

## Analyzing a KAP survey in Afghanistan

HealthNet TPO has a long tradition of supporting health (care) programs in Afghanistan. Since 2005 the organization is contracted to implement a *Basic Package of Health Services* in Nangarhar province. This province, situated in Afghanistan's eastern region, has a population of 1.4 million people, living mainly in rural areas (apart from the province capital Jalalabad).

### Strengthening Health Systems

Healthnet TPO aims to strengthen the public health care system in the province, consisting of a network of one regional hospital, three district hospitals, 17 Comprehensive Health Centers, 40 Basic Health Centers, 12 sub-Health Centers and 604 Health Posts. Important aspects of the health care package are: maternal and newborn care, child health, childhood immunizations, control and treatment of infectious diseases, mental health care and health care for people with disabilities.

### The KAP Survey

Since 2005 HealthNet TPO's local research team performed three KAP surveys in Nangarhar province. A KAP survey is a study which aims to ascertain the Knowledge, Attitudes and Practices of local people in relation to important health themes. One of these themes is for instance the type of health facility people choose for specific health problems, the underlying reasons for this choice and the costs related to this health care visit. One other theme relates to the knowledge local men and women have about specific family planning methods and the reasons they have for choosing a particular method. Because the latest KAP survey in 2009 had largely the same questions as the survey in 2007, it was possible to determine trends on specific health issues.

In April 2010 Martijn Vink was appointed at the Amsterdam head office to assist the local Afghan research team with the data analysis of the 2009 KAP survey. By that time research data had already been collected by a team of 24 surveyors in 602 randomly chosen households in the province. Long questionnaires with closed and open-ended questions had been used to collect the necessary information from the household heads. Having a background of a Medical Doctor and Public Health specialist, he recently specialized as an Epidemiologist at the London School of Hygiene and Tropical Medicine. (Epidemiology is a research discipline which studies the distribution of (risk factors for) disease and other health-related states in specified populations, with the aim to control these particular health problems).

### Some results

At this time data analysis and report writing reaches its final stage. One of the conclusions found thus far is the fact that still 57% of the disease consultations take place in the private sector and 37% in the public sector. Local people prefer private facilities because of its better reception, its shorter waiting time and its better availability of drugs. Assets of the public health sector are its lower price and its supposed good quality of care. To attract more patients to public health facilities in the future, it will be necessary to improve its availability and accessibility and to guarantee a good supply of drugs.

Another interesting conclusion is that the birth rate in Nangarhar province seems to have decreased since 2007, which may be the result of improved socio-economic perspectives and better employment opportunities in the area. This phenomenon can be seen in many societies becoming more affluent and it is often independent on increased contraceptive use.

Only 31% of the deliveries in the area take place in a health facility (under the supervision of a medical doctor or a midwife). The remaining 69% of the deliveries still take place at home and are mostly only attended by a family member or an untrained

Traditional Birth Attendant. Important reasons why women do not deliver in a health facility are the travel distance to the clinic, the fact that the household head renders it unnecessary, the lack of privacy or lack of female staff and the supposed lack of qualified health staff.

### Future

In the coming period the local Afghan staff will be trained and coached more in designing, conducting and analyze new health surveys and to use existing health registers and surveillance data to answer relevant questions within the different project countries.

KAP surveys can play an important role to measure progress in specific health indicators in an area, especially when repeated surveys results are available. To guarantee a high quality of research data in the future, it will be necessary to revise the design of the questionnaires and to further train local research staff on the conduct of surveys and on the data analysis.