PHG Needs Assessment Calculator Zambia Fetal Alcohol Spectrum Disorder

Welcome to the PHG Health Needs Assessment Calculator for Fetal Alcohol Syndrome. The contents of this file are listed below.

Full name of the sheet	Short name
Country demographic, maternal health and socioeconomic indicators	Demography
Country health service data	HealthServices
FASD Epidemiology 1.1: Country epidemiology	FASD-E1.1
FASD Epidemiology 1.2: International comparison	FASD-E1.2
FASD Epidemiology 2.1: Data on affected pregnancies: Research studies	FASD-E2.1
FASD Epidemiology 2.2: Data on affected pregnancies: Surveillance	FASD-E2.2
FASD Epidemiology 2.3: Data on affected pregnancies: Other sources	FASD-E2.3
FASD Epidemiology 2.4: Summary of affected pregnancies	FASD-E2.4
FASD Epidemiology 2.5: Sub-population variation in affected pregnancies	FASD-E2.5
FASD Epidemiology 3.1: Mortality data: Research studies	FASD-E3.1
FASD Epidemiology 3.2: Mortality data: Vital registration data	FASD-E3.2
FASD Epidemiology 3.3: Mortality data: Other sources	FASD-E3.3
FASD Epidemiology 3.4: Summary mortality estimates	FASD-E3.4
FASD Epidemiology 3.5: Sub-population variation in mortality	FASD-E3.5
FASD Epidemiology 4.1: Population prevalence: Research studies	FASD-E4.1
FASD Epidemiology 4.2: Population prevalence: Other sources	FASD-E4.2
FASD Epidemiology 4.3: Summary of population prevalence	FASD-E4.3
FASD Epidemiology 4.4: Sub-population prevalence variation	FASD-E4.4
FASD Interventions 1:Effect of preconception screening and treatment	FASD-Interv1
FASD Needs Assessment Calculator 1: Quantitative baseline	FASD-NA1
FASD Needs Assessment Calculator 3: Quantitative assessment of interventions	FASD-NA3

(There is no sheet FASD-NA2.)

Please note: Throughout the Tool and Calculator we have asked for epidemiological data in relation to Fetal Alcohol Syndrome (FAS) only. This is due to paucity of data and the fact that FAS is the most clinically recognisable form. Please be aware that FAS is the severe presentation of the spectrum of FASD and it is likely that FAS data will be underestimates if you are considering all forms of FASD. You may use the same template to compile data on FASD; however, please be aware that comparability with other data sets will be affected if differing diagnostic criteria have been used.

Zambia Shared Data Demographic, maternal health and socio-economic indicators

Please read first! If you have already completed a needs assessment for a different topic in this country, you will be able to copy the Demography information from that Calculator into here. The information should be the same.

By default, the Toolkit contains information at the national level.

If you would like to use a different population, then replace country information with that of your specific population of interest.

Number of persons by age-group and sex		Estimates		Your estimates			Cho	sen estima	ates
Age group	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4 years	825789	830931	1656720			0			0
5-9 years	729181	731901	1461082			0			0
10-14 years	601279	604367	1205646			0			0
15-19 years	513320	556676	1069996			0			0
20-24 years	416083	492589	908672			0			0
25-29 years	361901	379247	741148			0			0
30-34 years	282439	275434	557873			0			0
35-39 years	211356	218631	429987			0			0
40-44 years	161179	164597	325776			0			0
45-49 years	122486	122834	245320			0			0
50-54 years	97850	105762	203612			0			0
55-59 years	71905	72933	144838			0			0
60-64 years	62678	68797	131475			0			0
65+ years	136844	118436	255280			0			0
Total	0	0	9337425	0	0	0	0	0	0
Female population aged 15-44 years		0			-			-	
Data year		2000 report	ed in 2003						
Source, Year			UN 2011						

Ethnicity. Please enter data for the main ethnic groups if you are working with a population that is different from that of the country.

Ethnic group	Number	% population

Fertility and mortality	Estimate	Source, Year	Your estimate	Source, Year	Chosen estimate	Source, Year
Crude birth rate: live births (LB) / year / 1000 population	40	Unicef, 2007				
Still birth rate: still births (SB) / year / 1000 total births	26	WHO, 2009				
Total births in 1000s (LB+SB) per year	473	Unicef, 2007				
Infant mortality rate: infant deaths / 1000 LB / year	69	UNICEF				
Under-5 mortality rate: U5 deaths / 1000 LB / year	111	(24011日度月2010				
Percentage births in women >35 years		(2011), 2010				
Life expectancy at birth (yrs)	48	WHO, 2009				
% of marriages consanguineous						

	Estimate	Source, Year	Your	Source,	Chosen	Source,
Maternal health			estimate	Year	estimate	Year
Prenatal visits – at least 1 visit (%)	94	WHO, 2007				
Prenatal visits – at least 4 visits (%)	60	WHO, 2007				
Births attended by skilled health personnel (%)	46	WHO, 2007				
Contraception prevalence rate (%)	40.8	WHO, 2007				
Unmet need for family planning (%)	26.5	WHO, 2007				
Total fertility rate	5.7	WHO, 2009				
% home births						
% births at health care services						
	Estimate	Source, Year	Your	Source,	Chosen	Source,
Newborn health			estimate	Year	estimate	Year
Number of neonatal examinations by SBA / trained staff						
% neonatal examinations by SBA/ trained staff						

				· ·		Source,
Socio-economic indicators	Estimate	Source, Year	estimate	Year	estimate	Year
Gross national income per capita (PPP int. \$)	1230	WHO, 2008				
% population living on < US\$1 per day	64.3	WHO, 2004				
Birth registration coverage (%)	14	WHO, 2007				
Death registration coverage (%)						

LB = live births

PPP = purchasing power parity SBA = skilled birth attendant

PHG Foundation

Zambia Shared Data Health Services Data

Please read first! If you have already completed a needs assessment for a different topic in this country, you will be able to copy the Health Services information from that Calculator into here. The information should be the same.

This section provides health-service-related information for your country.

By default, the Toolkit contains information at the national level.

If you would like to use a different population, then replace country information with that of your specific population of interest.

Health Expenditure	Estimate	Source, Year	Your estimate	Source, Year	Chosen estimate	Source, Year
Per capita total expenditure on health (PPP int. \$)	68	WHO, 2009				
Total expenditure on health as percentage of GDP	4.8	WHO, 2009				
Per capita government expenditure on health (PPP int. \$)	36	WHO, 2009				
External resources for health as percentage of total expenditure on health	50.3	WHO, 2009				
General government expenditure on health as percentage of total expenditure on health	53.0	WHO, 2009				
Out-of-pocket expenditure as percentage of private expenditure on health	74.5	WHO, 2009				
Private expenditure on health as percentage of total expenditure on health	47.0	WHO, 2009				
General government expenditure on health as percentage of total government expenditure	10.8	WHO, 2009				

Health Workforce	Estimate	Source, Year	Your estimate	Source, Year	Chosen estimate	Source, Year
Number of nursing and midwifery personnel	8369	WHO, 2006				
Nursing and midwifery personnel density (per 10,000 population)	7.1	WHO, 2006				
Number of physicians	649	WHO, 2006				
Physician density (per 10,000 population)	0.55	WHO, 2006				
Number of obstetricians						
Number of paediatricians						
Number of paediatric surgeons						
Number of paediatric cardiac surgeons						
Number of paediatric neurosurgeons						
Number of clinical geneticists						
Number of genetic counsellors						
Number of community health workers						
Number of skilled birth attendants (SBA)						
Density of SBA						
Number of lab staff providing cytogenetic testing						

Number of lab staff providing molecular genetics			
Number of lab staff providing biochemical tests for genetics			
Number of skilled health attendants			

		Source,	Your	Source,	Chosen	Source,
Infrastructure	Estimate	Year	estimate	Year	estimate	Year
Number of maternity units						
Number of services providing specialised care for people with CD						
Number of family planning services						
Number of preconception services						
Number of services providing prenatal care						
Number of services providing newborn care						
Number of facilities providing genetic services						
Number of laboratories providing cytogenetics						
Number of laboratories providing molecular genetics						
Number of laboratories providing biochemical tests for genetics						
Number of facillities for safe terminations of pregnancies for fetal defects						

PPP = purchasing power parity

GDP = gross domestic product SBA = skilled birth attendant

CD = congenital disorders

Fetal Alcohol Spectrum Disorder FAS Epidemiology 1.1: Country epidemiology

Epidemiological indicator	Your estimates	Range	PHGDB minimum estimates	Chosen estimates	Range	Source
Year of estimate						
Prevalence at birth and by age-group (/1000))					
Live birth prevalence (LB)						
Stillbirth prevalence (SB)						
Total birth prevalence (LB+SB)						
All age groups						
<1 year olds						
1-4 year olds						
5-14 year olds						
15-44 year olds						
45+ year olds						
Number of cases by age group						
Annual live births						
All age groups						
<1 year olds						
1-4 year olds						
5-14 year olds						
15-44 year olds						
45+ year olds						
% cases by level of impairment						
No or minor disability						
Moderate disability						
Severe disability						
Mortality and morbidity						
Mean life expectancy (yrs)						
No. deaths < 1yr						
No. deaths 1-4 yrs						
No. deaths < 5 yrs						
Infant mortality / 1000 LB						
Under-5 mortality / 1000 LB						
Years of life lost						

Fetal Alcohol Spectrum Disorder

FAS Epidemiology 1.2: International comparison

	Your chosen	Comparison		
Epidemiological indicator	estimates	Country	Region	World
Prevalence at birth and by age-group (/1000 p	eople)	eople)		ca, East)
Live birth prevalence (LB)				
Stillbirth prevalence (SB)				
Total birth prevalence (LB+SB)				
All age groups				
<1 year olds				
1-4 year olds				
5-14 year olds				
15-44 year olds				
45+ year olds				
Number of cases by age-group				
Annual live births				
All age groups				
<1 year olds				
1-4 year olds				
5-14 year olds				
15-44 year olds				
45+ year olds				
% cases by level of impairment				
No or minor disability				
Moderate disability				
Severe disability				
Mortality and morbidity				
Mean life expectancy (yrs)				
No. deaths < 1yr				
No. deaths 1-4 yrs				
No. deaths < 5 yrs				
Infant mortality / 1000 LB				
Under-5 mortality / 1000 LB				
Years of life lost				

Fetal Alcohol Spectrum Disorder

FAS Epidemiology 2.1: Data on affected pregnancies: Research studies

Study author, year, site	Sample size	Study quality and representativeness	Main findings

Based on the studies listed above (or in section SYPH-E2.1 of the Tool), enter the best estimates for the prevalence of affected births and stillbirths in the country, and a range of values to reflect uncertainty or within-country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Estimates for the total country/territory	Number of affected live births	LB prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			
	Number of affected stillbirths	SB prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			

Fetal Alcohol Spectrum Disorder

FAS Epidemiology 2.2: Data on affected pregnancies: Surveillance

Based on surveillance data, enter the best estimates for the prevalence of the condition in live births and stillbirths Give a range of values to reflect uncertainty and within-country variation, and use comments for information on data quality, uncertainty and representativeness.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

	Number of affected live births	Birth prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			

	Number of affected stillbirths	Stillbirth prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			

Fetal Alcohol Spectrum Disorder

FAS Epidemiology 2.3: Data on affected pregnancies: Other sources

	Source 1:	Source 2:	Notes
Enter year and source of data – use last year with information available.			
Basic Numbers			
Number of affected live births / year, from data source			
Total number of live births / year, from data source			
Number of affected still births / year, from data source			
Total number of stillbirths / year, from data source			
Total number of affected births / year (live and still)	0		Number of affected live births + Number of affected still births
Total number of births / year, from data source	0	0	Total number of live births + Total number of still births
Total number of women aged 15-44			
Live birth prevalence: recorded and estimated			
Recorded live birth prevalence (affected recorded live births / 1000 recorded total births)	#DIV/0!	#DIV/0!	
Estimated completeness of recording: what proportion of true affected live births in your data source were recorded?			Range: 0 to 1
Estimated coverage of recorded live births (number of recorded live births / total live births in country or territory)			Range: 0 to 1
Estimated live birth prevalence (recorded prevalence / completeness)	#DIV/0!	#DIV/0!	
Estimated true number of affected live births in data source (number of recorded affected live births / completeness)	#DIV/0!	#DIV/0!	
Estimated number of affected live births in total population (number of affected live births from data source / (coverage x completeness))	#DIV/0!	#DIV/0!	
Stillbirth prevalence: recorded and estimated			
Recorded stillbirth prevalence (affected recorded still births / 1000 recorded total births)	#DIV/0!	#DIV/0!	
Estimated completeness of recording: what proportion of true affected stillbirths in your data source were recorded?			Range: 0 to 1
Estimated coverage of recorded stillbirths (number of recorded still births / total still births in country or territory)			Range: 0 to 1
Estimated stillbirth prevalence (recorded prevalence / completeness)	#DIV/0!	#DIV/0!	
Estimated true number of affected stillbirths in data source (number of recorded affected still births / completeness)	#DIV/0!	#DIV/0!	
Estimated number of affected stillbirths in total population (number of affected still births from data source / (coverage x completeness))	#DIV/0!	#DIV/0!	

Based on the sources above, enter the best prevalence estimates for your population, and a range of values to reflect uncertainty of estimates and within country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Estimates for the whole country/territory	Number of affected live births	LB prevalence / 1000 TB
Best estimate		
Lower estimate		
Higher estimate		
Estimates for the whole country/territory	Number of affected still births	SB prevalence / 1000 TB
Best estimate		
Lower estimate		
Higher estimate		

Fetal Alcohol Spectrum Disorder FAS Epidemiology 2.4: Summary of affected pregnancies

Indicator	Your estimates	Range	PHGDB minimum estimates	Chosen estimates	Range	Source
Number of annual affected live births						
Annual birth prevalence / 1000 TB						
Number of annual affected still births						
Annual Stillbirth prevalence / 1000 TB						

If there are specific sub-types of condition, you can repeat this exercise below. However, you should consider (a) whether subtypes would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

Fetal Alcohol Spectrum Disorder FAS Epidemiology 2.5: Sub-population variation in affected pregnancies

If the birth prevalence rates vary by population sub-group (e.g. geographically or by another factor), indicate any population groups with different prevalence estimates from the whole population and describe reasons for variation. If a group is substantially different from the general population, you may wish to conduct a needs assessment for that group alone.

Population sub-group	Number of affected live births	LB prevalence / 1000 TB	Reason for variation

Population sub-group	Number of affected stillbirths	SB prevalence / 1000 TB	Reason for variation

Zambia Fetal Alcohol Spectrum Disorder FAS Epidemiology 3.1: Mortality data: Research studies

Source, year, site	Sample size	Study quality and representativeness	Main findings

Based on the studies above, enter the best estimates for the specific mortality by age-group e.g. infant, under-5s, etc., as appropriate, and a range of values to reflect uncertainty of estimates and within-country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Mortality estimates	Number of deaths	Ratio (deaths / 1000 LB)	Comments
Neonatal group (<28 days)			
Best estimate			
Lower estimate			
Higher estimate			
Infant group (<1 year)			
Best estimate			
Lower estimate			
Higher estimate			
Under-5 group (<5 years)			
Best estimate			
Lower estimate			
Higher estimate			
Other age group:			
Best estimate			
Lower estimate			
Higher estimate			

LB = live births

Fetal Alcohol Spectrum Disorder

FAS Epidemiology 3.2: Mortality data: Vital registration data

Fill in the blank cells based on your vital registration data.	
Enter year and source of data	
Registered data	
Total registered live births	
Registered condition-specific neonatal deaths (first 28 days of life)	
Registered condition-specific infant deaths (first year of life)	
Registered condition-specific under-5 deaths (first 5 years of life)	
Registered condition-specific neonatal mortality ratio (condition-specific neonatal deaths /(Total registered live births/ 1000))	#DIV/0!
Registered condition-specific infant mortality ((condition-specific infant deaths /(Total registered live births/ 1000))	#DIV/0!
Registered condition-specific under-5 mortality (condition-specific under-5 deaths / (Total registered live births/ 1000))	#DIV/0!

Adjustment for under-ascertainment of cause of death and sub-registration of deaths: Enter estimates in the highlighted cells. It is not always possible to adjust the estimates, in which case you may give the value '1', accepting that the estimates in these cases will usually be biased towards low values. (Or you may move to the next section.) It is assumed that under-ascertainment is stable across age-groups; if ascertainment varies by age-group, you could use separate estimates for each age group.

Estimated completeness of recording: what proportion of deaths in affected persons were registered as such?	Range: 0 to 1
Population coverage: what proportion of the total country/territory population is covered by the vital registration	Range: 0 to 1
Death ascertainment (population coverage x completeness)	0
Estimated values for the total country/ territory population	
Estimated number of live births in total population (Total registered live births/population coverage)	#DIV/0!
Estimated number of neonatal deaths in total population (number of deaths registered in neonatal period / ascertainment)	#DIV/0!
Estimated number of infant deaths in total population (number of deaths registered in first year of life / ascertainment)	#DIV/0!
Estimated number of under-5 deaths in total population (number of deaths registered in under-5s / ascertainment)	#DIV/0!
Estimated neonatal mortality ratio (estimated neonatal deaths / 1000 live births)	#DIV/0!
Estimated infant mortality ratio (estimated infant deaths / 1000 live births)	#DIV/0!
Estimated under-5 mortality ratio (estimated under-5 deaths / 1000 live births)	#DIV/0!

Zambia Fetal Alcohol Spectrum Disorder FAS Epidemiology 3.3: Mortality data: Other sources

Source, year, site	Sample size	Data quality and representativeness	Main findings

Based on data from the sources above, enter estimates for the disease-specific deaths and mortality rates in your population.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

	Neonatal mortality		Infant mortality		Under-5 mortality	
Estimates for the total country/territory	Value	Ratio/1000 LB	Value	Ratio/1000 LB	Value	Ratio/1000 LB
Best estimate						
Lower estimate						
Higher estimate						

Fetal Alcohol Spectrum Disorder FAS Epidemiology 3.4: Summary mortality estimates

Indicator	Your estimates	Range	PHGDB minimum estimates	Chosen estimates	Range	Source
Year of data collection						
Number of annual deaths in affected persons						
Number of annual live births (in 1000s)						
Number of annual affected neonatal deaths]
Number of affected neonatal deaths / 1000 LB						
Number of annual affected infant deaths						
Number of affected infant deaths / 1000 LB						
Number of annual affected under-5 deaths						1
Number of affected under-5 deaths / 1000 LB						1
Mean life expectancy at birth in affected people						1
Other indicators (e.g. survival following surgical procedure, etc)						

Fetal Alcohol Spectrum Disorder

FAS Epidemiology 3.5: Sub-population variation in mortality

Age group: neonatal Population sub-group	Number of deaths in affected persons	Cause-specific, group-specific neonatal mortality ratio / 1000 LB	Reason for variation

Age group: infant Population sub-group	Number of deaths in affected persons	Cause-specific, group-specific infant mortality ratio / 1000 LB	Reason for variation

Age group: under 5		· · · · · · · · · · · · · · · · · · ·	Reason for variation	
Population sub-group	affected persons	under-5 mortality ratio / 1000 LB		

Age group: Population sub-group	Number of deaths in affected persons	Cause-specific, group-specific mortality ratio / 1000 population	Reason for variation
i opulation sub group			

Fetal Alcohol Spectrum Disorder

FAS Epidemiology 4.1: Population prevalence: Research studies

Study, year, site	Study quality and representativeness	Main findings

Based on the studies above, enter the best estimates for population prevalence, and a range of values to reflect uncertainty of estimates and within-country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

	Prevalence / 1000 persons	Range	Comments
Best estimate			
Lower estimate			
Higher estimate			

Fetal Alcohol Spectrum Disorder

FAS Epidemiology 4.2: Population prevalence: Other sources

Source, year, site	Sample size	Data quality and representativeness	Main findings

Based on data from the sources above, enter estimates for the disease-specific deaths and mortality rates in your population.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

	Prevalence / 1000 persons	Range	Comments
Best estimate			
Lower estimate			
Higher estimate			

Fetal Alcohol Spectrum Disorder FAS Epidemiology 4.3: Summary of population prevalence

Source of estimates	Estimated total population number of affected persons	Range	Estimated total population prevalence / 1000 persons	Range
1				
2				
3				
4				
5				
PHGDB				
Chosen estimates				

Fetal Alcohol Spectrum Disorder

FAS Epidemiology 4.4: Sub-population prevalence variation

Population sub-group	Number of affected people	 Population prevalence per 1000 people	Reason for variation
		#DIV/0!	

If there are specific sub-types of condition, you can repeat this exercise (copy table and paste below). However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

Formula in column D: Number of affected people/ (Total number of people in population subgroup/1000)

Fetal Alcohol Spectrum Disorder

FASD Intervention 1: Effect of preconception care on fetal alcohol syndrome

Baseline prevalence of FAS per 1000 total births (live + still)		
Baseline prevalence of unsafe alcohol consumption in women aged 15-44 per 1000		
Variables		
Proportion of women reducing alcohol consumption to safe levels before conception		Range: 0 to 1
Effectiveness of preconception intervention on the outcome		Range: 0 to 1
Results		
% prevalence reduction due to preconception intervention per 1000 total births ¹	0%	
Final prevalence of unsafe alcohol consumption in women aged 15-44 per 1000 ²	0.00	
Final prevalence of FAS per 1000 births ³	0.00	

FAS = fetal alcohol syndrome

¹Prop. Women reducing alcohol consumption x Effectiveness of intervention

²Baseline prevalence of unsafe alcohol consumption - (% prevalence reduction due to intervention X baseline prevalence of unsafe alcohol consumption)

³Baseline prevalence of FAS - (% prevalence reduction due to preconception intervention X Baseline prevalence of FAS)

³Baseline prevalence of FAS – Prevalence reduction due to intervention

Zambia Fetal Alcohol Spectrum Disorder FASD Needs Assessment 1: Quantitative baseline

Table FASD-NA1a Burden of Fetal Alcohol Syndrome in pregnancy, at birth and at population level

		Chosen estimates		
Indicator	Number (n)		Range of prevalence (/1000 TB)	
Annual affected live births (LB)	0	0	0	Drawn from sheet E2.4
Annual affected stillbirths (SB)	0	0	0	Drawn from sheet E2.4
Annual affected births (LB+SB)	0	0		Drawn from sheet E2.4
Annual affected persons (all age groups)	0	0	0	Drawn from sheet E1.1

Table FASD-NA1b Fetal Alcohol Syndrome mortality indicators

-	Chosen estimates			Notes
Indicator	Number (n)		Range of prevalence (/1000 TB)	
Annual overall mortality	0			Drawn from sheet E3.4
Annual neonatal mortality	0	0	0	Drawn from sheet E3.4
Annual infant mortality	0	0	0	Drawn from sheet E3.4
Annual under-5 mortality	0	0	0	Drawn from sheet E3.4
Mean life expectancy at birth among affected people	0		0	Drawn from sheet E3.4

Fetal Alcohol Spectrum Disorders

FASD Needs Assessment 3: Quantitative assessment of interventions

Table FASD-NA3a	Estimated prevalence in the absence of interventions for Fetal alcohol syndrome		
Indicator	Number (n)	Prevalence (n/1000)	
Women of childbearing age consuming alcohol			
Potential live births			
Potential still births			

Table FASD-NA3b	Current situation in relation to interventions before birth				
Intervention	Coverage (%)	Cases averted (n)	Cases averted/1000 LB		
Effect of family planning, education					
Universal interventions on rate and number of women of childbearing age consuming alcohol					
Targeted interventions on rate and number of women of childbearing age consuming alcohol					
Overall effect					

Table FASD-NA3c	Target situation in relation to interventions before birth				
Intervention	Coverage (%)	Cases averted (n)	Cases averted/1000 LB		
Effect of family planning, education					
Universal interventions on rate and number of women of childbearing age consuming alcohol					
Targeted interventions on rate and number of women of childbearing age consuming alcohol					
Overall effect					
Intervention					

Table FASD-NA3d	Current situation in relation to interventions during pregnancy				
Intervention	Coverage (%)	Cases managed (n)	Cases managed/1000 TB		
Education					
Universal interventions on rate and number of women of childbearing age consuming alcohol					
Targeted interventions on rate and number of women of childbearing age consuming alcohol					
Overall effect					

Table FASD-NA3e	Target situation in relation to interventions during pregnancy				
Intervention	Coverage (%)	Cases managed (n)	Cases managed/1000 TB		
Education					
Universal interventions on rate and number of women of childbearing age consuming alcohol					
Targeted interventions on rate and number of women of childbearing age consuming alcohol					
Overall effect					

Table FASD-NA3f	Current situation in relation to interventions after birth				
Intervention	Coverage (%)	Cases managed (n)	Cases managed/1000 LB		
Effect of newborn screening					
Effect of newborn diagnosis					
Effect of clinical and behavioural interventions					
Effect of social care and support					
Effect of education interventions					
Overall effect					

Table FASD-NA3g	Target situation in relation to interventions after birth			
Intervention	Coverage (%)	Cases managed (n)	Cases managed/1000 LB	
Effect of newborn screening				
Effect of newborn diagnosis				
Effect of clinical and behavioural interventions				
Effect of social care and support				
Effect of education interventions				
Overall effect				_
Table FASD-NA3f	Current and desired outcomes			
	Current situation		Target situation	
Indicator	Annual number (n)	Incidence (n/1000)	Annual number (n)	Incidence (n/1000)
Estimated affected pregnancies				
Live births (LB)		0	0	
Still births (SB)		0	0	
All births (LB+SB)		0	0	
Estimated population prevalence				
All age groups				
Estimated mortality				
Neonatal deaths		0	0	
Infant deaths		0	0	
Under-5 deaths		0	0	