

**Household Survey of Women and Children
Bosnia and Herzegovina 2000**

A Multiple Indicator Cluster Survey

B&H MICS 2000

Draft Final Report

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draft

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Acronyms and Abbreviations

ARI	Acute Respiratory Infection
B&H MICS 2000	Bosnia and Herzegovina Multiple Indicator Cluster Survey, 2000
B&H	Bosnia and Herzegovina
BiH	Bosna i Hercegovina
BCG	Bacillus Cereus - Geurin (tuberculosis vaccine)
CEE/CIS	Central and Eastern Europe/Commonwealth of Independent States (UNICEF region)
CRC	Convention on the Rights of the Child
DfID (UK)	Department for International Development (United Kingdom)
DPT	Diphtheria-Pertussis-Tetanus
EA	Enumeration Area(s)
EPI	Expanded Programme on Immunisation
EpiInfo	A computer package for data entry and analysis
FB&H	Federation of Bosnia and Herzegovina
FRY	Federal Republic of Yugoslavia
GDP	Gross Domestic Product
GNP	Gross National Product
HH	Household(s)
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IDD	Iodine Deficiency Disorders
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
ISSA	Integrated System for Survey Analysis (a data entry and analysis package)
IUD	Intra Uterine Device
LAM	Lactational Amenorrhoea Method
MICS	Multiple Indicator Cluster Survey
MMR	Measles-Mumps-Rubella
MoH SW	Ministry of Health and Social Welfare
MoH	Ministry of Health
MPM	Morbili-Rubella-Parotitis
NA	not applicable
NCHS	National Center for Health Statistics (USA)
NK	not known
OPV	Oral Polio Vaccine
ORS	Oral Re-hydration Solution
ORT	Oral Re-hydration Therapy
OSCE	Organization of Security and Co-operation in Europe
PHI	Public Health Institute
PPS	Probability Proportional to Size

RHF	Recommended Home Fluid
RS	Republika Srpska
SD	standard deviation
SOWC	State of the World's Children, an annual UNICEF publication
SPSS	A computer programme for statistical analysis
UNICEF	United Nations Children's Fund
WES/WATSAN	Water and Environmental Sanitation
WHO	World Health Organization

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Glossary of Terms

Term	Definition
Ante-natal care	Medical care for women during pregnancy.
Anthropometry	The measurement of weight and height. This was performed using easily portable digital weighing scales measuring to 0.1 kg and locally made height and length measuring boards made according to UNICEF standard specifications.
Birth Rate	The number of births per year divided by the total population.
Cluster	In this survey, cluster refers to a group of 20 households obtained from the sampling process
Contraception: <i>Traditional, Modern methods</i>	Prevention of pregnancy through the use of devices or practices in sexual intercourse. Traditional methods are related to cultural or religious beliefs and vary in different parts of the world. In this survey, the most common traditional method is withdrawal. Modern methods used include contraceptive pills, IUD, condoms and injections.
Contraceptive Prevalence	The proportion of women (aged 15-49) who are using any form of modern contraception.
Enumeration Area	B&H was officially divided into geographical sections known as enumeration areas for the purposes of the last demographic survey, and these have been used for this survey.
Family planning	Conscious control over pregnancy and family size through the use of contraceptives.
Infant Mortality	The probability of dying before the first birthday, per thousand live births.
Internally displaced persons	Persons forced to leave their established place of residence and move somewhere else within the boundaries of their home country, usually due to war, civil unrest, natural disasters, etc.
Literacy	In this survey, literacy is defined as a reported ability to read a newspaper, easily or with difficulty.
Maternal mortality	Maternal deaths due to pregnancy, birth or puerperium.

MICS 2000 Indicator	An indicator is something that you can measure, for example, birth registration or attendance at school, that can give you useful information about levels of achievement of a set goal or target. The MICS survey measures a globally defined set of indicators.
Morbidity	Illness; health status below the social norm.
Mortality	Deaths due to a particular cause.
Orphanhood	The status of children both of whose biological parents have died.
Refugee	A person forced to leave his/her own country and to move abroad due to war, civil unrest, natural disasters, etc.
Rural	As defined in this survey, it refers to areas officially classified as rural, based on the last census in Bosnia and Herzegovina in 1991, plus some areas assessed by field workers on appearance to be so classified – see Sampling Plan Appendix C for further details.
Segment	An area or section, defined for the purpose of the MICS 2000 survey as a part of an enumeration area from the last census (1991).
Stunted	A child who is too short for his or her age. Moderate or severe stunting is defined as more than 2 or 3 standard deviations, respectively, below the median height for age of the reference population.
Survey Module	Modules are sets of questions that relate to a common topic area, such as immunisation, child registration or contraceptive use in the B&H MICS 2000 survey.
Underweight	A general measure of malnutrition. Moderate or severe underweight is defined as more than 2 or 3 standard deviations, respectively, below the median weight for age of the reference population.
Wasted	A child who weighs too little for his or her height. Moderate or severe wasting is defined as more than 2 or 3 standard deviations, respectively, below the median weight for height of the reference population.
Obese	A child who weighs too much for his or her height. Overweight or obese is defined as more than 2 or 3 standard deviations, respectively, above the median weight for height of the reference population.

Foreword

This report represents an outstanding achievement – the largest survey ever conducted on the territory of Bosnia and Herzegovina. We would like to thank all the people of Bosnia and Herzegovina who gave generously of their time to be interviewed. There are many other people to thank since the survey was conducted with input from a large number of people and institutions.

We achieved excellent co-operation between the ministries and other organisations. These included:

State of Bosnia and Herzegovina - Agency for Statistics;

Federation of Bosnia and Herzegovina - Ministry of Health, Public Health Institute, Ministry of Education, Ministry of Social Welfare, Ministry of Finance, Office for Statistics;

Republika Srpska - Ministry of Health & Social Welfare, Ministry of Education, Ministry of Finance, Office for Statistics, Public Health Institute, Institute for Geodesics, Banja Luka Clinical Centre, Primary Health Care services;

Others – Organisation for Security and Co-operation in Europe.

The comprehensive committees that co-ordinated the project are listed in Appendix B and included all relevant ministries. We thank them for their generous support of the survey teams.

Over two hundred and fifty people were involved in the technical and field aspects of the survey. The survey teams including co-ordinators, field staff and data entry staff carried out their work diligently. We are particularly pleased that so many young and mid-career professionals were involved at all levels in this project. Their new skills and knowledge will be very important for future work of this kind in the country.

We would particularly like to thank the United Kingdom Government who provided funding for UNICEF via DfID. UNICEF also contributed funding for training and equipment, and technical support through their offices in Bosnia and Herzegovina, Geneva and New York. The UNICEF country and regional offices and the Global MICS team provided invaluable and ongoing support and we hope to continue to work in such a productive way in future. The three regional workshops arranged for survey teams from ten countries currently using this methodology were very useful to ensure that the survey met high international standards and increased the skills and knowledge of our survey teams.

Bosnia and Herzegovina can now take its place at the UN special session for children in New York in September 2001, bringing substantial new information. Our intention is to use this information to work together for the good of children in Bosnia and Herzegovina.

Signed by

Dr Zlatko Lagumdziha
Minister of Foreign Affairs of Bosnia and Herzegovina

Foreword by UNICEF

Congratulations to all involved in this survey. The commitment of them all has been obvious from the start of the project and I note that all activities were completed on time, using many young and mid-career professionals from Bosnia and Herzegovina. UNICEF is always happy to support local initiatives and in this case there is an achievement to be proud of – some of the first and most useful information on the status of women and children ever produced in this country. The results will be useful for setting the priorities for the next country programme. There is also the possibility for further analyses of the data and follow-up surveys.

In December 2000, the End of Decade report on the status of women and children was submitted by the B&H government to the UN, and this drew largely on the results of this survey. UNICEF looks forward to supporting the participation of Bosnia and Herzegovina in the Special Session for Children in September 2001, the National Plan of Action for children for the next decade (currently in progress) and many other exciting and useful projects.

Once again, congratulations to all involved.

Signed by David Baker

Assistant Representative and Head of Office
UNICEF Bosnia and Herzegovina

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Executive Summary

The Bosnia and Herzegovina Multiple Indicator Cluster Survey 2000 (B&H MICS 2000) is a nationally representative survey of households, women and children (aged 0 – 18 years).

The main objectives of the survey were to provide up-to-date information for assessing the situation of children and women in Bosnia and Herzegovina at the end of the decade, and to furnish the data needed for monitoring progress toward the goals established at the World Summit for Children and as a basis for future action. Data on breast-feeding and salt iodination are available from previous UNICEF supported surveys.¹⁻⁴ Data on the remaining End of Decade Goals are available from other sources and are presented in the Bosnia and Herzegovina End of Decade Report.⁵

The B&H MICS 2000 survey covered the territory of Bosnia and Herzegovina minus the district of Brèko. This was omitted for sampling and organisational reasons. The survey was carried out in mid 2000 in a joint process with input from two entity field teams, from the Federation of Bosnia and Herzegovina and Republika Srpska. State level and entity level data are presented in this report.

The survey sampled 10 772 households across the territory with a very high response rate of 98 percent. A total of 35 571 people lived in the households that responded, making this the largest such survey conducted in Bosnia and Herzegovina in the past ten years. The level of completion of

the questionnaires was very high, and the data was subjected to multiple quality checks at all stages of the survey.

Education

- Ninety-four percent of children of primary school age in Bosnia and Herzegovina are attending primary school. School attendance is universally high across both entities and in both rural and urban areas. There is no difference between male and female primary school attendance.
- Ninety-nine percent of children who enter the first grade of primary school eventually reach grade five.
- The vast majority (95%) of the population over the age of 15 years is literate (as defined by the survey i.e. reported ability to easily read a newspaper). The literate percentage declines slightly after the age of sixty-five years, and there is a bigger drop for women than for men.

Water and Sanitation

- Ninety-eight percent of the population has access to “safe sources of drinking water”. This is defined by the survey using the global definition of connection to a protected source of water. We note that the actual quality of the water supplied was not tested. Urban areas are slightly more likely to have this access than rural areas. There are variations across the state in the source of drinking water, with rural areas being more likely to have water piped to the yard or plot instead of to the house. This pattern is also seen in RS, which has a more rural population than FB&H.
- Ninety-four percent of the population of Bosnia and Herzegovina is living in households with sanitary means of excreta disposal. Urban areas are more likely to have sanitary means of excreta disposal (99%) than rural areas (90%).

Child Malnutrition

- Four percent of children under the age of five years in Bosnia and Herzegovina are underweight for their age. Ten percent of children are stunted or too short for their age and 6 percent are underweight for their height, although this last figure should be interpreted with caution.
- Children, whose mothers have secondary or higher education, are slightly less likely to be underweight and stunted compared to children of mothers with primary or no education.

Low Birth weight

- Approximately 3 percent of infants are estimated to weigh less than 2500 grams at birth.

Immunisation Coverage

- Ninety-five percent of children aged 12-23 months receive the BCG vaccination by the age of 12 months and 93 percent the first dose of DPT. The percentage declines very little for subsequent doses of DPT, to 91 percent for the second dose, and 88 percent for the third dose.
- Similarly, 93 percent of children receive the first dose of polio vaccine by the age of 12 months and this declines to 90 percent for the second dose and 82 percent for the third dose.
- The coverage for measles vaccine (given as MMR in B&H) is lower than for the other vaccines, primarily because only about 25 percent of children are vaccinated before their first birthday. If the local official schedule that has an upper age limit of 18 months for vaccination against measles is included, this figure rises to 79 percent.

- One in five children has all eight recommended vaccinations in the first 12 months of life, but this rises to seven in ten, if the local schedule for measles (MMR) is included.
- Male and female children are vaccinated at roughly the same rate.
- Vaccination coverage is highest among children whose mothers have secondary or higher education. The differences are greatest for the third doses of DPT and Polio, suggesting that drop out rate is higher among children with less educated mothers.

Diarrhoea

- Approximately eight in ten children with diarrhoea receive one or more of the UNICEF/WHO recommended home treatments (i.e., were treated with ORS or RHF).
- Only 11 percent of children with diarrhoea receive increased fluids and continue eating as recommended.

Integrated Management of Childhood Infections (IMCI)

- Among children under the age of five years who have diarrhoea or some other illness, only 16 percent receive increased fluids and continued eating as recommended by the IMCI programme.
- Seven out of ten mothers/carers know at least two of the check number of signs indicating that a child should be taken immediately to a health care facility. It is slightly more likely that mothers/carers with a secondary education or who live in urban areas will know at least two of these signs.

HIV/AIDS

- Only one in ten women aged 15 – 49 years has never heard of HIV/AIDS.
- Only 28 percent of women aged 15-49 years know all three of the main ways to prevent HIV/AIDS transmission – having only one uninfected sexual partner, using a condom every time, and abstaining from sexual intercourse. Urban women are more likely to know all three main ways of preventing HIV/AIDS than rural women. The percentage of women who have sufficient knowledge of HIV/AIDS transmission increases with the level of education.
- Sixty-nine percent of women correctly identify a *misconception* about HIV/AIDS transmission – that a healthy looking person cannot be infected with HIV/AIDS.
- Twenty-four percent of women aged 15 – 49 years agree with at least one of two discriminatory statements about people with HIV/AIDS.

Contraception

- Current use of contraception was reported by 48 percent of married or in union women aged 15 – 49 years. The most popular method is withdrawal, which is used by just over one in four married or in union women followed by intrauterine devices (8%) and the oral contraceptive pill (5%).

Prenatal Care

- Virtually all women (99%) in Bosnia and Herzegovina receive ante-natal care from skilled personnel (doctor, nurse, midwife).

Assistance at Delivery

- A doctor, a nurse or a midwife was present at almost all births occurring in the year prior to the B&H MICS 2000 survey.

Birth Registration

- The births of almost all children (98%) under five years of age in B&H have been registered. There are no significant variations in birth registration according to sex, age, urban/rural or education categories.

Orphanhood and Living Arrangements of Children

- Overall, 93 percent of children aged 0-14 are living with both parents. Children who are not living with a biological parent comprise less than one percent, but children one or both of whose parents are dead amount to almost 5 percent of all children aged 0-14 years. It is more likely that a father will be dead than a mother.

Child Labour

- Less than 1 percent of children aged 5-14 years engage in paid work. 6 percent participate in unpaid work for someone other than a household member.
- Fifteen percent of children are engaged in family work, on the farm or in the family business. Eighteen percent of children aged 5 – 14 years are currently working.
- Fifty-five percent of children engage in domestic tasks, such as cooking, fetching water and caring for other children; hardly any children spend more than four hours a day on such tasks.

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Summary of Indicators, Bosnia and Herzegovina Multiple Indicator Cluster Survey 2000

World Summit for Children Indicators				
		B&H	FB&H	RS
Underweight prevalence	Proportion of under fives who weigh too little for their age	6 %	6 %	2 %
Stunting prevalence	Proportion of under fives who are too short for their age	13 %	13 %	11 %
Wasting prevalence	Proportion of under fives who are too thin for their height	8 %	8 %	9 %
Safe drinking water	Proportion of population who use a safe source of drinking water	98 %	98 %	97 %
Sanitary means of excreta disposal	Proportion of population who use a sanitary means of excreta disposal	94 %	99.5 %	84 %
Children reaching grade five in school	Proportion of children entering first grade of primary school who eventually reach grade five	100 %	99 %	100 %
Net primary school attendance rate	Proportion of children of primary school age attending primary school	94 %	94 %	95 %
Literacy rate	Proportion of population aged 15+ years who are able to read a letter or newspaper	95 %	95 %	94 %
Ante-natal care	Proportion of women aged 15-49 attended by skilled personnel at least once during pregnancy	99 %	99 %	100 %
Contraceptive prevalence	Proportion of married women aged 15-49 who are using a method of contraception	48 %	49 %	45 %
Childbirth care	Proportion of births attended by skilled health personnel	100 %	100 %	99 %
Birth weight below 2.5 kg.	Proportion of live births where the baby's weight is below 2500 grams	3 %	4 %	2 %
DPT immunisation coverage	Proportion of children immunised against diphtheria, pertussis and tetanus by age one year	85 %	86 %	81 %
Measles immunisation coverage	Proportion of children immunised against measles by age one year	25 % *	28 % *	16 % *
Polio immunisation coverage	Proportion of children immunised against polio by age one year	82 %	84 %	77 %
Tuberculosis immunisation coverage	Proportion of children immunised against tuberculosis by age one year	95 %	95 %	96 %
Use of Oral Re-hydration Therapy (ORT)	Proportion of under-fives who had had diarrhoea in the 2 weeks before the survey and had been treated with oral re-hydration salts or an appropriate household solution	82 %	79 %	87 %
Home management of diarrhoea	Proportion of under fives who had had diarrhoea in the 2 weeks before the survey and had received increased fluids and continued feeding during the episode	11 %	10 %	14 %
Acute Respiratory Infection	Proportion of under fives who had had ARI in the 2 weeks before the survey and were taken to an appropriate health provider	80 % **	70 % **	73 % **

Pre-school development	Proportion of children aged 36-59 months who are attending some form of organised early childhood education programme	9 %	10 %	6 %
Indicators for Monitoring Children's Rights				
Birth registration	Proportion of under-five children whose births are reported registered	98 %	98 %	99 %
Children's living arrangements	Proportion of children aged 0-14 years in households who are not living with a biological parent	1 %	0.5 %	1 %
Orphans in household	Proportion of children aged 0-14 years in households who are orphans	0.1% (both parents) 5 % (one parent)	0.1% (both parents) 4 % (one parent)	0% (both parents) 6 % (one parent)
Child labour	Proportion of children aged 5-14 years who are currently working	18 %	16 %	21 %
Indicators for Monitoring Integrated Management of Childhood Illnesses (IMCI) and Malaria				
Home management of illness	Proportion of under fives reported ill during the last 2 weeks who had received increased fluids and continued feeding	16 %	17 %	14 %
Medical assistance	Proportion of carers of under fives who know at least 2 signs for seeking medical assistance immediately	68 %	66 %	74 %
Indicators for Monitoring HIV/AIDS				
Knowledge of preventing HIV/AIDS	Proportion of women who correctly state the 3 main ways of avoiding HIV/AIDS infection	28 %	27 %	31 %
Knowledge of misconceptions about HIV/AIDS	Proportion of women who correctly identify a misconception about HIV/AIDS	69 %	66 %	74 %
Knowledge of mother to child transmission	Proportion of women who correctly identify means of transmission of HIV/AIDS from mother to child	48 %	47%	48 %
Attitude to people with HIV/AIDS	Proportion of women expressing a discriminatory attitude towards people with HIV/AIDS	24 %	25 %	23 %

* the coverage for MMR (measles-mumps-rubella) vaccine by the age of 12 months is lower than for the other vaccines because the B&H schedule of immunisation requires this vaccine to be given between 12 and 18 months of age. Recalculation of immunisation rates for children aged 18–29 months according to this schedule shows that the real coverage for MMR is 79 percent, and for all recommended vaccinations 70 percent instead of 18 percent.

** In the MICS questionnaire, children with acute respiratory infection are defined as those who have an illness with a cough accompanied by rapid or difficult breathing, and whose symptoms are due to a problem in the chest, or both a problem in the chest and a blocked nose, or whose mother does not know the source of the problem. This definition is more appropriate for pneumonia and other severe acute lower respiratory infections. As the survey was carried out in August, there were only a few children (10 in RS) under the age of five years with such symptoms.

I. Introduction

Background to the Survey

At the World Summit for Children held in New York in 1990, many countries in the world, including the Socialist Federal Republic of Yugoslavia, committed themselves to a Declaration and Plan of Action for Children⁶. In 1991, war broke out in the region and no National Programme of Action was developed.

Bosnia and Herzegovina became an independent country in 1992. The war ended with the Dayton Agreement in 1995, which organised the country into two largely self-governing entities, the Federation of Bosnia and Herzegovina and Republika Srpska. With the support of UNICEF, a National Plan of Action for Children in Bosnia and Herzegovina commenced in 1999, and will be finalised in early 2001.

The original global model for the Plan of Action in 1990 called for the establishment of mechanisms for monitoring progress toward the goals and objectives set for the year 2000. Towards this end, UNICEF has developed for global use a core set of 75 indicators for specific aspects of the situation of children, in coordination with other international organisations.

In 2001, Bosnia and Herzegovina will be presenting an End of Decade report on most of these indicators⁵. The B&H MICS 2000 has been implemented to provide end-of-decade information on many of the indicators. Information on the other available and country-relevant indicators will be derived from the existing data collections systems, other UNICEF supported surveys using MICS methodology (breast-feeding and iodine deficiency)¹⁻⁴ and various disease monitoring systems. A Multiple Indicator Cluster Survey to measure progress at mid-decade (1995) was not conducted, so for many of the indicators, the B&H MICS 2000 survey will provide the first baseline information.

Two entity teams conducted the B&H MICS 2000. In the Federation, the Federation Public Health Institute conducted the survey on behalf of the Ministry of Health. In Republika Srpska, the Ministry of Health and Social Welfare conducted the survey.

Each entity set up a Steering Committee comprising staff from key Ministries, other organisations and UNICEF, chaired by the relevant lead Ministry. The entire project was organised by a management committee comprising the entity teams and UNICEF staff, chaired by UNICEF. The production of the State level report was overseen by the Agency for Statistics of Bosnia and Herzegovina. Appendix B lists the main contributors to the survey and the organisational arrangements, including the membership and terms of reference for each committee.

An identical approach was used in each entity for survey design, methodology, survey tools, fieldwork training, data entry and analysis. UNICEF provided training and management support. Emphasis was placed on building the skills and competences of

young and mid career level survey technical staff in B&H. Three regional workshops were held with teams from other countries in the region, UNICEF consultants and other professionals in the field to ensure that the survey was carried out to a very high standard and used comparable global methodology. Additional technical support for sampling methodology and report production was provided by UNICEF. UNICEF prepared the final report in close collaboration with the entity teams, using a single set of data created by merging the two sets of entity data.

The UK Government provided UNICEF with funding through DfID (Department for International Development) totalling US\$ 150 000 and the remaining US \$ 40 000 for training came from UNICEF's regular resources.

This report presents results on the principal topics covered in the survey that relate to the World Summit indicators. Further analysis of the B&H MICS 2000 database will be carried out in 2001 and will be presented separately. It is expected that this unique database will be a rich source of information for years to come.

Bosnia and Herzegovina Background

In 1991, Bosnia and Herzegovina was one of the six republics of the then Federal Republic of Yugoslavia. Its population was 4,377,033, and GDP (1990) was 2,429 US \$ per capita. In April 1992, Bosnia and Herzegovina was internationally recognised as an independent country and became a member of the United Nations. War broke out in 1992 and ended with the signing of the Dayton Peace agreement in December 1995. The Peace Agreement established Bosnia and Herzegovina as a country of two entities, the Federation of Bosnia and Herzegovina and Republika Srpska, covering 51 129 km² (Federation 26 110 km² and Republika Srpska 25 053 km²) (See map 1)^{7, 8, 9}. The Federation is divided into ten cantons: Bosansko-Podrinjski; Central Bosnia; Herzeg – Bosna; Herzegovina-Neretva; Posavina; Sarajevo; Tuzla-Podrinja; Una Sana; Western Herzegovina; and Zenica-Doboj. These are subdivided into a total of 83 municipalities. Republika Srpska consists of a total of 64 municipalities.

The east and centre of Bosnia and Herzegovina has a distinctly sub-continental climate followed by blazing summers (and this survey was carried out in summer), while the south-west coastal hinterland has a Mediterranean climate. The terrain is hilly with high mountain ranges. Urban settlements are mostly located in the valleys.

Much of the country is thickly forested, but in the north along the river Sava lie rich alluvial plains, which provide the most fertile farming land in the country. Three quarters of Bosnia and Herzegovina belongs to the Black Sea basin, an area of rivers feeding the Black Sea, which lies on the Eastern side of the peninsula in which B&H lies. The rivers of the remaining quarter of the country drain into the Adriatic Sea.

The estimated population of Bosnia and Herzegovina is given below ^{7, 9}. The last complete census was conducted in 1991, since when there have been massive demographic changes as a result, directly or indirectly, of war and migration both within

and outside the country. The estimates for refugees and displaced persons in 2000 are also given below ^{7, 9}.

Estimated Population of Bosnia and Herzegovina, 2000

	Estimated population	Estimated refugees/displaced people
Federation of Bosnia and Herzegovina	2 297 774	420 000
Republika Srpska	1 448 538	132 298

There are still 305,000 Bosnian refugees living outside the country (two-thirds of whom live in FRY) and an estimated 819,000 internally displaced persons (480,000 in the Federation and 339,000 in RS) ¹⁰.

Between 1992 and the end of 1995 there was widespread conflict in B&H, leading to significant mortality, morbidity, massive population displacement and destruction of housing and infrastructure. During the war an estimated three percent of the population were killed – 140 000 people of whom up to 16,000 were children. Estimates, however, vary widely.

Since the end of the conflict, there has been some reconstruction with the support of the international community. The situation, however, remains difficult and economic recovery is poor. Despite massive population movement, this has been in the nature of population transfer from one house to another one, with relatively little new house building. There has been a loss of household stock due to war damage with recent efforts to repair and rebuild houses ¹¹. Bosnia and Herzegovina is still heavily mined with an estimated 1 million mines in place at the time of the survey (see map 2).

The B&H GDP for 1999 was estimated to be USD 3.5 billion ¹². Unemployment in 1999 was estimated to be 56 percent of the active population but this figure seems likely to be too high. However, many of those who are nominally employed have not been paid for some time or are paid very little ¹¹. Comprehensive health, education and social welfare services have survived the conflict and are functioning, but are under-funded and cannot meet the needs of the whole population.

The health profile of the population reflects many of the trends of Eastern Europe including high morbidity due to cardiovascular causes and cancer. Post war effects on health include high levels of physical and mental disability. The birth rate is declining and so far there is no evidence of a post war birth boom, in fact quite the opposite.

Survey Objectives

The objectives of the B&H MICS 2000 were:

- To provide up-to-date information from which to assess the situation of children and women in Bosnia and Herzegovina at the end of the decade and to make predictions for the next decade;
- To furnish the data needed to monitor progress toward the goals established at the World Summit for Children and as a basis for future action;
- To contribute to the improvement of data and monitoring systems in Bosnia and Herzegovina, and to strengthen technical expertise in the design, implementation, and analysis of such systems.

II. Survey Methodology

Sample Design

The sample for the survey was designed to provide estimates of the indicators at the national level, for urban and rural areas, and for the two entities - the Federation of Bosnia and Herzegovina and Republika Srpska. The district of Brèko in the North East corner of the State was not included in the survey, due to organisational and statistical sampling difficulties.

Developing a sampling frame was perhaps the single biggest challenge in this survey. The most recent complete census data were from 1991. Subsequently, there had been widespread conflict and massive population movements both within and from the state. A two stage sampling method was used and this is explained in detail in Appendix C.

Stage 1

The geographical area of Bosnia and Herzegovina (with the exception of Brèko district) was selected. The enumeration areas from the 1991 census were taken as the basis for developing the sampling frame. This was updated in the Federation using three additional sources of information, the OSCE voter lists, population estimates from UNHCR and municipality registration data. Additionally, the sampling frame was adjusted in RS using the results of a 1997 census of refugees and displaced people. The entire geographical area of the survey was then divided into segments using probability proportional to size at the municipality level. Each segment covered approximately 110 households. The segments were then randomly selected and an additional number of alternate segments were identified so that in the case of a segment being unusable (empty, mined etc.) an alternate segment could be assigned.

Stage 2

The fieldwork teams then went to their allocated segments and made a listing of all households in each segment. From these, the fieldwork supervisors with assistance from the entity statistical institutes updated the old maps if necessary, and in some cases made new maps. Where segments were empty of households, had fewer than 80 households or were heavily mined, they were excluded and an alternate segment selected from the reserve list. Adjustments to the sampling plan are described in detail in Appendix C.

Finally, the fieldwork supervisors listed all the households in the selected segments on a listing table, and 20 households were randomly selected from this table.

Questionnaires

The three questionnaires (household, women aged 15 - 49 and children under the age of five) for the B&H MICS 2000 were based on the MICS Model questionnaires with minor modifications and additions. A household questionnaire was administered in each household, which collected information on household members including sex, age, literacy, marital status and orphanhood status. The household questionnaire also included education, child labour and water and sanitation modules.

The questionnaire for women contained the following modules:

- Child mortality
- Maternal and new-born health
- Contraceptive use
- HIV/AIDS.

The questionnaire for children under the age of five was administered to the mother or carer of the child and included modules on:

- Birth registration and early learning
- Care during illness
- Immunisation
- Anthropometry¹.

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The MICS Model Questionnaires were translated from English into Bosnian/Croatian (Roman script) and Serbian (Cyrillic script). The questionnaires were then pre-tested in 100 households in each entity during June 2000. Based on the results of these pre-tests, modifications were made to the wording and translation of the questionnaires. For the full questionnaires, see Appendix D.

Fieldwork and Processing

In the Federation 10 teams collected the data, each comprising four interviewers, one driver and a supervisor. In RS, there were 10 teams, each comprising four or five interviewers, a driver and a supervisor. In each entity, a fieldwork co-ordinator provided overall supervision.

The field interviewers in each entity were trained for five days and the field supervisors received additional training. The fieldwork began in July 2000 and concluded in September 2000. The survey took place during the school holidays and during a period of very high day time temperatures (up to forty degrees centigrade). Fieldwork quality was

¹ The measurement of weight and height. This was performed using easily portable digital weighing scales measuring to 0.1 kg and locally made height and length measuring boards made according to UNICEF standard specifications.

maintained as follows: 10 percent of households were re-interviewed by field supervisors; UNICEF conducted field checks on a number of households; and questionnaires were checked by the fieldwork co-ordinator to ensure completeness of data and those with missing or absent data returned for checking.

Workshops were organised in each entity using locally modified and translated UNICEF training materials to train data entry staff. Data were entered on seven microcomputers in the Federation and four in Republika Srpska using the ISSA programme (Integrated System for Survey Analysis) and data was analysed using SPSS. In the Federation, seven data entry staff were employed and in the RS four. All questionnaires were double-entered and internal consistency checks were performed. Data processing began in August 2000 and finished in October 2000.

The procedures and standard programmes developed by UNICEF and adapted to the Bosnia and Herzegovina questionnaires were used throughout. The survey was managed using staged contracts, with payment from UNICEF based on meeting agreed quality indicators for all outputs (design, training, fieldwork, data entry, reports, data sets, analysis etc.).

III. Sample Characteristics and Data Quality

Response Rates

Of the 10 772 households selected for the survey sample, 10 742 were found to be occupied (Table 1). Of these, 10 546 were successfully interviewed to give a household response rate of 98 percent. The response rate was slightly higher in rural areas (99 %) than in urban areas (97%). In the interviewed households, 8 912 eligible women aged 15-49 years were identified. Of these, 8 726 were successfully interviewed, yielding a response rate of 98 percent. In addition, 2 642 children under the age of five years were listed in the household questionnaire. Of these, questionnaires were completed for 2 621 children giving a response rate of 99 percent.

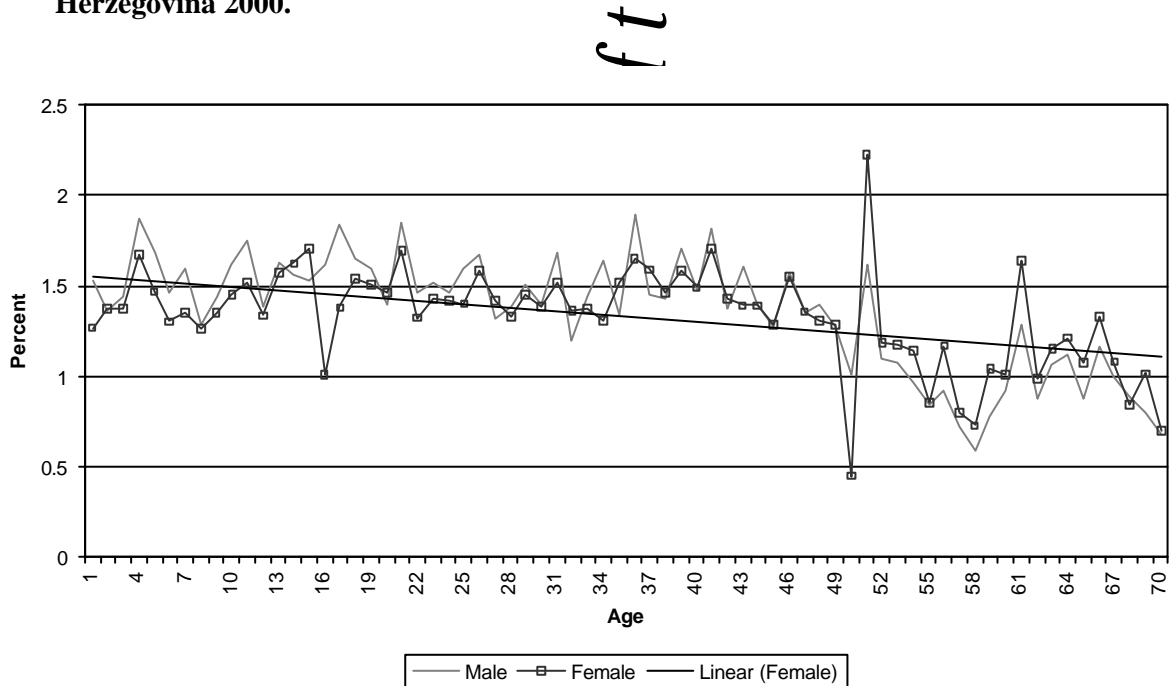
Table 1: Number of households, women and children under 5, and response rates, Bosnia and Herzegovina, MICS 2000

	Area		Total
	Urban	Rural	
Sampled households	4355	6417	10772
Occupied households	4337	6405	10742
Completed households	4207	6339	10546
Household response rate (%)	97.0	99.0	98.2
Eligible women	3530	5382	8912
Interviewed women	3466	5260	8726
Women response rate (%)	98.2	97.7	97.9
Children under 5	875	1767	2642
Interviewed children under 5	868	1753	2621
Child response rate (%)	99.2	99.2	99.2

Age Distribution and Missing Data

As shown in Table 1 in Appendix E and Figure 1, the single year age distribution of household members by sex exhibits some distortions centred around the age of 15 for females and the age of two for males. There appears to be significant heaping of women around the age of 50 and perhaps a slight dearth of women aged 18-19 years. For both sexes, some digit preference is evident for ages ending in 0 and 5. This reflects the normal tendency to round up to whole numbers.

Figure 1: Single year age distribution of the household population by sex, Bosnia and Herzegovina 2000.



As a basic check on the quality of the survey data, the percentage of cases missing information on selected questions is shown in Table 2. Nobody failed to give information on their level of education or years of education. All female respondents reported a complete birth date (i.e. month and year). The data on weight and height are the most likely of the selected information to be missing. This information is missing for less than 1 percent of children, possibly as the result of the child not being present, of refusal or for some other reason. By international standards, this percentage is very low in comparison to other surveys in which anthropometric measurements were taken.

Table 2: Percentage of cases missing information for selected questions, Bosnia and Herzegovina, MICS 2000

	% missing	% missing	Number
	Federation of B&H	Republika Srpska	
Level of education	.0	.0	29367
Year of education	.0	.0	29367
Number of hours worked	.0	.0	357
Complete birth date	.0	.0	2621
Diarrhoea in last 2 weeks	.0	.0	2621
Weight	.8	.7	2621
Height	.8	.8	2621

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Comparison of data between the two entities shows little unexplained variation, except for two questions relating to the indicators on Integrated Management of Childhood Illness. There may have been differences in training or questionnaire interpretation only for these questions. The others show a very high level of consistency across both entities.

These very low levels of missing data suggest that there were no significant problems with the questions or the fieldwork.

Characteristics of the Household Population

Information on the characteristics of the household population and the survey respondents is provided to assist in the interpretation of the survey findings and to serve as a basic check on the sample implementation.

Table 3: Percentage distribution of households by background characteristics, Bosnia and Herzegovina, MICS 2000

		Percent	Number
Entity	Federation of B&H	60.4	6368
	Republika Srpska	39.6	4178
Area	Urban	39.9	4207
	Rural	60.1	6339
Number of HH household members	1	11.1	1175
	2-3	41.5	4381
	4-5	39.1	4123
	6+	8.2	867
Total		100.0	10546

Table 3 and Table 4 present the percentage distribution of households in the sample according to background characteristics. Sixty percent of the households (6 368) were in FB&H and 40 percent (4 178) were in RS, as set by the sampling plan. About 40 percent of the households (4 207) were urban and 60 percent (6 339) were rural. Republika Srpska had a larger percentage of rural households than the Federation. Most of the households had between 2 and 3 members. Twenty-one percent of the households contained at least one child under five years of age and 66 percent contained at least one woman aged 15-49.

Table 4: Percentage distribution of household members by background characteristics, Bosnia and Herzegovina, MICS 2000

	Percent	Number
At least one child age < 15	44.4	10546
At least one child age < 5	21.2	10546
At least one woman age 15-49	66.1	10546

Table 5 shows the characteristics of female respondents aged 15-49 years. Women aged 35 – 39 years comprised the greatest percentage of the sample at 16 percent. The percentage distribution is fairly steady across all five-year age groups presented. Sixty-six percent of women in the sample were married/in union and 68 percent had given birth at some time. Sixty-four percent of women had had at least some secondary education, 36 percent had had only primary or no

education. We note that only a handful of women (103 in the Federation and 31 in RS) reported no or non-traditional education and so they have been merged into the primary education data to give a category called primary/no education.

Table 5: Percentage distribution of women 15-49 by background characteristics, Bosnia and Herzegovina, MICS 2000

		Percent	Number
Entity	Federation of B&H	63.9	5578
	Republika Srpska	36.1	3148
Area	Urban	39.7	3466
	Rural	60.3	5260
Age	15-19	13.6	1189
	20-24	14.7	1287
	25-29	14.4	1255
	30-34	14.5	1263
	35-39	15.8	1380
	40-44	14.9	1296
Marital status	45-49	12.1	1056
	Currently married	65.8	5738
	Formerly married	7.7	673
Ever given birth	Never married	26.5	2315
	Yes	68.3	5958
Woman's education level	No	31.7	2768
	Primary/None	36.3	3166
	Secondary	63.7	5560
Total		100.0	8726

Table 6 shows the characteristics of children under the age of five. Fifty-one percent of the children were male and 49 percent were female. On average, 41 percent of mothers had had primary education (73% in FB&H and 27% in RS). Note that for children whose mothers did not live in the household, the education of the child's carer was used.

Table 6: Percentage distribution of children under 5 by background characteristics, Bosnia and Herzegovina, MICS 2000

		Percent	Number
Sex	Male	51.4	1347
	Female	48.6	1274
Entity	Federation of B&H	72.6	1903
	Republika Srpska	27.4	718
Area	Urban	33.1	868
	Rural	66.9	1753
Age	< 6 months	9.3	244
	6-11 months	8.8	230
	12-23 months	18.3	480
	24-35 months	18.2	478
	36-47 months	23.9	627
	48-59 months	21.4	562
Mother's education level	Primary/None	41.0	1074
	Secondary	59.0	1547
Total		100.0	2621

IV. Results

A. Education

Universal access to basic education and the achievement of primary education by the world's children is one of the most important goals set by the World Summit for Children. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

Early childhood education

Only one in ten children aged 36-59 months is attending an organised early childhood education programme, such as kindergarten or community childcare with organised learning activities (Table 7). Slightly more girls than boys are attending these programmes. Children in urban areas (15%) are almost three times as likely to attend early learning activities as children in rural areas (6%).

Table 7: Percentage of children aged 36-59 months who are attending some form of organised early childhood education programme, Bosnia and Herzegovina MICS 2000

		Attending programme	Number of children
Sex	Male	8.1	620
	Female	9.5	569
Entity	Federation of B&H	9.8	882
	Republika Srpska	5.9	307
Area	Urban	15.2	376
	Rural	5.8	813
Age	36-47 months	6.9	627
	48-59 months	10.9	562
Mother's education level	Primary/None	5.9	524
	Secondary	11.0	665
Total		8.7	1189

World Summit for Children Goal => Number 26

Seven percent of children attend at age 3 – 4 years, and 11 percent of children attend at age 4 – 5 years. The education of the mother is related to the likelihood that a child will attend an early childhood education programme, since 6 percent of children whose mothers have only primary if any education attend these programmes compared to 11 percent of children whose mothers have secondary education.

Basic education

Overall, 94 percent of children of primary school age in Bosnia and Herzegovina are attending primary school (Table 8). This figure is the same for both entities, urban and rural areas and for boys and girls. Almost all (99%) of children who enter the first grade of primary school eventually reach grade five. There are no urban/rural or entity disparities in children reaching grade five.

Table 8: Percentage of children of primary school age attending primary school, Bosnia and Herzegovina, MICS 2000

		Sex				Total	
		Male		Female		%	Number
		Attending primary school		Attending primary school			
		%	Number	%	Number		
Entity	Federation of B&H	93.0	1474	94.3	1413	93.7	2887
	Republika Srpska	94.6	701	95.2	662	94.9	1363
Area	Urban	93.6	785	95.2	744	94.4	1529
	Rural	93.5	1390	94.3	1331	93.9	2721
Age up to 8 year	8	96.8	249	95.5	244	96.1	493
	9	97.9	281	96.9	259	97.4	540
	10	98.7	303	99.6	272	99.1	575
	11	98.3	238	98.7	239	98.5	477
	12	98.9	283	99.3	282	99.1	565
	13	98.2	272	99.7	291	98.9	563
	14	94.4	267	95.1	306	94.8	573
	15	66.0	282	61.0	182	64.0	464
Total age up to year		93.5	2175	94.6	2075	94.0	4250

World Summit for Children Goal => Number 6

Literacy

The vast majority (95%) of the population over age 15 years in Bosnia and Herzegovina is literate (Table 2 in Appendix E). The *literate* population as defined by this survey includes those who are reported to read a newspaper 'easily or with difficulty'. There are minor differences between entities and between urban and rural areas (urban 97%, rural 93%). Overall, women are slightly less likely than men to be literate (91% vs. 98%). There is a slight drop-off in literacy after the age of 65 years for men to 92 percent and a more marked drop-off for women (to 63%). Literacy is lower in older age groups. The percentage literate declines from almost 100 percent among those aged 15-34 years to 76 percent among the population aged 65 years and older. We note that there are many different ways of defining literacy and so comparisons with previous literacy measurements in the country should be made with caution.

B. Water and Sanitation

Use of drinking water (Table 3 in Appendix E)

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as infectious diarrhoea, hepatitis A, typhoid, giardiasis and other water borne diseases such as polio. Drinking water can also be tainted with chemical, physical and radiological contaminants, which are harmful to human health. In addition to its association with disease, access to drinking water may be particularly important for women and children, particularly in rural areas because they bear the primary responsibility for carrying water, often for long distances. The global definition of *safe drinking water* was used and this refers to sources of drinking water that are mechanically protected from contamination. The survey asked questions about the source of drinking water, but did not assess the quality of the water itself

Seventy-one percent of the population use drinking water that is piped into their dwellings. Nine percent of the population used water piped into their yard or plot. Tube well / bore hole with pump, protected spring and protected dug well account for the remainder.

The population using *safe drinking water* sources are defined for this survey as those who use any of the following types of supply: piped water; public tap; bore hole / tube well; protected well; protected spring; or rainwater. Overall, 98 percent of the population has access to *safe drinking water* – almost 100 percent in urban areas and 96 percent in rural areas.

Use of sanitation

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoea diseases and polio. *Sanitary means of excreta disposal* include: flush toilets connected to sewage systems or septic tanks; other flush toilets; improved pit latrines; and traditional pit latrines. Ninety-four percent of the population of Bosnia and Herzegovina is living in households with sanitary means of excreta disposal (Table 4 in Appendix E). This percentage is 99 percent in urban areas and 90 percent in rural areas.

C. Child Malnutrition

Nutritional status

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply and are not exposed to repeated illness, they reach their growth potential and are considered well nourished.

In a well-nourished population, there is a standard distribution of height and weight for children under the age of five years. Under-nourishment in a population can be gauged by comparing children to this standard distribution. The standard or reference population used here is the National Centre for Health Statistics (NCHS) standard, USA, which is recommended for use by UNICEF and the World Health Organisation and which is being used globally for comparisons in MICS surveys. Each of the four nutritional status indicators are expressed in standard deviation units (z-scores) from the median of this reference population.

Weight for age is a measure of both acute and chronic malnutrition. Children whose weight for age is more than two standard deviations below the median of the reference population are considered *moderately underweight* while those whose weight for age is more than three standard deviations below the median are classified as *severely underweight*.

Height for age is a measure of linear growth. Children whose height for age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as *moderately stunted*. Children whose height for age is more than three standard deviations below the median are classified as *severely stunted*. Stunting may be a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period or of recurrent or chronic illness. However, other factors may also contribute to high scores on this indicator.

Finally, children whose weight for height is more than two standard deviations below the median of the reference population are classified as *moderately wasted* while those whose weight is more than three standard deviations below the median are *severely wasted*. Wasting is usually the

result of a recent nutritional deficiency. This indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

Children who were not weighed and measured (approximately 1%) and children whose measurements are outside a plausible range are excluded (Table 9). The birth dates of all the children in the survey are known, so all the remaining children have been included.

Table 9: Percentage of children under 5 years of age throughout with missing height or weight data, Bosnia and Herzegovina, MICS 2000

		Missing height or weight data	Number of children
Sex	Male	.7	1347
	Female	1.0	1274
Entity	Federation of B&H	.8	1903
	Republika Srpska	.8	718
Area	Urban	.8	868
	Rural	.9	1753
Age	< 6 months	.0	244
	6-11 months	1.3	230
	12-23 months	.8	480
	24-35 months	1.0	478
	36-47 months	1.0	627
	48-59 months	.7	562
Mother's education level	Primary/None	.8	1074
	Secondary	.8	1547
Total		.8	2621

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World Summit for Children Goal => Number 3, 9, 26

Almost 4 percent of children under age five in Bosnia and Herzegovina are underweight and less than 1 percent are classified as severely underweight (Table 5 in Appendix E). Ten percent of children are stunted or too short for their age and 6 percent are wasted or too thin for their height.

Children whose mothers have secondary or higher education are the least likely to be underweight and stunted compared to children of mothers with less education. Boys appear to be slightly more likely to be underweight, stunted or wasted than girls.

Obesity is also a nutritional concern. Children whose weight for height is more than two standard deviations above the mean are considered *overweight* and more than three standard deviations above the mean are considered to be *obese* (Table 6 in Appendix E). Overall, 13 percent of children are overweight and 5 percent obese. Girls are slightly more often overweight (15%) than boys (12%).

Low birth weight

Infants who weigh less than 2500 grams (2.5 kg.) at birth are categorised as low birth weight babies. Since many infants are not weighed at birth and those who are weighed may be a biased sample of all births, reported birth weight cannot, normally, be used to estimate the prevalence of low birth weight among all children. Therefore, the percentage of babies weighing below 2500 grams at birth is estimated from the weight recorded on the health card or from the mother's recall of the baby's size at birth (i.e., very small, smaller than average, average, larger than average, very large). First, the two items are cross-tabulated for those children who were weighed at birth to obtain the proportion of babies in each category of size who weighed less than 2500 grams. This proportion is then multiplied by the total number of children falling in the

size category to obtain the estimated number of children in each size category who were of low birth weight. The numbers for each size category are summed to obtain the total number of low birth weight children. This number is divided by the total number of live births, to obtain the percentage with low birth weight.

However, almost 100 percent of babies whose births were reported in this survey were weighed at birth and in almost all cases we have documentary evidence in the form of written records from health care staff at the time of birth. This makes this indicator reliable. We were unable however to go back and check the reliability of the weighing equipment and techniques used to measure the children. We note that this is an uncommonly high percentage of babies to be weighed at birth, in global terms.

In Bosnia and Herzegovina, only 3 percent of infants are estimated to weigh less than 2500 grams at birth (Table 10). This percentage is low and the numbers are also very low. It is higher in rural areas (4%) compared to urban areas (2%). We note that these estimates only refer to children under the age of 5 who were low birth weight babies and who are still alive. The methodology therefore underestimates the numbers of low birth weight babies because some of these babies will have died by the age of five.

Table 10: Birth weight, Bosnia and Herzegovina, MICS 2000

		Birth weight				Total	Number
		<2500 gms (%)	2500+ gms (%)	NK or Missing (%)	Not weighted at birth (%)		
Entity	Federation of B&H	3.8	90.6	5.0	.6	100.0	340
	Republika Srpska	2.1	93.8	3.4	.7	100.0	145
Area	Urban	2.3	96.0	.6	1.1	100.0	174
	Rural	3.9	89.1	6.8	.3	100.0	311
Woman's education level	Primary/None	3.7	89.0	6.7	.6	100.0	164
	Secondary +	3.1	92.8	3.4	.6	100.0	321
Total		3.3	91.5	4.5	.6	100.0	485

D. Child Health

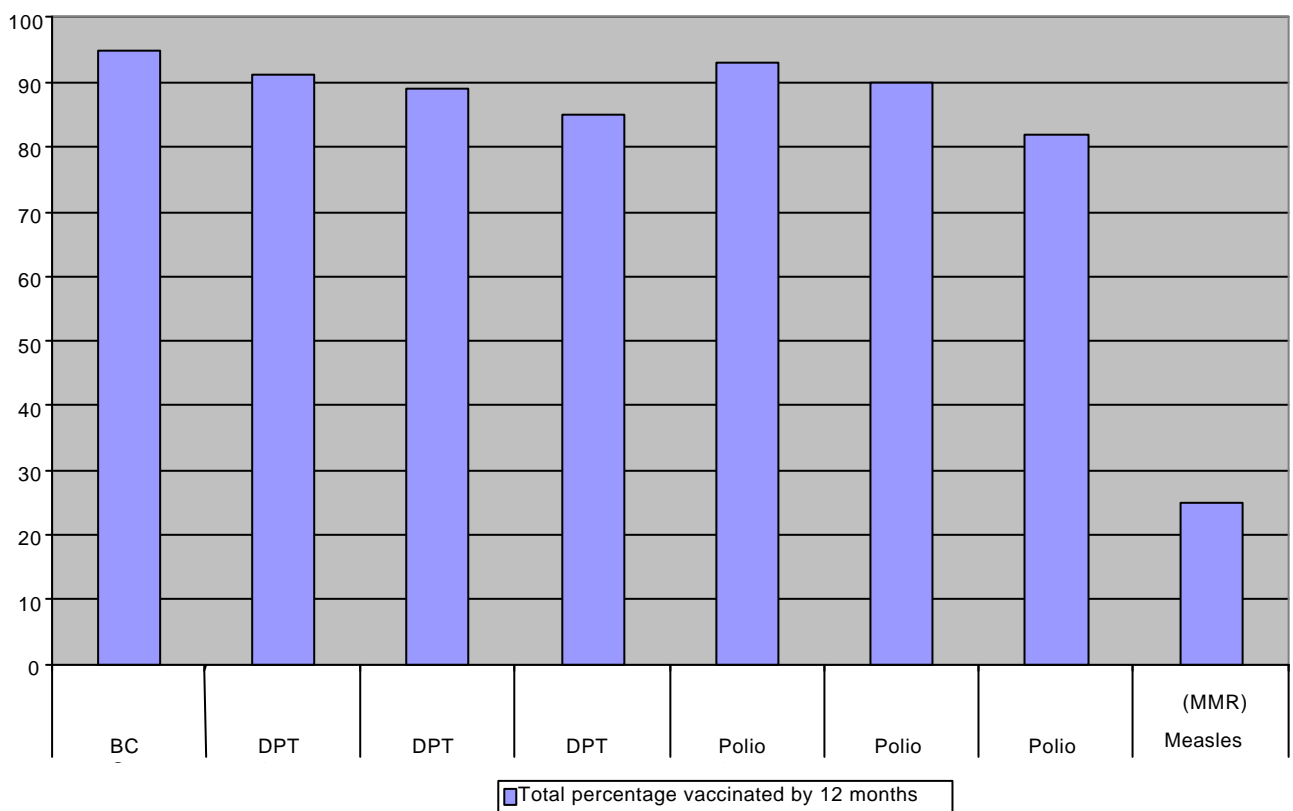
Immunisation coverage

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12 months. The schedule is slightly different in B&H as the upper age recommendation for measles, mumps and rubella vaccination (MMR) is 18 months. In this survey, mothers were asked to provide vaccination cards for children under the age of five. Interviewers copied vaccination information from the cards onto the B&H MICS 2000 questionnaire. Mothers were also probed to report any vaccinations the child had received that did not appear on the card. Overall, 86 percent of children had vaccination cards. If the child did not have a card, the mother was read a short description of each vaccine and asked to recall whether or not the child had received it and, for DPT and Polio, how many times.

Table 7 in Appendix E shows the percentage of children aged 12 to 23 months who received each of the vaccinations. The denominator for the table is comprised of children aged 12-23 months so that only children who are old enough to be fully vaccinated are counted. In the top three lines, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card or the mother's report. In the bottom two lines, only those who were vaccinated before their first birthday are included. For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards. Calculation of immunisation rates at 12 months from the MICS tables is based on the sum of the percentage of children aged 12-23 months vaccinated according to their health card and the percentage of children vaccinated according to their mother's report. This sum is multiplied by the probability of being vaccinated by 12 months of age, to derive the total percentage vaccinated (Figure 2).

All children aged 12-23 months, who have health cards, received a BCG vaccination by the age of 12 months and 99 percent had received the first dose of DPT. The percentage does not decline for subsequent doses of DPT, 98 percent for the second dose, and 97 percent for the third dose. Similarly, 99 percent of children received the first dose of Polio vaccine by the age of 12 months and this only declines to 96 percent by the third dose.

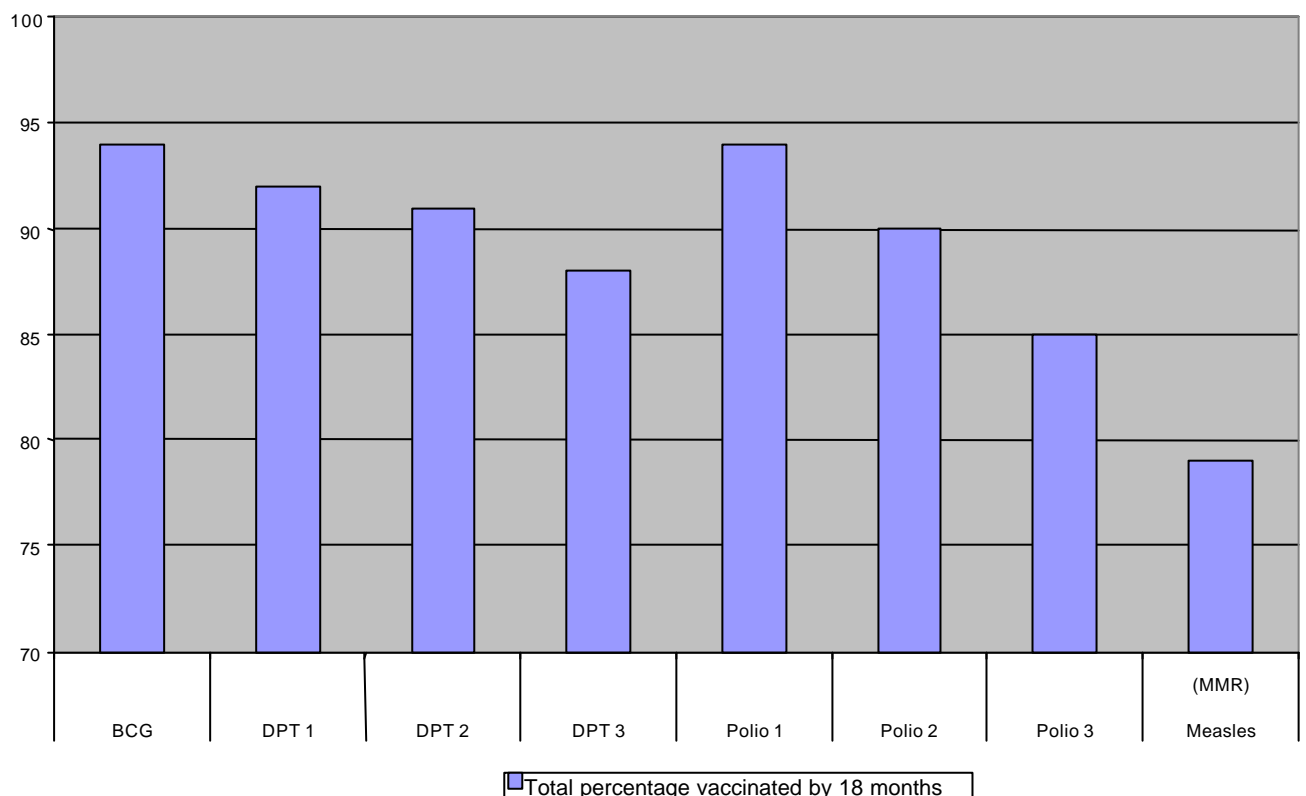
Figure 2: Total percentage of children aged 12-23 months immunised by 12 months of age, Bosnia and Herzegovina MICS 2000



The coverage for measles vaccine is lower than that for other vaccines. As per the local schedule, by eighteen months 79 percent of children had received the measles vaccine (Table 8 in

Appendix E), but by 12 months, only 25 percent had been vaccinated (Table 7 in Appendix E). As a result, the percentage of children who had all eight recommended vaccinations by their first birthday is very low at only 18 percent. However if the local schedule of measles vaccinations by age 18 months is taken into account, this rises to 70 percent (Figure 3).

Figure 3: Total percentage of children aged 18 – 29 months immunised by 18 months of age, Bosnia and Herzegovina MICS 2000



In Table 9 in Appendix E, the percentage of children age 12-23 months currently vaccinated against childhood diseases is shown according to background characteristics. Unlike the previous table, the estimates in this table refer to children who received the vaccinations by the time of the survey, even if they did not occur prior to the age of 12 months. A similar table is presented for children aged 12 – 29 months (Table 10 in Appendix E)

There is no variation between male and female, and very little variation between urban and rural areas. Children whose mothers have secondary/higher education are slightly more likely to have lower vaccination rates for polio and measles.

Diarrhoea and Acute Respiratory Infections

Dehydration caused by diarrhoea is a major cause of mortality and morbidity among the children of the world. Home management of diarrhoea – either through oral re-hydration salts (ORS) or a

recommended home fluid (RHF) - can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea.

In this survey, mothers/carers were asked to report whether their child had had diarrhoea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank. Overall, 9 percent of children under five years of age had had diarrhoea in the two weeks preceding the survey (Table 11 in Appendix E). The peak of diarrhoea prevalence occurred in the weaning period, among children aged 6-23 months.

Table 11 in Appendix E also shows the percentage of children receiving various types of recommended liquids during episodes of diarrhoea. Since mothers were able to name more than one type of liquid, the percentages do not necessarily add up to 100. One in five children received breast milk while they had diarrhoea. Children under the age of 12 months are especially likely to have received breast milk. About 20 percent of children received gruel and 13 percent received ORS. Children of mothers with secondary education appear to be more likely to receive ORS. Approximately eight in ten children with diarrhoea received one or more of the recommended home treatments (i.e. were treated with ORS or RHF).

Slightly less than one fifth of children with diarrhoea drank more than usual while three fifths drank the same or less (Table 12 in Appendix E). About three fifths ate somewhat less, the same, or more than usual while two fifths ate much less than usual or none. Overall, only one in ten children with diarrhoea received increased fluids and continued eating as recommended.

Table 11 shows the pattern of medical assistance sought for children with acute respiratory infections (ARI). In the MICS questionnaire, children with ARI are defined as those who have an illness with a cough accompanied by rapid or difficult breathing, and whose symptoms are due to a chest problem, a problem in the chest and a blocked nose, or whose mother did not know the source of the problem. One and a half percent of children had ARIs in the two weeks before the survey, and appropriate medical assistance had been sought in 80 percent of cases. Assistance was most often sought at primary health care centres (40%), hospitals (28%) and private physicians (20%). However, the definition of ARI is more appropriate for pneumonia and other severe acute lower respiratory infections, and as the survey was carried out in August, there were only a few children under the age of five years with such symptoms.

Integrated Management of Childhood Illness (IMCI) initiative

The Integrated Management of Childhood Illnesses (IMCI) is a programme developed by UNICEF and WHO that combines strategies for control and treatment of five major killers of children – acute lower respiratory tract infections, diarrhoeal dehydration, measles, malaria and malnutrition. Programmes for all of these (excepting malaria) have been implemented in Bosnia and Herzegovina. The programme focuses on the improvement of case management skills by health workers, improvement of the health system, and improvement of family and community practices in the prevention and early management of childhood illnesses. Appropriate home management of illness is one component of IMCI. The approach teaches mothers/carers that appropriate home management of diarrhoea or any other illness requires giving more fluids and continuing to feed sick children as they are normally fed.

Table 12 in Appendix E presents information on the drinking and eating behaviour of sick children. Almost 19 percent of children were reported to have had diarrhoea or some other illness in the two weeks preceding the survey. Of these, 26 percent drank more liquids during the illness and 65 percent continued eating (i.e., ate somewhat less, the same, or more). Overall, only 16 percent of ill children received increased fluids and continued eating as recommended under the IMCI programmed.

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Table 11: Percentage of children under 5 with acute respiratory infections in the two weeks before the survey and who have been treated by health providers, Bosnia and Herzegovina MICS 2000

		Had acute respiratory infection	Number of children under 5	Hospital	Primary Healthcare centre	Private physician	Traditional healer	Other	Any appropriate provider	Number of children with ARI
Sex	Male	1.8	1347	20.8	50.0	20.8	.0	12.5	79.2	24
	Female	1.3	1274	37.5	25.0	18.8	.0	6.3	81.3	16
Entity	Federation of B&H	1.6	1903	26.7	46.7	20.0	.0	6.7	83.3	30
	Republika Srpska	1.4	718	30.0	20.0	20.0	.0	20.0	70.0	10
Area	Urban	.9	868	25.0	50.0	25.0	.0	25.0	100.0	8
	Rural	1.8	1753	28.1	37.5	18.8	.0	6.3	75.0	32
Age	< 6 months	.4	244	.0	100.0	100.0	.0	.0	100.0	1
	6-11 months	1.3	230	33.3	33.3	.0	.0	.0	66.7	3
	12-23 months	2.1	480	30.0	10.0	20.0	.0	10.0	60.0	10
	24-35 months	.0	478	0
	36-47 months	3.0	627	26.3	52.6	26.3	.0	5.3	94.7	19
	48-59 months	1.2	562	28.6	42.9	.0	.0	28.6	71.4	7
Mother's education level	Primary/None	2.2	1074	37.5	37.5	8.3	.0	8.3	79.2	24
	Secondary	1.0	1547	12.5	43.8	37.5	.0	12.5	81.3	16
Total		1.5	2621	27.5	40.0	20.0	.0	10.0	80.0	40

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Promoting knowledge among carers about when it is appropriate to seek medical assistance for ill children is another important component of the IMCI programmed. In the B&H MICS 2000, mothers or carers of children were asked to name all of the symptoms that would cause them to take a child to a health facility right away. The most common response, given by 94 percent of mothers, was that they would take their child to a health facility right away if he/she developed a fever (Table 14 in Appendix E). Thirty-six percent said that the child becoming more ill would cause them to take the child to a health facility and 40 percent mentioned difficulty in breathing. Between 12 percent and 40 percent of mothers cited an inability to breast-feed, fast breathing, blood in stools, and drinking poorly as reasons for taking a child to a health facility right away.

Overall, 68 percent of mothers know at least two signs for seeking medical assistance. There is no apparent difference between urban and rural areas and very little in educational level.

E. HIV/AIDS

AIDS knowledge

One of the most important strategies for reducing the rate of HIV/AIDS infection is the promotion of accurate knowledge of how HIV/AIDS is transmitted and how to prevent transmission.

Among women aged 15-49 years in Bosnia and Herzegovina, 97 percent have heard of HIV/AIDS (Table 12). This percentage is 98 percent in urban areas and a little lower at 96 percent in rural areas. Women aged 15 – 49 years participating in the B&H MICS 2000 were read three statements about the means of HIV/AIDS transmission and asked to state whether they believed the statements were true. Half believed that having only one uninfected sex partner could prevent HIV/AIDS transmission. Half believed that using a condom every time one had sexual intercourse could prevent HIV/AIDS transmission and 39 percent agreed that abstaining from sexual intercourse prevents HIV/AIDS transmission. However we note that abstaining from sexual intercourse is not a realistic expectation, and therefore not a reliable method of preventing HIV/AIDS transmission. Data is also presented according to the two main ways of preventing HIV/AIDS transmission, and separately for the youngest women (15-19 years old) (Table 13) and women aged 20 –49 years of age (Table 14)

Table 12: Percentage of women aged 15-49 who know the main ways of preventing HIV transmission, Bosnia and Herzegovina, MICS 2000

		Heard of AIDS	Have only one faithful uninfected sex partner	Using a condom every time	Abstaining from sexual intercourse	Knows all three ways	Knows at least one way	Doesn't know any way	Number of women
Entity	Federation of B&H	95.7	47.6	46.6	37.6	26.7	59.3	40.7	5578
	Republika Srpska	97.9	58.7	53.3	42.7	31.3	68.6	31.4	3148
Area	Urban	98.0	60.0	59.5	44.9	33.5	73.2	26.8	3466
	Rural	95.5	46.0	42.2	35.8	24.9	55.7	44.3	5260
Age	15-19	97.4	53.2	50.3	41.4	29.9	65.6	34.4	1189
	20-24	97.0	57.2	55.1	42.9	33.3	68.1	31.9	1287
	25-29	97.4	53.5	51.6	41.5	29.9	65.2	34.8	1255
	30-34	97.5	53.4	50.1	39.4	28.5	62.9	37.1	1263
	35-39	96.7	49.2	47.6	37.3	26.4	60.9	39.1	1380
	40-44	95.5	49.6	46.1	38.5	26.2	61.0	39.0	1296
	45-49	93.4	44.0	41.6	34.3	23.6	53.5	46.5	1056
Woman's education level	Primary/None	92.8	35.2	31.1	28.7	18.4	43.7	56.3	3166
	Secondary +	98.6	60.9	59.3	45.5	34.0	73.4	26.6	5560
Total		96.5	51.6	49.1	39.4	28.3	62.6	37.4	8726

Monitoring HIV/AIDS Indicator

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Table 13: Percentage of women aged 15-19 who know the main ways of preventing HIV/AIDS transmission, Bosnia and Herzegovina MICS 2000

		Heard of AIDS	Have only one faithful uninfected sexual partner	Using a condom every time	Abstaining from sexual intercourse	Knows all three ways	Knows at least one way	Does not know any way	Number of women
Entity	Federation of B&H	96.5	47.7	45.6	38.1	26.9	60.0	40.0	723
	Republika Srpska	98.9	61.8	58.0	46.0	34.6	73.8	26.2	468
Area	Urban	98.7	61.6	62.5	49.6	37.5	76.9	23.1	464
	Rural	96.7	48.0	42.9	35.9	25.2	58.2	41.8	727
Age	15	96.5	39.0	35.5	33.7	18.0	53.5	46.5	172
	16	98.8	53.7	46.3	46.3	32.0	66.0	34.0	244
	17	96.9	51.6	50.8	38.8	28.3	65.1	34.9	258
	18	98.5	58.6	57.8	42.2	30.4	71.9	28.1	263
	19	96.5	59.1	57.1	42.9	37.4	66.9	33.1	254
Woman's education level	Primary/None	91.7	38.5	33.3	28.2	19.4	46.4	53.6	252
	Secondary +	99.0	57.3	55.2	44.7	32.8	70.6	29.4	939
Total		97.5	53.3	50.5	41.2	30.0	65.5	34.5	1191

Monitoring HIV/AIDS Indicator

Table 14: Percentage of women aged 20-49 who know the main ways of preventing HIV/AIDS transmission, Bosnia and Herzegovina MICS 2000

		Heard of AIDS	Have only one faithful uninfected sexual partner	Using a condom every time	Knows two ways	Knows one way	Does not know any way	Number of women
Entity	Federation of B&H	95.6	47.6	46.8	38.2	56.2	43.8	4855
	Republika Srpska	97.8	58.1	52.5	45.7	65.0	35.0	2680
Area	Urban	97.9	59.8	59.0	49.4	69.4	30.6	3002
	Rural	95.3	45.7	42.1	35.2	52.6	47.4	4533
Age	20-24	97.0	57.3	55.1	46.5	65.9	34.1	1289
	25-29	97.4	53.5	51.6	42.9	62.3	37.7	1253
	30-34	97.5	53.4	50.1	43.5	60.1	39.9	1263
	35-39	96.7	49.2	47.6	39.3	57.5	42.5	1380
	40-44	95.5	49.5	46.0	37.5	58.0	42.0	1294
	45-49	93.4	44.0	41.6	34.8	50.9	49.1	1056
Woman's education level	Primary/None	92.9	34.9	31.0	25.4	40.5	59.5	2914
	Secondary +	98.5	61.7	60.1	50.6	71.2	28.8	4621
Total		96.3	51.3	48.8	40.8	59.3	40.7	7535

Monitoring HIV/AIDS Indicator

Differences across age groups are not particularly large; the percentage of women in the 20-49 age group who know both main ways of transmission ranges from 47 percent among 20-24 year olds to 35 percent among 45-49 year olds. Rural women in this group are less likely to know both methods – 35 percent versus 49 percent of urban women. The level of education appears to be important – 25 percent of women with primary/no education know three ways compared to 51 percent of women with secondary/higher education.

Seven in ten women aged 15 – 49 correctly believe that a healthy looking person can be infected. This declines from 72 percent aged 15 – 19 years to 61 percent aged 45 – 49 years. Only 49 percent of women with primary/no education knew that a healthy looking person could be infected with HIV/AIDS compared with 80 percent of women with secondary school/higher education (Table 14).

Table 15: Percentage of women aged 15-49 who can correctly identify a misconception about HIV/AIDS, Bosnia and Herzegovina MICS 2000

		Heard of AIDS	A healthy looking person can be infected	Number of women
Entity	Federation of B&H	95.7	66.4	5578
	Republika Srpska	97.9	73.5	3148
Area	Urban	98.0	78.9	3466
	Rural	95.5	62.4	5260
Age	15-19	97.4	71.9	1189
	20-24	97.0	75.4	1287
	25-29	97.4	74.3	1255
	30-34	97.5	69.1	1263
	35-39	96.7	67.1	1380
	40-44	95.5	63.1	1296
	45-49	93.4	60.8	1056
Woman's education level	Primary/None	92.8	49.2	3166
	Secondary +	98.6	80.2	5560
Total		96.5	68.9	8726

Monitoring HIV/AIDS Indicator

Seven in ten women in Bosnia and Herzegovina knew that HIV/AIDS can be transmitted from mother to child (Table 15). When asked specifically about the mechanisms through which mother to child transmission can take place, 68 percent said that transmission during pregnancy was possible, 59 percent said that transmission at delivery was possible, and 54 percent agreed that HIV/AIDS can be transmitted through breast milk. Almost half of all women aged 15 – 49 years knew all three modes of transmission.

Table 16: Percentage of women aged 15-49 who can correctly identify means of HIV/AIDS transmission from mother to child, Bosnia and Herzegovina, MICS 2000

		Knows AIDS can be transmitted from mother to child	Transmission during pregnancy possible	Transmission at delivery possible	Transmission through breast milk possible	Did not know all three specific ways	Number of women	
Entity	Federation of B&H	72.5	68.2	57.9	53.3	47.1	29.7	5578
	Republika Srpska	72.5	67.3	60.2	54.4	48.4	30.1	3148
Area	Urban	81.7	77.9	66.5	59.3	53.1	20.3	3466

	Rural	66.5	61.3	53.6	50.0	44.0	36.2	5260
Age	15-19	70.1	63.7	53.6	49.7	43.2	33.7	1189
	20-24	75.5	71.4	62.0	55.4	49.0	26.5	1287
	25-29	76.3	72.1	62.8	56.5	49.9	25.6	1255
	30-34	74.8	71.2	60.3	57.3	50.7	27.2	1263
	35-39	72.6	68.6	59.1	53.4	47.5	29.3	1380
	40-44	69.5	64.0	56.5	52.9	46.7	33.2	1296
	45-49	67.9	63.4	56.1	49.9	45.6	34.7	1056
Woman's education level	Primary/None	60.1	55.0	47.7	45.8	40.0	42.5	3166
	Secondary +	79.6	75.3	65.0	58.2	51.9	22.7	5560
Total		72.5	67.9	58.7	53.7	47.6	29.9	8726

Monitoring HIV/AIDS Indicator

The survey also attempted to measure discriminatory attitudes towards people living with HIV/AIDS. To this end, respondents were asked whether they agreed with two questions. The first asked whether a teacher who has the AIDS virus but is not sick should be allowed to continue teaching in school. The second question asked whether the respondent would buy food from a shopkeeper or food seller whom the respondent knew to be infected with HIV/AIDS. The results are presented in Table 16.

Table 17: Percentage of women aged 15-49 who express a discriminatory attitude towards people with HIV/AIDS, Bosnia and Herzegovina, MICS 2000

		Believes that a teacher with HIV/AIDS should not be allowed to work	Would not buy food from a person with HIV/AIDS	Agrees with at least one discriminatory statement	Agrees with neither discriminatory statement	Number of women
Entity	Federation of B&H	23.4	13.1	24.9	75.1	5578
	Republika Srpska	21.7	8.4	22.6	77.4	3148
Area	Urban	31.5	15.1	32.5	67.5	3466
	Rural	17.0	9.0	18.6	81.4	5260
Age	15-19	27.8	13.6	29.2	70.8	1189
	20-24	28.2	15.7	30.3	69.7	1287
	25-29	26.3	12.4	27.7	72.3	1255
	30-34	23.2	10.8	24.1	75.9	1263
	35-39	19.4	9.6	20.4	79.6	1380
	40-44	17.7	9.4	19.1	80.9	1296
Woman's education level	Primary/None	11.9	6.7	13.3	86.7	3166
	Secondary +	29.0	14.1	30.3	69.7	5560
Total		22.8	11.4	24.1	75.9	8726

Monitoring HIV/AIDS Indicator

Almost one in four women aged 15–49 years believe that a teacher with HIV/AIDS should not be allowed to work. This percentage does not vary by entity. Urban women, younger women and those with secondary or higher education are more likely to express this discriminatory attitude than older women, rural women and those with no or primary education. Eleven percent of women would not buy food from a person infected with HIV/AIDS and this follows the same pattern as the first question. Overall, 24 percent of women agree with at least one of the discriminatory statements.

Tables 18 and 19 summarise information from the previous tables on HIV/AIDS knowledge (Tables 13 - 17). The second column shows the percentage of women who know both means of preventing HIV/AIDS transmission – having one faithful uninfected partner and using a condom every time. Thirty percent of women aged 15 – 19 know both ways and 41 percent of women aged 20 –49. The third column of the tables shows the percentage of women who correctly identified a misconception about HIV/AIDS transmission – that a healthy looking person cannot be infected. Seventy-two percent of the younger group of women correctly identified this misconception, compared to 69 percent of women aged 20 –49. Finally, the fourth column of the table shows the percentage of women who have ‘sufficient knowledge’ of HIV/AIDS transmission. These are women who know both ways of preventing HIV/AIDS transmission and can correctly identify all the misconceptions. Only 27 percent of women aged 15-19 fall into this category, and 36 percent of the 20 – 49 year olds.

Table 18: Percentage of women aged 15-19 who have sufficient knowledge of HIV/AIDS transmission, Bosnia and Herzegovina, MICS 2000

		Heard of AIDS	Know 2 ways to prevent HIV transmission	Correctly identify the misconception about HIV transmission	Have sufficient knowledge	Number of women
Entity	Federation of B&H	96.5	26.9	66.0	24.5	723
	Republika Srpska	98.9	34.2	80.8	30.8	468
Area	Urban	98.7	37.5	81.5	34.9	464
	Rural	96.7	25.2	65.9	22.3	727
Age	15	96.5	18.0	61.6	16.3	172
	16	98.8	32.0	71.3	28.7	244
	17	96.9	28.3	69.4	25.2	258
	18	98.5	30.4	80.6	28.5	263
	19	96.5	37.4	73.2	33.9	254
Woman's education level	Primary/None	91.7	19.4	48.4	17.1	252
	Secondary +	99.0	32.8	78.3	29.9	939
Total		97.5	30.0	72.0	27.2	1191

Monitoring HIV/AIDS Indicator

Table 19: Percentage of women aged 20 – 49 who have sufficient knowledge of HIV/AIDS transmission, Bosnia and Herzegovina MICS 2000

		Heard of AIDS	Know 2 ways to prevent HIV transmission	Correctly identify the misconception about HIV transmission	Have sufficient knowledge	Number of women
Entity	Federation of B&H	95.6	38.2	66.4	33.5	4855
	Republika Srpska	97.8	45.7	72.2	40.4	2680
Area	Urban	97.9	49.4	78.5	45.2	3002
	Rural	95.3	35.2	61.8	29.8	4533
Age	20-24	97.0	46.5	75.3	42.1	1289
	25-29	97.4	42.9	74.3	38.8	1253
	30-34	97.5	43.5	69.1	37.5	1263
	35-39	96.7	39.3	67.1	33.7	1380
	40-44	95.5	37.5	63.1	32.6	1294
	45-49	93.4	34.8	60.8	30.4	1056

Woman's education level	Primary/None	92.9	25.4	49.3	20.0	2914
	Secondary +	98.5	50.6	80.5	45.9	4621
Total		96.3	40.8	68.5	35.9	7535

Monitoring HIV/AIDS Indicator

Knowledge of HIV/AIDS transmission varies by level of education (Figures 4 and 5). Women with secondary or higher education are almost twice as likely to know both ways to prevent transmission than women with primary/no education, especially among the women aged 20 – 49. They are over one and a half times more likely to correctly identify the misconception about AIDS and twice as likely to have sufficient knowledge of HIV/AIDS transmission.

Figure 4: Percentage of women aged 15 – 19 who know the main ways to prevent HIV/AIDS transmission, by level of education, Bosnia and Herzegovina MICS 2000

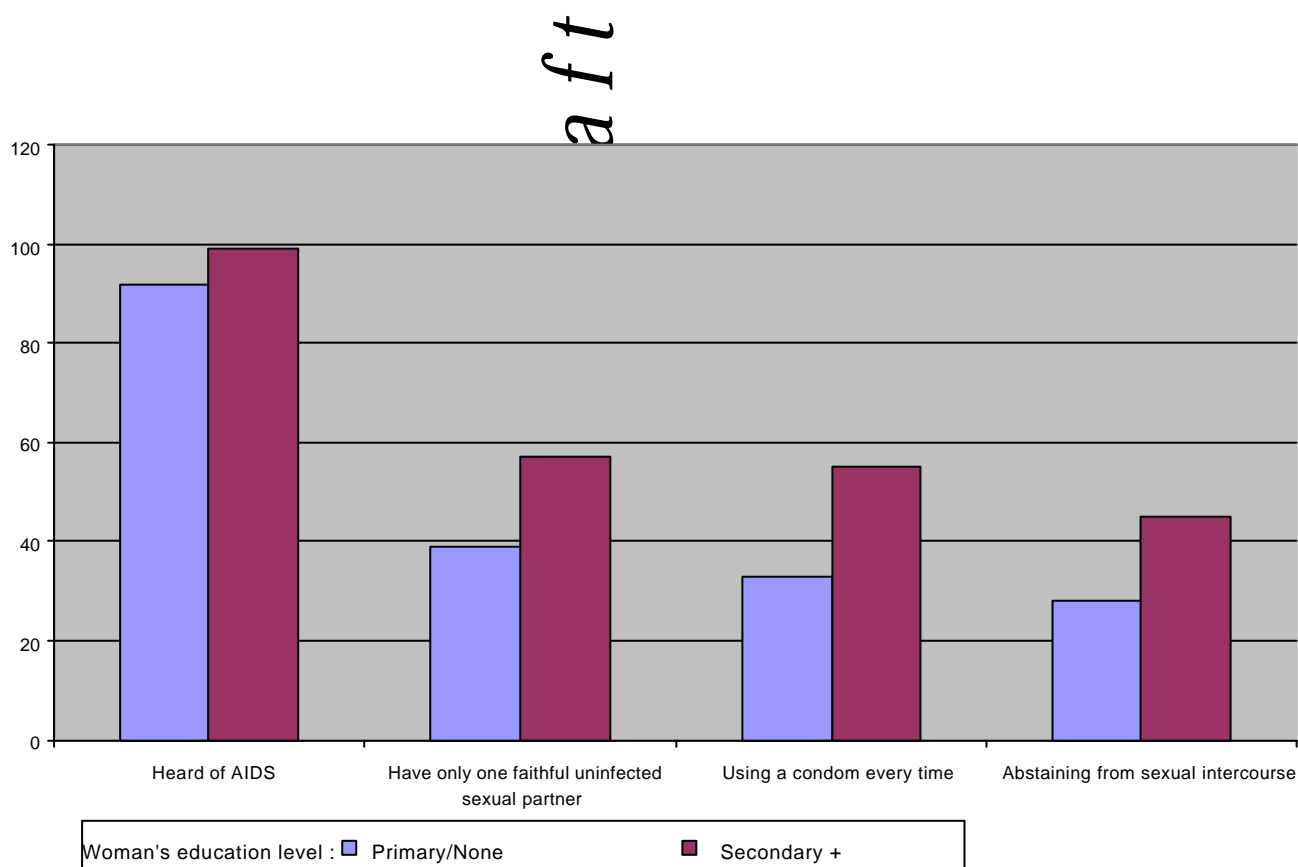
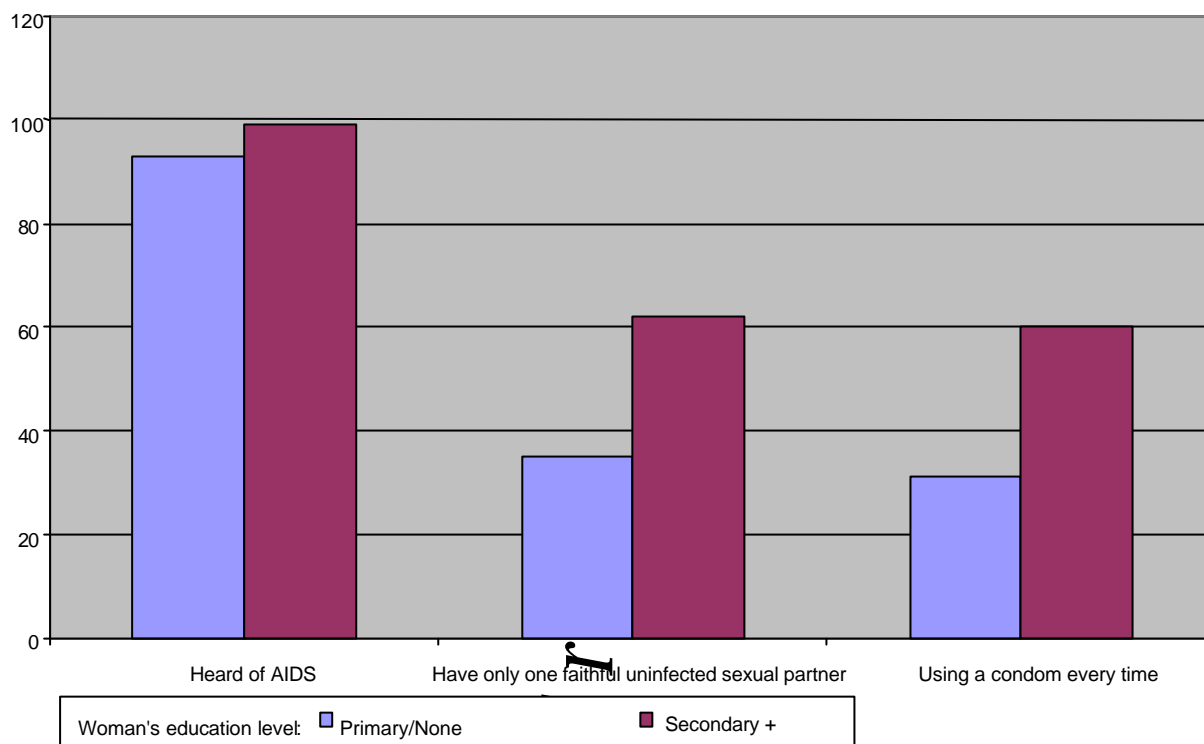


Figure 5: Percentage of women aged 20-49 who know the main ways of preventing HIV/AIDS transmission, by level of education, Bosnia and Herzegovina MICS 2000



The level of education is also an important factor in whether a woman has sufficient knowledge about HIV/AIDS (Figures 6 and 7)

Figure 6: Percentage of women aged 15 – 19 who have sufficient knowledge of HIV/AIDS transmission, Bosnia and Herzegovina 2000

Percentage of women aged 15-19 who have sufficient knowledge of HIV/AIDS transmission, by the level of education, B&H MICS 2000

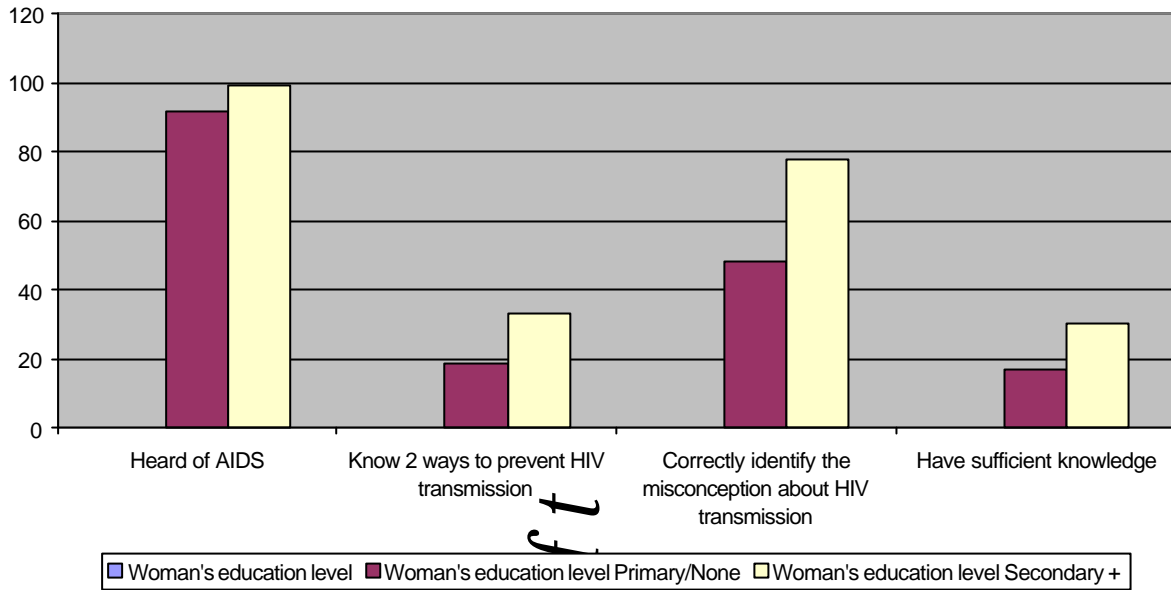
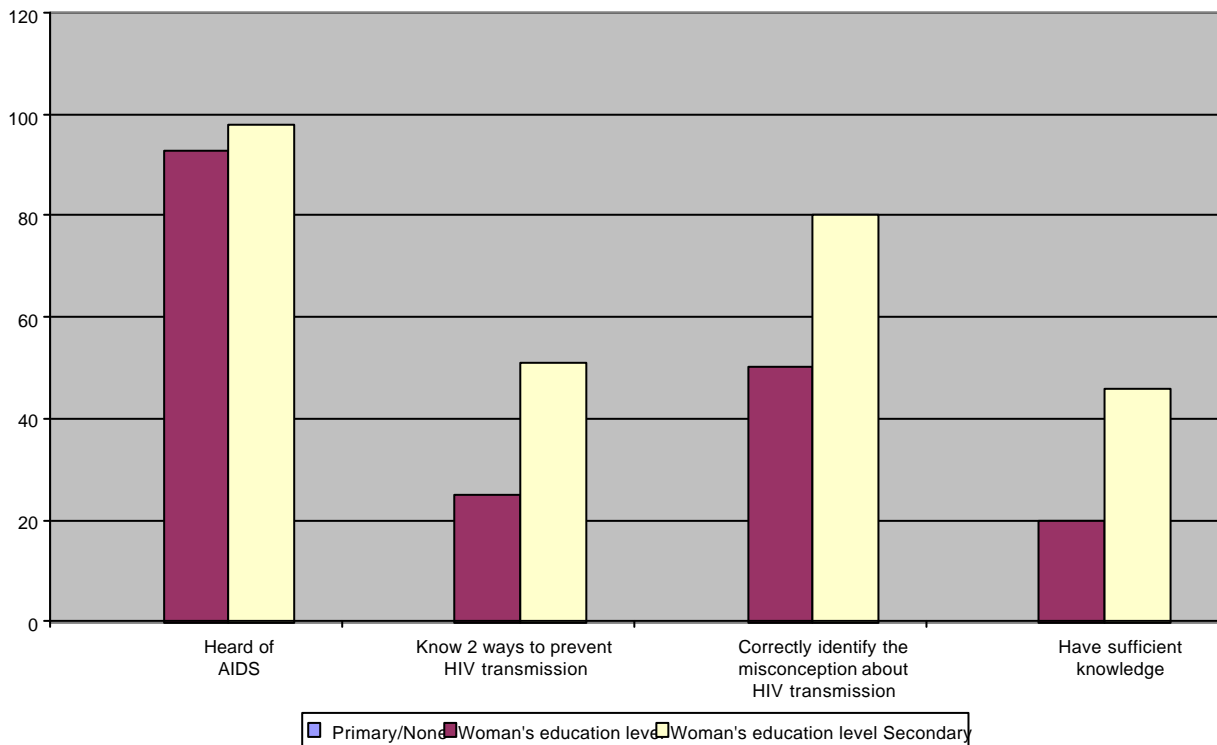


Figure 7: Percentage of women aged 20 – 49 who have sufficient knowledge of HIV/AIDS transmission, by level of education, Bosnia and Herzegovina MICS 2000



F. Reproductive Health

Contraception

Current use of contraception was reported by 48 percent of married or in union women (Table 20). The most popular method is withdrawal which is used by just over one in four married women in Bosnia and Herzegovina. The next most popular method is the IUD (full form), used by 8 percent of married women or in union women. Between 2 percent and 5 percent of women reported using the oral contraceptive pill, periodic abstinence or condoms. Less than one percent use any of the following - female or male sterilisation, diaphragm/foam/jelly or the lactational amenorrhoea method (LAM). Implants and female condoms are not used.

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Table 20: Percentage of married or in union women aged 15-49 who are using (or whose partner is using) a contraceptive method, Bosnia and Herzegovina MICS 2000

		Current method													Total	Any modern method	Any traditional method	Any method	Number of currently married women
		No method	Female sterilization	Male sterilization	Pill	IUD	Implants	Condom	Female condom	Diaphragm/foam/jelly	LAM	Periodic abstinence	Withdrawal	Other					
Entity	Federation of B&H	51.3	.2	.1	5.1	7.3	.0	2.9	.1	.1	.8	5.1	26.9	.1	100.0	15.7	32.9	48.7	3767
	Republika Srpska	54.9	.1	.0	3.2	8.9	.0	3.3	.0	.2	.1	2.2	26.8	.3	100.0	15.7	29.4	45.1	1971
Area	Urban	54.4	.1	.0	5.0	9.6	.0	4.0	.0	.1	.3	3.3	23.0	.0	100.0	18.9	26.7	45.6	2099
	Rural	51.5	.1	.1	4.2	6.8	.0	2.5	.1	.1	.7	4.6	29.1	.2	100.0	13.9	34.6	48.5	3639
Age	15-19	68.1	.0	.0	2.9	.0	.0	4.3	.0	.0	2.9	1.4	20.3	.0	100.0	7.2	24.6	31.9	69
	20-24	60.3	.0	.0	3.2	4.1	.0	3.6	.0	.0	2.4	1.0	25.4	.0	100.0	10.8	28.8	39.7	590
	25-49	51.4	.1	.0	4.6	8.4	.0	3.0	.0	.1	.3	4.5	27.2	.2	100.0	16.4	32.2	48.6	5079
Woman's education level	Primary/None	52.8	.0	.1	3.3	6.8	.0	1.6	.0	.1	.5	3.9	30.6	.2	100.0	12.0	35.2	47.2	2459
	Secondary +	52.3	.2	.0	5.3	8.7	.0	4.1	.0	.2	.5	4.3	24.1	.1	100.0	18.6	29.1	47.7	3279
Total		52.5	.1	.0	4.5	7.9	.0	3.1	.0	.1	.5	4.1	26.9	.2	100.0	15.7	31.7	47.5	5738

World Summit for Children Goal => Number 10

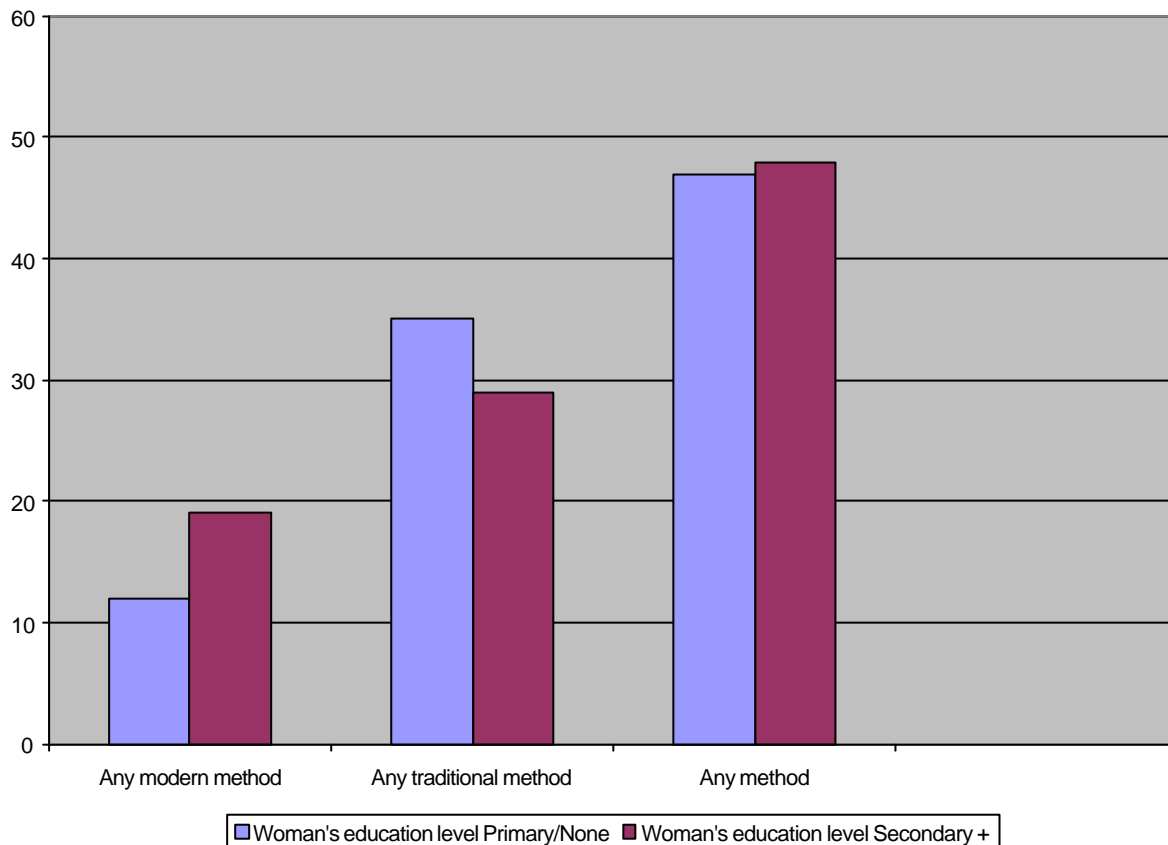
Table 21: Percent distribution of women aged 15-49 who gave birth in the last year according to the type of personnel delivering ante-natal care, Bosnia and Herzegovina MICS 2000

		Person delivering ante-natal care						Total	Any skilled personnel	Number of women
		Doctor	Nurse/midwife	Auxiliary midwife	Traditional birth attendant	Other/missing	No ante-natal care received			
Entity	Federation of B&H	95.9	2.6	.3	.3	.6	.3	100.0	98.8	340
	Republika Srpska	99.3	.7	.0	.0	.0	.0	100.0	100.0	145
Area	Urban	96.6	2.9	.0	.0	.6	.0	100.0	99.4	174
	Rural	97.1	1.6	.3	.3	.3	.3	100.0	99.0	311
Woman's education level	Primary/None	95.1	3.0	.6	.6	.6	.0	100.0	98.8	164
	Secondary +	97.8	1.6	.0	.0	.3	.3	100.0	99.4	321
Total		96.9	2.1	.2	.2	.4	.2	100.0	99.2	485

World Summit for Children Goals => Numbers 9, 11

Contraceptive prevalence is slightly higher in urban than in rural areas. Adolescents are less likely to use contraception than older women. The educational level of women is not strongly associated with the use of contraceptives (Figure 8).

Figure 8: Percentage of married or in union women who are using a method of contraception, by education level, Bosnia and Herzegovina MICS 2000



Prenatal care

High quality prenatal care can contribute to the prevention of maternal mortality by detecting and managing potential complications and risk factors, including pre-eclampsia, anaemia and sexually transmitted diseases. Ante-natal care also provides opportunities for women to learn the danger signs of pregnancy and delivery, to be immunised against tetanus, to learn about infant care, and be treated for existing conditions, such as anaemia.

Female respondents who had given birth in the year prior to the B&H MICS 2000 survey were asked whether they had received ante-natal care for the birth and, if so, what type of person provided the care. If the woman saw more than one type of provider, all were recorded in the questionnaire. Table 21 presents the percent distribution of women who had given birth in the year prior to the B&H MICS 2000 according to the type of personnel who delivered the ante-natal care. If more than one provider was mentioned by the respondent, she was categorised as having seen the most skilled person she mentioned.

Virtually all women in the survey (99%) receive some type of prenatal care from skilled personnel (doctor, nurse, midwife). The majority (97%) of women who had given birth in the

year prior to the survey received ante-natal care from a doctor, 2 percent from a nurse, and less than one percent from a midwife or traditional birth attendant.

Assistance at delivery

The provision of delivery assistance by trained attendants can greatly improve the outcome for mother and child by the use of appropriate technical procedures, and accurate and speedy diagnosis and treatment of complications. *Skilled assistance at delivery* is defined as assistance provided by a doctor, nurse or midwife. Virtually all births occurring in the year prior to the B&H MICS 2000 survey were attended by skilled personnel (Table 22). More than one in four babies born in this year were delivered with the assistance of a doctor and the remainder were assisted by a nurse.

G. Child Rights

Birth registration

The International Convention on the Rights of the Child states that every child has the right to a name and a nationality, and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. The births of 98 percent of children under five years of age in Bosnia and Herzegovina have been registered (Table 23). There are no variations in birth registration according to sex, age or education categories.

Orphanhood and living arrangements of children

Children who are orphaned or living away from their parents may be at increased risk of impoverishment, discrimination, denial of property rights and rights to inheritance, various forms of abuse, neglect, and exploitation of their labour or sexuality. Monitoring the numbers of orphans and the living arrangements of children assists in identifying those who may be at risk and in tracking changes over time.

In Bosnia and Herzegovina, 93 percent of children aged 0-14 are living with both parents (Table 24). About 2 percent are living with their mother only although their father is alive. Less than 1 percent are living with neither parent although both parents are alive. Children who are not living with a biological parent comprise less than 1 percent and children who have one or both parents dead amount to 5 percent of all children aged 0-14 years. Older children are more likely to have one or more parents dead. Only 1 percent of children under the age of five years have one or more parents dead compared to 7 percent of children aged 10-14 years.

Child labour

It is important to monitor the extent to which children work, and the type of work in which they participate, for several reasons. Children who are working are less likely to attend school and more likely to drop out. This pattern can trap children in a cycle of poverty and disadvantage. Working conditions for children are often unregulated with few safeguards against potential abuse. In addition, many types of work are intrinsically hazardous and others present less obvious hazards to children, such as exposure to pesticides in agricultural work, carrying heavy weights and scavenging in garbage dumps.

Table 22: Percentage distribution of women aged 15-49 who gave birth in the last year according to the type of personnel assisting at delivery, Bosnia and Herzegovina MICS 2000

		Person assisting at delivery					Total	Any skilled personnel	Number of women
		Doctor	Nurse/midwife	Auxiliary midwife	Relative/friend	Other/NK			
Entity	Federation of B&H	85.6	13.8	.6	.0	.0	100.0	100.0	340
	Republika Srpska	80.7	17.2	.7	.7	.7	100.0	98.6	145
Area	Urban	85.6	13.2	.6	.0	.6	100.0	99.4	174
	Rural	83.3	15.8	.6	.3	.0	100.0	99.7	311
Woman's education level	Primary/None	78.0	20.1	.6	.6	.6	100.0	98.8	164
	Secondary +	87.2	12.1	.6	.0	.0	100.0	100.0	321
Total		84.1	14.8	.6	.2	.2	100.0	99.6	485

World Summit for Children Goal => Numbers 11

Table 23: Percentage distribution of children aged 0-59 months according to whether the birth is registered, and reasons for non-registration, Bosnia and Herzegovina MICS 2000

		Registration status							Total	Number of children
		Birth registered	NK if birth registered	Must travel too far	Did not know it should be registered	Does not know where to register	Other	Reason NK or Missing		
Sex	Male	98.7	.3	.2	.0	.1	.4	.2	100.0	1347
	Female	98.1	.4	.2	.2	.2	.5	.2	100.0	1274
Entity	Federation of B&H	98.1	.4	.3	.2	.3	.5	.3	100.0	1903
	Republika Srpska	99.3	.1	.0	.0	.0	.6	.0	100.0	718
Area	Urban	97.9	.6	.2	.1	.1	.9	.1	100.0	868
	Rural	98.6	.2	.2	.1	.2	.3	.3	100.0	1753
Age	< 6 months	92.6	.4	.4	.8	.8	3.3	1.6	100.0	244
	6-11 months	99.1	.0	.4	.0	.4	.0	.0	100.0	230
	12-23 months	98.3	.6	.2	.0	.2	.4	.2	100.0	480
	24-35 months	98.7	.4	.2	.0	.2	.4	.0	100.0	478
	36-47 months	99.5	.3	.2	.0	.0	.0	.0	100.0	627
	48-59 months	99.1	.2	.2	.2	.0	.2	.2	100.0	562
Mother's education level	Primary/None	97.2	.6	.4	.2	.4	1.0	.3	100.0	1074
	Secondary	99.2	.2	.1	.1	.1	.1	.2	100.0	1547
Total		98.4	.3	.2	.1	.2	.5	.2	100.0	2621

Monitoring Children's Rights Indicator

Table 24: Percentage of children 0-14 years of age in households surveyed who are not living with a biological parent, Bosnia and Herzegovina MICS 2000

		Living arrangement										Total	Not living with a biological parent	One or both parents dead	Number of children
		Living with both parents	Living with neither: only father alive	Living with neither: only mother alive	Living with neither: both are alive	Living with neither: both are dead	Living with mother only: father alive	Living with mother only: father dead	Living with father only: mother alive	Living with father only: mother dead	Impossible to determine				
Sex	Male	92.8	.1	.1	.4	.0	1.7	4.1	.3	.3	.1	100.0	.6	4.7	4005
	Female	92.3	.1	.1	.4	.1	2.1	3.9	.3	.3	.4	100.0	.6	4.5	3880
Entity	Federation of B&H	93.9	.1	.1	.3	.1	1.4	3.5	.3	.3	.2	100.0	.5	3.9	5499
	Republika Srpska	89.5	.1	.2	.7	.0	3.0	5.3	.4	.5	.3	100.0	1.0	6.1	2386
Area	Urban	91.0	.0	.1	.3	.0	3.0	4.9	.1	.2	.3	100.0	.5	5.3	2718
	Rural	93.4	.1	.1	.5	.1	1.3	3.6	.5	.4	.2	100.0	.7	4.2	5167
Age	0-4 years	97.2	.0	.0	.2	.0	1.5	.8	.1	.2	.1	100.0	.2	1.0	2642
	5-9 years	91.4	.2	.1	.5	.0	1.8	4.9	.3	.4	.3	100.0	.8	5.6	2490
	10-14 years	89.1	.0	.2	.5	.1	2.3	6.3	.6	.5	.3	100.0	.9	7.2	2753
Total		92.6	.1	.1	.4	.1	1.9	4.0	.3	.3	.2	100.0	.6	4.6	7885

Monitoring Children's Rights Indicator

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The B&H MICS 2000 survey estimates that less than 1 percent of children aged 5-14 years engage in paid work (Table 15 in Appendix E). About six times as many (6%) participate in unpaid work for someone other than a household member.

‘Domestic work’ is defined as cooking, shopping, cleaning, washing clothes, fetching water, and caring for children. Slightly more than half of the children do these tasks for less than four hours a day while less than 1 percent spend more than four hours a day on such tasks. Overall, girls are somewhat more likely than boys, and older children (aged 10-14 years) are more likely than younger children (aged 5-19 years) to do domestic work.

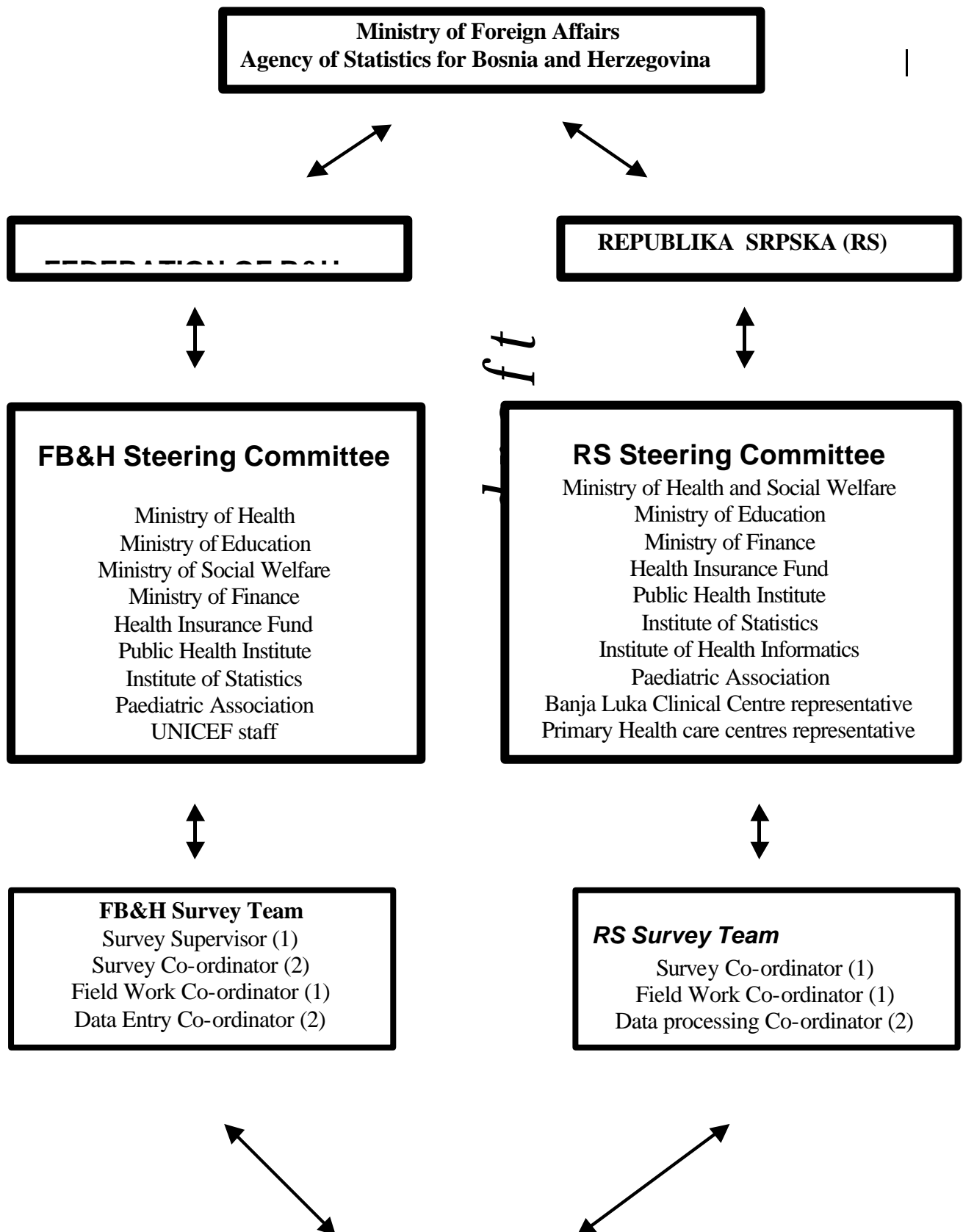
Fifteen percent of children work on the family farm or in the family business. Children who have carried out any paid or unpaid work for someone who is not a member of the household or who did more than four hours of housekeeping chores in the household or who did other family work are considered to be ‘currently working’. Overall, 18 percent of children are so classified. There is some difference between boys and girls – 20 percent of boys and 16 percent of girls are currently working.

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12. BiH Economic Update, 2000. First Quarter, 2000. USAID

Appendix B: List of Personnel Involved in the Bosnia and Herzegovina MICS 2000 Survey



Management Committee
UNICEF

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THE PERSONNEL INVOLVED IN THE B&H MICS 2000

Bosnia and Herzegovina MICS 2000

Report preparation: Dr Mary E Black, UNICEF Bosnia and Herzegovina
Validation of data: Ms Slavka Popovic, Member of the Management Board of the Agency for Statistics of Bosnia and Herzegovina
Editing and translation: Dr Sanja Mandic, UNICEF Bosnia and Herzegovina
Editing (English): Ms Anne Hand, Independent consultant
Translator (Local language): Ms Svetlana Pavicic

Survey Management Committee

Chair: Dr. Mary E Black UNICEF

1. Dr Stevan Bajic, Data Processing Co-ordinator, RS
2. Dr Selena Bajraktarevic, UNICEF, Health Programme Officer
3. Mr David Baker, UNICEF, Assistant Representative and Head of Country Office
4. Mr Mladen Cavaljuga, UNICEF, Operation Officer
5. Prof. Vaso Dragovic, UNICEF Sampling Consultant
6. Dr Alma Gusinac-Skopo, Data Processing Co-ordinator, FB&H
7. Dr Irena Jokic, Field Work Co-ordinator, FB&H
8. Mr Miodrag Jungic, UNICEF, Programme Assistant
9. Dr Tatjana Kovacevic, Field Work Co-ordinator, RS
10. Dr Amela Lolic, Survey Co-ordinator, RS
11. Dr Sanja Mandic, UNICEF, Project Assistant
12. Dr Aida Pilav, Survey Co-ordinator, FB&H
13. Mr Aleksandar Preradovic, Data Entry Clerk, RS
14. Mr Zoran Prskalo, Data Processing Manager, FB&H
15. Dr Osman Slipicevic, Survey Co-ordinator, FB&H
16. Mr Miroslav Stijak, Data Processing Co-ordinator, RS
17. Ms Esperanza Vives, UNICEF, Education Programme Officer

Survey Technical Consultant

Prof. Vaso Dragovic, Professor of Statistics, Economic Faculty, University of Srpsko Sarajevo

Federation of Bosnia and Herzegovina

Survey Co-ordinating team

1. Dr Aida Pilav, Survey Co-ordinator
2. Dr Osman Slipicevic, Survey Co-ordinator
3. Dr Alma Gusinac-Skopo, Data entry Co-ordinator
4. Dr Irena Jokic, Field work Co-ordinator
5. Mr Zoran Prskalo, Data manager

Steering Committee

President: Prof. Dr. Božo Ljubic, Minister of Health, FB&H

Chair: Dr Zlatko Vucina, Director, Federation Public Health Institute, Survey Supervisor

Ministry representatives

1. Dr Ivan Bagaric, Assistant Minister, Minister of Health
2. Dr Vildana Doder, Counsellor, Ministry of Health
3. Dr Fariz Gavrankapetanovic, Deputy Minister of Health
4. Ms Azra Hadžibegic, Head of Department for Social Care, Ministry of Social Welfare
5. Dr Boris Hrabac, Deputy Director of the Health Insurance Fund
6. Ms Tidža Mekic, Counsellor, Ministry of Education
7. Dr Alma Mujanovic, Counsellor, Ministry of Health
8. Dr Zdravko Pandžić, Chief of Paediatric Department, Clinical Centre, Mostar
9. Ms Munira Zahiragic, Director, Federation Statistical Institute

Translator

Ms Gordana Vuk

Field Supervisors

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1. Dr Sabaha Dracic
2. Dr Senad Huseinovic
3. Dr Munira Mihelcic
4. Dr Mirsada Mulaomerovic
5. Dr Elmir Šator
6. Dr Senada Tahirovic
7. Dr Ivan Vasilj
8. Dr Marija Željko
9. Dr Amra Živanovic

Field Interviewers

1. Babic Ivona
2. Babic Jelena
3. Bandra Manda
4. Becirevic Jasmina
5. Bešić Azemina
6. Bicakcic Anesa
7. Blažević Ivana
8. Bošnjak Azra
9. Ceric Alma
10. Culic Hasija
11. Eljšani Amira
12. Girotić Dženita

13. Goran Selma
14. Halilovic Sevleta
15. Hasanica Mirela
16. Hasanica Samra
17. Hasovic Emina
18. Hrustanovic Azra
19. Huskic Zumreta
20. Kahrmanovic Jasmina
21. Komadaric Sandra
22. Lojo Naida
23. Lugavic Mevlida
24. Mahmutovic Azra
25. Mahmutovic Nesiba
26. Martinovic Julijana
27. Mehic Senada
28. Mikulic Slavica
29. Miljkovic Sabaheta
30. Mujcinovic Sanela
31. Mujkic Melita
32. Mulic Maida
33. Petrovic Marija
34. Petrovic Zdenka
35. Pirija Sabina
36. Pupic Mira
37. Redzepagic-Gavran Larisa
38. Sadž ak Azra
39. Sadž ak Samra
40. Šilajdž ija Selma
41. Šator Adisa
42. Šatrovic Lejla
43. Škrebo Mirela
44. Toplic-Berberovic Suzana
45. Tufekcic Maida
46. Vrljak Jasmina
47. Vujic Amela
48. Zjakic Amra
49. Zubic Elvira

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Data entry clerks

1. Cato Amela
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3. Culjak Vinka
4. Dedajic Zumrata
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7. Repovac Sanela

Finance Assistant

Republika Srpska

Survey co-ordinating team

1. Dr Amela Lolic, Survey Co-ordinator
2. Dr Stevan Bajic, Data Processing Co-ordinator
3. Dr Tatjana Kovacevic, Fieldwork Co-ordinator
4. Mr Miroslav Stijak, Data Processing Co-ordinator

Steering Committee

President: Dr Zeljko Rodic, Minister of Health and Social Welfare

Chair: Dr Miloš Bajic, Deputy Minister of Health and Social Welfare, Survey Supervisor

Ministry Representatives

1. Dr Milorad Balaban, Director, Public Health Institute
2. Prof. Petar Dakovic, Assistant Minister of Education
3. Dr Živana Gavric, Head of Department for Social Medicine, Organisation and Economics of Health Care at the Public Health Institute
4. Mr Goran Kljajcin, Director, Health Insurance Fund
5. Dr Branislav Lolic, Chairman, Association of Paediatricians, Director of the Clinical Centre in Banja Luka
6. Mr Slavko Šobot, Director, Institute of Statistics
7. Dr Stanimir Stamenkovic, Head of Department of Epidemiology, Public Health Institute
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7. Kasapovic Marijana
8. Kasapovic Radmila
9. Milošević Slađana
10. Radman Jadranka

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2. Adic Vesna

3. Akšam Marina
4. Aleksic Milijana
5. Arsenovic Leposava
6. Beric Drenka
7. Cirkovic Snež ana
8. Dakic Zorica
9. Dmidic Stanka
10. Draž ic Jasmina
11. Durdevic Verica
12. Durdevic Zdenka
13. Gaceša Daliborka
14. Gaceša Dosta
15. Isakovic Ljubica
16. Kasapovic Milka
17. Kedovic Draga
18. Kekovic Vera
19. Kuzmanovic Danijela
20. Kuzmanovic Marijana
21. Mardeta Bojana
22. Mardeta Radmila
23. Matijašević Brankica
24. Miholjčić Bojan
25. Milošević Dragica
26. Milošević Milijana
27. Moraca Jelena
28. Pastir Marica
29. Pilipovic Mira
30. Piljak Radenka
31. Ratkovic Dragana
32. Šeranic Anka
33. Šeranic Vanja
34. Štrbac Slađana
35. Šuvakovic Gordana
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37. Vergic Sanja
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Ms Sladana Milošević

Data entry clerks

1. Bajic Duško,
2. Kasapovic Milka
3. Preradovic Aleksandar
4. Vujicic Dražen

Finance Assistant Ms Radmila Štrbac

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Survey Management Committee

The Management Committee met at monthly intervals and consisted of selected members of the entity survey teams, UNICEF staff and other survey members co-opted as necessary. The main function of the management committee was to ensure that the project was well co-ordinated between the two survey teams and that urgent management or technical issues are addressed. Terms of Reference for the Entity Survey Teams

Terms of reference for Entity Survey Coordinating Teams and Entity Steering Committees

Entity Survey Coordinating Teams will worked closely together to ensure that methodology and data analysis were the same in each entity and that the single report could be produced, and to:

- Ensure the survey was completed according to plan
- Oversee all aspects of the survey
- Assign responsibilities of key staff
- Ensure recruitment of adequate staff at all stages of the survey
- Authorise narrative and financial reports

Each entity team would have co-ordination and technical staff who would

- Prepared sampling frame according to MICS methodology

- Produced actual list of clusters including their geographical locations and produced a final listing of households (This was in addition to an sampling consultant with extensive experience in sampling)
- Modified and translated tools for local use (tasks shared between two entities)
- Trained field staff together with the sampling consultant
- Oversee field work and ensured that procedures were followed and the data collected is consistent and of good quality
- Ensured training of data entry staff
- Oversee data entry and ensured quality of data
- Produced tables of results
- Prepared draft final reports

The *steering committee* in each entity included representatives of the relevant entity institutions, the entity survey teams, UNICEF and others. The terms of reference of the Steering Committee in each entity were to:

- Guide planning and implementation;
- Ensure that the project is in line with data needs and Government reporting requirements;

Ensured that the data arising from B&H MICS 2000 would be officially accepted and used.

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Appendix C: Sample Design and Implementation

Contents

This Annex is presented in two parts:

I. The sampling plan (this sets out the sampling plan as designed for the survey);

II. The implementation of the Sampling plan (this describes what happened in the field).

I. SAMPLING PLAN

Introduction

This sampling plan was prepared by a UNICEF consultant in collaboration with survey teams from both entities and UNICEF staff. The methodology is based on the Global Multiple Indicator Cluster Survey (MICS) methodology which has been developed by UNICEF in collaboration with international consultants and agencies for use world-wide. Modifications for the B&H survey were made to this Global MICS methodology based on pre-testing in 100 households in each entity of B&H and on locally available data from a variety of sources.

The sampling plan was reviewed and approved by UNICEF's Global MICS support group in New York, the B&H entity level steering committees and the B&H project management committee, all of whom found it to be ambitious but technically correct.

Background

Planning a large survey sample in post-war Bosnia and Herzegovina was a challenging task. A sample plan should ideally have firm grounds in the official data, routinely collected and presented by statistical institutes, or similar organisations involved in official statistics and censuses. Such data in Bosnia and Herzegovina are, for a variety of reasons, incomplete, unreliable or unavailable.

The last complete population census was carried out in April 1991. Since then, the demographic situation has dramatically changed. The population losses as a result of the war – both directly and indirectly – are huge. More than one third of the total population has moved, and many people are still living abroad or are displaced within the country. Vital statistics indicators have also changed: an increase in most indicators of mortality and morbidity has been accompanied by a decline in birth rates.

The total number of the population reveals the gravity and extent of these changes:

Table 1 Population estimates, B&H

Population 1981 ¹	Population 1991 ²	Expected population 1999 ³	Estimated population 1999 ⁴
4,124.256	4,364.649	4,520.000	3,746.312 ⁵

Sources

¹ 1981 Census, Bosnia and Herzegovina

² 1991 Census, Bosnia and Herzegovina

³ Estimate, based on demographic trends, prepared by UNICEF

⁴ Population Estimates for 1999, Statistical Institute of Bosnia and Herzegovina

⁵ UNHCR figures 1999. An estimated 800, 000 of this number are internally displaced – not living in their own homes, neighbourhoods or even regions.

A population census was carried out in Republika Srpska in 1996. Basic demographic data for the Federation remain unavailable.

As expected, abundant, updated and accurate statistical data were not available. The situation was further complicated by changes in organisation of the geographical territory. The country is divided into two entities – the Federation of Bosnia and Herzegovina (FB&H) and Republika Srpska (RS). FB&H consists of ten cantons, with 81 municipalities, while RS consists of 64 municipalities. The number of municipalities has thus increased from the pre-war 109 to the current figure of 145. In addition, there is the separately administered district of Brèko which is not sub-divided into municipalities.

The entities have established independent statistical institutes, but they collaborate with the State Statistical Institute for the collation of state level data. The list of unavailable statistical information related to MICS sampling is long and includes:

- Number of households in the country;
- Population of inhabited urban and rural settlements;
- Detailed age structure of the population;
- Socio-economic structure of the population;
- Recent maps and definitions of census enumeration areas.

The MICS sample plan has utilised currently available data and data estimates, including:

- Results of the 1996 population census in Republika Srpska;
- Population estimates for 1999 at the municipality level, provided by the statistical institutes of both entities;
- Census enumeration areas and maps from the 1991 population census;
- Lists of voters, provided by the Organisation for Security and Co-operation in Europe (OSCE);
- Results of previous UNICEF supported surveys (1999 breast feeding surveys in both entities, MICS pre-tests).
- Results of the 1991 Bosnia and Herzegovina population census;
- List of inhabited settlements produced by the B&H Statistical Institute 1998.

SAMPLE SIZE

This is based on Annex VII of the UNICEF End-Decade MICS Manual.

The required sample size has been derived by applying the following equation:

$$n = 4 (r) (1-r) (f) (c) / (e^2) (p) (n_h)$$
$$n = 4 (0.6) (1-0.6) (1.75) (1.12) / (0.05^2) (0.02) (3.40) = \underline{\underline{11.068}}, \text{ where}$$

n (11.068 – rounded down to **11.000**) is the required sample size (number of households at national level) and is calculated from:

- **4** is the normal distribution factor required to achieve a 95 percent level of confidence;
- **r** (0.6) is the indicator rate;
- **f** (1.75) is the design effect factor;
- **c** (1.12) is the non-response constant;
- **e** (0.05) is the margin of error to be tolerated;
- **p** (0.02) is the proportion of the target population group (one-year-old children);
- **n_h** (3.40) is the average household size.

Explanation of the data used to estimate each part of this equation

4 = Normal Distribution Factor

The distance of the variances on either sides of the median, so that approximately 95% of the area under the normal distribution curve is enclosed.

r = Indicator Rate

The DPT coverage rate has been selected as the key indicator, because DPT immunisation is the least prevalent, and it relates to the smallest target group.

The DPT coverage rate is officially estimated to be over 90%. The empirical data, however, indicate that the actual coverage rate may be much lower, as explained next.

Sarajevo Canton immunisation results show that 4.590 out of 6.662 (68.9%) children received DPT vaccine in 1999. As Sarajevo Canton – compared to the rest of the country – is well served with public health facilities, the immunisation rate for the country can only be lower. The figure of 60% has been taken to be representative of the country as a whole, although it is possible that the real figure may be even lower.

An alternative method would have been to select BCG coverage. The official data indicate that the coverage rate for Sarajevo Canton was 74.2% in 1999. From the birth rate, it can be calculated that the actual percentage of newborn babies who were immunised may be as low as 40.4%. The BCG coverage figures, therefore, are less reliable than those for DPT.

As it was important for this survey to take a conservative but realistic estimate for the indicator rates, the figure of 60% was selected.

f = Sample Design Effect Factor

The variance increase factor required to compensate for sample *design* in comparison with a simple random sample.

c = Non-response constant

The non-response constant was reviewed at the pre-testing stage of this survey and in a number of recent UNICEF supported surveys in B&H.

Three percent of households surveyed in the Federation were non responders, and 14% in Republika Srpska. In the 1999 RS Breast-feeding survey, (sample size 2.800 households), the non-response was found to be 8% of households surveyed. As the MICS sample plan and questionnaires are much more complex, with countrywide coverage, a conservative non-response factor of 12 % was used.

e = Margin of Error

A standard statistical margin of error of 5% (or 0.05) was used, as is also recommended by the global MICS methodology. It gives an acceptable confidence interval around estimates from the sample.

n = Average household size

The precise size of the average household in Bosnia and Herzegovina is not known. Available estimates of average household size include:

- 2.27 in RS (RS MICS pre-testing);
- 3.37 in RS (RS 1999 UNICEF supported Breast feeding survey);
- 3.50 in the Federation (Federation MICS pre-testing).

The official demographic trends are quite reliable with respect to this factor, and indicate that the RS 1999 Breast feeding survey results are likely to be accurate for Republika Srpska household size. The average household has traditionally been slightly bigger in the geographical area of the Federation. Therefore, the average household size for the country was estimated to be 3.40.

p = Proportion of the target population

There are no official data on the proportion of one-year-old children in the population. The available estimates include:

- 1.12% (derived from vital statistics indicators);
 - 1.50% (unofficial estimate of the RS Statistics Institute);
 - 1.70% (results of the RS Breast feeding survey);
 - 1.42% (Federation MICS pre-testing) to 2.82% (RS MICS pre-testing).
- Therefore a conservative figure of 2% (i.e. $p=0.02$) was used.

SAMPLE PLAN

The survey was carried out by two entity teams (Federation and Republika Srpska), for the geographical area of Bosnia and Herzegovina minus the District of Brèko, which was omitted for organisational reasons. Population estimates were obtained from the entity Statistical Institutes.

The total national sample (minus Brèko) was divided into two parts, in proportion with the population figures, and then rounded, as follows:

Table 2: sample size in relation to estimated population.

Estimated Population 1999*	% of Estimated population	Sample size and proportion (%)
----------------------------	---------------------------	--------------------------------

Federation	2,259,902	61.6	6,580 (61 %)
Republika Srpska	1,410,727	38.4	4,200 (39 %)
Total Survey	3,670,629	100.0	10,780 (100 %)

**Brèko District not included.*

The national sample would be designed as a two-stage stratified sample. The two-stage design is recommended since it makes the final sample more representative of the population, and allows wider and more accurate statistical methods to be used in the analysis for Global Reporting and for further analysis of data. The sample is designed to be self-weighting.

The strata are defined as follows:

Stratum 1 – Urban population

This is defined as the population living in the cities and pre-war municipal centres. (Note: the official statistics institutes in Bosnia and Herzegovina are currently using this definition, except that the term 'pre-war' is not stated);

Stratum 2 – Rural population

This is defined as the population living outside the cities and pre-war municipal centres.

Some municipalities have recently been formed for political reasons only, and it is difficult to accept the population of their 'centres' as urban. For example, Petrovac municipality in RS, registered only 2 (two) inhabitants in 1997. Most of the newly formed municipalities consist of a few villages, and none has an urban settlement as its centre. The modification below will take this into account.

Stratification

Stratification should be carried out at the municipality level. The urban/rural ratio has not changed in a major way at the municipality level since the 1991 population census (approximately 35:65 urban:rural). All the new municipalities are defined as completely rural, for the reasons mentioned above. Their share of the population is then subtracted from the total population of their 'mother-municipalities' whose territory and population has been used to form the new administrative units. The resulting population of 'mother municipalities', as estimated for 1999, is stratified in accordance with the structure obtained from the population censuses 1971, 1981 and 1991. The results of the stratification are shown in Table 1.

Segment and cluster size

The primary sampling unit – the segment – has been, for this sample plan, defined as an area unit containing 110 households or approximately 374 persons. This size of segment has been chosen because there would be the need to make lists of households at the second sampling stage. The smaller the segment, the easier the household list production will be. Secondly, as the rural stratum is likely to have settlements of small size, it will be more convenient to have small segments. The inhabited areas of the country would – at the recommended segment size – be divided up into segments of 9.820 areas.

The cluster size has been determined as 20 households because small clusters will allow for more reliable estimates from the sample. An acceptable ratio between the overall cost of the survey and reliability of estimates should be sought. Very small clusters (10 households) cannot be recommended for reasons of cost-effectiveness, and big clusters (40 or more households) for reasons of errors in estimates. A cluster size of 20 households should ensure a reasonable degree of homogeneity.

Sampling

First stage

The urban and rural strata in each municipality have to be segmented. The number of segments to be included in the sample is determined using the probability proportionate to size (PPS) method, as recommended in the Global MICS methodology, i.e. the number of segments in each municipality is selected in proportion to the estimated population size of the municipality in 1999 and the distribution of households in urban and rural areas. Some municipalities in both entities are clustered together for this exercise, due to their size. An estimated result is shown in the section on implementing the sampling plan.

The segmentation will be based on 1991 census enumeration areas and carried out by the entity Statistical Institutes. The voter lists and demographic information available to the institutes (municipality estimates, UNHCR demographic estimates, results from field visits by the staff of the statistical institutes) will be used for correction. The segments will then be coded with a 3-digit number, starting from 001 for each municipality (for example, the biggest municipality, Banja Luka, will be segmented into 600 segments, with codes from 001 to 600).

The statistical institutes will also, in close co-operation with both survey teams and representatives of the MICS Management Committee, select the segments for the sample, using the random numbers method. The number of segments to be selected for each municipality is shown in Table 3.

As some areas are depopulated as a consequence of war-time population losses and migrations, at least one reserve segment will be randomly selected from the rural stratum of each municipality. The number of reserve segments will depend on the size of the municipality and the number of deserted villages as estimated by the statistical institutes. Information on reserve segments will be made available only to the entity survey co-ordinators.

The initial segment maps (for the selected segments), or maps of corresponding census enumeration areas will be prepared by the statistical institutes.

Second stage

The survey teams will receive tables showing the codes and detailed geographical attributes of the selected segments, and reference numbers that will correspond to the maps for the segments. The field supervisors will then assign the segments to the interviewers, with instructions to (a) make corrections to the maps by adding local information, and (b) make a

list of households (family name, address etc. according to the household listing form) within the segment.

The selection of families to be interviewed will be carried out by the field supervisors. A random selection from the lists of households made by the interviewers should result in a cluster of 20 families from each selected segment.

If field visits by the interviewers indicate that a selected segment is totally depopulated, the field supervisor will inform the entity survey co-ordinator, who will assign a new segment from the list of reserve segments. If the actual number of households found and listed within a segment is less than 100, the entity survey co-ordinator will decide either to allow additional listing in the neighbouring non-selected segment from the same stratum or, when the actual number of households found is less than 80, to assign a reserve segment.

II Sampling Implementation

According to the Sampling Plan, a total of 545 segments were to be selected for the whole territory of Bosnia and Herzegovina, 329 in the Federation and 216 in Republika Srpska. The recommended urban:rural ratio was 40%:60% for the Federation and 37%:63% in RS.

The sample plan prescribed 20 households in each cluster, to be chosen from the list of 110 households in each segment. In both entities some problems were encountered in the implementation of the Sampling Plan.

In the Federation, the sample plan predicted a cluster size of 10 households in 18 municipalities, which was contrary to the recommended cluster size of 20 households. In order to have the same number of segments and the recommended urban:rural ratio in the segmentation, as well as the recommended cluster size of twenty households, the cluster size was expanded from 10 households to 20 households in these municipalities. The number of selected segments was the same as dictated by the Sampling Plan (329), but the number of listed households in urban and rural areas was slightly changed, to give a final urban:rural ratio of 43%:57%.

In RS, the Sampling Plan called for the selection of certain numbers of half-clusters (10 households) and clusters (20 households). Some mistakes were made in the selection process so that one less half-cluster was selected in urban areas (10 households) and one and a half more clusters (30 households) were selected in rural areas, than dictated by the Sampling Plan. The final urban:rural ratio of interviewed households was 36%:64%.

During the fieldwork, 24 segments could not be used (13 in FB&H; 11 in RS), because they were empty or in a minefield. Reserve segments were used instead.

The total number of sampled households was 10 772, out of which 10 742 were occupied. Of these households, 10 546 were interviewed (6368 in FB&H; 4178 in RS). Of these interviewed households, 4207 (39.89%) were urban households and 6339 (60.11%) were rural households.

Table of Selected segments

	Type of Segment	Urban		Rural		Total	
		No.	%	No.	%	No.	%

Bosnia and Herzegovina	First use	212	38.90	309	56.70	521	95.60
	Reserve	0	0	24	4.40	24	4.40
	Total	212	38.90	333	61.10	545	100

Table of interviewed families

	Type of segment	Urban		Rural		Total	Total
		No.	%	No.	%	No.	%
Republika Srpska	First use	4207	39.89	5859	55.56	10066	95.45
	Reserve	0	0	480	4.55	480	4.55
	Total	4207	39.89	6339	60.11	10546	100

draft

Table 3.
MUNICIPALITIES, POPULATION AND SAMPLE PLAN

FEDERATION

MUNICIPALITY	ESTIMATED POPULATION 1999	SEGMENTS TOTAL	URBAN SEGMENTS	RURAL SEGMENTS	SELECT SEGMENTS
BIHAC	59,352	159	88	71	9
BANOVICI	28,384	76	19	57	4
BOSANSKA KRUPA	28,343	76	19	57	4
BOSANSKI PETROVAC	6,788	18	6	12	1
BUSOVACA + DOBRETICI	14,691	39	13	26	2
BREZA	13,651	37	9	28	2
BUGOJNO	32,729	88	35	53	5
BUZIM	17,468	47	-	47	3
CAZIN	59,473	159	32	127	9
CENTAR	66,044	177	172	5	10
CAPLJINA	19,199	51	10	41	3
CELIC	15,228	40	-	40	2
CITLUK	16,241	43	11	32	2
DOBOJ-ISTOK	10,073	27	-	27	1
DOBOJ-JUG	4,627	12	-	12	1
DOMALJEVAC SAMAC	4,978	13	-	13	1
DONJI VAKUF	13,120	35	9	26	2
DRVAR + BOS. GRAHOVO + GLAMOC	19,256	51	16	35	3
FOJNICA	10,462	28	7	21	1
GORAZDE + FOCA + PALE	34,865	93	37	56	5
GORNJI VAKUF	19,510	52	10	42	3
GRACANICA	52,440	140	18	122	8
GRADACAC	46,137	123	18	105	7
GRUDE	13,380	36	9	27	2
HADZICI	19,401	52	17	35	3

ILIDZA + TRNOVO	45,250	121	104	17	7
ILIJAS	14,471	39	9	30	2
JABLANICA	13,046	35	8	27	2
JAJCE	18,910	51	17	34	3
KAKANJ	43,276	116	38	78	6
KALESIJA	33,983	91	4	87	5
KISELJAK	20,442	55	9	46	3
KLADANJ	15,485	41	10	31	2
KLJUC	15,524	42	10	32	2
KONJIC	29,533	79	20	59	4
KRESEVO	6,131	16	3	13	1
LIVNO + KUPRES	36,031	96	18	78	5
LUKAVAC	51,098	137	39	98	7
LJUBUSKI	22,345	60	10	50	3
MAGLAJ	22,979	61	10	51	3
MOSTAR	103,751	277	166	111	15
NEUM + RAVNO	6,686	18	7	11	1
NOVI GRAD	110,086	294	294	-	16
NOVI TRAVNIK	24,543	66	16	50	4
NOVO SARAJEVO	69,436	186	177	9	10
ODZAK	16,020	43	9	34	2
OLOVO	12,754	34	8	26	2
ORASJE	22,470	60	10	50	3
POSUSJE	15,973	43	11	32	2
PROZOR	16,992	45	11	34	2
SANSKI MOST	61,967	166	55	111	9
SAPNA	13,991	37	-	37	2
SREBRENİK	41,196	110	18	92	6
STARI GRAD	37,396	100	96	4	5
STOLAC	9,627	26	8	18	1
SIROKI BRIJEG	29,530	79	19	60	4

TEOCAK	6,712	18	0	18	1
TESANJ	47,329	127	18	109	7
TOMISLAVGRAD	28,144	75	19	56	4
TRAVNIK	50,314	135	38	97	7
TUZLA	134,879	361	217	144	20
USORA	5,906	16	-	16	1
VARES	10,184	27	12	15	2
VELIKA KLADUSA	48,572	130	19	111	7
VISOKO	39,591	106	35	71	6
VITEZ	20,318	54	18	36	3
VOGOSCA	18,799	50	22	28	3
ZAVIDOVICI	37,653	101	34	67	6
ZENICA	127,563	341	180	161	19
ZEPCE	26,278	70	18	52	4
ZIVINICE	50,898	136	19	117	7
TOTAL	2,259.902	6.043	2.418	3.625	329

REPUBLIKA SRPSKA

MUNICIPALITY	ESTIMATED POPULATION 1999	SEGMENTS TOTAL	URBAN SEGMENTS	RURAL SEGMENTS	SELECT SEGMENTS
BANJA LUKA	224,594	601	437	164	33
BIJELJINA	108,273	290	109	181	16
BILECA	12,236	33	19	14	2
BRATUNAC	20,013	54	18	36	3
CAJNICE	4,539	12	4	8	1
CELINAC	17,502	47	12	35	3
DERVENTA	39,110	105	35	70	6
DOBOJ	79,158	212	53	159	12
GACKO	10,261	27	11	16	2*
GRADISKA	61,322	164	55	109	9

HAN PIJESAK	4,891	13	4	9	1
KALINOVIK	4,774	13	4	9	1
KNEZEVO	12,171	33	8	25	3*
KOTOR VAROS	17,255	46	7	39	4*
KOZARSKA DUBICA	34,412	92	37	55	5
LAKTASI	40,369	108	18	90	6
LOPARE	16,987	45	2	73	3
LJUBINJE + BERKOVICI	6,970	19	10	9	2*
MILICI	9,995	27	-	27	1
MODRICA	28,045	75	23	52	4
MRKONJIC GRAD + IEZERO	17,860	48	15	33	3
NEVESINJE + S. MOSTAR	19,242	51	14	37	3
NOVI GRAD + KRUPA NA UNI	31,427	84	24	60	5
OSMACI	4,688	13	-	13	1
PALE + S. STARI GRAD	30,028	80	36	44	4
PELAGICEVO	5,235	14	-	14	1
PETROVO	11,866	32	14	18	2
PRIJEDOR + S. SANSKI MOST	96,530	258	80	178	14
PRNJAVOR	49,770	133	23	110	7
RIBNIK + PETROVAC + S. DRVAR	8,300	22	-	22	1
ROGATICA	13,148	35	14	21	2
RUDO	9,211	25	5	20	1
S. NOVO SARAJEVO + TRNOVO	10,936	29	10	19	2*
SOKOLAC	17,397	47	18	29	3
SRBAC	24,773	66	9	57	4
SRBINJE + S. GORAZDE	26,003	70	23	47	4
SREBRENICA + SKELANI	17,713	47	6	41	3
SRPSKA ILIDZA	16,707	45	-	45	2
SRPSKA KOSTAJNICA	7,723	21	-	21	1
SRPSKI BROD	14,616	39	16	23	2
SAMAC+VUKOSAVLJE + S. ORASIE	27,997	75	13	62	4
SEKOVIÆI	9,947	27	5	22	1

SIPOVO + SRPSKI KUPRES	8,648	23	8	15	1
TESLIC	45,483	122	18	104	7
TREBINJE	31,061	83	59	24	5
UGLJEVIK	16,695	45	5	40	3*
VISEGRAD	18,559	50	16	34	3
VLASENICA	20,001	53	12	41	3
ZVORNIK	46,283	124	22	102	7
TOTAL	1,410,272	3,777	1,331	2,446	216*

BOSNA AND HERCEGOVINA

	ESTIMATED POPULATION 1999	SEGMENTS TOTAL	URBAN SEGMENTS	RURAL SEGMENTS	SELECT SEGMENTS	HOUSE IN SAM
FEDERATION	2,259,902	6,043	2,418	3,625	329	6,5
REPUBLIKA SRPSKA	1,410,272	3,777	1,331	2,446	216*	4,2
BOSNIA AND HERCEGOVINA	3,670,174	9,820	3,749	6,071	539	10,7

*Brèko District not included.

APPENDIX D: QUESTIONNAIRES

HOUSEHOLD QUESTIONNAIRE

WE ARE FROM THE PUBLIC HEALTH INSTITUTE OF THE FEDERATION OF BOSNIA AND HERZEGOVINA ON BEHALF OF THE FEDERATION MINISTRY OF HEALTH / THE REPUBLIKA SRPSKA MINISTRY OF HEALTH AND SOCIAL WELFARE. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD. MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL	
1. Cluster number: _____	2. Household number: _____
3. Day/Month/Year of interview: ____ / ____ / _____	4. Interviewer number: _____
5. Name of head of household: _____	
6. Area: 1. Urban..... 2. Rural.....	7. Geographical Area _____
10. Result of HH interview: Completed..... 1 Refused 2 Not at home..... 3 HH not found/destroyed..... 4 Other (<i>specify</i>) _____ 5	
11. No. of women eligible for interview: _____	12. No. of women interviews completed: _____
13. No. of children under age 5: _____	14. No. of child interviews completed: _____
15. Data entry clerk: _____	16. Total number of household members ____
Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>	

HOUSEHOLD LISTING FORM													
FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HH. (Use survey definition of HH member). List the first name in line 01. List adult HH members first, then list children. Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask and record answers to questions as described in Instructions for Interviewers. Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used <input type="checkbox"/>													
				Eligible for:			For persons age 15 or over ask Qs. 8 and 9		For children under age 15 years ask Qs. 10-13				
				WOMEN'S MODULES	CHILD LABOUR MODULE	CHILD HEALTH MODULES							
1. Line no.	2. Name		3. IS (name) MALE OR FEMALE ?	4. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in completed years 99=NK*	5. Circle Line no. if woman is age 15-49	6. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARER OF THIS CHILD? Record Line no. of mother/ carer	7. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARER OF THIS CHILD? Record Line no. of mother/ carer	8. CAN HE/SHE READ A LETTER OR NEWSPAPER EASILY, WITH DIFFICULTY OR NOT AT ALL? 1 EASILY 2 DIFFICULT 3 NOT AT ALL 9 NK	9. WHAT IS THE MARITAL STATUS OF (name)? 1 CURRENTLY MARRIED/ IN UNION 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	10. IS (name's) NATURAL MOTHER ALIVE?	11. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSE- HOLD?	12. IS (name's) NATURAL FATHER ALIVE?	13. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSE- HOLD?
LINE	NAME		M F	AGE	15-49	MOTHER	MOTHER	E D N NK	M W D S N	Y N NK	Y N	Y N NK	Y N
01			1 2	_____	01	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
02			1 2	_____	02	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
03			1 2	_____	03	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
04			1 2	_____	04	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
05			1 2	_____	05	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
06			1 2	_____	06	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
07			1 2	_____	07	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2

ARE THERE ANY OTHER CHILDREN LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD?
INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert child's name and complete form.

* See instructions: to be used only for elderly household members (code meaning “do not know/over age 50”).

EDUCATION MODULE												
<i>If interview takes place between two school years, use alternative wording found in Appendix One.</i>												
<i>For persons age 5 or over ask Qs. 15 and 16</i>				<i>For children age 5 through 18 years, continue on, asking Qs. 17-22</i>								
14. <i>Line no.</i>	15. HAS (<i>name</i>) EVER ATTENDED SCHOOL? 1 YES ⇒ Q.16 2 NO ⇨ NEXT LINE	16. WHAT IS THE HIGHEST LEVEL OF SCHOOL (<i>name</i>) ATTENDED? WHAT IS THE HIGHEST GRADE (<i>name</i>) COMPLETED AT THIS LEVEL? LEVEL: 1. PRESCHOOL 2. PRIMARY 3. SECONDARY 4. HIGHER 5. HIGH 6. NON-STANDARD CURRICULUM 9 NK GRADE: 99 NK <i>If less than 1 grade, enter 00.</i>		18. DURING THE SCHOOL YEAR 1999/2000, DID (<i>name</i>) ATTEND SCHOOL AT ANY TIME? 1 YES 2 NO ⇒ Q.21	19. SINCE LAST (<i>day of the week</i>), HOW MANY DAYS DID (<i>name</i>) ATTEND SCHOOL? <i>Insert 88 .(school year ended)</i>	20. WHICH LEVEL AND GRADE IS/WAS (<i>name</i>) ATTENDING? LEVEL: 1 PRESCHOOL 2 PRIMARY 3 SECONDARY 4 NON-STANDARD CURRICULUM 9 NK GRADE: 99 NK	21. DID (<i>name</i>) ATTEND SCHOOL IN THE SCHOOL YEAR 1998/99 ? 1 YES 2 NO ⇨ NEXT LINE 9 NK ⇨ NEXT LINE	22. WHICH LEVEL AND GRADE DID (<i>name</i>) ATTEND IN THE SCHOOL YEAR 1998/99? LEVEL: 1 PRESCHOOL 2 PRIMARY 3 SECONDARY 4 NON-STANDARD CURRICULUM 9 NK GRADE: 99 NK				
LINE	Y NO	LEVEL	GRADE	YES NO	DAYS	LEVEL	GRADE	Y N N K	LEVEL	GRADE		
01	1 2⇒NEXT LINE	1 2 3 4 5 6 9	___	1 2	_____	1 2 3 4 9	___ ___	1 2 9	1 2 3 4 9	___ ___		
02	1 2⇒NEXT LINE	1 2 3 4 5 6 9	___	1 2	_____	1 2 3 4 9	___ ___	1 2 9	1 2 3 4 9	___ ___		
03	1 2⇒NEXT LINE	1 2 3 4 5 6 9	___	1 2	_____	1 2 3 4 9	___ ___	1 2 9	1 2 3 4 9	___ ___		
04	1 2⇒NEXT LINE	1 2 3 4 5 6 9	___	1 2	_____	1 2 3 4 9	___ ___	1 2 9	1 2 3 4 9	___ ___		
05	1 2⇒NEXT LINE	1 2 3 4 5 6 9	___	1 2	_____	1 2 3 4 9	___ ___	1 2 9	1 2 3 4 9	___ ___		
06	1 2⇒NEXT LINE	1 2 3 4 5 6 9	___	1 2	_____	1 2 3 4 9	___ ___	1 2 9	1 2 3 4 9	___ ___		
07	1 2⇒NEXT LINE	1 2 3 4 5 6 9	___	1 2	_____	1 2 3 4 9	___ ___	1 2 9	1 2 3 4 9	___ ___		
<p><i>Now for each woman age 15-49 years, write her name and line number at the top of each page in the Women's Questionnaire.</i></p> <p><i>For each child under age 5, write his/her name and line number AND the line number of his/her mother or carer at the top of each page in the Children's Questionnaire.</i></p> <p><i>You should now have a separate questionnaire for each eligible woman and child in the household.</i></p>												

CHILD LABOUR MODULE

To be administered to carer of each child resident in the household age 5 through 14 years.

Copy line number of each eligible child from household listing.

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

1. Line no.	2. Name	3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO Q.5	4. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If more than one job, include all hours at all jobs. Record response then ⇒ Q.6	5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEKEEPING CHORES SUCH AS COOKING, SHOPPING, CLEANING, WASHING CLOTHES, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇒ TO Q.8	7. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS)? 1 YES 2 NO ⇒ NEXT LINE	9. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
LINE NO.	NAME	YES PAID UNPAID NO	NO. HOURS	YES PAID UNPAID NO	YES NO	NO. HOURS	YES NO	NO. HOURS
___		1 2 3	___	1 2 3	1 2	___	1 2	___
___		1 2 3	___	1 2 3	1 2	___	1 2	___
___		1 2 3	___	1 2 3	1 2	___	1 2	___
___		1 2 3	___	1 2 3	1 2	___	1 2	___
___		1 2 3	___	1 2 3	1 2	___	1 2	___
___		1 2 3	___	1 2 3	1 2	___	1 2	___
___		1 2 3	___	1 2 3	1 2	___	1 2	___

When all children in the age range have been covered, **GO TO WATER AND SANITATION MODULE** ⇒

draft

WATER AND SANITATION MODULE		
<p><i>This module is to be administered once for each household visited.</i></p> <p><i>Record only one response for each question.</i></p> <p><i>If more than one response is given, record the most usual source or facility.</i></p>		
<p>1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Piped into dwelling01</p> <p>Piped into yard or plot02</p> <p>Public tap03</p> <p>Tube well/bore hole with pump04</p> <p>Protected dug well05</p> <p>Protected spring06</p> <p>Rainwater collection07</p> <p>Bottled water08</p> <p>Unprotected dug well09</p> <p>Unprotected spring10</p> <p>Pond, river or stream11</p> <p>Tanker-truck, vendor12</p> <p>Other (specify) _____ 13</p> <p>No answer or NK99</p>	
<p>2. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p>	<p>No. of minutes _____</p> <p>Water on premises 888</p> <p>NK 999</p>	
<p>3. WHAT KIND OF TOILET FACILITY DOES YOUR HOUSEHOLD USE?</p>	<p>Flush to sewage system or septic tank1</p> <p>Pour flush latrine (water seal type)2</p> <p>Improved pit latrine (e.g., VIP)3</p> <p>Traditional pit latrine4</p> <p>Open pit5</p> <p>Bucket6</p> <p>Other (specify) _____ 7</p> <p>No facilities or bush or field.....98</p>	98⇒Q.5
<p>4. IS THIS FACILITY LOCATED WITHIN YOUR DWELLING, OR YARD OR COMPOUND?</p>	<p>Yes, in dwelling/yard/compound.....1</p> <p>No, outside dwelling/yard/compound2</p> <p>NK9</p>	
<p>5. WHAT HAPPENS WITH THE STOOLS OF YOUNG CHILDREN (0-3 YEARS) WHEN THEY DO NOT USE THE LATRINE OR TOILET FACILITY?</p>	<p>Children always use toilet or latrine.....1</p> <p>Thrown into toilet or latrine2</p> <p>Thrown outside the yard3</p> <p>Buried in the yard4</p> <p>Not disposed of or left on the ground.....5</p> <p>Other (specify) _____ 6</p> <p>No young children in household98</p>	

GO TO NEXT MODULE ⇒

draft

Cluster no. ___ Household no. ___ Woman line no. ___

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL		
<i>This module is to be administered to all women age 15 through 49 (see column 5 of HH listing). Fill in one form for each eligible woman.</i>		
1. Woman's line number (from HH listing).	Line number	
2. Woman's name.	Name	
3A. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month/Year /	NK ⇒ 3B
<i>Or:</i>	NK date of birth 999999	
3B. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	<i>Or:</i> Age (in completed years).....	

GO TO NEXT MODULE ⇒

draft

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CHILD MORTALITY MODULE		
<p><i>This module is to be administered to all women age 15-49. All questions refer only to LIVE births. Follow instructions as provided in training. See Instructions for Interviewers.</i></p>		
<p>10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes ⇒ <i>Go to Q.11</i> <input type="checkbox"/> No ⇒ <i>Check responses and make corrections before proceeding to Q.11</i></p>		
<p>11. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p>	<p>Date of last birth Day/Month/Year..... ___/___/_____</p>	
<p><i>Did the woman's last birth occur within the last year, that is, since July 1999?</i></p> <p><input type="checkbox"/> <i>Yes, live birth in last year. ⇒ GO TO MATERNAL AND NEWBORN HEALTH MODULE</i> <input type="checkbox"/> <i>No live birth in last year. ⇒ GO TO CONTRACEPTIVE USE MODULE</i></p>		

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MATERNAL AND NEWBORN HEALTH MODULE		
<i>This module is to be administered to all women with a live birth in the year preceding date of interview.</i>		
<p>2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor1</p> <p>Nurse/midwife2</p> <p>Auxiliary midwife3</p> <p>Other person</p> <p>Traditional birth attendant4</p> <p>Other (<i>specify</i>) 6</p> <p>No one0</p>	
<p>3. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>or name</i>)?</p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor1</p> <p>Nurse/midwife2</p> <p>Auxiliary midwife3</p> <p>Other person</p> <p>Traditional birth attendant4</p> <p>Relative/friend5</p> <p>Other (<i>specify</i>) 6</p> <p>No one0</p>	
<p>5. WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes1</p> <p>No2</p> <p>NK9</p>	
<p>6. HOW MUCH DID (<i>name</i>) WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card1 (grams) __ , __ __ __</p> <p>From recall2 (grams) __ , __ __ __</p> <p>NK99999</p>	

GO TO NEXT MODULE ⇒

CONTRACEPTIVE USE MODULE		
<p>Ask Q.1 for all women age 15-49 and then follow the skip instruction carefully. Questions on pregnancy and contraception are to be asked only of women who are currently married or in union.</p>		
<p>1. ARE YOU CURRENTLY MARRIED OR LIVING WITH A MAN?</p>	<p>Yes 1</p> <p>No, widowed, divorced, separated 2</p> <p>No, never married 3</p>	<p>2⇒ NEXT MODULE</p> <p>3⇒ NEXT MODULE</p>
<p>2. NOW I AM GOING TO CHANGE TOPICS. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH. I KNOW THIS IS A DIFFICULT SUBJECT TO TALK ABOUT, BUT IT IS IMPORTANT THAT WE OBTAIN THIS INFORMATION. OF COURSE, ALL THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. YOU WILL NEVER BE IDENTIFIED WITH THE ANSWERS TO THESE QUESTIONS. ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant 1</p> <p>No 2</p> <p>Unsure or NK 3</p>	<p>1⇒ NEXT MODULE</p>
<p>3. SOME COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY . ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>3.A. CAN YOU TELL ME FOR WHICH CONTRACEPTIVE METHOD YOU KNOW?</p> <p><i>Do not prompt. If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization 01</p> <p>Male sterilization 02</p> <p>Pill..... 03</p> <p>IUD 04</p> <p>Injections 05</p> <p>Implants..... 06</p> <p>Condom..... 07</p> <p>Female condom 08</p> <p>Diaphragm 09</p> <p>Foam/jelly 10</p> <p>Lactational amenorrhoea method (LAM) 11</p> <p>Periodic abstinence 12</p> <p>Withdrawal..... 13</p> <p>Other (<i>specify</i>) 14</p>	
<p>4. WHICH METHOD ARE YOU USING?</p> <p><i>Ask this question only if women's answer to question number 3 is "yes". Do not prompt. If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization 01</p> <p>Male sterilization 02</p> <p>Pill..... 03</p> <p>IUD 04</p> <p>Injections 05</p> <p>Implants..... 06</p> <p>Condom..... 07</p> <p>Female condom 08</p> <p>Diaphragm 09</p> <p>Foam/jelly 10</p> <p>Lactational amenorrhoea method (LAM) 11</p> <p>Periodic abstinence 12</p> <p>Withdrawal..... 13</p> <p>Other (<i>specify</i>)</p>	

GO TO NEXT MODULE ⇒

draft

HIV/AIDS MODULE

*This module is to be administered to all women age 15-49.
See Instructions for Interviewers for further discussion of these questions.*

<p>1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT WHAT YOU KNOW ABOUT SERIOUS ILLNESS, IN PARTICULAR, ABOUT HIV AND AIDS.</p> <p>HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒Q.18</p>
<p>2. IS THERE ANYTHING A PERSON CAN DO TO AVOID GETTING HIV, THE VIRUS THAT CAUSES AIDS?</p>	<p>Yes 1</p> <p>No 2</p> <p>NK 9</p>	<p>2⇒Q.8</p> <p>9⇒Q.8</p>
<p>3. NOW I WILL READ SOME QUESTIONS ABOUT HOW PEOPLE CAN PROTECT THEMSELVES FROM THE AIDS VIRUS. THESE QUESTIONS INCLUDE ISSUES RELATED TO SEXUALITY WHICH SOME PEOPLE MIGHT FIND DIFFICULT TO ANSWER. HOWEVER, YOUR ANSWERS ARE VERY IMPORTANT TO HELP UNDERSTAND THE NEEDS OF PEOPLE IN BOSNIA AND HERZEGOVINA. AGAIN, THIS INFORMATION IS ALL COMPLETELY PRIVATE AND ANONYMOUS. PLEASE ANSWER YES OR NO TO EACH QUESTION.</p> <p>CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE UNINFECTED SEX PARTNER WHO ALSO HAS NO OTHER PARTNERS?</p>	<p>Yes 1</p> <p>No 2</p> <p>NK 9</p> <p style="font-size: 2em; text-align: center;"><i>draft</i></p>	
<p>5. CAN PEOPLE PROTECT THEMSELVES FROM THE AIDS VIRUS BY USING A CONDOM CORRECTLY EVERY TIME THEY HAVE SEX?</p>	<p>Yes 1</p> <p>No 2</p> <p>NK 9</p>	
<p>7. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?</p>	<p>Yes 1</p> <p>No 2</p> <p>NK 9</p>	
<p>8. IS IT POSSIBLE FOR A HEALTHY -LOOKING PERSON TO HAVE THE AIDS VIRUS?</p>	<p>Yes 1</p> <p>No 2</p> <p>NK 9</p>	

9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD?	Yes1	
10. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD DURING PREGNANCY ?	Yes1 No2 NK9	
11. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD AT DELIVERY ?	Yes1 No2 NK9	
12. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD THROUGH BREAST MILK?	Yes1 No2 NK9	
13. IF A TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD HE OR SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes1 No2 NK9	
14. IF YOU KNEW THAT A SHOPKEEPER OR FOOD SELLER HAD AIDS OR THE VIRUS THAT CAUSES IT, WOULD YOU BUY FOOD FROM HIM OR HER?	Yes1 No2 NK9	
<p>18. Is the woman a carer of any children under five years of age?</p> <p><input type="checkbox"/> Yes. ⇒ <i>GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE and administer one questionnaire for each child under five for whom she is the carer.</i></p> <p><input type="checkbox"/> No. ⇒ <i>CONTINUE WITH Q.19</i></p>		
<p>19. Does another eligible woman reside in the household?</p> <p><input type="checkbox"/> Yes. ⇒ <i>End the current interview by thanking the woman for her cooperation and GO TO QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the next eligible woman.</i></p> <p><input type="checkbox"/> No. ⇒ <i>End the interview with this woman by thanking her for her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.</i></p>		

draft

Cluster no. ___ Household no. ___ Carer line no. ___ Child line no. ___

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

This questionnaire is to be administered to all women who care for a child that lives with them and is under the age of 5 years (see Q.4 of the HH listing).

A separate form should be used for each eligible child.

Questions should be administered to the mother or carer of the eligible child (see Q.7 of the HH listing).

Fill in the line number of each child, the line number of the child's mother or carer, and the household and cluster numbers in the space at the top of each page.

BIRTH REGISTRATION AND EARLY LEARNING MODULE		
1. Child's name.	Name _____	
2. Child's age (copy from Q.4 of HH listing).	Age (in completed years)..... _ _	
3. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (name). IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? <i>If the mother knows the exact birth date, also enter the day; otherwise, enter 99 for day.</i>	Date of birth Day/Month/Year..... _ / _ / _ draft	
4. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT? <i>If certificate is presented, verify reported birth date. If no birth certificate is presented, try to verify date using another document (health card, etc.). Correct stated age, if necessary.</i>	Yes, seen.....1 Yes, not seen2 No3 NK9	1⇒Q.8
5. <i>If no birth certificate is shown, ask:</i> HAS (name's) BIRTH BEEN REGISTERED?	Yes1 No2 NK9	1⇒Q.8 9⇒Q.7
6. WHY IS (name's) BIRTH NOT REGISTERED?	Costs too much1 Must travel too far2 Did not know it should be registered.....3 Late, and did not want to pay fine4 Does not know where to register5 Other (specify)..... 6 NK9	
7. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes1 No2 No answer.....8	

8. <i>Check age. If child is 3 years old or more, ask:</i> DOES (<i>name</i>) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes 1 No..... 2 NK 9	2⇒NEXT MODULE 9⇒NEXT MODULE
9. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND?	Number of hours _ _	

GO TO NEXT MODULE ⇒

draft

CARE OF ILLNESS MODULE		
<p>1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p><i>Diarrhoea is determined as perceived by mother or carer, or as three or more loose or watery stools per day, or blood in stool.</i></p>	<p>Yes 1 No 2 NK 9</p>	<p>1⇒Q.3</p>
<p>2. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD ANY OTHER ILLNESS, SUCH AS COUGH OR FEVER, OR ANY OTHER HEALTH PROBLEM?</p>	<p>Yes 1 No 2 NK 9</p>	<p>1⇒Q.4 2⇒Q.11 9⇒Q.11</p>
<p>3. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p>	<p style="text-align: right;">Y N NK</p> <p>A. Breast milk.....1 2 9 B. Gruel1 2 9 C. yogurt drink, fruit juice without sugar1 2 9 D. ORS packet1 2 9 E. Other milk or formula.....1 2 9 F. Water with feeding.....1 2 9 G. Water alone.....1 2 9 H. (coca cola, fruit juice with sugar).....1 2 9 I. Nothing1 2 9</p>	<p>1⇒Q.5</p>
<p>4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	<p>Much less or none 1 About the same (or somewhat less).....2 More.....3 NK 9</p>	
<p>5. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p><i>If "less", probe: MUCH LESS OR A LITTLE LESS?</i></p>	<p>None 1 Much less2 Somewhat less.....3 About the same4 More.....5 NK 9</p>	
<p>6. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p>	<p>Yes 1 No 2 NK 9</p>	<p>2⇒Q.11 9⇒Q.11</p>

<p>7. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes1 No2 NK9</p>	<p>2⇒Q.11 9⇒Q.11</p>
<p>8. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	<p>Blocked nose.....1 Problem in chest.....2 Both.....3 Other (<i>specify</i>).....4 NK9</p>	<p>1⇒Q.11 4⇒Q.11</p>
<p>9. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>	<p>Yes1 No2 NK9</p>	<p>2⇒Q.11 9⇒Q.11</p>
<p>10. FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p>	<p>Hospital.....01 Health centre02 Dispensary03 Village health worker.....04 MCH clinic.....05 Mobile/outreach clinic.....06 Private physician07 Traditional healer08 Pharmacy or drug seller09 Relative or friend10 Other (<i>specify</i>).....11</p>	
<p><i>Ask this question (Q.11) only once for each carer.</i></p> <p>11. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY? <i>Keep asking for more signs or symptoms until the carer cannot recall any additional symptoms. Circle all symptoms mentioned, but do NOT prompt with any suggestions.</i></p>	<p>Child not able to drink or breastfeed01 Child becomes sicker.....02 Child develops a fever.....03 Child has fast breathing.....04 Child has difficult breathing.....05 Child has blood in stool06 Child is drinking poorly07 Other (<i>specify</i>).....08 Other (<i>specify</i>).....09 Other (<i>specify</i>).....10</p>	

GO TO NEXT MODULE ⇨

Cluster no. _____ Household no. _____ Carer line no. _____ Child line no. _____

IMMUNIZATION MODULE							
<i>If an immunization card is available, copy the dates in Qs.2-5 for each type of immunization recorded on the card. Qs.7-15 are for recording vaccinations that are not recorded on the card. Qs.7-15 will only be asked when a card is not available.</i>							
1. IS THERE A VACCINATION RECORD FOR (name)?		Yes, seen 1				2⇒Q.7	
		Yes, not seen..... 2					
		No..... 3				3⇒Q.7	
(a) Copy dates of all vaccinations from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization					
		DAY		MONTH		YEAR	
2. BCG	BCG						
3B. OPV1	OPV1						
3C. OPV2	OPV2						
3D. OPV3	OPV3						
4A. DPT1	DPT1						
4B. DPT2	DPT2						
4C. DPT3	DPT3						
5. MMR (MEASLES , MUMPS, RUBELLA)							
6. IN ADDITION TO THE VACCINATIONS SHOWN ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS - INCLUDING VACCINATIONS RECEIVED IN A NATIONAL IMMUNIZATION DAY?		Yes 1				1⇒Q.15	
		(Probe for vaccinations and write '66' in the corresponding day column on Q. 2 to Q. 5.)					
Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, and/or MMR vaccine(s). Go to Q.15 after you finish.		No 2				2⇒Q.15	
		NK 9				9⇒Q.15	
7. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A NATIONAL IMMUNIZATION DAY CAMPAIGN?		Yes 1					
		No 2				2⇒Q.15	
		NK 9				9⇒Q.15	
8. HAS (name) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE LEFT SHOULDER THAT CAUSED A SCAR?		Yes 1					
		No 2					
		NK 9					

<p>9. HAS (<i>name</i>) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>	<p>Yes 1 No 2 NK 9</p>	<p>2⇒Q.12 9⇒Q.12</p>
<p>10. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH OR LATER?</p>	<p>Just after birth..... 1 Later..... 2</p>	
<p>11. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?</p>	<p>No. of times _ _</p>	
<p>12. HAS (<i>name</i>) EVER BEEN GIVEN "VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA ? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)</p>	<p>Yes 1 No 2 NK 9</p>	<p>2⇒Q.14 9⇒Q.14</p>
<p>13. HOW MANY TIMES?</p>	<p>No. of times _ _</p>	
<p>14. HAS (<i>name</i>) EVER BEEN GIVEN "VACCINATION INJECTIONS" – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES, RUBEOLA AND PAROTITIS</p>	<p>Yes 1 No 2 NK 9</p>	
<p>15. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING IMMUNIZATION CAMPAIGNS:</p> <p>CAMPAIGN A: (POLIO) 1997 CAMPAIGN B: (POLIO) 1998 CAMPAIGN C: (POLIO) 2000</p>	<p style="text-align: right;">Y N NK</p> <p>Campaign A..... 1 2 9 Campaign B..... 1 2 9 Campaign C..... 1 2 9</p>	

draft

GO TO NEXT MODULE ⇒

Cluster no. ____ Household no. ____ Carer line no. ____ Child line no. ____

ANTHROPOMETRY MODULE		
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the HH listing before recording measurements.</p>		
1. Child's weight.	Kilograms (kg)..... ____ . ____	
2. Child's length or height. Check age of child: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down 1 ____ . ____ Height (cm) Standing up 2 ____ . ____	
3. Measurer's identification code.	Measurer code ____	
4. Result.	Measured 1 Not present 2 Refused 3 Other (specify) 4	
5. Is there another child in the household who is eligible for measurement? <input type="checkbox"/> Yes. ⇒ Record measurements for next child. <input type="checkbox"/> No. ⇒ End the interview with this household by thanking all participants for their cooperation. Gather together all questionnaires for this household and check that identification numbers are at the top of each page. Tally on the Household Information Panel the number of interviews completed.		

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Appendix E: Tables

Table 1: Single year age distribution of household population by sex, Bosnia and Herzegovina MICS 2000

Age	Sex			
	Male		Female	
	Number	Percent	Number	Percent
0	264	1.5	227	1.3
1	234	1.3	247	1.4
2	250	1.4	248	1.4
3	323	1.9	298	1.6
4	289	1.7	262	1.4
5	253	1.4	232	1.3
6	278	1.6	244	1.3
7	221	1.3	229	1.3
8	249	1.4	244	1.3
9	281	1.6	259	1.4
10	303	1.7	272	1.5
11	238	1.4	239	1.3
12	283	1.6	282	1.6
13	272	1.6	291	1.6
14	267	1.5	306	1.7
15	282	1.6	182	1.0
16	321	1.8	250	1.4
17	288	1.7	278	1.5
18	279	1.6	276	1.5
19	242	1.4	264	1.5
20	322	1.8	306	1.7
21	255	1.5	239	1.3
22	263	1.5	258	1.4
23	255	1.5	256	1.4
24	278	1.6	253	1.4
25	290	1.7	287	1.6
26	229	1.3	256	1.4
27	241	1.4	240	1.3
28	261	1.5	260	1.4
29	243	1.4	246	1.4
30	293	1.7	271	1.5
31	208	1.2	246	1.4
32	248	1.4	246	1.4
33	287	1.6	235	1.3
34	235	1.3	273	1.5
35	329	1.9	296	1.6
36	250	1.4	286	1.6
37	249	1.4	262	1.4
38	296	1.7	286	1.6
39	256	1.5	270	1.5
40	314	1.8	308	1.7
41	240	1.4	259	1.4
42	282	1.6	252	1.4
43	242	1.4	252	1.4
44	224	1.3	236	1.3
45	274	1.6	282	1.6
46	238	1.4	247	1.4
47	247	1.4	238	1.3
48	225	1.3	234	1.3
49	176	1.0	83	.5
50	285	1.6	404	2.2
51	193	1.1	219	1.2
52	189	1.1	215	1.2
53	170	1.0	207	1.1
54	151	.9	157	.9
55	161	.9	212	1.2
56	127	.7	146	.8
57	103	.6	133	.7
58	136	.8	188	1.0
59	162	.9	185	1.0
60	223	1.3	299	1.7
61	154	.9	182	1.0
62	188	1.1	210	1.2
63	197	1.1	221	1.2
64	156	.9	196	1.1
65	205	1.2	244	1.3
66	176	1.0	199	1.1
67	157	.9	155	.9
68	141	.8	187	1.0
69	120	.7	128	.7
70+	884	5.1	1230	6.8
Missing/DK	8	.0	8	.0
Total	17453	100.0	18118	100.0

Table 2: Percentage of the population aged 15 years and older that is literate, Bosnia and Herzegovina, MICS 2000

		Sex						Total		
		Male			Female			Literate %	Not known	Number
		Literate %	Not known	Number	Literate %	Not known	Number			
Entity	Federation of B&H	98.5	1.0	8136	91.5	5.3	8503	95.0	3.2	16639
	Republika Srpska	98.1	.2	5304	90.5	.6	5727	94.1	.4	11031
Area	Urban	99.2	.3	4920	95.6	1.8	5622	97.3	1.1	10542
	Rural	97.9	.9	8520	88.2	4.5	8608	93.0	2.7	17128
Age	15-24	99.6	.2	2785	99.7	.2	2562	99.6	.2	5347
	25-34	99.8	.1	2535	99.6	.4	2560	99.7	.2	5095
	35-44	99.4	.3	2682	99.1	.3	2707	99.3	.3	5389
	45-54	99.3	.3	2148	95.2	2.1	2286	97.2	1.2	4434
	55-64	97.3	1.1	1607	84.0	6.7	1972	89.9	4.2	3579
	65+	92.4	3.0	1683	62.9	13.4	2143	75.8	8.8	3826
Total		98.4	.7	13440	91.1	3.4	14230	94.6	2.1	27670

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Table 3: Percentage of the population using various sources of drinking water, Bosnia and Herzegovina MICS 2000

	Main source of water													Total	Total with safe drinking water	Number of persons
	Piped into dwelling	Piped into yard or plot	Public tap	Tubewell/ bore hole with pump	Protected dug well	Protected spring	Rainwater collection	Bottled water	Unprotected dug well	Unprotected spring	Pond, river or stream	Tanker truck vendor	Other			
Entity Federation of B&H	85.4	3.0	1.8	.7	4.1	2.8	.2	.1	.2	.6	.0	.9	.1	100.0	98.1	22152
Entity Republika Srpska	47.0	18.8	2.0	11.6	7.9	9.1	.2	.0	.9	2.0	.2	.0	.4	100.0	96.5	13419
Area Urban	97.2	.6	.6	.2	.4	.6	.0	.1	.0	.1	.0	.0	.1	100.0	99.7	13263
Area Rural	55.4	13.9	2.5	7.6	8.6	7.9	.3	.0	.8	1.8	.1	.9	.2	100.0	96.2	22308
Total	70.9	9.0	1.8	4.8	5.6	5.2	.2	.0	.5	1.1	.1	.5	.2	100.0	97.5	35571

World Summit for Children Goal => Number 4

Table 4: Percentage of the population using sanitary means of excreta disposal, Bosnia and Herzegovina MICS 2000

	Toilet facility									Total	Total with sanitary means of excreta disposal	Number of persons
	Flush to sewage system or septic tank	Pour flush latrine (water seal type)	Improved pit latrine (VIP)	Traditional pit latrine	Open pit	Bucket	Other	No facilities, bush, field				
Entity Federation of B&H	84.5	4.4	7.1	3.4	.4	.0	.1	.0	100.0	99.5	22152	
Entity Republika Srpska	78.3	2.5	.6	2.2	16.2	.0	.0	.1	100.0	83.7	13419	
Area Urban	97.3	1.0	.5	.3	.9	.0	.0	.0	100.0	99.0	13263	
Area Rural	73.2	5.3	7.2	4.5	9.6	.0	.1	.1	100.0	90.2	22308	
Total	82.2	3.7	4.7	2.9	6.4	.0	.1	.1	100.0	93.5	35571	

World Summit for Children Goal => Number 5

Table 5: Percentage of children under 5 who are moderately or severely undernourished, Bosnia and Herzegovina, MICS 2000

		Weight for age: -2 SD	Weight for age: -3 SD	Height for age: -2 SD	Height for age: -3 SD	Weight for height: -2 SD	Weight for height: -3 SD	Number of children
Sex	Male	4.7	.8	10.3	3.1	6.7	2.1	1323
	Female	3.5	.3	9.1	2.7	5.8	1.7	1246
Entity	Federation of B&H	4.8	.7	10.0	3.2	6.1	1.9	1887
	Republika Srpska	2.1	.3	8.8	2.2	6.6	1.9	682
Area	Urban	3.6	.7	9.1	2.2	6.7	2.0	854
	Rural	4.3	.5	10.0	3.3	6.1	1.9	1715
Age	< 6 months	4.1	.4	10.0	1.7	8.7	.8	241
	6-11 months	4.5	.5	8.6	1.4	10.4	3.6	221
	12-23 months	4.7	.4	11.7	3.4	5.7	1.7	470
	24-35 months	3.6	.6	10.0	4.1	4.1	1.3	468
	36-47 months	3.4	.3	9.6	2.8	5.8	1.8	617
	48-59 months	4.5	1.1	8.2	2.9	6.3	2.5	552
Mother's education level	Primary/None	4.7	.8	10.7	2.9	6.6	2.2	1053
	Secondary	3.6	.5	9.0	2.9	6.0	1.7	1516
Total		4.1	.6	9.7	2.9	6.3	1.9	2569

World Summit for Children Goal => Number 3, 9, 26

Table 6: Percentage of children under 5 who are overweight or obese, Bosnia and Herzegovina, MICS 2000

		Weight for height: +2 SD	Weight for height: +3 SD	Number of children
Sex	Male	11.8	4.3	1323
	Female	14.7	5.4	1246
Entity	Federation of B&H	12.2	4.6	1887
	Republika Srpska	16.0	5.4	682
Area	Urban	14.1	6.3	854
	Rural	12.8	4.1	1715
Age	< 6 months	8.7	4.6	241
	6-11 months	15.8	7.7	221
	12-23 months	19.1	6.8	470
	24-35 months	10.0	2.4	468
	36-47 months	10.4	3.1	617
	48-59 months	14.9	6.2	552
Mother's education level	Primary/None	11.4	4.2	1053
	Secondary	14.4	5.3	1516
Total		13.2	4.8	2569

World Summit for Children Goal => Number 3, 9, 26

Table 7: Percentage of children age 12-23 months immunised against childhood diseases at any time before the survey and before the first birthday, Bosnia and Herzegovina, MICS 2000

	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles (MMR)	All	None
Vaccinated at any time before the survey according to:										
Vaccination card	78,3	77,9	77,1	75,2	78,1	77,3	75,6	53,5	52,9	3,8
Mother's report	16,9	14,6	14,2	12,5	15,6	14,2	9,6	10,8	6,9	96,3
Either	95,2	92,5	91,3	87,7	93,8	91,5	85,2	64,4	59,8	100,0
Vaccinated by 12 months of age among those who have cards	100,0	98,7	97,8	96,6	98,9	98,1	96,4	38,2	30,3	,0
Total percent vaccinated by 12 months	95,2	91,3	89,3	84,8	92,7	89,7	82,1	24,6	18,1	,0

The denominator for the vaccination coverage rates includes children age 12-23 months, and for this table is 480 children

Table 8: Percentage of children age 18-29 months immunised against childhood diseases at any time before the survey and before 18 months of age, Bosnia and Herzegovina MICS 2000

	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles (MMR)	All	None
Vaccinated at any time before the survey according to:										
Vaccination card	78,2	78,6	78,2	76,8	78,4	78,2	77,0	70,2	68,3	4,6
Mother's report	15,7	14,1	13,9	11,9	15,3	12,7	9,1	11,7	7,5	95,4
Either	94,0	92,7	92,1	88,7	93,8	90,9	86,1	81,9	75,8	100,0
Vaccinated by 18 months of age among those who have cards	100,0	99,5	99,0	98,9	99,7	99,2	98,9	95,8	92,0	,0
Total percent vaccinated by 18 months	94,0	92,3	91,2	87,8	93,5	90,2	85,2	78,5	69,7	,0

The denominator for the vaccination coverage rates includes children age 18-29 months, and for this table is 496 children

Table 9: Percentage of children age 12-23 months currently vaccinated against childhood diseases, Bosnia and Herzegovina MICS 2000

		BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All	None	% with health card	Number of children
Sex	Male	94.8	93.5	90.9	86.1	93.9	90.9	83.0	63.5	58.3	3.5	79.1	230
	Female	95.6	91.6	91.6	89.2	93.6	92.0	87.2	65.2	61.2	4.0	79.2	250
Entity	Federation of B&H	95.1	92.7	91.3	88.4	94.5	92.2	86.6	70.1	66.0	3.5	80.2	344
	Republika Srpska	95.6	91.9	91.2	86.0	91.9	89.7	81.6	50.0	44.1	4.4	76.5	136
Area	Urban	97.5	91.8	91.1	89.2	93.7	92.4	88.6	66.5	63.9	2.5	79.7	158
	Rural	94.1	92.9	91.3	87.0	93.8	91.0	83.5	63.4	57.8	4.3	78.9	322
Mother's education level	Primary/None	93.8	92.6	90.9	86.9	95.5	92.0	84.1	65.3	60.8	4.0	82.4	176
	Secondary	96.1	92.4	91.4	88.2	92.8	91.1	85.9	63.8	59.2	3.6	77.3	304
Total		95.2	92.5	91.3	87.7	93.8	91.5	85.2	64.4	59.8	3.8	79.2	480

Table 10: Percentage of children age 18-29 months currently vaccinated against childhood diseases, Bosnia and Herzegovina MICS 2000

		BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All	None	% with health card	Number of children
Sex	Male	94.9	93.6	92.7	89.3	94.4	91.0	85.5	82.1	75.2	3.4	79.1	234
	Female	93.1	92.0	91.6	88.2	93.1	90.8	86.6	81.7	76.3	5.7	79.8	262
Entity	Federation of B&H	92.8	91.7	91.4	88.8	93.1	91.1	87.1	86.2	79.6	5.2	80.2	348
	Republika Srpska	96.6	95.3	93.9	88.5	95.3	90.5	83.8	71.6	66.9	3.4	77.7	148
Area	Urban	96.7	92.0	92.0	88.3	93.2	91.4	87.0	82.7	77.2	3.7	79.0	162
	Rural	93.1	93.1	92.2	88.9	94.0	90.7	85.6	81.4	75.1	5.1	79.6	334
Mother's education level	Primary/None	89.1	89.6	88.6	84.5	90.7	87.6	82.4	79.8	72.5	7.8	80.3	193
	Secondary	97.0	94.7	94.4	91.4	95.7	93.1	88.4	83.2	77.9	2.6	78.9	303
Total		94.0	92.7	92.1	88.7	93.8	90.9	86.1	81.9	75.8	4.6	79.4	496

Table 11: Percentage of children under 5 with diarrhoea in the two weeks before the survey, and treatment with ORS or ORT, Bosnia and Herzegovina MICS 2000

		Had diarrhoea in last two weeks	Number of children under 5	Breast milk	Gruel	Local acceptable	ORS packet	Other milk or infant formula	Water with feeding	Any recommended treatment	No treatment	Number of children with diarrhoea
Sex	Male	9.6	1347	23.3	18.6	20.9	15.5	27.9	33.3	81.4	18.6	129
	Female	8.2	1274	19.0	21.0	17.1	10.5	27.6	34.3	81.9	18.1	105
Entity	Federation of B&H	8.6	1903	23.8	12.8	11.6	13.4	29.3	31.1	79.3	20.7	164
	Republika Srpska	9.7	718	15.7	35.7	37.1	12.9	24.3	40.0	87.1	12.9	70
Area	Urban	9.2	868	25.0	21.3	20.0	17.5	27.5	31.3	86.3	13.8	80
	Rural	8.8	1753	19.5	18.8	18.8	11.0	27.9	35.1	79.2	20.8	154
Age	< 6 months	8.2	244	80.0	10.0	5.0	5.0	15.0	25.0	95.0	5.0	20
	6-11 months	12.6	230	51.7	10.3	10.3	17.2	27.6	31.0	82.8	17.2	29
	12-23 months	12.3	480	22.0	18.6	18.6	8.5	44.1	33.9	86.4	13.6	59
	24-35 months	8.4	478	2.5	35.0	22.5	22.5	27.5	30.0	80.0	20.0	40
	36-47 months	7.2	627	6.7	20.0	17.8	11.1	22.2	42.2	82.2	17.8	45
	48-59 months	7.3	562	4.9	17.1	31.7	14.6	17.1	34.1	68.3	31.7	41
Mother's education level	Primary/None	8.1	1074	20.7	20.7	17.2	9.2	29.9	33.3	81.6	18.4	87
	Secondary	9.5	1547	21.8	19.0	20.4	15.6	26.5	34.0	81.6	18.4	147
Total		8.9	2621	21.4	19.7	19.2	13.2	27.8	33.8	81.6	18.4	234

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Table 12: Percentage of children under 5 with diarrhoea in the two weeks before the survey who took increased fluids and continued to feed during the episode, Bosnia and Herzegovina, MICS 2000

		Had diarrhoea in last two weeks	Number of children under 5	Drinking during diarrhoea			Total	Eating during diarrhoea			Total	Received increased fluids and children continued with eating diarrhoea	Number of children
				More	Same/Less	Missing/NK		at less/same/more	Much less/none	Missing/NK			
Sex	Male	9.6	1347	20.9	56.6	22.5	100.0	62.0	37.2	.8	100.0	12.4	129
	Female	8.2	1274	13.3	66.7	20.0	100.0	62.9	36.2	1.0	100.0	9.5	105
Entity	Federation of B&H	8.6	1903	15.9	56.7	27.4	100.0	62.2	36.6	1.2	100.0	9.8	164
	Republika Srpska	9.7	718	21.4	71.4	7.1	100.0	62.9	37.1	.0	100.0	14.3	70
Area	Urban	9.2	868	18.8	60.0	21.3	100.0	58.8	40.0	1.3	100.0	11.3	80
	Rural	8.8	1753	16.9	61.7	21.4	100.0	64.3	35.1	.6	100.0	11.0	154
Age	< 6 months	8.2	244	10.0	65.0	25.0	100.0	70.0	30.0	.0	100.0	10.0	20
	6-11 months	12.6	230	17.2	51.7	31.0	100.0	86.2	13.8	.0	100.0	10.3	29
	12-23 months	12.3	480	23.7	59.3	16.9	100.0	54.2	45.8	.0	100.0	15.3	59
	24-35 months	8.4	478	22.5	60.0	17.5	100.0	60.0	40.0	.0	100.0	12.5	40
	36-47 months	7.2	627	15.6	66.7	17.8	100.0	60.0	40.0	.0	100.0	13.3	45
	48-59 months	7.3	562	9.8	63.4	26.8	100.0	58.5	36.6	4.9	100.0	2.4	41
Mother's education level	Primary/None	8.1	1074	16.1	62.1	21.8	100.0	64.4	35.6	.0	100.0	12.6	87
	Secondary	9.5	1547	18.4	60.5	21.1	100.0	61.2	37.4	1.4	100.0	10.2	147
Total		8.9	2021	17.5	61.1	21.4	100.0	62.4	36.8	.9	100.0	11.1	234

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Table 13: Percentage of children 0-59 months of age reported ill during the two weeks before the survey who received increased fluids and continued feeding, Bosnia and Herzegovina, MICS 2000

		Reported illness in last two weeks	Number of children under 5	Drinking during illness			Total	Eating during illness			Total	Received increased fluids and continued eating	Number of sick children
				More	Same/Less	Missing/NK		somewhat less/same more	Much less/none	Missing/NK			
Sex	Male	19.9	1347	26.1	62.3	11.6	100.0	65.3	34.0	.7	100.0	15.7	268
	Female	17.6	1274	26.3	62.5	11.2	100.0	64.3	33.9	1.8	100.0	16.5	224
Entity	Federation of B&H	19.0	1903	27.1	58.8	14.1	100.0	63.8	34.5	1.7	100.0	16.6	362
	Republika Srpska	18.1	718	23.8	72.3	3.8	100.0	67.7	32.3	.0	100.0	14.6	130
Area	Urban	19.1	868	25.3	62.0	12.7	100.0	61.4	36.1	2.4	100.0	15.1	166
	Rural	18.6	1753	26.7	62.6	10.7	100.0	66.6	32.8	.6	100.0	16.6	326
Age	< 6 months	14.8	244	13.9	69.4	16.7	100.0	69.4	27.8	2.8	100.0	11.1	36
	6-11 months	21.7	230	26.0	54.0	20.0	100.0	78.0	20.0	2.0	100.0	14.0	50
	12-23 months	24.4	480	29.9	60.7	9.4	100.0	62.4	35.9	1.7	100.0	21.4	117
	24-35 months	20.5	478	29.6	62.2	8.2	100.0	62.2	37.8	.0	100.0	13.3	98
	36-47 months	16.4	627	24.3	67.0	8.7	100.0	61.2	38.8	.0	100.0	16.5	103
	48-59 months	15.7	522	25.0	61.4	13.6	100.0	65.9	31.8	2.3	100.0	14.8	88
Mother's education level	Primary/None	18.7	1074	28.9	59.7	11.4	100.0	60.2	38.3	1.5	100.0	16.4	201
	Secondary	18.8	1547	24.4	64.3	11.3	100.0	68.0	30.9	1.0	100.0	15.8	291
Total		18.8	2621	26.2	62.4	11.4	100.0	64.8	33.9	1.2	100.0	16.1	492

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Table 14: Percentage of carers of children aged 0-59 months who know at least 2 signs for seeking immediate medical assistance, Bosnia and Herzegovina MICS 2000

		Not able to drink/ breast-feed	Becomes more ill	Develops a fever	Has fast breathing	Has difficult breathing	Has blood in stool	Is drinking poorly	Knows at least two signs	Number of carers
Entity	Federation of B&H	26.3	36.8	95.3	31.6	40.6	34.0	12.9	65.6	1903
	Republika Srpska	15.7	34.8	88.6	36.5	40.0	45.0	8.4	74.0	718
Area	Urban	22.2	35.1	95.6	31.5	42.4	38.7	13.4	69.8	868
	Rural	24.0	36.9	92.4	33.7	39.5	36.2	10.8	66.9	1753
Mother's education level	Primary/None	23.5	34.9	93.7	34.7	38.2	34.8	11.9	63.9	1074
	Secondary	23.3	37.2	93.3	31.7	42.0	38.5	11.5	70.7	1547
Total		23.4	36.3	93.5	33.0	40.4	37.0	11.7	67.9	2621

Table 15: Percentage of children 5-14 years of age who are currently working, Bosnia and Herzegovina MICS 2000

		Paid work	Unpaid work	Domestic work: < 4 hours/day	Domestic work: 4 or more hours/day	Family work (farm or business)	Currently working	Number of children
Sex	Male	1,1	6,0	48,8	,5	17,09	19,5	2645
	Female	1,7	5,9	61,9	,7	13,16	15,9	2598
Entity	Federation of BH	1,0	7,0	56,8	,6	13,21	16,2	3589
	Republika Srpska	,6	3,7	52,1	,5	19,35	20,9	1654
Area	Urban	,6	4,0	60,2	,1	6,73	9,3	1843
	Rural	1,0	7,0	52,6	,8	19,71	22,3	3400
Age	5-9 years	,4	4,0	43,1	,2	9,08	11,0	2490
	10-14 years	1,3	7,7	66,3	,9	20,63	23,8	2753
Total		,9	5,9	55,3	,6	15,14	17,7	5243

Monitoring Children's Rights Indicator

Percentage of children entering first grade of primary school who eventually reach grade 5, Bosnia and Herzegovina, MICS 2000

		Percent in grade 1 reaching grade 2	Percent in grade 2 reaching grade 3	Percent in grade 3 reaching grade 4	Percent in grade 4 reaching grade 5	Percent who reach grade 5 of those who enter grade 1
Sex	Male	100.0	100.0	99.6	99.6	99.2
	Female	99.2	100.0	99.6	100.0	98.8
Entity	Federation of B&H	99.5	100.0	99.4	99.7	98.6
	Republika Srpska	100.0	100.0	100.0	100.0	100.0
Area	Urban	99.5	100.0	99.4	100.0	99.0
	Rural	99.7	100.0	99.7	99.7	99.1
Total		99.6	100.0	99.6	99.8	99.0

World Summit for Children Goal => Number 6

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