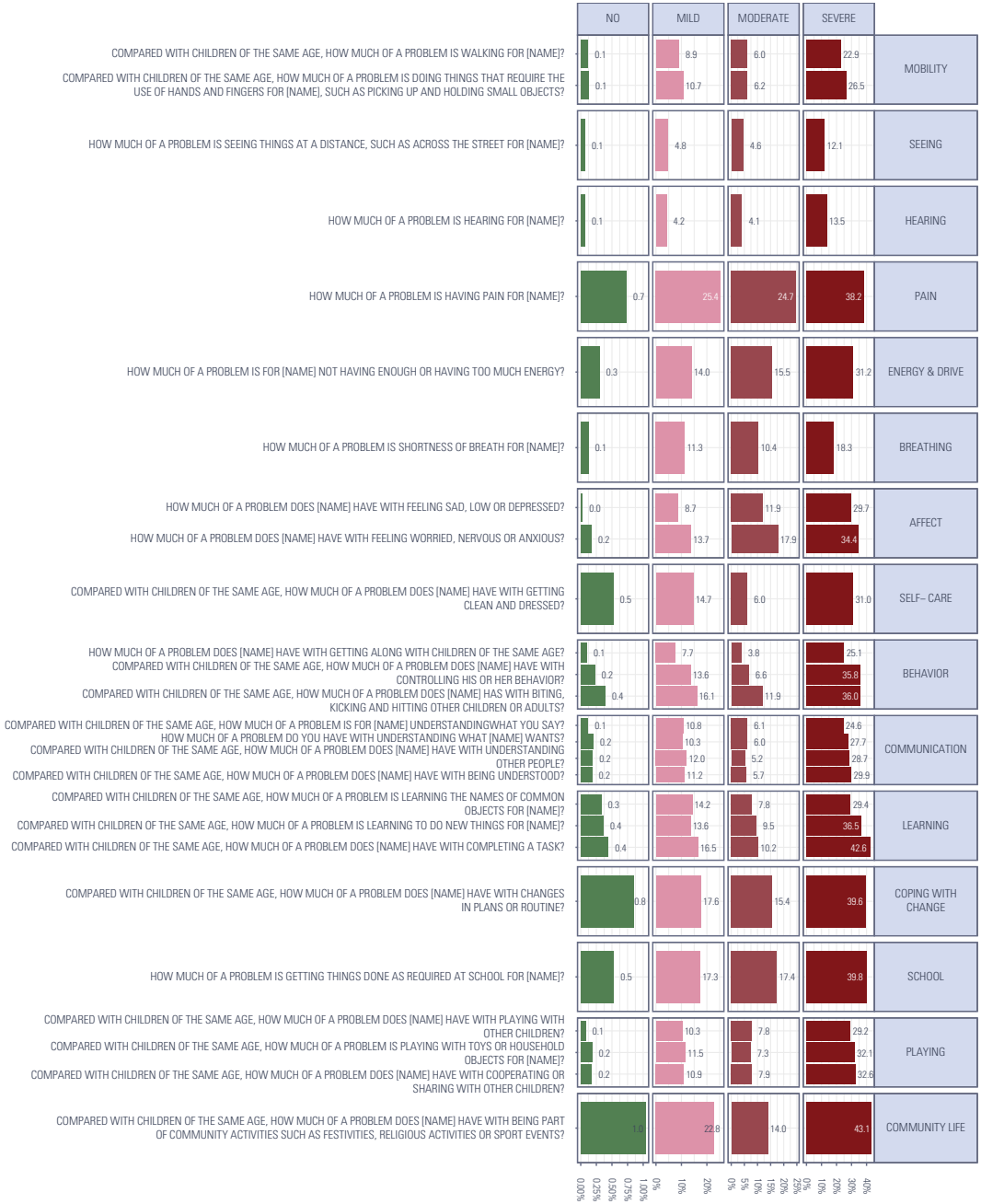


Figure 53: *Functioning among children (% reporting a problem or extreme problem/cannot do at all) by disability level*



Of note, severely disabled children experience greater problems in all indicators related to functioning when compared to none, mild and moderate groups, with clear evidence of dose-response. They have the most problems with being part of community activities (43.1%), completing tasks (42.6%), getting things done as required for school (39.8%), changes in plans or routine (39.6%), and having pain (38.2%).

3.5.3: Health conditions

Countless child-onset chronic health conditions are linked to functional limitations, or disabilities (46). Understanding the underlying health conditions among children with disability is central to curtailing disability prevalence and for creating an environment of support and resources for disabled children.

Figure 54 shows the percentage of children who have a condition (presence), who have ever been told by a doctor (or other health professional) that they have the condition (diagnosis), who have been given medication for the condition in the last 12 months (medication) and who have been given any other treatment for the condition (treatment). Across all four groups, the most reported condition was muscular dystrophy; present in 8.4% of the children, diagnosed in 6.5%, 5.9% had been given medication and 3.6% treated. Depression or anxiety disorders is also high across all groups; present in 5.9%, diagnosed in 3.9%, 3.3% received medication and 2.0% were given treatment. Migraines were also prevalent in children, 5.1%, 3.8%, 3.7% and 2.5%, respectively.

Figure 54: *Health condition presence, diagnosis and treatment among children*

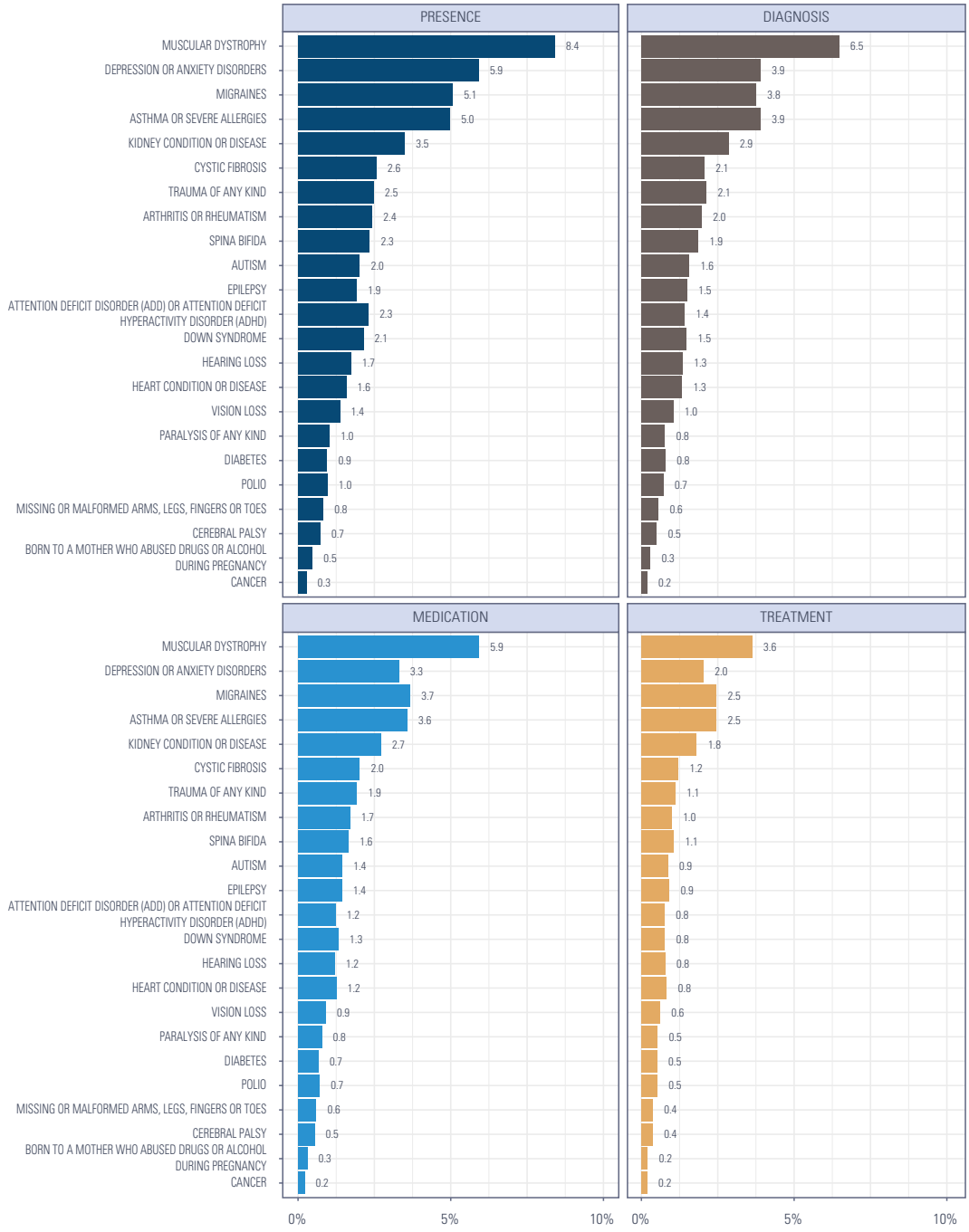
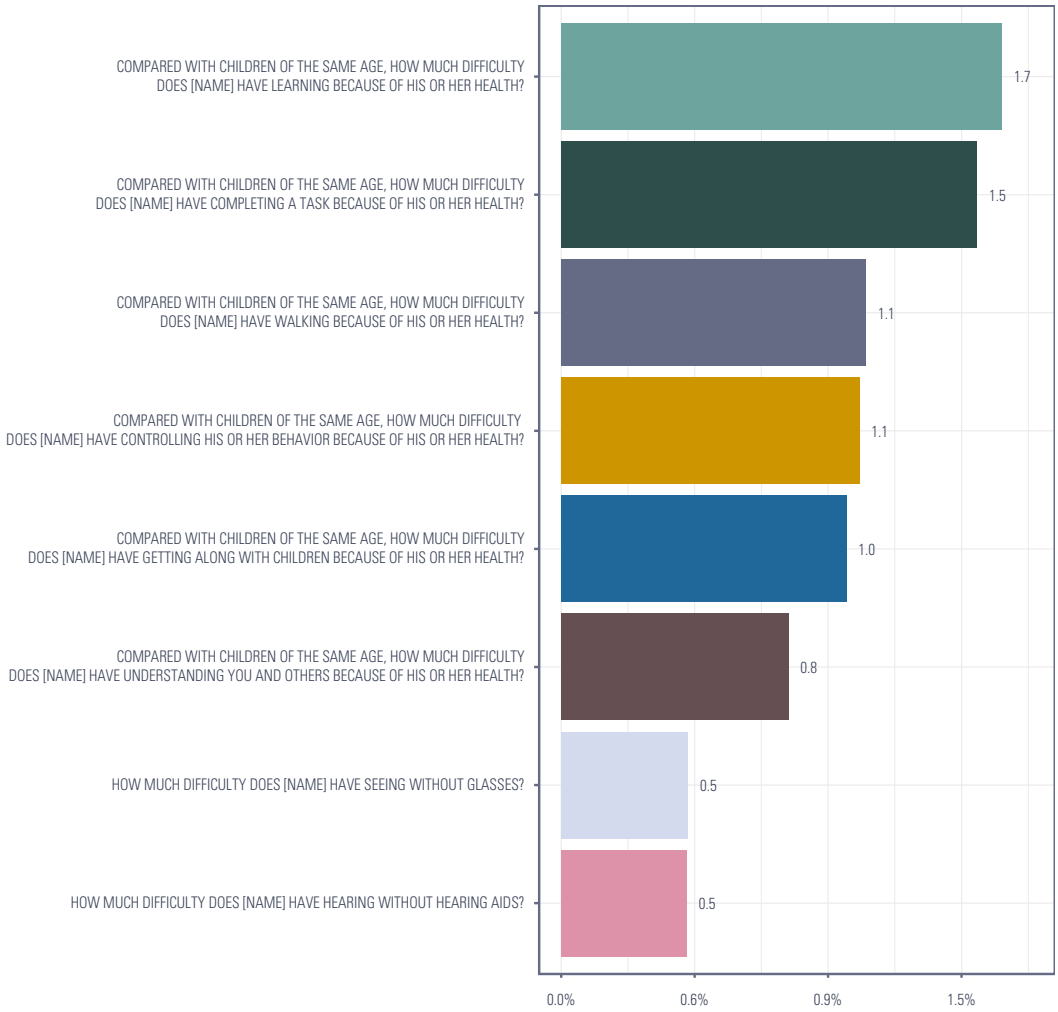


Figure 55 presents the percentage of children who responded 'extreme difficulties/unable to or moderate difficulties' in regard to doing various tasks due to their health condition. Interestingly, when grouping all children together (irrespective of disability), very few children (<2%) report extreme difficulties/unable to or moderate difficulties across questions asked.

Figure 55: *Difficulties due to health conditions (% reporting extreme/unable to or moderate difficulties)*



When analyzed by disability level (**Figure 56**), reported difficulties were highest in severely disabled children relative to others. Children with severe disabilities experienced most difficulties in completing a task (20.4%), learning (19.1%), controlling his or her behavior (17.1%), walking (15.9%), getting along with children (13.2%), understanding others (12.1%), hearing (5.2%), and seeing without glasses (2.7%) due to their heath condition.

Figure 56: *Difficulties due to health conditions (% reporting extreme/unable or a lot of difficulties)*

3.6: Determinants of disability

As detailed in the methods, step-wise hierarchical multivariable linear regression was conducted to understand the potential determinants of higher disability among adults in Afghanistan. It should be noted that this cross-sectional survey reveals insights about associations, even after adjusting for confounding and considering mediating pathways, but cannot provide true insight into causality. Nonetheless, findings are useful to triangulate other results in this report and in the context of health in Afghanistan.

When assessing bivariate associations between potential predictors and disability score, all variables were found to be statistically significantly associated with disability score (**Table 7**). Specific associations are detailed subsequently. At the basic level (most distally linked to disability), as education level rises, disability score drops, and this relationship shows a dose-response. In other words, as expected, adults who are more educated tend to be less disabled. The relationship here could be directly causal or be exuding reversal causality (i.e. fewer disabled adults tend to seek higher education).

Being self-employed is associated with greater disability than being employed with wages or a salary, but any other form of employment is associated with even higher disability. Living in a household in a middle- or higher-income group is associated with lower disability compared to the lowest income group, however, this relationship shows no dose-response.

Living in provinces affected by severe conflict is associated with lower disability compared to living in minimally affected provinces. Underlying (intermediate-level) variables including access to health facility, transportation, toilet, money, mobile phone and internet all show that increased access is related to lower disability.

Access to any assistive device is related to higher disability, as is household crowding. In addition, peer support and respect during a healthcare visit related to lower disability.

At the immediate (proximal) level, higher age is associated with greater disability. Improved mental health, self-perception, satisfaction in healthcare, relationships and living, and healthcare decision-making are related to lower disability. Being female is found to be associated with greater disability in bivariate analysis.

Multivariable analyses show similar results. After adjusting for other factors, most relationships remain statistically significant and in the same direction. However, respect during a healthcare visit, gender, self-perception and healthcare decision-making are no longer significantly associated with disability (**Table 7**) after adjusting for confounders. Of the basic-level variables, all ethnicities are associated with lower disability score compared to those of the Pashtun ethnicity. Higher education, higher household income, and an easier climate are associated with lower disability, while being married, separated, divorced or widowed (compared to never married) and employment status other than self- or salaried-employment was associated with higher disability. Of the underlying-level variables, better access to health facilities, transportation, mobile phone and internet were all associated with lower disability. Household crowding,

assistance from someone, and access to assistive devices were all associated with higher disability. At the immediate-level, improved mental health, higher relationship satisfaction, and lower isolation were related to lower disability. In contrast, older age and increased healthcare satisfaction were related to greater disability.

TABLE 7: BIVARIATE AND MULTIVARIABLE REGRESSION RESULTS

Variable		Bivariate (Standard Error)	P-value	Multivariable (Standard Error)	P-value
Distal					
Ethnicity	Pashtun	REF		REF	
	Tajik	-1.86 (.33)	0.000	-2.40 (.32)	0.000
	Hazara	-1.15 (.50)	0.021	-2.80 (.49)	0.000
	Other	0.24 (.44)	0.59	-1.72 (.42)	0.000
Education	None	REF		REF	
	Primary	-3.66 (.45)	0.000	-1.88 (.43)	0.000
	Higher	-9.18 (.32)	0.000	-5.93 (.34)	0.000
	Wages or salary with employer	REF		REF	
Employment	Self-employed	1.28 (.55)	0.021	.89 (.52)	0.089
	Other	5.68 (.37)	0.000	4.28 (.36)	0.000
Conflict	Minimal	REF		REF	
	Moderate	0.10 (.60)	0.868	.44 (.57)	0.448
	Severe	-3.81 (.54)	0.000	-3.15 (.54)	0.000
	Lowest tertile	REF		REF	
Household income	Middle	-3.12 (.34)	0.000	-1.13 (.33)	0.001
	Highest	-3.03 (.36)	0.000	-.33 (.35)	0.346
Marital status	Never married	REF		REF	
	Married	5.98 (.37)	0.000	3.56 (.378)	0.000
	Separated/divorced/widowed	13.29 (.77)	0.000	8.89 (.75)	0.000
Climate	Score 1–5; greater score=easier to live in climate	-4.94 (.15)	0.000	-4.62 (.14)	0.000
Intermediate					
Access to health facility	Score 1–5; greater score=greater access	-5.13 (.13)	0.000	-1.88 (.15)	0.000
Time healthcare visit	Score 1–5; greater score=more satisfaction with time spent	-3.60 (.17)	0.000	-1.55 (.16)	0.000

Access to transportation	Score 1–5; greater score=greater access	-5.41 (.13)	0.000	-2.11 (.16)	0.000
Respect during healthcare visit	Score 1–5; greater score=more respect	-3.55 (.18)	0.000	N/S	
Household crowding	Number of people living in home	0.23 (.043)	0.000	.082 (.044)	0.065
Toilet access	Score 1–5; greater score=greater access	-4.81 (.15)	0.000	-1.24 (.17)	0.000
Access to money	Score 1–5; greater score=greater access	-2.64 (.15)	0.000	-1.32 (.14)	0.000
Assistance	No	REF		REF	
	Yes	8.13 (.36)	0.000	4.58 (.35)	0.000
Peer support	Score 1–5; greater score=more support	-2.37 (.13)	0.000	-1.40 (.13)	0.000
Access to assistive devices	None	REF		REF	
	Any	11.96 (.44)	0.000	7.99 (.41)	0.000
Mobile phone access (REF=no)	Yes	-5.62 (.30)	0.000	-1.64 (.31)	0.000
Internet access (REF=No)	Yes	-8.88 (.37)	0.000	-2.82 (.40)	0.000
Proximal					
Age		.22 (.010)	0.000	0.046 (.011)	0.000
Sex (REF=male)	Female	3.83 (.29)	0.000	N/S	
Mental health	Score2–10; greater score=better mental health	-5.86 (.076)	0.000	-3.68 (.085)	0.000
Self-perception	Score 1–5; greater score=perception that one is not a burden	-2.83 (.14)	0.000	N/S	
Healthcare satisfaction	Score 1–5; greater score=greater satisfaction	-.99 (.14)	0.000	0.54 (.12)	0.000
Relationship satisfaction	Score 1–5; greater score=greater satisfaction	-7.41 (.18)	0.000	-1.04 (.20)	0.000
Living satisfaction	Score 1–5; greater score=greater satisfaction	-6.33 (.16)	0.000	-1.34 (.17)	0.000
Healthcare decision-making	Score 1–5; greater score=more involvement	-3.14 (.18)	0.000	N/S	
Isolation	Score 1–5; from most to least isolated	-6.22 (.16)	0.000	-1.57 (.16)	0.000

Note: N/S means variable not significant in the multivariable analysis and thus was excluded from the final multivariable model.

The factor with the strongest impact on disability is mental health (**Table 8**); this is evident through the standardized beta coefficient (-0.36) which is several times larger (in absolute value) than betas for other factors.

TABLE 8: DETERMINANTS RANKED BY STANDARDIZED BETA

Variable	Standardized Beta
Mental health	-0.3557099
Access to transportation	-0.1083026
Access to health facility	-0.0868765
Isolation	-0.0812117
Living satisfaction	-0.0693393
Education (higher)	-0.0647800
Internet access	-0.0536987
Access to money	-0.0503176
Time healthcare visit	-0.0495705
Ethnicity - Hazara	-0.0472791
Relationship satisfaction	-0.046272
Climate	-0.0418838
Ethnicity - Tajik	-0.0385122
Mobile phone access	-0.0377513
Conflict - severe	-0.0239942
Peer support	-0.0210706
Toilet access	-0.0107994
Education (primary)	-0.0068406
Ethnicity – Other	-0.0047825
Household income (middle)	0.0045426
Household crowding	0.006869
Household income (highest)	0.0124798
Separated/divorced/widowed	0.0252469
Married	0.02571
Self-employed	0.0272379
Healthcare satisfaction	0.0344815
Conflict - moderate	0.0354288
Age	0.0384072
Employment - other	0.0468773
Assistance	0.0726578
Access to any assistive devices	0.0887106

Note: higher absolute values indicate variable stronger correlate of disability

These findings suggest that disabilities related to mental health may be the most prominent in Afghanistan, though reverse causality may also be at play here. Following mental health, factors most strongly related to disabilities are access to transportation, access to a health facility, and isolation. Variables with relatively weak associations with disability in adjusted analysis include toilet access, primary level of education (in relation to no education), household income and household crowding. Access to assistive devices and a person to assist are also strongly associated with greater disability, though the relationship is likely reversed (i.e. individuals who are more disabled, have greater across to assistive devices and persons to assist).

Figure 57 shows a ranking of the standardized beta coefficients for the multivariable model which includes basic-level variables only. Of these macro socioeconomic and contextual factors, an easy to manage climate, higher education level, and living in an area affected by severe conflict are associated with the lowest disability, while being married, separated, divorced or widowed (compared to never married), or employed in a manner that is not self- or salaried-employment are all associated with the highest disability. It is interesting to note that countries with greater conflict appear to have lower levels of disability; this could be related to a range of factors including better support/attention available to healthcare needs in high conflict areas.

Figure 57: *Ranked distal-level variable standardized beta-coefficients*

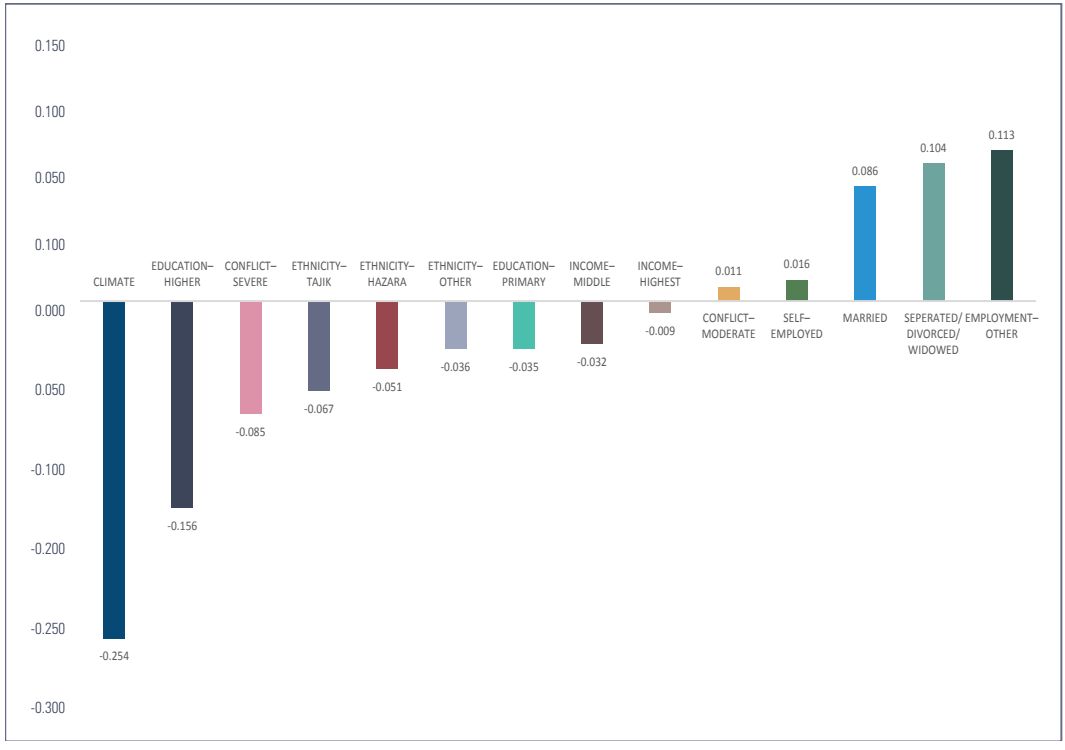
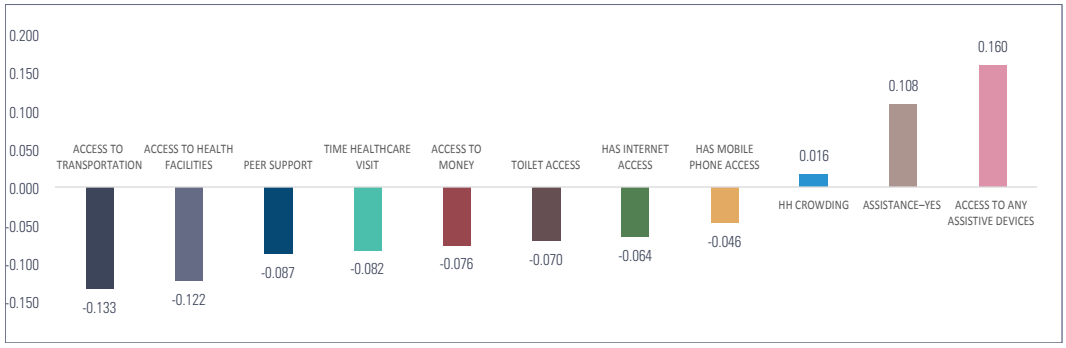


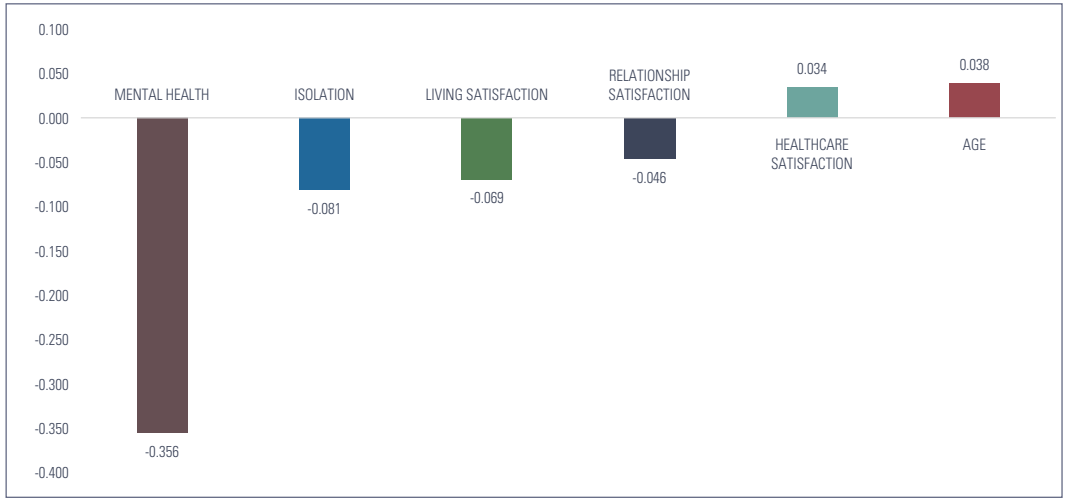
Figure 58 shows this same analysis for underlying-level variables that were added to the aforementioned model; factors retained here are those pertaining to resources, household environment and accessibility to services. Specifically, increased access to transportation and health facilities, as well as improved peer support is associated with lowest disability. Household crowding, receiving assistance from someone, and access to any assistive devices are related to higher disability.

Figure 58: *Ranked intermediate-level variable standardized beta-coefficients*



Finally, **Figure 59** depicts immediate-level variables ordered by standardized beta coefficient. Improved mental health, lower isolation, and higher living and relationship satisfaction are associated with the lowest disability. Variables associated with highest disability at the proximal level include improved healthcare satisfaction and greater age.

Figure 59: *Ranked proximal-level variable standardized beta-coefficients*



3.7: Comparison to NDSA 2005

MDSA 2019 adopted the standardized and validated MDS from WHO for use in the Afghan context. The merits of using this approach have been detailed elsewhere (47) and include:

1) using a standardized instrument for disability data collection that systematically and comprehensively documents all aspects of functioning in a population
2) having robust prevalence estimates for tracking national trends and for making international comparisons
3) analyzing the interaction between health conditions and environmental factors to enable effective policy making in many areas such as assistive devices and empowerment
4) having robust data and evidence that spans sectors (e.g. health, finance, education/empowerment) to encourage inter-sectoral dialogue and policy-making for those with disabilities

The WHO MDS draws on questions from 179 previous disability surveys (including the 2005 National Disability Survey of Afghanistan) and was designed with expert consultation and several rounds of cognitive testing for validation; therefore, it provides the latest evidence-based and robust measurement tool for measuring disabilities in a population. It explores disability as an "..outcome of interactions between a person with a health condition and various environmental and personal factors, rather than focusing only on a person's health or impairments." (19). This evolutionary concept of disability grounded in the ICF, is intended to provide a complete understanding of the lived experience of people with disability. MDSA 2019 adopted the MDS tool in its' entirety and adapted questions to the local context. Survey sampling and design were developed by the MDSA 2019 principal investigator with inputs from field implementation partners. In MDSA 2019, adult disability prevalence is estimated from 47 questions related to everyday functioning (module 4000), while child disability prevalence is estimated from a series of age-appropriate questions related to functioning.

Emerging from decades of conflict and instability in Afghanistan, the NDSA implemented by the GoIRA and Handicap International in 2005 aimed to provide a rich and methodologically rigorous assessment of disability in a population where limited to no information was available. The survey tool was designed for Afghanistan's unique context with inputs from stakeholders within and outside Afghanistan using the ICF and the capability approach used by the UNDP Human Development Approach (19). NDSA 2005 defined disability as a condition "..that results from the interaction between an individual impairment in functioning and the community and social resources, beliefs and practices that enable or prevent a person from participating in all spheres of social life and taking decisions that are relevant to his/her own future". The prevalence rate of disability was calculated from 27 screening questions pertaining to every functioning (shown below) and severe disability prevalence was estimated as 2.7% of the population.

While definitions of disability are not materially different between NDSA 2005 and MDSA 2019, the underlying methodology and questions used to estimate the disability continuum are. NDSA 2005 used 27 functioning-related questions to estimate disability prevalence for both child and adult populations (i.e. one set of questions), while MDSA 2019 used age-appropriate functioning questions separately for adults and children to estimate disability prevalence Additionally, survey methodology and design parameters between the two surveys differ notably according to the context during the time of survey implementation. Therefore, while disability prevalence estimates may not be directly comparable between

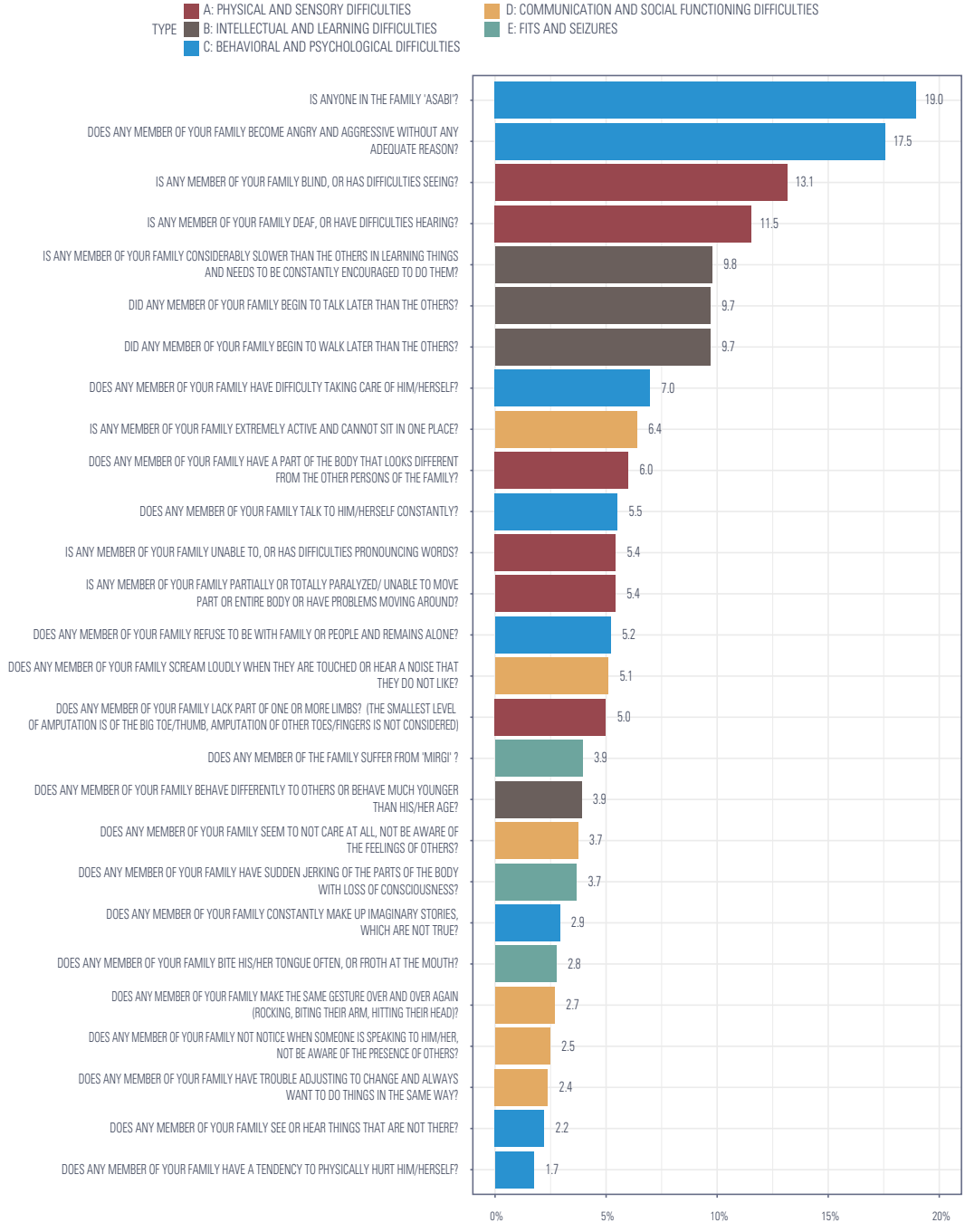
the two surveys, both survey results should be used to generate discussion and related actionable agendas for targeting the growing and evolving needs of disabled populations in Afghanistan.

To attempt some level of comparison, MDSA 2019 included the 27 screening questions from NDSA 2005 and administered them to all head of household survey participants. Though the exact methodology for estimating severe disability prevalence in NDSA 2005 was not replicable (due to the methodology not being publicly available or in published in literature), the responses to each of the 27 questions using MDSA 2019 data is displayed in **Figure 60**. Responses for each of the 27 screening questions in NDSA 2005 were not available for comparison, however estimates broader categories are replicated below.

In NDSA 2005, 36.5% of respondents (children and adults) had at least one or more physical disabilities and 25.5% had at least one or more sensorial disabilities. About one-sixth of the sample each had mental disabilities, while one-tenth had epilepsy/seizures or complex (more than one) disabilities (19). The methodology for how these categories were created in NDSA 2005 were not publicly available (and thus we could not replicate above analyses for MDSA 2019), however we have presented prevalence of each of the 27 screening questions in (**Figure 60**) to attempt a level of comparison. Prevalence of the six questions related to physical and sensory difficulties ranged from 5.0% (lacking limbs) to 13.1% (blind or difficulty seeing) in MDSA 2019, while in NDSA 2005, these conditions were more common and were present in 36.5% of the sample. This suggests physical and sensory difficulties may have been the leading group of disabilities in 2005, while they may be less prevalent today. Behavioral and psychological difficulties are most common in MDSA 2019 using the 2005 screening questions; about 19% of families report at least one of more individuals being "asabi" or mentally unwell, while 17.5% report family members becoming angry or aggressive without reason. From the NDSA 2005 analysis, mental disabilities accounted for about one-sixth of sample; suggesting similar prevalence of these conditions between the two surveys. Intellectual and learning disabilities were less common in MDSA 2019 (than the 17.5% broader category in NDSA 2005); specifically, questions pertaining to having slower learning (9.8%), beginning to talk later than others (9.7%), begin to walk later than others (9.7%) and behaving inappropriately for one's age (3.9%) had lower prevalence each than the collective mental disability group (17.5%) in NDSA 2005. Communication and social functioning difficulties were generally low in MDSA 2019 (prevalence of the six questions ranging from 2.4-6.4%); it's unclear which category these questions were grouped into in the NDSA 2005 categories and therefore a comparison cannot be made. Finally, fits and seizures were present in one-tenth of respondents in NDSA 2005, while using the same questions in MDSA 2019, these were less prevalent; for each of the three questions, prevalence was 2.8% (biting tongue or frothing at mouth), 3.7% (sudden jerking of body parts) and 3.9% (suffering from 'mirgi').

Overall, though we could not directly compare disability prevalence by screening question, there appears to be some shift in the underlying types of disabilities that were present in 2005 compared to 2019. NDSA 2005's severe disability prevalence of 2.7% (though estimated using a different methodology) is also significantly lower than MDSA 2019's estimate of 13.9%. While some differences can be credited to diverse methodologies, the higher prevalence in 2019 is likely due to an increase in the frequency of disabilities and change in the underlying structure of disability types.

Figure 60: *Screening questions from NDSA 2005 applied to MDSA 2019*



4 CURRENT POLICY LANDSCAPE FOR FUTURE INITIATIVES

4.1: EXISTING POLICIES AND INITIATIVES TO ADDRESS DISABILITIES IN AFGHANISTAN

The Government of Afghanistan has taken great strides in their commitment to advancing the rights of persons with disabilities through adopting key international instruments and national laws and policies.

International Commitments

- Multiple conventions have been signed addressing the prohibition and destruction of mines and munitions (Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction) in 2002 (48) and Convention on Cluster Munitions in 2011 (49).
- Afghanistan signed the Proclamation on the Full Participation and Equality of People with Disabilities in the Asia Pacific Region and the Biwako Millennium Framework for Action Towards an Inclusive, Barrier Free and Rights Based Society for Persons with Disability in 2002 (40). With these, the Government pledges their commitment to developing effective policy and programmes focused on improving the conditions of persons with disabilities at a national, sub-regional and level.
- In 2012, Afghanistan signed and ratified the United Nations Convention on the Rights of Persons with Disabilities that states that people with disabilities have an equal right to social protection (8). This is the first international, legally binding treaty focused on protecting the human rights of persons with disabilities.

National Laws and Policies

- The 2004 Constitution of Afghanistan endorses the integration of persons with disability into education, social and employment opportunities (50). Article 53 asserts financial assistance to persons with disabilities and ensures their participation and re-integration into society.
- The first Comprehensive National Policy for Persons with Disabilities was established in 2004 with the help of various stakeholders, non-governmental organizations and the Ministry of Martyrs and Disabled (21). Its comprehensive goal is to create an inclusive Afghan society, where disabled individuals have rights to education and employment.
- The emphasis on integration followed with the Afghanistan National Disability Action Plan 2008–2011. It included guidelines and strategies to improving medical care, physical rehabilitation, psychological support, economic reintegration, community based rehabilitation, and inclusive education (31).
- The country's most recent action plan is the National Strategic Plan for Disability Prevention and Physical Rehabilitation (2017–2020) (51).The strategic plan builds on the National Health Policy framework 2015–2020 to ensure equal access to health and physical rehabilitation services for persons with disabilities.

4.2: RECOMMENDATIONS FOR POLICY ACTORS IN AFGHANISTAN

Afghanistan has made major strides in adopting international and national commitments toward improving the health and lives of those with disabilities. However, as recent reports of disabled populations (24) and our data shows, several gaps remain and more can be done to ensure equal opportunity and optimal health of these vulnerable populations. Recommendations for government and policy actors in Afghanistan to consider include:

- Nationwide campaigns to encourage awareness, education, de-stigmatization and acceptance of disabilities in all institutions ranging from education, healthcare, government, and private sector
- Locating and targeting the 13.9% of the adult population nationally (and the most severely-disabled across geographic regions such as the West [20.5%] and Central Highlands [25.4%]) to provide vital support and resources in areas where there are clear needs; these include physical mobility, engagement in community, education and employment
- Developing and implementing evidence-based interventions and/or innovations to target the most common health challenges experienced by those with severe disabilities, including back pain or disc problems, anxiety, depression, gastritis or ulcer; efforts for multisectoral planning and action should be considered to streamline impact
- Investing resources into supply and demand side initiatives to increase access to and utilization of assistive devices for those with disabilities; for instance, education and awareness campaigns at national-level through media outlets about the importance of assistive devices (particularly mobility and vision support) or creating a plan for procuring and deploying assistive devices to areas in most need
- Interventions in the healthcare system to improve the overall experience and service provided to individuals with disabilities is prudent. A government focus on providing trainings to healthcare workers (to deliver timely, quality and patient-centered care) and ensuring special supports are available (such as a streamline triage system for those with disabilities) may be key lost-cost, high impact solutions
- Though less than 20% of children age 2–17 years were found to have mild, moderate or severe disabilities, if timely and appropriate intervention is not sought, disabilities will persist and exacerbate into adulthood; therefore, government should consider both community and school-based interventions to address the needs of this population
- Specialized training of educators (on de-stigmatization, building responsive support systems, peer-support mechanisms) may provide an efficient solution to creating an environment of support for children with disabilities
- Government investments in training and deploying specially trained personnel (such as behavioral therapists) in schools to assist disabled children with day-to-day activities and learning/cognitive assistance will have high impact

- Encouraging community elders and families (for instance through shuras or women's support groups) to openly dialogue on topics related to the health, education, wellbeing and empowerment of children and adults with disabilities would create an environment of change and acceptance

4.3: RECOMMENDATIONS FOR DONOR COMMUNITY

The donor network is an influential and key partner in achieving the healthcare goals of Afghanistan. Here, we propose some key recommendations for this community to consider in the dialogue, strategy and action toward improving the lives of disabled populations in Afghanistan.

- Donors should work with government and service-delivery NGOs to create high-impact and cost-effective plans of action that can be scaled-up nationally and subnationally (especially in high burden areas) to address the needs of disabled populations in Afghanistan
- Beyond financial commitments to action plans, donors can play a key role funding coordination (e.g. across donors) and in implementing accountability mechanisms (e.g. such as results-based approaches)
- As key investment partners, donors are positioned uniquely to hold government and relevant ministries accountable to national and global targets for reducing severe disability prevalence, and they should exploit this for maximum impact
- Donors should encourage multi-sectoral planning and action to avoid duplication and create efficiency in resource spending
- The multivariable analyses in this study clearly points to the need for addressing determinants of disability that span many sectors; higher education, greater income, having employment, better transportation, access to health facilities, better telecommunications access, reduced household crowding, and improved mental health and overall satisfaction with healthcare, were all key factors related to lowering disability levels. Therefore, as a major driver of development and healthcare in Afghanistan, the donor community along with UN partners and NGO networks should dialogue on cross-sectoral action plans that can serve many mandates, including the needs of those with disabilities in Afghanistan.

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5 APPENDICES

5.1 RESULTS OF STAKEHOLDER CONSULTATION

National Disability Survey of Afghanistan
Stakeholders Consultative Workshop
Report from all working groups

July 17, 2018

BACKGROUND

The very first National Disability Survey of Afghanistan (NDSA) was conducted in 2005 by Handicap International on behalf of the Government of Islamic Republic of Afghanistan (GoIRA). The first NDSA found that the prevalence rate for severe disability was 10.8% and very severe disability was 2.7% in Afghanistan.

The findings from the 2005 NDSA proved crucial in forming government policies in order to identify and address various issues around disability in the country, as well as the needs of those with any type of disability. Twelve years later, there is a significant need for a new survey to identify whether the prevalence rate amongst the general population has changed. In addition, a new survey will indicate whether there has been progress regarding provision of services, education, economic opportunities, and social participation for people with disabilities. This survey will provide a cross-cutting overview of the situation fourteen years after the first NDSA by collecting reliable information about people with disability, their needs, and promoting integration of their concerns into programs and policies of the GoIRA.

In continuation of its quality survey and research, the Foundation committed to undertake the Model Disability Survey of Afghanistan (MDSA) in 2019, to provide reliable data for future policy making and programming by the GoIRA and international community. Therefore, this workshop provided a platform for the stakeholders to further discuss the topic and develop the survey instruments and solicit feedback on areas of interest. The participants reviewed the questionnaire and mainly the following four themes. The suggestions, feedback and draft of all questions are grouped under each of these themes:

1. Prevalence rate of disability
2. Barriers to social inclusion
3. Opportunities and challenges
4. Socio-economic characteristics

METHODOLOGY

The workshop was commenced with the participation of around 20 representatives (including two female) from the Ministry of Labor, Social Affairs, Disability and Martyred (MoLSAMD), Ministry of Public Health (MoPH), Swedish Committee (SCA), Handicap International (HI) and Afghanistan Land Mind Survivor Organization (ALSO). The workshop started with the recitation of Holy Quran and then followed by the agenda (reflected below). The participants were divided into three groups and all were granted the opportunity to review the Washington Group Questionnaire and provide their feedback and suggestions under the above four teams for further developing the survey instruments. Please see below the notes for each them and also a general recommendation provided by all participants.

8:30-9am	Registration
9-9:15am	Recitation of Holy Quran
9:15-9:30am	Welcoming remarks, Abdullah Ahmadzai, Country Representative
9:30-9:45am	Importance of research and policy on disability Introduction to MDSA, aims and objectives of workshop
9:45-10am	Tea Break
10-11am	Session 1: Prevalence rate of disability
11-12pm	Session 2: Barriers to social inclusion
12-1pm	Lunch Break
1-2pm	Session 3: Opportunities and challenges
2-3pm	Session 4: Socio-economic characteristics
3-3:15pm	Tea Break
3:15-3:45pm	Conclusions from each session
3:45-4pm	Closing remarks, Country Representative

GENERAL RECOMMENDATIONS:

In addition to discussing the four themes, all the three groups provided some suggestions and feedback going forward with this survey: The recommendations are as follow:

- Efforts should be put to hire disabled surveyors since they are aware of the disabled people's conditions.
- For female respondents, female surveyors should be hired and for male respondents, male surveyors.
- The surveyors should have enough knowledge of disability and should be trained on how to behave and deal with disable people in the field. They must be trained on how to conduct survey of disabled people.
- The participants wanted to further understand the survey methodology e.g. (who is target population, what is the sampling frame).
- Ethnicity variable should be there or not-- this was a feedback, and some made arguments

to remove it.

- All study objectives should be in questionnaire.
- The questionnaire flow should be in a proper way.
- Washington group questionnaire should be used with some changes according to the local Afghanistan context.
- The data collection tool validation procedures should be assured.
- Terminologies should be translated carefully and properly into the Dari and Pashto languages.
- Stakeholders and experts in the field should consulate for the conducting the study.
- Intellectual disability should be included in the questionnaire.
- The findings of this survey should be compared to 2005 HI survey to highlight the changes and progress.
- Types of disability should be asked.
- Add a screening question to filter if there is a disabled person and which disability questions are relevant to ask.
- Ask only relevant questions based on the screening question, and the rest of questions should be skipped.
- Add questions about mental disabilities.
- Remove question about ethnicity as it does not serve any purpose.
- Validate questionnaire with an expert (e.g. medical doctor), especially on questions that we intend to determine disability prevalence rate
- Use visual cards to test difficulty in seeing (question Vis_4)
- Consult with ALCS and NHS on determining economic condition of a household
- Involve Central Statistics Organization, and other relevant ministries
- Involve experts on disability and organizations that work on disability because they are familiar with nuances

5.2: MOPH PERMISSIONS TO USE WHO MDS

World Health Organization
c/o Dr. Richard Peeperkorn
The WHO Representative UNOCA Compound, Jalalabad Road Pul-e-Charkhi Kabul, Afghanistan
Telephone: +93700045276
emacoafgwr@who.int

January 08, 2019

Dear World Health Organization,

On behalf of the Ministry of Public Health (MoPH), we would like to inform you that The Asia Foundation is intending to use the World Health Organization's Model Disability Survey (MDS) tools in the upcoming National Disability Survey of Afghanistan 2019 (NDSA), a follow-up to the 2005 NDSA.

The MDS is a reliable and rigorous tool that can provide a detailed understanding of Afghans living with disabilities, and the ability to compare findings globally.

The survey will be implemented with the support of the United States Agency for International Development through their implementation partner, the Foundation. The Foundation is committed to do their utmost to ensure compliance with the MDS tools as they implement this survey. With a sample size of 14, 000 Afghans across the country, the survey will have robust findings at the national and regional level. The fieldwork is planned to start in early 2019 and data analysis will start thereafter.

While we understand this tool is made available free of cost online, we would be grateful for your support should the Foundation have any questions in their implementation of the tool and analysis of the findings.

Sincerely,

Ministry of Public Health
USAID

[Note: English version of Dari letter MoPH shared with WHO Afghanistan; official signed and sealed version available upon request]

5.3:AFGHANISTAN MODEL DISABILITY SURVEY TOOL HOUSEHOLD, ADULTS, CHILDREN

Module 0000: COVERSHEET		
H0001	INTERVIEW NUMBER IN SAMPLING POINT	☐☐
H0002	HOUSEHOLD ID	☐☐☐☐
H0003	INTERVIEWER ID (HOUSEHOLD QUESTIONNAIRE)	
H0004	TOTAL NUMBER OF VISITS	1 2 3
H0005	YEAR OF INTERVIEW	2019
H0005a	MONTH OF INTERVIEW	1. JANUARY 2. FEBRUARY 3. MARCH 4. APRIL 5. MAY
H0006	DATE OF INTERVIEW	☐☐
H0007	DAY OF WEEK OF INTERVIEW	1. FRIDAY 2. SATURDAY 3. SUNDAY 4. MONDAY 5. TUESDAY 6. WEDNESDAY 7. THURSDAY
H0009	CODE OF SUPERVISOR	☐☐☐
H0010	SIGNATURE OF SUPERVISOR	
H0011	KEYPUNCHER CODE	☐☐
H0012	CODER CODE	☐☐

Module 0100: SAMPLING INFORMATION	
DISTRICT	
H0101a	DISTRICT CODE (USE UNIFORM ACSOR DISTRICT CODES FROM ACCESSIBILITY TRACKER AND COLUMN E IN SAMPLING PLAN]
H0101b	DISTRICT NAME:
VILLAGE / NAHIA	
H0102a	VILLAGE / NAHIA CODE (SAMPLING POINT FROM SAMPLING PLAN):
H0102b	STARTING POINT/TEAM WITHIN SAMPLING POINT 1 2 3
H0103	REGION 1. Central/Kabul 3. South East 5. Western 7. Central/Hazarjat 2. Eastern 4. South Western 6. North East 8. North West
H0104	GEOGRAPHIC CODE 1. Villages 2. Towns 3. City 4. Metro (Kabul)
H0105	CSO GEOGRAPHIC CODE 1. Rural 2. Urban

H0106	**PROVINCE**			
	1. Kabul	10. Ningarhar	19. Samangan	28. Kandhar
	2. Kapisa	11. Laghman	20. Juzjan	29. Zabul
	3. Parwan	12. Kunar	21. Sar-i-Pul	30. Uruzghan
	4. Wardak	13. Nooristan	22. Faryab	31. Ghor
	5. Logar	14. Badakhshan	23. Badghis	32. Bamyan
	6. Ghazni	15. Takhar	24. Herat	33. Panjshir
	7. Paktia	16. Baghlan	25. Farah	34. Dehkondi
	8. Paktika	17. Kunduz	26. Nimroz	
	9. Khost	18. Balkh	27. Helmand	

HOUSEHOLD QUESTIONNAIRE

Module 1000: HOUSEHOLD ROSTER

M-15H. Time Household QQ Began ☐☐:☐☐

[INTERVIWER READ]

My name is _____ and I work for _____. I am contacting you because we are conducting a survey on health in Afghanistan and I would like to ask you a number of questions. Let me assure you that whatever information you tell us is completely confidential and will only be used for research purposes. This is a very important health study. We have a male interviewer present to interview and ask about the men and boys living in the household, and a female interviewer present to interview and ask about the women and girls living in the household. We need to collect information about each person in the household so that our information is as complete as possible, and healthcare services available throughout the country can be improved. In order to get complete and accurate information, we need to ask the questions about everyone, even if they do not have any major health problems. [INTERVIEWER: Explain the objectives of the survey and the need for informed consent according to the manual.]

In order to determine who to interview, I need to ask about who lives here. I mean those who share meals and usually live together for at least six months a year. Let me assure you again that any information you provide is strictly confidential. I also need to know who the head of the household (HoH) is. And I need to know the age, sex and relationship to the HoH of everyone who lives here. Please include people who may currently be in an institution due to their health for a short time (for example, in a hospital or a nursing institution). The HoH could be either female or male. If two people are both HoHs, please complete the household roster in reference to the older one. We need to begin by speaking to the person who is most knowledgeable about the health of each person in the household. They will help us to complete the household roster, which lists some basic information about each person living here in this household. In addition to this, we will also need to speak with a randomly selected adult and a randomly selected child or their caregiver to complete the child and adult sections.

H1001	What is the total number of people who live here?	☐☐ Person(s)	
H1002	How many children under 18 live here?	☐☐ Child(ren)	If 0, go to H1006
H1003	(Ask if has children under 18 in H1002) Is this child / How many of these children are under age 5?	☐☐ Child(ren) 97. Not Asked	
H1004	(Ask if has children under 18 in H1002) Is this child / How many of these children are between the ages of 5 and 12?	☐☐ Child(ren) 97. Not Asked	
H1005	(Ask if has children under 18 in H1002) Is this child / How many of these children are between the ages of 13 and 17?	☐☐ Child(ren) 97. Not Asked	

Interviewer: if the number of children in the household exceeds the number of household members, please check with respondent and make sure you get the correct number of children and household members.

Please tell me about all people living here. Again, I want to emphasize that all information you provide during the interview will be treated strictly confidentially. *INTERVIEWER:* Collect all information about the head of household (HoH) (first column) and then proceed to all other members of the household filling in column after column.		***Person (HH member) number***				
		01 (HoH)	02	03	04	05
H1006	Gender and age **(Write the initial of the respondent's gender and their age. i.e. for a female age 32, write F32, for a male age 26, write M26, etc.)**					
	What is *[NAME]*'s relationship to the head of household? (Code using list below)					
	1 = SPOUSE		1	1	1	1
	2 = SON OR DAUGHTER		2	2	2	2
	3 = SON-IN-LAW OR DAUGHTER-IN-LAW		3	3	3	3
	4 = GRANDCHILD		4	4	4	4
	5 = PARENT		5	5	5	5
	6 = PARENT-IN-LAW		6	6	6	6
	7 = BROTHER OR SISTER		7	7	7	7
	8 = GRANDPARENT		8	8	8	8
	9 = OTHER RELATIVE		9	9	9	9
	10 = NOT RELATED (FRIENDS, SERVANTS, OTHER PEOPLE LIVING IN THE HOUSEHOLD)		10	10	10	10
	98 = REFUSED (VOL.)		98	98	98	98
	99 =DON'T KNOW (VOL.)		99	99	99	99
H1008	Is [NAME] a male or a female?					
	1 = MALE	1	1	1	1	1
	2 = FEMALE	2	2	2	2	2
H1009	How old is he/she? *INTERVIEWER: Enter age in years*					
H1010	What is [NAME] marital status?					
	1 = SINGLE	1	1	1	1	1
	2 = MARRIED, MONOGOMOUS	2	2	2	2	2
	3= DIVORCED	3	3	3	3	3
	4= ENGAGED	4	4	4	4	4
	5= WIDOW(ER)	5	5	5	5	5
	7 =OTHER (WRITE RESPONSE)					
	8 = REFUSED (VOL.)	8	8	8	8	8
	9 = DON'T KNOW (VOL.)	9	9	9	9	9
H1011	What is [NAME] employment status?					
	1. WORKING FOR WAGES OR SALARY WITH AN EMPLOYER (FULL- OR PART-TIME)	1	1	1	1	1

	2. WORKING FOR WAGES, BUT CURRENTLY ON SICK LEAVE FOR MORE THAN THREE MONTHS	2	2	2	2	2
	3. SELF-EMPLOYED OR OWNS ON BUSINESS	3	3	3	3	3
	4. WORKING IN FAMILY BUSINESS	4	4	4	4	4
	5. UNEMPLOYED BUT ACTIVELY LOOKING FOR WORK	5	5	5	5	5
	6. IS ENGAGED IN TRAINING OR EDUCATION	6	6	6	6	6
	7. HOUSEWIFE/ ENGAGED IN HOME DUTIES (INCLUDING CHILD CARE)	7	7	7	7	7
	8. IS NOT WORKING OR SEEKING WORK BECAUSE OF A HEALTH CONDITION OR DISABILITY	8	8	8	8	8
	9. IS NOT WORKING OR SEEKING WORK FOR OTHER REASONS	9	9	9	9	9
	10. IS RETIRED	10	10	10	10	10
	11. HAS NOT YET STARTED WORK OR SCHOOL	11	11	11	11	11
	98 = REFUSED (VOL.)	98	98	98	98	98
	99 =DON'T KNOW (VOL.)	99	99	99	99	99
H1012	What is *[NAME]* level of education?					
	1. NO FORMAL EDUCATION	1	1	1	1	1
	2. LESS THAN PRIMARY SCHOOL	2	2	2	2	2
	3. PRIMARY SCHOOL COMPLETED	3	3	3	3	3
	4. VOCATIONAL EDUCATION	4	4	4	4	4
	5. SECONDARY/MIDDLE SCHOOL COMPLETED					
	6. HIGH SCHOOL (OR EQUIVALENT) COMPLETED	5	5	5	5	5
	7. COLLEGE/ PRE-UNIVERSITY / UNIVERSITY COMPLETED	6	6	6	6	6
	8. POST GRADUATE DEGREE COMPLETED	7	7	7	7	7
	98 = REFUSED (VOL.)	8	8	8	8	8
	99 = DON'T KNOW (VOL.)	9	9	9	9	9

Interviewer: Only use the following table if there are more than 5 people in the Household.

Additional Household Members													
		06	07	08	09	10	11	12	13	14	15	16	17
H1006	Gender and age **(Write the initial of the respondent's gender and their age. i.e. for a female age 32, write F32, for a male age 26, write M26, etc.)**												
H1007	What is [NAME]'s relationship to the head of household?												
	1 = SPOUSE	1	1	1	1	1	1	1	1	1	1	1	1
	2 = SON OR DAUGHTER	2	2	2	2	2	2	2	2	2	2	2	2
	3 = SON-IN-LAW OR DAUGHTER-IN-LAW	3	3	3	3	3	3	3	3	3	3	3	3
	4 = GRANDCHILD	4	4	4	4	4	4	4	4	4	4	4	4
	5 = PARENT	5	5	5	5	5	5	5	5	5	5	5	5

	6 = PARENT-IN-LAW	6	6	6	6	6	6	6	6	6	6	6	6
	7 = BROTHER OR SISTER	7	7	7	7	7	7	7	7	7	7	7	7
	8 = GRANDPARENT	8	8	8	8	8	8	8	8	8	8	8	8
	9 = OTHER RELATIVE	9	9	9	9	9	9	9	9	9	9	9	9
	10 = NOT RELATED (FRIENDS, SERVANTS, BOARDERS, LODGERS, OTHER)	10	10	10	10	10	10	10	10	10	10	10	10
	98 = REFUSED (VOL.)	98	98	98	98	98	98	98	98	98	98	98	98
	99 =DON'T KNOW (VOL.)	99	99	99	99	99	99	99	99	99	99	99	99
H1008	Is *[NAME]* a male or a female?												
	1 = MALE	1	1	1	1	1	1	1	1	1	1	1	1
	2 = FEMALE	2	2	2	2	2	2	2	2	2	2	2	2
H1009	How old is he/she? *INTERVIEWER: Enter age in years*												
H1010	What is [NAME] marital status?												
	1 = SINGLE	1	1	1	1	1	1	1	1	1	1	1	1
	2 = MARRIED, MONOGOMOUS	2	2	2	2	2	2	2	2	2	2	2	2
	3= DIVORCED	3	3	3	3	3	3	3	3	3	3	3	3
	4= ENGAGED	4	4	4	4	4	4	4	4	4	4	4	4
	5= WIDOW(ER)	5	5	5	5	5	5	5	5	5	5	5	5
	7 =OTHER (WRITE RESPONSE)												
	8 = REFUSED (VOL.)	8	8	8	8	8	8	8	8	8	8	8	8
	9 = DON'T KNOW (VOL.)	9	9	9	9	9	9	9	9	9	9	9	9
H1011	What is [NAME] employment status?												
	1. WORKING FOR WAGES OR SALARY WITH AN EMPLOYER (FULL- OR PART-TIME)	1	1	1	1	1	1	1	1	1	1	1	1
	2. WORKING FOR WAGES, BUT CURRENTLY ON SICK LEAVE FOR MORE THAN THREE MONTHS	2	2	2	2	2	2	2	2	2	2	2	2
	3. SELF-EMPLOYED OR OWNS ON BUSINESS	3	3	3	3	3	3	3	3	3	3	3	3
	4. WORKING IN FAMILY BUSINESS	4	4	4	4	4	4	4	4	4	4	4	4
	5. UNEMPLOYED BUT ACTIVELY LOOKING FOR WORK	5	5	5	5	5	5	5	5	5	5	5	5
	6. IS ENGAGED IN TRAINING OR EDUCATION	6	6	6	6	6	6	6	6	6	6	6	6
	7. HOUSEWIFE/ ENGAGED IN HOME DUTIES (INCLUDING CHILD CARE)	7	7	7	7	7	7	7	7	7	7	7	7
	8. IS NOT WORKING OR SEEKING WORK BECAUSE OF A HEALTH CONDITION OR DISABILITY	8	8	8	8	8	8	8	8	8	8	8	8

	9. IS NOT WORKING OR SEEKING WORK FOR OTHER REASONS	9	9	9	9	9	9	9	9	9	9	9	9
	10. IS RETIRED	10	10	10	10	10	10	10	10	10	10	10	10
	11. HAS NOT YET STARTED WORK OR SCHOOL	11	11	11	11	11	11	11	11	11	11	11	11
	98 = REFUSED (VOL.)	98	98	98	98	98	98	98	98	98	98	98	98
	99 =DON'T KNOW (VOL.)	99	99	99	99	99	99	99	99	99	99	99	99
H1012	What is *[NAME]* level of education?												
	1. NO FORMAL EDUCATION	1	1	1	1	1	1	1	1	1	1	1	1
	2. LESS THAN PRIMARY SCHOOL	2	2	2	2	2	2	2	2	2	2	2	2
	3. PRIMARY SCHOOL COMPLETED	3	3	3	3	3	3	3	3	3	3	3	3
	4. VOCATIONAL EDUCATION	4	4	4	4	4	4	4	4	4	4	4	4
	5. SECONDARY/MIDDLE SCHOOL COMPLETED	5	5	5	5	5	5	5	5	5	5	5	5
	6. HIGH SCHOOL (OR EQUIVALENT) COMPLETED	6	6	6	6	6	6	6	6	6	6	6	6
	7. COLLEGE/ PRE-UNIVERSITY / UNIVERSITY COMPLETED	7	7	7	7	7	7	7	7	7	7	7	7
	8. POST GRADUATE DEGREE COMPLETED	8	8	8	8	8	8	8	8	8	8	8	8
	98 = REFUSED (VOL.)	98	98	98	98	98	98	98	98	98	98	98	98
	99 = DON'T KNOW (VOL.)	99	99	99	99	99	99	99	99	99	99	99	99

Additional Household Members												
		18	19	20	21	22	23	24	25	26	27	28
H1006	First (given) name											
H1007	What is *[NAME]*'s relationship to the head of household?											
	1 = SPOUSE	1	1	1	1	1	1	1	1	1	1	1
	2 = SON OR DAUGHTER	2	2	2	2	2	2	2	2	2	2	2
	3 = SON-IN-LAW OR DAUGHTER-IN-LAW	3	3	3	3	3	3	3	3	3	3	3
	4 = GRANDCHILD	4	4	4	4	4	4	4	4	4	4	4
	5 = PARENT	5	5	5	5	5	5	5	5	5	5	5
	6 = PARENT-IN-LAW	6	6	6	6	6	6	6	6	6	6	6
	7 = BROTHER OR SISTER	7	7	7	7	7	7	7	7	7	7	7
	8 = GRANDPARENT	8	8	8	8	8	8	8	8	8	8	8
	9 = OTHER RELATIVE	9	9	9	9	9	9	9	9	9	9	9
	10 = NOT RELATED (FRIENDS, SERVANTS, BOARDERS, LODGERS, OTHER)	10	10	10	10	10	10	10	10	10	10	10
	98 = REFUSED (VOL.)	98	98	98	98	98	98	98	98	98	98	98
	99 =DON'T KNOW (VOL.)	99	99	99	99	99	99	99	99	99	99	99
H1008	Is *[NAME]* a male or a female?											

	1 = MALE	1	1	1	1	1	1	1	1	1	1	1
	2 = FEMALE	2	2	2	2	2	2	2	2	2	2	2
H1009	How old is he/she? *INTERVIEWER: Enter age in years*											
H1010	What is [NAME] marital status?											
	1 = SINGLE	1	1	1	1	1	1	1	1	1	1	1
	2 = MARRIED, MONOGOMOUS	2	2	2	2	2	2	2	2	2	2	2
	3= DIVORCED	3	3	3	3	3	3	3	3	3	3	3
	4= ENGAGED	4	4	4	4	4	4	4	4	4	4	4
	5= WIDOW(ER)	5	5	5	5	5	5	5	5	5	5	5
	7 =OTHER (WRITE RESPONSE)											
	8 = REFUSED (VOL.)	8	8	8	8	8	8	8	8	8	8	8
	9 = DON'T KNOW (VOL.)	9	9	9	9	9	9	9	9	9	9	9
H1011	What is *[NAME]* employment status?											
	1. WORKING FOR WAGES OR SALARY WITH AN EMPLOYER (FULL- OR PART-TIME)	1	1	1	1	1	1	1	1	1	1	1
	2. WORKING FOR WAGES, BUT CURRENTLY ON SICK LEAVE FOR MORE THAN THREE MONTHS	2	2	2	2	2	2	2	2	2	2	2
	3. SELF-EMPLOYED OR OWNS ON BUSINESS	3	3	3	3	3	3	3	3	3	3	3
	4. WORKING IN FAMILY BUSINESS	4	4	4	4	4	4	4	4	4	4	4
	5. UNEMPLOYED BUT ACTIVELY LOOKING FOR WORK	5	5	5	5	5	5	5	5	5	5	5
	6. IS ENGAGED IN TRAINING OR EDUCATION	6	6	6	6	6	6	6	6	6	6	6
	7. HOUSEWIFE/ ENGAGED IN HOME DUTIES (INCLUDING CHILD CARE)	7	7	7	7	7	7	7	7	7	7	7
	8. IS NOT WORKING OR SEEKING WORK BECAUSE OF A HEALTH CONDITION OR DISABILITY	8	8	8	8	8	8	8	8	8	8	8
	9. IS NOT WORKING OR SEEKING WORK FOR OTHER REASONS	9	9	9	9	9	9	9	9	9	9	9
	10. IS RETIRED	10	10	10	10	10	10	10	10	10	10	10
	11. HAS NOT YET STARTED WORK OR SCHOOL	11	11	11	11	11	11	11	11	11	11	11
	98 = REFUSED (VOL.)	98	98	98	98	98	98	98	98	98	98	98
	99 =DON'T KNOW (VOL.)	99	99	99	99	99	99	99	99	99	99	99
H1012	What is *[NAME]* level of education?											
	1. NO FORMAL EDUCATION	1	1	1	1	1	1	1	1	1	1	1
	2. LESS THAN PRIMARY SCHOOL	2	2	2	2	2	2	2	2	2	2	2
	3. PRIMARY SCHOOL COMPLETED	3	3	3	3	3	3	3	3	3	3	3

	4. VOCATIONAL EDUCATION	4	4	4	4	4	4	4	4	4	4	4
	5. SECONDARY/MIDDLE SCHOOL COMPLETED	5	5	5	5	5	5	5	5	5	5	5
	6. HIGH SCHOOL (OR EQUIVALENT) COMPLETED	6	6	6	6	6	6	6	6	6	6	6
	7. COLLEGE/ PRE-UNIVERSITY / UNIVERSITY COMPLETED	7	7	7	7	7	7	7	7	7	7	7
	8. POST GRADUATE DEGREE COMPLETED	8	8	8	8	8	8	8	8	8	8	8
	98 = REFUSED (VOL.)	98	98	98	98	98	98	98	98	98	98	98
	99 = DON'T KNOW (VOL.)	99	99	99	99	99	99	99	99	99	99	99

Now I am going to ask you some questions about the income of your family.			
H1013	In total, how many persons in the household work for a salary or wage, or contribute income from abroad or personal business?	[ ] 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	
H1014	Taking into account all persons contributing income: what is the total household income after taxes on average per month?	[ ] 999998 = REFUSED (VOL.) 999999 =DON'T KNOW (VOL.)	
H1015	How many persons are there in the household who are not working and actively looking for paid work?	[ ] 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	
H1016	First, think about the total value of everything your family owns, including land, houses, vehicles, savings, and household items. These items are called "assets". Next, think about any debts your family may, including loans. Which value would you say is greater? *(If the respondent says they have no loans or debt, but do have some assets, even a very small amount, code 1 should be selected)*	1 ASSETS 2 DEBTS 3 THEY ARE ABOUT THE SAME 8 REF 9 DK	If 3, 8 or 9, go to next module (module 2000)
H1017	**(Ask if codes 1 or 2 in H1016)** By how much? Again, your best estimate is fine. *INTERVIEWER: Show SHOWCARD 001* *[Include card with country specific values]*	Write amount ☐☐☐☐☐☐ 97 = NOT ASKED 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	
H1018	**(Ask if codes 1 or 2 in H1016)** In the past 12 months, did your household have any financial problems paying bills, such as for electricity, central heating or phone?	1 =Yes 5 = No 97 = Not Asked 98 = Ref (vol.) 99 = Don't know (vol.)	

Module 2000: SCREENING QUESTIONS FOR IDENTIFICATION OF DIFFERENT TYPES OF DISABILITIES

M-16H. Time Begin for Module 2000 ☐☐:☐☐

These questions are asked to the head of the household for all the members of the family. Every time that he/she answers positively, then we ask the identity of the member who has that particular difficulty, write it down and proceed to the next question for the entire family. The head of household or senior female (i.e. person who complete module 1000) should answer all questions in this section thinking about all members of the household. It is important to say that we do include the HoH in these questions.

SECTION A

H2001a. *Does any member of your family lack part of one or more limbs? (the smallest level of amputation is the amputation of the big toe/thumb, we will not consider the other toes/ fingers)*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2002a *Is any member of your family partially or totally paralyzed/ unable to move part or entire body or have problems moving around?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2003a *Does any member of your family have a part of the body that looks different from the other persons of the family?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2004a *Is any member of your family blind, or has difficulties seeing?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2005a *Is any member of your family deaf, or have difficulties hearing?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2006a *Is any member of your family unable to, or has difficulties pronouncing words?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

SECTION B

H2007a *Did any member of your family begin to walk later than the others?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2008a *Did any member of your family begin to talk later than the others?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2009a *Is any member of your family considerably slower than the others in learning things and needs to be constantly encouraged to do them*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2010a *Does any member of your family behave differently to others or behave much younger than his/her age?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

SECTION C

H2011a *Is anyone in the family "asabi"?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2012a *Does any member of your family constantly make up imaginary stories, which are not true?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2013a *Does any member of your family see or hear things that are not there?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2014a *Does any member of your family talk to him/herself constantly?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2015a *Does any member of your family have difficulty taking care of him/herself?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2016a *Does any member of your family refuse to be with family or people and remains alone?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2017a *Does any member of your family become angry and aggressive without any* adequate reason?

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2018a *Does any member of your family have a tendency to physically hurt him/herself?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

SECTION D

H2019a *Does any member of your family make the same gesture over and over again (rocking, biting their arm, hitting their head)?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2020a *Is any member of your family extremely active and cannot sit in one place?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2021a *Does any member of your family seem to not care at all, not be aware of the feelings of others?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2022a *Does any member of your family not notice when someone is speaking to him/her, not be aware of the presence of others?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2023a *Does any member of your family scream loudly when they are touched or hear a noise that they do not like?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2024a *Does any member of your family have trouble adjusting to change and always want to do things in the same way?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

SECTION E

H2025a *Does any member of the family suffer from "Mirgi"?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2026a *Does any member of your family have sudden jerking of the parts of the body with loss of consciousness?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

H2027a *Does any member of your family bite his/her tongue often, or froth at the mouth?*

1 = YES	5 = NO	98 = Refused (vol.)	99= Don't Know (vol.)

B. Write name(s) of HH members who have this condition: _____

C. HH Member # (circle the number from household roster of ALL HH members with condition:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

M-17H. Time End ☐☐ : ☐☐

[ACSOR to include instructions here for ADULT KISH GRID]

Respondent selection guidelines:

List all HH members over age 18 in the adult Kish grid. This Kish grid respondent selection differs from most ACSOR projects in several key ways:

1) Include both men and women in the Kish grid. A male and female interviewer should both be present.
2) If the 1st respondent selected by the Kish grid refuses or is not available, you may select a replacement respondent. This is different from most surveys that ACSOR runs. Go to the next column in the Kish grid to the right and interview the household member selected in that column. If your pre-selected Kish grid number is 1 for this interview, go to column 10. ONLY DO THIS IF THE FIRST SELECTED RESPONDENT REFUSES OR IS UNAVAILABLE
3) If the selected adult household member respondent is unable to take the survey because of age or disabililty, or because they lack the physical or mental capacity, a caregiver can assist them or take the survey for them. However, they should answer all questions about the selected respondent.

I2) Kish Grid Number

H2028a	*Interviewer ID for Adult Interview*	☐☐☐☐☐☐
H0102a	Sampling Point: _____	
H0102b	Starting Point/Team:	1 2 3
H0001	Interview Number within Sampling Point	
H2028b	*INTERVIEWER: Who was the Adult interview respondent? Please record the person (HH member) number given in the Household Roster.*	☐☐
H2028c	*INTERVIEWER: Using Kish grid, who is the selected person for the Adult Questionnaire? Please write down the first (given) name.*	_____
H2029	*INTERVIEWER: Record the person (HH member) number given in the Household Roster.* *The Person number will be also recorded in I1001 in Module 1000.*	☐☐
H2030	*INTERVIEWER: Is this the original respondent selected by the Kish grid, or is this a replacement respondent?*	1 = Original 2 = Replacement

ADULT QUESTIONNAIRE

Module 0100: ELEGIBILITY			
I0101	*INTERVIEWER: DOES THE RESPONDENT HAVE OBVIOUS COGNITIVE LIMITATIONS THAT PREVENT HIM/HER FROM BEING INTERVIEWED?*	1 YES 5 NO	if 1 go to I0102 If 5, go to I0104
I0102	**(Ask if YES in I0101)** We would like to ask someone who knows the respondent a few questions about the respondent's health. *INTERVIEWER: Who is the proxy?*	1 SPOUSE 2 NON-SPOUSE 97 NOT ASKED	
I0103	**(If YES in I0101) INTERVIEWER:** *Indicate who the 'Individual Respondent' is. Record the Person (HH member) number from the Household Roster. The Person number will be also recorded in I1001 in Module 1000.*	☐☐ 97 NOT ASKED	
INTERVIEWER: GO TO PROXY CONSENT & QUESTIONNAIRE			
I0104	***(If NO in I0101)*** *INTERVIEWER: Was the Consent Form Agreed to and Signed / Agreed but Witness Signed or Refused?*	1 AGREED AND SIGNED 2 AGREED, BUT WITNESS SIGNED 3 REFUSED 97 NOT ASKED	

Module 1000: SOCIO-DEMOGRAPHIC CHARACTERISTICS			
INTERVIEWER: Please select randomly one member of the household who is not a child (see procedure in manual)			
M-15A. Time Adult Questionnaire Began ☐☐ **:** ☐☐			
My name is _____ and I work for ACSOR Surveys. We are conducting a survey on health in Afghanistan and I would like to ask you a number of questions. You have been randomly selected to participate in the survey. Let me assure you that whatever information you tell us is completely confidential and will only be used for research purposes. Many of the questions may not be applicable to you, but we need to ask these to everyone in order to get complete and useful information about the healthcare needs of the Afghan people. *[INTERVIEWER: Explain the objectives of the survey and the need for informed consent according to the manual.]*			
I want to ask you some questions about you and the way you live your life. Let me assure you that any information you provide is strictly confidential.			
I1001	*Person number of the adult recorded in HH roster.*	[ ]	
I1002	*What is your mother tongue? By mother tongue, I mean the language you learned first, the language that you can*	1 Pashto 2 Dari 3 Uzbek 4 Turkmen	
	express yourself fully in, or voluntarily identify with.	5 Balochi 6 Pashayi 7 Other, specify: 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	

I1003	*INTERVIEWER: record sex of the respondent*	1 MALE 2 FEMALE	
I1005	How old are you? *INTERVIEWER: this would be age at last birthday. If don't know - probe.*	☐☐☐ AGE IN YEARS	
I1004	What day, month and year were you born? DD / MM / YYYY Write date using Afghan Calendar	☐☐/☐☐/☐☐☐☐ 99 / 9999 DON'T KNOW	
I1006	In which country were you born? *INTERVIEWER: write in country name if not born in Afghanista*	**Country Code** 1 AFGHANISTAN 2 OTHER (SPECIFY)_____ 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	If 1, go to I1008 If 2, go to I1007
I1007	**(Ask if Not born in Afghanistan in I1006)** How old were you when you first came to this country?	☐☐ **Years** 997 NOT ASKED 998 REFUSED 999 DON'T KNOW	
I1008	Are you a citizen of Afghanistan	1 YES 5 NO 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	
I1009	Do you have citizenship in another country?	1 YES 5 NO 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	If 1, go to I1010 If 5, 98, or 99 go to I1011
I1010	Which country?	**Write Country Name:** _____ 997 = NOT ASKED 998 = REFUSED (VOL.) 999 =DON'T KNOW (VOL.)	
I1011	**(ASK ALL)** What is your current marital status?	1 NEVER MARRIED 2 MARRIED 3 SEPARATED/DIVORCED 4 WIDOWED 8 = REF (VOL.) 9 = DK (VOL.)	If 1, SKIP to I1014 If 2 go to I1013 If 4 or 5 go to I1012
I1012	**(Ask if codes 4 or 5 in I1011)** How many years have you been separated, divorced or widowed? *INTERVIEWER: if less than 1 year, enter "00"*	☐☐ **Number of years** 97 = NOT ASKED 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	Go to I1014
I1013	(Ask if codes 2 or 3 in I1011) How many years have you been married or living together? *INTERVIEWER: if less than 1 year, enter "00"*	☐☐ **Number of years** 97 = NOT ASKED 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	

I1014	**(ASK ALL)** What is the highest level of education that you have completed? INTERVIEWER: if the main income provider is being interviewed, skip this question.	1 NO SCHOOLING OR NEVER COMPLETED ANY GRADE 2 ELEMENTARY EDUCATION/PRIMARY SCHOOL (1ST – 6TH GRADE) 3 VOCATIONAL EDUCATION 4 MIDDLE SCHOOL (7th to 9th grade) 5 HIGH SCHOOL (10TH TO 12TH GRADE) 6 UNIVERSITY 7 POST-GRADUATE STUDIES 8 OTHER 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	If 1, go to I1016
I1015	**(Ask if codes 2-7 in I1014)** How many years of school, including higher education have you completed?	☐☐ **Number of years** 97 = NOT ASKED 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	Go to I1018
I1016	**(Ask if code 1 in I1014)** Did you have to stop your education?	1 YES 5 NO 7 = NOT ASKED 8 = REF (VOL.) 9 = DK (VOL.)	If 1, go to I1017 Others go to I1018
I1017	**(Ask if code 1 in I1016)** What was the main reason for never attending or stopping your education?	1 NO SCHOOL AVAILABLE 2 FAILED EXAMINATIONS 3 WANTED TO START WORKING 4 TO GET MARRIED 5 PREGNANCY (ASK FEMALE ONLY) 6 PARENTS DID NOT WANT ME TO CONTINUE SCHOOLING 7 ECONOMIC REASONS (E.G. COULD NOT AFFORD, TOO POOR, NEEDED TO EARN MONEY TO SUPPORT FAMILY) 8 ACCESSIBILITY REASONS (E.G. SCHOOL NOT BARRIER FREE, SCHOOL TOO FAR AWAY, NO E-LEARNING POSSIBLE) 9 HEALTH CONDITION OR DISABILITY 10 OTHER 95 = NONE 97 = NOT ASKED 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	

I1018	**(ASK ALL)** What is your background or ethnic group?	1 Pashtun 2 Tajik 3 Uzbek 4 Turkmen 5 Hazara 6 Balochi 8 Nuristani 9 Aimaq 10 Arab 11 Pashaye 12 Sadat 13 Qezelbash 96 Other, specify: 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	

Module 2000: WORK HISTORY AND BENEFITS			
Now I will ask you some questions about any work you do now or have done in the past. I will ask some questions about the type and amount of your current or past work, the benefits, if any, you receive or have received from your work, and the reasons why you are not working currently.			
I2001	As you know, some people take jobs for which they are paid in cash or kind. Other people sell things, have a small business, or work on the family farm or family business. Have you ever in your life done any of these things or any type of work?	1 YES 5 NO 8 = REFUSED (VOL.) 9 = DON'T KNOW (VOL.)	If 1, go to I2003 If 5, go to I2002
I2002	**(Ask if answered '5' in I2001)** What is the main reason you have never worked to earn an income?	1 HEALTH CONDITION OR DISABILITY 2 STILL ENGAGED IN TRAINING 3 PERSONAL FAMILY RESPONSIBILITIES 4 COULD NOT FIND SUITABLE WORK 5 DO NOT KNOW HOW OR WHERE TO SEEK WORK 6 NOT YET STARTED TO SEEK WORK 7 DO NOT HAVE THE ECONOMIC NEED 8 PARENTS OR SPOUSE DID NOT LET ME WORK 9 NO REASON GIVEN 10 OTHER 97 = NOT ASKED 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	If answered this question, Go to I2009
I2003	**(Ask if code 1 in I2001)** At what age did you start working for pay?	☐☐ **Number of years** 97 = NOT ASKED 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	

I2004	**(Ask if code 1 in I2001)** How many years ago did you start working?	☐☐ **Years ago** 97 = NOT ASKED 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	
I2005	**(Ask if code 1 in I2001)** What is your current working situation?	1 NOT WORKING (FOR EXAMPLE HOUSEWIFE, ETC.) 2 WORKING FOR WAGES OR SALARY WITH AN EMPLOYER (FULL- OR PART-TIME) 3 WORKING FOR WAGES, BUT CURRENTLY ON SICK LEAVE FOR MORE THAN THREE MONTHS 4 SELF-EMPLOYED OR OWN-ACCOUNT WORKER 5 WORKING AS UNPAID FAMILY MEMBER (E.G. WORKING IN FAMILY BUSINESS) 6 RETIRED BECAUSE OF THE HEALTH CONDITION 7 RETIRED DUE TO AGE 8 EARLY RETIREMENT 97 = NOT ASKED 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	If 1, go to I2006. If 4 or 5, go to I2012. If 98 or 99, go to I2009 Others, go to I2011.
I2006	**(Ask if code 1 in I2005)** What is the main reason you are not currently working?	1 HEALTH CONDITION OR DISABILITY 2 STILL ENGAGED IN TRAINING 3 PERSONAL FAMILY RESPONSIBILITIES 4 COULD NOT FIND SUITABLE WORK 5 DO NOT KNOW HOW OR WHERE TO SEEK WORK 6 DO NOT HAVE THE ECONOMIC NEED 7 PARENTS OR SPOUSE DID NOT LET ME WORK 8 NO REASON GIVEN 9 OTHER 97 = NOT ASKED 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	
I2007	**(Ask if code 1 in I2005)** At what age did you stop working?	☐☐ **Number of years** 97 = NOT ASKED 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	
I2008	**(Ask if code 1 in I2005)** How many years ago did you stop working?	☐☐ **Number of years** 97 = NOT ASKED 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	
I2009	**(ASK ALL)** Are you currently actively looking for work?	1 YES 5 NO 8 = REFUSED (VOL.) 9 = DON'T KNOW (VOL.)	If I2009=1, go to I2010 If I2009=5, go to I2023.

I2010	**(Ask if code 1 in I2009)** What is the main reason you would like to work at present? INTERVIEWER: only one answer allowed - read categories if needed.	1 NEED THE INCOME 2 WANT TO OR NEED TO BE ACTIVE 3 WANT TO FEEL USEFUL 4 HELP MY FAMILY 7 OTHER, SPECIFY: 97 = NOT ASKED 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	

Now I will ask you some questions about your current work or your most recent work. **(ASK I2011-2022 only if code 1 at I2001. Otherwise skip to I2023)**			
I2011	**(Ask if code 1 in I2001)** Who is/was your employer in your current/most recent MAIN job?	1 Public sector (government employee) 2 Private sector (for profit and not for profit) 3 Self-employed 4 Informal employment 7 = NOT ASKED 8 = REFUSED (VOL.) 9 = DON'T KNOW (VOL.)	
	(Ask if code 1 in I2001) In the last 12 months, for your main job, what has been your main occupation? *INTERVIEWER: Write exactly what the respondent says. For those who have stopped working, it should be the occupation for the most recent main job.*	Verbatim response: _____ 7 = NOT ASKED 8=REFUSED (VOL.) 9=DON'T KNOW (VOL.)	
I2013	**(Ask if code 1 in I2001)** Do/did you usually work throughout the year, or do/did you work seasonally, or only once in a while for your main job?	1 Work throughout the year 2 Seasonally or part of the year 3 Once in a while 7 = NOT ASKED 8 = REFUSED (VOL.) 9 = DON'T KNOW (VOL.)	If 1, go to I2015. If 2 or 3 go to I2014.
I2014	**(Ask if code 2 or 3 in I2013)** On average, how many weeks in a year do/did you work in your main seasonal or occasional job?	☐☐ **Weeks** 97 = NOT ASKED 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	
I2015	**(Ask if code 1 in I2001)** On average, how many days a week do/did you work in your main job?	☐☐ **Days** 97 = NOT ASKED 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	
I2016	**(Ask if code 1 in I2001)** On average, how many hours a day do/did you work in your main job?	☐☐ **Hours** 97 = NOT ASKED 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	

I2017	**(Ask if code 1 in I2001)** In this main job, do/did you receive any retirement or pension benefits in addition to your payment in cash or in kind?	1 YES 5 NO 7 = NOT ASKED 8 = REFUSED (VOL.) 9 = DON'T KNOW (VOL.)	
I2018	**(Ask if code 1 in I2001)** In this main job, do/did you receive any medical services or health care benefits in addition to your payment in cash or in kind?	1 YES 5 NO 7 = NOT ASKED 8 = REFUSED (VOL.) 9 = DON'T KNOW (VOL.)	
I2019	**(Ask if code 1 in I2001)** In this main job, do/did you receive any food or provisions benefits in addition to your payment in cash or in kind?	1 YES 5 NO 7 = NOT ASKED 8 = REFUSED (VOL.) 9 = DON'T KNOW (VOL.)	
I2020	**(Ask if code 1 in I2001)** In this main job, do/did you receive any cash bonuses benefits in addition to your payment in cash or in kind?	1 YES 5 NO 7 = NOT ASKED 8 = REFUSED (VOL.) 9 = DON'T KNOW (VOL.)	
I2021	**(Ask if code 1 in I2001)** In this main job, do/did you receive any further benefits in addition to your payment in cash or in kind?	1 YES 5 NO 7 = NOT ASKED 8 = REFUSED (VOL.) 9 = DON'T KNOW (VOL.)	
I2022	**(Ask if code 1 in I2001)** Have you worked at more than one job over the last 12 months?	1 YES 5 NO 7 = NOT ASKED 8 = REFUSED (VOL.) 9 = DON'T KNOW (VOL.)	
I2023	**(ASK ALL)** Do you have any other sources of income aside from money earned from working?	1 YES 5 NO 8 = REFUSED (VOL.) 9 = DON'T KNOW (VOL.)	If code 1 go to I2024 Others go to I3001
I2024	**(ASK IF CODE 1 IN I2023)** Do you receive a pension, benefit, or any other payment due to an illness, injury, or a disability?	1 YES 5 NO 7 = NOT ASKED 8 = REFUSED (VOL.) 9 = DON'T KNOW (VOL.)	

Module 3000A: ENVIRONMENTAL FACTORS

HINDERING OR FACILITATING ENVIRONMENT

I am going to ask you some general questions about your environment.
I would like to know if the environment makes it easy or hard for you to do things you need or want to do. Some people do not have any difficulties doing these things, while others have many severe difficulties. We need to ask these questions to everyone so that we can get complete and accurate information to better know about the needs of the Afghan People.
I want you to answer the following questions on a scale from 1 to 5, where 1 means very easy, 2 means easy, 3 means neither easy nor hard, 4 means hard, and 5 means very hard, shown on SHOWCARD 002.

To what extent…		1 Very easy	2 Easy	3 Neither Easy nor Hard	4 Hard	5 Very hard	8 Ref (vol.)	9 DK (Vol.)	95 Not applicable
I3001	Does your workplace or educational institution make it easy or hard for you to work or learn?	1	2	3	4	5	8	9	95
I3002	Do health facilities you need regularly make it easy or hard for you to use them?	1	2	3	4	5	8	9	95
I3003	Do places where you socialize and engage in community activities make it easy or hard for you to do this?	1	2	3	4	5	8	9	95
I3004	Do the shops, banks and post office in your neighbourhood make it easy or hard for you to use them?	1	2	3	4	5	8	9	95
I3005	Do your regular places of worship make it easy or hard for you to worship?	1	2	3	4	5	8	9	95
I3006	Does the transportation you need or want to use make it easy or hard for you to use it?	1	2	3	4	5	8	9	95
I3007	Does your dwelling make it easy or hard for you to live there?	1	2	3	4	5	8	9	95
I3008	Does the toilet of your dwelling make it easy or hard for you to use it?	1	2	3	4	5	8	9	95
I3009	Do the temperature, terrain, and climate of the place you usually live make it easy or hard for you to live there?	1	2	3	4	5	8	9	95
I3010	Do the lighting, noise, and crowds in your surroundings make it easy or hard for you to live there?	1	2	3	4	5	8	9	95

ASSISTANCE, ASSISTIVE PRODUCTS AND MEDICINES			
I3011	Do you have someone to help you with day-to-day activities that you are physically unable do yourself?	1 YES 5 NO 8 = REF (VOL.) 9 = DK (VOL.)	
I3012	Do you use any assistive products, such as glasses or a cane?	1 YES 5 NO 8 = REF (VOL.) 9 = DK (VOL.)	

I3013	Do you take medicines on a regular basis?	1 YES 5 NO 8 = REF (VOL.) 9 = DK (VOL.)	

SUPPORT AND RELATIONSHIPS

Now I would like to ask you some questions about your relationships.
Please answer these on a scale from 1 to 5, where 1 means it's very easy for you to get help, 2 means easy, 3 means neither easy nor hard, 4 means hard, and 5 means it's very hard for you to get help, shown on SHOWCARD 002.

Should you need help, how easy is it for you to get help from:		1 Very easy	2 Easy	3 Neither Easy nor Hard	4 Hard	5 Very hard	8 Ref (vol.)	9 DK (Vol.)	95 Not applicable
I3014	a close family member (including your spouse)	1	2	3	4	5	8	9	95
I3015	friends and co-workers	1	2	3	4	5	8	9	95
I3016	neighbours	1	2	3	4	5	8	9	95

Now I am going to ask you questions about close relationships. By a close relationship I mean one in which you are comfortable talking about personal affairs, can get help from, or enjoy spending leisure time with. When answering these questions please tell me on a scale from 1 to 5 where 1 is very close and 5 is not at all close, shown on SHOWCARD 003.

How close is your relationship with…		1 Very close	2 Close	3 Not too close, not too far	4 Not really close	5 Not close at all	8 Ref (vol.)	9 DK (Vol.)	95 Not applicable
I3017	Spouse	1	2	3	4	5	8	9	95
I3018	Family members	1	2	3	4	5	8	9	96
I3019	Friends and co-workers	1	2	3	4	5	8	8	95
I3020	Neighbours	1	2	3	4	5	8	9	95

With how many people do you have a close relationship …

I3021	in your family		98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	Number _____
I3022	among your friends and co-workers		98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	Number _____
I3023	among your neighbours		98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	Number _____

ATTITUDES OF OTHERS TO YOU

Now I want to ask you some questions about the attitudes of people around you. When answering these questions please tell me on a scale from 1 to 5 where 1 is not at all and 5 means completely.
INTERVIEWER: USE SHOWCARD 004.

	1 Not at all	2 A little	3 Moderately	4 Very Much	5 Completely	8 Ref (vol.)	9 DK (Vol.)	95 Not applicable

I3024	Can you participate in family decisions?	1	2	3	4	5	8	9	95
I3024	Can you participate in family decisions?	1	2	3	4	5	8	9	95
I3025	Do you have problems getting involved in society because of the attitudes of people around you?	1	2	3	4	5	8	9	95
I3026	Do you feel that some people treat you unfairly?	1	2	3	4	5	8	9	95
I3027	Do you make your own choices about your day-to-day life? For example, where to go, what to do, what to eat.	1	2	3	4	5	8	9	95
I3028	Do you get to make the big decisions in your life? For example, like deciding where to live, or who to live with, how to spend your money.	1	2	3	4	5	8	9	95
I3029	Do you feel that other people accept you?	1	2	3	4	5	8	9	95
I3030	Do you feel that other people respect you? For example, do you feel that others value you as a person and listen to what you have to say?	1	2	3	4	5	8	9	95
I3031	Do you consider yourself a burden on society?	1	2	3	4	5	8	9	95
I3032	Do people around you tend to become impatient with you?	1	2	3	4	5	8	9	95
I3033	Do people around you not expect much from you?	1	2	3	4	5	8	9	95

I3034	Is living with dignity a problem for you because of the attitudes and actions of others?	1	2	3	4	5	8	9	95
ACCESSIBILITY TO INFORMATION									
I3035	To what extent do you have access to the information you need or want?	1	2	3	4	5	8	9	95
I3035a	Do you have a mobile phone?	1 YES 5 NO 8 = REF (VOL.) 9 = DK (VOL.)							
I3035b	Do you use internet?	1 YES 5 NO 8 = REF (VOL.) 9 = DK (VOL.)							

Module 4000: FUNCTIONING

In this module I want to understand the kinds of problems you experience in your life. By problems I mean not getting things done in the way you want to or not getting them done at all. These problems may arise because of your health or because of the environment in which you live. They may arise because of the attitudes or behaviours of people around you. In order to get accurate information about the health needs of the people of Afghanistan, we need to ask all questions in this section to everyone, even if they do not have major health problems. We thank you for your patience during this section.

Please think about the last 30 days (or month), taking both good and bad days into account. For each question, please tell me how much of a problem it is for you on a scale from 1 to 5. 1 means no problem at all, and 5 means an extreme problem.

INTERVIEWER: USE SHOWCARD 005.

		1 No problem at all	2 Only a little problem	3 SW of a problem	4 A problem	5 Extreme prob-lem/ cannot do at all	8 Ref (vol.)	9 DK (Vol.)
MOBILITY								
I4001	How much of a problem is standing up from sitting down for you?	1	2	3	4	5	8	9
I4002	How much of a problem is standing for long periods such as 30 minutes for you?	1	2	3	4	5	8	9
I4003	How much of a problem is getting out of your home for you?	1	2	3	4	5	8	9
I4004	How much of a problem is walking a short distance such as a 100m for you?	1	2	3	4	5	8	9

I4005	How much of a problem is walking a kilometre for you?	1	2	3	4	5	8	9
I4006	How much of a problem is engaging in vigorous activities for you, such as running or working long hours in the field?	1	2	3	4	5	8	9
I4007	How much of a problem is getting where you want to go for you?	1	2	3	4	5	8	9
HAND AND ARM USE								
I4008	How much of a problem is doing things that require the use of your hands and fingers, such as picking up small objects or opening a container?	1	2	3	4	5	8	9
I4009	How much of a problem is raising a 2 litre bottle of water from waist to eye level?	1	2	3	4	5	8	9
SELF-CARE								
I4010	How much of a problem is being clean and dressed?	1	2	3	4	5	8	9
I4011	How much of a problem is eating? *Please take into account your health and people who help you, any assistive products you use or any medication you take.*	1	2	3	4	5	8	9
I4012	How much of a problem is toileting?	1	2	3	4	5	8	9
I4013	How much of a problem is cutting your toenails?	1	2	3	4	5	8	9
I4014	How much of a problem is looking after your health, eating well, exercis-ing or taking your medicines?	1	2	3	4	5	8	9
Please take into account your health and people who help you, any assistive products you use or any medication you take.								
SEEING								
I4015	How much of a problem do you have with seeing at a distance?	1	2	3	4	5	8	9
I4016	How much of a problem do you have with seeing at arm's length?	1	2	3	4	5	8	9
HEARING								

I4017	How much of a problem do you have with hearing what is said in a conversation with another person in a quiet room?	1	2	3	4	5	8	9
I4018	How much of a problem do you have with hearing what is said in a conversation with another person in a noisy room?	1	2	3	4	5	8	9
PAIN								
I4019	How much of a problem is having pain in your day-to-day life for you?	1	2	3	4	5	8	9
ENERGY AND DRIVE								
I4020	How much of a problem do you have with sleep?	1	2	3	4	5	8	9
I4021	How much of a problem is feeling tired and not having enough energy?	1	2	3	4	5	8	9
BREATHING								
I4022	How much of a problem do you have with shortness of breath?	1	2	3	4	5	8	9
I4023	How much of a problem do you have with coughing or wheezing?	1	2	3	4	5	8	9
AFFECT (DEPRESSION AND ANXIETY)								
I4024	How much of a problem do you have with feeling sad, low or de-pressed?	1	2	3	4	5	8	9
I4025	How much of a problem do you have with felling worried, nervous or anxious?	1	2	3	4	5	8	9
Please continue taking into account your health and people who help you, any assistive products you use or any medication you take.								
INTERPERSONAL RELATIONSHIPS								
I4026	How much of a problem is getting along with people who are close to you, including your family and friends?	1	2	3	4	5	8	9
I4027	How much of a problem is dealing with people you do not know?	1	2	3	4	5	8	9

I4028	How much of a problem is initiating and maintaining friendships?	1	2	3	4	5	8	9
I4029	How much of a problem do you have with intimate relationships?	1	2	3	4	5	8	9
HANDLING STRESS								
I4030	How much of a problem is handling stress, such as controlling the important things in your life?	1	2	3	4	5	8	9
I4031	How much of a problem is coping with all the things you have to do?	1	2	3	4	5	8	9
Please remember to take into account your health and people who help you, any assistive products you use or any medication you take.								
COMUNICATION								
I4032	How much of a problem do you have with being understood, using your usual language?	1	2	3	4	5	8	9
I4033	How much of a problem do you have with understanding others, using your usual language?	1	2	3	4	5	8	9
COGNITION								
I4034	How much of a problem is forgetfulness for you?	1	2	3	4	5	8	9
I4035	How much of a problem is remembering to do the important things in your day-to-day life?	1	2	3	4	5	8	9
I4036	How much of a problem is finding solutions to day-to-day problems that you might have?	1	2	3	4	5	8	9
HOUSEHOLD TASKS								
I4037	How much of a problem do you have with getting your household tasks done?	1	2	3	4	5	8	9
I4038	How much of a problem do you have with managing the money you have?	1	2	3	4	5	8	9
COMMUNITY AND CITIZENSHIP PARTICIPATION								
I4039	How much of a problem do you have with doing things for relaxation or pleasure?	1	2	3	4	5	8	9

I4040	How much of a problem do you have with joining community activities, such as festivities, religious or other activities?	1	2	3	4	5	8	9
I4041	How much of a problem do you have in engaging in local or national politics and in civil society organizations, such as community jurgas or other activities?	1	2	3	4	5	8	9
I4042	How much of a problem did you have with voting in the last elections?	1	2	3	4	5	8	9

Please remember to take into account your health and people who help you, any assistive products you use or any medication you take.
For each question, please tell me how much of a problem it is for you on a scale from 1 to 5. 1 means no problem at all, and 5 means an extreme problem.
INTERVIEWER: USE SHOWCARD 005.

CARING FOR OTHERS		1 No problem at all	2 Only a little problem	3 SW of a problem	4 A problem	5 Extreme problem/ cannot do at all	8 Ref (vol.)	9 DK (vol.)	95 Not applicable
I4043	How much of a problem do you have providing care or support for others?	1	2	3	4	5	8	9	95
WORK & SCHOOLING									
I4044	How much of a problem do you have with applying for and getting a job?	1	2	3	4	5	8	9	95
I4045	*INTERVIEWER: If the respondent is currently not working, select the response option 97, Not applicable.* How much of a problem is getting things done as required at work?	1	2	3	4	5	8	9	95
I4046	How much of a problem do you have getting a formal or informal education?	1	2	3	4	5	8	9	95

I4047	*INTERVIEWER: If the respondent is currently not receiving education, select the response option 97, Not applicable.* How much of a problem is getting things done as required at school?	1	2	3	4	5	8	9	95
I4048	How much of a problem is using public or private transportation?	1	2	3	4	5	8	9	95

Module 5000: HEALTH CONDITIONS

I have asked you many questions about kinds of problems you experience in your life. We need to ask these questions of everyone, whether or not they experience these problems. We thank you for your patience and cooperation.
The next questions ask about difficulties you may have doing certain activities only because of your HEALTH.
Please think about the last 30 days taking both good and bad days into account.
Now thinking only about your health I want you to answer these questions **WITHOUT taking into account any help.**
INTERVIEWER: USE SHOWCARD 009

		1 Very good	2 Good	3 Moderate	4 Bad	5 Very bad	8 Ref (vol.)	9 DK (vol.)
I5001	I will start with a question about your overall health, including your physical and your mental health: In general, how would you rate your health today?	1	2	3	4	5	8	9

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. I want you to answer the following questions on a scale from 1 to 4 where 1 means no difficulty and 4 means you cannot do the activity.		1 No, no difficulty	2 Yes, some difficulty	3 Yes, a lot of difficulty	4 Cannot do at all	8 Ref (vol.)	9 DK (vol.)
WG1	Do you have difficulty seeing, even if wearing glasses?	1	2	3	4	8	9
WG2	Do you have difficulty hearing, even if using a hearing aid?	1	2	3	4	8	9
WG3	Do you have difficulty walking or climbing steps?	1	2	3	4	8	9
WG4	Do you have difficulty remembering or concentrating?	1	2	3	4	8	9
WG5	Do you have difficulty (with self-care such as) washing all over or dressing?	1	2	3	4	8	9
WG6	Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?	1	2	3	4	8	9

I want you to answer the following questions on a scale from 1 to 5 where 1 means no difficulty and 5 means extreme difficulty or you are unable to do the activity.
INTERVIEWER: USE SHOWCARD 006.

CARING FOR OTHERS		1 No difficulty	2 A little bit	3 Moderate amount	4 A lot	5 Extreme or unable	8 Ref (vol.)	9 DK (vol.)	95 Not Applicable
I5002	How much difficulty do you have moving around because of your health?	1	2	3	4	5	8	9	
I5003	How much difficulty do you have learning a new task because of your health?	1	2	3	4	5	8	9	
I5004	Because of your health, how much difficulty do you have toileting?	1	2	3	4	5	8	9	
I5005	Because of your health, how much difficulty do you have on starting, sustaining and ending a conversation?	1	2	3	4	5	8	9	
I5006	Because of your health, how much difficulty do you have doing things that require the use of your hands and fingers, such as picking up small objects or opening a container?	1	2	3	4	5	8	9	
I5007	How much difficulty do you have sleeping because of your health?	1	2	3	4	5	8	9	
I5008	How much difficulty do you have with shortness of breath because of your health?	1	2	3	4	5	8	9	
I5009	How much difficulty do you have doing household tasks because of your health?	1	2	3	4	5	8	9	95
I5010	How much difficulty do you have providing care or support for others because of your health?	1	2	3	4	5	8	9	95
I5011	Because of your health, how much difficulty do you have with joining community activities, such as festivities, religious or other activities?	1	2	3	4	5	8	9	95

I5012	*INTERVIEWER: If the respondent is not working or receiving education, select the response option 95, Not applicable.* How much difficulty do you have with your day-to-day work or school because of your health?	1	2	3	4	5	8	9	95
I5013	To what extent do you feel sad, low or depressed because of your health?	1	2	3	4	5	8	9	
I5014	To what extent do you feel worried, nervous or anxious because of your health?	1	2	3	4	5	8	9	
I5015	Because of your health, how much difficulty do you have getting along with people who are close to you, including your family and friends?	1	2	3	4	5	8	9	
I5016	Because of your health, how much difficulty do you have coping with all the things you have to do?	1	2	3	4	5	8	9	
I5017	How much bodily aches or pains do you have?	1	2	3	4	5	8	9	

I want to ask you now about diseases or health conditions you currently have. **a. Do you have *[DISEASE NAME]*?** *INTERVIEWER: Proceed with questions b, c and d only for diseases endorsed in question a.* **b. Have you ever been told by a doctor (or another health professional) that you have *[DISEASE NAME]*?** **c. In the last 12 months, have you been given any medication for *[DISEASE NAME]*?** **d. In the last 12 months, have you been given any other treatment for *[DISEASE NAME]*?** ***(Show SHOWCARD 007 TO RESPONDENT – circle 1 or 5)***		(a) Presence Yes = 1 No = 5 8 = REF (VOL.) 9 = DK (VOL.)	(b) Diagnosis Yes = 1 No = 5 8 = REF (VOL.) 9 = DK (VOL.)	(c) Medication Yes = 1 No = 5 8 = REF (VOL.) 9 = DK (VOL.)	(d) Treatment Yes = 1 No = 5 8 = REF (VOL.) 9 = DK (VOL.)
I5018	Vision loss	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5019	Hearing loss	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9

I5020	High blood pressure (Hypertension)	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5021	Diabetes	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5022	Arthritis, arthrosis	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5023	Heart disease, coronary disease, heart attack	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5024	Chronic bronchitis or Emphysema	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5025	Asthma, allergic respiratory disease	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5026	Back pain or disc problems	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5027	Migraine (recurrent headaches)	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5028	Stroke, e.g. cerebral bleeding	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5029	Depression	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5030	Anxiety	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5031	Leprosy	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5032	Amputation	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5033	Polio	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5034	Gastritis or Ulcer	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5035	Tumour or Cancer (including blood cancer)	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5036	Trauma *Interviewer: Trauma relates to road traffic accidents or events/accidents in the home or school that resulted in bodily injury limiting activities*	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5037	Dementia	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5038	Kidney diseases	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5039	Skin diseases, e.g. Psoriasis	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5040	Tuberculosis	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9

I5041	Mental (psychiatric) or behavioural disorders	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5042	Sleep problems	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5043	Tinnitus (ringing, roaring, or buzzing in your ears that lasts for 5 minutes or longer over the last 12 months)	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
I5044	Other (specify) _____	1 5	1 5	1 5	1 5
I5045	Other (specify) _____	1 5	1 5	1 5	1 5
I5046	Other (specify) _____	1 5	1 5	1 5	1 5

Module 3000B: PERSONAL ASSISTANCE, ASSISTIVE PRODUCTS AND FACILITATORS			
Personal Assistance			
INTERVIEWER: If I3011=1 (yes) go to I3036; if I3011=5 (no) go to I3039.			
I3036	**(Filtered)** You told me that there are people assisting you. How many of these people are paid or belong to charity organizations?	[ ] 97 = NA 98 = REF (VOL.) 99 = DK (VOL.)	
I3037	**(Filtered)** How many of these people are not paid, such as family members, friends or volunteers?	[ ] 97 = NA 98 = REF (VOL.) 99 = DK (VOL.)	
I3038	**(Filtered)** You told me that there are people assisting you. Do you think you need additional assistance with your day to day activities at home or outside?	1 Yes 5 No 7 = NA 8 = REF (VOL.) 9 = DK (VOL.)	
I3039	**(Filtered)** You told me that there are no people assisting you. Do you think you need someone to assist you?	1 Yes 5 No 7 = NA 8 = REF (VOL.) 9 = DK (VOL.)	

Assistive products and modifications		
B3013	**(ASK ALL)** Do you currently use any of these assistive products? We need to ask this question to everyone in order to gather complete and accurate information. *INTERVIEWER: USE show card B004 and circle all mentioned products.*	If 1, 98, or 99 go to B3017 Others go to B3014

1) None 2) Canes or walking sticks 3) Crutches, axillary or elbow 4) Orthosis, lower limb, upper limb or spinal 5) Tricycle 6) Pressure relief cushions 7) Prosthesis, lower limb 8) Walking frame or rollator 9) Chair for the shower, bath or toilet 10) Therapeutic footwear; diabetic, neuropathic, orthopedic		11) Manual wheelchair 12) Electric wheelchair 13) Incontinence products 14) Magnifier 15) Spectacles 16) White cane 17) Hearing aids 18) Communication boards, books or cards 19) Products for memory support (for example, pill organizer) 20) Other (specify): _____ 98 = REF (VOL.) 99 = DK (VOL.)
B3014	(Ask if uses assistive products in B3013) To what extent do your assistive products make your life easier?	1 Not at all 2 A little 3 Moderately 4 Very much 5 Completely 97= Not Asked 98= Refused (vol) 99= Don't know (vol)
B3015	**(Ask if uses assistive products in B3013)** Do you face any problems using your assistive product(s)? INTERVIEWER: circle all mentioned answers	
1) None 2) Assistive product is not the right size 3) Assistive product is not appropriate for your home or surroundings 4) Assistive product is not safe 5) Assistive product is not helpful 6) Assistive product is not comfortable 7) Assistive product is a self-made, temporary solution 8) Assistive product needs maintenance or replacements that are not available		9) Assistive product is broken 10) No one showed you how to use the assistive product 11) Assistive product is complicated to use 12) You need help from another person to use the assistive product 13) You share the assistive product with other persons 14) You find your assistive product embarrassing 15) You feel like people treat you differently when you use the assistive product 16) Other (specify): _____ 97 = Not asked 98 = REF (VOL.) 99 = DK (VOL.)
B3016	**(Ask if uses assistive products in B3013)** In addition to what you use, do you think you need any other assistive products? Which ones? *INTERVIEWER: USE show card B004 and circle all mentioned products.*	If 1, go to I3060. If other than 1, go to B3018

	1) None 2) Canes or walking sticks 3) Crutches, axillary or elbow 4) Orthosis, lower limb, upper limb or spinal 5) Tricycle 6) Pressure relief cushions 7) Prosthesis, lower limb 8) Walking frame or rollator 9) Chair for the shower, bath or toilet 10) Therapeutic footwear; diabetic, neuropathic, orthopedic	11) Manual wheelchair 12) Electric wheelchair 13) Incontinence products 14) Magnifier 15) Spectacles 16) White cane 17) Hearing aids 18) Communication boards, books or cards 19) Products for memory support (for example, pill organizer) 20) Other (specify): _____ 97 = Not Asked 98 = REF (VOL.) 99 = DK (VOL.)
B3017	**(Ask if code 1 in B3013)** You told me you do not use assistive products. What assistive products, if any, do you think you need? *INTERVIEWER: USE show card B004 and circle all mentioned products.*	
	1) None 2) Canes or walking sticks 3) Crutches, axillary or elbow 4) Orthosis, lower limb, upper limb or spinal 5) Tricycle 6) Pressure relief cushions 7) Prosthesis, lower limb 8) Walking frame or rollator 9) Chair for the shower, bath or toilet 10) Therapeutic footwear; diabetic, neuropathic, orthopedic	11) Manual wheelchair 12) Electric wheelchair 13) Incontinence products 14) Magnifier 15) Spectacles 16) White cane 17) Hearing aids 18) Communication boards, books or cards 19) Products for memory support (for example, pill organizer) 20) Other (specify): _____ 97 = Not Asked 98 = REF (VOL.) 99 = DK (VOL.)
B3018	**(Ask if code 1 in B3013)** Which reason(s) best explains why you did not have the product you need? *INTERVIEWER: circle all mentioned answers*	

1) You did not know about the assistive product 2) Assistive product is not available in your country or region 3) You cannot afford the cost of the assistive product 4) Available assistive products are not appropriate for your home or surroundings 5) Available assistive products are not safe 6) Available assistive products are not helpful 7) Available assistive products are not comfortable 8) Available assistive products are too complicated to use 9) You did not know where to go to get the assistive product	10) You did not get the approval you needed to get the assistive product 11) You thought you would not be eligible to get the assistive product 12) No one is available to show you how to use the assistive product 13) Appropriate transportation is not available to get the assistive product 14) You need assistance to use the assistive product, but assistance is not available 15) You would feel embarrassed if you had the assistive product 16) People would treat you differently if you had the assistive product 17) My family does not want me to use the assistive product 18) Other (specify): _____ 97 = Not Asked 98 = REF (VOL.) 99 = DK (VOL.)

Facilitators			
WORK or SCHOOL			
INTERVIEWER: The question is stated only if the respondent is working OR if the respondent is receiving education. If else, select Not Applicable and go to I3070.			
I3060	Are there any assistive products or modifications that make it easier for you to work or get an education, such as a computer with large print, barrier free washrooms or transportation, modified working hours or extra time for exams?	1 Yes 5 No 8 = REF (VOL.) 9 = DK (VOL.) 95 Not Applicable	If 5 go to I3063
I3062	**(Ask if YES in I3060)** In addition to what you already have or use: do you think there are any other things that would make it easier for you to work or get an education?	1 Yes 5 No 7 = Not Asked 8 = REF (VOL.) 9 = DK (VOL.) 95 Not Applicable	
I3063	**(Ask if No in I3060)** You told me you have no assistive products or modifications that make it easier for you to work or get an education. Do you think you need any assistive product or modification?	1 Yes 5 No 7 = Not Asked 8 = REF (VOL.) 9 = DK (VOL.) 95 Not Applicable	
AT HOME			
I3070	Are there any modifications that make it easier for you to be at home, such as ramps, grab bars, or any other accessibility features?	1 Yes 5 No 8 = REF (VOL.) 9 = DK (VOL.) 95 Not Applicable	If 5 go to I3073

I3073	**(Ask if NO in I3070)** You told me you have no assistive products or modifications that make it easier for you to be at home. Do you think you need any modifications?	1 Yes 5 No 7 = Not Asked 8 = REF (VOL.) 9 = DK (VOL.) 95 Not Applicable	
I3072	In addition to these, do you think there are any other things that would make it easier for you at home?	1 Yes 5 No 7 = Not Asked 8 = REF (VOL.) 9 = DK (VOL.) 95 Not Applicable	
IN THE COMMUNITY			
I3075	Are there any modifications that make it easier for you to participate in community activities such as accessible public transportation or accessible public toilets?	1 Yes 5 No 8 = REF (VOL.) 9 = DK (VOL.) 95 Not Applicable	
I3077	**(Ask if Code 1 in I3075)** In addition to these, do you think there are any other things that would make it easier for you to participate in community activities?	1 Yes 5 No 7= Not Asked 8 = REF (VOL.) 9 = DK (VOL.) 95 Not Applicable	
I3078	**(Ask if code 5 in I3075)** You told me you have no modifications that make it easier for you to participate in the community. Do you think you need any modifications to make it easier to participate in community activities?	1 Yes 5 No 7= Not Asked 8 = REF (VOL.) 9 = DK (VOL.) 95 Not Applicable	

Module 6000: HEALTH CARE UTILISATION			
I would now like to know about your recent experiences with obtaining health care from health care workers, hospitals, clinics and the health care system. I want to know if you needed health care recently, and if so, why you needed health care and what type of health care provider you received care from.			
I6001	**(ASK ALL)** How long ago was the last time you needed health care? *INTERVIEWER: This can be inpatient or outpatient care. If less than one month ago, enter "00" for years and "00" for months. If less than 1 year ago, write number of months. If 1 year or more ago, write number of years.*	☐☐ years ago……go to OR ☐☐ months ago……go to 96 never……go to 98 = REF (VOL.) OR 99 = DK (VOL.) ……go to	 I6003 I6003 I7001 I6002

I6002	**(Ask if 98 or 99 in I6001)** Was it within the last 3 years?	1 Yes 5 No 7 = Not asked 8 = REF (VOL.) 9 = DK (VOL.)	If 1 go to I6003 If 5, 8 or 9 go to I7001
	(Ask if respondent needed healthcare 3 years ago or less in I6001 or code 1, needed healthcare within the last 3 years in I6002) Thinking about health care you needed in the last 3 years, where did you go most often when you felt sick or needed to consult someone about your health? *INTERVIEWER: Only one answer allowed.*	1 PRIVATE DOCTOR'S OFFICE 2 PRIVATE CLINIC OR HEALTH CARE FACILITY 3 PRIVATE HOSPITAL 4 PRIVATE REHABILITATION FACILITY 5 PUBLIC CLINIC OR HEALTH CARE FACILITY 6 PUBLIC HOSPITAL 7 PUBLIC REHABILITATION FACILITY 8 CHARITY OR CHURCH RUN CLINIC 9 CHARITY OR CHURCH RUN HOSPITAL 10 TRADITIONAL HEALER [MULLAH, ETC] 11 PHARMACY OR DISPENSARY 87 OTHER, SPECIFY: 97 = Not Asked 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	

INPATIENT CARE			
The next two questions ask about any overnight stay in a hospital, rehabilitation facility or other health care facility you have had in the last 3 years			
I6004	**(Ask if respondent needed healthcare 3 years ago or less in I6001 or code 1,needed healthcare in the last 3 years in I6002)** In the last 3 years, have you ever stayed overnight in a hospital, rehabilitation facility or long-term care facility?	1 Yes, a hospital 2 Yes, a rehabilitation facility 3 Yes, long term care facility 4 All 5 No .....➞ 7= Not Asked 8 = REFUSED (VOL.) 9 = DON'T KNOW (VOL.)	If 5, go to I6010
I6005	**(Ask if stayed in a facility in I6004)** When was the last overnight stay in a hospital, rehabilitation facility or long-term care facility? *INTERVIEWER: Please enter month and year. If less than one month ago, enter "00" for years and "00" for months.*	☐☐ years ago ☐☐ months ago 97 = NOT ASKED 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	If 98, 99, or more than 3 years ago, go to I6010
Now I would like to know about more recent times - if you've had any overnight stays in a hospital or other type of health care facility in the last 12 months.			
	(Ask if less than three years ago in I6005) Over the last 12 months, how many different times were you a patient in a hospital, rehabilitation facility or long-term care facility overnight for at least one night?	☐☐ times 97 = NOT ASKED 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	If "00" (no overnight stays), go to I6010

I6007	**(Ask if stayed overnight in facility at least 1 time in I6006)** In the last 12 months, has there been a time when you needed to stay overnight in a health care facility but did not get that care?	Yes = 1 No = 5 .....➞ 7 = Not asked 8 = REF (VOL.) 9 = DK (VOL.)	If 1 go to I6008 If 5, go to I6010
I6008	**(Ask if YES in I6007)** What was the main reason you needed care, but did not get care? *INTERVIEWER: Respondent can select ONLY one main reason for visit. USE SHOWCARD 008. Enter the number of the option selected.*	☐☐ 97 = NOT ASKED 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	
1 COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TUBERCULOSIS, HIV) *2 MATERNAL AND PERINATAL CONDITIONS (PREGNANCY) (ASK ONLY WOMEN)* *3 NUTRITIONAL DEFICIENCIES* *4 ACUTE CONDITIONS (DIARRHOEA, FEVER, FLU, HEADACHES, COUGH, OTHER)* *5 INJURY (NOT WORK RELATED, SEE 8 BELOW)* *6 SURGERY* *7 SLEEP PROBLEMS* *8 OCCUPATION/WORK RELATED CONDITION/INJURY* *9 CHRONIC PAIN IN YOUR JOINTS/ARTHRITIS (JOINTS, BACK, NECK)*		*10 DIABETES OR RELATED COMPLICATIONS* *11 PROBLEMS WITH YOUR HEART INCLUDING UNEXPLAINED PAIN IN CHEST* *12 PROBLEMS WITH YOUR MOUTH, TEETH OR SWALLOWING* *13 PROBLEMS WITH YOUR BREATHING* *14 HIGH BLOOD PRESSURE / HYPERTENSION* *15 STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY* *16 GENERALIZED PAIN (STOMACH, MUSCLE OR OTHER NONSPECIFIC PAIN)* *17 DEPRESSION OR ANXIETY* *18 CANCER* *87 OTHER, SPECIFY:*	
I6009	**(Ask if YES in I6007)** Which reason(s) best explains why you did not get health care? *INTERVIEWER: Circle all that the respondent indicates.*	1 COULD NOT AFFORD THE COST OF THE VISIT 2 NO TRANSPORT AVAILABLE 3 COULD NOT AFFORD THE COST OF TRANSPORT 4 YOU WERE PREVIOUSLY BADLY TREATED 5 COULD NOT TAKE TIME OFF WORK OR HAD OTHER COMMITMENTS 6 THE HEALTH CARE PROVIDER'S DRUGS OR EQUIPMENT WERE INADEQUATE 7 THE HEALTH CARE PROVIDER'S SKILLS WERE INADEQUATE 8 YOU DID NOT KNOW WHERE TO GO 9 YOU TRIED BUT WERE DENIED HEALTH CARE 10 YOU THOUGHT YOU WERE NOT SICK ENOUGH 87 OTHER, SPECIFY: 97 = NOT ASKED 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	
OUTPATIENT CARE AND CARE AT HOME			
Now I will shift away from questions about overnight stays to questions about health care you received that did not include an overnight hospital stay. The following questions are about care you received at a hospital, rehabilitation facility, health centre, clinic, private office or at home, from a health care worker, but where you did not stay overnight.			
I6010	**(ASK ALL)** Over the last 12 months, did you receive any health care NOT including an overnight stay in hospital, rehabilitation facility or long-term care facility?	Yes = 1 No = 5 .....➞ 8 = REF (VOL.) 9 = DK (VOL.)	If 1, go to I6011 If 5, go to I6021

I6011	**(Ask if YES in I6010)** In total, how many times did you receive health care or consultation in the last 12 months?	☐☐ times 97= Not Asked 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)
I6012	**(Ask if YES in I6010)** Thinking about your last visit to a health care facility in the last 12 months: Which facility did you visit? INTERVIEWER: Read out responses, circle one option only.	1 Private doctor's office 2 private clinic or health care facility 3 private hospital 4 private rehabilitation facility 5 public clinic or health care facility 6 public hospital 7 public rehabilitation facility 8 charity or church run hospital 9 home visit 87 OTHER, SPECIFY: 97=Not Asked 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)
I6013	**(Ask if YES in I6010)** What was the name of this health care facility?	Write name verbatim: _____ 97=Not Asked 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)
I6014	**(Ask if YES in I6010)** Thinking about your last visit to a health care provider in the last 12 months: Who was the health care provider you visited?	1 MEDICAL DOCTOR (INCLUDING SURGEON, GYNAECOLOGIST, PSYCHIATRIST, OPHTHALMOLOGIST, ETC.) 2 NURSE/MIDWIFE
	INTERVIEWER: After this question substitute the type of health care provider selected by the patient when you see [health care provider] in brackets.	3 DENTIST 4 PHYSIOTHERAPIST OR CHIROPRACTOR 5 PSYCHOLOGIST 6 TRADITIONAL MEDICINE PRACTITIONER (USE LOCAL NAME) 7 PHARMACIST, DRUGGIST 8 HOME HEALTH CARE WORKER 97=Not Asked 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)
I6015	**(Ask if YES in I6010)** *What was the sex of the **[health care provider]?***	1 Male 2 Female 7=Not Asked
I6016	**(Ask if YES in I6010)** Was this visit to ***[health care provider]*** for a chronic (ongoing) condition, new condition, both or routine check-up?	1 Chronic 2 New 3 Both 4 Routine check-up 7=Not Asked 8 = REFUSED (VOL.) 9 = DON'T KNOW (VOL.)

I6017	**(Ask if YES in I6010)** Which reason best describes why you needed this visit? INTERVIEWER: Respondent can select only ONE main reason for visit. USE SHOWCARD 008. Enter the number of the option selected.	☐☐ 97=Not Asked 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	
1 COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TUBERCULOSIS, HIV) *2 MATERNAL AND PERINATAL CONDITIONS (PREGNANCY)* *3 NUTRITIONAL DEFICIENCIES* *4 ACUTE CONDITIONS (DIARRHOEA, FEVER, FLU, HEADACHES, COUGH, OTHER)* *5 INJURY (NOT WORK RELATED, SEE 8 BELOW)* *6 SURGERY* *7 SLEEP PROBLEMS* *8 OCCUPATION/WORK RELATED CONDITION/INJURY* *9 CHRONIC PAIN IN YOUR JOINTS/ARTHRITIS (JOINTS, BACK, NECK)*		10 DIABETES OR RELATED COMPLICATIONS 11 PROBLEMS WITH YOUR HEART INCLUDING UNEXPLAINED PAIN IN CHEST 12 PROBLEMS WITH YOUR MOUTH, TEETH OR SWALLOWING 13 PROBLEMS WITH YOUR BREATHING 14 HIGH BLOOD PRESSURE / HYPERTENSION 15 STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY 16 GENERALIZED PAIN (STOMACH, MUSCLE OR OTHER NONSPECIFIC PAIN) 17 DEPRESSION OR ANXIETY 18 CANCER 87 OTHER, SPECIFY:	
I6018	**(Ask if YES in I6010)** In the last 12 months, was there a time when you needed health care that did not require overnight stay in a health care facility, but did not get care?	Yes = 1 No = 5 .....➞ 7=Not Asked 8 = REFUSED (VOL.) 9 = DON'T KNOW (VOL.)	If 1, go to I6019 If 5, go to I6020
I6019	**(Ask if YES in I6018)** What was the main reason you needed care, even if you did not get care? *INTERVIEWER: Respondent can select ONLY one main reason for visit. USE SHOWCARD 008. Enter the number of the option selected.*	☐☐ 97=Not Asked 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)	
1 COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TUBERCULOSIS, HIV) *2 MATERNAL AND PERINATAL CONDITIONS (PREGNANCY)* *3 NUTRITIONAL DEFICIENCIES* *4 ACUTE CONDITIONS (DIARRHOEA, FEVER, FLU, HEADACHES, COUGH, OTHER)* *5 INJURY (NOT WORK RELATED, SEE 8 BELOW)* *6 SURGERY* *7 SLEEP PROBLEMS* *8 OCCUPATION/WORK RELATED CONDITION/INJURY* *9 CHRONIC PAIN IN YOUR JOINTS/ARTHRITIS (JOINTS, BACK, NECK)*		*10 DIABETES OR RELATED COMPLICATIONS* *11 PROBLEMS WITH YOUR HEART INCLUDING UNEXPLAINED PAIN IN CHEST* *12 PROBLEMS WITH YOUR MOUTH, TEETH OR SWALLOWING* *13 PROBLEMS WITH YOUR BREATHING* *14 HIGH BLOOD PRESSURE / HYPERTENSION* *15 STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY* *16 GENERALIZED PAIN (STOMACH, MUSCLE OR OTHER NONSPECIFIC PAIN)* *17 DEPRESSION OR ANXIETY* *18 CANCER* *87 OTHER, SPECIFY:*	

I6020	Which reason(s) best explains why you did not get health care? *INTERVIEWER: Circle all that the respondent indicates.*	1 Could not afford the cost of the visit 2 No transport available 3 Could not afford the cost of transport 4 You were previously badly treated 5 Could not take time off work or had other commitments 6 The health care provider's drugs or equipment were inadequate 7 The health care provider's skills were inadequate 8 You did not know where to go 9 You tried but were denied health care 10 You thought you were not sick enough 87 Other, specify: 97=Not Asked 98 = REFUSED (VOL.) 99 =DON'T KNOW (VOL.)

RESPONSIVENESS OF HEALTH CARE SYSTEM

Now I would like you to think about your most recent visit again. I want to know your impressions of your most recent visit for health care. I would like you to rate your experiences using the following questions.
INTERVIEWER: USE SHOWCARD 009.

For your last visit to a health care provider, how would you rate the following:		Very good	Good	Neither good nor bad	Bad	Very bad	8 Ref (vol.)	9 DK (Vol.)
I6021	... the amount of time you waited before being attended to?	1	2	3	4	5	8	9
I6022	...your experience of being treated respectfully?	1	2	3	4	5	8	9
I6023	…how clearly health care providers explained things to you?	1	2	3	4	5	8	9
I6024	…your experience of being involved in making decisions for your treatment?	1	2	3	4	5	8	9
I6025	...the way the health services ensured that you could talk privately to providers?	1	2	3	4	5	8	9
I6026	...the ease with which you could see a health care provider you were happy with?	1	2	3	4	5	8	9
I6027	...the cleanliness in the health facility?	1	2	3	4	5	8	9

We would like to finish this Module by asking you two questions about your satisfaction with the health system in your country.
INTERVIEWER: USE SHOWCARDS 009 and 010.

I6028	In general, how satisfied are you with how the health care services are run in your country [in your area] – are you very satisfied, satisfied, neither satisfied nor dissatisfied, fairly dissatisfied, or very dissatisfied?	1 Very satisfied	2 Satisfied	3 Neither satisfied nor dissatisfied	4 Dissatisfied	5 Very dissatisfied	8 Ref (vol.)	9 DK (Vol.)

I6029	How would you rate the way health care in your country involves you in deciding what services it provides and where it provides them?	1 Very good	2 Good	3 Neither good nor bad	4 Bad	5 Very bad	8 Ref (vol.)	9 DK (Vol.)

Module 7000: WELL-BEING

QUALITY OF LIFE

I will now ask you questions about how you rate your quality of life in general and in other areas of your life. Please think about your life in the past 30 days. Please keep in mind your standards, hopes, pleasures and concerns.
INTERVIEWER: USE SHOWCARDS 009, 010, 004

I7001	In the past 30 days, how would you rate your quality of life?	1 Very good	2 Good	3 Neither good nor bad	4 Bad	5 Very bad	8 Ref (vol.)	9 DK (Vol.)
		1 Very satisfied	2 Satisfied	3 Neither satisfied nor dissatisfied	4 Dissatisfied	5 Very Dissatisfied	8 Ref (vol.)	9 DK (Vol.)
I7002	How satisfied are you with your health?	1	2	3	4	5	8	9
I7003	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5	8	9
I7004	How satisfied are you with yourself?	1	2	3	4	5	8	9
I7005	How satisfied are you with your personal relationships?	1	2	3	4	5	8	9
I7006	How satisfied are you with the conditions of your living place?	1	2	3	4	5	8	9
		1 Not at all	2 A little	3 Moderately	4 Very Much	5 Completely	8 Ref (vol.)	9 DK (Vol.)
I7007	Do you have enough energy for everyday life?	1	2	3	4	5	8	9
I7008	Do you have enough money to meet your needs?	1	2	3	4	5	8	9
The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way.		1 Never	2 Rarely	3 Sometimes	4 Often	5 Always	8 Ref (vol.)	9 DK (Vol.)

I7009	How alone do you feel in your life?	1	2	3	4	5	8	9
I7010	How often do you feel that you lack companionship?	1	2	3	4	5	8	9
I7011	How often do you feel left out?	1	2	3	4	5	8	9
I7012	How often do you feel isolated from others?	1	2	3	4	5	8	9

Module 8000: EMPOWERMENT								
Now I would like to ask some questions about how you see yourself. *INTERVIEWER: USE SHOWCARD 004.*		1 Not at all	2 A little	3 Moderately	4 Very Much	5 Completely	8 Ref (vol.)	9 DK (Vol.)
I8011	To what extent are you confident you can find the means and ways to get what you want if someone opposes you?	1	2	3	4	5	8	9
I8012	To what extent are you confident that you could deal efficiently with unexpected events?	1	2	3	4	5	8	9
I8013	Do you think that the problems you have told me about have made you a stronger person?	1	2	3	4	5	8	9
I8014	Do you think that the problems you have told me about have made you more determined to reach your goals?	1	2	3	4	5	8	9
I8015	Do you need someone to stand up for you when you have prob-lems?	1	2	3	4	5	8	9
I8016	Do you worry about what might happen to you in the future? For example, thinking about not being able to look after yourself, or being a burden to others in the future.	1	2	3	4	5	8	9
I8017	Do you feel in control of your life? For example, do you feel in charge of your life?	1	2	3	4	5	8	9
I8018	Are you satisfied with your ability to communicate with other people? For example, how you say things or get your point across, the way you understand others, by words or signs.	1	2	3	4	5	8	9
I8019	Are you satisfied with the opportunities you get for social activities? For example, with the chances you get to meet friends, go out for a meal, go to a party, etc.	1	2	3	4	5	8	9

I8020	Do you feel that you will be able to achieve your dreams, hopes, and wishes?	1	2	3	4	5	8	9

Module 9000: INTERVIEWER OBSERVATIONS						
I9001	WAS SOMEONE ELSE PRESENT DURING THE INTERVIEW?					1 Yes 5 No
I9002	WHAT WAS THE RESPONDENT'S LEVEL OF COMPREHENSION OF THE SURVEY QUESTIONNAIRE?	1 Very high	2 High	3 Average	4 Low	5 Very low
I9003	WHAT IS YOUR ASSESSMENT OF THE RESPONDENT'S COMFORT LEVEL WITH THE QUESTIONNAIRE?	1 Very high	2 High	3 Average	4 Low	5 Very low

M-17A. Time End □□ : □□

CHILD QUESTIONNAIRE

I2 KISH GRID NUMBER

[ACSOR to include instructions here for CHILD KISH GRID]

Include all children, both boys and girls, between the ages of 2 and 18 in the Kish grid. If a child under age 14 is selected, please interview their primary caregiver. If a child age 14 or over is selected, please interview the child themselves.

1) Include both boys and girls in the Kish grid. A male and female interviewer should both be present.
2) If the 1st child selected by the Kish grid refuses or is not available, you may select a replacement child. This is different from most surveys that ACSOR runs. Go to the next column in the Kish grid to the right and interview the child or caregiver for the child selected in that column. If your pre-selected Kish grid number is 1 for this interview, go to column 10. Do this only in the case of refusal or non-availability.
3) If a teenager ages 14-17 is unable to take the survey because of disabililty, or because they lack the physical or mental capacity, a caregiver can assist them or take the survey for them. However, they should answer all questions about the selected respondent.

Module CHILDREN **M-15C. Time Child Interview Began** ☐☐: ☐☐		
Interviewer: this Module should be filled in for a randomly selected child living in the household older than 2 years. Replace in the questions ***[NAME]*** by the first name of the child.		
H0102a	Sampling Point: _____	
H0102b	Starting Point/Team:	1 2 3
H2028a	Interviewer ID for Child Interview	☐☐☐☐☐☐
H2028b	INTERVIEWER: Enter person number of the child recorded in the HH roster	[ ]
H2028c	INTERVIEWER: Enter person number of the respondent recorded in the HH roster	[ ]
H2028d	Is this the original respondent selected in the Kish grid or a replacement respondent?	1 = Original 2 = Replacement

In this Module I want to collect information on health problems and difficulties ***[NAME]*** may experience in day to day life. Let me now ask about things or people that may assist ***[NAME]*** and the environment in which ***[NAME]*** lives.

		Comments

C2001	Does **[NAME]** have someone to assist her or him with day to day activities at home or outside other than the usual family support?	1 Yes 5 No 8 = REF (VOL.) 9 = DK (VOL.) 95 = NA	
C2002	Does **[NAME]** use any aids to help him or her to get around or to help him or her with self-care, such as cane, crutch, wheelchair, grasping bars, hand, and arm brace?	1 Yes 5 No 8 = REF (VOL.) 9 = DK (VOL.) 95=NA	
C2003	Does **[NAME]** use anything to help him or her see better, such as glasses?	1 Yes 5 No 8 = REF (VOL.) 9 = DK (VOL.) 95=NA	
C2004	Does **[NAME]** use anything to help him or her hear or communicate better?	1 Yes 5 No 8 = REF (VOL.) 9 = DK (VOL.) 95=NA	
C2005	Does **[NAME]** take medicines on a regular basis?	1 Yes 5 No 8 = REF (VOL.) 9 = DK (VOL.)	
C2006	Are there things that make it easier for **[NAME]** at school, such as extra time for exams or barrier free classrooms?	1 Yes 5 No 8 = REF (VOL.) 9 = DK (VOL.) 95=NA	
C2007	Are there things that make it easier for **[NAME]** at home, such as ramps, grab bars, or modified bathrooms?	1 Yes 5 No 8 = REF (VOL.) 9 = DK (VOL.)	
C2008	Are there things that make it easier for **[NAME]** to participate in activities outside home?	1 Yes 5 No 8 = REF (VOL.) 9 = DK (VOL.)	

Please answer the following questions on a scale from 1 to 5, where 1 means very easy and 5 means very hard. *INTERVIEWER: USE SHOWCARD 002*		1 Very easy	2 Easy	3 Neither Easy nor Hard	4 Hard	5 Very hard	8 Ref (vol.)	9 DK (Vol.)	95 Not applicable
C2009	Does **[NAME]**'s educational institution make it easy or hard for him or her to learn?	1	2	3	4	5	8	9	95

C2010	Do places where [NAME] meets with other children or engage in community activities make it easy or hard for **[NAME]** to do this?	1	2	3	4	5	8	9	95
C2011	Does the transportation **[NAME]** needs or wants to use make it easy or hard for [NAME] to use it?	1	2	3	4	5	8	9	95
C2012	Does your dwelling, including the toilet, make it easy or hard for **[NAME]** to live there?	1	2	3	4	5	8	9	95
C2013	Does **[NAME]** feel that other children or adolescents respect him or her?	1	2	3	4	5	8	9	95

I now want to ask you about the problems ***[NAME]*** may have.
Take into account ***[NAME]***s health and all aspects of the environment that may help or hinder ***[NAME]***. Please also take into account the attitudes or behaviours of people.

Please think about the last 30 days taking both good and bad days into account.
Tell me again for each question how much of a problem does ***[NAME]*** have on a scale from 1 to 5 where 1 means no problem and 5 means extreme problem. INTERVIEWER: USE SHOWCARD 005

		1 No problem at all	2 Only a little problem	3 SW of a problem	4 A problem	5 Extreme problem/ cannot do at all	8 Ref (Vol.)	9 Don't know (Vol.)	95 Not Applicable
	MOBILITY								
C2014	Compared with children of the same age, how much of a problem is walking for ***[NAME]***?	1	2	3	4	5	8	9	95
C2015	Compared with children of the same age, how much of a problem is doing things that require the use of hands and fingers for ***[NAME]***, such as picking up and holding small objects?	1	2	3	4	5	8	9	95
	SEEING								

C2016	How much of a problem is seeing things at a distance, such as across the street for ***[NAME]***?	1	2	3	4	5	8	9	95
	HEARING								
C2017	How much of a problem is hearing for ***[NAME]***?	1	2	3	4	5	8	9	95
	PAIN								
C2018	How much of a problem is having pain for ***[NAME]***?	1	2	3	4	5	8	9	
	ENERGY AND DRIVE								
C2019	How much of a problem is for ***[NAME]*** not having enough or having too much energy?	1	2	3	4	5	8	9	
	BREATHING								
C2020	How much of a problem is shortness of breath for ***[NAME]***?	1	2	3	4	5	8	9	
	AFFECT								
C2021	How much of a problem does ***[NAME]*** have with feeling sad, low or depressed?	1	2	3	4	5	8	9	95
C2022	How much of a problem does ***[NAME]*** have with feeling worried, nervous or anxious?	1	2	3	4	5	8	9	95

Please keep taking into account people who help ***[NAME]***, any assistive devices ***[NAME]*** uses or any medication ***[NAME]*** takes. Tell me again for each question how much of a problem does ***[NAME]*** have on a scale from 1 to 5 where 1 means no problem and 5 means extreme problem. INTERVIEWER: USE SHOWCARD 005

		1 No problem at all	2 Only a little problem	3 SW of a problem	4 A problem	5 Extreme problem/ cannot do at all	8 Ref (Vol.)	9 Don't know (Vol.)	95 Not Applicable
	SELF-CARE								
C2023	Compared with children of the same age, how much of a problem does ***[NAME]*** have with getting clean and dressed?	1	2	3	4	5	8	9	95
	BEHAVIOUR								

C2024	Compared with children of the same age, how much of a problem does ***[NAME]*** has with biting, kicking and hitting other children or adults?	1	2	3	4	5	8	9	95
C2025	Compared with children of the same age, how much of a problem does ***[NAME]*** have with controlling his or her behavior?	1	2	3	4	5	8	9	95
C2026	How much of a problem does ***[NAME]*** have with getting along with children of the same age?	1	2	3	4	5	8	9	95
	COMMUNICATION								
C2027	Compared with children of the same age, how much of a problem is for ***[NAME]*** understanding what you say?	1	2	3	4	5	8	9	95
C2028	How much of a problem do you have with understanding what ***[NAME]*** wants?								
C2029	Compared with children of the same age, how much of a problem does ***[NAME]*** have with understanding other people?	1	2	3	4	5	8	9	95
Please remember to take into account people who help [Name], any assistive devices [Name] uses or any medication ***[NAME]*** takes.									
LEARNING									
C2031	Compared with children of the same age, how much of a problem is learning the names of common objects for ***[NAME]***?	1	2	3	4	5	8	9	95
C2032	Compared with children of the same age, how much of a problem is learning to do new things for ***[NAME]***?	1	2	3	4	5	8	9	95
C2033	Compared with children of the same age, how much of a problem does ***[NAME]*** have with completing a task?	1	2	3	4	5	8	9	95
COPING WITH CHANGE									

C2034	Compared with children of the same age, how much of a problem does ***[NAME]*** have with changes in plans or routine?	1	2	3	4	5	8	9	95
SCHOOL									
C2035	How much of a problem is getting things done as required at school for ***[NAME]***?	1	2	3	4	5	8	9	95
PLAYING									
C2036	Compared with children of the same age, how much of a problem is playing with toys or household objects for ***[NAME]?***	1	2	3	4	5	8	9	95
C2037	Compared with children of the same age, how much of a problem does ***[NAME]*** have with playing with other children?	1	2	3	4	5	8	9	95
C2038	Compared with children of the same age, how much of a problem does ***[NAME]*** have with cooperating or sharing with other children?	1	2	3	4	5	8	9	95
COMMUNITY LIFE									
C2039	Compared with children of the same age, how much of a problem does ***[NAME]*** have with being part of community activities such as festivities, religious activities or sport events?	1	2	3	4	5	8	9	95

HEALTH PROBLEMS
The next questions ask about health problems ***[NAME]*** may have.

	a. Does [NAME] have any of the following health problems? *INTERVIEWER: PROCEED WITH QUESTIONS B, C AND D ONLY FOR DISEASES ENDORSED IN QUESTION A.* ***b. Have you ever been told by health professionals that [NAME] has [DISEASE NAME]?*** ***c. In the last 12 months, has [NAME] been given any medication for [DISEASE NAME]?*** ***d. In the last 12 months, has [NAME] been given any other treatment for [DISEASE NAME]?***	(a) Presence Yes=1 No=5 8 = REF (VOL.) 9 = DK (VOL.)	(b) Diagnosis Yes=1 No=5 7=NA 8 = REF (VOL.) 9 = DK (VOL.)	(c) Medication Yes=1 No=5 7=NA 8 = REF (VOL.) 9 = DK (VOL.)	(d) Treatment Yes=1 No=5 7=NA 8 = REF (VOL.) 9 = DK (VOL.)
C2040	Asthma or severe allergies	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2041	Heart condition or disease	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2042	Kidney condition or disease	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2043	Cancer	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2044	Diabetes	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2045	Epilepsy	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2046	Autism	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2047	Cerebral Palsy	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2048	Spina Bifida	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2049	Cystic Fibrosis	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2050	Muscular Dystrophy	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2051	Migraines	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2052	Arthritis or rheumatism	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2053	Paralysis of any kind	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2054	Missing or malformed arms, legs, fingers or toes	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9

C2055	Born to a mother who abused drugs or alcohol during pregnancy	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2056	Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2057	Down syndrome	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2058	Trauma of any kind *Interviewer: Trauma relates to road traffic accidents or events/accidents in the home, or school that resulted in bodily injury limiting activities*	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2059	Polio	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2060	Hearing loss	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2061	Vision loss	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2062	Depression or anxiety disorders	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9
C2063	Any other long-term condition: _____	1 5 8 9	1 5 7 8 9	1 5 7 8 9	1 5 7 8 9

The next questions ask about difficulties ***[NAME]*** may have only because of his or her HEALTH. By difficulties I mean ***[NAME]*** not getting things done in the way he or she wants to or not getting them done at all.
Please think about the last 30 days taking both good and bad days into account. Tell me for each question how much difficulty does ***[NAME]*** have on a scale from 1 to 5 where 1 means no difficulty and 5 means extreme difficulty or unable.
INTERVIEWER: USE SHOWCARD 006.

		1 None	2 A little bit	3 Moderate amount	4 Alot	5 Extreme or unable	8 Ref	8 DK
C2064	How much difficulty does ***[NAME]*** have seeing without glasses?	1	2	3	4	5	8	9
C2065	How much difficulty does ***[NAME]*** have hearing without hearing aids?	1	2	3	4	5	8	9
C2066	Compared with children of the same age, how much difficulty does ***[NAME]*** have walking because of his or her health?	1	2	3	4	5	8	9
C2067	Compared with children of the same age, how much difficulty does ***[NAME]*** have understanding you and others because of his or her health?	1	2	3	4	5	8	9
C2068	Compared with children of the same age, how much difficulty does ***[NAME]*** have learning because of his or her health?	1	2	3	4	5	8	9

C2069	Compared with children of the same age, how much difficulty does ***[NAME]*** have controlling his or her behaviour because of his or her health?	1	2	3	4	5	8	9
C2070	Compared with children of the same age, how much difficulty does ***[NAME]*** have completing a task because of his or her health?	1	2	3	4	5	8	9
C2071	Compared with children of the same age, how much difficulty does ***[NAME]*** have getting along with children because of his or her health?	1	2	3	4	5	8	9

M-16C. Time Child Interview Ended ☐☐ : ☐☐

Back Check & Quality Control Questions	
D-20.	Was the interview subject to quality control/back-check?
	1. Yes
	2. No
D-21.	Method of quality control/back-check
	1. Direct supervision during interview
	2. Back-check in person by supervisor
	3. Back-check from the central office
	4. Quality controlled by non-ACSOR monitoring team
	5. Not applicable
D-22.	Back Checker ID: _____
	9996: NA

5.4: WEIGHTING

Two weights were created for MDSA 2019. Each is calibrated to strata targets.

- RakedWgt: weights to national population per NSIA estimates
- RegionWgt: weights all regions to equal size for analysis

For each of these weights, an adjustment for response rates according to AAPOR's Response Rate 3 (RR3) was performed (defined below). Since this is a household-level survey, the survey is not weighted to gender.

Base Weight

The base weight, also referred to as the probability of selection weight or design weight, is computed simply as the inverse of the probability of selection for each respondent. However, a few assumptions are made in the sampling design that results in treating the sample as approximately EPSEM (equal probability of selection method).

Assumptions are as follows:

1. **All settlements are of equal size.** Since population estimates at the settlement level are unavailable and/or unreliable, the sample design draws settlements using a simple random sample (SRS). By assuming the settlements are of equal size the SRS condition of equal probabilities of selection holds true.
2. **The random route procedure is equivalent to a SRS of households and respondents.** Household enumeration is too time-consuming, cost-prohibitive, and dangerous to be completed in Afghanistan. Random route and Kish grid procedures are used instead for respondent selection. It is assumed that these procedures are equivalent to performing a SRS of households and respondents at the settlement level.

A fully EPSEM method results in a self-weighting design, or rescaled base weights of 1. However, base weights are still needed to correct for any disproportionate stratification that may be the result of rounding for the cluster design, or removal of interviews due to quality control. The base weights are thus computed as follows:

$$B_i = \left(\frac{n_i}{N_i}\right)^{-1}$$

B_i= probability of selection for a respondent
w_i= base weight for respondents
n_i= sample size in strata i
N_i= total population in strata i

Non-response Weight

An adjustment due to response rates according to AAPOR's Response Rate 3 (RR3) was performed.

1. Using the base-weighted data, response rates were estimated using the full data file. This file incorporates all disposition codes for each sampled household.

AAPOR's Response Rate 3 (RR3) is calculated as follows:

I/[(I+P) + (R+NC+O) + e(UH+UO)] where

- I = Completes
- P = Partials
- R = Refused
- NC = Non-contact
- O = Other
- e = Estimated proportion of cases of unknown eligibility that are eligible. Calculated in this case as eligible / (eligible + unknown eligibility).
- UH = Unknown Household
- UO = Unknown Other

2. These are then applied as weighting class adjustments to respondents within each Province[1] .
3. The non-response adjustment for each region was:

$$w_{non\text{-}response} = RR3^{-1}$$

Post Stratification

A post-stratification adjustment was performed on the resulting adjusted base weight to match the target population's geographic distribution of Afghanistan. The only targets used for that weighting was province by urban/rural status .

5.5: MARGIN OF ERROR AND DESIGN EFFECTS

Focusing on the portion of the sample that is probability based, the added variance from a multi-stage stratified cluster design can be estimated via a design effect estimates for the survey's variables, and in turn, used to estimate the complex margin of sampling error. Design effect estimates provided in this section account for both the complex sample design, as well as the weights[1]

- The sample was stratified by urban/rural status and province with two stages of clustering: district and settlement. For purposes of design effect estimation, only one stage of clustering is specified. Most of the additional variance is accounted for in the initial stage of clustering resulting in a negligible increase in design effect when two stages are defined.
- The design effect, for reporting purposes, is estimated by averaging six key questions of interest, WG1-6, which identify various types of disability and are published by the Washington Group on Disability Statistics, a group established under the United Nations (UN) Statistical Commission for the promotion and coordination of international

[2] The urban centers of some of the more rural provinces were included as their own strata and represent very small segments of the target population. As a result, cases from these strata have very small weights. The sample within these strata were allocated to ensure everyone that is part of the target population had a probability of being selected. Trimming was not done with these small weights in order to maintain a proportional to population estimates by strata weighted sample.

cooperation in the area of health statistics and data collection on disability. In the following table, we provide design effect estimates for each response category of these six key variables through the survey package in R.

- In an effort to provide a survey-wide design effect, a "weighted mean" design effect is calculated as the average across each response category of the variable when weighted by frequency of response.
- Final margin of error and design effect estimates achieved are shown in the table below

TABLE: COMPLEX MARGIN OF ERROR AND DESIGN EFFECT ESTIMATES

		National Weight				Regional Weight			
		mean	SE	deff	Weighted Mean deff	mean	SE	deff	Weighted Mean deff
WG1	No, no difficulty	0.833	0.004	1.946	1.89	0.817	0.005	2.851	2.77
	Yes, some difficulty	0.132	0.004	1.695		0.144	0.005	2.504	
	Yes, a lot of difficulty	0.027	0.002	1.290		0.029	0.002	1.793	
	Cannot do at all	0.005	0.001	2.425		0.006	0.001	3.724	
	REFUSED (VOL.)	0.000	0.000	NA		0.000	0.000	NA	
	DON'T KNOW (VOL.)	0.003	0.001	1.100		0.005	0.001	2.257	
WG2	No, no difficulty	0.839	0.004	2.118	2.08	0.822	0.005	2.727	2.69
	Yes, some difficulty	0.115	0.004	1.795		0.127	0.004	2.379	
	Yes, a lot of difficulty	0.037	0.002	2.203		0.040	0.003	2.690	
	Cannot do at all	0.005	0.001	2.769		0.006	0.001	4.297	
	REFUSED (VOL.)	0.000	0.000	1.020		0.000	0.000	1.082	
	DON'T KNOW (VOL.)	0.003	0.001	1.109		0.005	0.001	2.346	
WG3	No, no difficulty	0.709	0.005	1.775	1.69	0.689	0.006	2.471	2.35
	Yes, some difficulty	0.208	0.004	1.470		0.222	0.005	2.049	
	Yes, a lot of difficulty	0.068	0.003	1.582		0.073	0.003	2.216	
	Cannot do at all	0.009	0.001	1.313		0.009	0.001	1.827	
	REFUSED (VOL.)	0.000	0.000	NA		0.000	0.000	NA	
	DON'T KNOW (VOL.)	0.005	0.001	1.031		0.006	0.001	1.493	
WG4	No, no difficulty	0.692	0.005	1.768	1.7	0.660	0.007	2.781	2.69
	Yes, some difficulty	0.238	0.004	1.535		0.259	0.006	2.523	
	Yes, a lot of difficulty	0.054	0.002	1.710		0.061	0.003	2.773	
	Cannot do at all	0.007	0.001	1.197		0.009	0.001	1.740	
	REFUSED (VOL.)	0.000	0.000	NA		0.000	0.000	NA	
	DON'T KNOW (VOL.)	0.009	0.001	1.016		0.011	0.001	1.479	

WG5	No, no difficulty	0.826	0.004	1.955	1.89	0.805	0.006	2.822	2.7
	Yes, some difficulty	0.128	0.004	1.579		0.144	0.004	2.278	
	Yes, a lot of difficulty	0.038	0.002	1.613		0.041	0.002	2.133	
	Cannot do at all	0.005	0.001	1.066		0.005	0.001	1.400	
	REFUSED (VOL.)	0.000	0.000	NA		0.000	0.000	NA	
	DON'T KNOW (VOL.)	0.003	0.000	1.010		0.004	0.001	1.791	
WG6	No, no difficulty	0.810	0.005	1.912	1.87	0.782	0.006	2.877	2.83
	Yes, some difficulty	0.147	0.004	1.659		0.167	0.005	2.593	
	Yes, a lot of difficulty	0.034	0.002	1.842		0.040	0.003	3.009	
	Cannot do at all	0.006	0.001	1.442		0.007	0.001	2.260	
	REFUSED (VOL.)	0.000	0.000	1.013		0.000	0.000	0.940	
	DON'T KNOW (VOL.)	0.003	0.000	1.069		0.004	0.001	1.793	
	Grand Mean	**1.85**				**2.67**			
Assuming a Design Effect of 1.85 and p= 0.5, at the 95% CI level with n= 14290 the resulting complex MOE is 1.12%									
Assuming a Design Effect of 2.67 and p= 0.5, at the 95% CI level with n= 14290 the resulting complex MOE is 1.34%									

5.6: FIELD IMPLEMENTATION

Village Replacements

Two replicate sample draws were provided to the field team prior to the launch of fieldwork in order to limit systemic bias when replacing sampling points that are inaccessible due to security, harsh geography, transportation difficulties, or other reasons. The first draw serves as the initial list of sampling points where fieldwork is to be conducted. If the sampling point is inaccessible, field supervisors inform the central office of the reason for inaccessibility. The field supervisor then uses the first pre-assigned replicate, which is always a different village within the same district. If this village is also inaccessible, the process is repeated, and a second pre-assigned replicate is attempted. If the second replicate is also inaccessible, the next selected village is left to the discretion of the field managers and supervisors. In cases where settlement/nahia-level replacements are done in field by supervisors, neighboring accessible settlements are chosen as replacements whenever possible.

As of March 2019, when the sample was drawn for the April–May survey, 67% of the population lived in accessible districts, while 11% lived in districts accessible only to male interviewers, and 22% lived in totally inaccessible districts. However, because of the nature of the research design and the need to interview both male and female household members and caregivers of children, the sample was limited to districts that were accessible to both male and female interviewers, which encompassed 67% of the total Afghan population. Of 2,614 sampling points selected, a total of 437 villages from the main draw had to be replaced for a variety of reasons. This represents a total replacement rate of 18.1% for original sampling points. Of the 437 sampling points replaced in the 1st draw of the sample, 127 (29%) were replaced in the 2nd draw, 68 (16%) were replaced in the third draw, and 242 (55%) were replaced by the supervisor. The primary reason for replacement was due to Taliban presence in the village or other

security issues. Reasons for all replacements are summarized in the table below.

TABLE: REASONS FOR REPLACEMENTS

	Initial Draw		2nd Draw		3rd Draw	
Reason	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Security Issues/Taliban	296	67.7%	211	68.1%	174	71.9%
Accessibility/Weather	78	17.8%	65	21.0%	39	16.1%
Village Abandoned/Could Not Be Found	41	9.4%	21	6.8%	19	7.9%
Village-Level Refusal	13	3.0%	10	3.2%	2	0.8%
Village in Wrong District or Geographic Code	6	1.4%	3	1.0%	6	2.5%
Other	3	0.7%	0	0.0%	2	0.8%
TOTAL	437	100%	310	100%	242	100%

Contact Procedures

After selecting a household, interviewers were instructed to utilize a Kish grid for randomizing the target respondent within the household. Members of the household were listed with their names and age in descending order. The Kish grid provides a random selection criteria based on which visit the household represents in his or her random-walk and the number of inhabitants living in the household. Column numbers in the Kish grid that accompanies the questionnaire are pre-coded in order to help prevent fraud or convenience selection based on available people.

If the household refused to participate or was not available after three call-backs, the interviewer then moved on to the next household according to the random walk.

Typically, interviewers were required to make two call-backs before replacing the household. These call-backs are made at different times of the same day or on different days of the field period, in order to provide a broader schedule in which to engage the respondent. Due to security-related concerns, the field force had difficulty meeting the requirement of two call-backs prior to substitution in many rural areas. In this survey, while interviewers were able to complete some call-backs, the majority of the interviews were completed on the first attempt: First contact 98.9%; Second contact 0.9%; Third contact 0.2%. Due to large average household size, a high rate of unemployment, and choosing the appropriate time of day for interviewing, completion on the first attempt is common in Afghanistan.

Sample Disposition

The American Association for Public Opinion Research (AAPOR) publishes four different types of rate calculations used in AAPOR reporting (response rates, contact rates, cooperation rates, and refusal rates). We used AAPOR's Response Rate 3, Cooperation Rate 3, Refusal Rate 2, and Contact Rate 2 as their standards.

Acronyms used in the formulas;

I = Complete Interview
P = Partial Interview
R = Refusal and break-off
NC = Non-contact
O = Other
UH = Unknown if household/occupied household unit
UO = Unknown, other
e = Estimated proportion of cases of unknown eligibility that are eligible

$$\text{Response Rate 3} = \frac{I}{(I + P) + (R + NC + O) + e(UH + UO)}$$

$$\text{Cooperation Rate 3} = \frac{I}{(I + P) + R}$$

$$\text{Refusal Rate 2} = \frac{R}{(I + P) + (R + NC + O) + e(UH + UO)}$$

$$\text{Contact Rate 2} = \frac{(I + P) + R + O}{(I + P) + R + O + NC + e(UH + UO)}$$

See table below for an overview of contact and response rates. Overall, the cooperation rate was very high (95%) and refusal rate was only 4%.

TABLE: CONTACT AND RESPONSE RATES

CONTACT OUTCOMES			
ACSOR Code	**AAPOR Code**	**Description**	
Completed Interviews			
1	1.0/1.10	Interview was successfully completed	14520
Partial Interviews			
10	1.200	During interview, selected respondent refused (General)	58
11	1.200	During interview, selected respondent was not feeling informed to answer the questions	17
12	1.200	During interview, selected respondent got angry because of a question and aborted interview	18
13	1.200	During interview, selected respondent preferred head of household to be interviewed	19
14	1.2	During interview, selected respondent was in a hurry / no time	36

		Total Partials	148
Unknown Eligibility			
20	3.130	No answer at household	810
21	3.200	No adults (18+) at household	514
22	3.170	Unable to access building or house	140
23	3.210	Outright refusal at door	1459
		Total Unknown Household	2923
Non-contacts			
24	2.210	No one available to complete household roster	218
		Total Non-contacts	218
Others			
26	2.300	No HH members allowed to participate in the survey	5
36	2.320	No one at household physically or mentally able to complete household roster	12
37	2.332	No one at household able to complete household roster in languages available	12
90	2.360	Other	2
		Total Others	31
Refusals			
30	2.11	Household-level refusal (General)	314
31	2.11	No one in household feeling informed to answer the questions	128
32	2.11	Household informant got angry because of the subject matter	48
34	2.11	Selected respondent in a hurry / no time	189
		Total Refusals	679
Not Eligible			
40	4.7	Does not meet screening criteria / not eligible for interview	0
41	4.500	Non-residential (business) /abandoned home	410
		Total Not Eligible	410
Total		**Total Sampled Households**	18929

DISPOSITION RATES		
RATE	**FORMULA/CALCULATION**	**PERCENT**
Value for e	estimated proportion of cases of unknown eligibility that are eligible	0.974
Response Rate 3	I / (I+P)+(R+NC+O)+e(UH+UO)	78.72%
Cooperation Rate 3	I / (I+P+R)	94.61%
Refusal Rate 2	R / (I+P)+(R+NC+O)+e(UH+UO)	3.68%
Contact Rate 2	(I+P+R+O) / (I)+(R+NC+O)+e(UH+UO)	83.38%

5.7: INCIDENTS DURING FIELD WORK

15-April-2019
Helmand: Commander of the 215th Maiwand Military Corps' third brigade has been killed in a Taliban ambush in southern Helmand province, an official said Monday.
Maj. Sher Mohammad and another soldier were killed and two other soldiers were wounded in the attack, an official of the corps told Pajhwok Afghan News.
The source, who wished not to be named, said the incident took place in southern region of Naad Ali district on Sunday night.

Maj. Sher Mohammad was heading to a security post which was under attack for reinforcement when Taliban ambushed his vehicle, the official said.
Helmand governor's spokesman, Omar Zwak, confirmed the loss of the commander and two other soldiers, saying another two soldiers were wounded in the attack.
He said the Taliban also suffered heavy casualties in the battle that lasted almost two hours.
On the other hand, Taliban spokesman Qari Yousuf Ahmadi said that the fighters besides inflicting casualties on Afghan forces in Nad Ali also killed seven soldiers and destroyed two military tanks in Marja district.

Elsewhere in the province, three Afghan National Army (ANA) soldiers were killed by an infiltrator at a security post on the Kanahar-Lashkargah highway on Sunday night.
Omar Zwak said the infiltrator managed to flee after the attack. There were five soldiers in the post and their commander had gone to another post when the incident happened, he said.

Khost: Two would-be suicide bombers blew themselves up before reaching their target in southeastern Khost province, an official said on Monday.
National Directorate of Security Director Col. Mohammad Ashraf Safi told a press conference here that the incident happened in the Toshipla locality of Ismailkhel aw Mandozai district late on Sunday night.
He said the suicide bombers blew themselves up before reaching their target and both of them were killed. The Taliban have not yet commented on the incident.

Farah: Unidentified gunmen have blew up a major part of the building of Shaheed Benafsha High School in Farah City, the capital of western Farah province, an official said on Monday. Education Director Mohammad Azeem told Pajhwok Afghan News the bigger part of the school comprised of 14 classrooms has been destroyed by bombs.

The incident happened in the Tewsak village on Sunday night, he added. Around 800 girls study in the school and is considered one of the top quality school in Farah City. No group has so far claimed responsibility for the attack. However, the areas is said to be controlled by the Taliban. Earlier, in two more attacks, three classrooms of the schools were damaged.

16-April-2019
Herat: One person died and 17 others were missing after flash flood swept away the vehicle they were

travelling in Obe district of western Herat province, officials said on Tuesday. The Monday night floods hit Obe and ten other districts and damaged and blocked the Herat-Kandahar highway, said Ghulam Jilni Farhad, the governor's spokesman. He told Pajhwok Afghan News a civilian vehicle with 18 passengers aboard was swept away by a heavy flood in Obe district and later one occupant of the vehicle was found dead and the remaining 17, including women and children, were missing.
He said a rescue team found the dead person and was making efforts to find the rest. The flash floods also destroyed dozens of residential houses, hundreds of acres of farm land and killed hundreds of livestock, Farhad said. Hundreds of families have been displaced in Gozar district due to last night floods, he added. Floods also wrecked havoc in 10 other districts, destroying hundreds of houses, farm lands, gardens and bridges.
Meanwhile, Rahmuddin Sarwarzai, the Obe district chief, told Pajhwok that the fate of the 17 missing individuals remained unknown.

Kabul: At least 12 individuals, including a child, have been injured as a result of a magnetic bomb blast in southern Helmand province, an official said on Tuesday.
Omar Zwak, the governor's spokesman, told Pajhwok Afghan News that the incident took place in the Bazaar area of Greshk district at around 7pm on Monday night.
He accused militants if attaching magnetic bomb to a civilian vehicle. As the device went off, a dozen people were wounded. Governor Mohammad Yaseen Khan condemned the blast and ordered health officials to provide the best possible medical care to the injured. There was no immediate claim of responsibility for the explosion. Government officials often blame the Taliban for such attacks.

Farah: Unidentified gunmen have blown up the building of Naswan High School in Farah City, the provincial capital, an official said on Tuesday. Education Director Mohammad Azeem confirmed to Pajhwok the building of Naswan High School had been destroyed with bombs by unknown gunmen. On Monday, militants blew up the Shaheed Benafsha High School in the Tiawsak village of Farah City. Azeemi condemned the incident and said blowing up schools was the agenda of the enemy of education and enlighten.

Nangarhar: At least four members of a family, including two women were killed and seven others wounded when a mortar hits a house in the Shirzad district of eastern Nangarhar province late on Monday evening, an official said. Two women among four members of a family were killed and children and women among seven others wounded when the mortar shell fired by Taliban militants hit a civilian house in Margkhel locality of the district, Attaullah Khogyani, the governor's spokesman, told Pajhwok Afghan News. He said the mortar shell landed at the Haji Nadar's house in the area in which he was also killed.

Kunduz: Hundreds of Taliban stormed Kunduz City, the capital of northern Kunduz province, but the attack was repulsed and heavy casualties were inflicted on the rebels, a top security official claimed on Monday. Col. Manzoor Stanikzai, the provincial police chief, told Pajhwok Afghan News the Taliban wanted to overrun Kunduz City but their attempt was foiled. He said around 250 militants attacked the strategically important provincial capital but security forces stopped the fighters in their tracks.

Stanikzai added eight security forces were killed and 18 others injured while 20 militants were killed and as many wounded in the clashes.
Gen. Hilaluddin Helal, deputy defence minister who spearheaded the government response, said the Taliban aiming to overrun some major cities of the country to gain more influence at negotiating table. He said the attack was repulsed and the group suffered heavy losses. The situation in Kunduz City and on highways was normal and residents could move freely to their work, he continued.
The Taliban had been told to capture some cities, including the Kunduz capital, to get maximum attention and advantage at the negotiating table but they were unable to achieve their goal due to strict security measures, said Hilal. On Monday, the security forces announced reopening of the Kunduz-Takhar highway for traffic but threats still exist.

An official at the Civil Hospital, who wished to go unnamed, said 94 injured, including 50 military personnel, had been evacuated to the hospital. In addition, 18 bodies, including six of security personnel, had also been brought to the hospital.

Meanwhile, Taliban spokesman Zabihullah Mujahid acknowledged four fighters had been killed and six injured in Kunduz clashes. He claimed 63 security forces were also killed in the firefights.

Faryab: At least 32 Taliban insurgents, including three commanders, have suffered casualties during clashes in Daulatabad and Kohistan districts of northwestern Faryab province. Police spokesman Abdul Karim Yourish told Pajhwok Afghan News the militants were beaten back by security forces after they attacked the districts. The rebels suffered heavy casualties. The fighters launched a coordinated attack in Daulatabad district but faced strong resistance from the security forces. Eight rebels, including commanders Mullah Naeem, Qari Zubair and Mullah Tahir were killed, and 18 others wounded, he said. According to Yourish, two security personnel were slightly wounded. Cvilians suffered no casualties. But a credible source, speaking on the condition of anonymity, said nine security forces, including fuve army soldiers and four uprising members, were injured.

Abdul Ahad Ilbek, a member of the provincial council, said six Taliban insurgents, including Mullah Naeem, were killed, 13 rebels and seven security personnel wounded.
On the other hand, the governor's office confirmed that the rebels were defeated after they attacked the districts. One rebel was killed and two others were wounded.
Mohammad Naser, the Kohistan district police chief, said civilians suffered no casualties. The Taliban shot dead a civilian for alleged spying.Taliban have not yet commented in this regard.

17-April-2019
Nangarhar: At least 11 people were killed and six others injured, 266 houses washed away and over 2,000 acres of land destroyed by floods in some parts of eastern Nangarhar province, officials said on Wednesday.

Attaullah Khogyani, the governor's spokesman, told Pajhwok Afghan News that the floods caused by heavy rains fallen in different districts of the province late on Wednesday. Two women, two children and one man were killed and four injured after a tree fell on their house that collapsed its roof following

heavy flooding in Kakakhil , area of Rodat district. A man was killed and a woman and a child were injured when a thunderstorm hit a car in Haska Mina district, he said.

He said emergency response committee team held an emergency meeting today for discussing delivery of assistance to floods affected people in the province.
Khogyani said that floods also damaged more than 2,000 acres of farmland and 266 houses in the affected areas. On the other hand, victims of the disaster said the government did not yet made any assistance to them. More than 120 people have been died, dozens others injured and hundreds of families were displaced by recent floods in different parts of the country.

19-April-2019
Herat: Five personnel of the National Directorate of Security (NDS) were killed and three others injured in a blast in western Herat province late on Friday, according to a statement. NDS officials deducted a suspected vehicle and recovered explosives but during defusing the explosive the blast took place in which three personnel were killed and two others injured. But sources at Herat Zonal Hospital said five bodies and three injured had been shifted to the hospital from the site of the blast.
The source said the explosive placed inside a ranger vehicle which was brought to the NDS office. The Taliban claimed responsibility for the blast.

20-April-2019
Nangarhar: Taliban's deputy governor for eastern Nangarhar province has been killed along with other militants in Sherzad district, an official claimed on Saturday.
Attaullah Khogyani, the governor's spokesman, told Pajhwok Afghan News a drone of foreign forces struck the militants in the Marakikhel area of the district on Friday night.
He said Taliban's deputy governor Sheikh Zar Mohammad -- also known as Rahmani -- was killed along with some key commanders and members of the insurgent group in the overnight drone raid.

According to Khogyani, Taliban's deputy district chief Noorullah, commander of a 20-member group, Syed Jan, and commander Zabihullah were among 16 militants killed in the strike.

A Taliban judge, Mohammad Alam, and his brother were among 17 suspects wounded, he added. The militant movement has not yet commented on the drone attack.

20-April-2019
Kabul: One security official has been killed and three others have been wounded in a gun attack in the Kalakan district of Kabul. Khwaja Hanif Siddiqui, the administrative chief for Qarabagh district, told Pajhwok Afghan News on Sunday the incident took place on the Kabul-Parwan highway. He said that two police and army pick-ups, heading to Kabul, came under armed attack from unknown gunmen on Saturday night. One security man killed and three others were wounded in the assault. There has been no claim so far of responsibility for the attack.

Kunduz: Some residents of the capital of northeastern Kunduz province on Saturday expressed their concern over the Taliban's warning to leave their homes while police officials say the insurgent group

had no the ability to carry out any attack on the provincial center. Two days ago, Taliban militants have attacked security posts in Zarkharid and Saysad Family areas of the Kunduz city and caused causalities to a number of people and forced around 600 families to leave their homes. Gul Rahman, a resident of the Saysad Family area, told Pajhwok Afghan News that Taliban militants have told them to move their home to another place as soon as possible.

He said, "Taliban have announced in our local masque and told people home to home that they would start attacking military areas and the residents around such areas have to leave their homes." Mohammad Naeem, another resident of the Zarkharid locality, also told Pajhwok they were informed by Taliban militants to leave their residential buildings soon. He asked the government to conduct clearing operation against Taliban militants in their area, he said because they had no any other place to go again. A number of other residents had held similar views and urged the government for conducing operation against Taliban militants.

On the other hand, provincial police chief, Col. Manzoor Stanikzai, told Pajhwok that Taliban militants would not be able to carry out an attack again on Kunduz city. "Taliban by such allegation just want to create fear among people but I assure the people that Taliban would do nothing," he said. Taliban have not yet commented on this regard.
Kunduz is one of the country's unstable provinces and has fallen twice to the Taliban over the last few years.

24-April-2019
Takhar: At least 28 Taliban insurgents including some of the rebel commanders have been killed and 18 others wounded during an operation in northern Takhar province, officials said Wednesday. Col. Sayed Qurban Musavi, commander of 217 Pamir Military Corps told Pajhwok Afghan News that an operation of Afghan forces was underway in Dasht Kala district of Takhar from the last few days. He said 28 Taliban rebels were killed and 18 others wounded during a fight in Shahr-i-Kohna area on Tuesday night.
Taliban's designated governor for Baharak district, Mulavi Abdul Razaq and the insurgent group's commanders, Dost Mohammad Mesbah, Usmani, Mullah Noor and Mullah Hamza were among the dead. "These rebels had destabilized Mawra-i-Kukcha area and Dasht Kala district," he said. Takhar governor's spokesman, Jawad Hajri, told Pajhwok that Afghan forces recaptured huge areas from Taliban in Dasht Kala district.
"Afghan forces would build two new bases in Dasht Kala district in the near future," he said. Taliban did not comment about conflict in Dasht Kala district.

However, the Taliban's spokesman, Zabihullah Mujahid on last Monday said that their fighters hit an Afghan National Army (ANA) tank with a bomb. He had said that the tank was destroyed and four ANA soldiers onboard were killed in the incident.
The recent conflicts in Dasht Kala district forced around 2,000 families to leave their homes and take refuge in safe areas.

Kabul: Four local security personnel have been killed and three others injured in militants attack on check-posts in the Roea Du Ab district of northern Samangan province, an official said on Wednesday. A security

check-post was lost to the assailants during the three hours attack in the Nawroz village, said Local Security Forces Commander Mohammad Naeem. He added the Taliban were finally forced to repulse as a result of strong resistance from security forces. The Taliban have recently surged their presence in the Roei Du Ab district but it was the first time they attacked security forces check-point, he said.
Du Ab district is situated 129 kilometres from Aibak, the provincial capital and bordered Tala Wa Barfak and Dahna Ghori districts of Baghlan which are also unstable areas.

25-April-2019
Helmand: Residents of southern Helmand province on Thursday staged a protest rally against growing insecurity and urged the government to control the situation.
The demonstration by Lashkargah residents comes after police gunned down a young man in the provincial capital -- an incident that sparked anger among people, .
Haji Sherin Jan, one of the demonstrators, told Pajhwok Afghan News that at least five criminal incidents had happened in Lashkargah over the past few days.

"Yesterday, a young man named Baryalai was shot dead by police at a check-post after the policemen asked him to stop. The man was initially injured. He succumbed to his wounds in hospital," he explained.
Agha Gul, another resident, claimed criminal incidents had increased recently in the city but no action had been taken to rope in the outlaws. He asked the government to capture the killer of Baryalai and bring him to justice. Other protestors held a similar view and warned of a wider movement if criminal cases were not curbed. Provincial police chief Col. Ehsanuddin Helmandi confirmed Baryalai was killed by police on Wednesday.The killer has been detained and is currently under interrogation.

Kapisa: Residents of central Kapisa province on Thursday staged a protest against the government's apathy towards flood-affected people. The protestors closed the main highway for traffic, resenting the plight of flood victims and denouncing the authoritis' failure mitigate their situation. Khairullah, one of the protestors, told Pajhwok Afghan News that flash floods had hit many areas of Mahmood Raqi, the provincial capital, and caused financial losses. He said the areas were still under flood threat but the government had taken no preventive measure, leaving residents in a state of concern.
Ajmal, another demonstrator, said they had closed the main highway. As a result, he added, people could not move to Tagab, Nijrab, and Alasai districts.
He claimed the floods had swept away many homes and damaged farmland. The flooding also caused financial losses. Qais Qaderi, the governor's spokesman, said that survey teams had been sent to the area for assessing the losses. He said residents of Tagab, Nijrab, Alasai, 1stKohistan, and 2nd Kohistan also been affected by the floods. Non-food assistance has been provided to the affected families.

Kabul: At least five students were injured as a result of an explosion at a private university in Kabul on Thursday morning, an official said. Police spokesman Basir Mujahid told Pajhwok Afghan News an individual wanted to place an explosive device in a bathroom at the Jahan University. However, the bomb wenr off at around 10:30am before the arracker could reach the bathroom, the police spokesman said. He added the man who wanted to place the devices was killed and five students of the university were injured, who were evacuated to a nearby hospital. Mujahid said an investigation into the blast had

been conducted and further details if the incident would be shared with the media later on.

Helmand: Foreign forces killed 18 Taliban militants in a rocket strike in Sangin district of southern Helmand province late last night, the Afghan military said on Thursday.
The rocket attack targeted a compound which the Taliban used as bomb making factory and a training facility for suicide bombers, said a statement from the Afghan National Army's 215 Maiwand Military Corps. Another nine insurgents were injured in the attack, the statement said. Separately in the same province, Afghan intelligence forces confiscated 1200 kilograms of narcotics during a raid on a Taliban facility in Marja district. The spy service in a statement said its special forces raided the Taliban's arms and drugs depot and also seized five vehicles and some weapons and ammunition besides the drugs.

27-April-2019
Parwan: Hundreds of people on Saturday staged a protest rally in central Parwan province against what they said the killing of six civilians by security forces during a night time operation. The protesting residents claimed another 10 civilians were also wounded and 16 more captured by security forces during the last night operation.
But provincial police coordination center chief Alozai Ahmadi only confirmed the killing of three civilians in the operation and said six Taliban militants were also killed and 14 others wounded during the air-and-ground operation.
Hundreds of residents of Parwan, carrying the dead bodies, closed the Kabul-Parwan highway against traffic in Khalazai area in reaction to the casualties. Khan Baba, a resident of the area and a protestor, told Pajhwok Afghan News that security forces raided a residential house and also carried out an airstrike on it. He said six people were killed, including a man and his two nephews, and another 10 were wounded. The injured were evacuated to hospital. The security forces arrested 16 more individuals for their alleged links with Taliban insurgents. He was unaware about Taliban casualties in the overnight raid. The protestors demanded an early probe into the incident and called on the government to stop killing civilians in security forces' raids. Alozai Ahmadi said militants clashed with security forces in Qala Chinar and Khalaza areas of Charikar City, in which three civilians and six rebels were killed and 14 militants wounded. The Taliban have not yet commented in this regard.
Ghor: Nine security personnel were killed and five others injured in the Taliban's attack on security forces check-post in western Ghor province, an official said on Saturday.
Mirajan Ahmad, head of the provincial civil hospital, said nine bodies of security forces and five injured had been shifted to the hospital. Governor spokesman Abdul Hai Khatebi said the Taliban attack important check-post on the outskirts of the Ferozkoh City. He said security forces suffered casualties in the attack but did not provide the exact details. Provincial Council Member Abdul Basir Qaderi confirmed to Pajhwok the Taliban attack on security forces check-point situated 30-kilometre from Ferozkoh, the provincial capital. He said four security personnel were killed and two tanks burnet in the attack.

Baghlan: One person has been killed and five others wounded as a result of clash between police personnel and protestors in northern Baghlan province. On Thursday night, the Independent Election Commission (IEC) unveiled the final results of Wolesi Jirga elections of some provinces including, Baghlan province.

But hundreds resident of Baghlan province not only opposed the final results but also staged a protest rally where they closed the Kabul-north highway for traffic. Zabihullah, one of the protestors, told Pajhwok Afghan News "We have demonstrated for our right and the government should tolerate this." They said that security organs had arrested Wolesi Jirga runner Mahboobullah Ghafari in order to remove him from the final list and they staged rally for his release. Another demonstrator Maulvi Abdul Qayyum said the arrest of Ghafari and other accusations against him was only a plot for his removal from final list of Wolesi Jirga winners. "We will continue our civil movements until Ghafari is released," he added.
Earlier, the Ministry of Interior (MoI) has arrested former deputy chairman of the provincial council for Baghlan province in Kabul. Meanwhile, Haroon, a protestor, said that police personnel opened fire at protestors as a result one individual killed and six others wounded on Friday night. Deputy Head of public health department Dr. Abdul Halim Ghafari confirmed receiving a body and five injured from the protesting area.
Police spokesman Ahmad Javed Basharat regarding the issue said: "The MoI has ordered us not to talk to media in this regard without its permission."

Logar: Six Taliban have been killed and 16,500 kilograms of explosives recovered in security forces operation in central Logar province, a statement from the National Directorate of Security (NDS) said on Friday. Special Force Unit of the NDS conducted the raid on the Taliban depot in the Kharwar district of Logar, the statement said.
Five hand-held radios and 10 cell phones were also recovered in the raid the statement said.

28-April-2019
Farah: The Ministry of Defense (MoD) on Sunday claimed destroying 100,000 kilograms of narcotics during a special operation in Bakwah district of western Farah province. A statement from MoD received by Pajhwok Afghan News said that the narcotics were discovered during a joint operation of Afghan National Army (ANA) Special Forces and foreign forces. However, the source did not provide information about the exact date of the operation, but said the Taliban militants were involved in smuggling the narcotics. The Taliban did not comment on the regard yet.

Nangarhar: A tribal elder was killed and three other people injured when their car struck by a roadside bomb in eastern Nangarhar province on Sunday, an official said.
Governor's spokesman, Attaullah Khogyani, told Pajhwok Afghan News that the bomb targeted a Dotson model vehicle in Haska Mina district of the province today morning.
He said a tribal elder was killed and three other civilians wounded in the blast.
Those wounded were evacuated to hospital and they were in stable health condition, Khogyani concluded. No any groups have so far claimed responsibility for the attack.

Faryab: Local officials on Sunday said six people resisting against a Taliban attack have been killed and nine others wounded in Qaisar district of southwestern Faryab province.
Rahmatullah Qaisari, chief of Qaisar district told Pajhwok Afghan News that a former commander and five other people were killed and nine others wounded in a Taliban attack on Kohi village of the district on Saturday night.

He said the commander and the people were resisting against the Taliban and the rebels targeted them with night vision weapons. Mohammad Nader Big Sayedi, a provincial council member of Faryab who is a resident of Kohi village, said that those killed or independently resisting against the Taliban and they were not supported by the government. He said they have repeatedly asked the government to support the local people under an uprising group or Afghan Local Police (ALP) forces, but the government ignored their requests. Taliban did not comment on the incident so far.

30-April-2019
Farah: The Taliban have killed two policemen and an officer of the Special Police Force Unit in western Farah and northeastern Badakhshan provinces, officials said on Tuesday. Dadullah Qane, the Provincial Council Head, said the assailants who attacked policemen managed to escape by motorcycle. Local Taliban have acknowledged the two policemen were killed in their attack. Separately, personnel of the Special Police Force Unite Abdul Hafiz were killed in his village in Badakhshan province, an official said. Abdul Basir Chief, district chief of the Khash, said the officer arrived in his ancestral village to attend a wedding party. But he was killed in the Taliban ambush, he added.

Nangarhar: Twenty-two Daesh or Islamic State (IS) fighters have been killed during security operation in the Khogyani district of eastern Nangarhar province, officials said Tuesday.Governor spokesman Attaullah Khogyani, told Pajhwok Afghan News the Afghan Special Forces conducted operations in Zawai area of Khogyani district late on Monday.Over 20 Daesh rebels were killed and four training centers destroyed including weapons, ammunition, explosives and other logistics, he said. Separately, security forces arrested two persons with Kalashnikovs over alleged association with the Taliban in Chaparhar district, he said. Daesh militants have not commented on the incidents.

01-May-2019
Balkh: A policeman was killed and three civilians were wounded when a bomb blast ripped through a police vehicle in northern Balkh province on Tuesday evening, an official said. Police spokesman Adil Shah Adil told Pajhwok Afghan News the explosives were placed on a bicycle that went off near the Mazar-i-Sharif prison late Tuesday evening. He said a border policeman was killed and three civilians were hurt in the blast. There has been no immediate claim of responsibility for the blast.

04-May-2019
Kunar: At least 43 Daesh rebels, including Uzbek and Pakistani nationals, have been killed as a result of two airstrike by foreign forces in eastern Kunar province.
In a statement, the Ministry of Defense said the foreign forces, in coordination with the Afghan security personnel, targeted Islamic State (IS) training centres in Degal Sar area and Chapa Dara district. It added Ismail, in charge of the Uzbek militants who were previously associated with Al-Qaeda before joining the IS, was also killed in the air raids.

05-May-2019
Baghlan: The coordinated attack on the police headquarters in northern Baghlan province came to an end after all eight attackers involved in the assault were killed, the Ministry of Interior said on Sunday. MoI

spokesman Nasrat Rahimi told reporters in Kabul 13 police and all the eight attackers were killed and 34 police and 20 civilians were wounded in the assault. He said the brazen attack started at around 12pm and the attackers were laced with suicide vests and machine guns. First one of the attackers detonated an explosives-laden vehicle in front of the police headquarters in Pul-i-Khumri, the provincial capital, allowing the rest to enter the building. He said 13 police were killed and 35 others were wounded. Besides 20 civilians were also wounded in the attack that came to an end with the killing of the all the attackers. Earlier, sources the suicide blast followed a heavy gunfire. The coordinated attack in Pul-i-Khumri, started when a suicide bomber blew up explosives filled Humvee vehicle outside the police building at around 1 pm. Public Order Police commander Col. Ghulam Abbas said earlier seven attackers were involved in the assault. He said two attackers blew themselves up. Baghlan public health director Dr. Mohibullah Habib told Pajhwok that they had been so far delivered dozens of injured people, including civilians. He said the injured civilians included 13 women. The Taliban have claimed responsibility for the attack, with their spokesman Zabihullah Mujahid claiming the attack left nearly 100 security personnel killed and wounded. He said a clash was still ongoing between the fighters and security forces.

5.8: QUALITY CONTROL

Field Level

Thirty-five supervisors observed interviewer's work during field. Approximately 36% of the interviews were subject to some form of back-check.

The back-checks consisted of:

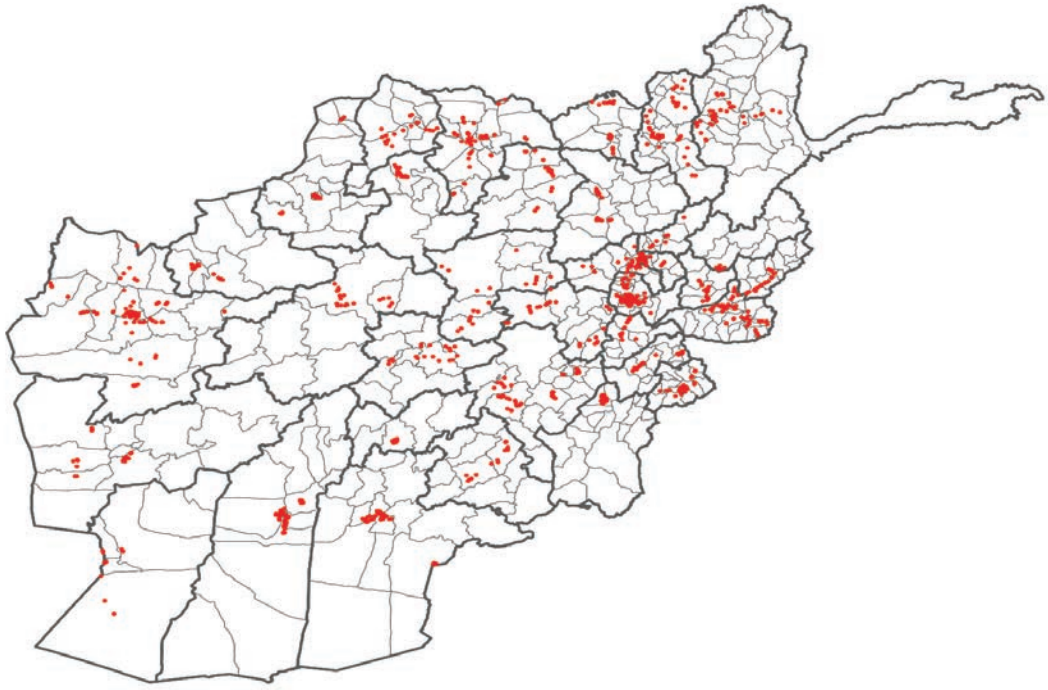
- Direct observation during the interview (686 interviews, 4.8%),
- A return visit to the residence where an interview took place by the supervisor (2,907 interviews, 20.3%),
- Quality control by an external validator (1,021 interviews, 7.1%).

The MDSA included third-party validation. ACSOR supervisors provided the fieldwork schedule to the validation team following the training briefings. The Foundation personnel also participated in validation for some sampling points. Validators and/or the Foundation personnel met with ACSOR interviewers during the field period and observed fieldwork to verify the correct administration of the survey, including of the starting point, the random walk, and respondent selection in 120 sampling points.

GPS Coordinates

In order to improve accuracy and verify fieldwork, interviewers collected GPS data using phones. GPS coordinates for 1,191 out of 1,210 sampling points (98.4%) were collected. See the figure below for a map of MDSA 2019 achieved sampling points; all regions and provinces had sampling coverage.

MDSA 2019 achieved sampling points



Coding, Data Entry, and Data Cleaning

Hard copies of questionnaires were returned to the central office in Kabul and were sorted and open-ended questions coded by a team of coders familiar with international standards for creating typologies for codes. During data entry, 15 cases were removed because of missing or misprinted pages. During the numbering process, the three sections of the questionnaire were stapled together to ensure that the three sections did not get separated during data entry and processing.

The questionnaires are then sent for data entry. All questionnaires were key-punched on-site to protect the data and closely control the quality of the data entry process. During this process, the keypunching team utilizes logic checks and verifies any errors inadvertently committed by interviewers.

Following the data cleaning process and logic checks of the dataset, a program called Hunter was used that searches for additional patterns and duplicates which may indicate that an interview was not properly conducted by an interviewer.

The Hunter program includes three tests:

1. Equality test – compares interviews for similarities, grouped by interviewer, within sampling point, province, or any other variable. Typically, interviews with an interviewer average of 90% or higher are flagged for further investigation.
2. Non-response test – determines the percentage of 'Don't Knows' and refusals for each interviewer's cases. Typically, interviews with 40% or higher DK responses are flagged for further investigation.
3. Duplicates test – compares cases across all interviewers and respondents to check for similarity rates. This test will flag any pair of interviews that are similar to each other. In this survey, any cases with a similarity of 95% or higher within the same province were flagged for further investigation.

Any interview that does not pass Hunter screening is pulled out for additional screening. If the interview does not pass screening, it is removed from the final database before delivery.

For the MDSA, 25 cases were deleted for having an interviewer average of over 90% similar responses (i.e., failing the equality test), 121 cases were deleted for being over 95% similar in substantive responses to another interview within the same province (i.e., failing the duplicates test), and 37 cases were deleted for consisting of over 40% "refused" or "don't know" responses (i.e., failing the non-response test).

Double Entry

During the data entry process, as entry of questionnaires was completed, 19.63% of all paper questionnaires were randomly selected by data entry managers. These questionnaires were then given to a different team for re-entry. Data results from this independent entry were then compared to the primary data set. Discrepancies and errors were identified by data coders. Key-punchers with high error rates are disciplined and provided with additional training. For all errors, questionnaires were then reviewed, and the correct data is included in the final data set. The error rate for data entry for the MDSA 2019 was 0.21%, with a standard deviation of 0.27%.

Review and Cleaning

A full review of the data set was conducted. This included analyzing the data for irregularities and data processing errors. To achieve this, we wrote SPSS syntax code to:

1. Identify incorrect coding
2. Verify filtering instructions were followed correctly
3. Address any logical inconsistencies
4. Identify outliers in the data
5. List questionnaires and interviewers for further review
6. Address inconsistencies between the household section and adult and child sections

In total, nearly 3,000 lines of code were written to review, check, and clean the data set. Questionnaires identified by these tests were then reviewed and the data was updated as necessary. During this data review, 32 questionnaires were removed from the final data.

Logic Tests

A series of logic checks were subsequently run to test data for interviewer error, logical consistency, and detect any possible patterns of falsification or poor performance.

5.9: DETERMINANTS OF DISABILITY

The table below shows all variables used in the analysis including available sample size.

TABLE: VARIABLES, DEFINITIONS AND SAMPLE SIZE

Variable name	Survey Question	Sample Size
Distal (Basic) Level		
Sociodemographic Characteristics		
Ethnicity	What is your background or ethnic group?	14,290
Marital Status	What is your current marital status?	14,290
Education Level	What is the highest level of education you have completed?	14,236
Household Income	Taking into account all persons contributing income: what is the total household income after taxes on average per month?	14,290
Work History and Benefits		
Employment Status	What is your current working situation?	14,290
Environmental Factors		
Exposure to conflict	Provinces were categorized as exposed to minimal, moderate or severe conflict.	14,290
Climate	Do the temperature, terrain, and climate of the place you usually live make it easy or hard for you to live there? (1 very hard – 5 very easy)	14,153
Intermediate (Underlying) Level		
Personal Assistance		
Assistance	Do you have someone to assist you with your day to day activities at home or outside? (No or yes)	14,281
Peer Support	Do you feel that some people treat you unfairly? (1 completely – 5 not at all)	14,134
Assistive Devices and Facilitators		
Access to assistive devices	Do you currently use any of these assistive products? (none versus any)	14,290
Health Care Utilization		

Access to health facilities	Do health facilities you need regularly make it easy or hard for you to use them? (1 very hard – 5 very easy)	13,758
Time for healthcare visit	For your last visit to a health care provider, how would you rate the amount of time you waited before being attended to? (1 very bad – 5 very good)	11,881
Respect during healthcare visit	For your last visit to a health care provider, how would you rate your experience of being treated respectfully? (1 very bad – 5 very good)	11,816
Household Factors		
Household crowding	What is the total number of people who live here?	14,290
Mobile phone access	Do you have a mobile phone? (No or yes)	14,240
Internet access	Do you use internet? (No or yes)	14,211
Access to transportation	Does the transportation you need or want to use make it easy or hard for you to use it? (1 very hard – 5 very easy)	13,956
Access to toilet	Does the toilet of your dwelling make it easy or hard for you to use it? (1 very hard – 5 very easy)	14,139
Access to money	Do you have enough money to meet your needs? (1 not at all – 5 completely)	14,189
Proximal (Immediate) Level		
Health Condition		
Mental health score	Sum score of two questions: To what extent do you feel sad, low or depressed because of your health? (1 completely unable – 5 no difficulty) To what extent do you feel worried, nervous or anxious because of your health? (1 completely unable – 5 no difficulty) Total score from minimum of 2 to maximum of 10	14,169
Well-being		
Self-perception	Do you consider yourself a burden on society? (1 completely – 5 not at all)	14,075
Healthcare satisfaction	In general, how satisfied are you with how the health care services are run in your country [in your area]? (1 very dissatisfied – 5 very satisfied)	12,123
Satisfaction with personal relationships	How satisfied are you with your personal relationships? (1 very dissatisfied – 5 very satisfied)	14,232
Satisfaction with living conditions	How satisfied are you with the conditions of your living place? (1 very dissatisfied – 5 very satisfied)	14,252
Isolation	How often do you feel isolated from others? (1 always – 5 never)	14,235
Healthcare decision making	For your last visit to a health care provider, how would you rate your experience of being involved in making decisions for your treatment? (1 very bad – 5 very good)	11,861

Respondent Characteristics		
Sex	Interviewer records sex of respondent	14,290
Age	How old are you? (years)	14,290

Selected variables were used to build multilevel linear regression models using hierarchical modelling building. First, a bivariate analyses was conducted; all variables which showed an association with the outcome variable at a liberal significance of $p<0.2$ were considered for multivariable modeling. These potential correlates were entered into backward elimination model building strategies at three levels (distal, intermediate, and proximal), and we retained only those variables with p-values of less than 0.1. The starting point was all distal level variables in a linear multivariable regression model (saturated model) and variables with weak associations with the outcome ($p<0.1$) were sequentially removed until all remaining variables met the p-value threshold. All intermediate level variables were then included in the model and repeated the process of variable removal. Finally, all proximal level variables were incorporated into the model and the process repeated once more. The final model includes all the variables at distal, intermediate and proximal levels which showed a multivariable adjusted association of p-value<0.1 with the disability score outcome. A step-by-step presentation of the statistical analysis method can be found in Box 1.

In addition to unstandardized regression coefficients, standardized beta-coefficients (StBs) for each of the variables included in the final models are reported; StBs enable ranking of the covariables. Multicollinearity among the variables selected for inclusion was assessed using variance inflation factors. A variance inflation factor cut-off of over 3 was considered to be suspect for collinearity, and in such an event one of the two factors were selected for inclusion in the model.

Box 1: Hierarchical model building steps

1. Select variables for analysis.
2. Arrange variables in three levels of exposure to the determinant (distal, intermediate, proximal).
3. Conduct bivariate analysis for each selected variable, keeping all that show an association with the outcome variable at a significance of $p<0.2$.
4. Include all distal-level variables kept from step 3 in a multivariable model.
5. Through a process of backward elimination, remove variables one by one with p-value of over 0.1.
6. Retain these distal level variables which have p-value<0.1.
7. Include all intermediate-level variables retained from step 3 into the model with retained distal-level variables.
8. Repeat steps 5 and 6 for intermediate-level variables.
9. Introduce all proximal-level variables retained from step 3 into the model with retained distal and intermediate-level variables.
10. Repeat steps 5 and 6 for proximal-level variables.

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