



Egypt
MICS in the rural districts covered
by the IPHN programme in Egypt

Multiple Indicator Cluster Survey
2013-14

Final Report

September 2015



The Egypt sub-national Multiple Indicator Cluster Survey (MICS) was carried out in 2013-14 by El-Zanaty & Associates in collaboration with the Ministry of Health and Population. Financial and technical support was provided by the United Nations Children's Fund (UNICEF) Egypt Country Office, Middle East and North Africa Regional Office, and UNICEF Headquarters.

The global Multiple Indicator Cluster Survey (MICS) programme was developed by UNICEF in the 1990s as an international household survey programme to support countries in the collection of internationally comparable data on a wide range of indicators on the situation of children and women. MICS measures key indicators that allow countries to generate data for use in policies and programmes, and to monitor progress towards the Millennium Development Goals (MDGs) and other internationally agreed upon commitments.

This MICS aims at providing data for monitoring system of the 'Integrated Perinatal Health and Child Nutrition Programme' (IPHN) implemented by the Ministry of Health and Population (MOHP) in Egypt with the support of UNICEF. The IPHN covers selected rural districts in 6 governorates, 4 in Upper Egypt and 2 in Lower Egypt.

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Summary Tables of Survey Implementation and the Survey Population

Survey implementation			
Sample frame: MoHP 2013: FHUs Catchment areas Updated		Questionnaires: Household Ever-married Women (15-49) ¹ Children under five	
October – November 2013		3 Dec 2013 – 2 Jan 2014	
Interviewer training	17 Nov - 3 Dec 2013	Fieldwork	3 Dec 2013 – 2 Jan 2014
Survey sample			
Households		Children under-5	
- Selected	7067	- Eligible for interviews	5096
- Occupied	7050	- Mothers/ caretakers interviewed	5090
- Interviewed	7046	- Response rate (per cent)	99.8
- Response rate (per cent)	99.9		
Ever-married Women ²			
- Eligible for interviews	5859		
- Interviewed	5847		
- Response rate (per cent)	99.7		

Survey population			
Average household size	4.6	Percentage of population living in	
Percentage of population under:		- Pilot Upper Egypt	12.7
- Age 5	16.0	- Expansion Upper Egypt	71.4
- Age 18	44.9	- Expansion Lower Egypt	15.8
Ever-married Women aged 15-49 with live births in the last 5 years²			
- Percent	61.7		
- Number	3605		
Percentage of under-5s with			
- Height/Length measured	98.8		
- Weight measured	96.8		

Housing characteristics		Household or personal assets	
Percentage of households with		Percentage of households that own a	
- Electricity	99.7	- A television	93.1
- Finished floor	83.2	- A refrigerator	90.8
- Finished roofing	88.4	- Agricultural land	21.4
- Finished walls	99.1	- Farm animals/livestock	40.2
		Percentage of households where at least a member has or owns a	
Mean number of persons per room used for sleeping	2.51	- Mobile phone	86.0
		- Car or truck	4.1

¹This MICS specifically identified its target group as ever-married women age 15-49. The MDG and MICS indicators calculated for women in this sub-national survey are thus not fully comparable to the standard MDG and MICS indicators.

²This MICS applied the modules on maternal and newborn health to ever-married women age 15-49 with a live birth in the last 5 years, instead of in the last 2 years. The MDG and MICS indicators calculated for women in this sub-national survey are thus not fully comparable to the standard MDG and MICS indicators.

Summary Table of Findings³

MULTIPLE INDICATOR CLUSTER SURVEYS (MICS) AND MILLENNIUM DEVELOPMENT GOALS (MDG) INDICATORS, EGYPT SUB-NATIONAL MICS, 2013-14

MICS Indicator	Indicator	Description	Value
NUTRITION			
Nutritional status			
2.1a	MDG 1.8 Underweight prevalence (a) Moderate and Severe (-2 SD)	Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe)	5.4
2.1b	(b) Severe (-3 SD)	(b) minus three standard deviations (severe) of the median weight for age of the WHO standard	2.1
2.2a	Stunting prevalence (a) Moderate and Severe (-2 SD)	Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe)	21.7
2.2b	(b) Severe (-3 SD)	(b) minus three standard deviations (severe) of the median height for age of the WHO standard	8.8
2.3a	Wasting prevalence (a) Moderate and Severe (-2 SD)	Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe)	2.7
2.3b	(b) Severe (-3 SD)	(b) minus three standard deviations (severe) of the median weight for height of the WHO standard	1.3
2.4	Overweight prevalence	Percentage of children under age 5 who are above two standard deviations of the median weight for height of the WHO standard	17.1
Breastfeeding and infant feeding			
2.5	Children ever breastfed	Percentage of ever-married women with a live birth in the last 5 years who breastfed their last live-born child at any time ⁴	96.9
2.6	Early initiation of breastfeeding	Percentage of ever-married women with a live birth in the last 5 years who put their last new-born to the breast within one hour of birth ³	35.8
2.7	Exclusive breastfeeding under 6 months	Percentage of infants under 6 months of age who are exclusively breastfed ⁱ	45.4
2.8	Predominant breastfeeding under 6 months	Percentage of infants under 6 months of age who received breast milk as the predominant source of nourishment ⁱⁱ during the previous day	67.1
2.9	Continued breastfeeding at 1 year	Percentage of children age 12-15 months who received breast milk during the previous day	79.6
2.10	Continued breastfeeding at 2 years	Percentage of children age 20-23 months who received breast milk during the previous day	20.4

³ See Appendix E for a detailed description of MICS indicators

⁴ This MICS applied the modules on maternal and newborn health to ever-married women with a live birth in the last 5 years, instead of in the last 2 years. The MICS indicators 2.5 and 2.6 are thus not fully comparable to the standard MICS indicators.

MICS Indicator	Indicator	Description	Value
2.11	Duration of breastfeeding	The age in months when 50 percent of children age 0-35 months did not receive breast milk during the previous day	18.2
2.12	Age-appropriate breastfeeding	Percentage of children age 0-23 months appropriately fed ⁱⁱⁱ during the previous day	56.6
2.13	Introduction of solid, semi-solid or soft foods	Percentage of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	78.6
2.14	Milk feeding frequency for non-breastfed children	Percentage of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	31.7
Nutritional status			
2.15	Minimum meal frequency	Percentage of children age 6-23 months who received solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum number of times ^v or more during the previous day	61.6
2.16	Minimum dietary diversity	Percentage of children age 6–23 months who received foods from 4 or more food groups ^v during the previous day	53.6
2.17a	Minimum acceptable diet	(a) Percentage of breastfed children age 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day	34.6
2.17b		(b) Percentage of non-breastfed children age 6–23 months who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day	19.9
2.18	Bottle feeding	Percentage of children age 0-23 months who were fed with a bottle during the previous day	15.8
Low-birth weight			
2.20	Low-birth weight infants	Percentage of most recent live births in the last 5 years weighing below 2,500 grams at birth ⁵	23.0
2.21	Infants weighed at birth	Percentage of most recent live births in the last 5 years who were weighed at birth ⁴	62.6
CHILD HEALTH			
Vaccinations			
3.1	Tuberculosis immunization coverage	Percentage of children age 12-23 months who received BCG vaccine by their first birthday	91.1
3.2	Polio immunization coverage	Percentage of children age 12-23 months who received the third dose of OPV vaccine (OPV3) by their first birthday	97.3
3.3	Diphtheria, pertussis and tetanus (DPT) immunization coverage	Percentage of children age 12-23 months who received the third dose of DPT vaccine (DPT3) by their first birthday	96.1

⁵This MICS applied the modules on maternal and newborn health to ever-married women with a live birth in the last 5 years, instead of in the last 2 years. The MICS indicators 2.20 and 2.21 are thus not fully comparable to the standard MICS indicators.

MICS Indicator	Indicator	Description	Value
3.4 MDG 4.3	Measles immunization coverage	Percentage of children age 24-35 months who received measles vaccine by their second birthday	95.5
3.5	Hepatitis B immunization coverage	Percentage of children age 12-23 months who received the third dose of Hepatitis B vaccine (HepB3) by their first birthday	95.1
3.8	Full immunization coverage	Percentage of children age 24-35 months who received all ^{vi} vaccinations recommended in the national immunization schedule by their first birthday (measles by their second birthday)	82.0
Tetanus toxoid⁶			
3.9	Neonatal tetanus protection	Percentage of ever-married women age 15-49 years with a live birth in the last 5 years who were given at least two doses of tetanus toxoid vaccine within the appropriate interval prior to the most recent birth	84.8
Diarrhoea			
3.10	Care-seeking for diarrhoea	Percentage of children under age 5 with diarrhoea in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	49.7
3.11	Diarrhoea treatment with oral rehydration salts (ORS) and zinc	Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORS and zinc	4.1
3.12	Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding	Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORT (ORS packet, pre-packaged ORS fluid, recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	17.2
Acute Respiratory Infection (ARI) symptoms			
3.13	Care-seeking for children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	64.4
3.14	Antibiotic treatment for children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks who received antibiotics	59.6
Solid fuel use			
3.15	Use of solid fuels for cooking	Percentage of household members in households that use solid fuels as the primary source of domestic energy to cook	0.4
WATER AND SANITATION			
4.1 MDG 7.8	Use of improved drinking water sources	Percentage of household members using improved sources of drinking water	99.8
4.2	Water treatment	Percentage of household members in households using unimproved drinking water who use an appropriate treatment method	0.0
4.3 MDG 7.9	Use of improved sanitation	Percentage of household members using improved sanitation facilities which are not shared	90.4

⁶This MICS applied the modules on maternal and newborn health to ever-married women with a live birth in the last 5 years, instead of in the last 2 years. The MICS indicator 3.9 is thus not fully comparable to the standard MICS indicator.

MICS Indicator	Indicator	Description	Value
4.4	Safe disposal of child's faeces	Percentage of children age 0-2 years whose last stools were disposed of safely	64.2
4.5	Place for hand washing	Percentage of households with a specific place for hand washing where water and soap or other cleansing agent are present	88.7
4.6	Availability of soap or other cleansing agent	Percentage of households with soap or other cleansing agent	87.0
REPRODUCTIVE HEALTH⁷			
Early childbearing			
5.2	Early childbearing	Percentage of ever-married women age 20-24 years who had at least one live birth before age 18	5.8
Maternal and new-born health			
	MDG 5.5	Antenatal care coverage	
5.5a		Percentage of ever-married women age 15-49 years with a live birth in the last 5 years who were attended during their last pregnancy that led to a live birth (a) at least once by skilled health personnel	90.5
5.5b		(b) at least four times by any provider	80.7
5.6		Content of antenatal care	
		Percentage of ever-married women age 15-49 years with a live birth in the last 5 years who had their blood pressure measured and gave urine and blood samples during the last pregnancy that led to a live birth	50.7
5.7	MDG 5.2	Skilled attendant at delivery	
		Percentage of ever-married women age 15-49 years with a live birth in the last 5 years who were attended by skilled health personnel during their most recent live birth	89.0
5.8		Institutional deliveries	
		Percentage of ever-married women age 15-49 years with a live birth in the last 5 years whose most recent live birth was delivered in a health facility	82.1
5.9		Caesarean section	
		Percentage of ever-married women age 15-49 years whose most recent live birth in the last 5 years was delivered by caesarean section	39.8
Post-natal health checks⁸			
5.10		Post-partum stay in health facility	
		Percentage of ever-married women age 15-49 years who stayed in the health facility for 12 hours or more after the delivery of their most recent live birth in the last 5 years	45.9
5.11		Post-natal health check for the new-born	
		Percentage of last live births in the last 5 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	80.0

⁷This MICS applied the modules on maternal and newborn health, to ever-married women with a live birth in the last 5 years, instead of in the last 2 years. The MICS indicators 5.2-5.9, and the MDG indicators 5.2 and 5.5, are thus not fully comparable to the standard MICS and MDG indicators.

⁸This MICS applied the modules on maternal and newborn health, and post-natal health checks, to ever-married women with a live birth in the last 5 years, instead of in the last 2 years. The MICS indicators 5.10-5.12 are thus not fully comparable to the standard MICS indicators.

MICS Indicator	Indicator	Description	Value
5.12	Post-natal health check for the mother	Percentage of ever-married women age 15-49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth in the last 5 years	77.8
LITERACY AND EDUCATION			
7.1	MDG 2.3 Literacy rate among young women ⁹	Percentage of ever-married young women age 15-24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education	81.5
7.2	School readiness	Percentage of children in first grade of primary school who attended pre-school during the previous school year	36.5
7.3	Net intake rate in primary education	Percentage of children of school-entry age who enter the first grade of primary school	85.8
7.4	MDG 2.1 Primary school net attendance ratio (adjusted)	Percentage of children of primary school age currently attending primary or secondary school	95.0
7.5	Preparatory school net attendance ratio (adjusted)	Percentage of children of Preparatory ¹⁰ school age currently attending Preparatory school or higher	71.9
7.6	MDG 2.2 Children reaching last grade of primary	Proportion of children entering the first grade of primary school who eventually reach last grade	97.7
7.7	Primary completion rate	Number of children attending the last grade of primary school (excluding repeaters) divided by number of children of primary school completion age (age appropriate to final grade of primary school)	103.5
7.8	Transition rate to preparatory school	Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year divided by number of children attending the last grade of primary school during the previous school year	92.3
7.9	MDG 3.1 Gender parity index (primary school)	Primary school net attendance ratio (adjusted) for girls divided by primary school net attendance ratio (adjusted) for boys	0.99
7.10	MDG 3.1 Gender parity index (preparatory school)	Preparatory school net attendance ratio (adjusted) for girls divided by preparatory school net attendance ratio (adjusted) for boys	1.01
CHILD PROTECTION			
Birth registration			
8.1	Birth registration	Percentage of children under age 5 whose births are reported registered	99.4

⁹This MICS specifically identified its target group as ever-married women age 15-49. The MDG indicator 2.3, and the MICS indicator 7.1 in this sub-national survey are thus not fully comparable to the standard MDG and MICS indicators.

¹⁰Preparatory level corresponds to Lower Secondary Education (ISCED 2) according to the international standard classification.

MICS Indicator	Indicator	Description	Value
Early marriage and polygyny			
8.4	Marriage before age 15	Percentage of ever-married women age 15-49 years who were first married before age 15	5.8
8.5	Marriage before age 18	Percentage of ever-married women age 20-49 years who were first married before age 18	29.8
8.6	Young women age 15-19 years currently married	Percentage of young women age 15-19 years who are married	15.3
8.7	Polygyny	Percentage of ever-married women age 15-49 years who are in a polygynous marriage	1.9
	Spousal age difference	Percentage of currently married women whose spouse is 10 or more years older,	
8.8a		(a) among ever-married women age 15-19 years,	31.5
8.8b		(b) among ever-married women age 20-24 years	20.7
ACCESS TO MASS MEDIA AND ICT			
Access to mass media			
10.1	Exposure to all three forms of mass media	Percentage of ever-married women age 15-49 years who, at least once a week, read a newspaper/magazine, or listen to the radio, and watch television	1.4
Use of information/communication technology			
10.2	Use of computers	Percentage of ever-married young women age 15-24 years who used a computer during the last 12 months	17.0
10.3	Use of internet	Percentage of ever-married young women age 15-24 who used the internet during the last 12 months	10.7

Summary Table of Findings for Selected MoRES Indicators

MoRES Indicator	Description	Value
NUTRITION		
Breastfeeding and infant feeding		
Receiving no advice on breastfeeding	Percentage of ever-married women age 15-49 with a live birth in the last 5 years who received no breastfeeding advice during pregnancy	67.1
Acceptance of immediate breastfeeding after delivery	Percentage of ever-married women age 15-49 with a live birth in the last 5 years who were accepting of immediate breastfeeding after delivery	85.9
Acceptance of no pre-lacteal feeds	Percentage of ever-married women age 15-49 with a live birth in the last 5 years who were accepting of no pre-lacteal feeds	77.7
Acceptance of exclusive breastfeeding for 6 months	Percentage of ever-married women age 15-49 with a live birth in the last 5 years who were accepting of exclusive breastfeeding for 6 months	66.0
REPRODUCTIVE HEALTH		
Maternal and new-born health		
Received/ bought iron tablets	Percentage of ever-married women age 15-49 with a live birth in the last 5 years who received/ bought iron tablets during pregnancy	61.0
Told about danger signs of pregnancy, delivery and puerperium	Percentage of ever-married women age 15-49 with a live birth in the last 5 years who were told about danger signs of pregnancy, delivery and puerperium	22.5
Counselling for side-effects of iron supplementation during pregnancy	Percentage of ever-married women age 15-49 with a live birth in the last 5 years and who received or bought iron supplements during pregnancy, who were counselled for side effects of iron supplementation	30.8
Compliance with iron supplementation during pregnancy	Percentage of ever-married women age 15-49 with a live birth in the last 5 years who received or bought iron supplements during pregnancy, and who were compliant with iron supplementation	56.8
Presence of at least 3 elements of a birth preparedness plan	Percentage of ever-married women age 15-49 with a live birth in the last 5 years who had at least 3 elements of a birth preparedness plan	56.0
Caesarean section planned in advance	Percentage of ever-married women age 15-49 with a live birth in the last 5 years, who reported that the Caesarian section was scheduled in advance	20.7
Heel sample taken from infant within 7 days of birth	Number of infants born within the last 5 years, who had a heel sample taken within 7 days of birth	94.0
Post-natal health checks		
Adequate number of PNC visits	Percentage of ever-married women age 15-49 with a live birth in the last 5 years who received at least 3 post-natal care visits	3.0
Post-natal home visit within 48 hours	Percentage of ever-married women age 15-49 with a live birth in the last 5 years who received a post-natal home visit within 48 hours of birth	1.7
Content of post-natal care visits	Percentage of ever-married women age 15-49 with a live birth in the last 5 years, by content of post-natal care:	
	(a) Blood pressure measured	29.5
	(b) Pulse measured	20.0
	(c) Temperature measured	21.9
	(d) Breast examined	13.6
	(e) Lower limbs examined	13.7

MoRES Indicator	Description	Value
Knowledge of danger signs of pregnancy, delivery and puerperum	Percentage of ever-married women age 15-49 with a live birth in the last 5 years, by knowledge of at least 3 danger signs of:	
	(a) Pregnancy	9.6
	(b) Delivery	2.4
	(c) Puerperium	4.6
Decision making ability		
Decision-making ability for ANC	Total number of ever-married women age 15-49 with a live birth in the last 5 years who participated in decision to have antenatal care	94.6
Decision-making ability for SBA	Total number of ever-married women age 15-49 with a live birth in the last 5 years who participated in decision to have a skilled birth attendant	93.4
ACCESS TO MASS MEDIA AND ICT		
Access to mass media		
Exposure to any ¹¹ form of mass media	Percentage of ever-married women age 15-49 years who, at least once a week, read a newspaper/ magazine, or listen to the radio, or watch television	97.0

¹¹ This modified indicator reflects access and use of at least one of the listed mass media.

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List of Abbreviations

ANC	Antenatal Care
BCG	Bacillus-Calmette-Guerin (Tuberculosis)
CHWs	Community Health Workers
CSPRO	Census and Survey Processing System
DPT	Diphtheria Pertussis Tetanus
EPI	Expanded Programme on Immunization
FHU	Family Health Unit
GPI	Gender Parity Index
IPHN	Integrated Perinatal Health and Child Nutrition Programme
HIV	Human Immunodeficiency Virus
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MICS5	Fifth global round of Multiple Indicator Cluster Surveys programme
MoHP	Ministry of Health and Population
MoRES	Monitoring Results for Equity Systems
NAR	Net Attendance Rate
ORT	Oral rehydration treatment
PNC	Post Natal Care
SBA	Skilled Birth Attendant
SPSS	Statistical Package for Social Sciences
TBA	Traditional Birth Attendant
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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Executive Summary

The MICS in the rural districts cover by the IPHN programme in Egypt was conducted as part of the fifth global round of MICS Surveys (MICS5). The IPHN programme is implemented by the Ministry of Health and Population (MoHP) in collaboration with UNICEF in selected disadvantaged rural areas of Upper and Lower Egypt. The survey has been specifically designed to respond to the data needs of the IPHN program and of its monitoring system (which adopts the model of the Monitoring Results for Equity System, developed by UNICEF). The specific focus of this MICS is on perinatal care. In the MoRES framework developed for the IPHN program, this survey complements the data provided by the routine administrative data collection system and by evidence provided by a qualitative study on perinatal care and nutrition.

The IPHN programme has been initially conducted, since 2008, as a pilot in selected rural village/Family Health Units (FHUs) in 3 Upper Egypt governorates, and then – starting in 2012, it has been expanded in new FHUs in Upper Egypt and Lower Egypt, covering a total of 6 governorates at the time of the survey. A total of 2.5 million people were living in the areas of intervention at the time of the survey.

Consistently with the focus of the survey on perinatal care, this household survey considered as eligible for the interviews ever-married women age 15-49 and children under five.

A total of 7046 households were successfully interviewed with response rate of 99.9 percent. A total of 5847 ever-married women age 15-49 were successfully interviewed and 5090 questionnaires were completed for children under-5.

The results of the survey are representative of the full area covered by the IPHN and for three sub-domains, namely the pilots FHUs in Upper Egypt, the FHUs of Upper Egypt expansion phase, and the FHUs of the Lower Egypt expansion phase.

Following is a summary of the main survey results.

Household Characteristics

The mean number of household members is 4.6. Twelve percent of the interviewed households were headed by a female. Almost all households have electricity and over 90 percent of households in all areas own: TV, refrigerator, satellite dish, and washing machine as well as mobile phones.

Nutrition

The height and weight measurements were taken for all children under-5 years using anthropometric equipment recommended by UNICEF.

The survey indicates that 5 percent of children under-5 were classified as underweight, while 2 percent of children were severely underweight. Data show that 22 percent of children of this age were too short for their age (stunting). The data show also that wasting was present amongst 3 percent of children. More than one in six children under-5 years of age (17 percent) were overweight.

The lowest percentage of underweight children was observed in expansion phase Lower Egypt (3 percent), while it was 6 percent in both pilot phase area and expansion phase Upper Egypt. No significant differences were observed between areas in the level of stunting where it ranges from 22 percent in expansion phase Upper Egypt to 19 percent in pilot phase area. Also, the highest percentage of wasted children was found in expansion phase Lower Egypt (3 percent). The highest percentage of overweight children was found in expansion phase Lower Egypt where almost one in three children is

overweight. The proportion of overweight children increases with the mother's education level and was highest amongst children whose mothers had higher education (23 percent).

Despite the importance of early start of breastfeeding and establishment of a physical and emotional relationship between the baby and the mother, only 36 percent of babies are breastfed for the first time within one hour of birth, while 79 percent of new-borns started breastfeeding within one day of birth. The percentage of children who received a prelacteal feed was 61 percent.

There were no clear differences between the three subdomains (regions) in the percentage of children who were first breastfed within one hour of birth (between 35 to 37 percent) or who were first breastfed within one day of birth (between 79 to 82 percent). Percentage of children who received a prelacteal feed was highest in pilot phase area (64 percent) and lowest in expansion phase Lower Egypt (49 percent).

Exclusive breastfeeding is found in expansion phase Lower Egypt (50 percent) more often than in pilot phase or in expansion phase Upper Egypt (46 and 44 percent respectively). In older age groups, expansion phase Upper Egypt children continue receiving breast milk more often than children of other regions. Children of mothers with higher education are less likely to be exclusively breastfed than children of women with primary/preparatory education or no education levels (41 percent compared to 51 percent and 49 percent respectively). Less than one third of the children age 6-23 months (31 percent) were receiving the minimum acceptable diet (solid, semi-solid and soft foods with the recommended minimum number of times).

Slightly less than two thirds of infants (63 percent) were weighed at birth. The data indicated that significant variation by region; the highest percentage of infants weighed at birth was observed in expansion phase Lower Egypt (84 percent), while the lowest was found in expansion phase of Upper Egypt (58 percent). Approximately 23 percent of infants are estimated by their mothers to be very small or smaller than average, which match with the figure for infants weigh less than 2,500 grams at birth (23 percent).

Child Health

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. A World Fit for Children goal is to ensure full immunization of children under one year of age at 90 percent nationally, with at least 80 percent coverage in every district or equivalent administrative unit.

The vaccination schedule followed by the Egypt National Immunization Programme provides all the above- mentioned vaccinations as well as three doses of vaccine against Hepatitis B. All those vaccinations should be received during the first year of life except for the MMR (measles) which should be received at age 12 months and 18 months. Taking into consideration this vaccination schedule, the estimates for full immunization coverage from the Egypt MICS are based on children age 24-35 months.

Approximately 91 percent of children age 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 99 percent, which is almost the same percent for the second dose. However, the percentage of children age 12-23 months who received the DPT third dose drops to 96 percent. Similarly, virtually all children received Polio 1 by age 12 months and this declines to 97 percent by the third dose. Looking at older children (24-35 months), 96 percent received the measles vaccine by age 24 months. There is also a slight decrease in the Hepatitis B vaccination from 99 percent for the first dose to 98 percent for the second dose, and then a decline to 95 percent for the third dose, reflecting a small dropout rate of less than 3 percent. Overall, 82 percent of children in the age 24-35 months were fully immunized.

Nineteen percent of under-five children had diarrhoea in the two weeks preceding the survey. No advice or treatment was sought for more than one-third of these children (37 percent of those who had diarrhoea), while treatment from a health facility or provider was sought for half of the children with diarrhoea.

During the episode of diarrhoea, only 8 percent of children under-five with diarrhoea drank more than usual, almost one-third of children (34 percent) drank the same, while more than half of children (51 percent) drank less or much less. It is also worth noting that 7 percent of children who had diarrhoea were not given anything to drink. With respect to food intake, a quarter of the children were given the same amount to eat, 37 percent were given somewhat less and 20 percent of children were given much less than usual to eat. In 16 percent of cases children stopped food altogether. Only 2 percent of children were given more than usual food to eat with no significant regional differences.

Four percent of children received fluids from ORS packets and pre-packaged ORS fluids with zinc. Children of mothers living in the pilot phase were less likely to receive ORS and zinc (3 percent) than children of mothers living in the expansion phase Upper Egypt (4 percent) and in the expansion phase Lower Egypt (6 percent).

Overall, 13 percent of children had symptoms of ARI; however, prevalence of ARI was highest in expansion phase of Lower Egypt (17 percent), lower in Expansion Upper Egypt (13 percent) and least in pilot phase, Upper Egypt (11 percent). Around two-third of those children treatment or advice was sought from a health facility or provider. Sixty percent of children with ARI in the two weeks preceding the survey were given antibiotics.

Water and Sanitation

Almost the entire population in the IPHN areas uses an improved source of drinking water with minimal variation across regions. The majority of the population uses drinking water that is piped into their dwelling or into their yard or plot (90 percent). Piped water (including water piped to a neighbour or a public tap) was used by the vast majority of the population (97 percent).

Five percent of households in the areas covered by the survey had no water sources on the premises (less than 2 percent in pilot phase and expansion phase Upper Egypt, while it was 24 percent in expansion phase Lower Egypt) and that the percentage of households with no sources of drinking water on the premises surprisingly increased with increased education level of household heads.

More than 95 percent of household population used improved sanitation facilities. The highest percentage was reported among households in expansion phase and pilot phase Upper Egypt (99 percent) and lowest percentage among those in expansion phase Lower Egypt (72 percent). Three-quarters of the improved sanitation facilities were flush toilets connected to pit latrines (bayara), or septic tank (14 percent) and less likely to pipe sewer system (7 percent). Also, 90 percent of the population used improved sanitation that is not shared.

The percentage of children aged 0-2 years whose last stools were disposed of safely was 64 percent: 69 percent in expansion phase Upper Egypt, 63 percent in pilot phase areas and 41 percent in expansion phase Lower Egypt. For almost one third of children aged 0-2 years, the last stool was thrown into garbage.

Surprisingly, the percentage of children aged 0-2 years whose last stools were disposed of safely is inversely proportional with mothers' education. It is the lowest among mothers who had higher education (48 percent), whereas it is the highest among mothers who had no education (75 percent).

Hand washing with water and soap is the most cost effective health intervention to reduce the incidence of both diarrhoea and pneumonia in children under five. The place used for hand washing

was observed in 89 percent of households in Egypt MICS. In 89 percent of cases these places had both water and soap present. Soap or other cleansing agent was available in 81 percent of households and in 2 percent of households the soap was subsequently shown to the interviewer. Soap or other cleansing agent was available in 92 percent of households in expansion phase Lower Egypt, 81 percent of households in pilot phase and 78 percent of households in expansion phase Upper Egypt.

Reproductive Health

This Sub-National MICS specifically applied the modules on maternal and new-born health only to ever-married women with a live birth in the last 5 years, instead of in the last 2 years. The indicators presented are thus not fully comparable to the standard MICS indicators.

Sexual activity and childbearing early in life carry significant risks for young people all around the world. Forty-seven percent of ever-married women age 15-19 have already had a birth and among those women no live births before the age of 15 were observed. About 6 percent of ever-married women age 20 - 24 have had a live birth before age 18, mostly among mothers who had no education.

More than 90 percent of women receive antenatal care and the majority (90 percent) of antenatal care is provided by medical doctors with preference for private antenatal care provider. Medical doctors provided antenatal care to almost all women of the expansion phase Lower Egypt and to 89 percent of women in pilot phase and to 88 percent of women in the expansion phase Upper Egypt. Only a minority of women receive care from a nurse/midwife.

UNICEF and WHO recommend a minimum of four antenatal care visits during pregnancy. Almost nine in ten mothers (89 percent) receive antenatal care more than once, and four in five mothers received antenatal care at least four times (81 percent). Mothers living in the expansion phase Upper Egypt, mothers with high number of children and those with no education are less likely than more advantaged mothers to receive ANC four or more times.

About 89 percent of births occurring in the five years preceding the MICS survey were delivered by skilled personnel. This percentage is highest in the expansion phase Lower Egypt (98 percent) and lowest in the expansion phase Upper Egypt (87 percent).

More than four in five births (82 percent) in the IPHN areas are delivered in a health facility; 26 percent of deliveries occur in public sector facilities and 56 percent occur in private sector facilities. Less than one in five births (18 percent) occur at home. Women in expansion phase Lower Egypt are more likely to deliver in a health facility (96 percent) compared with women living in the pilot phase (81 percent) and women living in expansion phase Upper Egypt (79 percent).

Less than half (46 percent) of ever-married women who gave birth in a health facility stay 12 hours or more in the facility after delivery with no much regional differences. There are no clear patterns with regards to background characteristics of women.

Slightly more than three in four new-borns (76 percent) receive a health check following birth whether in a facility or at home. This percentage is the highest in the expansion phase Lower Egypt (96 percent) and lower in the pilot phase (76 percent) and the lowest in expansion phase Upper Egypt (72 percent).

More than two-thirds (68 percent) of the first postnatal care (PNC) visits for new-borns occur in a private facility, only 17 percent in public facility and 16 percent at home.

Around 95 percent of the first PNC visits for new-borns are provided by either a doctor/nurse/midwife or an auxiliary midwife, 2 percent by community health worker (CHW) mainly in the expansion phase Lower Egypt (7 percent), and 3 percent by traditional birth attendants (TBA).

Seventy-seven percent of mothers receive a health check following birth whether in a facility or at home. This percentage is the highest in the expansion phase Lower Egypt (96 percent) and lower in the pilot phase (78 percent) and the lowest in expansion phase Upper Egypt (73 percent).

Overall, 78 percent of women in the age 15-49 years who have a live birth in the last five years received any postnatal care (i.e. any health check while in health facility or at home, as well as PNC visits within 2 days of delivery). This percentage was highest in expansion phase Lower Egypt (96 percent) and lowest in expansion phase Upper Egypt (73 percent).

More than half (51 percent) of the first PNC visits for mothers occur in a private facility, while only 12 percent in public facility and 37 percent at home.

Around 93 percent of the first PNC visits for mothers are provided by either a doctor/nurse/midwife or an auxiliary midwife in Egypt, 2 percent by community health worker (CHW) mainly in the expansion phase Lower Egypt (6 percent), and 4 percent by traditional birth attendants (TBA) mainly in the expansion phase Upper Egypt (6 percent).

This MICS shows that for slightly less than three quarter (74 percent) of live births, both the mothers and their new-borns received either a health check following birth or a timely (within 2 days of delivery) PNC visit, whereas for 16 percent of births both the mother and the new-born did not receive any health checks. There are large discrepancies by background characteristics. Proportion of births served with health checks or timely visits is highest in expansion phase Lower Egypt (95 percent), followed by the pilot phase (74 percent) and it is lowest in the expansion phase Upper Egypt (69 percent).

More than half of women (52 percent) did not know any of the danger signs of pregnancy, 38 percent knew 1-2 signs and only 10 percent knew 3 or more signs. While 70 percent did not know any of the danger signs of delivery, 28 percent knew 1-2 signs and only 2 percent knew 3 or more danger signs of delivery. In addition, more than half of women (56 percent) did not know any of the danger signs of puerperium, 39 percent knew 1-2 signs and only 5 percent knew at least 3 signs.

Proportion of the women who did not know any of the danger signs of pregnancy was the highest among women living in expansion phase Upper Egypt (57 percent), followed by women living in the pilot phase (50 percent), and it was the lowest among women living in expansion phase Lower Egypt (34 percent).

Proportion of the women who did not know any of the danger signs of delivery was higher in both expansion phase Upper Egypt and the pilot phase (73 percent), and it was lower among women living in expansion phase Lower Egypt (54 percent).

Proportion of the women who did not know any of the danger signs of puerperium also show similar pattern which was the highest among women living in expansion phase Upper Egypt (60 percent), followed by women living in the pilot phase (51 percent), and it was lowest among women living in expansion phase Lower Egypt (44 percent).

The source of knowledge of at least one danger sign of pregnancy was a health provider (physician or nurse) in 37 percent of women; relatives (other than husbands or friends/neighbours) were the source in another 35 percent, friends/neighbours in 29 percent, television/radio in 10 percent, and CHW in 9 percent of women. Health provider (physician or nurse) was the source of knowledge in 56 percent of women living in the expansion phase Lower Egypt, 37 percent of women living in the pilot phase, and only 30 percent of women living in the expansion phase Upper Egypt.

The source of knowledge of at least one danger sign of delivery was friends/neighbours and relatives (other than husbands or friends/neighbours) in 36 and 35 percent respectively, the source of knowledge in 30 percent of women was a health provider (physician or nurse), CHW in 7 percent, and

television/radio in 6 percent of women. There was significant difference by region where, health provider (physician or nurse) was the source of knowledge in 50 percent of women living in the expansion phase Lower Egypt, 33 percent of women living in the pilot phase, and only 22 percent of women living in the expansion phase Upper Egypt.

The source of knowledge of at least one danger sign of puerperium was relatives other than the husband in 48 percent of cases, friends/neighbours in 45 percent, health provider in 24 percent and for 8 percent their source of knowledge was television/radio.

When women age 15-49 who gave birth in the last five years were asked about the decision-making ability for antenatal care and skilled birth attendance, results indicate that there were little regional differences in decision-making for both antenatal care and skilled birth attendance. The joint decision for ANC in expansion phase Lower Egypt (77 percent) was slightly higher than in both expansion phase Upper Egypt and pilot phase (75 percent). The joint decision for SBA in both pilot phase and expansion phase Lower Egypt (77 percent) was slightly higher than in expansion phase Upper Egypt (75 percent). The decision-making was mainly by respondent for both ANC & SBA was higher in the pilot phase, while the decision-making was mainly by the husband for both ANC & SBA was higher in the expansion phase Upper Egypt.

Child Protection

The survey shows that 99 percent of children under five years in Egypt have been registered. There are no significant variations in birth registration across sex, region, or education categories.

The survey shows that 6 percent of women ages 15-49 years were first married before 15 years of age. As for women age 20-49 years, 7 percent of them were first married before 15 years of age and 30 percent were first married before the age of 18. Fifteen percent all of the women among the age group 15-19 were currently married.

The survey shows that the percentages of married women before the age of 15 and before the age of 18 were the highest in the expansion phase Upper Egypt (10 percent and 39 percent respectively). In the pilot phase the proportions were 7 percent and 30 percent, while the percentages were the lowest in the expansion phase Lower Egypt (2 percent and 16 percent).

Literacy and Education

Eighty-two percent of women aged 15-24 in Egypt are literate. Interestingly, 94 percent of women age 15-24 in expansion phase Lower Egypt were literate, 85 percent in pilot phase Upper Egypt were literate while slightly more than three-quarters of women were literate in expansion phase Upper Egypt.

Of the women that stated that primary or preparatory school was their highest level of education, only 73 percent were able to successfully read the statement shown to them.

There is improvement over time in percentage of literacy among women where the percent of literate women among the age group 15-19 is 79 percent compared with 82 percent among the age group 20-24.

Thirty-seven percent of children in Egypt who were currently attending the first grade of primary school had attended preschool the previous year: 45 percent in the pilot phase areas, 44 percent in expansion phase Lower Egypt and only 34 percent in expansion phase Upper Egypt. The proportion was slightly higher amongst male (38 percent) than female children (35 percent).

Out of the total number of children of primary school entry age in Egypt, 86 percent were attending the first grade (94 percent in expansion phase Lower Egypt, 91 percent in pilot phase and 83 percent in expansion phase Upper Egypt).

The majority of children of primary school age are attending school (95 percent). However, 2 percent of the children are out of school when they are expected to be participating in school. In expansion phase Lower Egypt and pilot phase, the net attendance ratio was 98 percent, while in expansion phase Upper Egypt attendance ratio is 94 percent.

Net attendance ratio decreased as the level of school increases. 72 percent attend preparatory school, which is lower compared to primary school. Ten percent of children of preparatory school age were attending primary school when they should be attending preparatory school, while 16 percent were not attending school at all.

Only 92 percent of the children that completed successfully the last grade of primary school were found at the moment the survey to be attending the first grade of preparatory school. This transition rate to preparatory schools was higher among female children (97 percent) than male children (89 percent). The rate is the highest in the expansion phase Lower Egypt (98 percent) followed by pilot phase areas (95 percent), and it was 91 percent in expansion phase Upper Egypt.

Proportion of girls in the total out of school population of primary school age was 42 percent, which indicated more drop out among boys than girls.

Access to Mass Media and Use of Information/Communication Technology

The survey findings show that in Egypt only 3 percent of ever-married women age 15-49 read a newspaper, 14 percent listened to the radio and 96 percent of women watched television at least once a week. In the expansion phase Lower Egypt, nearly all women watched television (98 percent), 35 percent listen to the radio, 11 percent read a newspaper at least once a week, and 1 percent of women do not have regular exposure to any of the three types of media. On the other hand, in the pilot phase, 97 percent of women watched television, 12 percent listen to the radio, 3 percent read a newspaper at least once a week, and 3 percent of women do not have regular exposure to any of the three types of media. In the expansion phase Upper Egypt, 96 percent of women watched television, 9 percent listen to the radio, 2 percent read a newspaper at least once a week, and 4 percent of women do not have regular exposure to any of the three types of media.

The findings show that 30 percent of ever-married women aged 15-24 ever used a computer, 17 percent used a computer in the 12 months preceding the survey and 11 percent had used a computer at least once a week during the last one month.

Overall 13 percent of women aged 15-24 had used the Internet during their lifetime, while 11 percent had used the Internet during the 12 months preceding the survey. The proportion of women aged 15-24 who had used the Internet more frequently, at least once a week during the last one month, was smaller (7 percent).

The computer had been used in the last 12 months by 41 percent of women in the expansion phase Lower Egypt, 21 percent of women in the pilot phase and 12 percent of women in the expansion phase Upper Egypt.

Use of the Internet in the last 12 months is more common among women in the expansion phase Lower Egypt (28 percent), followed by women in the pilot phase (14 percent) and the least was among women in the expansion phase Upper Egypt (7 percent).

I. Introduction

Background

Since early 2008, the MoHP, with the support of UNICEF have piloted an initiative to accelerate the national efforts to address neonatal mortality, originally named the Peri-natal Care Programme of Excellence (PCPE), and now called the Integrated Perinatal Health and Child Nutrition (IPHN) Programme. The programme is implemented in selected disadvantaged rural areas. The model seeks to strengthen performance at the primary and secondary levels of care; to strengthen the referral system; and to provide family and community support through training community health workers (CHWs). At the primary and community level, the model is implemented at Family Health Units (FHUs) and their corresponding catchment areas. The model has four components: antenatal care (ANC), skilled birth attendants (SBA), postnatal care (PNC), and nutrition. The pilot phase of the programme was implemented in 14 selected FHUs in 4 districts in rural Upper Egypt. In 2012, the programme was expanded to include all the remaining FHUs of these 4 districts; all FHUs of an additional district in rural Upper Egypt were also added to the IPHN. In addition, other 21 FHUs of 2 districts of rural Lower Egypt were added. At the time of the survey, the programme covers a total of 160 FHUs, located in 7 districts in 6 governorates (Menia, Assiut, Sohag and Qena in Upper Egypt; and Gharbia and Qalyoubiya, in Lower Egypt). The total population living in the areas covered by the programme is approximately 2.5 million people.

The monitoring system for this programme adopts the concepts and formats of the 'Monitoring Results for Equity Systems' (MoRES) promoted by UNICEF. MoRES is a conceptual framework for effective planning, programming, monitoring and managing for results to achieve desired outcomes for the most disadvantaged children. One of the key approaches which characterises MoRES is the Bottlenecks and Barrier Analysis, focusing on the critical factors or determinants which may constrain the achievement of the program's results.

The preliminary work conducted by the MoRES task force comprising of MoHP and UNICEF staff, with the support of the other national experts, identified a series of indicators reflecting potential bottlenecks existing in the system and which need to be monitored and analysed to improve the programme interventions.

The indicators identified for assessing and monitoring bottlenecks to the programme implementation have different natures and require a mix of data collection tools (routinely collected administrative data, household surveys, and qualitative tools). An adaptation of the Multiple Indicator Cluster Survey (MICS) was decided for providing the survey data for the MoRES data system.

The Multiple Indicator Cluster Survey (MICS) is an international household survey programme developed by UNICEF. MICS is designed to collect statistically sound, internationally comparable estimates of key indicators that are used to assess the situation of children and women in the areas of health, education, and child protection. MICS also provides a tool to monitor progress towards national goals and global commitments aimed at promoting the welfare of children, including the Millennium Development Goals (MDGs).

This report is based on the Egypt sub-national Multiple Indicator Cluster Survey, conducted in 2013-2014 by the El-Zanaty & Associates. The survey provides valuable information on the situation of children and women in the IPHN project areas, and was based, in large part, on the needs to monitor progress towards goals and targets emanating in the project.

This MICS survey has been designed to be representative for the areas covered by the IPHN programme, including three geographical domains, i.e. the original pilot FHUs in Upper Egypt, the

expansion FHUs in Upper Egypt and the expansion FHUs in Lower Egypt. This MICS survey has been designed and tailored to respond to the data needs of the IPHN programme and its monitoring system (MoRES) and it has a specific focus on perinatal care and child health and nutrition.

The results of this MICS, along with other implemented MoRES data tools (regular administrative data collection and a qualitative study) are providing MoHP and UNICEF with comprehensive data on key indicators of maternal and child health, nutrition behaviours, and use of perinatal care services. Thus, it will enhance the understanding of the factors preventing or enabling the success of the IPHN programme, assess geographic inequalities between rural areas in Upper and Lower Egypt, and will contribute to the assessment of the impact of the interventions. The survey results also compare all indicators between FHUs catchment areas in the pilot-phase and the expansion-phase in Upper and Lower Egypt, which are reported separately in Annex (G).

Accordingly, the purpose of the assignment is to implement the household survey (using the Multiple Indicator Cluster Survey, MICS, and format) component of the new data system associated with Perinatal Care Programme of MOHP, to provide quantitative data, analysis on young child health and nutrition, on bottlenecks and barriers to effective perinatal care and nutrition interventions in rural Egypt.

Survey Objectives

This MICS has as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in in the areas where the IPHN is implemented, for the indicators included in the survey (focusing on child health, child and maternal health care, and nutrition).
- To provide data disaggregated by domain for the pilot phase villages in Upper Egypt, expansion phase villages in Upper Egypt, and expansion phase villages in Lower Egypt.
- To collect disaggregated data for the identification of disparities, to allow for evidence based policy-making aimed at social inclusion of the most vulnerable and contribute to more effective interventions of the IPHN interventions;
- To validate data from other sources and the results of focused interventions.

II. Sample and Survey Methodology

Sample Design

The sample for the survey was designed to provide estimates for a large number of indicators on the situation of children and women in IPHN areas, and for the three domains: Upper Egypt pilot area, Upper Egypt expansion area, and Lower Egypt expansion area. The Family Health Unit (FHU) catchment areas in the villages of the IPHN within each region were identified as the main primary sampling units (PSUs) and the sample was selected in three stages. Within each stratum, a specified number of FHUs were selected systematically with probability proportional to size, where 10 FHUs were selected from Upper Egypt Pilot phase, and 17 FHUs from Upper Egypt Expansion phase, and 11 FHUs from Lower Egypt Expansion phase. Then a number of enumeration areas were selected systematically with probability proportional to size from each FHU catchment area. A total of 234 EAs in the selected FHUs were thus selected, 60 from Upper Egypt pilot, 108 from Upper Egypt expansion, and 66 from Lower Egypt Expansion.

After a household listing was carried out within the selected enumeration areas, a systematic sample of 30-31 households with women age 15 to 49 and/or with children under-5 years was drawn in each sample enumeration area for a total of 7067 sample households. The sample was stratified by the three domains, and is not self-weighting. For reporting results for the entire IPHN area, sample weights are used. A more detailed description of the sample design can be found in Appendix A, Sample Design.

Questionnaires

Three sets of questionnaires were used in the survey: 1) a household questionnaire which was used to collect information on all de jure household members (usual residents), the household, and the dwelling; 2) a women's questionnaire administered in each household to all ever-married women age 15-49 years; 3) an under-5 questionnaire, administered to mothers or caretakers for all children under-5 living in the household. The questionnaires included the following modules:

The Household Questionnaire included the following modules:

- List of Household Members
- Education
- Household Characteristics
- Water and Sanitation
- Hand Washing

The standard MICS individual woman questionnaire is applied to all women. However, in this sub-national MICS, the UNICEF Egypt Country Office specifically identified the target group of women as ever-married women age 15-49, as beneficiaries of the perinatal health services offered by IPHN. In addition, this sub-national MICS also deviated from the standard MICS by applying the modules on maternal and new-born health, and post-natal health checks, to women with a live birth in the last 5 years, instead of in the last 2 years, so as to ensure an adequate number of responses. The MDG and MICS indicators calculated for women in this sub-national survey are thus not fully comparable to the standard MDG and MICS indicators. The Questionnaire for Individual Women included the following modules:

- Women's Background
- Access to Mass Media and Use of Information/Communication Technology
- Marriage
- Birth History

- Desire for Last Birth
- Maternal and New-born Health
- Post-natal Health Checks
- Illness Symptoms
- Attitude Module
- Woman and Husband's work status

The Questionnaire for Children under Five was administered to mothers or caretakers of children under-5 years of age¹² living in the households. Normally, the questionnaire was administered to mothers of under-5 children; in cases when the mother was not listed in the household roster, a primary caretaker for the child was identified and interviewed. The questionnaire included the following modules:

- Age
- Birth Registration
- Breastfeeding and Dietary Intake
- Immunization
- Growth Monitoring
- Care of Illness
- Anthropometry

The questionnaires were based on the MICS5 model questionnaire¹³. The previous mentioned sections were taken from the MICS5 model Arabic version questionnaires and customized, then translated into Egyptian Arabic. Additional questions were added to respond to the data needs of the monitoring system (MoRES) of the IPHN, especially in antenatal and postnatal sections. A pre-test of the questionnaires was conducted in November 2013. Based on the results of the pre-test, modifications were made to the wording and translation of the questionnaires. A copy of the Egypt sub-national MICS questionnaires is provided in Appendix F.

In addition to the administration of questionnaires, fieldwork teams observed the place of hand washing and measured the weights and heights for children age under-5 years. Details and findings of these observations and measurements are provided in the respective sections of the report.

Training and Fieldwork

Training for the fieldwork was conducted for two weeks in November. Training included lectures on interviewing techniques and the contents of the questionnaires, and mock interviews between trainees to gain practice in asking questions. Towards the end of the training period, trainees spent two days in practice interviewing in Manial Sheha FHU/ Abo El-Nomrous district in Giza and El-Kateba FHU/ Belbis district Sharkia.

The data were collected by nine teams; each was comprised of one supervisor, one field editor and 4 interviewers. As a dedicated measurer was not included, the supervisor and field editor were mainly responsible of height and weight measurement. In addition one interviewer per team was trained on

¹² The terms "children under 5", "children age 0-4 years", and "children age 0-59 months" are used interchangeably in this report.

¹³ The model MICS5 questionnaires can be found at www.childinfo.org/mics5_questionnaire.html

height and weight to assist them during fieldwork. Fieldwork began on 3rd of December 2013 and concluded on 2nd of January 2014.

Data Processing

Data were entered using the CSPro software. The data were entered on eight microcomputers and carried out by 8 data entry operators, one data entry supervisor and one assistant. In order to ensure quality control, all questionnaires were double-entered and internal consistency checks were performed. Procedures and standard programs developed under the global MICS5 programme were used and adapted to the Egypt questionnaire in the survey. Data processing began simultaneously with data collection in mid-December 2013 and was completed with the clean data set in late January 2014. Data were analysed using the Statistical Package for Social Sciences (SPSS) software program, Version 18, and the model syntax and tabulation plans developed by UNICEF were used for this purpose. In addition the country specific tables that were designed for the survey specific questions were developed using SPSS by the data processing expert of El-Zanaty and reviewed by UNICEF experts at the regional office as well as headquarters.

III. Sample Coverage and the Characteristics of Households and Respondents

Sample Coverage

Out of the 7,067 households selected for the survey, 7,050 were found to be occupied. Of these, 7,046 were successfully interviewed for a household response rate of 99.9 percent.

In the interviewed households, 5,859 ever-married women (age 15-49 years) were identified. Of these, 5,847 ever-married women were successfully interviewed, yielding a response rate of 99.8 percent.

In addition, 5,096 children under-5 were listed in the household questionnaire. Questionnaires were completed for 5,090 of these children, which corresponds to a response rate of 99.9 percent. Overall response rates of 99.7 and 99.8 percent are calculated for individual interviews of ever-married 15-49 year-old women and under-5s respectively.

Table HH.1: Results of household, ever-married women's and under-5 interviews				
Number of households, ever-married women, and children under-5 by results of the household, ever-married women's and under-5's interviews, and household, ever-married women's and under-5's response rates, Egypt, subnational MICS, 2013-2014				
	Total	Region		
		Pilot Phase, Upper Egypt	Expansion Phase, Upper Egypt	Expansion Phase, Lower Egypt
Households				
Sampled	7067	1813	3274	1980
Occupied	7050	1809	3272	1969
Interviewed	7046	1809	3271	1966
Household response rate	99.9	100.0	100.0	99.8
Ever-married women				
Eligible	5859	1497	2739	1623
Interviewed	5847	1493	2733	1621
Response rate	99.8	99.7	99.8	99.9
Overall response rate	99.7	99.7	99.8	99.7
Children under-5				
Eligible	5096	1320	2436	1340
Mothers/caretakers interviewed	5090	1319	2431	1340
Response rate	99.9	99.9	99.8	100.0
Overall response rate	99.8	99.9	99.8	99.8

It should be noted that household, women and children under-5 response rates throughout the country were high with no significant differences between the pilot phase, expansion phase Upper Egypt and expansion phase Lower Egypt.

Characteristics of Households

The weighted age and sex distribution of the survey population is provided in Table HH.2. The distribution is also used to produce the population pyramid in Figure HH.1. In the 7,046 households successfully interviewed in the survey, a total of 32,452 people aged 0 to 85 years and older were surveyed in these households, of these 51 percent are males and 49 percent are females.

Table HH.2: Household age distribution by sex						
Percent and frequency distribution of the household population by five-year age groups, dependency age groups, and by child (age 0-17 years) and adult populations (age 18 or more), by sex, Egypt Sub-National MICS, 2013-14						
	Total		Males		Females	
	Number	Percent	Number	Percent	Number	Percent
Total	32452	100.0	16436	100.0	16016	100.0
Age						
0-4	5206	16.0	2580	15.7	2626	16.4
5-9	3765	11.6	1885	11.5	1880	11.7
10-14	3621	11.2	1869	11.4	1752	10.9
15-19	3223	9.9	1613	9.8	1610	10.1
20-24	2928	9.0	1443	8.8	1485	9.3
25-29	3099	9.6	1469	8.9	1630	10.2
30-34	2274	7.0	1224	7.4	1049	6.6
35-39	1923	5.9	1030	6.3	893	5.6
40-44	1502	4.6	778	4.7	724	4.5
45-49	1302	4.0	672	4.1	630	3.9
50-54	1055	3.3	556	3.4	500	3.1
55-59	799	2.5	426	2.6	373	2.3
60-64	724	2.2	385	2.3	340	2.1
65-69	412	1.3	207	1.3	205	1.3
70-74	284	0.9	135	0.8	149	0.9
75-79	171	0.5	81	0.5	89	0.6
80-84	107	0.3	54	0.3	53	0.3
85+	54	0.2	30	0.2	25	0.2
Missing/DK	2	0.0	-	-	2	0.0
Dependency age groups						
0-14	12592	38.8	6334	38.5	6258	39.1
15-64	18829	58.0	9595	58.4	9234	57.7
65+	1028	3.2	507	3.1	522	3.2
Missing/DK	2	0.0	-	-	2	0.0
Children and adult populations						
Children age 0-17 years	14559	44.9	7335	44.6	7225	45.1
Adults age 18+ years	17890	55.1	9101	55.4	8789	54.9
Missing/DK	2	0.0	-	-	2	0.0

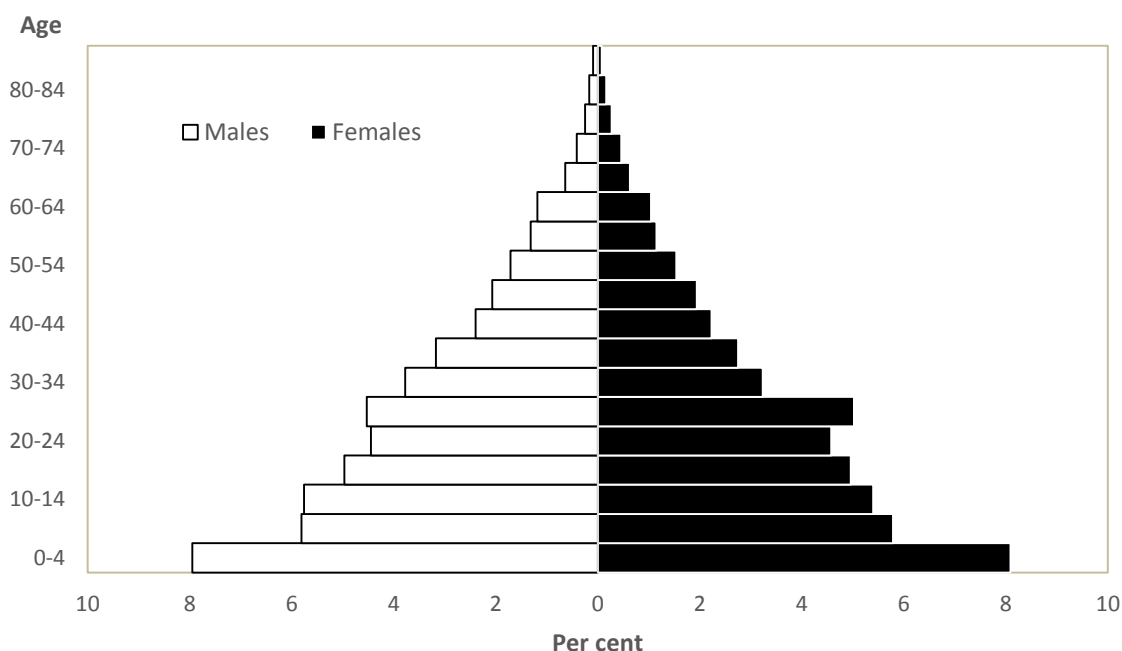
Overall, 39 percent of the surveyed population are in the age group 0-14, 58 percent fall in the age group 15-64 and only 3 percent are of older ages- distributed almost equally among males and females

There are 14,559 children aged 0-17 accounting for 45 percent of all surveyed household members. Forty-five percent of all males fall in this age group and 45 of all females also fall in this age category.

The information on sex and age distribution is used to construct a population pyramid describing the population in interviewed households (Figure 1) in the IPHN areas. It has to be clear that this pyramid cannot be compared with the Egypt pyramid since the population of the survey covered selected rural districts only and does not represent all rural areas of Egypt. The pyramid has a wide base, with a large concentration (39 percent) of population under age 15 years. This pattern is typical of areas that have

experienced relatively high fertility in the recent past. The effect of recent high fertility is evident in the fact that the proportion of children under age 5 is significantly higher than the population in the age group 5-9 years. Only 2 percent of the population are 70 years or more.

Figure HH.1: Age and sex distribution of household population, Egypt Sub-National MICS, 2013-14



Note: 2 household members with missing age and/or sex are excluded

Tables HH.3, HH.4 and HH.5 provide basic information on the households, female respondents age 15-49, and children under-5. Both un-weighted and weighted numbers are presented. Such information is essential for the interpretation of findings presented later in the report and provide background information on the representativeness of the survey sample. The remaining tables in this report are presented only with weighted numbers¹⁴

Table HH.3 provide basic information on the interviewed households, including the sex of the head of the household, number of household members, region, as well as education of household head. The data is presented weighted and un-weighted. The total weighted and un-weighted numbers of households are equal, since sample weights were normalized. The table also shows the weighted mean household size estimated in the survey. These background characteristics are used in subsequent tables in this report; the figures in the table are also intended to show the numbers of observations by major categories of analysis in the report. Also, these background characteristics are important because they are often associated with socioeconomic differences between households.

¹⁴See Appendix A: Sample Design, for more details on sample weights.

Table HH.3: Household composition			
Percent distribution of households by selected characteristics, Egypt Sub-National MICS, 2013-14			
Selected background characteristics	Weighted percent	Number of households	
		Weighted	Unweighted
Total	100.0	7046	7046
Sex of household head			
Male	87.7	6179	6191
Female	12.3	867	855
Region			
Pilot Phase, Upper Egypt	12.7	898	1809
Expansion Phase, Upper Egypt	71.4	5034	3271
Expansion Phase, Lower Egypt	15.8	1114	1966
Number of household members			
1	4.3	301	293
2	12.1	852	855
3	15.5	1089	1134
4	18.4	1294	1395
5	19.4	1363	1413
6	14.6	1027	1006
7	8.0	566	491
8	4.1	292	250
9	1.9	134	109
10+	1.8	129	100
Education of household head			
No Education	27.1	1913	1707
Primary/Preparatory	26.6	1872	1847
Secondary	34.8	2453	2573
Higher	11.3	794	908
Missing/DK	0.2	15	11
Mean household size	4.6	7046	7046

Female headed households correspond to 12 percent of interviewed households. The table shows that 71 percent of interviewed households are located in the expansion phase Upper Egypt, while 13 percent are located in pilot phase Upper Egypt, and 16 percent of interviewed households are located in expansion phase Lower Egypt.

Forty-six percent of household heads have secondary education or higher, while 27 percent have no education.

The table indicated that the mean number of household members is 4.6, however, 30 percent of interviewed households have 6 members or more. Almost one-third of the households had 3 or less members, and 2 percent had 10 or more members.

Characteristics of women Respondents 15-49 Years of Age and Children Under-5

Tables HH.4, HH.MoRES1 and HH.5 provide information on the background characteristics of ever-married women aged 15-49 interviewed and of children under age 5 interviewed in the survey. In all three tables, the total number of weighted and un-weighted observations is equal, since sample weights have been normalized (standardized). In addition to providing useful information on the background characteristics of women and children under age five, the tables are also intended to show the number of observations in each background category. These categories are used in the subsequent tabulation of this report.

Table HH.4: Ever-married women's background characteristics			
Percent distribution and frequency distribution of ever-married women age 15-49 years by selected background characteristics, Egypt Sub-National MICS, 2013-14			
	Weighted percent	Number of women	
		Weighted	Unweighted
Total	100.0	5847	5847
Region			
Pilot Phase, Upper Egypt	12.6	736	1493
Expansion Phase, Upper Egypt	71.9	4203	2733
Expansion Phase, Lower Egypt	15.5	907	1621
Age			
15-19	4.2	247	208
20-24	17.1	1002	968
25-29	24.7	1447	1460
30-34	16.9	986	1043
35-39	14.6	853	869
40-44	11.9	698	699
45-49	10.5	613	600
Marital status			
Currently married	94.7	5535	5544
Widowed	3.0	175	177
Divorced	1.8	105	92
Separated	0.6	33	34
Motherhood and recent births			
Never gave birth	9.9	579	530
Ever gave birth	90.1	5268	5317
Gave birth in last five years	61.7	3605	3620
No birth in last five years	28.5	1669	1701
Woman's education			
No Education	31.2	1825	1530
Primary/Preparatory	24.0	1401	1289
Secondary	34.8	2032	2246
Higher	10.1	589	782

Table HH.4 provides background characteristics of ever-married women 15-49 years of age who responded in the survey, including the distribution by region, age, marital status, motherhood status and education.

Key findings from Table HH.4 are as follows. In the weighted sample, 72 percent of women aged 15-49 lived in expansion phase Upper Egypt, 16 percent lived in expansion phase Lower Egypt and 13 percent lived in the pilot phase area.

The age distribution of women by 5 year categories shows that the highest proportion of women of reproductive age was 25 percent in the 25-29 age group, followed by women aged 20-24 (17 percent) and women aged 30-34 (17 percent). The lowest proportion of women of reproductive age was 4 percent in the 15-19 age group.

At the time of the survey, 95 percent of women age 15 to 49 years were married, the rest were divorced/separated or widowed.

In terms of the motherhood status, 90 percent of women had given birth at least once, and 62 percent gave birth in the last five years.

For educational attainment, the distribution shows that 35 percent of ever-married women have completed secondary education, 31 percent have no education, 24 percent have completed primary/preparatory education and 10 percent have completed higher education.

Table HH.MoRES1: Ever-married women's background characteristics (women with a birth in the past 5 years)			
Percent distribution and frequency distribution of ever-married women age 15-49 years with a birth in the past 5 years, by selected background characteristics, Egypt Sub-National MICS, 2013-14			
	Weighted percent	Number of women	
		Weighted	Unweighted
Total	100.0	3605	3620
Region			
Pilot Phase, Upper Egypt	12.9	464	939
Expansion Phase, Upper Egypt	71.6	2582	1673
Expansion Phase, Lower Egypt	15.5	560	1008
Age			
15-19	3.2	116	100
20-24	21.9	790	775
25-29	34.5	1245	1269
30-34	21.2	766	788
35-39	13.5	486	491
40-44	4.8	173	172
45-49	0.8	29	25
Marital/Union status			
Currently married	98.4	3546	3559
Widowed	0.8	30	30
Divorced	0.6	23	22
Separated	0.2	7	9
Woman's education			
No Education	24.1	868	710
Primary/Preparatory	22.7	817	729
Secondary	41.4	1491	1606
Higher	11.9	429	575

Table HH.MoRES1 provides background characteristics of female respondents 15-49 years of age with a birth in the past 5 years (i.e. the focus of this survey implemented to respond to the MoRES data needs). The table includes information on the distribution of ever-married women 15-49 years of age with a birth in the past 5 years according to region, age, marital status, motherhood status, and education.

The data indicated that 72 percent of ever-married women aged 15-49 with a birth in the past 5 years lived in expansion phase Upper Egypt, 16 percent lived in expansion phase Lower Egypt and 13 percent lived in the pilot phase area.

The age distribution of women with a birth in the past 5 years shows that the highest proportion was among the 25-29 age group (35 percent), followed by women aged 20-24 (22 percent) and women aged 30-34 (21 percent). 3 percent were aged 15-19, 5 percent were aged 40-44, and only 1 percent were aged 45-49.

At the time of the survey, 98 percent of the interviewed ever-married women were currently married, and the remaining 2 percent were divorced/separated or widowed.

The data indicated that 41 percent have completed secondary education, 24 percent have no education, 23 percent have completed primary/preparatory education and 12 percent have completed higher than secondary education.

Table HH.5 presents the background characteristics of children under-5 whose mother/caretaker was interviewed. These include the distribution of children by various background characteristics: sex, region, age, education level and work status of the mother, education level and work status of the father. The overall sex distribution of children was almost even (49.5 percent boys and 50.5 percent girls). Slightly less than three-quarters of the children under age 5 years lived in expansion phase Upper

Egypt, 14 percent in expansion phase Lower Egypt and 13 percent lived in the pilot phase area.

Children under 6 months represent 11 percent of the total number of children under-five whose mother/caretaker was interviewed. This percentage increases to 21 percent among children 12-23 months and decreases to reach 17 percent among children 48-59 months.

Almost all the respondents to the under-5 questionnaire were the mothers (99.8 percent). The majority of mothers with children under-5 years of age had secondary education or higher (54 percent), while around one-quarter had no education (24 percent).

More fathers with children under-5 years of age had higher education than mothers. Sixty-one percent of fathers had secondary education or higher, while 10 percent of fathers had no education.

Almost 93 percent of fathers are working for cash while the percentage is only 9 percent for the mothers.

Table HH.5: Under-5's background characteristics			
Percent distribution and frequency distribution of children under five years of age by selected characteristics Egypt, subnational MICS, 2013-2014			
	Weighted percent	Number of children	
		Weighted	Unweighted
Total	100.0	5090	5090
Sex			
Male	49.5	2521	2546
Female	50.5	2569	2544
Region			
Pilot Phase, Upper Egypt	12.6	643	1319
Expansion Phase, Upper Egypt	73.0	3715	2431
Expansion Phase, Lower Egypt	14.4	732	1340
Age			
0-5 months	11.4	582	584
6-11 months	10.8	552	563
12-23 months	21.4	1092	1071
24-35 months	19.9	1015	1018
36-47 months	19.2	977	980
48-59 months	17.1	873	874
Respondent to the under-5 questionnaire			
Mother	99.8	5071	5069
Other primary caretaker	0.2	10	9
Mother's education*			
No Education	24.3	1236	1013
Primary/Preparatory	21.9	1116	986
Secondary	41.6	2116	2260
Higher	12.2	622	831
Father's education			
No Education	10.1	515	445
Primary/Preparatory	25.0	1275	1199
Secondary	46.6	2371	2383
Higher	14.3	730	862
Father not in household	3.9	198	199
Missing/DK	0.0	1	2
Mother's Work Status			
Working for cash	8.5	430	524
Not working for cash	91.4	4651	4556
Missing/DK	0.1	8	10
Father's Work Status			
Working for cash	92.9	4729	4732
Not working for cash	2.2	114	107
Missing/DK	4.9	247	251

*.In this table and throughout the report, mother's education refers to educational attainment of mothers as well as caretakers of children under-5, who are the respondents to the under-5 questionnaire if the mother is deceased or is living elsewhere.

Housing Characteristics and asset ownership

Tables HH.6, HH.7 and HH.8 provide further details on household level characteristics. Table HH.6 shows percent distribution of households by selected housing characteristics like availability of electricity, nature of floors, roofs and exterior walls, number of rooms used for sleeping and mean number of persons per room used for sleeping.

HH 6 shows similarities of the housing characteristics across the regions. Electricity and finished exterior walls were available in almost all households (99.7 percent) with no variations across regions.

Finished floors were found in 83 percent of households and finished roofing in 88 percent of the households. The percentage is the highest in the expansion phase Lower Egypt (99 percent for the floors and 97 percent for the roofs) while it is the lowest in the expansion phase Upper Egypt where the finished floors were found in 79 percent of the households and the finished roofs in 86 percent.

Fifty-eight percent of the households have 2 rooms for sleeping. About two-thirds of the households (69 percent) in the expansion phase Lower Egypt used 2 rooms for sleeping, while only 56 percent of the households in the pilot phase and expansion phase Upper Egypt used 2 rooms for sleeping.

Table HH.6: Housing characteristics				
Percent distribution of households by selected housing characteristics, according to area of residence and regions, Egypt Sub-National MICS, 2013-14				
	Total	Region		
		Pilot Phase, Upper Egypt	Expansion Phase, Upper Egypt	Expansion Phase, Lower Egypt
Total	100.0	100.0	100.0	100.0
Electricity	99.7	99.8	99.7	99.9
Flooring				
Natural floor	16.6	11.8	20.8	1.4
Rudimentary floor	0.1	0.0	0.1	0.1
Finished floor	83.2	88.1	79.0	98.5
Other	0.0	0.1	0.0	0.0
Roof				
Natural roofing	5.0	3.9	6.3	0.1
Rudimentary roofing	6.5	6.0	7.4	3.1
Finished roofing	88.4	90.0	86.2	96.8
Other	0.0	0.0	0.1	0.0
Exterior walls				
Natural walls	0.4	0.2	0.5	0.2
Rudimentary walls	0.5	0.5	0.6	0.0
Finished walls	99.1	99.2	98.9	99.8
Other	0.0	0.0	0.0	0.0
Rooms used for sleeping				
1	26.0	25.7	28.4	15.4
2	58.1	55.7	56.2	68.9
3 or more	15.8	18.5	15.3	15.6
Mean no. of persons per sleeping room	2.51	2.44	2.62	2.08

The mean number of persons per room used for sleeping is 2.5. It is highest in expansion phase Upper Egypt (2.6) and lowest in expansion phase Lower Egypt (2.1), while it is 2.4 in the pilot phase Upper Egypt.

In Table HH.7 households are distributed according to ownership of assets by households and by individual household members. This also includes ownership of dwelling. Only 21 percent of households or its members owned a radio, with significant differences between regions: 52 percent of households

in expansion phase Lower Egypt own a radio, 18 percent in pilot phase and 14 percent in expansion phase Upper Egypt. More than 9 in 10 of interviewed households have a TV, only 10 percent have non-mobile telephones and 91 percent have refrigerators. Households in the expansion phase Upper Egypt were the least likely to have a non-mobile phone or refrigerator (3 percent and 89 percent respectively).

Only one-fifth of the households have agricultural land and 40 percent have farm animals/livestock. Ownership was lowest in Expansion phase, Lower Egypt and highest in expansion phase Upper Egypt. The patterns of ownership are very similar to those noted in the latest Egypt Demographic and Health Survey (EDHS 2014). This reflects the changing lifestyle in rural Egypt, and especially rural Lower Egypt, where smaller proportions of the population are engaged in agricultural practices.

In more than half of the households at least one of its members owned a watch, 86 percent owned a mobile telephone, 11 percent owned a bicycle, 11 percent owned a motorcycle or scooter, 3 percent have an animal-drawn cart, 4 percent have a car or truck and only 4 percent have a bank account.

Around seven in ten households own their house, with significant differences between regions. Almost three-quarters of households in both expansion phase and pilot phase Upper Egypt have the dwelling owned by a household member, while the percentage of ownership decreases to 60 percent in expansion phase Lower Egypt.

Table HH.7: Household and personal assets				
Percentage of households by ownership of selected household and personal assets, and percent distribution by ownership of dwelling, according to area of residence and regions, Egypt Sub-National MICS, 2013-14				
	Total	Region		
		Pilot Phase, Upper Egypt	Expansion Phase, Upper Egypt	Expansion Phase, Lower Egypt
Total	100.0	100.0	100.0	100.0
Percentage of households that own a				
Radio	20.7	18.2	14.2	52.4
Television	93.1	95.6	91.7	97.4
Non-mobile phone	10.0	10.6	3.3	39.8
Video / DVD player	1.3	1.9	1.2	1.1
Sewing machine	3.6	4.7	3.3	4.1
Electric fan	93.0	94.4	91.8	97.2
Air conditioner	2.6	3.9	2.3	2.6
Satellite dish / connection	90.3	92.7	88.6	96.0
Refrigerator	90.8	94.6	88.7	97.2
Freezer	2.7	2.4	1.8	6.9
Water heater	32.3	40.8	24.2	62.4
Automatic washing machine	11.4	15.1	6.9	28.5
Other washing machine	87.4	86.6	88.1	85.1
Bed	97.1	97.8	96.3	99.9
Sofa	96.5	97.7	95.7	99.2
Hanging lamp (yellow with no cover)	80.2	74.8	83.4	70.1
Table	87.6	90.5	85.6	94.5
Tablia (very low round table)	76.9	76.8	80.5	60.6
Chair	87.2	90.1	84.4	97.6
Kolla / Zeer (container for storing water)	35.2	31.6	41.5	9.6
Percentage of households that own				
Agricultural land	21.4	21.4	22.4	16.9
Farm animals/Livestock	40.2	36.9	43.9	26.1
Percentage of households where at least one member owns or has a				
Mobile phone	86.0	89.0	84.3	91.6
Personal home computer	16.7	22.0	10.6	39.8
Watch	52.6	57.0	45.7	80.2
Bicycle	10.6	11.2	9.1	17.0
Motorcycle or scooter	10.8	9.7	9.3	18.5
Animal-drawn cart	3.1	4.2	3.1	2.2
Car or truck	4.1	4.4	3.3	7.0
Bank account	3.5	5.3	2.3	7.6
Ownership of dwelling				
Owned by a household member	72.0	74.6	74.1	60.1
Not owned	28.0	25.4	25.9	39.9
Rented	2.3	3.2	1.5	5.1
Other	25.7	22.2	24.3	34.8

V. Nutrition

Low Birth Weight

Weight at birth is a good indicator not only of a mother's health and nutritional status but also the new-born's chances for survival, growth, long-term health and psychosocial development. Low birth weight (less than 2,500 grams) carries a range of grave health risks for children. Babies who were undernourished in the womb face a greatly increased risk of dying during their early months and years. Those who survive have impaired immune function and increased risk of disease; they are likely to remain undernourished, with reduced muscle strength, throughout their lives, and suffer a higher incidence of diabetes and heart disease in later life. Children born underweight also tend to have a lower IQ and cognitive disabilities, affecting their performance in school and their job opportunities as adults.

In the developing world, low birth weight stems primarily from the mother's poor health and nutrition. Three factors have most impact: the mother's poor nutritional status before conception, short stature (due mostly to under nutrition and infections during her childhood), and poor nutrition during the pregnancy. Inadequate weight gain during pregnancy is particularly important since it accounts for a large proportion of foetal growth retardation. Moreover, diseases such as diarrhoea and malaria, which are common in many developing countries, can significantly impair foetal growth if the mother becomes infected while pregnant. In the industrialized world, cigarette smoking during pregnancy is the leading cause of low birth weight. In developed and developing countries alike, teenagers who give birth when their own bodies have yet to finish growing run a higher risk of bearing low birth weight babies.

One of the major challenges in measuring the incidence of low birth weight is the fact that more than half of infants in the developing world are not weighed. In the past, most estimates of low birth weight for developing countries were based on data compiled from health facilities. However, these estimates are biased for most developing countries because the majority of new-borns are not delivered in facilities, and those who are represent only a selected sample of all births.

Because many infants are not weighed at birth and those who are weighed may be a biased sample of all births, the reported birth weights usually cannot be used to estimate the prevalence of low birth weight among all children. Therefore, the percentage of births weighing below 2500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's size at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's weight or the weight as recorded on a health card if the child was weighed at birth.¹⁵

¹⁵For a detailed description of the methodology, see Boerma, J. T., Weinstein, K. I., Rutstein, S.O., and Sommerfelt, A. E. , (1996) 'Data on Birth Weight in Developing Countries: Can Surveys Help?' *Bulletin of the World Health Organization*, 74(2), 209-16

Table NU.1: Low birth weight infants

Percentage of last live-born children in the last five years that are estimated to have weighed below 2,500 grams at birth and percentage of live births weighed at birth, Egypt Sub-National MICS, 2013-14^a

	Percent distribution of births by mother's assessment of size at birth					Total	Percentage of live births:		Number of last live-born children in the last five years
	Very small	Smaller than average	Average	Larger than average or very large	DK		Below 2,500 grams [1]	Weighed at birth [2]	
Total	10.1	12.4	70.9	6.3	0.3	100.0	23.0	62.6	3605
Mother's age at birth									
Less than 20 years	11.4	11.3	69.0	8.2	0.1	100.0	23.2	56.7	1284
20-34 years	9.3	13.0	72.1	5.3	0.4	100.0	22.9	65.9	2300
35-49 years	*	*	*	*	*	100.0	*	*	16
Birth order									
1	12.2	13.8	68.3	5.6	0.2	100.0	25.0	68.2	773
2-3	9.0	12.4	73.0	5.3	0.2	100.0	22.5	64.7	1674
4-5	9.2	11.3	71.6	7.8	0.2	100.0	21.8	57.5	791
6+	12.6	12.1	65.3	9.0	1.0	100.0	24.2	52.5	367
Region									
Pilot Phase, Upper Egypt	8.3	9.9	76.6	5.0	0.2	100.0	20.8	60.5	464
Expansion Phase, Upper Egypt	11.3	12.4	68.7	7.3	0.3	100.0	23.7	58.4	2582
Expansion Phase, Lower Egypt	5.9	14.7	76.3	2.9	0.2	100.0	21.8	83.9	560
Type of birth attendant									
SBA (physician)	10.6	12.5	70.3	6.4	0.3	100.0	23.3	69.2	3019
SBA (certified midwife)	6.3	13.7	75.5	4.4	0.0	100.0	21.5	35.3	190
Daya/other	8.5	11.5	73.2	6.6	0.1	100.0	21.6	25.5	380
None	*	*	*	*	*	100.0	*	*	15
Missing/DK	*	*	*	*	*	100.0	*	*	2
Woman's education									
No Education	11.5	12.7	67.5	8.0	0.3	100.0	23.9	56.0	868
Primary/Preparatory	12.9	12.7	68.2	5.7	0.5	100.0	25.0	53.5	817
Secondary	9.0	12.5	72.7	5.8	0.1	100.0	22.4	64.9	1491
Higher	5.8	11.3	76.7	5.8	0.4	100.0	19.9	85.2	429
Husband's education									
No Education	12.3	11.9	66.5	8.8	0.5	100.0	23.9	50.3	400
Primary/Preparatory	12.6	13.2	68.3	5.3	0.5	100.0	25.1	59.3	902
Secondary	8.9	11.7	72.9	6.2	0.2	100.0	22.0	63.5	1702
Higher	6.3	13.5	75.1	5.1	0.0	100.0	21.3	73.5	509
Husband not in household	18.5	14.1	52.9	14.5	0.0	100.0	28.3	71.3	91
Missing/DK	*	*	*	*	*	100.0	*	*	2
Woman's Work Status									
Working for cash	4.9	7.2	81.3	6.1	0.6	100.0	17.3	78.0	307
Not working for cash	10.6	12.9	69.9	6.3	0.3	100.0	23.6	61.2	3299
Husband's Work Status									
Working for cash	9.8	12.7	71.4	5.9	0.3	100.0	23.0	62.4	3368
Not working for cash	10.5	6.2	72.0	10.8	0.6	100.0	19.9	66.3	91
Husband not in household	18.5	14.1	52.9	14.5	0.0	100.0	28.3	71.3	91
Missing/DK	16.7	3.4	68.7	11.3	0.0	100.0	22.4	53.9	55

a- This sub-national MICS applied the modules on maternal and new-born health to ever-married women with a live birth in the last 5 years, instead of in the last 2 years. The MICS indicators 2.20 and 2.21 are thus not fully comparable to the standard MICS indicators.

[1] MICS indicator 2.20 - Low-birth weight infants

[2] MICS indicator 2.21 - Infants weighed at birth

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Overall, 63 percent of last live-born children in the last five years preceding the survey were weighed at birth and approximately 23 percent of infants are estimated to weigh less than 2,500 grams at birth (Table NU.1). The data indicated significant variation by region; the highest percentage of infants weighed at birth was observed in expansion phase Lower Egypt (84 percent), while the lowest was found in expansion phase of Upper Egypt (58 percent). Also, the percentage of infants weighed at

birth was highest among parents who had higher than secondary education and in case where the birth attendants were physicians.

Approximately 23 percent of infants are estimated by their mothers to be very small or smaller than average, which match with the figure for infants weighing less than 2,500 grams at birth (23 percent). The prevalence of low birth weight infants is lowest among mothers who had higher education (Table NU.1).

Nutritional Status

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

Undernutrition is associated with more than half of all child deaths worldwide. Undernourished children are more likely to die from common childhood ailments, and for those who survive, have recurring sicknesses and faltering growth. Three-quarters of children who die from causes related to malnutrition were only mildly or moderately malnourished – showing no outward sign of their vulnerability. The Millennium Development Goal target is to reduce by half the proportion of people who suffer from hunger between 1990 and 2015. A reduction in the prevalence of malnutrition will also assist in the goal to reduce child mortality.

In a well-nourished population, there is a reference distribution of height and weight for children under age five. Under-nourishment in a population can be gauged by comparing children to a reference population. The reference population used in this report is based on the WHO growth standards¹⁶. Each of the three nutritional status indicators – weight-for-age, height-for-age, and weight-for-height - can be expressed in standard deviation units (z-scores) from the median of the reference population.

Low 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 or severely 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 *moderately or severely stunted*. Children whose height-for-age is more than three standard deviations below the median are classified as *severely stunted*. Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.

Weight-for-height can be used to assess wasting and overweight status. Children whose *weight-for-height* is more than two standard deviations below the median of the reference population are classified as *moderately or severely wasted* i.e., they are falling behind in developing their body weight relative to their height. Children whose weight-for-height is more than three standard deviations below the median are classified as *severely wasted* i.e., they are severely falling behind in developing their body weight relative to their height. Wasting is usually the result of a recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

Children whose weight-for-height is more than two standard deviations above the median reference population are classified as moderately or severely overweight.

¹⁶http://www.who.int/childgrowth/standards/technical_report

In sub-national MICS Survey the height and weight measurements were taken for all children under-5 years using anthropometric equipment recommended by UNICEF. Findings in this section are based on the results of these measurements.

Table NU.2 shows percentages of children classified into each of the above described categories, based on the anthropometric measurements that were taken during fieldwork. Additionally, the table includes mean z-scores for all three anthropometric indicators.

Table NU.2: Nutritional status of children													
Percentage of children under age 5 by nutritional status according to three anthropometric indices: weight for age, height for age, and weight for height, Egypt Sub-National MICS, 2013-14													
	Weight for age			Number of children under age 5	Height for age			Number of children under age 5	Weight for height			Number of children under age 5	
	Underweight		Mean Z-Score (SD)		Stunted		Mean Z-Score (SD)		Wasted		Overweight		Mean Z-Score (SD)
	Percent below - 2 SD	- 3 SD			Percent below - 2 SD	- 3 SD			Percent below - 2 SD	- 3 SD			
	[1]	[2]	[3]		[4]	[5]	[6]		[7]				
Total	5.4	2.1	0.0	5016	21.7	8.8	-0.8	4912	2.7	1.3	17.1	0.8	4919
Sex													
Male	5.4	2.3	0.0	2480	22.5	9.1	-0.9	2433	3.0	1.3	17.4	0.8	2435
Female	5.4	1.8	0.0	2536	21.0	8.6	-0.8	2479	2.5	1.2	16.8	0.8	2484
Region													
Pilot Phase, Upper Egypt	5.8	2.0	0.1	636	18.9	7.3	-0.7	624	2.8	1.2	16.2	0.7	614
Expansion Phase, Upper Egypt	5.8	2.3	-0.1	3651	22.4	9.1	-0.9	3573	2.6	1.2	14.2	0.7	3603
Expansion Phase, Lower Egypt	2.9	1.1	0.5	729	20.5	9.1	-0.7	715	3.3	1.6	32.7	1.2	702
Age													
0-5	13.4	5.7	-0.1	570	20.7	11.5	-0.5	544	7.4	3.8	22.1	0.7	520
6-11	8.3	5.9	-0.1	543	21.2	12.2	-0.8	524	3.6	2.0	15.7	0.7	540
12-23	4.5	1.4	0.1	1078	25.7	10.0	-0.9	1043	3.2	0.9	19.1	0.8	1065
24-35	4.6	1.3	-0.1	1005	31.8	12.7	-1.3	990	2.4	1.6	18.0	0.8	990
36-47	2.5	0.2	0.1	961	16.3	6.0	-0.8	957	1.2	0.3	14.0	0.9	950
48-59	3.6	1.0	0.1	859	12.2	2.5	-0.7	854	0.8	0.5	14.8	0.8	854
Mother's education													
No Education	6.8	3.0	-0.1	1218	22.8	10.6	-1.0	1190	2.7	1.5	14.3	0.7	1208
Primary/Preparatory	5.9	2.5	0.0	1096	22.5	10.2	-0.9	1075	2.3	1.3	16.2	0.8	1082
Secondary	4.4	1.5	0.1	2092	21.2	7.4	-0.8	2059	2.8	1.1	17.6	0.8	2042
Higher	4.9	1.4	0.2	609	20.3	8.1	-0.7	588	3.5	1.4	22.7	1.0	587
Father's education													
No Education	6.3	2.4	-0.1	508	27.2	13.0	-1.2	494	2.7	1.8	17.9	0.8	505
Primary/Preparatory	6.8	2.9	0.0	1266	21.0	8.7	-0.8	1238	2.6	1.4	16.3	0.8	1235
Secondary	4.8	1.7	0.1	2323	21.3	7.8	-0.8	2278	2.7	1.3	17.4	0.8	2283
Higher	4.0	1.1	0.1	725	20.7	8.0	-0.8	712	2.9	0.9	17.3	0.8	704
Father not in household	6.1	3.9	-0.2	192	20.7	15.0	-1.0	189	3.3	0.8	15.0	0.7	191
Missing/DK	*	*	*	1	*	*	*	1	*	*	*	*	1
Mother's Work Status													
Working for cash	4.4	0.8	0.2	423	21.9	9.5	-0.7	411	3.0	1.1	20.3	0.9	412
Not working for cash	5.5	2.2	0.0	4584	21.7	8.8	-0.9	4492	2.7	1.3	16.8	0.8	4498
Missing/DK	*	*	*	8	*	*	*	8	*	*	*	*	8
Father's Work Status													
Working for cash	5.3	1.9	0.0	4660	22.0	8.7	-0.8	4566	2.7	1.3	17.0	0.8	4569
Not working for cash	4.7	2.8	0.2	114	10.1	5.1	-0.8	109	2.3	0.4	21.4	1.0	111
Missing/DK	7.1	4.5	-0.2	241	21.5	13.2	-1.0	237	4.1	1.4	16.8	0.7	239
[1] MICS indicator 2.1a and MDG indicator 1.8 - Underweight prevalence (moderate and severe)													
[2] MICS indicator 2.1b - Underweight prevalence (severe)													
[3] MICS indicator 2.2a - Stunting prevalence (moderate and severe)													
[4] MICS indicator 2.2b - Stunting prevalence (severe)													
[5] MICS indicator 2.3a - Wasting prevalence (moderate and severe)													
[6] MICS indicator 2.3b - Wasting prevalence (severe)													
[7] MICS indicator 2.4 - Overweight prevalence													
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.													

Children whose full birth date (month and year) were not obtained, and children whose measurements are outside a plausible range are excluded from Table NU.2. Children are excluded from one or more of the anthropometric indicators when their weights and heights have not been measured, whichever applicable. For example, if a child has been weighed but his/her height has not been measured, the child is included in underweight calculations, but not in the calculations for stunting and wasting. Percentages of children by age and reasons for exclusion are shown in the data quality Tables DQ.12, DQ.13, and DQ.14 in Appendix D. The tables show that due to incomplete dates of birth, implausible measurements, and/or missing weight and/or height, one percent of children have been excluded from calculations of the weight-for-age indicator, 3 percent from the height-for-age indicator, and 4 percent for the weight-for-height indicator.

Almost one in twenty children under age five in Egypt are moderately underweight (5 percent) and 2 percent are classified as severely underweight (Table NU.2). More than one in five children (22 percent) are moderately stunted or too short for their age and 3 percent are moderately wasted or too thin for their height. More than one in six of children (17 percent) under age 5 were overweight or too heavy for their height.

Children in expansion phase Upper Egypt are more likely to be underweight and stunted than other children. In contrast, the percentage wasted is highest in expansion phase Lower Egypt. Those children whose mothers have secondary or higher education are the least likely to be underweight and stunted compared to children of mothers with no education. Boys appear to be slightly more likely to be stunted than girls. Unexpectedly, the age pattern shows that a higher percentage of children age 24-35 months are stunted, while for the other two indicators children 0-5 months showed the highest level of underweight and wasting. This pattern is expected and is related to the age at which many children cease to be breastfed and are exposed to contamination in water, food, and environment.

The lowest percentage of underweight children was in expansion phase Lower Egypt (3 percent), while it was 6 percent in both pilot phase area and expansion phase Upper Egypt. The highest percentages of underweight children were among children of age group 0-5 months, and among mothers who are not educated, and among mothers who are not working.

About one in five children was stunted and/or severely stunted in expansion phase of both, Upper and Lower Egypt, while the percentage in the pilot phase area was 19 percent. The highest percentage of stunted children (32 percent) was found amongst children aged 24-35 months. Also, this percentage is the highest among fathers who had no education.

The highest percentage of wasted children was found in expansion phase Lower Egypt (3.3 percent) and amongst children aged 0-5 months (7.4 percent).

The highest percentage of overweight children was found in expansion phase Lower Egypt where almost one in three children is overweight. Overweight children were present across all age groups: the percentage peaked highest amongst children aged 0-5 months (22 percent). The proportion of overweight children increased markedly with the mother's education level and was highest amongst children whose mothers had higher than secondary education (22 percent) and among mothers who are working for cash (20 percent).

Table NU.MoRES1: Nutritional status of children (among last live-born children)Percentage of last live-born children in the last five years by nutritional status according to three anthropometric indices: weight for age, height for age, and weight for height, Egypt Sub-National MICS, 2013-14^a

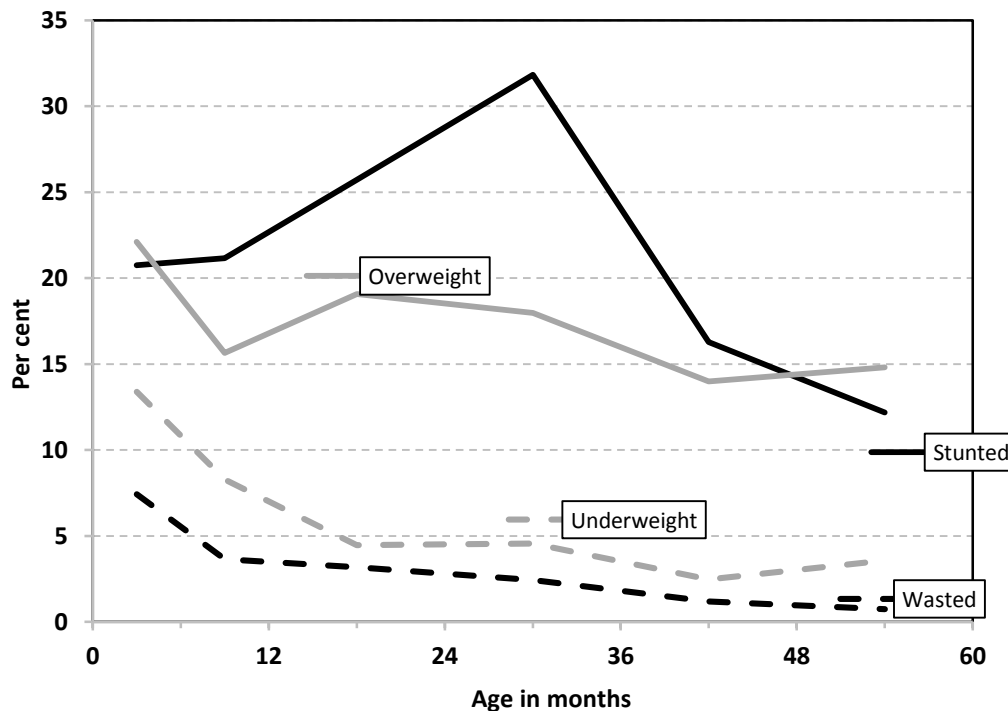
	Weight for age			Number of last child under age 5	Height for age			Number of last child under age 5	Weight for height				Number of last child under age 5
	Underweight Percent below		Mean Z-Score (SD)		Stunted Percent below		Mean Z-Score (SD)		Wasted Percent below		Overweight Above	Mean Z-Score (SD)	
	-2 SD	-3 SD			-2 SD	-3 SD			-2 SD	-3 SD			
	5.8	2.5	0.0		3454	22.6	9.6		-0.8	3377	3.2	1.5	
Total	5.8	2.5	0.0	3454	22.6	9.6	-0.8	3377	3.2	1.5	17.8	0.8	3376
Sex													
Male	5.6	2.7	0.0	1772	24.3	10.0	-0.9	1737	3.3	1.5	17.9	0.8	1735
Female	6.0	2.3	0.1	1682	20.9	9.2	-0.8	1641	3.1	1.4	17.6	0.8	1641
Region													
Pilot Phase, Upper Egypt	6.5	2.5	0.1	440	19.2	7.7	-0.6	430	3.0	1.4	16.8	0.7	425
Expansion Phase, Upper Egypt	6.3	2.7	-0.1	2470	23.2	9.9	-0.9	2416	3.3	1.6	15.0	0.7	2429
Expansion Phase, Lower Egypt	3.0	1.2	0.4	544	22.7	10.1	-0.8	532	2.9	1.1	31.6	1.2	522
Age													
0-5	13.1	5.5	-0.1	555	20.3	11.1	-0.5	530	6.9	3.8	22.0	0.7	508
6-11	8.2	5.8	-0.1	532	21.4	12.3	-0.8	515	3.7	2.1	15.8	0.7	529
12-23	4.4	1.3	0.2	967	24.8	9.7	-0.9	942	3.3	0.9	18.3	0.8	956
24-35	4.4	1.4	0.0	658	31.8	12.4	-1.3	651	2.2	1.6	19.5	0.9	650
36-47	2.3	0.1	0.2	453	16.2	5.8	-0.7	450	1.1	0.1	15.6	0.8	447
48-59	0.8	0.3	0.2	289	11.2	1.6	-0.6	290	0.7	0.4	12.1	0.8	285
Attendance of Health education sessions during pregnancy													
Did not attend any sessions	5.8	2.5	0.0	3171	22.1	9.5	-0.8	3101	3.3	1.6	17.2	0.8	3105
Attended 1-3 sessions	5.1	1.3	0.2	228	25.4	8.8	-0.9	222	1.6	0.2	24.0	1.0	219
Attended at least 4 sessions	8.0	3.0	0.0	53	40.5	21.5	-1.4	53	2.2	2.2	27.2	1.3	51
Missing/DK	*	*	*	2	*	*	*	2	*	*	*	*	2
Received home visit from health provider													
Received at least 1 visit	4.9	1.7	0.1	900	21.5	8.5	-0.8	882	2.3	0.7	19.4	0.8	884
Did not receive any visits	6.0	2.7	0.0	2550	23.0	9.9	-0.8	2491	3.5	1.8	17.2	0.8	2489
Missing/DK	*	*	*	4	*	*	*	4	*	*	*	*	4
Mother's education													
No Education	7.5	3.4	-0.1	839	24.4	12.3	-1.0	819	3.2	1.8	14.3	0.7	826
Primary/Preparatory	6.0	3.0	0.0	781	24.7	11.0	-0.9	764	2.5	1.2	16.8	0.8	767
Secondary	4.7	1.8	0.1	1423	20.8	7.5	-0.7	1397	3.2	1.5	19.3	0.8	1383
Higher	5.6	2.0	0.2	411	21.6	9.0	-0.7	397	4.4	1.5	21.9	0.9	400
Father's education													
No Education	7.4	2.9	-0.2	358	31.3	16.0	-1.3	350	3.7	2.5	17.4	0.8	354
Primary/Preparatory	7.1	3.6	0.0	869	21.2	9.7	-0.8	847	3.1	1.6	18.0	0.8	844
Secondary	4.9	1.8	0.1	1603	21.3	7.9	-0.7	1569	2.8	1.4	18.1	0.8	1574
Higher	4.7	1.5	0.1	483	23.4	8.7	-0.8	474	3.9	1.2	18.1	0.7	466
Father not in household	7.2	5.1	-0.3	140	21.5	14.6	-1.1	137	3.8	0.3	13.0	0.6	138
Mother's Work Status													
Working for cash	4.4	1.1	0.2	295	24.5	11.6	-0.7	285	3.3	1.0	20.1	0.9	286
Not working for cash	5.9	2.6	0.0	3159	22.5	9.4	-0.8	3093	3.2	1.5	17.6	0.8	3090
Father's Work Status													
Working for cash	5.6	2.2	0.1	3199	22.9	9.5	-0.8	3131	3.1	1.5	17.8	0.8	3127
Not working for cash	5.7	3.7	0.1	88	9.5	5.4	-0.9	83	2.4	0.0	24.5	1.1	86
Missing/DK	9.3	6.2	-0.3	168	23.8	14.2	-1.1	163	4.3	1.4	14.8	0.6	164

a- The data in this table is disaggregated by selected explanatory variables obtained from the reproductive health modules, which were applied only for the last birth in the past 5 years. The totals in this table thus do not represent all the under-5 children who participated in the child questionnaire.

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

The Table NU.MoRES1 reports data on the nutrition status of the last live-born child in the last five years, and includes information on stunting, wasting and underweight according to the attendance of health education sessions. The data do not show a strong association between attendance of health education sessions and lower levels of malnutrition in the different forms. Similar lack of trend is observed when comparing the anthropometric results for children whose mothers received a home visit from health providers and those whose mothers did not.

Figure NU.1: Underweight, stunted, wasted and overweight children under age 5 (moderate and severe), Egypt Sub-National MICS, 2013-14



Attendance of last scheduled growth monitoring visits; recording of results of growth monitoring and anaemia screening in health card

This information was collected for assessing the continuity in child growth monitoring and anaemia screening in the FHUs, reflecting both the quality of the services, their demand and their access. These data were also collected to complement the information derived from administrative sources that points to widespread problems in the quality of growth monitoring and anaemia testing recording.

Table NU.MoRES2: Attendance of last scheduled growth monitoring visits; recording of results of growth monitoring and anaemia screening in health card														
Percentage of living children who attended last scheduled growth monitoring visits; or were screened for anaemia, and who had results recorded in health card, by age, Egypt Sub-National MICS, 2013-14 ^a														
	Children age 0-11 months ^{b,c}				Children age 12-23 months					Children age 24-59 months				
	Last scheduled growth monitoring:			Number of children	Last scheduled growth monitoring				Number of children	Last scheduled growth monitoring:				Number of children
	Attended	Height	Weight		Attended	Height	Weight	Haemoglobin recorded		Attended	Height	Weight	Haemoglobin recorded	
Total	75.5	61.2	61.1	708	69.5	52.7	55.6	45.4	700	10.6	47.8	47.8	60.1	1309
Sex														
Male	79.4	59.6	60.0	378	66.0	58.1	60.7	49.2	331	8.2	44.6	44.6	58.0	647
Female	71.1	63.2	62.5	330	72.7	48.4	51.4	42.2	369	13.0	49.8	49.8	61.4	661
Region														
Pilot Phase, Upper Egypt	79.1	59.5	60.0	106	73.3	66.5	67.2	56.0	102	12.7	60.2	60.2	69.9	214
Expansion Phase, Upper Egypt	72.2	56.4	56.0	510	66.5	45.6	49.4	37.3	532	8.6	34.7	34.7	49.8	917
Expansion Phase, Lower Egypt	90.3	84.3	85.0	91	88.2	78.1	78.1	80.4	67	18.3	69.4	69.4	77.0	178
Mother's Age at birth														
Less than 20	80.3	59.6	59.6	59	74.7	36.9	44.9	42.4	55	12.8	61.3	61.3	81.9	98
20-34	76.4	63.4	63.7	562	68.4	54.4	56.9	45.9	588	10.3	46.4	46.4	57.7	1113
35-49	67.3	46.3	42.9	87	75.2	50.3	51.5	45.0	56	12.2	47.1	47.1	59.7	94
Birth order														
1	82.0	59.8	60.1	184	70.0	47.9	53.9	44.3	217	11.1	58.5	58.5	51.5	383
2-3	75.5	63.4	62.9	300	70.3	55.6	57.7	45.4	309	10.7	47.5	47.5	62.5	598
4-5	73.0	65.9	66.1	152	65.7	58.9	58.9	45.3	124	11.1	35.8	35.8	77.8	228
6+	64.1	43.4	43.4	72	72.3	42.2	42.2	50.0	50	7.0	28.7	28.7	25.6	99
Attendance of Health education sessions during pregnancy														
Did not attend any sessions	74.7	60.4	60.0	631	70.2	50.4	53.1	45.4	573	12.6	45.4	45.4	62.9	568
Attended 1-3 sessions	(86.5)	(67.0)	(70.5)	47	(78.7)	(67.5)	(73.0)	(41.6)	49	(20.5)	(60.0)	(60.0)	(48.4)	40
Attended at least 4 sessions	*	*	*	13	*	*	*	*	6	*	*	*	*	13
Received home visit from health provider														
Received at least 1 visit	75.8	59.9	59.5	210	69.4	57.9	61.8	41.8	167	18.1	56.8	56.8	66.8	151
Did not receive any visits	76.0	61.5	61.5	481	71.3	50.2	52.8	46.2	460	11.8	43.4	43.4	60.2	471
Mother's education														
No Education	66.3	47.5	49.7	149	60.0	56.4	57.9	36.1	179	11.9	49.9	49.9	56.5	318
Primary/Preparatory	69.9	56.2	55.0	173	71.1	38.8	42.4	46.2	151	8.2	37.2	37.2	69.2	263
Secondary	81.6	67.8	67.3	301	73.0	54.3	57.4	49.3	295	11.4	45.2	45.2	55.6	555
Higher	81.5	66.1	66.1	85	75.6	66.2	69.0	46.8	75	9.3	67.7	67.7	74.2	172
Mother's Work Status														
Working for cash	(83.1)	(58.1)	(59.6)	45	(69.3)	(59.0)	(59.0)	(41.0)	39	5.9	59.2	59.2	48.8	97
Not working for cash	75.0	61.4	61.2	663	69.5	52.4	55.4	45.6	661	11.0	47.3	47.3	60.6	1209
Missing/DK	*	*	*	*	*	*	*	*	*	*	*	*	*	4

a- The data in this table is disaggregated by selected explanatory variables obtained from the reproductive health modules, which were applied only for the last birth in the past 5 years. The totals in this table thus do not represent all the under-5 children who participated in the child questionnaire.

b- Anaemia screening is performed only from the age of 12 months onwards

c- For children < 2 months of age, the initial visit (before 15 days) will be considered a growth monitoring visit (this is currently not included in the MoHP indicator, although weight and height are measured and recorded in the health card)

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases

In Egypt, growth monitoring of children under five is done routinely at the FHUs. This is timed to coincide with the routine EPI visits (at the age of 2, 4, 6, 9, 12, and 18 months); the child then attends yearly until the age of five. The child's weight and height are measured and plotted on his growth chart in his health card, and screening for anaemia takes place yearly. Nurses and community health workers encourage mothers to bring their children to these growth monitoring visits. Table NU.MoRES2 shows the percentage of living children who attended their last scheduled growth monitoring visits; or were screened for anaemia, and who had results recorded in health card, by age of children. The purpose of this question was to assess the demand for these services among the community, and to assess the completeness of documentation of the measurements in the child's health card.

For children age 0-11 months, three-quarters (76 percent) attended the last scheduled growth monitoring visits and the values for both height and weight were recorded in 61 percent of children. Last scheduled growth monitoring visits were attended by 90 percent of children in expansion phase Lower Egypt, 79 percent of children in the pilot phase and only 72 percent of children in expansion phase Upper Egypt. The percentage of attendance is the highest among younger mothers (less than 20), among first babies, among mothers who attended 1-3 health education sessions and mothers who had higher than secondary education.

As for children age 12-23 months, the table shows lower level of visits; 70 percent attended the last scheduled growth monitoring visits and the values for height were recorded in 53 percent of children, while weight was recorded in 56 percent of children and haemoglobin was recorded in 45 percent of children. Last scheduled growth monitoring visits were attended by 88 percent of children in expansion phase Lower Egypt, 73 percent of children in the pilot phase and only 67 percent of children in Expansion phase Upper Egypt. The percentage of attendance is highest among younger mothers (less than 20), among first babies, among mothers who attended 1-3 health education sessions, and mothers who had higher than secondary education.

The percentage of children age 24-59 months who attended the last growth monitoring visits is substantially lower, probably since the last routine EPI vaccination is at 18 months. Without this motivation to attend, only a small proportion of children are brought to the FHU for growth monitoring visits. Only 11 percent attended the last scheduled growth monitoring visits and the measurements for both height and weight were recorded in 48 percent of these children, and haemoglobin was recorded in 60 percent of children. Last scheduled growth monitoring visits were attended by 18 percent of children in expansion phase Lower Egypt, 13 percent of children in the pilot phase and only 9 percent of children in Expansion phase, Upper Egypt. The percentage of attendance is the highest among younger mothers (less than 20), among first babies, among mothers who attended 1-3 health education sessions and, surprisingly, among mothers who had no education.

The tables shows that much effort must be directed to improving attendance of these routine visits at the FHU, as a measure for early detected of malnutrition; furthermore, all nurses must be trained to completely document all measurements within the child's health card.

Reasons for not attending last scheduled growth monitoring visit were shown in Table NU.MoRES3. The table shows the percent distribution of mothers or caretakers of children under-5 who did not attend the last scheduled growth monitoring visit, by reason. Being not aware that growth monitoring is required was the main reason in slightly less than one-third of cases (32 percent), while in 16 percent of cases, the mothers were not aware of timings of scheduled visits, in 8 percent mothers thought that growth monitoring visits were not necessary, and poor quality service was the reason in 6 percent of the mothers. Other reasons like child illness, facility too far / no transportation available, husband did not allow and the visit is too expensive were all minimal and insignificant.

Table NU.MoRES3: Reasons for not attending last scheduled growth monitoring visit										
Percentage of mothers or caretakers of children under-5 who did not attend the last scheduled growth monitoring visit, by reason, Egypt Sub-National MICS, 2013-14										
	Too expensive	Facility too far/ no transport available	Poor quality service	Husband/ family did not allow	Not necessary	Child ill	Not aware that growth monitoring is required	Not aware of timings of scheduled visits	Other	Number of children
Total*	0.0	0.6	10.7	0.3	13.6	1.1	55.3	28.5	3.0	1584
Region										
Pilot Phase, Upper Egypt	0.2	0.6	9.4	0.5	13.0	0.4	59.7	25.6	2.7	239
Expansion Phase, Upper Egypt	0.0	0.7	11.8	0.2	11.9	1.2	55.4	28.6	2.9	1178
Expansion Phase, Lower Egypt	0.0	0.0	5.2	0.3	26.8	1.6	47.5	32.2	4.8	167
Mother's education										
No Education	0.1	0.9	7.7	0.4	8.9	2.4	60.4	29.9	1.5	405
Primary/Preparatory	0.0	0.5	14.4	0.0	11.3	0.4	53.8	29.3	4.1	340
Secondary	0.0	0.6	11.0	0.5	14.5	0.8	53.4	29.7	2.9	646
Higher	0.0	0.3	9.6	0.0	24.8	0.6	53.1	20.5	4.8	193
Mother's Work Status										
Working for cash	0.0	0.4	7.2	0.0	23.5	0.5	59.6	20.2	4.2	113
Not working for cash	0.0	0.6	11.0	0.3	12.9	1.2	54.8	29.2	3.0	1468
Missing/DK	*	*	*	*	*	*	*	*	*	4
Note: Multiple response was allowed and thus the percentage adds up to more than 100%.										
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.										

Some variations exist by region. Lack of awareness that growth monitoring is required was the reason in one-third of cases (33 percent) in both pilot phase and expansion phase Upper Egypt, while it was 23 percent in expansion phase Lower Egypt. This reason was also more frequently reported by mothers with no education. Mothers not aware of timings of scheduled visits was the cause of 17 percent of cases in expansion phase Upper Egypt, 16 percent in expansion phase Lower Egypt and 14 percent in the pilot phase. Also, the proportion for this reason is highest among mothers with no education. Thirteen percent of mothers in the expansion phase Lower Egypt thought that growth-monitoring visits are not necessary, while this percentage declines to 7 percent in both pilot phase and expansion phase Upper Egypt. Mothers with higher than a secondary education were the most likely to report that they did not attend the last growth monitoring visit because it is not necessary.

Breastfeeding and Infant and Young Child Feeding

Proper feeding of infants and young children can increase their chances of survival; it can also promote optimal growth and development, especially in the critical window from birth to 2 years of age. Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers do not start to breastfeed early enough, do not breastfeed exclusively for the recommended 6 months or stop breastfeeding too soon. There are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and can be unsafe if hygienic conditions, including safe drinking water are not readily available. Studies have shown that, in addition to continued breastfeeding, consumption of appropriate, adequate and safe solid, semi-solid and soft foods from the age of 6 months onwards leads to better health and growth outcomes, with potential to reduce stunting during the first two years of life.¹⁷

¹⁷Bhuta Z. et al. (2013). 'Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost?' *The Lancet*, June 6, 2013.

UNICEF and WHO recommend that infants be breastfed within one hour of birth, breastfed exclusively for the first six months of life and continue to be breastfed up to 2 years of age and beyond.¹⁸ Starting at 6 months, breastfeeding should be combined with safe, age-appropriate feeding of solid, semi-solid and soft foods¹⁹. A summary of key guiding principles^{20, 21} for feeding 6-23 month olds is provided in the table below along with proximate measures for these guidelines collected in this survey, consistent with the protocols adopted by the IPHN.

The guiding principles for which proximate measures and indicators exist are:

- (i) continued breastfeeding;
- (ii) appropriate frequency of meals (but not energy density); and
- (iii) appropriate nutrient content of food.

Feeding frequency is used as proxy for energy intake, requiring children to receive a minimum number of meals/snacks (and milk feeds for non-breastfed children) for their age. Diet diversity is used to ascertain the adequacy of the nutrient content of the food (not including iron) consumed. For diet diversity, seven food groups were created for which a child consuming at least four of these is considered to have a better quality diet. In most populations, consumption of at least four food groups means that the child has a high likelihood of consuming at least one animal-source food and at least one fruit or vegetable, in addition to a staple food (grain, root or tuber).²²

These three dimensions of child feeding are combined into an assessment of the children who received appropriate feeding, using the indicator of “minimum acceptable diet”. To have a minimum acceptable diet in the previous day, a child must have received:

- (i) the appropriate number of meals/snacks/milk feeds;
- (ii) food items from at least 4 food groups; and
- (iii) breast milk or at least 2 milk feeds (for non-breastfed children).

Guiding Principle (age 6-23 months)	Proximate measures	Table
Continue frequent, on-demand breastfeeding for two years and beyond	Breastfed in the last 24 hours	NU.4
Appropriate frequency and energy density of meals	Breastfed children Depending on age, two or three meals/snacks provided in the last 24 hours Non-breastfed children Four meals/snacks <u>and/or</u> milk feeds provided in the last 24 hours	NU.6
Appropriate nutrient content of food	Four food groups ²³ eaten in the last 24 hours	NU.6
Appropriate amount of food	No standard indicator exists	na
Appropriate consistency of food	No standard indicator exists	na
Use of vitamin-mineral supplements or fortified products for infant and mother	No standard indicator exists	na
Practice good hygiene and proper food handling	While it was not possible to develop indicators to fully capture programme guidance, one standard indicator does cover part of the principle: Not feeding with a bottle with a nipple	NU.9
Practice responsive feeding, applying the principles of psycho-social care	No standard indicator exists	na

¹⁸WHO (2003). ‘Implementing the Global Strategy for Infant and Young Child Feeding’. *Meeting Report*, Geneva, 3-5 February 2003.

¹⁹WHO (2003). *Global Strategy for Infant and Young Child Feeding*.

²⁰PAHO (2003). *Guiding principles for complementary feeding of the breastfed child*.

²¹WHO (2005). *Guiding principles for feeding non-breastfed children 6-24 months of age*

²²WHO (2008). *Indicators for assessing infant and young child feeding practices. Part 1: Definitions*.

²³ Food groups used for assessment of this indicator are 1) Grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables.

Table NU.3: Initial breastfeeding

Percentage of last-born children in the 5 years preceding the survey who were ever breastfed, percentage who were breastfed within one hour of birth and within one day of birth, and percentage who received a prelacteal feed, Egypt Sub-National MICS, 2013-14^a

	Percentage ever breastfed [1]	Percentage who were first breastfed:		Percentage who received a prelacteal feed	Percentage receiving a breast milk substitute	Number of last live-born children in the last five years
		Within one hour of birth [2]	Within one day of birth			
Total	96.9	35.8	79.4	60.7	6.7	3605
Region						
Pilot Phase, Upper Egypt	96.8	34.5	79.7	63.9	7.4	464
Expansion Phase, Upper Egypt	97.0	35.8	78.7	62.6	7.0	2582
Expansion Phase, Lower Egypt	96.7	36.8	82.3	49.4	4.8	560
Months since last birth						
0-11 months	98.9	21.7	66.0	80.2	11.6	304
12-23 months	97.0	26.1	69.5	71.9	10.7	328
Type of ANC provider						
Public sector	97.7	42.2	80.3	60.3	7.3	312
Private sector	96.3	32.5	78.2	61.0	7.3	1934
Both	97.6	38.2	80.5	61.2	6.3	1016
No care/missing	97.2	40.9	82.5	58.4	4.5	343
Attendance of Health education sessions during pregnancy						
Did not attend any sessions	96.9	35.2	79.1	61.5	7.0	3310
Attended 1-3 sessions	98.3	42.5	83.8	51.2	3.8	236
Attended at least 4 sessions	93.5	44.8	81.5	56.8	2.1	56
Missing/DK	*	*	*	*	*	3
Received home visit from health provider						
Received at least 1 visit	97.1	34.9	78.4	59.2	6.9	944
Did not receive any visits	96.9	36.1	79.8	61.4	6.7	2656
Missing/DK	*	*	*	*	*	6
Assistance at delivery						
Skilled attendant	96.6	32.9	78.2	62.2	7.1	3209
Traditional birth attendant	99.7	59.4	89.1	48.5	3.8	336
Other	(100.0)	(60.7)	(93.1)	(45.3)	(0.0)	44
No one/Missing	*	*	*	*	*	16
Place of delivery						
Public sector health facility	96.5	32.8	77.5	59.7	8.5	949
Private sector health facility	96.3	30.8	77.1	65.4	6.8	1992
Home	99.4	55.5	89.4	47.7	3.7	641
Other/Missing	*	*	*	*	*	23
Mother's education						
No Education	97.2	44.0	82.2	55.1	5.9	868
Primary/Preparatory	98.2	33.5	77.1	65.8	6.8	817
Secondary	96.1	33.3	78.5	60.8	6.6	1491
Higher	96.4	31.8	81.4	62.3	8.6	429
Husband's education						
No Education	96.7	40.7	77.6	52.7	4.7	400
Primary/Preparatory	97.0	36.9	79.5	58.7	5.5	902
Secondary	97.3	34.8	80.3	63.8	6.9	1702
Higher	96.4	32.8	78.4	59.1	8.8	509
Husband not in household	93.2	38.2	77.8	68.6	12.1	91
Missing/DK	*	*	*	*	*	2
Woman's Work Status						
Working for cash	97.6	33.6	80.3	58.0	6.5	307
Not working for cash	96.8	36.0	79.3	61.0	6.7	3299
Husband's Work Status						
Working for cash	97.0	35.6	79.6	60.7	6.5	3368
Not working for cash	94.8	35.2	73.6	54.8	8.1	91
Husband not in household	93.2	38.2	77.8	68.6	12.1	91
Missing/DK	100.0	40.3	79.1	60.2	10.6	55

a- This sub-national MICS applied the modules on maternal and new-born health to ever-married women with a live birth in the last 5 years, instead of in the last 2 years. The MICS indicators 2.5 and 2.6 are thus not fully comparable to the standard MICS indicators.

[1] MICS indicator 2.5 - Children ever breastfed

[2] MICS indicator 2.6 - Early initiation of breastfeeding

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

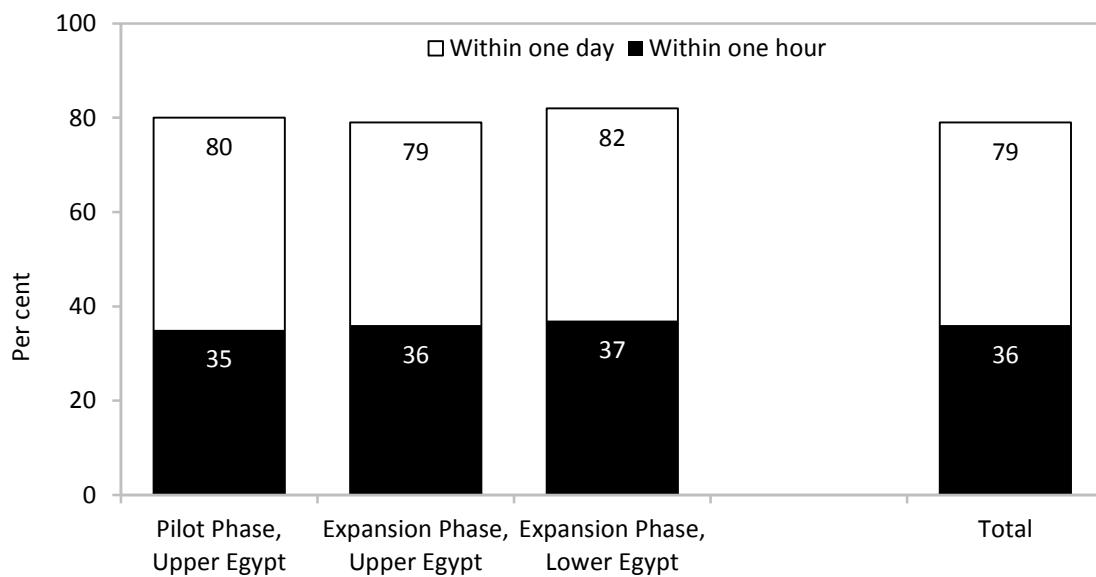
Note: Figures in parentheses are based on 25-49 unweighted cases.

The IPHN, through the FHU nurses and CHWs, encourages women to breastfeed their children immediately after birth. Table NU.3 is based on mothers' reports of what their last-born child was fed in the first few days of life. It indicates the proportion of children born in the five years preceding the survey who were ever breastfed, those who were first breastfed within one hour and one day of birth, and those who received a prelacteal feed. Although a very important step in management of lactation and establishment of a physical and emotional relationship between the baby and the mother, only 36 percent of babies are breastfed for the first time within one hour of birth, while 79 percent of newborns in the IPHN areas start breastfeeding within one day of birth. The percentage of children who received a prelacteal feed was 61 percent.

There are no clear differences between the regions in the percentage of children who were ever breastfed (around 97 percent) or in the percentage of children who were first breastfed within one hour of birth (between 35 to 37 percent) or in the percentage of children who were first breastfed within one day of birth (between 79 to 82 percent). Percentage of children who received a prelacteal feed was highest in pilot phase area (64 percent) and lowest in expansion phase Lower Egypt (49 percent).

Figure NU.2 shows the initiation of breastfeeding by region. The figure shows limited differences between regions with highest level of initiation of breastfeeding within one hour or one day is observed in expansion phase Lower Egypt.

Figure NU.2: Initiation of breastfeeding, Egypt Sub-National MICS, 2013-14



The percentage of children who were first breastfed within one hour of birth was 10 percent higher among mothers who received ANC in the public sector than in the private sector. Also this percentage was somewhat higher among mothers who attended health education sessions during pregnancy, which may indicate the success of these sessions in achieving IPHN objectives. The percentage of children who were first breastfed within one hour of birth was higher when the delivery was attended by traditional birth attendants (TBAs) or others rather than deliveries attended by skilled birth attendants (SBAs). Also this percentage was higher in home deliveries and among mothers and fathers who had no education. Table NU.MoRES4 shows reasons for giving prelacteal feeds.

Table NU.MoRES4: Reasons for giving prelacteal feeds

Percentage of children age 0-5 months by mothers/caretakers reported reasons for giving prelacteal feeds, Egypt Sub-National MICS, 2013-14

	Mother's milk not nutritious in beginning	Mother's milk not sufficient in beginning	Mother is sick/weak	Not necessary/ not customary to give breast milk immediately	Mother did not know how to breastfeed/ found breastfeeding difficult	No breast milk	Infant was ill/ in neonatal intensive unit	Multiple births	Caesarian delivery	Other	Total number of children age 0-5 months who received prelacteal feeds
Total	10.1	47.4	29.2	0.5	0.4	27.5	12.9	0.8	9.9	0.1	2190
Region											
Pilot Phase, Upper Egypt	9.6	46.1	32.3	0.6	0.3	27.5	12.1	0.4	7.8	0.0	297
Expansion Phase, Upper Egypt	10.3	46.6	28.6	0.5	0.3	30.2	13.0	0.9	8.5	0.1	1617
Expansion Phase, Lower Egypt	9.7	53.7	29.4	0.2	0.9	11.2	12.9	1.1	20.3	0.0	277
Mother's Age at birth											
Less than 20	8.9	35.3	26.3	0.8	1.6	35.3	16.9	1.3	8.7	0.9	176
20-34	10.5	49.1	29.6	0.5	0.3	26.3	12.3	0.8	10.0	0.0	1778
35-49	8.2	43.8	28.5	0.2	0.0	30.5	13.7	0.2	9.9	0.0	234
Birth order											
1	11.1	41.1	29.7	0.5	1.0	31.9	15.3	0.0	14.3	0.3	580
2-3	9.9	48.7	29.2	0.5	0.0	25.1	12.5	1.2	8.9	0.0	977
4-5	10.3	53.8	30.6	0.8	0.1	25.7	9.5	0.6	7.9	0.0	423
6+	7.9	46.4	25.1	0.0	1.0	29.9	14.4	1.6	6.4	0.0	210
Woman's education											
No Education	7.4	47.5	30.3	0.5	0.3	30.3	9.5	0.8	10.5	0.0	478
Primary/Preparatory	11.2	45.9	26.7	0.4	0.8	29.7	14.7	0.5	8.3	0.3	538
Secondary	10.4	46.1	29.0	0.7	0.0	27.3	13.5	0.7	10.0	0.0	907
Higher	11.7	54.9	32.8	0.4	0.9	18.5	12.8	1.9	11.7	0.0	267
Woman's Work Status											
Working for cash	7.7	48.6	29.3	0.8	0.4	20.8	17.0	1.3	9.1	0.0	178
Not working for cash	10.3	47.3	29.2	0.5	0.4	28.1	12.5	0.8	10.0	0.1	2012

Note: Multiple response was allowed and thus the percentage adds up to more than 100%.

The table NU.MoRES4 reports data on the reasons stated by mothers or caregivers for giving prelacteal feeds to the new-born, and shows that 47 percent of respondents thought that mother's milk was not sufficient at the beginning and about 3 in 10 reported that there was no breast milk or because mother was sick/weak. In 13 percent of cases, the reason was because the infant was ill/in neonatal intensive care unit and in 10 percent of cases, the reason was because the mother had a caesarean delivery. Other reasons like multiple births, mothers thought that it is not necessary/not customary to give breast milk immediately; mother did not know how to breastfeed/found breastfeeding difficult and other causes were all minimal and insignificant.

In all the three regions, and irrespective from the level of education and the age of the mother, the perceived insufficiency of mother's milk at the beginning is reported as the main justification for providing prelacteal feeds. The highest percentage is found in the expansion villages in Lower Egypt at 54 percent, while in Upper Egypt, the percentages are respectively 46 percent in the pilot villages and 47 percent in the expansion villages. No major variation is observed between mothers with different levels of education.

Having no breast milk was the reason reported by 30 percent of mothers or caretakers in expansion phase Upper Egypt, 28 percent in pilot phase, and only 11 percent in expansion phase Lower Egypt. Mother was sick/weak was the reason in 32 percent of cases in the pilot phase, and 29 percent in both expansion phase Upper Egypt and in expansion phase Lower Egypt. The Caesarean delivery was reported as the reasons for giving children prelacteal feeds by 20 percent of the respondents in Lower

Egypt expansion phase and by around 8 percent of the responds in the Upper Egypt villages covered by the IPHN.

The set of Infant and Young Child Feeding indicators reported in tables NU.4 through NU.8 are based on the mother's report of consumption of food and fluids during the day or night prior to being interviewed. Data are subject to a number of limitations, some related to the respondent's ability to provide a full report on the child's liquid and food intake due to recall errors as well as lack of knowledge in cases where the child was fed by other individuals.

In Table NU.4 and NU.MoRES5, breastfeeding status is based on the reports of mothers/caretakers of children's consumption of food and fluids during the previous day or night prior to the interview. Exclusively breastfed refers to infants who received only breast milk (and vitamins, mineral supplements, or medicine). Table NU.MoRES5 shows exclusive breastfeeding of infants during the first six months of life, as well as continued breastfeeding of children at 12-15 and 20-23 months of age.

Table NU.4: Breastfeeding							
Percentage of living children according to breastfeeding status at selected age groups, Egypt Sub-National MICS, 2013-14							
	Children 0-5 months			Children 12-15 months		Children 20-23 months	
	Percent exclusively breastfed [1]	Percent predominantly breastfed [2]	Number of children	Percent breastfed (Continued breastfeeding at 1 year) [3]	Number of children	Percent breastfed (Continued breastfeeding at 2 years) [4]	Number of children
Total	45.4	67.1	582	79.6	358	20.4	378
Sex							
Male	43.1	65.2	308	84.8	181	29.9	177
Female	48.1	69.2	274	74.1	176	12.0	200
Region							
Pilot Phase, Upper Egypt	45.8	63.8	80	93.2	50	(17.3)	41
Expansion Phase, Upper Egypt	44.4	67.9	423	77.1	256	22.3	289
Expansion Phase, Lower Egypt	50.4	66.3	79	78.5	52	(11.0)	48
Mother's education							
No Education	49.1	70.6	111	84.4	70	30.5	108
Primary/Preparatory	50.5	75.1	125	80.1	100	22.9	86
Secondary	42.9	63.8	270	79.0	143	14.0	141
Higher	40.7	60.4	75	(72.6)	44	10.5	43
Father's education							
No Education	49.2	70.8	54	(88.0)	35	17.2	61
Primary/Preparatory	52.6	70.6	136	72.7	89	24.9	95
Secondary	43.2	67.5	281	84.1	170	19.6	162
Higher	45.1	62.0	95	71.6	54	(19.9)	47
Father not in household	*	*	17	*	11	*	12
Mother's Work Status							
Working for cash	(44.1)	(57.3)	42	(76.4)	32	(12.7)	27
Not working for cash	45.5	67.9	540	79.9	326	21.0	350
Father's Work Status							
Working for cash	46.2	67.8	557	80.0	337	20.7	352
Not working for cash	*	*	4	*	4	*	12
Missing/DK	*	*	21	*	16	*	14

[1] MICS indicator 2.7 - Exclusive breastfeeding under 6 months
[2] MICS indicator 2.8 - Predominant breastfeeding under 6 months
[3] MICS indicator 2.9 - Continued breastfeeding at 1 year
[4] MICS indicator 2.10 - Continued breastfeeding at 2 years
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.
Note: Figures in parentheses are based on 25-49 unweighted cases.

Approximately 45 percent of children age less than six months are exclusively breastfed and two-thirds are predominantly breastfed. By age 12-15 months, 80 percent of children are still being breastfed and by age 20-23 months this percentage drops dramatically to only 20 percent. Girls were more likely to be exclusively breastfed than boys, and less likely to receive continued breastfeeding.

The practice of exclusive breastfeeding is more prevalent in expansion phase Lower Egypt (50 percent) than in pilot phase or in expansion phase Upper Egypt (46 and 44 percent respectively).

The level of mothers' education has a certain impact on the prevalence of breastfeeding. Children of mothers with higher than secondary education are less likely to be exclusively breastfed than children of women with primary/preparatory education or no education levels (41 percent compared to 51 percent and 49 percent respectively). Children of mothers who are working for cash are less likely to be breastfed (exclusively or continually) than children of women who are not working

Table NU.MoRES5: Breastfeeding (among last live-born children)							
Percentage of last live-born children in the last five years according to breastfeeding status at selected age groups, Egypt Sub-National MICS, 2013-14 ^a							
	Children 0-5 months			Children 12-15 months		Children 20-23 months	
	Percent exclusively breastfed [1]	Percent predominantly breastfed [2]	Number of last live-born children	Percent breastfed (Continued breastfeeding at 1 year) [3]	Number of last live-born children	Percent breastfed (Continued breastfeeding at 2 years) [4]	Number of last live-born children
Total	45.9	67.9	567	82.2	339	23.9	315
Sex							
Male	43.4	65.9	296	86.5	173	34.6	148
Female	48.6	70.0	271	77.7	167	14.3	167
Region							
Pilot Phase, Upper Egypt	46.1	64.3	78	(96.1)	47	(22.7)	31
Expansion Phase, Upper Egypt	44.7	68.4	413	79.4	245	26.1	242
Expansion Phase, Lower Egypt	52.0	68.6	76	(82.5)	47	(12.2)	43
Type of ANC provider							
Public sector	(45.6)	(77.8)	47	(88.1)	23	(31.5)	27
Private sector	42.6	64.9	339	82.4	182	27.0	152
Both	52.1	71.7	154	82.1	102	18.8	102
No care/missing	(51.5)	(66.1)	28	(76.9)	32	(19.0)	34
Attendance of Health education sessions during pregnancy							
Did not attend any sessions	46.2	68.1	511	81.2	305	24.4	295
Attended 1-3 sessions	(46.9)	(65.8)	40	(89.9)	30	*	18
Attended at least 4 sessions	*	*	16	*	3	*	3
Received home visit from health provider							
Received at least 1 visit	37.8	62.0	155	86.4	83	25.9	79
Did not receive any visits	48.9	70.1	412	80.8	256	23.2	236
Mother's education							
No Education	48.4	70.2	110	83.9	68	31.7	99
Primary/Preparatory	49.9	75.0	123	82.0	96	26.9	73
Secondary	44.1	65.1	262	84.4	133	17.5	113
Higher	42.1	62.4	73	(72.7)	42	(14.7)	31
Father's education							
No Education	48.2	70.6	52	(91.5)	31	(21.4)	49
Primary/Preparatory	52.5	70.5	135	74.6	84	27.1	87
Secondary	44.1	68.8	270	87.4	162	22.2	136
Higher	45.9	63.0	93	73.3	51	(26.7)	35
Father not in household	*	*	17	*	11	*	8
Mother's Work Status							
Working for cash	(45.4)	(59.0)	41	(75.7)	31	*	22
Not working for cash	45.9	68.5	527	82.8	308	24.5	293
Father's Work Status							
Working for cash	46.7	68.6	543	82.4	321	24.0	297
Not working for cash	*	*	4	*	4	*	8
Missing/DK	*	*	21	*	15	*	10

a- The data in this table is disaggregated by selected explanatory variables obtained from the reproductive health modules, which were applied only for the last birth in the past 5 years. The totals in this table thus do not represent all the under-5 children who participated in the child questionnaire.

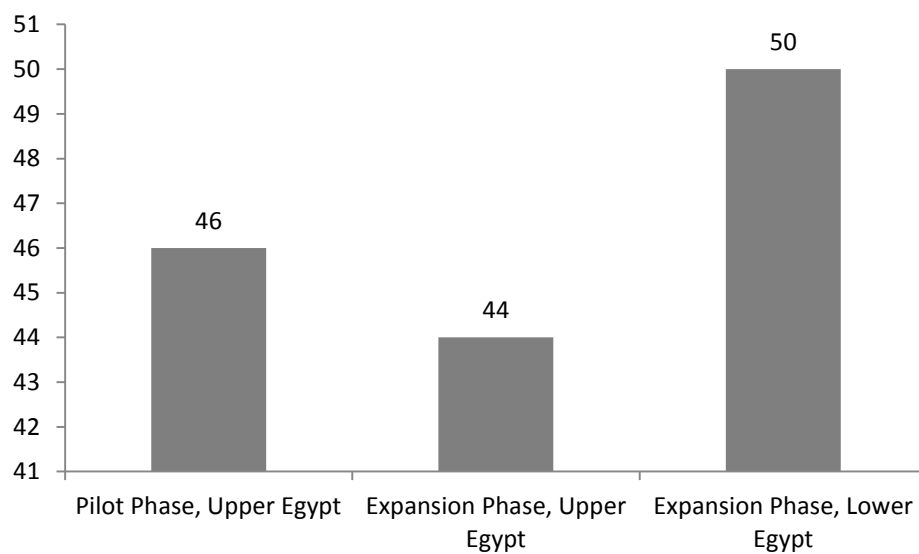
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

The Table NU.MoRES5 provides information on breastfeeding status according to some characteristics of antenatal care. The data are limited to the last born child, and show that those children under 6 months whose mothers attended both private and public antenatal care are more likely to be exclusively breastfed or predominantly breastfed than those attending exclusively private ANC. In addition, home visits from health provider does not seem associated with higher probability of breastfeeding the child, since the percentages of exclusive breastfeeding and predominant breastfeeding are higher among those who did not receive any visit.

Figure NU.MoRES1 shows the difference in exclusive breastfeeding by region. In the Expansion phase areas of Lower Egypt women are more likely to exclusively breastfeed their children 0-5 (50 percent) compared with the other two regions, the Pilot areas in Upper Egypt (44 percent) and the Expansion areas in Upper Egypt (44 percent).

Figure NU.MoRES1: Percent exclusively breastfed among children 0-5 months, by region, Egypt Sub-National MICS, 2013-14



Egypt has adopted the International Code of Marketing of Breast-milk Substitutes which prohibits the distribution of breast-milk substitute samples among recently-delivered mothers in hospitals. However, women who have a medical condition which makes them unable to breastfeed are legible to receive breast-milk substitutes at selected public medical facilities. Table NU.MoRES6 shows the percentage of women receiving a sample of a breast milk substitute and place of receiving this sample. Only a very small proportion of women received a substitute, and of these, the majority received it from a public facility.

Table NU.MoRES6: Receiving a sample of a breast milk substitute; place of receiving breast milk substitute

Percentage distribution of ever-married women age 15-49 with a live birth in the last 5 years by receiving a breast milk substitute sample; and place of receiving this sample, Egypt Sub-National MICS, 2013-14

	Received a sample					Number of women who gave birth in the last five years	Place where sample was received						Number of women who received a breast milk sample after birth	
	Yes, received a free sample	Yes, received a subsidized sample	No	DK	Total		Private clinic/ hospital	Government hospital	Primary health care centre	Family health unit	At home	Other/ Missing		Total
Total	0.6	2.2	97.1	0.0	100.0	5847	15.9	20.3	28.6	29.3	0.6	5.3	100.0	104
Region														
Pilot Phase, Upper Egypt	0.4	2.0	97.6	0.0	100.0	736	*	*	*	*	*	*	100.0	11
Expansion Phase, Upper Egypt	0.8	1.9	97.3	0.1	100.0	4203	22.9	20.1	24.3	29.4	0.0	3.3	100.0	67
Expansion Phase, Lower Egypt	0.2	4.2	95.5	0.0	100.0	907	(2.1)	(19.8)	(34.8)	(30.2)	(0.0)	(13.2)	100.0	25
Mother's Age at birth														
Less than 20	0.4	0.6	98.9	0.0	100.0	240	*	*	*	*	*	*	100.0	3
20-34	0.7	2.4	96.9	0.0	100.0	2938	17.6	18.8	26.4	30.5	.6	6.1	100.0	91
35-49	0.5	1.9	97.2	0.4	100.0	422	*	*	*	*	*	*	100.0	10
Birth order														
1	0.4	2.0	97.6	0.0	100.0	769	*	*	*	*	*	*	100.0	18
2-3	0.9	2.2	96.8	0.0	100.0	1672	21.8	15.3	28.9	27.9	1.1	5.0	100.0	53
4-5	0.3	2.6	97.1	0.0	100.0	791	*	*	*	*	*	*	100.0	23
6+	0.5	2.0	97.1	0.4	100.0	367	*	*	*	*	*	*	100.0	9
Woman's education														
No Education	0.5	2.1	97.4	0.0	100.0	1825	*	*	*	*	*	*	100.0	23
Primary/Preparatory	0.8	1.4	97.6	0.2	100.0	1401	*	*	*	*	*	*	100.0	18
Secondary	0.7	2.2	97.2	0.0	100.0	2032	(17.7)	(20.0)	(37.0)	(20.9)	(0.0)	(4.5)	100.0	42
Higher	0.4	4.3	95.2	0.0	100.0	589	*	*	*	*	*	*	100.0	20
Woman's Work Status														
Working for cash	1.2	5.0	93.8	0.0	100.0	527	*	*	*	*	*	*	100.0	19
Not working for cash	0.6	2.0	97.4	0.0	100.0	5320	19.5	20.6	27.5	28.7	.7	3.1	100.0	85
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.														
Note: Figures in parentheses are based on 25-49 unweighted cases.														

Table NU.5 shows the median duration of breastfeeding among children at 0-35 months of age by selected background characteristics. Among children under age 3, the median duration is 18 months for any breastfeeding (19 months for boys and 17 months for girls). The median duration of exclusive breastfeeding was 2 months (1.9 months for boys and 2.3 months for girls), while the median duration of predominant breastfeeding was 4. (4.0 months amongst boys and 4.3 amongst girls).

The median duration of any breastfeeding was somewhat longer in the expansion phase of Upper Egypt (18.3) and expansion phase Lower Egypt (18.2) compared with pilot phase of Upper Egypt (17.7 months).

The median durations of both exclusive and predominant breastfeeding were almost equal in both pilot phase and expansion phase Upper Egypt, while in expansion phase Lower Egypt the median durations of exclusive breastfeeding is longer (2.5) and predominant breastfeeding is shorter (3.9). The median durations of both exclusive and predominant breastfeeding were shorter amongst children whose mothers had higher education (2.0 and 3.4 months respectively) compared to children whose mothers had no education (2.3 and 4.7 months) or had primary/preparatory education (2.5 and 4.2 months).

Table NU.5: Duration of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children age 0-35 months, Egypt Sub-National MICS, 2013-14

	Median duration (in months) of			Number of children age 0-35 months
	Any breastfeeding [1]	Exclusive breastfeeding	Predominant breastfeeding	
Median	18.2	2.1	4.1	3241
Mean for all children (0-35 months)	17.7	2.7	4.5	3241
Sex				
Male	19.3	1.9	4.0	1609
Female	17.3	2.3	4.3	1632
Region				
Pilot Phase, Upper Egypt	17.7	2.1	4.1	412
Expansion Phase, Upper Egypt	18.3	2.0	4.1	2369
Expansion Phase, Lower Egypt	18.2	2.5	3.9	459
Mother's education				
No Education	18.8	2.4	4.7	719
Primary/Preparatory	17.8	2.5	4.2	731
Secondary	17.8	1.8	4.1	1387
Higher	19.0	2.0	3.3	404
Father's education				
No Education	18.1	2.4	5.6	305
Primary/Preparatory	17.5	2.7	4.1	799
Secondary	18.4	1.8	4.3	1540
Higher	19.0	2.2	3.4	468
Father not in household	17.5	0.4	2.5	128
Women's work status				
Working for cash	18.3	2.2	3.3	258
Not working for cash	18.2	2.1	4.2	2977
Husband's work status				
Working for cash	18.3	2.2	4.2	3017
Not working for cash	15.3	2.2	2.2	63
Missing/DK	17.7	0.5	2.9	161

[1] MICS indicator 2.11 - Duration of breastfeeding

The Table NU.MoRES7 below, limited to last live-born children, reports data on the duration of breastfeeding (in months) by the type of ANC received by the mothers, the attendance of the education sessions during pregnancy and by the benefit of home visit from health providers.

Table NU.MoRES7: Duration of breastfeeding (among last live-born children)

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among last live-born children in last five years age 0-35 months, Egypt Sub-National MICS, 2013-14^a

	Median duration (in months) of			Number of children age 0-35 months
	Any breastfeeding	Exclusive breastfeeding	Predominant breastfeeding	
Median	18.7	2.2	4.1	2752
Mean for all children (0-35 months)	18.3	2.7	4.6	2752
Sex				
Male	19.7	1.9	4.0	1382
Female	17.9	2.4	4.3	1370
Region				
Pilot Phase, Upper Egypt	18.2	2.1	4.1	348
Expansion Phase, Upper Egypt	18.9	2.0	4.2	2000
Expansion Phase, Lower Egypt	18.4	2.7	4.0	403
Type of ANC provider				
Public sector	19.4	2.0	5.0	222
Private sector	18.8	1.9	4.0	1485
Both	18.5	2.7	4.2	801
No care/missing	19.0	2.6	3.7	243
Attendance of Health education sessions during pregnancy				
Did not attend any sessions	18.6	2.2	4.1	2515
Attended 1-3 sessions	19.4	1.9	4.1	191
Attended at least 4 sessions	(18.2)	(1.6)	(5.3)	45
Received home visit from health provider				
Received at least 1 visit	18.6	1.0	4.0	744
Did not receive any visits	18.8	2.4	4.2	2005
Mother's education				
No Education	19.0	2.3	4.7	616
Primary/Preparatory	18.4	2.5	4.2	637
Secondary	18.4	1.9	4.2	1159
Higher	19.4	2.0	3.4	340
Father's education				
No Education	18.4	2.3	5.7	264
Primary/Preparatory	18.2	2.7	4.1	679
Secondary	18.8	2.0	4.4	1304
Higher	19.5	2.2	3.5	395
Father not in household	18.2	0.4	2.5	109
Women's work status				
Working for cash	18.3	2.2	3.4	216
Not working for cash	18.8	2.1	4.2	2536
Husband's work status				
Working for cash	18.8	2.2	4.3	2561
Not working for cash	15.3	2.2	2.2	58
Missing/DK	18.2	0.5	2.9	133

a- The data in this table is disaggregated by selected explanatory variables obtained from the reproductive health modules, which were applied only for the last birth in the past 5 years. The totals in this table thus do not represent all the under-5 children who participated in the child questionnaire.

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

There is little difference in duration of any breastfeeding according place of antenatal care, attending health education sessions in pregnancy, or receiving home visits from health provider. The duration of exclusive breastfeeding is slightly higher among women who attended both private and public antenatal care, and among women who attended neither.

The median durations of exclusive breastfeeding were higher among mothers who did not attend any health education sessions during pregnancy, and among mothers who did not receive any home visits from health providers.

The IPHN provides breastfeeding advice to pregnant and recently delivered mothers, through health education sessions held at the FHU and via home visits by CHWs. Table NU.MoRES8 shows persons giving advice to mothers on breastfeeding and the nature of the breastfeeding advice which was provided.

Table NU.MoRES8: Person giving advice on breastfeeding; breastfeeding advice received														
Percentage distribution of ever-married women age 15-49 with a live birth in the last 5 years by person giving advice on breastfeeding; and breastfeeding advice received, Egypt Sub-National MICS, 2013-14														
	Person giving advice on breastfeeding							Number of women who gave birth in the last five years	Breastfeeding advice received					Number of women who received advice on breastfeeding
	Physician/nurse	CHW	TBA	Friends/neighbors	Family member/Relative	Other	No one		Immediate breast-feeding	Breast-feeding on demand	Exclusive breast-feeding for 6 months	Breast-feeding position shown	Other	
Total	11.4	7.1	0.1	3.8	17.2	0.9	67.1	3605	49.1	34.7	24.9	41.0	15.0	1186
Region														
Pilot Phase, Upper Egypt	12.7	14.3	0.1	3.1	15.8	0.3	62.2	464	40.8	28.1	26.4	42.2	20.0	175
Expansion Phase, Upper Egypt	7.9	4.7	0.1	4.2	17.1	0.9	71.5	2582	46.7	37.0	19.9	37.7	16.3	734
Expansion Phase, Lower Egypt	26.7	12.2	0.1	2.5	18.8	1.5	50.6	560	61.0	32.9	37.3	49.0	8.2	277
Mother's Age at birth														
Less than 20	12.1	4.7	0.6	4.7	40.2	0.0	47.8	240	48.9	35.7	26.1	45.6	12.4	125
20-34	12.2	7.6	0.0	3.9	16.6	0.9	66.8	2938	50.4	35.4	24.8	41.1	15.0	976
35-49	5.7	5.1	0.5	2.3	8.3	1.2	80.3	422	33.4	26.6	25.7	33.1	18.4	83
Birth order														
1	16.5	8.2	0.0	6.0	39.8	0.7	42.8	769	50.5	41.4	24.0	46.9	11.1	440
2-3	12.5	7.6	0.1	3.3	13.1	0.8	69.8	1672	51.0	30.3	27.3	40.0	15.8	505
4-5	7.5	6.8	0.1	3.5	9.7	1.5	76.2	791	42.9	34.5	23.0	33.3	20.5	188
6+	4.3	3.0	0.5	1.9	4.6	0.4	86.1	367	40.0	24.1	16.8	29.3	20.2	51
Woman's education														
No Education	7.6	6.2	0.4	2.3	10.8	0.6	77.1	868	53.7	39.1	17.5	41.9	8.0	199
Primary/Preparatory	8.0	4.6	0.1	4.2	16.0	0.4	71.8	817	47.1	37.8	23.6	40.7	10.9	230
Secondary	12.9	8.1	0.0	4.5	18.9	0.8	63.7	1491	48.1	31.2	26.8	41.1	18.9	541
Higher	20.8	9.9	0.0	3.4	26.2	2.7	49.6	429	49.7	36.4	28.6	40.4	15.8	216
Woman's Work Status														
Working for cash	15.4	8.1	0.0	3.0	13.3	1.9	65.8	307	44.1	26.2	28.3	39.6	20.8	105
Not working for cash	11.1	7.0	0.1	3.9	17.5	0.8	67.2	3299	49.6	35.6	24.6	41.1	14.4	1082

Note: for the type of breastfeeding advice, multiple response was allowed.

The table shows that around two thirds of the mothers did not receive specific advice on breastfeeding (percentage ranging between 51 percent in the Expansion phase areas of Lower Egypt to 72 percent of Expansion phase areas in Upper Egypt). Relatives and family members are mentioned as source of advices on breastfeeding by 17 percent of the mothers, followed by physician and nurses, mentioned by 11 percent of the mothers. In the Expansion phase areas of Lower Egypt, the share of mothers that have received advice on breastfeeding from physicians or nurses grows to 27 percent (in comparison with 8 percent in Expansion phase areas in Upper Egypt). The younger the mother, the highest the probability that she receive advice on breastfeeding, especially by a family member (40 percent).

As for the kind of advice provided, the most common category mentioned was immediate breastfeeding (49 percent of those who received the advice), followed by advice on breastfeeding positions (41 percent) and breastfeeding on demand (35 percent). Only one-quarter of women who received advice on breastfeeding reported that they were advised to exclusively breastfeed their child for the first 6 months after birth.

The age-appropriateness of breastfeeding of children under age 24 months is provided in Table NU.6. Different criteria of feeding are used depending on the age of the child. For infants age 0-5 months, exclusive breastfeeding is considered as age-appropriate feeding, while children age 6-23 months are considered to be appropriately fed if they are receiving breast milk and solid, semi-solid or soft food. As a result of feeding patterns, only 61 percent of children ages 6-23 months are being appropriately breastfed and age-appropriate breastfeeding among all children ages 0-23 months drops to 57 percent. Furthermore, age-appropriate feeding among all infants age 0-5 months drops to 45 percent. Appropriate feeding is higher among boys (60 percent) than girls (53 percent). Also, appropriate feeding among children 0-23 months is highest among those whose mother attained a primary or preparatory education (61 percent). Among infants age 0-5 months, 45 percent are exclusively breastfed with some differences between regions. The highest percentage of children age 0-5 who are exclusively breastfed was found in expansion phase Lower Egypt areas (50 percent).

Among infants age 6-23 months, boys are more likely to be adequately fed (67 percent) than girls (54 percent). Pilot phase infants (64 percent) are more likely to be adequately fed than their expansion phase Upper Egypt peers (60 percent) and children in expansion phase Lower Egypt (61 percent). Exclusive breastfeeding and age-appropriate feeding are inversely associated with mother's educational level, while it increases with father's education.

Table NU.6: Age-appropriate breastfeeding						
Percentage of children age 0-23 months who were appropriately breastfed during the previous day, Egypt Sub-National MICS, 2013-14						
	Children age 0-5 months		Children age 6-23 months		Children age 0-23 months	
	Percent exclusively breastfed [1]	Number of children	Percent currently breastfeeding and receiving solid, semi-solid or soft foods	Number of children	Percent appropriately breastfed [2]	Number of children
Total	45.4	582	60.5	1643	56.6	2225
Sex						
Male	43.1	308	67.1	801	60.4	1109
Female	48.1	274	54.3	842	52.7	1116
Region						
Pilot Phase, Upper Egypt	45.8	80	64.0	201	58.9	281
Expansion Phase, Upper Egypt	44.4	423	59.9	1211	55.9	1634
Expansion Phase, Lower Egypt	50.4	79	60.8	231	58.1	310
Mother's education						
No Education	49.1	111	57.8	378	55.9	490
Primary/Preparatory	50.5	125	63.9	392	60.6	517
Secondary	42.9	270	59.3	668	54.5	939
Higher	40.7	75	63.2	205	57.2	280
Father's education						
No Education	49.2	54	51.4	157	50.8	210
Primary/Preparatory	52.6	136	56.4	411	55.4	547
Secondary	43.2	281	64.0	781	58.5	1062
Higher	45.1	95	62.4	239	57.5	333
Father not in household	*	17	60.3	56	50.1	72
Mother's Work Status						
Working for cash	44.1	42	60.4	127	56.4	168
Not working for cash	45.5	540	60.5	1516	56.6	2056
Missing/DK	-	-	*	1	*	1
Father's Work Status						
Working for cash	46.2	557	60.9	1534	57.0	2091
Not working for cash	*	4	(49.2)	40	(48.2)	44
Missing/DK	*	21	59.1	69	51.4	90
[1] MICS indicator 2.7 - Exclusive breastfeeding under 6 months						
[2] MICS indicator 2.12 - Age-appropriate breastfeeding						
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.						
Note: Figures in parentheses are based on 25-49 unweighted cases.						

Table NU.MoRES9 shows the same data but for last live born children, adding information on breastfeeding by ANC attendance, participation to health education session during pregnancy and .home visits from health providers.

Table NU.MoRES9: Age-appropriate breastfeeding (among last live-born children)
 Percentage of last live-born children in last five years age 0-23 months who were appropriately breastfed during the previous day, Egypt Sub-National MICS, 2013-14^a

	Children age 0-5 months		Children age 6-23 months		Children age 0-23 months	
	Percent exclusively breastfed	Number of children	Percent currently breastfeeding and receiving solid, semi-solid or soft foods	Number of children	Percent appropriately breastfed	Number of children
Total	45.9	567	64.1	1522	59.2	2089
Sex						
Male	43.4	296	69.7	747	62.2	1043
Female	48.6	271	58.7	774	56.1	1046
Region						
Pilot Phase, Upper Egypt	46.1	78	68.5	185	61.9	263
Expansion Phase, Upper Egypt	44.7	413	63.5	1120	58.4	1533
Expansion Phase, Lower Egypt	52.0	76	63.6	217	60.6	292
Type of ANC provider						
Public sector	45.6	47	69.0	116	62.3	163
Private sector	42.6	339	63.6	809	57.4	1147
Both	52.1	154	65.7	461	62.3	616
No care/missing	51.5	28	57.9	135	56.8	163
Attendance of Health education sessions during pregnancy						
Did not attend any sessions	46.2	511	63.4	1395	58.8	1905
Attended 1-3 sessions	46.9	40	71.9	111	65.3	152
Attended at least 4 sessions	33.3	16	72.1	16	52.7	32
Received home visit from health provider						
Received at least 1 visit	37.8	155	65.6	420	58.1	575
Did not receive any visits	48.9	412	63.6	1101	59.6	1513
Mother's education						
No Education	48.4	110	58.9	357	56.4	467
Primary/Preparatory	49.9	123	68.4	363	63.7	486
Secondary	44.1	262	63.4	616	57.6	878
Higher	42.1	73	68.0	185	60.7	258
Father's education						
No Education	48.2	52	56.0	141	53.9	193
Primary/Preparatory	52.5	135	59.2	389	57.4	524
Secondary	44.1	270	67.4	726	61.1	996
Higher	45.9	93	66.1	218	60.1	311
Father not in household	15.6	17	68.4	48	55.0	65
Mother's Work Status						
Working for cash	45.4	41	63.2	116	58.6	157
Not working for cash	45.9	527	64.2	1405	59.2	1932
Father's Work Status						
Working for cash	46.7	543	64.3	1426	59.5	1969
Not working for cash	39.4	4	53.3	37	51.9	41
Missing/DK	25.2	21	66.4	59	55.7	79

a- The data in this table is disaggregated by selected explanatory variables obtained from the reproductive health modules, which were applied only for the last birth in the past 5 years. The totals in this table thus do not represent all the under-5 children who participated in the child questionnaire.

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

The table shows that appropriate breast feeding is higher among children whose mothers received ANC in the public sector than those who received ANC in the private sector. The practice of appropriate breast feeding is also higher among mothers who attended 1-3 health education sessions during pregnancy but is not associated with receiving a home visit or the work status of the mother.

Appropriate complementary feeding of children from 6 months to two years of age is particularly important for growth and development and the prevention of under nutrition. Continued breastfeeding beyond six months should be accompanied by consumption of nutritionally adequate, safe and appropriate complementary foods that help meet nutritional requirements when breast milk is no longer sufficient. This requires that for breastfed children, two or more meals of solid, semi-solid or soft foods are needed if they are six to eight months old, and three or more meals if they are 9-23 months of age. For children 6-23 months and older who are not breastfed, four or more meals of solid,

semi-solid or soft foods or milk feeds are needed. These information was collected in the survey and presented in Table NU.7

Overall, 79 percent of infants age 6-8 received solid, semi-solid, or soft foods (Table NU.7). The proportion of boys receiving solid, semi-solid or soft foods among currently breastfeeding children is higher than that of girls in both groups (82 percent versus 76 percent). The percentage of children receiving solid, semi-solid or soft foods in expansion phase Lower Egypt areas is also higher than in expansion phase Upper Egypt and in pilot phase areas.

Table NU.7: Introduction of solid, semi-solid, or soft foods						
Percentage of infants age 6-8 months who received solid, semi-solid, or soft foods during the previous day, Egypt Sub-National MICS, 2013-14						
	Currently breastfeeding		Currently not breastfeeding		All	
	Percent receiving solid, semi-solid or soft foods	Number of children age 6-8 months	Percent receiving solid, semi-solid or soft foods	Number of children age 6-8 months	Percent receiving solid, semi-solid or soft foods [1]	Number of children age 6-8 months
Total	79.1	280	*	14	78.6	293
Sex						
Male	82.1	149	*	8	81.8	157
Female	75.6	131	*	5	74.8	136
Region						
Pilot Phase, Upper Egypt	(77.8)	36	*	2	(77.6)	38
Expansion Phase, Upper Egypt	78.7	205	*	9	78.0	214
Expansion Phase, Lower Egypt	(82.2)	39	*	3	(82.1)	42

[1] MICS indicator 2.13 - Introduction of solid, semi-solid or soft foods
 *Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.
 Note: Figures in parentheses are based on 25-49 unweighted cases.

Table NU.8 presents the proportion of children age 6-23 months who received semi-solid or soft foods the minimum number of times or more during the day or night preceding the interview by breastfeeding status (see the note in Table NU.8 for a definition of minimum number of times for different age groups). Overall, less than one-third of the children age 6-23 months (30 percent) were receiving solid, semi-solid and soft foods with the recommended minimum dietary diversity and the minimum meal frequency. There is almost no difference between males and females in achieving the minimum meal frequency.

Among currently breastfeeding children age 6-23 months, slightly more than one-third of them (35percent) were receiving solid, semi-solid and soft foods with the recommended minimum dietary diversity and the minimum meal frequency. This proportion was higher among females (36percent) compared to males (34 percent). Among non-breastfeeding children, only one in five children were meeting the minimum acceptable diet; this proportion was higher among females (22 percent) compared to males (18 percent).

The percentage of children who were receiving appropriate feeds the recommended minimum acceptable diet is highest among children of age group 12-17 months (43 percent) and lowest among the age group 6-8 months (17 percent). This percentage is highest among children of the pilot phase area (34 percent), then the expansion phase Lower Egypt (32 percent) and lowest in expansion phase Upper Egypt (29 percent).

The percentage of children who were receiving the minimum acceptable diet increased with the mother's education level (from 21percent for children whose mothers had no education to 38percent for children whose mothers had higher education). This proportion is also higher among children whose mothers were working for cash (38 percent) than among children whose mothers were not working (30 percent).

Table NU.MoRES10 present the proportion of last live born children age 6-23 received appropriate feeding by additional background characteristics. The table shows same pattern as Table NU.8 but higher percentages. A higher proportion of infants whose mothers attended health education sessions during pregnancy received the minimum acceptable diet, as compared to mothers who had not attended any sessions.

Table NU.8: Infant and young child feeding (IYCF) practices

Percentage of children age 6-23 months who received appropriate liquids and solid, semi-solid, or soft foods the minimum number of times or more during the previous day, by breastfeeding status, Egypt Sub-National MICS, 2013-14

	Currently breastfeeding				Currently not breastfeeding				All				
	Percent of children who received:			Number of children age 6-23 months	Percent of children who received:			Number of children age 6-23 months	Percent of children who received:			Number of children age 6-23 months	
	Minimum dietary diversity [a]	Minimum meal frequency [b]	Minimum acceptable diet [1], [c]		Minimum dietary diversity [a]	Minimum meal frequency [b]	Minimum acceptable diet [2], [c]		At least 2 milk feeds [3]	Minimum dietary diversity [4], [a]	Minimum meal frequency [5], [b]		Minimum acceptable diet [c]
Total	46.2	63.1	34.6	1085	69.7	58.2	19.9	31.7	495	53.6	61.6	30.0	1643
Sex													
Male	44.6	65.8	33.7	582	67.1	55.0	17.5	29.2	195	50.4	63.1	29.7	801
Female	48.1	59.9	35.6	503	71.4	60.3	21.5	33.2	300	56.7	60.1	30.3	842
Age													
6-8 months	18.5	65.7	17.2	280	*	*	*	*	8	18.1	65.6	17.1	293
9-11 months	45.8	52.6	29.1	233	*	*	*	*	16	45.4	54.7	28.8	258
12-17 months	62.6	64.0	47.2	425	70.6	58.0	27.6	39.6	122	63.5	62.7	42.8	571
18-23 months	52.4	72.1	40.2	148	72.5	56.9	17.2	25.8	350	66.8	61.4	24.0	521
Region													
Pilot Phase, Upper Egypt	48.1	64.5	40.0	139	68.4	60.7	19.7	37.5	54	53.9	63.4	34.3	201
Expansion Phase, Upper Egypt	44.6	64.0	33.7	794	68.7	57.1	18.3	27.4	369	52.3	61.8	28.8	1211
Expansion Phase, Lower Egypt	52.7	57.0	34.3	152	75.9	61.9	28.1	49.0	72	60.0	58.6	32.3	231
Mother's education													
No Education	36.3	55.4	25.6	253	57.4	54.6	9.8	20.8	109	42.4	55.1	20.8	378
Primary/Preparatory	48.1	67.4	39.3	262	75.1	53.6	16.7	27.3	114	57.5	63.2	32.5	392
Secondary	48.8	65.7	37.3	433	70.5	58.2	19.4	30.8	214	55.7	63.2	31.4	668
Higher	52.6	60.9	33.7	137	79.3	73.9	46.7	63.1	59	59.8	64.8	37.6	205
Father's education													
No Education	42.7	66.3	36.4	90	58.6	41.1	12.6	21.8	61	48.2	56.1	26.8	157
Primary/Preparatory	49.2	62.8	38.4	259	67.3	65.0	18.4	30.3	127	56.1	63.5	31.8	411
Secondary	45.1	63.7	33.2	541	73.0	57.6	18.1	30.9	220	53.1	61.9	28.8	781
Higher	49.4	57.7	31.8	160	74.9	61.9	33.6	43.7	71	56.6	58.9	32.4	239
Father not in household	(36.5)	(71.9)	(36.5)	36	*	*	*	*	16	44.7	69.0	32.7	56
Mother's Work Status													
Working for cash	56.0	57.4	37.3	83	(75.8)	(66.1)	(35.6)	(50.4)	43	61.9	60.4	36.7	127
Not working for cash	45.4	63.5	34.4	1002	69.1	57.5	18.4	29.9	453	52.9	61.6	29.4	1516
Missing/DK	*	*	*	1	*	*	*	*	*	*	*	*	1
Father's Work Status													
Working for cash	46.3	62.6	34.2	1021	70.0	58.1	20.2	32.1	457	53.7	61.2	29.9	1534
Not working for cash	*	*	*	22	*	*	*	*	17	(48.2)	(56.3)	(25.7)	40
Missing/DK	(45.5)	(74.3)	(43.8)	43	*	*	*	*	21	53.9	72.5	35.1	69

[1] MICS indicator 2.17a - Minimum acceptable diet (breastfed)

[2] MICS indicator 2.17b - Minimum acceptable diet (non-breastfed)

[3] MICS indicator 2.14 - Milk feeding frequency for non-breastfed children

[4] MICS indicator 2.16 - Minimum dietary diversity

[5] MICS indicator 2.15 - Minimum meal frequency

[a] Minimum dietary diversity is defined as receiving foods from at least 4 of 7 food groups: 1) Grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables

[b] Minimum meal frequency among currently breastfeeding children is defined as children who also received solid, semi-solid, or soft foods 2 times or more daily for children age 6-8 months and 3 times or more daily for children age 9-23 months. For non-breastfeeding children age 6-23 months it is defined as receiving solid, semi-solid or soft foods, or milk feeds, at least 4 times

[c] The minimum acceptable diet for breastfed children age 6-23 months is defined as receiving the minimum dietary diversity and the minimum meal frequency, while it for non-breastfed children further requires at least 2 milk feedings and that the minimum dietary diversity is achieved without counting milk feeds

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

Table NU.MoRES10: Infant and young child feeding (IYCF) practices (among last live-born children)

Percentage of last live-born children age 6-23 months who received appropriate liquids and solid, semi-solid, or soft foods the minimum number of times or more during the previous day, by breastfeeding status, Egypt Sub-National MICS, 2013-14^a

	Currently breastfeeding				Currently not breastfeeding				All				
	Percent of children who received:			Number of last child age 6-23 months	Percent of children who received:			At least 2 milk feeds	Number of last child age 6-23 months	Percent of children who received:			Number of last child age 6-23 months
	Minimum dietary diversity [a]	Minimum meal frequency [b]	Minimum acceptable diet [c]		Minimum dietary diversity [a]	Minimum meal frequency [b]	Minimum acceptable diet [c]			Minimum dietary diversity [a]	Minimum meal frequency [b]	Minimum acceptable diet [c]	
Total	46.4	62.9	34.9	1064	69.6	59.5	20.1	32.7	412	52.7	62.0	30.8	1522
Sex													
Male	44.6	65.6	34.0	565	66.3	54.9	17.6	29.4	163	49.3	63.2	30.3	747
Female	48.4	59.9	35.9	499	71.8	62.5	21.8	34.9	249	55.9	60.8	31.2	774
Age													
6-8 months	18.7	65.3	17.3	277	15.4	57.1	15.4	57.1	7	18.3	65.1	17.3	290
9-11 months	46.5	52.2	29.5	228	28.1	85.9	24.3	85.1	16	45.6	54.4	29.1	251
12-17 months	62.5	64.2	47.4	414	73.3	64.9	30.4	44.5	100	63.6	64.3	44.1	532
18-23 months	53.2	71.7	40.8	145	72.0	56.2	16.5	25.2	290	65.8	61.4	24.6	449
Region													
Pilot Phase, Upper Egypt	48.4	64.0	40.3	138	65.3	62.0	18.7	36.6	42	52.4	63.6	35.2	185
Expansion Phase, Upper Egypt	44.8	63.9	34.0	778	69.1	58.9	19.1	29.4	308	51.5	62.5	29.8	1120
Expansion Phase, Lower Egypt	52.8	56.6	34.5	149	75.0	60.6	26.3	46.6	62	58.9	57.8	32.1	217
Type of ANC provider													
Public sector	48.3	70.0	43.6	84	65.8	58.6	14.8	18.2	32	53.1	66.8	35.7	116
Private sector	45.4	62.0	33.2	571	71.4	60.1	21.6	37.2	213	52.4	61.5	30.1	809
Both	46.8	62.8	35.0	321	68.5	59.8	18.3	30.0	127	52.8	61.9	30.3	461
No care/missing	50.1	62.8	36.9	88	67.1	55.8	22.3	28.7	40	53.6	60.6	32.3	135
Attendance of Health education sessions during pregnancy													
Did not attend any sessions	45.6	62.6	34.2	970	70.1	59.1	20.4	32.3	382	52.3	61.6	30.3	1395
Attended 1-3 sessions	55.8	61.8	40.6	83	69.3	71.4	20.4	42.0	26	59.0	64.1	35.8	111
Attended at least 4 sessions	50.0	95.4	50.0	11	28.6	28.0	0.0	14.0	4	44.0	76.6	36.0	16
Received home visit from health provider													
Received at least 1 visit	45.0	59.6	33.9	301	71.0	61.1	22.2	35.0	110	52.5	60.0	30.8	420
Did not receive any visits	47.0	64.2	35.2	763	69.1	58.9	19.3	31.8	302	52.7	62.7	30.7	1101
Missing/DK				0	100.0	100.0	100.0	100.0		100.0	100.0	100.0	
Mother's education													
No Education	36.1	53.9	25.0	245	57.8	57.0	10.7	22.3	99	41.6	54.8	20.9	357
Primary/Preparatory	48.4	67.8	39.6	261	76.4	53.7	16.1	27.9	94	56.3	64.0	33.3	363
Secondary	49.4	65.6	37.9	426	70.1	59.7	19.9	32.1	173	55.1	63.9	32.7	616
Higher	51.9	61.4	34.2	133	79.9	76.1	50.0	67.8	45	58.7	65.1	38.2	185

	Currently breastfeeding				Currently not breastfeeding				All				
	Percent of children who received:			Number of last child age 6-23 months	Percent of children who received:			Number of last child age 6-23 months	Percent of children who received:			Number of last child age 6-23 months	
	Minimum dietary diversity [a]	Minimum meal frequency [b]	Minimum acceptable diet [c]		Minimum dietary diversity [a]	Minimum meal frequency [b]	Minimum acceptable diet [c]		At least 2 milk feeds	Minimum dietary diversity [a]	Minimum meal frequency [b]		Minimum acceptable diet [c]
Father's education													
No Education	42.0	65.6	35.6	88	53.2	33.0	5.7	17.2	49	45.1	54.0	24.9	141
Primary/Preparatory	49.5	63.2	38.7	257	67.5	67.2	19.5	32.2	114	55.1	64.4	32.8	389
Secondary	45.5	63.3	33.5	529	72.6	60.4	19.7	32.7	181	52.3	62.6	30.0	726
Higher	49.0	57.8	32.4	155	78.9	62.9	33.2	44.8	57	56.7	59.2	32.6	218
Father not in household	37.2	71.3	37.2	35	68.5	64.3	31.6	44.1	10	42.7	69.7	35.9	48
Mother's Work Status													
Working for cash	56.4	60.1	39.6	78	74.6	64.5	37.0	51.5	37	61.4	61.5	38.7	116
Not working for cash	45.6	63.2	34.5	986	69.1	59.0	18.5	30.9	375	51.9	62.0	30.1	1405
Father's Work Status													
Working for cash	46.5	62.5	34.5	1001	69.9	59.9	20.7	33.4	384	52.9	61.8	30.7	1426
Not working for cash	43.2	63.6	34.0	22	53.3	38.4	3.4	15.3	14	45.3	53.8	22.1	37
Missing/DK	45.9	73.0	44.1	41	77.4	69.3	22.6	31.6	14	52.2	72.0	38.5	59

a- The data in this table is disaggregated by selected explanatory variables obtained from the reproductive health modules, which were applied only for the last birth in the past 5 years. The totals in this table thus do not represent all the under-5 children who participated in the child questionnaire.

The continued practice of bottle-feeding is a concern because of the possible contamination due to unsafe water and lack of hygiene in preparation. Table NU.9 shows that 16 percent of children age 0-23 months was fed with a bottle with a nipple. This percentage is high in Lower Egypt (23 percent), while it is only 14 percent in expansion phase Upper Egypt and 21 percent in pilot phase of Upper Egypt. More than one-quarter of children less than 6 months are fed using a bottle with a nipple; this percentage decreases to 10 percent among children 12-23 months. The percentage of children fed with a bottle with a nipple increases with the level of education of the parents and bottle feeding is more prevalent among mothers working for cash.

Table NU.9: Bottle feeding		
Percentage of children age 0-23 months who were fed with a bottle with a nipple during the previous day, Egypt Sub-National MICS, 2013-14		
	Percentage of children age 0-23 months fed with a bottle with a nipple [1]	Number of children age 0-23 months
Total	15.8	2225
Sex		
Male	15.8	1109
Female	15.7	1116
Age		
0-5 months	26.2	582
6-11 months	16.2	552
12-23 months	10.0	1092
Region		
Pilot Phase, Upper Egypt	21.0	281
Expansion Phase, Upper Egypt	13.5	1634
Expansion Phase, Lower Egypt	22.9	310
Mother's education		
No Education	10.1	490
Primary/Preparatory	13.2	517
Secondary	17.9	939
Higher	23.1	280
Father's education		
No Education	7.2	210
Primary/Preparatory	14.9	547
Secondary	16.4	1062
Higher	19.3	333
Father not in household	20.1	72
Mother's Work Status		
Working for cash	25.4	168
Not working for cash	14.9	2056
Missing/DK	*	1
Father's Work Status		
Working for cash	15.5	2091
Not working for cash	(16.4)	44
Missing/DK	21.0	90
[1] MICS indicator 2.18 - Bottle feeding		
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.		
Note: Figures in parentheses are based on 25-49 unweighted cases.		

Table NU.MoRES11 reports data on bottle feeding for the last live born children aged 0-23, including information by ANC attendance, type of ANC provider and attendance of health education sessions during pregnancy. Overall 15 percent of last live born children age 0-23 months were fed with a bottle with a nipple.

Table NU.MoRES11: Bottle feeding (among last live-born children)		
Percentage of last live-born children age 0-23 months who were fed with a bottle with a nipple during the previous day, Egypt Sub-National MICS, 2013-14 ^a		
	Percentage of last child age 0-23 months fed with a bottle with a nipple	Number of last child age 0-23 months
Total	15.0	2089
Sex		
Male	15.2	1043
Female	14.8	1046
Age		
0-5 months	25.0	567
6-11 months	15.3	541
12-23 months	9.0	981
Region		
Pilot Phase, Upper Egypt	20.8	263
Expansion Phase, Upper Egypt	12.9	1533
Expansion Phase, Lower Egypt	20.7	292
Type of ANC provider		
Public sector	9.3	163
Private sector	16.0	1147
Both	15.3	616
No care/missing	11.9	163
Attendance of Health education sessions during pregnancy		
Did not attend any sessions	14.8	1905
Attended 1-3 sessions	15.7	152
Attended at least 4 sessions	20.9	32
Received home visit from health provider		
Received at least 1 visit	15.5	575
Did not receive any visits	14.8	1513
Mother's education		
No Education	10.3	467
Primary/Preparatory	12.6	486
Secondary	16.7	878
Higher	22.1	258
Father's education		
No Education	7.1	193
Primary/Preparatory	14.3	524
Secondary	15.4	996
Higher	18.5	311
Father not in household	20.5	65
Mother's Work Status		
Working for cash	23.4	157
Not working for cash	14.3	1932
Father's Work Status		
Working for cash	14.7	1969
Not working for cash	16.5	41
Missing/DK	20.4	79

a- The data in this table is disaggregated by selected explanatory variables obtained from the reproductive health modules, which were applied only for the last birth in the past 5 years. The totals in this table thus do not represent all the under-5 children who participated in the child questionnaire.

Note: Figures in parentheses are based on 25-49 unweighted cases.

The percentage of last live born children age 0-23 months who were fed with a bottle with a nipple was the highest among children whose mothers received ANC from a private service provider and who attended at least 4 health education sessions during pregnancy.

Children's Vitamin A Supplementation

Table NU.MoRES12 shows percentage of children age 6-59 months who received a high dose of vitamin A supplement in the last 6 months. The table shows that only 43 percent of children age 6-59 months received vitamin A in the last 6 months with no gender difference. The table indicates that children who received vitamin A in expansion phase Upper Egypt (44 percent) were slightly more than children in the pilot phase (43 percent) followed by children in expansion phase Lower Egypt (40 percent). The percentage is higher among children age 12–23 months, when birth order is 6 or more, among mothers who attended 1–3 health education sessions and received home visit from health provider. Surprisingly, the proportion was lowest among mothers with higher than secondary education.

Table NU.MoRES12: Children's vitamin A supplementation; mother's Vitamin A supplementation

Percentage of children age 6-59 months receiving a high dose vitamin A supplement in the last 6 months, and percentage of women who delivered in the last five years who received Vitamin A within 2 months of, Egypt Sub-National MICS, 2013-14^a

	Percentage of children who received Vitamin A in the last 6 months	Number of children age 6-59 months	Percentage of women who delivered in the last five years who received Vitamin A within 2 months of delivery	Number of women who delivered in the past five years
Total	43.4	4508	40.8	3017
Sex				
Male	43.4	2214	40.7	1554
Female	43.3	2294	40.9	1462
Region				
Pilot Phase, Upper Egypt	43.1	564	42.0	384
Expansion Phase, Upper Egypt	44.0	3292	38.9	2151
Expansion Phase, Lower Egypt	40.2	653	48.5	481
Age				
6-11	32.0	552	43.6	553
12-23	47.5	1092	42.6	1014
24-35	45.6	1015	32.9	680
36-47	42.5	977	44.3	472
48-59	43.7	873	41.9	297
Mother's Age at birth				
Less than 20	43.4	359	32.8	182
20-34	43.3	3722	41.3	2476
35-49	43.5	407	41.8	359
Birth order				
1	39.5	1253	32.8	624
2-3	44.4	2003	42.7	1386
4-5	44.8	853	46.2	683
6+	47.0	399	36.5	323
Attendance of Health education sessions during pregnancy				
Did not attend any sessions	43.7	2704	39.6	2778
Attended 1-3 sessions	47.1	190	54.0	195
Attended at least 4 sessions	(36.9)	39	(57.1)	40
Missing/DK	*	2	*	3
Received home visit from health provider				
Received at least 1 visit	46.8	760	47.8	787
Did not receive any visits	42.7	2171	38.4	2224
Missing/DK	*	4	*	6
Mother's education				
No Education	43.6	1124	38.9	755
Primary/Preparatory	45.1	991	40.3	690
Secondary	43.7	1846	42.2	1217
Higher	38.6	547	41.0	354
Father's education				
No Education	48.1	461	36.1	342
Primary/Preparatory	43.0	1139	41.6	763
Secondary	42.7	2090	42.1	1422
Higher	40.8	635	41.6	415
Father/Husband not in household	50.3	181	26.3	74
Mother's Work Status				
Working for cash	42.9	388	43.7	266
Not working for cash	43.4	4111	40.5	2751
Missing/DK	*	8	-	-
Father's Work Status				
Working for cash	42.8	4172	41.7	2803
Not working for cash	51.4	110	30.2	86
Husband not in household	49.7	227	26.3	74
Missing/DK	49.7	227	32.4	54

a- The data in this table is disaggregated by selected explanatory variables obtained from the reproductive health modules, which were applied only for the last birth in the past 5 years. The totals in this table thus do not represent all the under-5 children who participated in the child questionnaire.

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

Acceptance of Good Breastfeeding Practices

A set of questions were asked in the survey to address ever-married women's acceptance of good breastfeeding practices. The results are presented in Tables NU.MoRES13, and NU.MoRES14.

Table NU.MoRES13: Mother's acceptance of good breastfeeding practices				
Percentage distribution of ever-married women age 15-49 with a live birth in the last 5 years preceding the survey by acceptance of immediate breastfeeding after delivery, acceptance of no pre-lacteal feeds, and acceptance of exclusive breastfeeding for 6 months, Egypt Sub-National MICS, 2013-14				
	Acceptance of breastfeeding immediately after delivery	Acceptance of breastfeeding only in the first 3 days of life	Acceptance of exclusive breastfeeding for the first 6 months of life	Number of women who delivered in the past five years
Total	85.9	77.7	66.0	3605
Sex of child				
Male	86.9	78.5	65.9	1860
Female	84.9	76.8	66.1	1742
Region				
Pilot Phase, Upper Egypt	83.4	70.8	58.9	464
Expansion Phase, Upper Egypt	84.8	76.7	68.0	2582
Expansion Phase, Lower Egypt	93.5	88.1	62.6	560
Mother's Age at birth				
Less than 20	86.7	79.9	64.1	240
20-34	85.7	77.5	66.0	2938
35-49	87.1	77.8	67.6	422
Birth order				
1	84.8	75.1	63.3	769
2-3	85.9	78.3	66.4	1672
4-5	86.2	80.0	68.2	791
6+	87.6	75.5	65.6	367
Type of ANC provider				
Public sector	83.7	71.4	62.2	312
Private sector	86.3	78.5	65.4	1934
Both	86.5	79.1	67.5	1016
No care/missing	84.1	74.7	68.7	343
Attendance of Health education sessions during pregnancy				
Did not attend any sessions	85.6	77.0	65.9	3310
Attended 1-3 sessions	90.4	85.4	68.8	236
Attended at least 4 sessions	85.0	85.3	62.9	56
Missing/DK	*	*	*	3
Received home visit from health provider				
Received at least 1 visit	88.9	80.1	69.0	944
Did not receive any visits	84.9	76.8	64.9	2656
Missing/DK	*	*	*	6
Woman's education				
No Education	86.8	79.8	70.3	868
Primary/Preparatory	84.4	77.1	65.6	817
Secondary	85.4	75.5	64.2	1491
Higher	88.9	82.4	64.3	429
Woman's Work Status				
Working for cash	87.6	82.7	66.7	307
Not working for cash	85.8	77.2	65.9	3299

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

In general, among women with a live birth in the past five years, there is high acceptance of initiating breastfeeding immediately after delivery by women and community (around 86 percent). Also, the acceptance of breastfeeding only in the first 3 days of life was high but less than acceptance of immediately after delivery (78 percent). Two-third of women and community accept exclusive breastfeeding for the first 6 months. Women of the expansion phase, Lower Egypt had higher acceptance of breastfeeding immediately after birth, and of not providing prelacteal feeds.

Variations by background characteristics are limited; however, non-educated mothers are more likely to accept exclusive breastfeeding for the first 6 months than educated women. There was slightly

higher acceptance of good breastfeeding practices among women who had attended 1-3 health education sessions during pregnancy, and women who had received at least 1 visit from a health provider during pregnancy.

Table NU.MoRES14 shows the acceptance of ever-married women in the reproductive age of various breastfeeding practices.

Table NU.MoRES14: Ever-married women of reproductive age's acceptance of good breastfeeding practices				
Percentage of ever-married women aged 15-49 by acceptance of immediate breastfeeding after delivery, acceptance of no pre-lacteal feeds, and acceptance of exclusive breastfeeding for 6 months,, Egypt Sub-National MICS, 2013-14				
	Acceptance of breastfeeding immediately after delivery	Acceptance of breastfeeding only in the first 3 days of life	Acceptance of exclusive breastfeeding for the first 6 months of life	Number of ever-married women aged 15-49 who delivered in the past five years
Total	85.6	77.8	65.0	5847
Region				
Pilot Phase, Upper Egypt	83.9	72.3	58.2	736
Expansion Phase, Upper Egypt	84.5	76.8	66.8	4203
Expansion Phase, Lower Egypt	92.1	87.0	62.3	907
Mother's Age at birth				
Less than 20	78.9	78.0	69.6	247
20-34	85.8	77.7	65.2	3435
35-49	86.1	78.0	64.2	2165
Woman's education				
No Education	85.6	78.7	67.3	1825
Primary/Preparatory	84.0	77.0	63.6	1401
Secondary	86.0	76.8	64.8	2032
Higher	88.5	81.0	61.9	589
Woman's Work Status				
Working for cash	89.0	81.7	65.1	527
Not working for cash	85.3	77.5	65.0	5320

Overall, acceptance of women in this group of good breastfeeding practices are very similar to that of women with a live birth in the past 5 years i.e. the attitudes of women are similar overall and do not differ according to whether they had a recent birth or not.

1V. Child Health

Vaccinations

The Millennium Development Goal (MDG) 4 is to reduce child mortality by two thirds between 1990 and 2015. Immunization plays a key part in achieving this goal. Immunization has saved the lives of millions of children in the four decades since the launch of the Expanded Programme on Immunization (EPI) in 1974. Worldwide there are still millions of children not reached by routine immunization and as a result, vaccine-preventable diseases cause more than 2 million deaths every year.

The WHO Recommended Routine Immunizations for Children²⁴ recommends all children to be vaccinated against tuberculosis, diphtheria, pertussis, tetanus, polio, measles, hepatitis B, haemophilus influenza type b, pneumonia/meningitis, rotavirus, and rubella.

All doses in the primary series are recommended to be completed before the child's first birthday, although depending on the epidemiology of disease in a country, the first doses of measles and rubella containing vaccines may be recommended at 12 months or later. The recommended number and timing of most other doses also vary slightly with local epidemiology and may include booster doses later in childhood.

The vaccination schedule followed by the Egypt National Immunization Programme provides most of the above mentioned vaccinations with birth doses of Bacillus-Calmette-Guerin (BCG) and polio vaccines, three doses of diphtheria, pertussis and tetanus (DPT), Hepatitis B, and polio vaccines, and two doses of the MMR vaccine containing measles, mumps, and rubella antigens. All vaccinations should be received during the first year of life with the exception of MMR vaccine which is currently received at age 12 months and 18 months. Taking into consideration this vaccination schedule, the estimates for full immunization coverage from the Egypt MICS are based on children age 24-35 months.

Information on vaccination coverage was collected for all children under five years of age. All mothers or caretakers were asked to provide vaccination cards. If the vaccination card for a child was available, interviewers copied vaccination information from the cards onto the MICS questionnaire. If no vaccination card was available for the child, the interviewer proceeded to ask the mother to recall whether or not the child had received each of the vaccinations, and for Polio, DPT and Hepatitis B, how many doses were received. The final vaccination coverage estimates are based on both information obtained from the vaccination card and the mother's report of vaccinations received by the child.

The percentage of children age 12 to 23 months who have received each of the specific vaccinations by source of information (vaccination card and mother's recall) is shown in Table CH.1. The denominators for the table are comprised of children age 12-23 and 24-35 months, respectively, so that only children who are old enough to be fully vaccinated are counted. In the first three columns of in each panel of the table, 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 last column of each panel, only those children who were vaccinated before their first birthday, as recommended, are included, except for measles, which is calculated only for children who received it before 24 months.

²⁴<http://www.who.int/immunization/diseases/en>. Table 2 includes recommendations for all children and additional antigens recommended only for children residing in certain regions of the world or living in certain high-risk population groups.

For children without vaccination cards, the proportion of vaccinations given before the first birthday and second birthdays is assumed to be the same as for children with vaccination cards.

Approximately 91 percent of children age 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 99 percent which is almost the same percent for the second dose. However, the percentage of children age 12-23 months who received the DPT third dose drops to 96 percent (Figure CH.1). Virtually all children received Polio 1 by age 12 months and this declines to 97 percent by the third dose. There is also a slight decrease in the Hepatitis B vaccination from 99 percent for the first dose to 98 percent for the second dose, and then slight decline to 95 percent for the third dose, reflecting a small dropout rate of less than 3 percent.

Table CH.1: Vaccinations in the first years of life									
Percentage of children age 12-23 months and 24-35 months vaccinated against vaccine preventable childhood diseases at any time before the survey and by their first birthday, Egypt Sub-National MICS, 2013-14									
	Children age 12-23 months vaccinated at any time before the survey according to:				Vaccinated by 12 months of age	Children age 24-35 months vaccinated at any time before the survey according to:			Vaccinated by 12 months of age (measles by 24 months)
	Vaccination card	Mother's report	Either			Vaccination card	Mother's report	Either	
BCG [1]	52.2	47.5	99.6	91.1	45.6	54.3	99.9	91.0	
Polio 0	46.0	54.0	100.0	89.2					
Polio 1	69.4	30.6	100.0	99.5	56.9	43.1	100.0	99.6	
Polio 2	72.7	27.3	100.0	99.4	57.4	42.3	99.7	98.4	
Polio 3 [2]	70.8	29.0	99.8	97.3	55.9	43.5	99.4	98.1	
DPT 1	68.3	31.5	99.8	99.4	56.9	43.1	100.0	99.6	
DPT 2	71.5	28.1	99.6	99.0	56.6	43.1	99.7	98.8	
DPT [3]	69.5	28.9	98.4	96.1	55.7	43.3	99.0	97.7	
HepB 1	67.4	32.4	99.8	99.4	55.6	44.4	100.0	99.5	
HepB 2	70.6	28.4	99.0	98.4	55.2	43.8	99.0	98.1	
HepB 3 [4]	68.7	28.9	97.6	95.1	54.9	43.4	98.3	96.9	
Measles [7]	-	-	-	NA	50.3	48.6	99.0	95.5*	
Fully vaccinated [8](b)	-	-	-	NA	50.3	46.5	96.8	82.0	
No vaccinations	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Number of children	700	391	1092	1092	512	503	1015	1015	

[1] MICS indicator 3.1 - Tuberculosis immunization coverage
[2] MICS indicator 3.2 - Polio immunization coverage
[3] MICS indicator 3.3 - Diphtheria, pertussis and tetanus (DPT) immunization coverage
[4] MICS indicator 3.5 - Hepatitis B immunization coverage
[7] MICS indicator 3.4; MDG indicator 4.3 - Measles immunization coverage
[8] MICS indicator 3.8 - Full immunization coverage
[a] MICS indicators 3.1, 3.2, 3.3, 3.5, 3.6, and 3.7 refer to results of this column in the left panel; MICS indicators 3.4 and 3.8 refer to this column in the right panel
[b] Includes: BCG, Polio3, DPT3, HepB3, by the first birthday and Measles (MCV1) by the second birthday) as per the vaccination schedule in Country
*This percentage is based on the twenty four months of age instead of 12 months

The percentage of children age 24 to 35 months who have received each of the specific vaccinations by source of information (vaccination card and mother's recall) is shown also in Table CH.1. Ninety-one percent of children age 24-35 months received a BCG vaccination by the age of 12 months and the first dose of both DPT and Polio was virtually given to all children. The percentage declines for subsequent doses of DPT to 98 for the third dose. The coverage for measles vaccine by 24 months is slightly lower than the other vaccines (96 percent). There is also a slight decline in the Hepatitis B vaccination from 100 percent for the first dose to 98 percent for the second dose, and then slight decline to 97 percent for the third dose. Overall, 82 percent of children in the age 24-35 months were fully immunized (i.e. a child age 24-35 months is considered fully immunized if s/he has received BCG, three DPT vaccines, three polio vaccines by age 12 and has also received measles vaccination by age 24 months). Almost all children had received the BCG vaccine at any time before the survey. The third dose of the polio vaccine had been received by 99 percent of children at any time before the survey, the third dose of both the DPT and the HepB vaccine had been received by 98 percent of children.

Figure CH.1: Vaccinations by age 12 months (Measles 12+ months), Egypt Sub-National MICS, 2013-14



Table CH.2 presents vaccination coverage estimates among children 12-23 months and 24-35 months by background characteristics. The figures indicate children receiving the vaccinations at any time up to the date of the survey, and are based on information from both the vaccination cards and mothers'/caretakers' reports. Vaccination cards have been seen by the interviewer for 64 percent of children.

There were similarities with respect to background characteristics. The overall percentage of children (24-35) who had received all of the recommended vaccinations at any time before the survey was 97 percent: 95 percent in the pilot phase Upper Egypt, and 98 percent in the expansion phase Lower Egypt.

Comparing data from both Table CH.1 and CH.2, it is clear that the vast majority of children receive all the vaccinations but not on the required time. Only 82 percent of children 24-35 are fully immunized on time.

Table CH.2: Vaccinations by background characteristics																		
Percentage of children age 12-23 months currently vaccinated against vaccine preventable childhood diseases, and percentage of children age 24-35 months who received the measles vaccine and those who all fully immunized, Egypt Sub-National MICS, 2013-14																		
	Percentage of children age 12-23 months who received:											Percentage with vaccination card seen	Number of children age 12-23 months	Percentage of children age 24-35 months who received:			Percentage with vaccination card seen	Number of children age 24-35 months
	BCG	Polio 1	Polio 2	Polio 3	DPT 1	DPT 2	DPT 3	HepB 1	HepB 2	HepB 3	None			Measles	Full [a]	None		
Total	99.6	100.0	100.0	99.8	99.8	99.6	98.4	99.8	99.0	97.6	0.0	64.2	1092	99.0	96.8	0.0	50.4	1015
Sex																		
Male	99.7	99.9	100.0	99.9	99.8	99.6	98.1	99.9	98.8	97.0	0.0	63.3	523	98.7	97.7	0.0	50.5	500
Female	99.6	100.0	100.0	99.7	99.7	99.6	98.6	99.7	99.2	98.2	0.0	64.9	569	99.2	95.8	0.0	50.4	515
Region																		
Pilot Phase, Upper Egypt	99.3	99.6	100.0	100.0	99.2	99.2	98.5	99.6	98.8	98.5	0.0	79.1	129	98.9	95.0	0.0	67.8	132
Expansion Phase, Upper Egypt	99.6	100.0	100.0	99.8	99.8	99.6	98.4	99.8	98.9	97.3	0.0	65.2	815	98.9	96.8	0.0	48.6	735
Expansion Phase, Lower Egypt	100.0	100.0	100.0	99.5	100.0	100.0	98.3	100.0	100.0	98.3	0.0	45.2	148	99.7	98.1	0.0	44.0	148
Mother's education																		
No Education	98.7	99.8	100.0	100.0	99.8	100.0	98.8	99.8	98.6	97.1	0.0	68.2	262	100.0	99.5	0.0	54.6	229
Primary/Preparatory	100.0	100.0	100.0	99.4	100.0	99.3	96.9	100.0	99.1	95.5	0.0	58.5	259	96.7	92.7	0.0	47.2	214
Secondary	99.9	100.0	100.0	99.8	99.5	99.4	98.8	99.7	99.0	98.8	0.0	66.8	442	99.4	97.2	0.0	49.2	448
Higher	100.0	100.0	100.0	100.0	100.0	100.0	99.0	100.0	99.6	98.6	0.0	58.3	129	99.6	97.1	0.0	52.9	124
Father's education																		
No Education	98.5	100.0	100.0	98.8	100.0	100.0	99.6	100.0	98.2	96.2	0.0	53.7	126	97.8	97.3	0.0	53.0	95
Primary/Preparatory	99.4	100.0	100.0	100.0	99.4	99.4	97.9	99.4	98.9	97.9	0.0	67.4	270	100.0	97.8	0.0	51.4	253
Secondary	99.9	100.0	100.0	99.9	100.0	99.9	99.1	100.0	99.3	98.3	0.0	64.5	511	98.8	96.4	0.0	49.3	478
Higher	100.0	99.7	100.0	100.0	99.3	99.7	98.1	99.7	99.7	98.1	0.0	65.0	153	99.6	96.9	0.0	48.4	134
Father not in household	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(94.6)	(87.5)	(100)	(94.6)	(87.5)	(0.0)	(67.9)	32	96.4	94.1	0.0	56.5	55
Mother's Work Status																		
Working for cash	100.0	100.0	100.0	100.0	100.0	98.0	96.5	100.0	98.0	96.5	0.0	46.7	84	99.1	93.8	0.0	42.0	90
Not working for cash	99.6	99.9	100.0	99.8	99.7	99.7	98.5	99.8	99.1	97.7	0.0	65.6	1007	99.0	97.0	0.0	51.3	921
Missing/DK	*	*	*	*	*	*	*	*	*	*	*	*	1	*	*	*	*	4
Father's Work Status																		
Working for cash	99.6	100.0	100.0	99.8	99.8	99.7	98.7	99.8	99.1	97.9	0.0	64.0	1026	99.1	97.0	0.0	50.1	925
Not working for cash	*	*	*	*	*	*	*	*	*	*	*	*	24	*	*	*	*	19
Missing/DK	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(95.8)	(90.3)	(100)	(95.8)	(90.3)	(0.0)	(68.0)	41	97.2	93.4	0.0	56.3	71

[a] Includes: BCG, Polio3, DPT3, HepB3, Hib3, and Measles (MCV1) as per the vaccination schedule in Country

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

Neonatal Tetanus Protection

One of the MDGs is to reduce by three quarters the maternal mortality ratio, with one of its strategies to eliminate maternal tetanus. In addition, another goal is to reduce the incidence of neonatal tetanus to less than 1 case of neonatal tetanus per 1000 live births in every district. A World Fit for Children goal is to eliminate maternal and neonatal tetanus by 2015.

The strategy for preventing maternal and neonatal tetanus is to assure all pregnant women receive at least two doses of tetanus toxoid vaccine. If a woman has not received at least two doses of tetanus toxoid during a particular pregnancy, she (and her new-born) are also considered to be protected against tetanus if the woman:

- Received at least two doses of tetanus toxoid vaccine, the last within the previous 3 years;
- Received at least 3 doses, the last within the previous 5 years;
- Received at least 4 doses, the last within the previous 10 years;
- Received 5 or more doses anytime during her life.²⁵

To assess the status of tetanus vaccination coverage, women who gave birth during the five years before the survey were asked if they had received tetanus toxoid injections during the pregnancy for their most recent birth, and if so, how many times. Women who did not receive two or more tetanus toxoid vaccinations during this pregnancy were then asked about tetanus toxoid vaccinations they may have received prior to this pregnancy. Interviewers also asked women to present their vaccination card, on which dates of tetanus toxoid are recorded and referred to information from the cards when available.

²⁵ Deming, M.S. et al. 2002. *Tetanus toxoid coverage as an indicator of serological protection against neonatal tetanus*. Bulletin of the World Health Organization 80(9):696-703

Table CH.3: Neonatal tetanus protectionPercentage of ever-married women age 15-49 years with a live birth in the last 5 years protected against neonatal tetanus, Egypt Sub-National MICS, 2013-14^a

	Percentage of women who received at least 2 doses during last pregnancy	Percentage of women who did not receive two or more doses during last pregnancy but received:				Protected against tetanus [1]	Number of women with a live birth in the last 5 years
		2 doses, the last within prior 3 years	3 doses, the last within prior 5 years	4 doses, the last within prior 10 years	5 or more doses during lifetime		
Total	29.3	51.3	2.0	1.9	0.3	84.8	3,605
Last child's sex							
Male	29.6	51.5	1.8	1.3	0.4	84.6	1,860
Female	28.9	51.2	2.3	2.5	0.3	85.2	1,742
Region							
Pilot Phase, Upper Egypt	28.8	52.9	1.4	2.8	0.7	86.7	464
Expansion Phase, Upper Egypt	30.3	50.2	2.2	2.0	0.3	85.0	2,582
Expansion Phase, Lower Egypt	24.8	55.1	2.0	0.6	0.0	82.5	560
Type of ANC provider							
Public sector	31.6	55.2	0.5	0.6	0.0	87.9	312
Private sector	27.5	48.8	2.5	2.4	0.5	81.7	1,934
Both	34.6	57.2	1.1	0.9	0.1	93.9	1,016
Attendance of health education sessions							
Did not attend any sessions	28.8	51.1	2.1	1.9	0.4	84.3	3,310
Attended 1-3 sessions	32.0	55.8	0.9	1.6	0.0	90.4	236
Attended at least 4 sessions	44.7	41.6	3.7	0.9	0.0	90.9	59
Received home visit from health provider during pregnancy							
Received at least 1 visit	29.6	54.4	1.7	0.7	0.1	86.5	944
Did not receive any visits	29.2	50.2	2.1	2.3	0.4	84.2	2,662
Woman's education							
No Education	23.3	54.5	2.7	2.4	0.3	83.4	868
Primary/Preparatory	31.8	45.2	2.1	1.6	0.6	81.3	817
Secondary	29.3	53.6	1.9	2.2	0.3	87.3	1,491
Higher	36.4	48.4	0.8	0.4	0.0	85.9	429
Husband's education							
No Education	23.2	52.6	1.7	2.5	0.9	80.8	400
Primary/Preparatory	26.2	52.9	3.9	2.1	0.1	85.1	902
Secondary	32.4	49.9	1.5	1.9	0.2	85.9	1,702
Higher	28.4	53.0	1.0	1.3	0.7	84.4	509
Husband not in household	34.3	46.7	1.2	0.5	0.6	83.2	91
Missing/DK	*	*	*	*	*	*	2
Woman's Work Status							
Working for cash	24.0	57.7	0.4	1.0	0.3	83.4	307
Not working for cash	29.8	50.7	2.2	2.0	0.3	85.0	3,299
Husband's Work Status							
Working for cash	29.0	51.8	2.0	1.9	0.4	85.1	3,368
Not working for cash	32.0	48.1	3.5	3.1	0.0	86.7	91
Husband not in household	34.3	46.7	1.2	0.5	0.6	83.2	91
Missing/DK	30.7	34.6	3.6	0.0	0.0	69.0	55

a- This sub-national MICS applied the modules on maternal and new-born health to ever-married women with a live birth in the last 5 years, instead of in the last 2 years. The MICS indicator 3.9 is thus not fully comparable to the standard MICS indicator.

[1] MICS indicator 3.9 - Neonatal tetanus protection

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

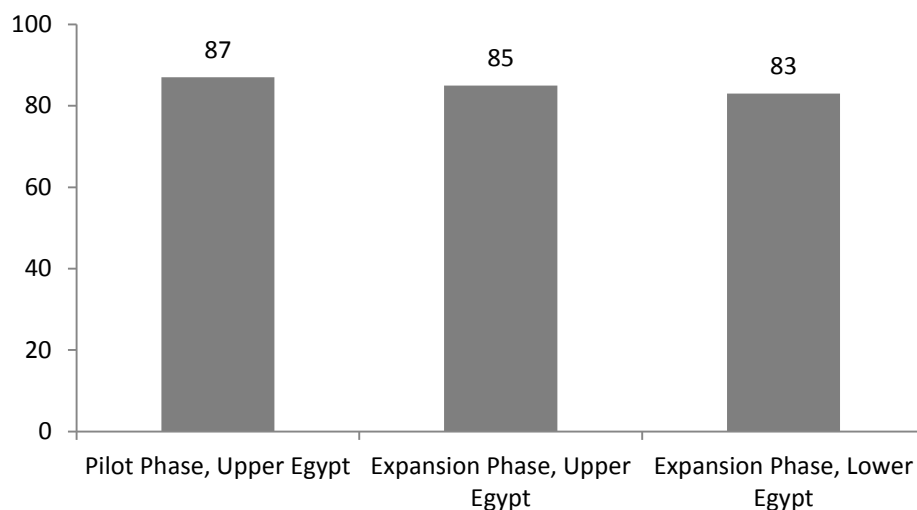
Table CH.3 shows the protection status from tetanus of women who have had a live birth within the last 5 years. Figure CH.2 shows the protection of women against neonatal tetanus by region.

About 85 percent of all the women with a live birth in the last 5 years preceding the survey were protected against neonatal tetanus. About 29 percent of them actually received at least 2 doses of tetanus toxoid during pregnancy, 51 percent had received 2 doses, the last within prior 3 years, 2 percent had received 3 doses, the last within prior 5 years and another 2 percent had received 4 doses, the last within prior 10 years.

There were limited differences by IPHN areas, where the percentage of mothers who were protected against tetanus was highest in the pilot phase Upper Egypt. Also, no significant differences were observed by other background characteristics, such as across women who received ANC by both public and private sector providers and women who attended at least four health education sessions. The educational level and work status of the mother and husband did not greatly affect the proportion of mothers with tetanus protection.

Figure CH.MoRES1 shows differences in the level of neonatal tetanus protection by region, which indicates that protection against tetanus is highest among ever-married women in the pilot phase of Upper Egypt (87 percent), and lowest among women in the expansion phase of Lower Egypt (83 percent).

Figure CH.MoRES1: Percentage of ever-married women with a live birth in the last 12 months who are protected against neonatal tetanus, Egypt Sub-National MICS, 2013-14



Care of Illness

A key strategy for accelerating progress toward MDG 4 is to tackle the diseases that are the leading killers of children under-5. Diarrhoea and pneumonia are two such diseases. The Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD) aims to end preventable pneumonia and diarrhoea death by reducing mortality from pneumonia to 3 deaths per 1000 live births and mortality from diarrhoea to 1 death per 1000 live births by 2025.

Table CH.4 presents the percentage of children under-5 years of age who were reported to have had an episode of diarrhoea, symptoms of acute respiratory infection (ARI), or fever during the 2 weeks preceding the survey. These results are not measures of true prevalence, and should not be used as such, but rather the period-prevalence of those illnesses over a two-week time window.

The definition of a case of diarrhoea or fever, in this survey, was the mother's (or caretaker's report) that the child had such symptoms over the specified period; no other evidence were sought beside the opinion of the mother. A child was considered to have had an episode of ARI if the mother or caretaker reported that the child had, over the specified period, an illness with a cough with rapid or difficult breathing, and whose symptoms were perceived to be due to a problem in the chest or both a problem in the chest and a blocked nose. While this approach is reasonable in the context of a MICS survey, these basically simple case definitions must be kept in mind when interpreting the results, as

well as the potential for reporting and recall biases. Further, diarrhoea, fever and ARI are not only seasonal but are also characterized by the often rapid spread of localized outbreaks from one area to another at different points in time. The timing of the survey and the location of the teams might thus considerably affect the results, which must consequently be interpreted with caution. For these reasons, although the period-prevalence over a two-week time window is reported, these data should not be used to assess the epidemiological characteristics of these diseases but rather to obtain denominators for the indicators related to use of health services and treatment.

Table CH.4: Reported disease episodes				
Percentage of children age 0-59 months for whom the mother/caretaker reported an episode of diarrhoea, and/or symptoms of acute respiratory infection (ARI) in the last two weeks, Egypt Sub-National MICS, 2013-14				
	Percentage of children who in the last two weeks had:			Number of children age 0-59 months
	An episode of diarrhoea	Symptoms of ARI	An episode of fever	
Total	19.2	13.2	19.7	5090
Sex				
Male	19.4	14.7	21.5	2521
Female	19.0	11.8	17.9	2569
Region				
Pilot Phase, Upper Egypt	16.0	10.5	19.6	643
Expansion Phase, Upper Egypt	20.0	12.9	21.2	3715
Expansion Phase, Lower Egypt	17.8	17.0	12.2	732
Age				
0-11	27.2	11.7	18.0	1133
12-23	31.6	14.2	24.6	1092
24-35	16.4	13.4	19.7	1015
36-47	10.4	14.7	19.1	977
48-59	6.2	12.0	16.3	873
Mother's education				
No Education	20.6	14.0	19.1	1236
Primary/Preparatory	21.3	13.9	21.2	1116
Secondary	18.3	12.4	20.2	2116
Higher	15.8	13.2	16.5	622
Father's education				
No Education	17.2	12.4	13.3	515
Primary/Preparatory	21.9	13.7	22.6	1275
Secondary	18.9	12.9	19.9	2371
Higher	16.4	11.9	16.3	730
Father not in household	20.5	19.9	27.0	198
Missing/DK	*	*	*	1
Mother's Work Status				
Working for cash	13.7	11.9	18.7	430
Not working for cash	19.7	13.3	19.8	4651
Missing/DK	*	*	*	8
Father's Work Status				
Working for cash	19.2	13.1	19.3	4729
Not working for cash	16.4	9.1	26.7	114
Missing/DK	19.9	17.2	23.1	247

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Overall, 19 percent of under five children had diarrhoea, 13 percent had symptoms of ARI and 20 percent had an episode of fever in the two weeks preceding the survey (Table CH.4). Diarrhoea prevalence was the highest in expansion phase Upper Egypt (20 percent), it was lower in expansion phase Lower Egypt (18 percent), and the lowest percentage was in pilot phase (16 percent). However, ARI prevalence was highest in expansion phase Lower Egypt (17 percent), followed by expansion phase Upper Egypt (13 percent), and then pilot phase (11 percent). Fever prevalence was the highest in expansion phase Upper Egypt (21 percent), it was lower in pilot phase (20 percent), and lowest percentage was in Expansion phase, Lower Egypt (12 percent). The peak of diarrhoea and fever prevalence occurred in the weaning period, among children age [12-23] months. The lowest prevalence of diarrhoea and fever was among children whose mothers had higher than secondary education, and those working for cash.

Diarrhoea

Diarrhoea is the second leading cause of death among children under five worldwide. Most diarrhoea-related deaths in children are due to dehydration from loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhoea -either through oral rehydration salts (ORS) or a recommended home fluid (RHF) - can prevent many of these deaths. In addition, provision of zinc supplements has been shown to reduce the duration and severity of the illness as well as the risk of future episodes within the next two or three months. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea.

In the MICS, mothers or caretakers were asked whether their child under age five years had an episode of diarrhoea in the two weeks prior to the survey. In cases where mothers reported that the child had diarrhoea, a series of questions were asked about the treatment of the illness, including what the child had been given to drink and eat during the episode and whether this was more or less than what was usually given to the child.

The overall period-prevalence of diarrhoea in children under-5 years of age is 19 percent (Table CH.4) and this percentage ranges from 16 percent in pilot phase Upper Egypt to 20 percent in expansion phase Upper Egypt. The highest period-prevalence is seen among children age 12-23 months.

Table CH.5 shows the percentage of children age 0-59 months with diarrhoea in the last two weeks, for whom advice or treatment was sought, by source of advice or treatment. The table shows that no advice or treatment was sought in more than one-third of children (37 percent) and was lowest for children 0-11 months (29 percent). No advice or treatment was sought for 41 percent of girls, as compared to only 33 percent of boys.

Table CH.5: Care-seeking during diarrhoea

Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought, by source of advice or treatment, Egypt Sub-National MICS, 2013-14

	Percentage of children with diarrhoea for whom: Advice or treatment was sought from:						Number of children age 0-59 months with diarrhoea in the last two weeks
	Health facilities or providers				A health facility or provider [1] [b]	No advice or treatment sought	
	Public	Private	Community health provider [a]	Other source			
Total	13.1	52.3	2.4	1.2	49.7	36.6	976
Sex							
Male	12.2	58.6	1.5	0.6	52.8	32.8	490
Female	13.9	46.1	3.4	1.7	46.7	40.5	487
Region							
Pilot Phase, Upper Egypt	8.0	50.0	1.5	0.0	47.0	44.0	103
Expansion Phase, Upper Egypt	13.5	51.1	2.3	1.0	48.1	37.7	744
Expansion Phase, Lower Egypt	14.4	61.2	4.3	3.2	61.4	24.5	130
Age in months							
0-11	12.6	60.1	2.3	1.7	62.5	29.3	308
12-23	14.2	54.4	2.6	0.9	48.9	33.4	345
24-35	14.9	51.0	3.4	0.3	42.1	39.3	167
36-47	11.6	32.8	2.0	1.8	37.2	53.8	102
48-59	5.2	35.9	0.0	1.1	29.0	58.7	54
Mother's education							
No Education	16.3	43.5	2.4	0.2	43.8	42.9	254
Primary/Preparatory	13.0	52.9	2.3	2.8	48.0	33.4	238
Secondary	11.8	57.3	2.9	0.1	54.0	34.1	386
Higher	9.5	54.3	1.1	3.8	52.2	38.3	98
Father's education							
No Education	21.3	47.1	3.7	0.0	45.0	33.6	88
Primary/Preparatory	14.7	54.8	2.9	1.1	50.4	35.0	279
Secondary	11.5	52.3	2.7	1.3	49.2	37.3	448
Higher	9.6	52.8	0.5	2.1	53.4	38.6	120
Father not in household	(11.9)	(46.6)	(0.0)	(0.0)	(50.3)	(41.5)	41
Missing/DK	*	*	*	*	*	*	1
Mother's Work Status							
Working for cash	7.1	45.2	0.0	1.0	44.9	47.6	59
Not working for cash	13.4	52.8	2.6	1.2	50.0	36.0	916
Missing/DK	*	*	*	*	*	*	1
Father's Work Status							
Working for cash	13.1	52.5	2.6	1.2	49.7	36.5	908
Not working for cash	*	*	*	*	*	*	19
Missing/DK	(10.9)	(43.1)	(0.0)	(0.0)	(43.4)	(46.1)	49
[1] MICS indicator 3.10 - Care-seeking for diarrhoea							
[a] Community health providers includes both public (Community health worker and Mobile/Outreach clinic) and private (Mobile clinic) health facilities							
[b] Includes all public and private health facilities and providers, but excludes private pharmacy							
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.							
Note: Figures in parentheses are based on 25-49 unweighted cases.							

Among children who had diarrhoea in the two weeks preceding the survey, a health facility or provider was sought in half of the children; in 52 percent of children the service was provided through a private health facility or provider, while 13 percent of children received the service through a public health facility or provider. More male children (53 percent) than females (47 percent) received the advice or the treatment through a health facility or provider. More children in the expansion phase Lower Egypt received the service through a health facility or provider (61 percent) than in expansion phase Upper Egypt (48 percent) or in pilot phase (47 percent). Advice or treatment through a health facility or provider was higher among children with age 0-11 months and among mothers with secondary education or higher.

Table CH.6: Feeding practices during diarrhoea															
Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea, Egypt Sub-National MICS, 2013-14															
	Drinking practices during diarrhoea:							Eating practices during diarrhoea:						Number of children aged 0-59 months with diarrhoea	
	Child was given to drink: Much less	Child was given to drink: Somewhat less	Child was given to drink: About the same	Child was given to drink: More	Child was given to drink: Nothing	Missing/DK	Total	Child was given to eat: Much less	Child was given to eat: Somewhat less	Child was given to eat: About the same	Child was given to eat: More	Child was given to eat: Nothing	Total		
Total	15.6	35.3	33.8	8.1	7.1	0.1	100.0	19.7	37.1	25.0	2.1	16.1	100.0	976	
Sex															
Male	16.9	34.8	31.8	8.1	8.4	0.1	100.0	20.4	39.8	24.3	1.7	13.8	100.0	490	
Female	14.3	35.9	35.8	8.1	5.9	0.0	100.0	19.1	34.3	25.6	2.6	18.3	100.0	487	
Region															
Pilot Phase, Upper Egypt	16.1	40.3	32.5	9.4	1.7	0.0	100.0	20.9	41.6	21.6	0.9	14.9	100.0	103	
Expansion Phase, Upper Egypt	15.2	35.1	33.8	7.5	8.4	0.1	100.0	19.2	37.5	24.6	2.4	16.4	100.0	744	
Expansion Phase, Lower Egypt	17.3	32.5	35.0	11.0	4.1	0.0	100.0	22.1	30.9	29.9	1.8	15.4	100.0	130	
Age															
0-11	14.6	33.2	27.9	5.4	18.7	0.2	100.0	15.0	24.1	18.3	1.5	41.1	100.0	308	
12-23	19.2	36.5	31.3	10.6	2.4	0.0	100.0	24.2	45.1	22.6	2.2	5.9	100.0	345	
24-35	18.7	35.9	36.2	8.2	0.9	0.0	100.0	25.5	42.7	27.7	2.1	2.1	100.0	167	
36-47	5.3	40.4	41.6	10.8	2.0	0.0	100.0	12.0	38.7	41.8	1.6	5.9	100.0	102	
48-59	7.6	28.2	61.3	3.0	0.0	0.0	100.0	15.1	39.4	37.8	6.5	1.1	100.0	54	
Mother's education															
No Education	12.7	37.3	38.0	5.5	6.3	0.2	100.0	12.3	41.2	26.1	3.2	17.2	100.0	254	
Primary/Preparatory	17.2	33.7	28.4	8.8	11.9	0.0	100.0	27.0	30.5	22.2	2.7	17.6	100.0	238	
Secondary	15.7	36.9	33.1	9.0	5.3	0.0	100.0	19.4	39.0	24.8	1.3	15.6	100.0	386	
Higher	18.9	27.9	38.6	10.0	4.7	0.0	100.0	22.9	34.9	29.5	1.1	11.6	100.0	98	
Father's education															
No Education	17.7	36.4	31.0	8.8	5.4	0.6	100.0	17.2	39.2	22.1	4.1	17.5	100.0	88	
Primary/Preparatory	13.9	34.1	32.5	10.9	8.7	0.0	100.0	19.1	37.9	24.2	3.2	15.5	100.0	279	
Secondary	18.1	34.1	33.2	6.7	7.9	0.0	100.0	21.8	33.9	25.0	1.5	17.8	100.0	448	
Higher	13.3	34.9	41.4	6.0	4.3	0.0	100.0	17.9	41.0	28.3	1.3	11.5	100.0	120	
Father, not in household	(1.6)	(55.0)	(32.9)	(10.5)	(0.0)	(0.0)	100.0	(12.2)	(50.2)	(26.1)	(0.0)	(11.5)	100.0	41	
Missing/DK	*	*	*	*	*	*	100.0	*	*	*	*	*	100.0	1	
Mother's Work Status															
Working for cash	21.3	20.5	47.0	10.2	0.9	0.0	100.0	26.6	23.3	39.8	5.2	5.2	100.0	59	
Not working for cash	15.2	36.2	32.9	8.0	7.5	0.1	100.0	19.3	38.0	24.0	1.9	16.8	100.0	916	
Missing/DK	*	*	*	*	*	*	100.0	*	*	*	*	*	100.0	1	
Father's Work Status															
Working for cash	15.7	34.8	33.9	7.9	7.6	0.1	100.0	20.0	36.7	24.8	2.2	16.3	100.0	908	
Not working for cash	*	*	*	*	*	*	100.0	*	*	*	*	*	100.0	19	
Missing/DK	(9.7)	(48.6)	(29.4)	(12.3)	(0.0)	(0.0)	100.0	(14.8)	(47.6)	(23.7)	(0.0)	(13.9)	100.0	49	

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed. Note: Figures in parentheses are based on 25-49 unweighted cases.

Feeding practices during diarrhoea is shown in Table CH.6. The data show that during the episode of diarrhoea, only 8 percent of under five children with diarrhoea drank more than usual, almost one-third of children (34 percent) drank about the same, while more than half of children (51 percent) drank less or much less. 7 percent of children were given nothing to drink.

With respect to food intake, a quarter of the children were given the same amount to eat, 37 percent were given somewhat less, and 20 percent of children were given much less than usual to eat. In 16 percent of cases children stopped food altogether. Only 2 percent of children were given more than usual food to eat.

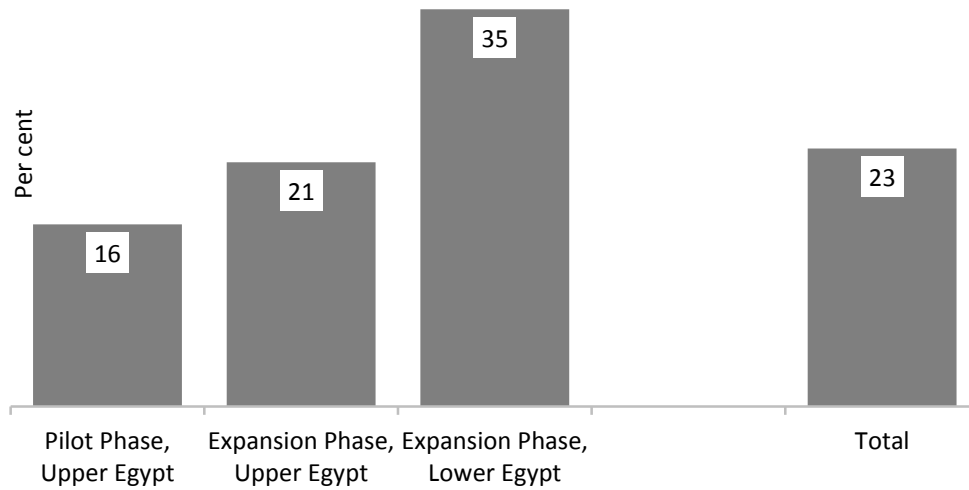
Table CH.7: Oral rehydration solutions, recommended homemade fluids, and zinc				
Percentage of children age 0-59 months with diarrhoea in the last two weeks, and treatment with oral rehydration salts (ORS), recommended homemade fluids, and zinc, Egypt Sub-National MICS, 2013-14				
	Percentage of children with diarrhoea who received:			Number of children aged 0-59 months with diarrhoea
	Oral rehydration salts (ORS)	Zinc Syrup	ORS and zinc [1]	
	Fluid from packet			
Total	22.6	11.7	4.1	976
Sex				
Male	24.0	12.5	5.1	490
Female	21.2	11.0	3.2	487
Region				
Pilot Phase, Upper Egypt	16.0	9.9	3.0	103
Expansion Phase, Upper Egypt	21.4	12.1	4.1	744
Expansion Phase, Lower Egypt	34.8	11.0	5.5	130
Age				
0-11	19.4	15.1	4.0	308
12-23	29.5	8.8	4.3	345
24-35	23.3	13.7	6.3	167
36-47	13.3	8.3	.6	102
48-59	12.5	11.9	3.9	54
Mother's education				
No Education	20.0	11.9	2.9	254
Primary/Preparatory	20.4	13.7	5.7	238
Secondary	24.9	10.9	4.2	386
Higher	25.8	9.9	3.5	98
Father's education				
No Education	23.8	10.5	6.8	88
Primary/Preparatory	26.8	14.9	6.1	279
Secondary	21.0	10.0	3.1	448
Higher	17.2	8.8	0.8	120
Father not in household	25.2	21.5	6.5	41
Missing/DK	0.0	0.0	0.0	1
Mother's Work Status				
Working for cash	17.7	13.4	4.5	59
Not working for cash	23.0	11.6	4.1	916
Missing/DK	0.0	0.0	0.0	1
Father's Work Status				
Working for cash	22.6	11.6	4.1	908
Not working for cash	*	*	*	19
Missing/DK	25.3	17.7	5.4	49

[1] MICS indicator 3.11 - Diarrhoea treatment with oral rehydration salts (ORS) and zinc
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.
Note: Figures in parentheses are based on 25-49 unweighted cases.

Table Ch.7 shows the percentage of children age 0-59 months with diarrhoea in the last two weeks, and treatment with oral rehydration salts (ORS), recommended homemade fluids, and zinc. Only 4 percent of children received fluids from ORS packets and zinc. Children of mothers living in the pilot phase were less likely to receive ORS and zinc (3 percent) than children of mothers living in the expansion phase Upper Egypt (4 percent) and in the expansion phase Lower Egypt (6 percent).

Children of mothers with no education were the least likely to receive ORS and zinc (3 percent). Notably, male children are more likely to receive ORS than female children (5 percent compared to 3 percent).

Figure CH.2: Percentage of children under age 5 with diarrhoea who received ORS, Egypt Sub-National MICS, 2013-14



It is clear from Figure CH.2 that the oral rehydration treatment is not commonly used. However, it was given to children with diarrhoea in expansion phase of Lower Egypt (35 percent) more than the other two regions. Unexpected, only 16 percent of children of the pilot phase were given oral rehydration treatment for diarrhoea.

Table CH.8: Oral rehydration therapy with continued feeding and other treatments

Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given oral rehydration therapy with continued feeding and percentage who were given other treatments, Egypt Sub-National MICS, 2013-14

	Children with diarrhoea who were given:													Not given any treatment or drug	Number of children age 0-59 months with diarrhoea in the last two weeks
	Zinc	ORS or increased fluids	ORT with continued feeding [1]	Pill or syrup: Antibiotic	Pill or syrup: Anti-motility	Pill or syrup: Other	Pill or syrup: Unknown	Injection: Antibiotic	Injection: Non-antibiotic	Injection: Unknown	Intravenous	Home remedy, herbal medicine	Other		
Total	11.7	28.3	17.2	17.7	11.4	17.3	22.1	11.5	0.7	1.9	0.7	2.5	5.5	18.7	976
Sex															
Male	12.5	29.7	17.7	18.0	12.8	18.1	21.5	11.4	1.0	2.1	0.7	1.5	5.9	18.7	490
Female	11.0	26.8	16.7	17.4	10.0	16.6	22.7	11.7	0.4	1.6	0.7	3.5	5.2	18.6	487
Region															
Pilot Phase, Upper Egypt	9.9	24.4	11.7	20.6	8.3	20.2	25.6	9.3	0.0	0.9	2.4	0.6	8.9	21.5	103
Expansion Phase, Upper Egypt	12.1	26.6	16.8	17.0	10.2	15.5	21.8	11.3	0.9	2.2	0.5	3.0	4.7	19.7	744
Expansion Phase, Lower Egypt	11.0	41.0	23.9	19.7	21.0	25.3	21.4	14.7	0.3	0.8	0.3	1.2	7.9	10.5	130
Age in months															
0-11	15.1	23.2	11.5	17.1	13.0	18.6	22.3	13.2	1.3	2.5	1.0	2.1	5.9	21.0	308
12-23	8.8	37.0	23.1	17.9	13.0	19.3	19.7	11.3	0.9	2.3	0.8	2.4	4.9	14.6	345
24-35	13.7	27.8	17.4	15.1	6.7	14.4	21.5	14.8	0.0	0.0	0.0	3.0	8.1	18.6	167
36-47	8.3	22.0	17.6	22.1	12.9	13.6	27.0	6.2	0.0	2.5	0.4	4.5	3.0	20.7	102
48-59	11.9	14.4	10.4	20.3	4.1	13.2	29.5	3.6	0.0	0.0	0.8	0.0	4.6	28.1	54
Mother's education															
No Education	11.9	23.8	15.2	17.7	6.7	11.9	24.7	7.7	0.0	3.0	0.0	2.0	3.7	22.2	254
Primary/Preparatory	13.7	27.3	14.3	18.3	7.8	15.3	20.2	9.9	0.0	2.1	0.2	2.4	5.1	22.5	238
Secondary	10.9	30.2	18.0	18.8	17.5	21.5	19.0	13.5	1.3	1.4	1.2	2.8	6.4	14.6	386
Higher	9.9	34.2	26.4	12.3	8.6	19.8	32.8	17.9	2.0	0.5	1.6	2.8	8.0	16.3	98
Father's education															
No Education	10.5	31.4	16.0	14.3	13.7	13.9	34.0	3.2	0.0	4.2	0.5	2.1	4.4	17.0	88
Primary/Preparatory	14.9	32.9	20.8	15.4	8.4	15.2	19.4	12.8	0.6	2.2	0.9	3.8	3.7	17.9	279
Secondary	10.0	26.1	15.6	17.6	12.9	17.8	21.8	11.3	1.3	1.5	0.8	1.8	6.1	19.7	448
Higher	8.8	23.3	16.3	22.8	12.4	23.4	23.6	12.4	0.0	0.8	0.0	3.1	7.1	18.5	120
Father not in household	(21.5)	(29.0)	(16.0)	(26.2)	(7.7)	(16.5)	(13.4)	(21.4)	(0.0)	(1.4)	(0.0)	(0.0)	(10.1)	(16.6)	41
Missing/DK	*	*	*	*	*	*	*	*	*	*	*	*	*	*	1
Mother's Work Status															
Working for cash	13.4	25.8	15.7	20.6	6.0	17.6	24.4	19.9	0.7	0.8	0.9	1.0	6.9	17.7	59
Not working for cash	11.6	28.4	17.3	17.5	11.8	17.2	22.0	11.0	0.7	1.9	0.7	2.6	5.5	18.7	916
Missing/DK	*	*	*	*	*	*	*	*	*	*	*	*	*	*	1
Father's Work Status															
Working for cash	11.6	28.1	17.2	17.1	11.9	17.7	22.1	11.1	0.8	2.0	0.7	2.5	5.3	18.9	908
Not working for cash	*	*	*	*	*	*	*	*	*	*	*	*	*	*	19
Missing/DK	(17.7)	(32.1)	(17.7)	(27.2)	(6.3)	(14.7)	(18.5)	(17.7)	(0.0)	(1.2)	(0.0)	(0.0)	(8.3)	(17.4)	49

[1] MICS indicator 3.12 - Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding.

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed. Note: Figures in parentheses are based on 25-49 unweighted cases.

Table CH.8 provides the proportion of children age 0-59 months with diarrhoea in the last two weeks who received oral rehydration therapy with continued feeding, and percentage of children with diarrhoea who received other treatments.

Overall, 28 percent of children with diarrhoea received ORS or increased fluids, 17 percent of children received ORT with continued feeding, as recommended. Eighteen percent of children received antibiotics pills or syrup, 12 percent received antibiotics injections, while 12 percent received zinc and 11 percent of children received diarrhoea anti-motility medication in the form of tablets or syrup. Diarrhoea was treated with home remedies/herbal medicine in 3 percent of children. In general, 19 percent of children with diarrhoea were not given any treatment or medication.

There are some differences in the management of diarrhoea by background characteristics. In the pilot phase, only 12 percent of children received ORT with continued feeding and 24 percent of children received ORS or increased fluid, while in the expansion phase Upper Egypt these figures were 17 percent and 27 percent respectively and in the expansion phase Lower Egypt these figures were 24 percent and 41 percent respectively.

The proportion of children who received ORT with continued feeding and the proportion of children received ORS or increased fluid was higher among mothers who had higher than secondary education than among mothers who attained a lower level of education.

Figure CH.3: Percentage of children under age 5 with diarrhoea who received ORT (ORS, or increased fluids) and continued feeding, Egypt Sub-National MICS, 2013-14

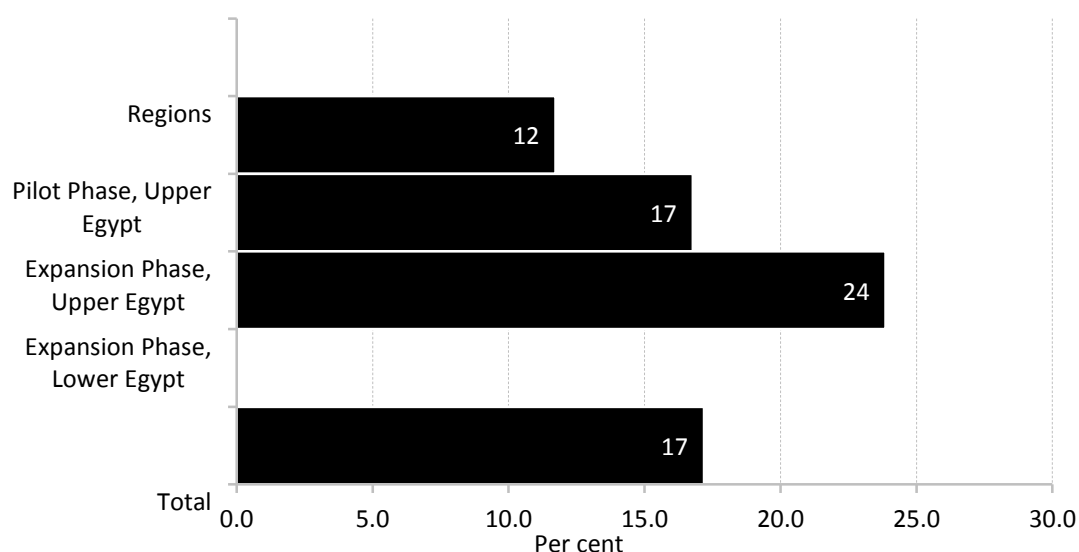


Table CH.9 shows the percentage of children age 0-59 months with diarrhoea in the last two weeks who were given ORS, and percentage given zinc, by the source of ORS and zinc. The table shows that 23 percent of children were given ORS, while 12 percent of children were given Zinc as treatment for diarrhoea. A health facility or provider was the source of ORS in 95 percent of children and the source of zinc in 94 percent of cases. A private health facility was the source of ORS in 79 percent and the source of zinc in 84 percent of children, while a public health facility or provider was the source of ORS in 16 percent and the source of zinc in 11 percent of children. More male children were given ORS and zinc than female children (24 percent and 13 percent respectively for males compared to 21 percent and 11 percent for females). There was a significant regional difference in the percentage of children who were given ORS as treatment for diarrhoea. This figure is highest in expansion phase Lower Egypt (35 percent), followed by expansion phase Upper Egypt (21 percent) and then the pilot phase Upper Egypt (16 percent only).

Table CH.9: Source of ORS and zinc																
Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given ORS, and percentage given zinc, by the source of ORS and zinc, Egypt Sub-National MICS, 2013-14																
	Percentage of children who were given as treatment for diarrhoea:		Number of children age 0-59 months with diarrhoea in the last two weeks	Percentage of children for whom the source of ORS was:					Number of children age 0-59 months who were given ORS as treatment for diarrhoea in the last two weeks	Percentage of children for whom the source of zinc was:					Number of children age 0-59 months who were given zinc as treatment for diarrhoea in the last two weeks	
	ORS	Zinc		Health facilities or providers						Health facilities or providers						
				Public	Private	Community health provider [a]	Other	A health facility or provider [b]		Public	Private	Community health provider [a]	Other	A health facility or provider [b]		
Total	22.6	11.7	976	16.2	79.2	4.1	0.6	95.4	221	10.6	83.7	4.0	1.7	94.3	115	
Sex																
Male	24.0	12.5	490	13.4	81.6	3.9	1.1	95.0	117	7.4	86.8	2.7	3.1	94.2	61	
Female	21.2	11.0	487	19.4	76.4	4.3	0.0	95.7	103	14.2	80.2	5.6	0.0	94.4	54	
Region																
Pilot Phase Upper Egypt	16.0	9.9	103	*	*	*	*	*	16	*	*	*	*	*	10	
Expansion Phase, Upper Egypt	21.4	12.1	744	17.7	78.9	3.1	0.3	96.6	159	11.4	84.9	2.1	1.6	96.3	90	
Expansion Phase, Lower Egypt	34.8	11.0	130	(11.0)	(81.0)	(8.0)	(0.0)	(92.0)	45	*	*	*	*	*	14	
Age in months																
0-11	19.4	15.1	308	27.9	68.0	4.1	0.0	95.9	60	(9.6)	(86.0)	(4.5)	(0.0)	(95.5)	47	
12-23	29.5	8.8	345	8.5	87.8	3.1	0.5	96.4	102	(13.3)	(86.7)	(0.0)	(0.0)	(100.0)	30	
24-35	23.3	13.7	167	(19.9)	(71.2)	(7.0)	(1.9)	(91.0)	39	*	*	*	*	*	23	
36-47	13.3	8.3	102	*	*	*	*	*	14	*	*	*	*	*	8	
48-59	12.5	11.9	54	*	*	*	*	*	7	*	*	*	*	*	6	
Mother's education																
No education	20.0	11.9	254	17.3	76.5	6.2	0.0	93.8	51	(12.0)	(83.4)	(4.6)	(0.0)	(95.4)	30	
Primary/Prep	20.4	13.7	238	(23.6)	(70.1)	(6.3)	(0.0)	(93.7)	49	(23.4)	(68.9)	(1.8)	(5.9)	(92.3)	33	
Secondary	24.9	10.9	386	13.4	83.0	2.9	0.8	96.4	96	(0.9)	(95.5)	(3.6)	(0.0)	(96.4)	42	
Higher	25.8	9.9	98	(10.7)	(87.3)	(0.0)	(2.0)	(98.0)	25	*	*	*	*	*	10	
Father's education																
No education	23.8	10.5	88	*	*	*	*	*	21	*	*	*	*	*	9	
Primary/Prep.	26.8	14.9	279	15.4	83.0	1.6	0.0	98.4	75	(13.7)	(80.4)	(6.0)	(0.0)	(94.0)	41	
Secondary	21.0	10.0	448	13.4	79.3	6.5	0.8	92.7	94	(4.3)	(87.6)	(4.9)	(3.2)	(91.9)	45	
Higher	17.2	8.8	120	*	*	*	*	*	21	*	*	*	*	*	11	
Father not in household	(25.2)	(21.5)	41	*	*	*	*	*	10	*	*	*	*	*	9	
Missing/DK	*	*	1	-	-	-	-	-	-	-	-	-	-	-	-	
Mother's Work Status																
Working for cash	17.7	13.4	59	*	*	*	*	*	10	*	*	*	*	*	8	
Not working for cash	23.0	11.6	916	16.3	79.1	4.0	0.6	95.4	210	10.5	83.3	4.4	1.8	93.9	107	
Missing/DK	*	*	1	-	-	-	-	-	-	-	-	-	-	-	-	
Father's Work Status																
Working for cash	22.6	11.6	908	14.0	81.0	4.4	0.6	95.0	205	8.8	85.5	4.4	1.4	94.2	106	
Not working for cash	*	*	19	*	*	*	*	*	3	-	-	-	-	-	-	
Missing/DK	(25.3)	(17.7)	49	*	*	*	*	*	12	*	*	*	*	*	9	

[a] Community health provider includes both public (Community health worker and Mobile/Outreach clinic) and private (Mobile clinic) health facilities
[b] Includes all public and private health facilities and providers
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.
Note: Figures in parentheses are based on 25-49 unweighted cases.

Acute respiratory infections

Symptoms of ARI are collected during the Egypt sub-national MICS to capture pneumonia disease, the leading cause of death in children under five. Once diagnosed, pneumonia is treated effectively with antibiotics. Studies have shown a limitation in the survey approach of measuring pneumonia because many of the suspected cases identified through surveys are in fact, not true pneumonia²⁶. While this limitation does not affect the level and patterns of care-seeking for suspected pneumonia, it limits the validity of the level of treatment of pneumonia with antibiotics, as reported through household surveys. The treatment indicator described in this report must therefore be taken with caution, keeping in mind that the accurate level is likely higher.

²⁶Campbell H, el Arifeen S, Hazir T, O’Kelly J, Bryce J, et al. (2013) ‘Measuring Coverage in MNCH: Challenges in Monitoring the Proportion of Young Children with Pneumonia Who Receive Antibiotic Treatment’. *PLoS Med* 10(5): e1001421. doi:10.1371/journal.pmed.1001421

Table CH.10: Care-seeking for and antibiotic treatment of symptoms of acute respiratory infection (ARI)

Percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought, by source of advice or treatment, and percentage of children with symptoms who were given antibiotics, Egypt Sub-National MICS, 2013-14

	Percentage of children with symptoms of ARI for whom:						No advice or treatment sought	Percentage of children with symptoms of ARI who were given antibiotics in the last two weeks [2]	Number of children age 0-59 months with symptoms of ARI in the last two weeks	Percentage of children with symptoms of ARI for whom the source of antibiotics was:					
	Advice or treatment was sought from:					A health facility or provider [1], [b]				Health facilities or providers: Public	Health facilities or providers: Private	Health facilities or providers: Community health [a]	Other source	A health facility or provider [c]	Number of children with symptoms of ARI who were given antibiotics in the last two weeks
Total	15.4	66.5	2.7	2.2	64.4		17.9	59.6	672						
Sex															
Male	14.7	69.8	2.8	2.1	68.0	15.8	63.9	370	7.0	91.0	2.3	1.9	97.9	236	
Female	16.3	62.4	2.7	2.2	59.9	20.6	54.4	302	10.5	86.8	1.5	0.4	97.3	164	
Region															
Pilot Phase, Upper Egypt	10.7	68.7	5.9	0.7	68.0	19.9	67.6	67	(5.3)	(90.7)	(1.2)	(2.9)	(96.1)	46	
Expansion Phase, Upper Egypt	15.9	65.3	2.1	2.3	62.3	18.8	55.0	480	8.1	89.5	2.0	1.2	97.5	264	
Expansion Phase, Lower Egypt	16.1	69.8	3.6	2.3	70.4	13.6	73.1	124	11.0	87.9	2.3	0.7	98.9	91	
Age in months															
0-11	9.0	74.9	1.2	1.7	72.1	16.9	53.4	133	2.0	95.6	1.4	0.0	97.6	71	
12-23	15.1	65.1	1.5	3.6	65.6	18.8	62.8	155	8.8	86.9	0.0	3.8	95.7	97	
24-35	18.0	67.6	5.4	0.0	64.7	16.9	61.2	136	9.2	90.8	2.8	0.0	100.0	83	
36-47	22.6	57.4	3.8	3.0	61.0	18.3	61.4	144	14.5	83.2	4.5	0.0	97.7	88	
48-59	10.5	68.9	1.7	2.1	57.1	18.9	58.4	105	5.4	92.4	1.0	2.3	97.7	61	
Mother's education															
No Education	22.2	56.5	1.7	2.9	59.5	20.3	54.5	173	12.3	84.3	0.6	3.4	96.6	94	
Primary/Preparatory	15.4	67.5	0.9	1.0	56.0	17.3	53.6	155	8.6	91.4	1.7	0.0	100.0	83	
Secondary	13.6	66.0	5.2	2.8	69.9	19.8	62.7	262	7.7	88.5	3.2	1.2	96.2	164	
Higher	6.6	87.2	0.7	0.8	72.8	8.2	72.2	82	3.9	96.1	1.0	0.0	100.0	59	
Father's education															
No Education	26.8	54.8	2.9	2.5	61.1	15.9	56.7	64	(21.3)	(78.7)	(0.0)	(0.0)	(100.0)	36	
Primary/Preparatory	18.4	60.4	1.9	0.0	59.1	23.8	57.2	175	6.8	91.8	0.5	1.4	98.6	100	
Secondary	13.2	68.2	3.7	4.2	65.8	16.5	59.6	307	8.1	88.5	2.9	2.0	96.5	183	
Higher	9.1	78.2	2.3	0.0	66.4	14.3	67.9	87	4.1	93.1	3.4	0.0	97.2	59	
Father not in household	14.2	73.1	(0.0)	(0.0)	(77.9)	(14.0)	(57.7)	39	*	*	*	*	*	23	
Mother's Work Status															
Working for cash	16.2	70.4	2.3	0.0	79.3	13.4	66.4	51	13.8	81.1	1.7	0.0	94.9	34	
Not working for cash	15.3	66.1	2.8	2.3	63.1	18.3	59.1	620	7.9	90.0	2.0	1.4	97.9	366	
Father's Work Status															
Working for cash	15.4	65.7	3.0	2.3	63.7	18.6	59.9	619	8.5	88.9	2.1	1.4	97.5	371	
Not working for cash	*	*	*	*	*	*	*	10	*	*	*	*	*	7	
Missing/DK	13.2	75.0	0.0	0.0	73.3	13.0	54.6	42	*	*	*	*	*	23	

[1] MICS indicator 3.13 - Care-seeking for children with acute respiratory infection (ARI) symptoms

[2] MICS indicator 3.14 - Antibiotic treatment for children with ARI symptoms

[a] Community health providers includes both public (Community health worker and Mobile/Outreach clinic) and private (Mobile clinic) health facilities

[b] Includes all public and private health facilities and providers, but excludes private pharmacy

[c] Includes all public and private health facilities and providers

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed. Note: Figures in parentheses are based on 25-49 unweighted cases.

Table CH.10 presents the percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought, by source of advice or treatment, and percentage of children with symptoms who were given antibiotics. Sixty-four percent of children age 0-59 months with symptoms of ARI were taken to a qualified provider (i.e. public and private health facilities and providers).

A health facility or provider was the source of advice or treatment in 62 percent of children in expansion phase Upper Egypt, 68 percent in the pilot phase and 70 percent in the expansion phase Lower Egypt. Level of mother's education affected positively the proportion of children seeking an advice or treatment from a health facility or provider, where it is highest (73 percent) among mothers with higher than secondary education compared with only 56 percent among mothers with primary/preparatory education.

Table CH.10 also presents the use of antibiotics for the treatment of suspected ARI in under-5s by sex, age, region, area, and socioeconomic factors. In Egypt, 60 percent of under-5 children with suspected pneumonia had received an antibiotic during the two weeks prior to the survey. It ranged from 55 percent in expansion phase Upper Egypt to 73 percent in expansion phase Lower Egypt. The table also shows that antibiotic treatment of ARI symptoms is higher among boys than girls and among children whose mothers/caretakers have higher than secondary education.

Table CH.10 also shows the place of treatment among children with symptoms of ARI who were treated with antibiotics. The treatment was received mostly from private health facilities (89 percent). In 8 percent of cases treatment was received from public facilities and in 2 percent of cases from community health workers.

Table CH.11: Knowledge of the two danger signs of pneumonia
 Percentage of mothers/caretaker of children under age 5 by reported symptoms that would cause them to take a child under age 5 immediately to a health facility, and percentage of mothers who recognize fast or difficult breathing as signs for seeking care immediately, Egypt Sub-National MICS, 2013-14^a

	Percentage of mothers / caretakers who think that a child should be taken immediately to a health facility if the child:								Mothers/caretakers who recognize at least one of the two danger signs of pneumonia (fast and/or difficult breathing)	Number of mothers/ caretakers of children age 0-59 months
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficulty breathing	Has blood in stool	Is drinking poorly	Has other symptoms		
Total	9.7	44.0	91.6	15.5	22.3	2.4	1.2	32.6	28.1	3579
Sex of lastborn child'										
Male	8.7	44.0	91.8	15.5	24.2	2.0	1.2	31.6	29.9	1843
Female	10.7	43.8	91.3	15.6	20.3	2.8	1.3	33.8	26.2	1729
Region										
Pilot Phase, Upper Egypt	9.7	47.2	90.2	11.5	20.2	2.8	1.5	32.7	23.6	459
Expansion Phase, Upper Egypt	10.2	43.6	91.4	13.9	19.6	2.4	1.3	33.2	24.7	2560
Expansion Phase, Lower Egypt	7.3	43.0	93.4	26.0	36.4	2.4	0.8	30.0	47.1	559
Attendance of health education sessions										
Did not attend any sessions	9.8	44.0	91.6	15.2	21.9	2.4	1.3	32.8	27.6	3279
Attended 1-3 sessions	7.4	45.0	90.5	21.2	26.9	3.4	0.8	31.0	35.3	235
Attended at least 4 sessions	10.1	30.5	93.1	13.3	29.1	1.7	0.9	33.7	30.8	58
Received home visit from health provider during pregnancy										
Received at least 1 visit	9.1	42.0	91.0	14.5	23.3	3.3	1.3	34.8	28.5	934
Did not receive any visits	9.8	44.6	91.8	15.9	21.9	2.1	1.2	31.9	27.9	2645
Woman's education										
No Education	8.6	42.9	91.4	14.7	20.1	2.0	0.5	28.8	25.1	864
Primary/Preparatory	11.5	42.0	90.9	13.9	17.1	2.8	2.2	35.5	22.8	811
Secondary	9.0	46.3	91.9	17.1	24.7	2.1	1.2	31.6	30.8	1476
Higher	10.5	41.6	92.1	14.6	28.3	3.5	1.3	38.5	34.8	429
Husband's education										
No Education	5.4	38.8	94.1	12.2	20.1	2.5	1.1	29.9	23.7	396
Primary/Preparatory	11.6	42.5	90.0	14.9	21.0	3.2	0.9	34.2	27.1	896
Secondary	9.3	46.5	92.2	15.9	23.1	1.9	1.6	31.8	28.7	1690
Higher	9.7	41.8	91.3	18.0	23.9	2.2	0.5	35.7	31.0	507
Husband not in household	15.7	45.4	86.3	15.2	19.8	5.7	1.8	28.6	29.0	90
Woman's Work Status										
Working for cash	8.5	46.2	88.7	17.9	34.5	2.2	0.9	32.7	41.3	304
Not working for cash	9.8	43.7	91.9	15.3	21.2	2.4	1.3	32.6	26.9	3275
Husband's Work Status										
Working for cash	9.6	44.2	91.8	15.6	22.4	2.3	1.2	32.8	28.1	3346
Not working for cash	8.9	35.3	86.6	19.0	25.5	3.3	0.0	31.4	32.4	90
Husband not in household	15.7	45.4	86.3	15.2	19.8	5.7	1.8	28.6	29.0	90
Missing/DK	6.8	39.3	98.0	5.2	12.1	0.0	4.1	33.8	16.2	53

a- The data in this table is disaggregated by selected explanatory variables obtained from the reproductive health modules, which were applied only for the last birth in the past 5 years. The totals in this table thus do not represent all the under-5 children who participated in the child questionnaire.

A mother's knowledge of the danger signs of pneumonia is an important determinant of care-seeking behaviour. In the sub-MICS, mothers or caretakers were asked to report symptoms that would cause them to take a child under-five for care immediately at a health facility. Issues related to knowledge of danger signs of pneumonia are presented in Table CH.11. Overall, 28 percent of ever-married women recognize at least one of the two danger signs of pneumonia (fast and/or difficult breathing). The most commonly identified symptom for taking a child to a health facility is developing a fever which was reported by 92 percent of mothers. Sixteen percent of mothers identified fast breathing and 22 percent of mothers identified difficult breathing as symptoms for taking children immediately to a health care provider.

Differentials are clear by region, where mothers in Expansion Lower Egypt are more likely to recognize at least one symptom of danger signs of pneumonia (47 percent) which is almost twice the percentage reported by mothers in the other two regions.

In expansion phase Lower Egypt, fast breathing was recognised as a danger sign of pneumonia by 26 percent of mothers and difficult breathing by 36 percent of mothers, while in expansion phase Upper Egypt fast breathing was recognised as a danger sign of pneumonia by 14 percent of mothers and difficult breathing by 20 percent of mothers, and in the pilot phase, fast breathing was recognised as a danger sign of pneumonia by 12 percent of mothers and difficult breathing by 20 percent of mothers.

It is interesting to note that the knowledge that fast breathing is a danger sign of pneumonia was equal amongst mothers with no education and mothers with higher than secondary education (15 percent), while recognition of difficult breathing as a danger sign increased with an increase in the mother's education level (28 percent for higher than secondary education compared to only 17 percent for mothers with primary/preparatory education).

A higher percentage of mothers who attended 1-3 health education sessions recognized at least one of the two danger signs of pneumonia (fast and/or difficult breathing) (35 percent) more than mothers who did not attend any sessions (28 percent).

Solid Fuel Use

More than 3 billion people around the world rely on solid fuels for their basic energy needs, including cooking and heating. Solid fuels include biomass fuels, such as wood, charcoal, crops or other agricultural waste, dung, shrubs and straw, and coal. Cooking and heating with solid fuels leads to high levels of indoor smoke which contains a complex mix of health-damaging pollutants. The main problem with the use of solid fuels is their incomplete combustion, which produces toxic elements such as carbon monoxide, polyromantic hydrocarbons, and sulphur dioxide (SO₂), among others. Use of solid fuels increases the risks of incurring acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, asthma, or cataracts, and may contribute to low birth weight of babies born to pregnant women exposed to smoke. The primary indicator for monitoring use of solid fuels is the proportion of the population using solid fuels as the primary source of domestic energy for cooking, shown in Table CH.12.

Table CH.12 shows that almost all households in Egypt (98 percent) are using Liquefied Petroleum Gas (LPG) for cooking. Use of solid fuels is very low all over Egypt (0.4 percent). It is 0.8 percent in both pilot phase and in expansion phase Upper Egypt and there is almost no use of solid fuels in expansion phase Lower Egypt.

Table CH.12: Solid fuel use

Percent distribution of household members according to type of cooking fuel mainly used by the household, and percentage of household members living in households using solid fuels for cooking, Egypt Sub-National MICS, 2013-14

	Percentage of household members in households using:										Solid fuels for cooking [1]	Number of household members	
	Electricity	Liquefied Petroleum Gas (LPG)	Natural gas	Kerosene	Solid fuels: Coal / Lignite	Solid fuels: Wood	Solid fuels: Straw/ Shrub/ Grass	Solid fuels: Animal dung	No food cooked in household	Other			Total
Total	1.2	97.6	0.2	0.1	0.0	0.1	0.3	0.1	0.4	0.0	100.0	0.4	32452
Region													
Pilot Phase, Upper Egypt	0.7	98.0	0.0	0.4	0.1	0.2	0.4	0.1	0.0	0.0	100.0	0.8	1811
Pilot Phase with children under-5, Upper Egypt	0.6	98.9	0.1	0.0	0.0	0.0	0.1	0.0	0.2	0.0	100.0	0.1	2317
Expansion Phase, Upper Egypt	1.6	96.8	0.1	0.1	0.1	0.1	0.6	0.0	0.6	0.0	100.0	0.8	10254
Expansion Phase with children under-5, Upper Egypt	1.2	97.4	0.3	0.2	0.0	0.1	0.1	0.1	0.5	0.0	100.0	0.3	13557
Expansion Phase, Lower Egypt	0.4	99.0	0.3	0.1	0.0	0.0	0.0	0.0	0.2	0.0	100.0	0.0	1970
Expansion Phase with children under-5, Lower Egypt	0.4	99.4	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	2543
Education of household head													
No Education	1.4	96.7	0.1	0.5	0.1	0.0	0.7	0.0	0.5	0.0	100.0	0.8	8587
Primary/Preparatory	0.9	98.0	0.4	0.0	0.0	0.0	0.3	0.1	0.2	0.0	100.0	0.4	8946
Secondary	1.2	97.8	0.2	0.0	0.0	0.2	0.0	0.0	0.6	0.0	100.0	0.2	11276
Higher	0.9	98.9	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.0	100.0	0.0	3581
Missing/DK	21.4	71.7	0.0	0.0	0.0	0.0	6.9	0.0	0.0	0.0	100.0	6.9	61

[1] MICS indicator 3.15 - Use of solid fuels for cooking

Solid fuel use by place of cooking is shown in Table CH.13. The presence and extent of indoor pollution are dependent on cooking practices, places used for cooking, as well as types of fuel used. According to the Egypt sub-national MICS, 38 percent of households cook in a separate room used as a kitchen, 37 percent cook elsewhere inside the house, 5 percent in a separate building and 20 percent cook outdoors.

Table CH.13: Solid fuel use by place of cooking

Percent distribution of household members in households using solid fuels by place of cooking, Egypt Sub-National MICS, 2013-14

	Place of cooking:				Total	Number of household members in households using solid fuels for cooking
	In the house: In a separate room used as kitchen	In the house: Elsewhere in the house	In a separate building	Outdoors		
Total	38.1	37.3	4.9	19.7	100.0	139
Region						
Pilot Phase, Upper Egypt	*	*	*	*	100.0	18
Expansion Phase, Upper Egypt	34.4	39.8	5.7	20.1	100.0	121
Expansion Phase, Lower Egypt	-	-	-	-	100.0	0
Education of household head						
No Education	47.2	38.5	0.0	14.3	100.0	72
Primary/Preparatory	(40.6)	(9.4)	(18.6)	(31.4)	100.0	37
Secondary	*	*	*	*	100.0	26
Missing/DK	*	*	*	*	100.0	4

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

VII. Water and Sanitation

Safe drinking water is a basic necessity for good health and unsafe drinking water can be a significant carrier of numerous diseases. Drinking water can also be tainted with chemical, physical and radiological contaminants with harmful effects on human health. In addition to its association with disease, access to drinking water may be particularly important for women and children, especially in rural areas, who bear the primary responsibility for carrying water, often over long distances.

Inadequate disposal of human excreta and personal hygiene are associated with a range of diseases including diarrhoeal diseases and polio and are important determinants of stunting. Improved sanitation can reduce diarrhoeal disease by more than a third²⁷, and can substantially lessen the adverse health impacts of other disorders among millions of children in many countries.

The MDG goal (7, C) is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

For more details on water and sanitation and to access some reference documents, please visit the UNICEF child info website²⁸ or the website of the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation²⁹.

Use of Improved Water Sources

The distribution of the population by main source of drinking water is shown in Table WS.1 and Figure WS.1. Improved sources of drinking water include piped water (into dwellings, compounds, yards or plots and to neighbours or public taps/standpipes), tube wells/boreholes, protected wells, protected springs and rainwater collection. Bottled water is considered as an improved water source only if the household is also using an improved water source for hand washing and cooking.

²⁷ Cairncross, S et al. 2010. *Water, sanitation and hygiene for the prevention of diarrhoea*. International Journal of Epidemiology 39: i193-i205.

²⁸<http://www.childinfo.org/wes.html>

²⁹<http://www.wssinfo.org>

Table WS.1: Use of improved water sources													
Percent distribution of household population according to main source of drinking water and percentage of household population using improved drinking water sources, Egypt Sub-National MICS, 2013-14													
	Main source of drinking water											Percentage using improved sources of drinking water [1]	Number of household members
	Improved sources								Unimproved sources				
	Piped into dwelling	Piped into compound, yard or plot	Piped to neighbour	Public tap / standpipe	Tube well, Borehole	Protected well	Protected spring	Bottled water [a]	Cart with small tank / drum	Other	Total		
Total	89.8	2.7	1.5	2.5	2.7	0.6	0.0	0.0	0.0	0.2	100.0	99.8	32452
Region													
Pilot Phase, Upper Egypt	94.2	1.9	1.0	1.7	1.1	0.0	0.0	0.0	0.1	0.0	100.0	99.9	4129
Expansion Phase, Upper Egypt	92.4	3.3	1.8	1.1	1.3	0.0	0.0	0.0	0.0	0.3	100.0	99.7	23811
Expansion Phase, Lower Egypt	72.2	0.3	0.3	10.6	11.7	4.6	0.2	0.3	0.0	0.0	100.0	100.0	4512
Education of household head													
No Education	87.6	4.4	2.8	2.1	2.6	0.3	0.0	0.0	0.0	0.2	100.0	99.8	8587
Primary/Preparatory	89.2	2.8	1.4	2.2	3.4	0.7	0.0	0.0	0.0	0.2	100.0	99.8	8946
Secondary	91.3	1.8	.9	2.6	2.3	0.8	0.0	0.1	0.0	0.2	100.0	99.8	11276
Higher	92.3	0.7	0.0	3.7	2.4	0.7	0.0	0.1	0.1	0.0	100.0	99.9	3581
Missing/DK	76.3	11.6	0.0	0.0	12.1	0.0	0.0	0.0	0.0	0.0	100.0	100.0	61

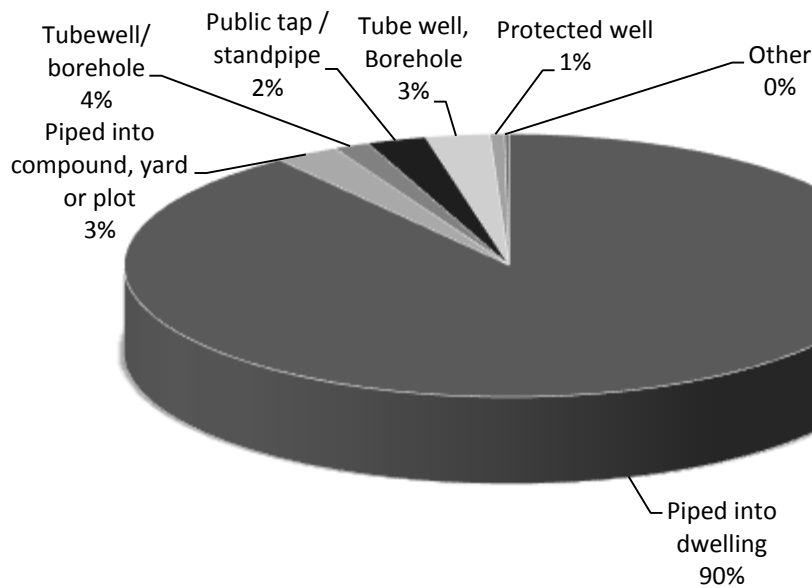
[1] MICS indicator 4.1; MDG indicator 7.8 - Use of improved drinking water sources

[a] Households using bottled water as the main source of drinking water are classified into improved or unimproved drinking water users according to the water source used for other purposes such as cooking and hand washing.

Virtually all of the population is using an improved source of drinking water with almost no variations across the three regions.

Some variations exist in the type of improved sources of drinking water. In pilot phase Upper Egypt, 96 percent of the population uses drinking water that is piped into their dwelling or into their yard or plot. In expansion phase Upper Egypt, 92 and 3 percent, use piped water into dwelling and compound/yard/plot respectively. In contrast, only 73 percent of those residing in expansion phase Lower Egypt use piped water either into dwelling or compound/yard/plot. In expansion phase Lower Egypt, the second most important source of drinking water is tube well or borehole (12 percent) followed by public tap or a standpipe (11 percent).

Figure WS.1: Percent distribution of household members by source of drinking water, Egypt Sub-National MICS, 2013-14



The use of household water treatment is presented in Table WS.2. Households were asked about ways in which they might be treating water at home to make it safer to drink. Boiling water, adding bleach or chlorine, using a water filter or using solar disinfection are considered as proper treatment methods for drinking water. The table shows water treatment methods adopted by all households and the percentage of household members living in households that use unimproved water sources but use appropriate water treatment methods.

Table WS.2: Household water treatment

Percentage of household population by drinking water treatment method used in the household, and for household members living in households where an unimproved drinking water source is used, the percentage who are using an appropriate treatment method, Egypt Sub-National MICS, 2013-14

	Water treatment method used in the household										Number of household members	Percentage of household members in households using unimproved drinking water sources and using an appropriate water treatment method [1]	Number of household members in households using unimproved drinking water sources
	None	Boil	Add bleach / chlorine	Strain through a cloth	Use water filter	Solar disinfection	Let it stand and settle	Other	Don't know	Total			
Total	83.9	0.6	0.0	0.2	5.4	0.0	10.0	0.1	0.0	100.0	32452	0.0	65
Region													
Pilot Phase, Upper Egypt	79.3	0.4	0.0	0.2	11.1	0.0	9.1	0.1	0.0	100.0	4129	*	3
Expansion Phase, Upper Egypt	85.6	0.6	0.1	0.2	2.8	0.0	10.8	0.1	0.0	100.0	23811	0.0	62
Expansion Phase, Lower Egypt	79.2	0.3	0.0	0.4	13.8	0.0	6.5	0.1	0.0	100.0	4512	-	-
Main source of drinking water													
Improved	83.9	0.6	0.0	0.2	5.4	0.0	10.0	0.1	0.0	100.0	32387	-	-
Unimproved	78.2	0.0	0.0	0.0	0.0	0.0	21.8	0.0	0.0	100.0	65	0.0	65
Education of household head													
No Education	87.7	0.2	0.1	0.1	1.7	0.0	10.3	0.0	0.0	100.0	8587	*	21
Primary/Preparatory	85.5	0.6	0.0	0.2	3.7	0.0	9.8	0.2	0.0	100.0	8946	*	16
Secondary	83.0	0.6	0.0	0.2	6.5	0.0	9.9	0.0	0.0	100.0	11276	0.0	26
Higher	74.0	1.2	0.2	0.5	14.8	0.0	9.7	0.0	0.0	100.0	3581	*	2
Missing/DK	69.0	0.0	0.0	0.0	0.0	0.0	31.0	0.0	0.0	100.0	61	-	-
[1] MICS indicator 4.2 - Water treatment													
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.													

About 84 percent of household members did not use a water treatment method (around 79 percent in pilot phase and expansion phase Lower Egypt and around 86 percent in expansion phase Upper Egypt). Among all household members 10 percent let water stand and settle, 5 percent used water filter as a water treatment method and less than 1 percent boil water.

There is relation between education level of household head and household members who did not use a water treatment method. This percentage of household member who don't use a water treatment method was lowest (74 percent) among household heads with higher than secondary education, while it was highest among household heads with no education (88 percent).

Of the small number of the household members who were not using an improved source of drinking water, no one used an appropriate water treatment method. Almost all of those household member rely on letting water stand and settle as a treatment method.

The amount of time it took to obtain water is presented in Table WS.3 and the person who usually collected the water in Table WS.4. Note that for Table WS.3, household members using water on premises are also shown in this table and for others, the results refer to one roundtrip from home to the drinking water source and that information on the number of trips made in one day was not collected in the survey.

Table WS.3 shows that for 95percent of households, the drinking water source is on the premises. The availability of water on premises is associated with higher use, better family hygiene and better health

outcomes. For a water collection round trip of 30 minutes or more it has been observed that households carry progressively less water and are likely to compromise on the minimal basic drinking water needs of the household. Less than one percent of those using an improved drinking water source spend 30 minutes or more per round trip. In Lower Egypt areas more households spend time in collecting water compared to those in Upper Egypt areas.

Table WS.3: Time to source of drinking water									
Percent distribution of household population according to time to go to source of drinking water, get water and return, for users of improved and unimproved drinking water sources, Egypt Sub-National MICS, 2013-14									
	Time to source of drinking water							Total	Number of household members
	Users of improved drinking water sources				Users of unimproved drinking water sources				
	Water on premises	Less than 30 minutes	30 minutes or more	Missing/DK	Less than 30 minutes	30 minutes or more	Missing/DK		
Total	95.3	3.8	0.5	0.3	0.1	0.1	0.0	100.0	32452
Region									
Pilot Phase, Upper Egypt	98.0	0.9	1.0	0.0	0.0	0.0	0.0	100.0	4129
Expansion Phase, Upper Egypt	98.5	1.1	0.1	0.0	0.1	0.1	0.0	100.0	23811
Expansion Phase, Lower Egypt	76.0	20.2	2.0	1.8	0.0	0.0	0.0	100.0	4512
Education of household head									
No Education	96.6	2.8	0.3	0.1	0.2	0.0	0.0	100.0	8587
Primary/Preparatory	95.1	4.1	0.5	0.2	0.0	0.2	0.0	100.0	8946
Secondary	94.9	3.9	0.5	0.5	0.1	0.0	0.1	100.0	11276
Higher	93.9	4.8	0.8	0.5	0.0	0.1	0.0	100.0	3581
Missing/DK	94.8	5.2	0.0	0.0	0.0	0.0	0.0	100.0	61

Table WS.4 shows that 5 percent of households in IPHN areas had no water sources on the premises (less than 2 percent in pilot phase and expansion phase Upper Egypt, while it was 24 Percent in expansion phase Lower Egypt) and that the percentage of households with no sources of drinking water on the premises surprisingly increased with education level of household heads.

When the source of drinking water was not on the premises, in more than two-thirds of cases (68 percent) an adult woman took the responsibility to collected water. Adult males collected water in 24 percent of cases, while for the remainder of the households water was less frequently collected by female or male children under the age of 15 years.

Table WS.4: Person collecting water										
Percentage of households without drinking water on premises, and percent distribution of households without drinking water on premises according to the person usually collecting drinking water used in the household, Egypt Sub-National MICS, 2013-14										
	Percentage of households without drinking water on premises	Number of households	Person usually collecting drinking water						Total	Number of households without drinking water on premises
			Adult woman (age 15+ years)	Adult man (age 15+ years)	Female child (under 15)	Male child (under 15)	DK	Missing		
Total	5.2	7046	67.5	24.1	3.4	3.2	0.8	0.9	100.0	368
Region										
Pilot Phase, Upper Egypt	1.8	898	*	*	*	*	*	*	*	16
Expansion Phase, Upper Egypt	1.7	5034	82.2	7.3	3.6	5.3	1.7	0.0	100.0	86
Expansion Phase, Lower Egypt	23.9	1114	64.2	27.7	3.5	2.8	0.6	1.2	100.0	266
Education of household head										
No Education	4.2	1913	77.3	19.0	2.0	0.0	1.8	0.0	100.0	81
Primary/Preparatory	5.6	1872	66.1	22.3	5.8	4.8	0.0	1.0	100.0	105
Secondary	5.3	2453	68.6	24.0	3.7	1.7	0.9	1.2	100.0	131
Higher	6.4	794	53.4	35.3	0.0	9.3	0.9	1.1	100.0	51
Missing/DK	*	15	*	*	*	*	*	*	*	1

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Use of Improved Sanitation

An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Improved sanitation facilities for excreta disposal include flush or pour flush to a piped sewerage system, septic tank or pit latrine, ventilated improved pit latrine, pit latrine with slab and use of a composting toilet. Data on the use of improved sanitation facilities in areas covered by the IPHN are presented in Table WS.5

Table WS.5 indicates that three-quarters of improved sanitation facilities were flush toilets connected to pit latrines (bayara), or septic tank (14 percent) and less likely to pipe sewer system (7 percent) which are typical of those in rural Egypt. The household population in expansion phase Upper Egypt areas most commonly used pit latrines (81 percent) and septic tanks (17 percent), while the most common type of sanitation facility in expansion phase Lower Egypt areas was a flush toilet connected to a pit latrine (38 percent) or connected to a sewage system (33 percent). However, the table indicates unimproved sanitation facilities are most likely to be used by households in expansion phase Lower Egypt (28 percent), which is consistent with the findings of the EDHS 2014. The use of improved sanitation facilities is positively associated with level of education of household.

Table WS.5: Types of sanitation facilities													
Percent distribution of household population according to type of toilet facility used by the household, Egypt Sub-National MICS, 2013-14													
	Type of toilet facility used by household											Total	Number of household members
	Improved sanitation facility						Unimproved sanitation facility						
	Flush to piped sewer system	Flush to septic tank	Flush to pit latrine (bayara)	Flush to unknown place/ Not ventilated	Improved Pit latrine (VIP)	Pit latrine with slab	Flush to some-where else	Pit latrine without slab / Open pit	Bucket	Missing/DK	Open defecation (no facility, bush field)		
Total	6.5	14.2	74.5	0.0	0.1	0.0	4.0	0.1	0.0	0.2	0.3	100.0	32452
Region													
Pilot Phase, Upper Egypt	8.1	12.7	78.9	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.1	100.0	4129
Expansion Phase Upper Egypt	1.2	17.1	80.7	0.0	0.1	0.1	0.1	0.2	0.0	0.3	0.3	100.0	23811
Expansion Phase Lower Egypt	33.2	0.5	38.0	0.1	0.0	0.0	28.1	0.0	0.0	0.1	0.0	100.0	4512
Education of household head													
No Education	3.2	17.2	76.4	0.0	0.0	0.0	2.2	0.1	0.0	0.3	0.5	100.0	8587
Primary/Prep.	6.3	14.5	74.6	0.0	0.3	0.1	3.5	0.3	0.0	0.2	0.2	100.0	8946
Secondary	8.0	11.7	75.0	0.0	0.0	0.0	5.0	0.1	0.0	0.0	0.1	100.0	11276
Higher	10.7	14.6	68.0	0.0	0.0	0.0	6.2	0.0	0.0	0.5	0.0	100.0	3581
Missing/DK	0.0	4.9	88.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.9	100.0	61

The MDGs and the WHO / UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation classify otherwise acceptable sanitation facilities which are public or shared between two or more households as unimproved. Therefore, “use of improved sanitation” is used both in the context of this report and as an MDG indicator to refer to improved sanitation facilities, which are not public or shared. Data on the use of improved sanitation are presented in Tables WS.6 and WS.7

As shown in table WS.6, 90 percent of the population in IPHN areas used improved sanitation that is not shared, the percentage being the highest in the pilot phase areas (97 percent) compared to the lowest in expansion phase Lower Egypt (70percent). There was no correlation between the education level of the household heads and the use of unshared improved sanitation facilities. Less than 5 percent of the total population in IPHN areas using improved sanitation shared a sanitation facility by 5 households or less. The highest percentage of sharing improved sanitation facilities with 5 households or less was found in expansion phase Upper Egypt (6 percent) and the lowest was recorded

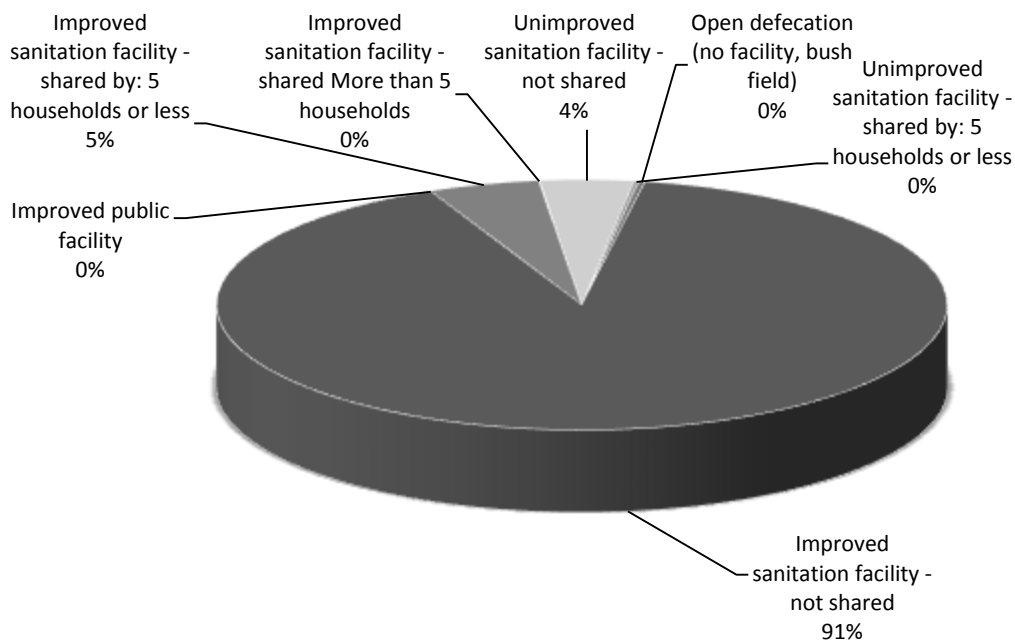
in expansion phase Lower Egypt (2 percent). Unimproved sanitation facilities was slightly less than 5 percent, mostly was unshared and located in expansion phase Lower Egypt.

Table WS.6: Use and sharing of sanitation facilities
 Percent distribution of household population by use of private and public sanitation facilities and use of shared facilities, by users of improved and unimproved sanitation facilities, Egypt Sub-National MICS, 2013-14

	Users of improved sanitation facilities				Users of unimproved sanitation facilities		Open defecation (no facility, bush field)	Total	Number of household members
	Not shared [1]	Public facility	Shared by: 5 households or less	Shared by: More than 5 households	Not shared	Shared by: 5 households or less			
Total	90.4	0.0	4.9	0.0	4.1	0.2	0.3	100.0	32452
Region									
Pilot Phase, Upper Egypt	96.9	0.1	2.7	0.0	0.1	0.0	0.1	100.0	4129
Expansion Phase, Upper Egypt	93.2	0.0	5.8	0.1	0.5	0.1	0.3	100.0	23811
Expansion Phase, Lower Egypt	69.6	0.0	2.2	0.0	27.2	1.0	0.0	100.0	4512
Education of household head									
No Education	90.1	0.0	6.6	0.1	2.5	0.2	0.5	100.0	8587
Primary/Preparatory	90.2	0.0	5.6	0.0	3.5	0.5	0.2	100.0	8946
Secondary	90.4	0.0	4.3	0.0	5.1	0.1	0.1	100.0	11276
Higher	91.6	0.1	1.5	0.2	6.7	0.0	0.0	100.0	3581
Missing/DK	93.1	0.0	0.0	0.0	0.0	0.0	6.9	100.0	61

[1] MICS indicator 4.3; MDG indicator 7.9 - Use of improved sanitation

Figure WS.2: Percent distribution of household members by use and sharing of sanitation facilities, Egypt Sub-National MICS, 2013-14



Having access to both an improved drinking water source and an improved sanitation facility brings the largest public health benefits to a household.³⁰In its 2008 report³¹, the JMP developed a new way of presenting the access figures, by disaggregating and refining the data on drinking-water and sanitation and reflecting them in "ladder" format. This ladder allows a disaggregated analysis of trends in a three rung ladder for drinking-water and a four-rung ladder for sanitation. For sanitation, this gives an understanding of the proportion of population with no sanitation facilities at all – who revert to open defecation, of those reliant on technologies defined by JMP as "unimproved," of those sharing sanitation facilities of otherwise acceptable technology, and those using "improved" sanitation facilities.

Table WS.7 presents the percentages of the household population by drinking water and sanitation ladders. The table also shows the percentage of household members using improved sources of drinking water and sanitary means of excreta disposal.

An analysis of the survey data using a three rung ladder for drinking water showed that almost all households' members in IPHN areas were using improved sources of drinking water with 93 percent using water piped into their dwelling or plot/yard, while 7percent had some other source of improved water. Less than 1 percent of the household population (only 0.2 percent) are using unimproved sources of drinking water.

An analysis of the survey data using a four rung ladder for sanitation shows that improved sanitation was used by 90 percent of household members (97 percent in the pilot phase areas, 93 percent in expansion phase Upper Egypt and only 70 percent in expansion phase Lower Egypt). The remaining 10 percent of household members used unimproved sanitation, which included shared use of improved facilities (5 percent) and the use of other unimproved sanitation facilities (5 percent).

Table WS.7: Drinking water and sanitation ladders											
Percentage of household population by drinking water and sanitation ladders, Egypt Sub-National MICS, 2013-14											
	Percentage of household population using:										Number of household members
	Improved drinking water [1]				Unimproved sanitation						
	Piped into dwelling, plot or yard	Other improved	Un-improved drinking water	Total	Improved sanitation [2]	Shared improved facilities	Un-improved facilities	Open defecation	Total	Improved drinking water sources and improved sanitation	
Total	92.5	7.3	0.2	100.0	90.4	5.0	4.4	0.3	100.0	90.2	32452
Region											
Pilot Phase, Upper Egypt	96.2	3.8	0.1	100.0	96.9	2.8	0.1	0.1	100.0	96.9	4129
Expansion Phase, Upper Egypt	95.6	4.1	0.3	100.0	93.2	5.9	0.6	0.3	100.0	93.0	23811
Expansion Phase, Lower Egypt	72.8	27.2	0.0	100.0	69.6	2.2	28.2	0.0	100.0	69.6	4512
Education of household head											
No Education	92.0	7.8	0.2	100.0	90.1	6.6	2.7	0.5	100.0	89.9	8587
Primary/Preparatory	92.0	7.8	0.2	100.0	90.2	5.6	4.0	0.2	100.0	90.0	8946
Secondary	93.2	6.6	0.2	100.0	90.4	4.3	5.2	0.1	100.0	90.2	11276
Higher	93.1	6.8	0.1	100.0	91.6	1.7	6.7	0.0	100.0	91.5	3581
Missing/DK	87.9	12.1	0.0	100.0	93.1	0.0	0.0	6.9	100.0	93.1	61
[1] MICS indicator 4.1; MDG indicator 7.8 - Use of improved drinking water sources											
[2] MICS indicator 4.3; MDG indicator 7.9 - Use of improved sanitation											

³⁰Wolf, J et al. 2014. *Systematic review: Assessing the impact of drinking water and sanitation on diarrheal disease in low- and middle-income settings: systematic review and meta-regression*. Tropical Medicine and International Health 2014.

DfID. 2013. *Water, Sanitation and Hygiene: Evidence Paper*. DfID: <http://r4d.dfid.gov.uk/pdf/outputs/sanitation/WASH-evidence-paper-april2013.pdf>

³⁰ WHO/UNICEF JMP. 2008. *MDG assessment report*. http://www.wssinfo.org/fileadmin/user_upload/resources/1251794333-JMP_08_en.pdf

Improved sources of drinking water and improved sanitation were used by 90 percent of household members in IPHN areas, with a somewhat higher figure in the pilot phase areas (97 percent) compared to expansion phase Lower Egypt (70 percent). There was a small positive correlation between the use of improved sources of drinking water and improved sanitation and the education level of the household head. The percentage was 93 percent among household heads with higher than secondary education level and 90 percent among household heads with no education.

Safe disposal of a child's faeces involves disposing of the stool by the child using a toilet or by rinsing the stool into a toilet or latrine. Disposal of faeces of children aged 0-2 years is presented in Table WS.8. The percentage of children aged 0-2 years whose last stools were disposed of safely was 64 percent: 69 percent in expansion phase Upper Egypt, 63 percent in pilot phase areas and 41 percent in expansion phase Lower Egypt.

The percentage of children aged 0-2 years whose last stools were disposed of safely is inversely proportional with mothers' education. It is the lowest among mothers who had higher education (48 percent), where is the highest among mothers who had no education (75 percent). This may be because better educated mothers are more likely to use diapers and dispose of them in the garbage. For almost one third of children aged 0-2 years, the last stool was thrown into garbage.

Table WS.8: Disposal of child's faeces											
Percent distribution of children age 0-2 years according to place of disposal of child's faeces, and the percentage of children age 0-2 years whose stools were disposed of safely the last time the child passed stools, Egypt Sub-National MICS, 2013-14											
	Place of disposal of child's faeces									Percentage of children whose last stools were disposed of safely [1]	Number of children age 0-2 years
	Child used toilet / latrine	Put / Rinsed into toilet or latrine	Put / Rinsed into drain or ditch	Thrown into garbage (solid waste)	Left in the open	Other	DK	Missing	Total		
Total	27.6	36.6	1.5	32.5	0.9	0.6	0.1	0.3	100.0	64.2	3261
Type of sanitation facility in dwelling											
Improved	27.8	37.1	1.5	31.7	0.9	0.7	0.1	0.3	100.0	64.9	3127
Unimproved	23.2	23.3	0.6	52.4	0.5	0.0	0.0	0.0	100.0	46.6	130
Open defecation	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	5
Region											
Pilot Phase, Upper Egypt	30.9	31.6	1.6	34.6	0.4	1.0	0.0	0.0	100.0	62.5	414
Expansion Phase, Upper Egypt	26.8	42.1	1.7	27.1	1.1	0.7	0.1	0.4	100.0	68.9	2387
Expansion Phase, Lower Egypt	28.6	12.7	0.2	58.5	0.0	0.0	0.0	0.0	100.0	41.4	461
Mother's education											
No Education	27.6	47.2	1.4	19.7	2.5	1.4	0.0	0.2	100.0	74.8	727
Primary/Preparatory	26.0	44.1	2.2	25.9	0.4	0.4	0.4	0.7	100.0	70.1	737
Secondary	27.6	32.6	1.5	37.4	0.5	0.3	0.0	0.1	100.0	60.2	1393
Higher	30.4	17.6	0.4	50.2	0.0	0.9	0.0	0.6	100.0	48.0	404

[1] MICS indicator 4.4 - Safe disposal of child's faeces

Hand washing

Hand washing with water and soap is the most cost effective health intervention to reduce the incidence of both diarrhoea and pneumonia in children under five. It is most effective when done using water and soap after visiting a toilet or cleaning a child, before eating or handling food and before feeding a child.

Monitoring correct hand washing behaviour at these critical times is challenging. This survey assessed the likelihood that correct hand washing behaviour takes place by observing if a household had a

specific place where people most often wash their hands and observing if water and soap (or other local cleansing materials) were present at a specific place for hand washing.

Table WS.9: Water and soap at place for hand washing											
Percentage of households where place for hand washing was observed, percentage with no specific place for hand washing, and percent distribution of households by availability of water and soap at specific place for hand washing, Egypt Sub-National MICS, 2013-14											
	Percentage of households:			Percentage of households:			Percentage of households:			Percentage of households:	
	Where place for hand washing was observed	With no specific place for hand washing in the dwelling, yard, or plot	Number of households	Place for hand washing observed: Water is available and: Soap present	Place for hand washing observed: Water is available and: No soap: No other cleansing agent present	Place for hand washing observed: Water is not available and: Soap present	Place for hand washing observed: Water is not available and: No soap: No other cleansing agent present	No specific place for hand washing in the dwelling, yard, or plot	Total	Percentage of households with a specific place for hand washing where water and soap or other cleansing agent are present [1]	Number of households where place for hand washing was observed or with no specific place for hand washing
Total	88.9	1.4	7046	88.7	7.7	0.9	1.2	1.5	100.0	88.7	6358
Region											
Pilot Phase, Upper Egypt	86.8	0.7	898	92.1	6.2	0.7	0.2	0.8	100.0	92.1	786
Expansion Phase, Upper Egypt	88.2	1.8	5034	86.0	9.3	1.1	1.6	2.0	100.0	86.0	4527
Expansion Phase, Upper Egypt	93.6	0.2	1114	97.4	2.2	0.2	0.1	0.2	100.0	97.4	1045
Education of household head											
No Education	87.5	1.9	1913	82.2	13.0	0.9	1.8	2.1	100.0	82.2	1710
Primary/Preparatory	89.0	1.4	1872	87.5	8.4	1.2	1.4	1.5	100.0	87.5	1691
Secondary	89.7	1.1	2453	93.0	4.6	0.7	0.6	1.2	100.0	93.0	2227
Higher	89.4	1.2	794	94.1	3.0	0.9	0.7	1.3	100.0	94.1	720
Missing/DK	*	*	15	*	*	*	*	*	100.0	*	10
[1] MICS indicator 4.5 - Place for hand washing											
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.											

In IPHN areas, only 89 percent of the households with a specific place for hand washing was observed while 2 percent households could not indicate a specific place where household members usually wash their hands and around 10 percent of the households did not give a permission to see the place used for hand washing (Table WS.9). Among household where a place for hand washing was observed or in which there was no specific place for hand washing, almost nine in ten households (89 percent) had both water and soap (or other cleansing agent) present.

nt at the specific place. Eight percent of the households had only water available at the specific place, while in 1 percent of the households the place only had soap but no water. The remaining 1 percent of households had neither water nor soap available at the specific place for hand washing.

Table WS.10 indicates that 3 percent of the households were not able or refused to show any soap present in the household, whereas another 3 percent did not have any soap in the households, leaving the remaining 83 percent of households, in which either the soap was observed or shown to the interviewer.

Table WS.10: Availability of soap or other cleansing agent

Percent distribution of households by availability of soap in the dwelling, Egypt Sub-National MICS, 2013-14

	Place for hand washing observed					Place for hand washing not observed					Total	Percentage of households with soap anywhere in the dwelling [1]	Number of households
	Soap or other cleansing agent observed	Soap or other cleansing agent not observed: Soap or other cleansing agent shown	Soap or other cleansing agent not observed at place for hand washing: No soap or other cleansing agent in household	Soap or other cleansing agent not observed at place for hand washing: Not able/Does not want to show soap or other cleans	Missing	Soap or other cleansing agent not observed: Soap or other cleansing agent shown	Soap or other cleansing agent not observed at place for hand washing: No soap or other cleansing agent in household	Soap or other cleansing agent not observed at place for hand washing: Not able/Does not want to show soap or other cleans	Missing				
Total	80.8	2.0	2.8	3.2	0.0	4.2	1.4	5.5	0.1	100.0	87.0	7046	
Region													
Pilot Phase, Upper Egypt	81.2	1.6	1.1	2.8	0.1	4.1	1.7	7.3	0.0	100.0	86.9	898	
Expansion Phase, Upper Egypt	78.4	2.4	3.6	3.8	0.0	4.6	1.5	5.7	0.1	100.0	85.3	5034	
Expansion Phase, lower Egypt	91.5	0.7	0.5	0.8	0.0	2.1	0.7	3.6	0.0	100.0	94.3	1114	
Education of household head													
No Education	74.3	2.8	5.0	5.5	0.0	4.7	2.6	5.2	0.0	100.0	81.7	1913	
Primary/Prep.	80.1	1.8	3.4	3.6	0.1	4.6	1.2	5.3	0.0	100.0	86.5	1872	
Secondary	85.0	1.8	1.3	1.7	0.0	3.7	0.8	5.7	0.0	100.0	90.5	2453	
Higher	86.1	1.1	0.8	1.4	0.0	3.4	0.3	6.3	0.6	100.0	90.6	794	
Missing/DK	*	*	*	*	*	*	*	*	*	100.0	*	15	
[1] MICS indicator 4.6 - Availability of soap or other cleansing agent													
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.													

VIII. Reproductive Health

The standard MICS individual woman questionnaire is applied to all women. However, this sub-national MICS specifically targeted ever-married women age 15-49, as beneficiaries of the perinatal health services offered by IPHN. In addition, this sub-national MICS also deviated from the standard MICS by applying the reproductive health modules to women with a live birth in the last 5 years, instead of in the last 2 years, so as to ensure an adequate number of responses. The MDG and MICS indicators presented here are thus not fully comparable to the standard MICS indicators.

Early Childbearing

Sexual activity and childbearing early in life carry significant risks for young people all around the world. Table RH.3 presents some early childbearing indicators for women age 15-19 and 20-24 while Table RH.4 presents the trends for early childbearing.

Table RH.3: Early childbearing					
Percentage of ever-married women age 15-19 years who have had a live birth, have begun childbearing, and who have had a live birth before age 15, and percentage of ever-married women age 20-24 years who have had a live birth before age 18, Egypt Sub-National MICS, 2013-14					
	Percentage of ever-married women age 15-19 who:		Number of ever-married women age 15-19	Percentage of ever-married women age 20-24 who have had a live birth before age 18 [1]	Number of ever-married women age 20-24
	Have had a live birth	Have had a live birth before age 15			
Total	47.0	0.0	247	5.8	1002
Region					
Pilot Phase, Upper Egypt	*	*	22	9.8	122
Expansion Phase, Upper Egypt	46.9	0.0	201	9.1	740
Expansion Phase, Lower Egypt	*	*	24	6.0	141
Woman's education					
No Education	*	*	23	16.9	124
Primary/Preparatory	54.2	0.0	106	17.2	236
Secondary	40.7	0.0	111	5.0	525
Higher	*	*	7	0.4	117
Husband's education					
No Education	*	*	14	11.4	87
Primary/Preparatory	28.3	0.0	54	9.1	234
Secondary	49.3	0.0	148	9.3	528
Higher	*	*	22	5.2	134
Husband not in household	*	*	9	*	20
Woman's Work Status					
Working for cash	*	*	1	(0.0)	32
Not working for cash	47.0	0.0	246	9.1	971
Husband's Work Status					
Working for cash	49.8	0.0	222	8.5	941
Not working for cash	*	*	13	*	23
Husband not in household	*	*	9	*	20
Missing/DK	*	*	3	*	20
1 MICS indicator 5.2 - Early childbearing					
Note: The question about current pregnancy (CP1) was not asked					
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.					
Note: Figures in parentheses are based on 25-49 unweighted cases.					

As shown in Table RH.3, 47 percent of interviewed ever-married women age 15-19 have already had a birth. No live births before the age of 15 were observed, while 6 percent of ever-married women age 20-24 have had a live birth before age 18, mostly among mothers who had no education. Due to small number of interviewed ever-married women aged 15-19 the percentage for pilot phase Upper Egypt, and expansion phase Lower Egypt cannot be calculated.

Table RH.4: Trends in early childbearing																
Percentage of ever-married women who have had a live birth, by age 15 and 18, by area and age group, Egypt Sub-National MICS, 2013-14																
	Pilot Phase, Upper Egypt				Expansion Phase, Upper Egypt				Expansion Phase, Lower Egypt				All			
	Percentage of ever-married women with a live birth before age 15	Number of ever-married women age 15-49 years	Percentage of ever-married women with a live birth before age 18	Number of ever-married women age 20-49 years	Percentage of ever-married women with a live birth before age 15	Number of ever-married women age 15-49 years	Percentage of ever-married women with a live birth before age 18	Number of ever-married women age 20-49 years	Percentage of ever-married women with a live birth before age 15	Number of ever-married women age 15-49 years	Percentage of ever-married women with a live birth before age 18	Number of ever-married women age 20-49 years	Percentage of ever-married women with a live birth before age 15	Number of ever-married women age 15-49 years	Percentage of ever-married women with a live birth before age 18	Number of ever-married women age 20-49 years
Total	1.5	736	12.9	714	1.6	4203	16.5	4003	0.2	907	5.9	883	1.4	5847	14.4	5600
Age																
15-19	*	22	na	na	0.0	201	-	-	*	24	na	na	0.0	247	-	-
20-24	1.4	122	9.8	122	0.5	740	9.1	740	0.4	141	6.0	141	0.6	1002	8.8	1002
25-29	1.1	177	8.7	177	1.2	1034	14.5	1034	0.0	236	3.6	236	1.0	1447	12.0	1447
30-34	1.1	137	16.6	137	1.9	668	17.3	668	0.3	181	4.8	181	1.5	986	14.9	986
35-39	1.3	113	10.3	113	2.0	600	18.6	600	0.4	140	4.9	140	1.6	853	15.2	853
40-44	2.9	89	20.0	89	3.7	508	25.6	508	0.0	101	8.3	101	3.1	698	22.4	698
45-49	2.2	77	16.8	77	2.0	453	19.2	453	0.5	84	13.1	84	1.9	613	18.1	613
na	Not applicable															

Table RH.4 demonstrates early childbearing trends by regions and age groups. In the age groups 40-44 and 45-49 the percentage of ever-married women giving birth before age 18, are 22 and 18 percent respectively (the highest percentage is among women living in the expansion phase Upper Egypt), and declines among women in younger age groups to 12 percent in the age group 25-29 and only 9 percent in the age group 20-24. Also the percentage of ever-married women giving birth before age 15 decreases among women in the younger age groups. Overall, only 1% of ever-married women had had a live birth before age 15, with little difference between geographical regions and age groups.

Antenatal Care

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and new-born health. For example, antenatal care can be used to inform women and families about the danger signs and symptoms in pregnancy and about the risks of labour and delivery, and it may provide the route for ensuring that pregnant women do, in practice, deliver with the assistance of a skilled health care provider. Antenatal visits also provide an opportunity to supply information on birth spacing, which is recognized as an important factor in improving infant survival. Tetanus immunization during pregnancy can be life-saving for both the mother and infant. The prevention and treatment of management of anaemia during pregnancy and treatment of sexually transmitted infections (STIs) can significantly improve foetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infections during pregnancy.

WHO recommends a minimum of four antenatal visits based on a review of the effectiveness of different models of antenatal care WHO guidelines are specific on the content on antenatal care visits, which include:

- Blood pressure measurement
- Urine testing for bacteriuria and proteinuria
- Blood testing to detect syphilis and severe anaemia
- Weight/height measurement (optional)

It is of crucial importance for pregnant women to start attending antenatal care visits as early in pregnancy as possible in order to prevent and detect pregnancy conditions that could affect both the woman and her baby. Antenatal care should continue throughout the entire pregnancy.

Antenatal care coverage indicators (at least one visit with a skilled provider and 4 or more visits with any providers) are used to track progress toward the Millennium Development Goal 5 of improving maternal health.

Table RH.7: Antenatal care coverage							
Percent distribution of ever-married women age 15-49 years with a live birth in the last five years by antenatal care provider during the pregnancy for the last birth, Egypt Sub-National MICS, 2013-14							
	Provider of antenatal care [a]				Total	Any skilled provider [1]	Number of ever-married women with a live birth in the last five years
	Medical doctor	Nurse / Midwife	Other/ missing	No antenatal care			
Total	90.0	0.5	0.0	9.5	100.0	90.5	3605
Region							
Pilot Phase, Upper Egypt	88.5	0.9	0.0	10.6	100.0	89.4	464
Expansion Phase, Upper Egypt	88.4	0.4	0.0	11.1	100.0	88.9	2582
Expansion Phase, Lower Egypt	98.5	0.3	0.0	1.2	100.0	98.8	560
Mother's age at birth							
Less than 20	86.2	0.6	0.0	13.2	100.0	86.8	1284
20-34	92.0	0.4	0.0	7.6	100.0	92.4	2300
35-49	*	*	*	*	100.0	*	16
Missing	*	*	*	*	100.0	*	6
Birth order							
1	97.1	0.2	0.1	2.6	100.0	97.3	769
2-3	90.6	0.4	0.0	8.9	100.0	91.1	1672
4-5	86.8	0.4	0.0	12.7	100.0	87.3	791
6+	78.7	1.5	0.0	19.8	100.0	80.2	367
Woman's education							
No Education	82.2	0.9	0.1	16.9	100.0	83.1	868
Primary/Preparatory	89.4	0.3	0.0	10.3	100.0	89.7	817
Secondary	92.7	0.5	0.0	6.8	100.0	93.2	1491
Higher	97.5	0.0	0.0	2.5	100.0	97.5	429
Husband's education							
No Education	78.5	1.3	0.1	20.1	100.0	79.8	400
Primary/Preparatory	87.7	0.5	0.0	11.8	100.0	88.2	902
Secondary	92.8	0.2	0.0	7.0	100.0	93.0	1702
Higher	93.2	0.8	0.0	6.0	100.0	94.0	509
Husband not in household	92.2	0.5	0.0	7.3	100.0	92.7	91
Missing/DK	*	*	*	*	100.0	*	2
Woman's Work Status							
Working for cash	95.7	0.0	0.0	4.3	100.0	95.7	307
Not working for cash	89.5	0.5	0.0	10.0	100.0	90.0	3299
Husband's Work Status							
Working for cash	90.3	0.4	0.0	9.2	100.0	90.8	3368
Not working for cash	78.9	1.9	0.0	19.2	100.0	80.8	91
Husband not in household	92.2	0.5	0.0	7.3	100.0	92.7	91
Missing/DK	83.3	0.8	0.0	15.9	100.0	84.1	55

[1] MICS indicator 5.5a; MDG indicator 5.5 - Antenatal care coverage

[a] Only the most qualified provider is considered in cases where more than one provider was reported.

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

The IPHN reinforces the MoH maternal and child health care protocols through training of health care workers and supervisors, and through strengthening the supervisory system of MoH. The MoH protocols specify a minimum of 5 ANC visits, with the first in the first trimester and the last at 38-40 weeks of pregnancy.

The type of personnel providing antenatal care to women age 15-49 years who gave birth in the five years preceding the survey is presented in Table RH.7. The results show that less than 10 percent of women do not receive antenatal care. In Egypt, the majority (90 percent) of antenatal care is provided by medical doctors. Medical doctors provided antenatal care to almost all women of the expansion phase Lower Egypt and to 89 percent of women in pilot phase and 88 percent of women in the expansion phase Upper Egypt. Only a minority of women receive care from a nurse/midwife.

Mother's age at birth, birth order and women's education are important factors in selecting skilled providers to provide the antenatal care. Mothers who were younger (less than 20 years), of higher birth orders, and with little education, were more likely have received no antenatal care during pregnancy.

Results from Table RH.7 also indicates that the majority of ever-married women who gave birth in the past 5 years prior to the survey have received antenatal care from a private sector provider. Slightly more than half of the women received care from a private sector only, 9 percent received care from a public sector provider while 28 percent received antenatal care from both public and private sector. Obtaining antenatal care from both public and private sector providers is relatively common in Egypt, as most women obtain their tetanus toxoid vaccination from the public sector, necessitating at least one antenatal visit with the public sector.

Table RH.MoRES1: Reasons for preference for private antenatal care provider								
Percentage of ever-married women age 15-49 with a live birth in the last 5 years and who attended ANC with a private provider, by reason for preference for private antenatal care provider, Egypt Sub-National MICS, 2013-14								
	Percentage of ever-married women who reported							Number of ever-married women who had a live birth in the last five years, and who had attended private ANC
	Better quality of services	Provider more skilled	Shorter waiting times	More convenient clinic times	Female provider available	Continuity of care	Other	
Total	76.6	80.2	6.3	8.5	3.3	5.9	0.1	2950
Region								
Pilot Phase, Upper Egypt	78.5	73.0	8.5	14.7	3.3	5.7	0.0	357
Expansion Phase, Upper Egypt	75.7	81.2	4.8	6.2	3.0	4.3	0.2	2061
Expansion Phase, Lower Egypt	78.6	81.0	10.9	13.1	4.6	12.2	0.2	533
Mother's Age at birth								
Less than 20	76.9	80.3	1.5	6.3	2.9	5.7	0.0	203
20-34	76.2	80.5	6.9	9.0	3.3	6.2	0.2	2426
35-49	79.0	77.6	5.5	6.5	3.3	4.2	0.0	316
Woman's education								
No Education	74.2	81.9	4.2	5.7	3.7	3.8	0.0	627
Primary/Preparatory	74.9	81.5	5.8	6.8	2.4	4.3	0.2	643
Secondary	76.8	79.2	6.9	9.6	3.2	6.5	0.2	1281
Higher	82.4	78.6	8.7	12.2	4.5	10.1	0.2	400
Husband's education								
No Education	72.1	84.5	4.8	5.3	4.2	3.9	0.2	279
Primary/Preparatory	76.1	78.9	5.3	7.0	2.9	5.4	0.3	708
Secondary	76.8	80.6	6.7	9.2	2.9	6.1	0.1	1442
Higher	80.0	77.1	7.0	10.4	4.7	7.8	0.1	447
Husband not in household	72.1	85.7	12.0	10.7	4.1	3.2	0.0	73
Missing/DK	*	*	*	*	*	*	*	2
Woman's Work Status								
Working for cash	76.4	78.6	7.0	12.6	4.0	9.5	0.0	275
Not working for cash	76.6	80.3	6.3	8.1	3.2	5.5	0.2	2676

	Percentage of ever-married women who reported							Number of ever-married women who had a live birth in the last five years, and who had attended private ANC
	Better quality of services	Provider more skilled	Shorter waiting times	More convenient clinic times	Female provider available	Continuity of care	Other	
Husband's Work Status								
Working for cash	76.5	80.3	6.3	8.4	3.3	6.0	0.2	2781
Not working for cash	88.7	73.6	0.9	7.9	3.1	3.9	0.0	57
Husband not in household	72.1	85.7	12.0	10.7	4.1	3.2	0.0	73
Missing/DK	(68.3)	(70.4)	(8.9)	(15.7)	(1.5)	(5.3)	(0.0)	39
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.								
Note: Figures in parentheses are based on 25-49 unweighted cases.								

Table RH.MoRES1 shows reasons for preference for a private antenatal care provider. The table presents the percent distribution ever-married women age 15-49 with a live birth in the last 5 years and who attended ANC with a private provider, by reason for preference for private antenatal care provider.

The reasons reported by women for preference of a private antenatal care provider are mainly better perceived quality of care, namely more skilled provider (80 percent) and better quality of service (77 percent), while other reasons such as more convenient clinic times account for only 9 percent, shorter waiting time and continuity of care accounts for only 6 percent for each, and availability of female providers accounts for only 3 percent.

Variation by region is limited where 81 percent reported more skilled provider in Expansion phases, both in Upper and Lower Egypt, compared with 73 percent in the pilot phase. Better quality of care was the reason reported by 79 percent of cases in both pilot phase and expansion phase Lower Egypt, while it was the reason in 76 percent of cases in expansion phase Upper Egypt. More convenient clinic time was the reason in 15 percent of cases in the pilot phase, 13 percent in expansion phase Lower Egypt and only 6 percent in expansion phase Upper Egypt. The other reasons show same pattern. In order to encourage women to shift from the poorly-regulated private sector to the public sector, it will be necessary to improve the skills of public providers.

Table RH.8: Number of antenatal care visits and timing of first visit																		
Percent distribution of ever-married women age 15-49 years with a live birth in the last five years by number of antenatal care visits by any provider and by the timing of first antenatal care visits, Egypt Sub-National MICS, 2013-14																		
	Percent distribution of ever-married women who had:							Percent distribution of ever-married women by number of months pregnant at the time of first antenatal care visit							Number of ever-married women with a live birth in the last five years	Median months pregnant at the first ANC visit	Number of ever-married women with a live birth in the last five years who had at least one ANC visit	
	No antenatal care visits	One visit	Two visits	Three visits	4 or more visits [1]	Missing/DK	Total	No antenatal care visits	First trimester	4-5 months	6-7 months	8+ months	DK/ Missing	Total				
Total	9.5	1.3	3.2	5.1	80.7	0.2	100.0	9.5	75.1	12.1	2.2	1.0	0.1	100.0	3605	5	3605	
Region																		
Pilot Phase, Upper Egypt	10.6	0.7	2.0	4.6	81.7	0.3	100.0	10.6	74.5	12.3	1.9	0.6	0.1	100.0	464	4	464	
Expansion Phase, Upper Egypt	11.1	1.6	3.5	5.6	77.9	0.2	100.0	11.1	72.5	12.6	2.3	1.3	0.1	100.0	2582	5	2582	
Expansion Phase, Lower Egypt	1.2	0.3	2.6	3.2	92.6	0.1	100.0	1.2	87.6	9.4	1.5	0.2	0.1	100.0	560	4	560	
Mother's age at birth																		
Less than 20	13.2	1.8	3.6	5.5	75.8	0.1	100.0	13.2	69.2	14.3	2.1	1.3	0.0	100.0	1284	5	1284	
20-34	7.6	1.0	3.0	4.8	83.4	0.2	100.0	7.6	78.2	11.0	2.2	0.8	0.2	100.0	2300	5	2300	
35-49	*	*	*	*	*	*	100.0	*	*	*	*	*	*	100.0	16	-	16	
Missing	*	*	*	*	*	*	100.0	*	*	*	*	*	*	100.0	6	-	6	
Birth order																		
1	2.6	0.1	1.2	2.6	93.5	0.1	100.0	2.6	88.9	8.0	0.5	0.0	0.0	100.0	769	4	769	
2-3	8.9	1.1	2.7	5.6	81.4	0.3	100.0	8.9	76.1	11.6	2.2	0.9	0.2	100.0	1672	4	1672	
4-5	12.7	1.9	3.9	6.3	74.9	0.3	100.0	12.7	68.2	14.3	2.8	1.8	0.1	100.0	791	5	791	
6+	19.8	3.5	8.5	5.6	62.6	0.0	100.0	19.8	56.3	18.1	4.0	1.8	0.0	100.0	367	5	367	
Woman's education																		
No Education	16.9	1.9	5.3	6.2	69.5	0.2	100.0	16.9	62.6	15.8	2.9	1.6	0.2	100.0	868	5	868	
Primary/Preparatory	10.3	1.9	3.3	6.6	77.7	0.2	100.0	10.3	72.6	13.5	2.6	0.9	0.2	100.0	817	5	817	
Secondary	6.8	0.9	2.4	4.8	84.8	0.2	100.0	6.8	79.7	10.9	1.5	1.0	0.0	100.0	1491	4	1491	
Higher	2.5	0.1	1.3	1.3	94.6	0.1	100.0	2.5	89.2	6.0	2.0	0.1	0.1	100.0	429	4	429	
Husband's education																		
No Education	20.1	2.4	6.3	6.5	64.3	0.4	100.0	20.1	60.3	15.1	3.4	1.2	0.0	100.0	400	5	400	
Primary/Preparatory	11.8	2.4	3.5	5.2	77.1	0.0	100.0	11.8	70.5	13.7	2.3	1.5	0.2	100.0	902	5	902	
Secondary	7.0	0.9	2.6	5.1	84.1	0.3	100.0	7.0	78.5	11.5	1.9	1.0	0.2	100.0	1702	4	1702	
Higher	6.0	0.0	1.7	3.7	88.6	0.0	100.0	6.0	84.1	8.2	1.3	0.4	0.0	100.0	509	4	509	
Husband not in household	7.3	0.0	5.6	6.0	80.5	0.5	100.0	7.3	72.0	15.5	5.2	0.0	0.0	100.0	91	5	91	
Missing/DK	*	*	*	*	*	*	100.0	*	*	*	*	*	*	100.0	2	-	2	
Woman's Work Status																		
Working for cash	4.3	0.8	1.3	3.9	89.1	0.6	100.0	4.3	83.0	10.3	2.0	0.4	0.0	100.0	307	5	307	
Not working for cash	10.0	1.3	3.4	5.2	79.9	0.2	100.0	10.0	74.4	12.3	2.2	1.1	0.1	100.0	3299	5	3299	
Husband's Work Status																		
Working for cash	9.2	1.3	3.2	5.1	81.1	0.2	100.0	9.2	75.7	12.0	2.0	1.0	0.1	100.0	3368	4	3368	
Not working for cash	19.2	2.7	3.7	5.5	66.9	1.9	100.0	19.2	63.9	11.6	5.3	0.0	0.0	100.0	91	5	91	
Husband not in household	7.3	0.0	5.6	6.0	80.5	0.5	100.0	7.3	72.0	15.5	5.2	0.0	0.0	100.0	91	5	91	
Missing/DK	15.9	0.0	0.0	2.9	81.2	0.0	100.0	15.9	64.0	13.1	3.6	3.3	0.0	100.0	55	5	55	

[1] MICS indicator 5.5b; MDG indicator 5.5 - Antenatal care coverage. *Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table RH.8 shows number of antenatal care visits during the last pregnancy during the five years preceding the survey, regardless of provider by selected characteristics. Almost nine in ten mothers (89 percent) receive antenatal care more than once, and four in five mothers received antenatal care at least four times (81 percent). Mothers living in the expansion phase Upper Egypt, mothers with high number of children and those with no education are less likely than other mothers to receive ANC four or more times. For example, 78 percent of the women living in expansion phase Upper Egypt reported four or more antenatal care visits compared with 93 percent among those living in expansion phase Lower Egypt. Mothers with higher parity are less likely to receive four or more antenatal care visits, where less than two-thirds of mothers with 6 or more children reported four or more antenatal care visits compared with 94 percent among those in their first pregnancy. Slightly more than two-thirds of women with no education reported four or more antenatal care visits compared with 95 percent among those with higher than Secondary education.

Table RH.8 also provides information about the timing of the first antenatal care visit. Overall, 75 percent of women with a live birth in the last five years had their first antenatal care visit during the first trimester of their last pregnancy. A higher proportion of women in the expansion phase, Lower Egypt received antenatal care in the first trimester of pregnancy (88%) as compared to women in the pilot phase (75%).

Table RH.MoRES2: Reasons for late attendance of antenatal care												
Percentage of ever-married women age 15-49 with a live birth in the last 5 years, and who attended ANC after 12 weeks of pregnancy, by reasons for late attendance, Egypt Sub-National MICS, 2013-14												
	Percent distribution of ever-married women who reported											
	Too expensive	Facility too far/ no transport available	Poor quality service	No female provider available	Husband/ family did not allow	Concern that there will be no health provider	Not necessary/ satisfied with progress of pregnancy	Not time for tetanus toxoid vaccination	Not time for iron supplementation	Waiting for period of spontaneous abortions to pass	Other	Number of ever-married women who had a live birth in the last five years, and who had late attendance of ANC
Total	10.1	1.9	0.7	0.1	0.6	0.0	82.3	12.2	1.2	0.0	0.7	554
Region												
Pilot Phase, Upper Egypt	8.5	1.3	3.6	0.0	2.0	0.0	83.4	14.2	0.6	0.0	0.0	69
Expansion Phase, Upper Egypt	11.0	1.8	0.4	0.0	0.4	0.0	81.4	12.8	1.5	0.0	0.8	422
Expansion Phase, Lower Egypt	5.4	3.5	0.0	1.0	0.7	0.0	86.9	6.1	0.0	0.0	0.9	63
Mother's Age at birth												
Less than 20	(10.8)	(0.0)	(0.0)	(0.0)	(1.3)	(0.0)	(74.9)	(23.4)	(0.0)	(0.0)	(0.0)	34
20-34	9.8	2.1	0.8	0.0	0.7	0.0	83.0	12.6	1.2	0.0	0.5	436
35-49	11.2	1.5	0.5	0.7	0.0	0.0	81.5	6.2	1.9	0.0	2.1	85
Woman's education												
No Education	11.7	2.7	0.5	0.0	0.0	0.0	84.5	14.5	2.9	0.0	0.0	178
Primary/Preparatory	11.8	0.8	1.8	0.0	0.0	0.0	74.7	12.7	0.9	0.0	0.0	140
Secondary	8.1	1.9	0.0	0.0	0.6	0.0	86.1	10.5	0.2	0.0	1.6	201
Higher	(6.3)	(1.7)	(1.5)	(1.7)	(6.3)	(0.0)	(79.8)	(9.1)	(0.0)	(0.0)	(1.7)	36
Husband's education												
No Education	10.8	.5	0.6	0.0	0.6	0.0	81.9	15.8	4.5	0.0	0.0	79
Primary/Preparatory	8.3	1.9	1.6	0.0	0.4	0.0	85.7	11.3	0.4	0.0	0.0	160
Secondary	9.4	1.9	0.2	0.2	0.8	0.0	82.8	12.6	0.4	0.0	1.5	247
Higher	5.4	1.0	1.1	0.0	0.9	0.0	76.1	11.6	3.2	0.0	0.0	50
Husband not in household	*	*	*	*	*	*	*	*	*	*	*	19
Woman's Work Status												
Working for cash	(1.6)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(88.1)	(8.8)	(4.4)	(0.0)	(1.5)	39
Not working for cash	10.7	2.0	0.8	0.1	0.7	0.0	81.8	12.5	1.0	0.0	0.6	515
Husband's Work Status												
Working for cash	8.2	1.7	0.8	0.1	0.6	0.0	84.1	12.1	1.3	0.0	0.7	509
Not working for cash	*	*	*	*	*	*	*	*	*	*	*	15
Husband not in household	*	*	*	*	*	*	*	*	*	*	*	19
Missing/DK	*	*	*	*	*	*	*	*	*	*	*	11

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

Different reasons for late attendance of antenatal care are presented in Table RH.MoRES2. Due to the small number of women who received ANC late after the first 12 weeks of pregnancy, some results are not presented. The table shows the distribution of women who had a live birth during the last five years, and who attended ANC after 12 weeks of pregnancy, by reason for late attendance. The table shows that 82 percent of women reported that early visits are not necessary/satisfied with progress of pregnancy, 10 percent reported that it is too expensive, and 2 percent reported that the facility is too far/no transportation available. Twelve percent of women reported that it was not the time for tetanus toxoid vaccination and 1 percent reported that it was not the time for iron supplementation.

There was little difference in the proportion of women reporting not necessary/satisfied with progress of pregnancy as a reason for late attendance of antenatal care between the different regions.

Reasons for insufficient antenatal care (less than 4 visits) are presented in Table RH.MoRES3. The table shows percent distribution of ever-married women age 15-49 with a live birth in the last 5 years and who attended less than 4 ANC visits, by reason for insufficient ANC.

Table RH.MoRES3: Reasons for insufficient antenatal care (less than 4 visits)									
Percentage of ever-married women age 15-49 with a live birth in the last 5 years and who attended less than 4 ANC visits, by reason for insufficient ANC, Egypt Sub-National MICS, 2013-14									
	Percent distribution of ever-married women who reported								Number of ever-married women who had a live birth in the last five years, and who had inadequate ANC
	Too expensive	Facility too far/no transport available	Poor quality service	No female provider available	Husband/ family did not allow	Completed tetanus toxoid vaccination	Not necessary satisfied with pregnancy progress	Other	
Total	19.1	4.0	2.8	0.0	1.3	4.4	81.1	0.0	346
Region									
Pilot Phase, Upper Egypt	(18.2)	(1.5)	(1.4)	(0.0)	(1.1)	(3.4)	(88.8)	(0.0)	34
Expansion Phase, Upper Egypt	19.4	4.6	3.1	0.0	1.2	4.7	79.6	0.0	278
Expansion Phase, Lower Egypt	(17.1)	(1.7)	(2.0)	(0.0)	(1.7)	(2.7)	(85.6)	(0.0)	34
Mother's Age at birth									
Less than 20	*	*	*	*	*	*	*	*	12
20-34	19.2	3.7	2.6	0.0	1.5	5.1	81.4	0.0	283
35-49	23.1	4.0	4.8	0.0	0.0	0.0	74.6	0.0	50
Woman's education									
No Education	19.7	2.7	3.0	0.0	0.0	6.7	78.3	0.0	117
Primary/Preparatory	18.9	5.9	3.4	0.0	1.8	4.2	78.7	0.0	96
Secondary	19.9	4.1	2.4	0.0	.8	2.7	85.6	0.0	121
Higher	*	*	*	*	*	*	*	*	12
Husband's education									
No Education	24.4	2.8	2.6	0.0	0.0	5.5	70.6	0.0	61
Primary/Preparatory	22.7	1.9	3.4	0.0	1.7	4.6	84.0	0.0	100
Secondary	15.9	6.6	1.5	0.0	1.8	4.8	82.0	0.0	147
Higher	(3.6)	(1.8)	(0.0)	(0.0)	(0.0)	(0.0)	(96.5)	(0.0)	27
Husband not in household	*	*	*	*	*	*	*	*	11
Woman's Work Status									
Working for cash	*	*	*	*	*	*	*	*	18
Not working for cash	19.2	4.2	2.4	0.0	1.3	4.6	81.5	0.0	328
Husband's Work Status									
Working for cash	17.9	4.3	2.2	0.0	1.3	3.6	82.7	0.0	323
Not working for cash	*	*	*	*	*	*	*	*	11
Husband not in household	*	*	*	*	*	*	*	*	11
Missing/DK	*	*	*	*	*	*	*	*	2

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

The table shows that 81 percent of women who received less than 4 visits reported that 4 visits are not necessary/ satisfied with progress of pregnancy, 19 percent reported that 4 visits are too expensive, 4 percent reported that the facility is too far/no transport available and 3 percent reported poor quality service as a reason. Four percent of women reported that they completed tetanus toxoid vaccination and 1 percent reported that husband/ family did not allow.

Table RH.9: Content of antenatal care

Percentage of ever-married women age 15-49 years with a live birth in the last five years who, at least once, had their blood pressure measured, urine sample taken, and blood sample taken as part of antenatal care, during the pregnancy for the last birth, Egypt Sub-National MICS, 2013-14

	Percentage of ever-married women who, during the pregnancy of their last birth, had:											
	Blood pressure measured	Urine sample taken	Blood sample taken	Weighted	Blood pressure measured, weighted, urine and blood sample taken [1]	Received/bought iron tablets	Attended health education sessions during pregnancy	Received home visit by health provider from FHU during pregnancy	Told about danger signs of pregnancy, delivery and puerperium	Told where to go in case of occurrence of danger signs	Consulted about importance of delivery with a skilled birth attendant	Number of ever-married women with a live birth in the last five years
Total	82.8	57.9	62.6	74.9	50.7	61.0	8.2	26.2	22.5	24.7	23.2	3605
Region												
Pilot Phase, Upper Egypt	82.5	60.5	64.8	79.6	53.1	63.5	16.7	39.7	23.3	25.0	26.0	464
Expansion Phase, Upper Egypt	80.5	53.4	58.8	71.8	46.0	56.9	4.7	21.9	18.0	20.2	22.4	2582
Expansion Phase, Lower Egypt	93.6	76.1	78.4	85.7	70.2	78.0	17.2	34.6	42.6	45.6	24.3	560
Mother's age at birth												
Less than 20	79.2	51.1	56.2	70.0	43.1	56.5	6.6	25.5	20.1	22.3	20.7	1284
20-34	84.7	61.4	66.0	77.5	54.7	63.4	9.1	26.6	23.8	26.1	24.5	2300
35-49	*	*	*	*	*	*	*	*	*	*	*	16
Missing	*	*	*	*	*	*	*	*	*	*	*	6
Birth order												
1	89.1	71.0	79.8	85.8	63.7	71.2	9.3	25.9	23.1	25.4	28.5	769
2-3	84.2	58.8	62.6	76.6	51.8	61.6	9.8	28.6	24.2	27.1	23.6	1672
4-5	78.9	49.1	52.8	69.3	41.1	56.2	6.1	24.8	21.5	23.7	20.6	791
6+	71.4	44.8	48.0	56.1	38.5	47.1	3.1	19.0	15.7	14.9	15.4	367
Type of ANC provider												
Public sector	86.4	67.8	79.9	90.9	57.3	61.3	15.8	31.5	21.3	22.4	20.6	312
Private sector	91.1	57.7	61.2	76.6	49.3	62.5	5.4	22.6	22.0	24.0	22.8	1934
Both	93.8	74.6	81.2	92.2	68.4	72.9	12.8	32.6	28.8	32.3	29.3	1016
Woman's education												
No Education	75.3	50.3	53.4	67.1	43.4	49.3	5.4	20.0	12.2	13.7	18.2	868
Primary/Preparatory	80.7	52.0	57.8	72.7	44.3	57.1	7.4	24.9	18.8	20.7	17.7	817
Secondary	85.3	61.2	65.8	77.6	53.3	63.8	9.6	28.8	25.9	27.7	25.3	1491
Higher	93.2	72.7	79.4	85.5	68.4	82.4	10.3	32.0	38.8	44.6	36.3	429
Husband's education												
No Education	70.2	43.7	47.5	58.1	36.6	45.5	8.3	21.2	9.3	9.4	18.7	400
Primary/Preparatory	80.8	55.1	59.9	71.6	47.6	57.3	7.6	26.5	22.8	23.1	19.2	902
Secondary	84.8	58.9	64.9	78.8	52.1	63.3	8.1	25.5	23.3	26.6	23.2	1702
Higher	88.3	69.2	71.1	80.7	61.7	72.3	9.5	32.2	31.4	34.8	30.6	509
Husband not in household	88.8	63.5	65.0	76.2	52.9	62.1	7.6	24.4	13.8	18.8	39.1	91
Missing/DK	*	*	*	*	*	*	*	*	*	*	*	2
Woman's Work Status												
Working for cash	90.4	65.9	69.1	80.2	59.2	76.4	9.7	34.9	33.4	39.2	35.5	307
Not working for cash	82.1	57.1	62.0	74.4	49.9	59.6	8.1	25.4	21.5	23.4	22.0	3299
Husband's Work Status												
Working for cash	83.1	58.0	62.9	75.2	51.0	61.1	8.4	26.4	22.9	24.9	22.9	3368
Not working for cash	72.6	52.0	56.2	71.1	43.6	57.9	6.0	22.2	20.5	28.7	21.9	91
Husband is not in household	88.8	63.5	65.0	76.2	52.9	62.1	7.6	24.4	13.8	18.8	39.1	91
Missing/DK	71.8	46.7	53.0	65.1	41.1	60.4	3.1	23.4	15.0	19.0	14.3	55

[1] MICS indicator 5.6 - Content of antenatal care

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

The coverage of key services that pregnant women are expected to receive during antenatal care are shown in Table RH.9. Among those women who had a live birth during the five years preceding the survey, 83 percent reported that their blood pressure was checked, 58 percent that urine sample was taken, 63 percent reported that a blood sample was taken during any of antenatal care visits, and in 75 percent of cases weights were measured. The four procedures were done to slightly more than half of the women (51 percent). Sixty-one percent of women with a live birth in the last five years reported that they received/bought iron tablets, only 8 percent attended health education sessions during pregnancy, 26 percent received a home visit by health provider from FHU during pregnancy, 23 percent were told about danger signs during pregnancy, delivery and puerperium, one-quarter of women were told where to go in case of occurrence of danger signs and slightly less than one-quarter were counselled about the importance of delivery with a skilled birth attendant.

Women in the expansion phase of Lower Egypt were more likely to receive all 4 essential components of antenatal care (70 percent) followed by women in the pilot phase Upper Egypt (53 percent) and those in expansion phase Upper Egypt (46 percent). Mothers less than 20 years of age, mothers with high number of children and those with no education are less likely to receive all elements of antenatal care. Women receiving care from the private sector alone were least likely to receive all components of antenatal care.

Iron supplementation during pregnancy is an important component of ANC. The MoH provides free iron supplements to all women attending ANC at FHUs; however, lack of compliance, due in part to lack of counselling to mothers, prevents full benefit from this policy. Although the IPHN monitors stock outs of iron tablets, compliance to iron therapy has not as yet been a focus of the programme. Table RH.MoRES4 shows percent distribution of ever-married women age 15-49 with a live birth in the last 5 years and who received or bought iron supplements during pregnancy, by counselling for side effects of iron supplementation and compliance with iron supplementation. Only that 31 percent of women received counselling for side effects of iron tablets, and 57 percent of women showed compliance with iron tablets.

Table RH.MoRES4: Counselling for side-effects of iron supplementation and compliance during pregnancy

Percentage of ever-married women age 15-49 with a live birth in the last 5 years and who received or bought iron supplements during pregnancy, by counselling for side effects of iron supplementation, compliance with iron supplementation, and reasons for non-compliance, Egypt Sub-National MICS, 2013-14

	Received counselling for side effects of iron tablets	Compliance with iron tablets	Number of ever-married women who gave birth in the last five years who received or bought iron
Total	30.8	56.8	2200
Region			
Pilot Phase, Upper Egypt	42.0	59.5	295
Expansion Phase, Upper Egypt	30.9	52.3	1469
Expansion Phase, Lower Egypt	23.0	70.1	437
Mother's Age at birth			
Less than 20	29.7	52.3	155
20-34	30.6	57.3	1815
35-49	33.2	55.6	226
Attendance of Health education sessions during pregnancy			
Did not attend any sessions	31.1	56.4	1963
Attended 1-3 sessions	25.9	58.6	192
Attended at least 4 sessions	(35.9)	(68.9)	43
Missing/DK	*	*	2
Received home visit from health provider			
Received at least 1 visit	35.3	55.7	659
Did not receive any visits	28.9	57.2	1538
Missing/DK	*	*	3
Woman's education			
No Education	31.6	48.1	428
Primary/Preparatory	29.4	44.8	467
Secondary	29.5	63.4	952
Higher	35.1	65.3	353
Husband's education			
No Education	27.1	51.5	182
Primary/Preparatory	32.5	51.6	516
Secondary	28.1	56.4	1077
Higher	37.8	67.2	368
Husband not in household	33.9	60.7	56
Woman's Work Status			
Working for cash	31.9	63.1	235
Not working for cash	30.7	56.0	1965
Husband's Work Status			
Working for cash	31.0	57.0	2057
Not working for cash	28.3	49.8	53
Husband not in household	33.9	60.7	56
Missing/DK	(19.6)	(46.4)	33

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

Table RH.MoRES5: Reasons for non-compliance with iron supplementation during pregnancy

Percentage distribution of ever-married women age 15-49 with a live birth in the last 5 years and who did not comply with iron supplementation by reasons for non-compliance, Egypt Sub-National MICS, 2013-14

	Reasons for non-compliance with iron tablets					Total	Number of ever-married women who gave birth in the last five years, and who did not comply with iron supplementation
	Tablets not available at the clinic	Tablets too expensive	Experienced side effects	Tablets not important	Other		
Total	5.7	2.4	32.5	67.0	0.3	100.0	951
Region							
Pilot Phase, Upper Egypt	7.3	1.7	32.4	64.6	0.4	100.0	119
Expansion Phase, Upper Egypt	6.4	2.9	32.5	66.5	0.2	100.0	701
Expansion Phase, Lower Egypt	0.0	0.5	32.7	72.2	0.5	100.0	131
Mother's Age at birth							
Less than 20	9.1	6.3	23.5	71.4	0.0	100.0	74
20-34	5.4	1.4	32.0	68.6	0.1	100.0	775
35-49	5.3	7.0	41.5	52.5	1.4	100.0	100
Attendance of Health education sessions during pregnancy							
Did not attend any sessions	5.9	2.5	33.1	66.2	0.1	100.0	856
Attended 1-3 sessions	3.6	0.0	22.2	79.8	1.8	100.0	79
Attended at least 4 sessions	*	*	*	*	*		13
Missing/DK	*	*	*	*	*		1
Received home visit from health provider							
Received at least 1 visit	2.9	1.9	33.5	66.5	0.2	100.0	292
Did not receive any visits	6.9	2.6	32.0	67.3	0.3	100.0	658
Missing/DK	*	*	*	*	*		1
Woman's education							
No Education	4.0	2.3	29.3	70.4	0.0	100.0	222
Primary/Preparatory	11.8	4.5	32.3	63.3	0.6	100.0	257
Secondary	3.6	1.8	32.9	67.6	0.1	100.0	349
Higher	1.7	0.0	37.5	67.2	0.5	100.0	123
Husband's education							
No Education	4.4	4.7	30.8	70.8	0.0	100.0	88
Primary/Preparatory	9.0	3.1	30.3	64.6	0.0	100.0	250
Secondary	3.8	2.0	33.4	68.2	0.1	100.0	469
Higher	4.6	1.3	36.9	63.7	0.5	100.0	121
Husband not in household	*	*	*	*	*		22
Woman's Work Status							
Working for cash	1.1	1.7	44.6	61.7	0.7	100.0	87
Not working for cash	6.1	2.5	31.3	67.6	0.2	100.0	864
Husband's Work Status							
Working for cash	5.2	2.4	33.3	66.4	0.1	100.0	884
Not working for cash	(6.0)	(0.0)	(17.7)	(74.5)	(0.0)	100.0	27
Husband not in household	*	*	*	*	*		22
Missing/DK	*	*	*	*	*		18

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

Counselling was received by 42 percent of women in pilot phase, 31 percent of women in expansion phase Upper Egypt and only 23 percent of women in expansion phase Lower Egypt. The proportion of women who received counselling for side effects of iron tablets was higher among mothers whose age at birth was 35-49 years, and among mothers who had higher than secondary education.

Compliance with iron tablets was higher among women in expansion phase Lower Egypt (70 percent) compared with women in pilot phase (60 percent) and women in expansion phase Upper Egypt (52 percent). The proportion of compliance with iron tablets was higher among mothers whose age at birth was 20-34 years, and among mothers who had higher education.

Table RH.MoRES5 also present reasons for non-compliance with iron tablets. More than two-thirds of women (67 percent) felt that tablets are not important, side effects of tablets were reported by one-third of women (33 percent), and the lack of availability of tablets at the clinic was mentioned by 5 percent. On only two percent of cases, women indicated that tablets were too expensive.

The IPHN reinforced and strengthened existing health education programmes provided by the MoH at the FHU, by training health providers and providing materials. Specific messages are given to pregnant women according to a specified schedule, whereby they are expected to attend at least 5 sessions. Table RH.MoRES6 shows distribution of ever-married women age 15-49 with a live birth in the last 5 years and who did not attend health education sessions, by reason for not attending health education sessions. The main reasons reported by all women in different sub-groups were; not aware of the presence of sessions (45 percent), and sessions not held at FHU (33 percent). Other less frequently reported reasons were: no time to attend (12 percent), not aware of the timing of sessions (10 percent), health education sessions are not necessary (7 percent), facility too far/no transport available and husband/ family did not allow (1 percent).

Not being aware of the presence of sessions was the reason in half of women living in the expansion phase Lower Egypt, 45 percent of women living in the expansion phase Upper Egypt, and 38 percent of women living in the pilot phase. Sessions not being held at FHU was the reason in 36 percent of women living in the expansion phase Upper Egypt, 27 percent of women living in the pilot phase, and 21 percent of women living in the expansion phase Lower Egypt. Some variations in reporting this reason is observed by the mother's education where this reason was higher among women who had no education.

No time to attend the sessions was the reason in 20 percent of women living in the expansion phase Lower Egypt and pilot phase, while it was the reason in only 9 percent of women living in the expansion phase Upper Egypt. The proportion of this reason was higher in women whose age at birth was 35-49 years, and among women who had higher education.

Table RH.MoRES6: Reasons for not attending health education sessions at family health unit										
Percentage of ever-married women age 15-49 with a live birth in the last 5 years and who did not attend health education sessions, by reason for not attending health education sessions, Egypt Sub-National MICS, 2013-14										
	Too expensive	Facility too far/no transport available	Husband/family did not allow	Not necessary	Not aware of the presence of sessions	Not aware of the timing of sessions	No time to attend	Other	Sessions not held at FHU	Number of ever-married women who had a live birth in the last five years, and who did not attend health education sessions
Total	0.0	1.4	1.0	6.7	44.7	9.6	11.6	0.1	32.8	3310
Region										
Pilot Phase, Upper Egypt	0.0	0.9	1.7	10.8	37.8	11.2	19.7	0.1	27.0	387
Expansion Phase, Upper Egypt	0.0	1.7	1.1	5.5	45.0	9.9	8.8	0.1	35.9	2460
Expansion Phase, Lower Egypt	0.0	0.1	0.1	9.6	49.5	6.8	20.1	0.0	21.1	464
Mother's Age at birth										
Less than 20	0.0	0.7	2.1	7.1	44.6	11.1	9.4	0.0	32.1	218
20-34	0.0	1.5	0.9	6.6	45.1	9.5	11.4	0.1	32.9	2691
35-49	0.0	1.2	1.3	7.2	42.3	10.0	14.4	0.1	32.6	396
Woman's education										
No Education	0.0	1.8	0.8	6.4	44.4	9.4	9.5	0.0	37.7	821
Primary/Preparatory	0.0	2.0	1.4	6.6	43.1	9.5	10.1	0.1	34.5	756
Secondary	0.0	0.8	0.8	6.6	46.1	10.4	12.0	0.1	30.6	1348
Higher	0.0	1.4	1.3	7.7	44.0	7.4	18.1	0.0	27.0	385
Husband's education										
No Education	0.0	1.7	1.3	8.0	44.8	7.7	11.3	0.1	34.0	367
Primary/Preparatory	0.0	1.2	.2	6.0	44.7	9.4	11.2	0.0	34.6	833
Secondary	0.0	1.6	1.4	6.1	45.1	10.3	11.2	0.1	32.8	1564
Higher	0.0	1.1	0.8	8.8	44.0	9.6	14.1	0.0	28.2	460
Husband not in household	0.0	0.0	1.0	5.7	42.2	7.8	11.5	0.0	36.2	84
Missing/DK	*	*	*	*	*	*	*	*	*	2
Woman's Work Status										
Working for cash	0.0	1.7	0.2	6.8	45.8	11.2	24.2	0.0	20.6	277
Not working for cash	0.0	1.4	1.1	6.7	44.6	9.5	10.5	0.1	33.9	3033
Husband's Work Status										
Working for cash	0.0	1.5	1.1	6.6	44.6	9.7	11.7	0.1	32.9	3087
Not working for cash	0.0	0.0	0.0	6.6	49.9	5.5	10.9	0.0	32.2	86
Husband not in household	0.0	0.0	1.0	5.7	42.2	7.8	11.5	0.0	36.2	84
Missing/DK	0.0	0.0	0.0	12.3	50.9	14.2	11.5	0.0	24.8	54

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Not being aware of the timing of sessions was the reason cited by 11 percent of women living in the pilot phase, 10 percent of women living in the expansion phase Upper Egypt, and only 7 percent of women living in the expansion phase Lower Egypt.

Health education sessions are not necessary was reported by 11 percent of women living in the pilot phase, 10 percent of women living in the expansion phase Lower Egypt, while it was the reason reported by only 6 percent of women living in the expansion phase Upper Egypt.

Table RH.MoRES7 shows distribution of ever-married women age 15-49 with a live birth in the last 5 years by preparations made for delivery.

Table RH.MoRES7: Presence of a birth preparedness plan

Percentage of ever-married women age 15-49 with a live birth in the last 5 years by preparations made for delivery, Egypt Sub-National MICS, 2013-14

	Selecting a birth attendant	Selecting place of delivery	Preparing/ saving money for delivery	Preparing transportation for delivery	Preparing/ saving money for emergency	Defining blood donors	Arrangements for care of other family members during delivery	At least three preparations	No preparations	Number of ever-married women who had a live birth in the last five years
Total	62.4	65.9	56.3	32.4	22.7	2.7	40.9	56.0	20.9	3605
Region										
Pilot Phase, Upper Egypt	62.1	65.8	61.0	36.0	28.4	2.7	39.7	58.5	20.5	464
Expansion Phase, Upper Egypt	58.0	61.5	50.8	29.3	19.9	2.2	36.7	50.2	24.6	2582
Expansion Phase, lower Egypt	83.2	86.4	77.9	43.6	31.0	5.2	61.5	80.9	4.4	560
Mother's Age at birth										
Less than 20	67.7	68.3	62.7	35.0	26.2	2.8	17.8	56.2	18.5	240
20-34	63.6	67.3	58.0	33.1	23.4	2.7	43.2	58.0	19.6	2938
35-49	51.4	55.0	41.4	26.3	15.8	3.1	38.3	42.3	31.3	422
Woman's education										
No Education	50.1	52.6	41.5	22.1	12.4	0.8	34.4	41.2	32.6	868
Primary/Preparatory	55.7	60.0	49.3	25.6	15.9	1.0	35.4	48.3	25.2	817
Secondary	66.6	70.7	62.2	36.6	26.5	3.2	45.2	62.1	16.4	1491
Higher	85.7	87.3	79.3	51.6	42.9	8.5	50.0	79.5	5.2	429
Husband's education										
No Education	50.0	51.7	39.0	21.0	11.8	1.0	30.6	37.8	35.9	400
Primary/Preparatory	58.0	62.8	53.6	28.1	19.0	1.4	40.4	52.2	23.0	902
Secondary	63.7	67.4	57.4	33.5	23.0	2.8	41.7	58.0	19.7	1702
Higher	76.1	77.7	71.0	46.1	37.1	6.7	47.3	71.0	10.6	509
Husband/not in household	62.7	66.0	56.9	28.3	21.4	1.2	41.9	54.9	14.8	91
Missing/DK	*	*	*	*	*	*	*	*	*	2
Woman's Work Status										
Working for cash	75.0	78.2	68.6	43.9	35.6	6.1	53.8	69.4	11.5	307
Not working for cash	61.3	64.7	55.2	31.3	21.5	2.4	39.7	54.8	21.8	3299
Husband's Work Status										
Working for cash	62.8	66.5	57.0	33.0	23.1	2.8	41.6	57.0	20.6	3368
Not working for cash	55.5	54.5	44.3	23.6	15.3	5.6	31.4	41.2	28.6	91
Husband not in household	62.7	66.0	56.9	28.3	21.4	1.2	41.9	54.9	14.8	91
Missing/DK	48.1	47.9	31.1	14.3	11.0	0.0	15.4	24.3	41.5	55

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

The table shows that almost two-thirds of women selected the place of delivery (66 percent), 62 percent selected a birth attendant, 56 percent prepared/ saved money for delivery, 41 percent of women made arrangements for care of other family members during delivery, slightly less than one-third of women (32 percent) prepared transportation for delivery, 23 percent prepared / saved money for emergencies, and only 3 percent defined blood donors. More than half of the women (56 percent) who had given birth during the last five years made at least 3 preparations for delivery, while one in five women (21 percent) did not do any preparations.

Variations are clear by region, 81 percent of women in expansion phase Lower Egypt made at least 3 preparations; this percentage decreased to 59 percent among women in the pilot phase and only half of the women in the expansion phase Upper Egypt. This proportion was lower among women whose age at birth was 35-49 years and among mothers with no education.

Assistance at Delivery

Three-quarters of all maternal deaths occur during delivery and the immediate post-partum period. The single most critical intervention for safe motherhood is to ensure a competent health worker with midwifery skills is present at every birth, and transport is available to a referral facility for obstetric care in case of emergency. The skilled attendant at delivery indicator is also used to track progress toward the Millennium Development Goal 5 of improving maternal health.

The MICS included a number of questions to assess the proportion of births attended by a skilled attendant. A skilled attendant includes a doctor, nurse, midwife or auxiliary midwife. Mothers are advised to deliver with a skilled attendant, and at health facilities. Advice is usually provided through the FHU physician or nurse, during health education session, and during home visits by community health worker.

Table RH.10: Assistance during delivery and caesarean section												
Percent distribution of ever-married women age 15-49 with a live birth in the last five years by person providing assistance at delivery, and percentage of births delivered by C-section, Egypt Sub-National MICS, 2013-14												
	Person assisting at delivery							Delivery assisted any skilled attendant [1]	Percent delivered by C-section			Number of ever-married women who had a live birth in the last five years
	Medical doctor	Nurse / Midwife	Traditional birth attendant	Relative / Friend	Other/Missing	No attendant	Total		Decided before onset of labour pains	Decided after onset of labour pains	Total [2]	
Total	83.7	5.3	9.3	1.2	0.0	0.4	100.0	89.0	20.7	19.2	39.8	3605
Region												
Pilot Phase, Upper Egypt	83.1	7.5	8.3	0.6	0.0	0.4	100.0	90.6	22.7	19.3	42.0	464
Expansion Phase, Upper Egypt	81.0	5.7	11.2	1.6	0.1	0.5	100.0	86.7	17.8	18.2	36.0	2582
Expansion Phase, Lower Egypt	96.7	1.6	1.5	0.1	0.0	0.1	100.0	98.3	32.2	23.4	55.6	560
Mother's age at birth												
Less than 20	79.7	5.8	12.3	1.6	0.0	0.7	100.0	85.4	15.1	16.2	31.3	1284
20-34	85.9	5.0	7.8	1.0	0.1	0.2	100.0	90.9	23.6	20.7	44.3	2300
35-49	*	*	*	*	*	*	100.0	*	*	*	*	16
Missing	*	*	*	*	*	*	100.0	*	*	*	*	6
Birth order												
1	94.6	2.9	2.0	0.2	0.0	0.2	100.0	97.6	17.9	36.6	54.5	769
2-3	84.9	5.1	8.8	0.9	0.0	0.3	100.0	90.0	25.9	14.5	40.4	1672
4-5	76.3	6.9	14.8	1.7	0.0	0.3	100.0	83.2	15.4	13.0	28.5	791
6+	71.5	7.5	15.6	3.5	0.4	1.5	100.0	79.0	14.2	16.0	30.3	367
Type of ANC provider												
Public sector	76.5	8.1	10.9	3.0	0.0	1.5	100.0	84.6	13.5	13.3	26.8	312
Private sector	86.6	4.2	8.1	0.9	0.0	0.2	100.0	90.8	23.6	20.7	44.3	1934
Both	86.8	6.3	6.4	0.2	0.0	0.2	100.0	93.2	22.4	21.0	43.4	1016
Attendance of health education sessions												
Did not attend any sessions	83.2	5.4	9.8	1.2	0.0	0.4	100.0	88.6	20.3	19.1	39.4	3310
Attended 1-3 sessions	90.3	4.1	4.3	1.4	0.0	0.0	100.0	94.4	26.5	19.5	45.9	236
Attended at least 4 sessions	87.6	1.9	3.2	4.0	2.6	0.7	100.0	89.5	17.7	20.5	38.2	59
Received home visit from health provider during pregnancy												
Received at least 1 visit	86.9	3.8	7.4	1.7	0.0	0.2	100.0	90.7	22.1	17.9	39.9	944
Did not receive any visits	82.6	5.8	10.0	1.1	0.1	0.5	100.0	88.4	20.2	19.6	39.8	2662

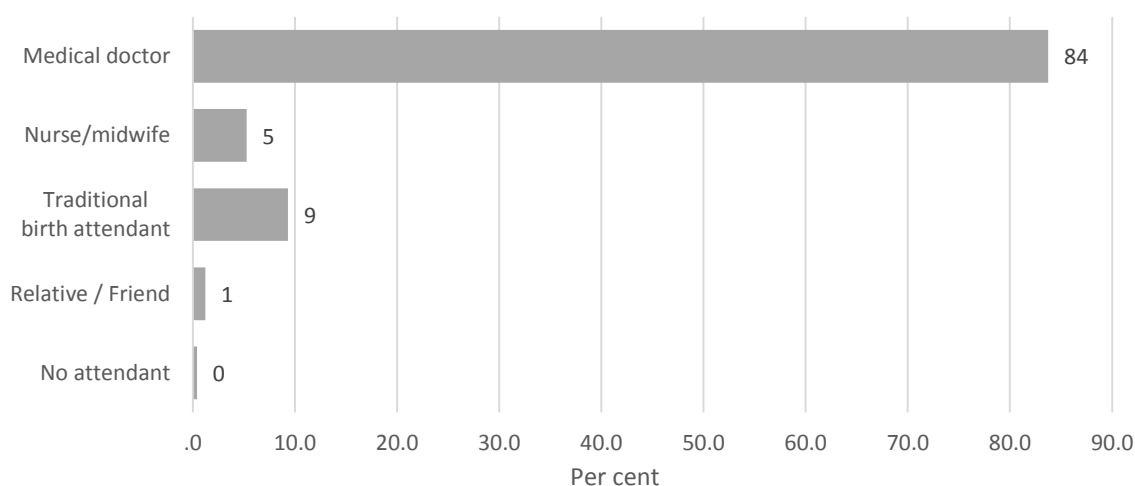
	Person assisting at delivery							Percent delivered by C-section				Number of ever-married women who had a live birth in the last five years
	Medical doctor	Nurse / Midwife	Traditional birth attendant	Relative / Friend	Other/Missing	No attendant	Total	Delivery assisted any skilled attendant [1]	Decided before onset of labour pains	Decided after onset of labour pains	Total [2]	
Place of delivery												
Public sector health facility	96.8	3.2	0.0	0.0	0.0	0.0	100.0	100.0	13.3	14.7	27.9	949
Private sector health facility	100.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	30.8	27.4	58.2	2011
Home	14.1	24.5	52.4	6.8	0.0	2.2	100.0	38.6	0.0	0.0	0.0	641
Other	*	*	*	*	*	*	100.0	*	*	*	*	3
Missing/DK	*	*	*	*	*	*	100.0	*	*	*	*	2
Woman's education												
No Education	72.3	5.8	17.6	3.1	0.0	1.2	100.0	78.1	15.4	16.0	31.4	868
Primary/Preparatory	82.4	5.6	10.4	1.2	0.2	0.2	100.0	88.0	18.5	18.9	37.4	817
Secondary	87.6	5.4	6.3	0.5	0.0	0.2	100.0	93.0	22.3	19.6	41.9	1491
Higher	96.0	3.1	0.9	0.0	0.0	0.0	100.0	99.1	29.7	24.5	54.3	429
Husband's education												
No Education	75.0	6.0	14.2	3.5	0.0	1.4	100.0	80.9	15.5	17.9	33.4	400
Primary/Preparatory	80.3	5.1	12.2	1.6	0.2	0.5	100.0	85.5	16.3	17.8	34.1	902
Secondary	85.1	5.3	8.7	0.7	0.0	0.2	100.0	90.4	21.5	20.3	41.8	1702
Higher	91.5	4.6	3.2	0.4	0.0	0.3	100.0	96.1	29.6	18.1	47.7	509
Husband not in household	86.2	6.8	5.0	2.1	0.0	0.0	100.0	93.0	20.1	20.7	40.7	91
Missing/DK	*	*	*	*	*	*	100.0	*	*	*	*	2
Woman's Work Status												
Working for cash	91.1	4.1	4.4	0.4	0.0	0.0	100.0	95.2	24.0	22.5	46.6	307
Not working for cash	83.1	5.4	9.8	1.3	0.0	0.4	100.0	88.4	20.3	18.8	39.2	3299
Husband's Work Status												
Working for cash	84.0	5.3	9.2	1.0	0.0	0.4	100.0	89.3	21.1	19.2	40.3	3368
Not working for cash	76.0	2.3	15.4	6.3	0.0	0.0	100.0	78.3	12.9	14.2	27.2	91
Husband not in household	86.2	6.8	5.0	2.1	0.0	0.0	100.0	93.0	20.1	20.7	40.7	91
Missing/DK	76.6	4.1	15.4	3.2	0.0	0.7	100.0	80.6	9.9	20.8	30.7	55
[1] MICS indicator 5.7; MDG indicator 5.2 - Skilled attendant at delivery												
[2] MICS indicator 5.9 - Caesarean section												
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.												

About 89 percent of births occurring in the five years preceding the MICS survey were delivered by skilled personnel (Table RH.10). This percentage is highest in the expansion phase Lower Egypt (98 percent) and lowest in the expansion phase Upper Egypt (87 percent). Educated women are more likely to have delivered with the assistance of a skilled attendant.

More than four in five of the births (84 percent) in the five years preceding the MICS survey were delivered with the assistance of a Doctor. Nurse/midwife assisted with the delivery of 5 percent of births and traditional birth attendant assisted with 9 percent. Only one percent of deliveries were assisted by a relative/friend.

Overall, 89 percent of births were delivered by skilled attendants. In expansion phase Lower Egypt, more than 97 percent of births are delivered by medical provider and less than 2 percent by traditional birth attendants. In the other regions, the percentage of deliveries assisted by a medical doctor declines to 83 percent in pilot phase of Upper Egypt and 81 percent in expansion phase of Upper Egypt.

Figure RH.3: Person assisting at delivery, Egypt Sub-National MICS, 2013-14



Mothers with more children and those with no education are less likely to have delivery assisted by a medical provider or any skilled attendant. For example, 79 percent of mothers have 6 or more children reported to have a skilled birth attendant compared with 98 percent among those in their first delivery. Slightly more than three-quarters of women with no education reported to have a skilled birth attendant compared with 99 percent among those with higher than secondary education.

Mothers who received ANC from both public and private sector providers and who attended 1-3 health education sessions during pregnancy were more likely than others to have a skilled birth attendant. All deliveries in both public and private health facilities and 39 percent of home deliveries were assisted by skilled birth attendants, while slightly more than half of home deliveries were assisted by traditional birth attendants.

Table RH.10 also shows information on women who delivered by caesarean section (C-section) and provides additional information on the timing of the decision to conduct a C-section (before labour pains began or after) in order to better assess if such decisions are mostly driven by medical or non-medical reasons.

Overall, 40 percent of women who delivered in the last five years had a C-section; for 21 percent of women, the decision was taken before the onset of labour pains and for 19 percent after (i.e. 52 percent of the C-sections were decided before the onset of the delivery).

Table RH.MoRES8 shows the distribution of ever-married women age 15-49 with a live birth in the last 5 years who delivered by a Caesarean section during the last five years by reason for Caesarean delivery.

Table RH.MoRES8: Reasons for Caesarean delivery

Percentage distribution of ever-married women age 15-49 with a live birth in the last 5 years who delivered by Caesarian section, Egypt Sub-National MICS, 2013-14

	Previous Caesarean delivery	Difficult delivery	Prolonged delivery	Foetal distress	Twin pregnancy	Mother's request	Other	Don't know	Number of ever-married women who delivered by Caesarean section in the last five years
Total	33.8	34.9	5.0	30.5	1.7	2.9	10.9	0.6	1436
Region									
Pilot Phase, Upper Egypt	40.3	31.3	3.6	23.0	1.9	4.0	10.9	0.0	196
Expansion Phase, Upper Egypt	30.0	39.4	5.2	32.4	1.6	2.0	10.4	0.7	929
Expansion Phase, Lower Egypt	41.0	23.9	5.0	29.8	1.6	4.7	12.2	0.8	311
Mother's Age at birth									
Less than 20	13.0	48.5	6.5	44.6	0.4	0.5	10.8	0.0	96
20-34	36.4	32.3	5.0	29.8	1.8	3.1	10.9	0.6	1182
35-49	27.6	46.3	3.8	27.5	0.6	2.5	11.2	1.3	154
Woman's education									
No Education	33.8	40.4	6.9	27.3	2.5	0.6	6.1	0.5	273
Primary/Preparatory	29.9	38.6	3.1	33.7	1.6	2.5	8.1	1.8	306
Secondary	34.3	34.1	5.1	30.7	1.0	3.7	13.7	0.2	625
Higher	37.2	26.2	4.8	29.7	2.5	3.9	12.8	0.5	233
Husband's education									
No Education	32.2	36.4	6.0	35.5	1.2	2.4	6.0	2.2	134
Primary/Preparatory	36.0	40.4	5.4	26.5	2.0	1.8	10.8	0.0	308
Secondary	32.4	34.9	4.8	30.5	2.0	3.0	12.0	0.8	712
Higher	37.5	24.3	4.8	31.8	0.6	4.5	11.8	0.3	243
Husband not in household	(24.4)	(51.2)	(1.3)	(40.4)	(1.2)	(0.0)	(1.6)	(0.0)	37
Missing/DK	*	*	*	*	*	*	*	*	2
Woman's Work Status									
Working for cash	37.2	23.9	6.2	29.5	1.4	5.9	13.8	0.4	143
Not working for cash	33.4	36.2	4.8	30.6	1.7	2.5	10.6	0.7	1293
Husband's Work Status									
Working for cash	34.4	34.3	4.9	30.2	1.7	2.9	11.0	0.7	1357
Not working for cash	(17.0)	(42.5)	(10.9)	(29.5)	(1.6)	(2.7)	(15.1)	(0.0)	25
Husband not in household	(24.4)	(51.2)	(1.3)	(40.4)	(1.2)	(0.0)	(1.6)	(0.0)	37
Missing/DK	*	*	*	*	*	*	*	*	17

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

The table indicates that 35 percent reported difficulty of delivery as the reason, 34 percent reported previous caesarean delivery, and 31 percent mentioned foetal distress. Other reasons were reported by small percentage such as prolonged delivery (5 percent), and twin pregnancy (2 percent). Only 3 percent reported having requested a Caesarean delivery..

Difficult delivery was the reason mentioned by 39 percent of women living in the expansion phase Upper Egypt, 31 percent of women living in the pilot phase, and 24 percent of women living in the expansion phase Lower Egypt. The proportion reporting this reason is higher among women whose age at birth was less than 20 years or those who fall in the age group 35-49 and among women had no education.

Previous Caesarean delivery was the reason reported by 41 percent of women living in the expansion phase Lower Egypt, 40 percent of women living in the pilot phase, and 30 percent of women living in the expansion phase Upper Egypt. This reason was more frequently reported among women whose age at birth was between 20-34 years and among women who have higher than Secondary education.

Foetal distress was the reason reported by 32 percent of women living in the expansion phase Upper Egypt, 30 percent of women living in the expansion phase Lower Egypt, and 23 percent of women

living in the pilot phase. This reason is more frequently mentioned by women whose age at birth was less than 20 years and among women had primary/preparatory education.

Place of Delivery

Increasing the proportion of births that are delivered in health facilities is an important factor in reducing the health risks to both the mother and the baby. Proper medical attention and hygienic conditions during delivery can reduce the risks of complications and infection that can cause morbidity and mortality to either the mother or the baby. Table RH.11 presents the percent distribution of ever-married women age 15-49 who had a live birth in the five years preceding the survey by place of delivery and the percentage of births delivered in a health facility according to background characteristics.

Table RH.11: Place of delivery								
Percent distribution of ever-married women age 15-49 with a live birth in the last five years by place of delivery of their last birth and percentage who delivered in a health facility, Egypt Sub-National MICS, 2013-14								
	Place of delivery						Delivered in health facility [1]	Number of ever-married women with a live birth in the last five years
	Public sector health facility	Private sector health facility	Home	Other	Missing/DK	Total		
Total	26.3	55.8	17.8	0.1	0.0	100.0	82.1	3605
Region								
Pilot Phase, Upper Egypt	20.5	60.2	19.2	0.1	0.0	100.0	80.7	464
Expansion Phase, Upper Egypt	28.6	50.7	20.6	0.1	0.1	100.0	79.3	2582
Expansion Phase, Lower Egypt	20.8	75.4	3.8	0.0	0.0	100.0	96.2	560
Mother's age at birth								
Less than 20	27.3	50.8	22.0	0.0	0.0	100.0	78.0	1284
20-34	25.7	58.5	15.6	0.1	0.0	100.0	84.2	2300
35-49	*	*	*	*	*	100.0	*	16
Missing	*	*	*	*	*	100.0	*	6
Birth order								
1	26.1	67.7	6.2	0.0	0.0	100.0	93.8	769
2-3	24.4	59.1	16.5	0.1	0.0	100.0	83.5	1672
4-5	28.6	44.8	26.4	0.2	0.0	100.0	73.4	791
6+	30.5	39.2	29.9	0.0	0.4	100.0	69.7	367
Percent of women who had ANC								
None	33.9	26.3	39.3	0.0	0.4	100.0	60.3	343
1-3 visits	34.9	33.6	31.5	0.0	0.0	100.0	68.5	346
4+ visits	24.4	61.9	13.6	0.1	0.0	100.0	86.3	2909
Missing/DK	*	*	*	*	*	100.0	*	7
Attendance of health education sessions								
Did not attend any sessions	26.1	55.3	18.5	0.1	0.0	100.0	81.4	3310
Attended 1-3 sessions	23.2	67.5	9.4	0.0	0.0	100.0	90.6	236
Attended at least 4 sessions	49.1	35.2	13.1	0.0	2.6	100.0	84.3	59
Received home visit from health provider during pregnancy								
Received at least 1 visit	26.3	58.0	15.7	0.1	0.0	100.0	84.3	944
Did not receive any visits	26.3	55.0	18.5	0.1	0.1	100.0	81.3	2662
Woman's education								
No Education	28.9	42.7	28.1	0.2	0.0	100.0	71.6	868
Primary/Preparatory	30.6	48.4	20.8	0.0	0.2	100.0	79.1	817
Secondary	25.2	60.9	13.9	0.0	0.0	100.0	86.1	1491
Higher	16.9	78.3	4.8	0.0	0.0	100.0	95.2	429
Husband's education								
No Education	31.8	41.1	27.1	0.0	0.0	100.0	72.9	400
Primary/Preparatory	31.7	46.8	21.2	0.1	0.2	100.0	78.5	902
Secondary	24.5	58.7	16.7	0.1	0.0	100.0	83.2	1702
Higher	20.0	71.4	8.6	0.0	0.0	100.0	91.4	509
Husband not in household	18.8	66.0	15.2	0.0	0.0	100.0	84.8	91
Missing/DK	*	*	*	*	*	100.0	*	2
Woman's Work Status								
Working for cash	27.7	63.0	9.3	0.0	0.0	100.0	90.7	307
Not working for cash	26.2	55.1	18.6	0.1	0.0	100.0	81.3	3299
Husband's Work Status								
Working for cash	26.5	55.8	17.6	0.1	0.0	100.0	82.3	3368
Not working for cash	26.2	50.6	23.2	0.0	0.0	100.0	76.8	91
Husband not in household	18.8	66.0	15.2	0.0	0.0	100.0	84.8	91
Missing/DK	29.6	43.5	26.8	0.0	0.0	100.0	73.2	55

[1] MICS indicator 5.8 - Institutional deliveries*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

About 82 percent of births in IPHN areas are delivered in a health facility; 26 percent of deliveries occur in public sector facilities and 56 percent in private sector facilities. Less than one in five births (18 percent) took place at home. Women in the age group 20-34 year are the most likely to deliver in a health facility (84 percent).

Women in expansion phase Lower Egypt are more likely to deliver in a health facility (96 percent) compared with women living in the pilot phase (81 percent) and women living in expansion phase Upper Egypt (79 percent). The proportion of births occurring in a health facility increases steadily with increasing level of women's education where women with higher levels of educational attainment are more likely to deliver in a health facility than women with less education or no education. Ninety-five percent of women with higher levels of educational attainment deliver in a health facility, while only 79 percent of women with primary/preparatory education and 71 percent of women with no education deliver in a health facility. Mothers with more children are less likely to deliver in a health facility. Seventy percent of mothers with 6 children or more delivered in a health facility compared with 94 percent of mothers who delivered their first baby.

Only 60 percent of women who received no antenatal care services delivered at health facility compared with 86 percent of women receiving four or more antenatal care visits.

Table RH.MoRES9 presents the percent distribution of ever-married women age 15-49 with a live birth in the last 5 years, who did not deliver in a health facility, by reason.

Table RH.MoRES9: Reasons for not delivering in a health facility												
Percentage of ever-married women age 15-49 with a live birth in the last 5 years and who did not deliver in a health facility, by reason, Egypt Sub-National MICS, 2013-14												
	Percent distribution of ever-married women who reported											Number of ever-married women who had a live birth in the last five years, and who did not deliver in a health facility
	Too expensive	Facility too far/ no transport available	Poor quality service	No female provider available	Husband/ family did not allow	Facility not open/ no SBA available	Not necessary	Not customary	Sudden delivery	Afraid of possible Caesarean delivery	Other	
Total	20.0	2.2	2.5	0.6	2.0	1.8	46.3	18.2	39.8	4.0	0.2	644
Region												
Pilot Phase, Upper Egypt	16.3	2.4	0.6	0.0	1.5	2.7	58.1	17.8	32.0	1.2	1.1	90
Expansion Phase, Upper Egypt	20.9	2.2	2.8	0.8	2.2	1.7	45.1	18.8	40.3	4.5	0.0	533
Expansion Phase, Lower Egypt	*	*	*	*	*	*	*	*	*	*	*	21
Mother's Age at birth												
Less than 20	(19.6)	(0.0)	(0.0)	(0.0)	(7.7)	(0.0)	(39.3)	(6.7)	(42.3)	(2.0)	(0.0)	26
20-34	18.6	2.5	2.3	0.8	2.0	2.0	45.8	18.8	39.7	4.1	0.1	534
35-49	29.5	0.5	4.5	0.0	0.0	0.6	52.0	17.7	39.5	3.8	0.6	83
Woman's education												
No Education	23.0	3.4	1.7	1.4	1.4	3.6	47.8	21.6	35.4	2.8	0.2	246
Primary/Preparatory	23.2	2.5	3.2	0.0	2.5	0.6	46.0	20.1	36.9	6.5	0.0	170
Secondary	15.5	0.6	2.1	0.3	1.5	0.8	45.0	14.1	47.1	3.8	0.3	207
Higher	*	*	*	*	*	*	*	*	*	*	*	21
Husband's education												
No Education	26.4	1.3	0.4	0.0	1.8	2.1	49.2	17.0	35.8	4.0	0.9	109
Primary/Preparatory	24.9	4.8	0.0	0.9	1.9	1.2	46.3	21.7	38.6	1.8	0.0	192
Secondary	14.8	1.2	3.8	0.8	1.5	2.3	44.3	16.5	42.0	5.0	0.0	286
Higher	(20.1)	(0.0)	(10.4)	(0.0)	(5.8)	(1.1)	(60.3)	(19.1)	(30.4)	(8.4)	(0.0)	44
Husband not in household	*	*	*	*	*	*	*	*	*	*	*	14
Woman's Work Status												
Working for cash	(35.0)	(0.0)	(6.5)	(0.0)	(0.0)	(0.0)	(50.0)	(8.1)	(37.3)	(6.1)	(0.0)	28
Not working for cash	19.3	2.3	2.3	.7	2.1	1.9	46.1	18.6	39.9	3.9	0.2	615
Husband's Work Status												
Working for cash	19.1	2.1	2.7	.7	2.1	1.6	47.4	17.9	39.2	4.3	.1	594
Not working for cash	*	*	*	*	*	*	*	*	*	*	*	21
Husband not in household	*	*	*	*	*	*	*	*	*	*	*	14
Missing/DK	*	*	*	*	*	*	*	*	*	*	*	15

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

The table shows the reasons for not delivering in a health facility, which were categorised as: not necessary (46 percent), occurrence of sudden delivery (40 percent), too expensive (20 percent), not customary (18 percent), afraid of possible caesarean section (4 percent), and poor quality service (3 percent). Only 2 percent of women reported reasons such as: the facility is too far/no transport available, husband/family did not allow, or facility not open/no SBA available. The unavailability of female providers was reported by less than 1 percent of women.

There are clear differentials with regard to reasons for not delivering in a health facility by region, age and education. The category “not necessary to deliver in a health facility was the reason mentioned by 58 percent of women in the pilot phase compared to 45 percent of women in the expansion phase Upper Egypt. The proportion reporting this reason was highest among women whose age at birth was 35 – 49 years and among women who had no education.

Sudden delivery was the reason mentioned by 59 percent of women in the expansion phase Lower Egypt, 40 percent of women in the expansion phase Upper Egypt, and only 32 percent of women in the pilot phase. The proportion of women reporting this reason was highest among women whose age at birth was less than 20 years and among women who had secondary education.

Almost one-fifth of women in the expansion phase Upper Egypt reported that delivery in a health facility is too expensive as the reason for not delivering there; this percentage decreases to 16 percent among women in the pilot phase and 13 percent among women in the expansion phase Lower Egypt. The proportion reporting this reason was the highest among women whose age at birth was 35 – 49 years and among women who had no education or had primary/preparatory education.

It is not customary to deliver in a health facility was the reason reported by 19 percent of women in the expansion phase Upper Egypt, 18 percent of women in the pilot phase, and only in 5 percent of women in the expansion phase Lower Egypt. The proportion of this reason was the highest among women whose age at birth was 20-34 years and among women who had no education

Not delivering in a health facility appears to be a declining trend in Egypt; it should be reinforced to all women that facility births are safer. Health providers should encourage women who face financial difficulties to encourage in public health facilities, where the MoH provides free delivery services.

Post-natal Health Checks

The time of birth and immediately after is a critical window of opportunity to deliver lifesaving interventions for both the mother and new-born. Across the world, approximately 3 million new-borns annually die in the first month of life³² and the majority of these deaths occur within a day or two of birth³³, which is also the time when the majority of maternal deaths occur³⁴.

Despite the importance of the first few days following birth, large-scale, nationally representative household survey programmes have not systematically included questions on the post-natal period and care for the mother and new-born. In 2008, the Countdown to 2015 initiative, which monitors progress on maternal, new-born and child health interventions, highlighted this data gap, and called not only for post-natal care (PNC) programmes to be strengthened, but also for better data availability and quality.

³² Liu L, Johnson HL, Cousens S, et al. Global, regional, and national causes of child mortality in 2000-2010: an updated systematic analysis. *Lancet*. 2012; 11 May 2012. doi:10.1016/S0140-6736(12)60560-1.

³³ Lawn JE, Cousens S, Zupan J. 4 million neonatal deaths: When? Where? Why? *Lancet* 2005; 365:891–900.

³⁴ WHO, UNICEF, UNFPA, The World Bank. *Trends in Maternal Mortality: 1990-2010*. Geneva: World Health Organization 2012.

Following the establishment and discussions of an Inter-Agency Group on PNC and drawing on lessons learned from earlier attempts of collecting PNC data, a new questionnaire module for MICS was developed and validated. Named the Post-natal Health Checks (PNHC) module, the objective is to collect information on new-borns' and mothers' contact with a provider, not content of care. The rationale for this is that as PNC programmes scale up, it is important to measure the coverage of that scale up and ensure that the platform for providing essential services is in place. Content is considered more difficult to measure, particularly because the respondent is asked to recall services delivered up to five years preceding the interview.

Table RH.12 presents the percent distribution of ever-married women age 15-49 years who gave birth in a health facility in the five years preceding the survey by duration of stay in the facility following the delivery, according to background characteristics.

Table RH.12: Post-partum stay in health facility

Percent distribution of ever-married women age 15-49 years with a live birth in the last five years who had their last birth delivered in a health facility by duration of stay in health facility, Egypt Sub-National MICS, 2013-14

	Duration of stay in health facility:						12 hours or more [1]	Number of ever-married women who had their last birth delivered in a health facility in the last 5 years
	Less than 6 hours	6-11 hours	12-23 hours	1-2 days	3 days or more	Total		
Total	43.3	10.8	7.6	34.9	3.4	100.0	45.9	2960
Region								
Pilot Phase, Upper Egypt	42.7	10.4	9.1	35.7	2.1	100.0	46.9	374
Expansion Phase, Upper Egypt	44.8	9.2	6.9	35.6	3.4	100.0	46.0	2047
Expansion Phase, Lower Egypt	37.8	17.4	9.1	31.7	4.0	100.0	44.8	539
Mother's age at birth								
Less than 20	49.9	10.3	6.7	30.9	2.2	100.0	39.8	1001
20-34	40.1	10.9	8.1	37.0	3.9	100.0	49.0	1936
35-49	*	*	*	*	*	100.0	*	16
Missing	*	*	*	*	*	100.0	*	6
Birth order								
1	36.1	12.5	9.7	39.1	2.7	100.0	51.5	722
2-3	44.8	10.6	7.3	34.3	3.0	100.0	44.6	1396
4-5	49.6	9.1	7.4	30.6	3.3	100.0	41.3	581
6+	41.3	11.3	4.2	36.3	6.9	100.0	47.4	256
Attendance of health education sessions								
Did not attend any sessions	43.1	10.7	7.5	35.2	3.5	100.0	46.2	2696
Attended 1-3 sessions	44.2	11.6	9.6	31.9	2.6	100.0	44.1	214
Attended at least 4 sessions	46.9	13.9	5.7	31.5	2.0	100.0	39.2	50
Received home visit from health provider during pregnancy								
Received at least 1 visit	46.7	9.3	6.8	34.9	2.2	100.0	43.9	796
Did not receive any visits	42.0	11.4	7.9	34.9	3.8	100.0	46.6	2164
Type of health facility								
Public	52.3	10.3	5.5	25.2	6.7	100.0	37.4	949
Private	39.0	11.1	8.6	39.5	1.8	100.0	50.0	2011
Type of delivery								
Vaginal birth	77.7	10.3	2.9	8.0	1.1	100.0	12.0	1524
C-section	6.7	11.4	12.6	63.5	5.8	100.0	81.9	1436
Woman's education								
No Education	41.7	10.1	7.7	35.4	5.0	100.0	48.1	621
Primary/Preparatory	45.0	8.9	8.1	34.4	3.6	100.0	46.1	646
Secondary	44.7	11.3	6.4	34.5	3.1	100.0	44.0	1284
Higher	38.3	13.5	10.4	36.3	1.5	100.0	48.2	409
Husband's education								
No Education	41.7	11.8	4.7	37.7	4.0	100.0	46.5	291
Primary/Preparatory	45.2	11.2	7.1	33.4	3.1	100.0	43.6	708
Secondary	43.5	9.2	8.0	35.7	3.6	100.0	47.4	1416
Higher	40.7	14.8	9.1	33.5	1.9	100.0	44.5	465
Husband not in household	44.3	10.1	7.1	31.0	7.5	100.0	45.6	77
Missing/DK	*	*	*	*	*	100.0	*	2
Woman's Work Status								
Working for cash	41.9	13.1	8.8	33.3	2.8	100.0	45.0	278
Not working for cash	43.4	10.6	7.5	35.1	3.4	100.0	46.0	2682
Husband's Work Status								
Working for cash	43.1	10.8	7.6	35.3	3.1	100.0	46.1	2772
Not working for cash	51.8	10.7	6.4	24.9	6.2	100.0	37.5	70
Husband not in household	44.3	10.1	7.1	31.0	7.5	100.0	45.6	77
Missing/DK	(39.6)	(10.6)	(8.6)	(34.1)	(7.2)	100.0	(49.8)	41

[1] MICS indicator 5.10 - Post-partum stay in health facility

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

Overall, less than half (46 percent) of ever-married women who gave birth in a health facility stayed 12 hours or more in the facility after delivery. Across the regions, there was little difference in percentage of women who stayed 12 hours or more in the health facility following delivery. Women who delivered in a private health facility are more likely than those who delivered in a public facility to stay 12 or more hours after delivery (50 percent versus 37 percent). Eighty-two percent of women who had a C-section delivery stayed 12 hours or more in the facility after giving birth compared with

12 percent of those giving a natural birth. There are no clear patterns with regards to background characteristics of woman's education, women's work status, attendance of health education sessions, received home visit from health provider during pregnancy, and husband's education or work status. However, looking at the mother's age at birth and the birth order, there seems to be a higher proportion of women in the age group 20-34 (49 percent) and among women who delivered their first baby (52 percent) to stay in the health facility 12 hours or more after delivery than the other women.

Safe motherhood programmes have recently increased emphasis on the importance of post-natal care, recommending that all women and new-borns receive a health check within two days of delivery. To assess the extent of post-natal care utilization, women were asked whether they and their new-born received a health check after the delivery, the timing of the first check, and the type of health provider for the woman's last birth in the five years preceding the survey.

Table RH.13 shows the percentage of new-borns born in the last five years who received health checks and post-natal care visits from any health provider after birth. Please note that health checks following birth while in facility or at home refer to checks provided by any health provider regardless of timing, whereas post-natal care visits refer to a separate visit to check on the health of the new-born and provide preventive care services and therefore do not include health checks following birth while in facility or at home. The indicator, Post-natal health checks, include any health check after birth received while in the health facility and at home, regardless of timing, as well as PNC visits within two days of delivery .

Table RH.13: Post-natal health checks for new-borns

Percentage of ever-married women age 15-49 years with a live birth in the last five years whose last live birth received health checks while in facility or at home following birth, percent distribution whose last live birth received post-natal care (PNC) visits from any health provider after birth, by timing of visit, and percentage who received post-natal health checks, Egypt Sub-National MICS, 2013-14

	PNC visit for new-borns [b]									Total	Post-natal health check for the new-born [1], [c]	Heel sample taken from infant within 7 days of birth	Number of last live births in the last five years
	Health check following birth while in facility or at home [a]	Same day	1 day following birth	2 days following birth	3-6 days following birth	After the first week following birth	No post-natal care visit	Missing/DK					
Total	76.1	7.8	11.1	7.3	17.2	10.2	46.2	0.1	100.0	80.0	94.0	3605	
Region													
Pilot Phase, Upper Egypt	76.9	3.9	9.6	5.3	16.3	10.8	53.9	0.3	100.0	80.2	94.9	464	
Expansion Phase, Upper Egypt	71.7	8.8	8.8	5.7	17.0	9.6	50.0	0.0	100.0	76.1	93.1	2582	
Expansion Phase, Lower Egypt	95.7	6.3	22.9	16.4	19.1	12.7	22.4	0.1	100.0	97.5	97.5	560	
Mother's age at birth													
Less than 20	70.2	8.8	10.2	6.4	16.9	8.8	48.9	0.0	100.0	75.1	93.8	1284	
20-34	79.2	7.2	11.7	7.8	17.5	11.1	44.6	0.1	100.0	82.5	94.3	2300	
35-49	96.9	0.0	0.0	16.1	10.1	3.2	70.6	0.0	100.0	96.9	100.0	16	
Missing	*	*	*	*	*	*	*	*	100.0	*	*	6	
Birth order													
1	84.2	5.7	12.2	8.9	20.6	11.9	40.6	0.1	100.0	85.9	95.8	769	
2-3	78.1	7.9	12.7	7.8	17.7	9.9	44.0	0.1	100.0	82.0	94.0	1672	
4-5	68.2	8.3	9.4	7.0	12.8	9.9	52.6	0.0	100.0	72.9	93.9	791	
6+	66.4	10.0	5.5	2.7	18.1	8.9	54.7	0.1	100.0	72.8	91.6	367	
Place of birth													
Home	27.0	14.4	6.7	3.9	13.4	7.6	54.0	0.1	100.0	44.4	94.8	641	
Health facility	86.8	6.3	12.1	8.1	18.1	10.8	44.6	0.1	100.0	87.7	93.9	2960	
Public	80.6	5.9	8.7	5.1	18.4	11.7	50.1	0.0	100.0	81.5	91.1	949	
Private	89.8	6.5	13.6	9.5	17.9	10.4	42.0	0.1	100.0	90.7	95.2	2011	
Other/DK/Missing	*	*	*	*	*	*	*	*	100.0	*	*	4	
Person providing antenatal care													
SBA (physician)	86.5	6.4	11.7	7.8	17.3	10.4	46.4	0.1	100.0	87.5	93.8	3172	
SBA (certified midwife)	(0.0)	(16.7)	(8.7)	(0.00)	(35.4)	(6.2)	(33.1)	(0.0)	100.0	(25.4)	(90.7)	38	
Daya/other	0.0	18.2	6.9	4.6	15.0	8.9	46.4	0.0	100.0	25.1	95.6	396	
Woman's education													
No Education	63.9	8.8	6.7	5.2	13.8	9.1	56.3	0.1	100.0	70.4	92.8	868	
Primary/Preparatory	71.5	7.8	9.4	6.2	19.0	8.8	48.7	0.1	100.0	75.2	93.6	817	
Secondary	81.3	7.3	12.5	8.0	17.9	10.9	43.4	0.0	100.0	84.3	94.8	1491	
Higher	91.3	7.7	18.4	11.5	18.4	12.7	31.0	0.3	100.0	93.3	94.6	429	
Husband's education													
No Education	65.0	5.1	7.2	4.8	12.3	7.0	63.7	0.0	100.0	68.3	93.6	400	
Primary/Preparatory	70.4	9.0	9.5	7.6	19.3	9.2	45.4	0.1	100.0	75.3	94.2	902	
Secondary	78.6	7.3	11.7	7.3	17.2	10.4	46.0	0.1	100.0	82.8	94.7	1702	
Higher	86.5	8.5	15.0	9.2	18.3	14.0	34.8	0.1	100.0	88.0	92.8	509	
Husband not in household	76.0	11.5	11.2	5.6	13.3	9.7	48.6	0.0	100.0	77.9	89.9	91	
Missing/DK	*	*	*	*	*	*	*	*	100.0	*	*	2	
Woman's Work Status													
Working for cash	85.0	8.6	13.7	9.6	16.2	14.1	37.6	0.2	100.0	86.0	95.8	307	
Not working for cash	75.3	7.7	10.9	7.1	17.3	9.9	47.1	0.1	100.0	79.4	93.8	3299	
Husband's Work Status													
Working for cash	76.4	7.8	11.1	7.4	17.4	10.3	45.9	.1	100.0	80.2	94.3	3368	
Not working for cash	72.6	7.5	9.1	5.3	16.8	8.2	52.5	.6	100.0	81.3	92.7	91	
Husband not in household	76.0	11.5	11.2	5.6	13.3	9.7	48.6	0.0	100.0	77.9	89.9	91	
Missing/DK	61.5	3.3	11.8	7.5	15.0	9.8	52.7	0.0	100.0	63.7	87.6	55	

[1] MICS indicator 5.11 - Post-natal health check for the new-born

[a] Health checks by any health provider following facility births (before discharge from facility) or following home births (before departure of provider from home).

[b] Post-natal care visits (PNC) refer to a separate visit to check on the health of the new-born and provide preventive care services. PNC visits do not include health checks following birth while in facility or at home (see note a above).

[c] Post-natal health checks include any health check performed while in the health facility or at home following birth (see note a above), as well as PNC visits (see note b above) within two days of delivery.

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

Slightly more than three in four new-borns (76 percent) receive a health check following birth while in a facility or at home. This percentage is the highest in the expansion phase Lower Egypt (96 percent), followed by the pilot phase (76 percent) and the lowest in expansion phase Upper Egypt (72 percent). With regards to PNC visits, these predominantly occur either on the first or on the same day of the delivery (11 percent and 8 percent, respectively). As a result, a total of 80 percent of all new-borns receive a post-natal health check. In expansion phase Lower Egypt almost all new-borns receive a post – natal health check (98 percent), while this proportion is 80 percent in the pilot phase and 76 percent in the expansion phase Upper Egypt. There is a clear association between receiving post-natal care and both parent’s education and work status.

Health checks following birth occur mainly (87 percent) in facility deliveries (90 percent private and 81 percent public), whereas for new-borns delivered at home the figure is low (27 percent). However, it is worth noting that new-borns to young women, age less than 20 and women with 6 or more children have the lowest rate of PNC visits among age groups of women and birth order. Proportion of post-natal health check for the new-born is highest when antenatal care was provided by physicians (88 percent), while it is lowest when antenatal care was provided by Dayas.

Please be reminded that *health checks following birth* while in facility or at home refer to checks provided by any health provider regardless of timing (column 1), whereas *post-natal care visits* refer to a separate visit to check on the health of the mother and provide preventive care services and therefore do not include *health checks following birth* while in facility or at home. The indicator, *Post-natal health checks*, include any health check after birth received while in the health facility and at home (column 1), regardless of timing, as well as PNC visits within two days of delivery (columns 2, 3, and 4).

Table RH.14 shows the percentage of new-borns who received the first PNC visit within one week of birth by place and type of provider of service. As defined above, a visit does not include a check in the facility or at home following birth.

Table RH.14: Post-natal care visits for new-borns within one week of birth
 Percent distribution of ever-married women age 15-49 years with a live birth in the last five years whose last live birth received a post-natal care (PNC) visit within one week of birth, by location and provider of the first PNC visit, Egypt Sub-National MICS, 2013-14

	Place of first PNC visit for new-borns					Provider of first PNC visit for new-borns					Number of last live births in the last five years with a PNC visit within the first week of life
	Home	Public sector	Private sector	Missing	Total	Doctor/nurse/midwife	Auxiliary midwife	Community health worker	Traditional birth attendant	Total	
Total	15.5	16.6	67.7	0.3	100.0	94.8	0.3	1.8	3.0	100.0	1567
Region											
Pilot Phase, Upper Egypt	6.1	26.6	67.4	0.0	100.0	96.5	0.0	0.5	3.0	100.0	163
Expansion Phase, Upper Egypt	7.2	16.8	75.6	0.3	100.0	95.3	0.5	0.4	3.9	100.0	1042
Expansion Phase, Lower Egypt	43.5	11.3	45.1	0.2	100.0	92.8	0.0	6.5	0.7	100.0	362
Mother's age at birth											
Less than 20	14.6	16.0	69.0	0.4	100.0	94.1	0.3	1.1	4.5	100.0	543
20-34	16.0	16.8	67.1	0.2	100.0	95.2	0.4	2.2	2.3	100.0	1017
35-49	*	*	*	*	100.0	*	*	*	*	100.0	4
Missing	*	*	*	*	100.0	*	*	*	*	100.0	3
Birth order											
1	10.8	10.6	78.3	0.4	100.0	97.9	0.0	1.7	0.4	100.0	365
2-3	18.7	18.7	62.3	0.3	100.0	94.2	0.5	2.4	2.9	100.0	770
4-5	14.3	17.2	68.5	0.0	100.0	94.8	0.6	0.8	3.9	100.0	296
6+	12.4	17.9	69.7	0.0	100.0	90.1	0.0	0.5	9.4	100.0	133
Type of ANC provider											
Public sector	18.8	28.7	52.5	0.0	100.0	93.9	0.0	0.6	5.4	100.0	102
Private sector	14.7	13.9	71.0	0.3	100.0	94.9	0.4	1.7	3.0	100.0	863
Both	16.5	16.7	66.4	0.3	100.0	96.3	0.4	2.5	0.9	100.0	502
Person providing antenatal care											
SBA (physician)	13.2	15.4	71.0	0.3	100.0	97.9	0.0	1.9	.1	100.0	1367
SBA (certified midwife)	*	*	*	*	100.0	*	*	*	*	100.0	23
Daya/other	32.5	23.2	44.4	0.0	100.0	72.6	1.0	.6	25.8	100.0	177
Place of birth											
Home	30.9	23.8	45.4	0.0	100.0	78.5	2.2	0.7	18.6	100.0	246
Health facility	12.5	15.2	72.0	0.3	100.0	97.9	0.0	2.0	0.1	100.0	1318
Public	10.1	27.3	62.6	0.0	100.0	99.0	0.0	1.0	0.0	100.0	362
Private	13.4	10.6	75.6	0.4	100.0	97.4	0.0	2.4	0.2	100.0	956
Other/DK/Missing	*	*	*	*	100.0	*	*	*	*	100.0	3
Woman's education											
No Education	14.8	17.8	66.8	0.6	100.0	90.5	0.6	1.0	8.0	100.0	300
Primary/Preparatory	10.8	17.4	71.8	0.0	100.0	95.4	0.5	0.8	3.3	100.0	347
Secondary	16.3	16.0	67.3	0.3	100.0	95.8	0.3	2.2	1.7	100.0	680
Higher	20.7	15.4	63.9	0.0	100.0	96.6	0.0	3.1	0.3	100.0	240
Husband's education											
No Education	16.6	19.5	63.9	0.0	100.0	93.0	0.0	0.3	6.7	100.0	117
Primary/Preparatory	13.7	19.7	66.1	0.5	100.0	93.7	0.4	1.4	4.5	100.0	409
Secondary	15.1	14.7	69.9	0.2	100.0	95.5	0.5	1.9	2.1	100.0	740
Higher	19.8	15.9	64.3	0.0	100.0	95.3	0.0	3.1	1.6	100.0	260
Husband not in household	8.6	(8.4)	(81.4)	(1.6)	100.0	(95.6)	(0.0)	(0.0)	(4.4)	100.0	38
Missing/DK	*	*	*	*	100.0	*	*	*	*	100.0	2
Woman's Work Status											
Working for cash	25.2	17.7	57.1	0.0	100.0	95.4	0.0	3.6	1.0	100.0	148
Not working for cash	14.5	16.4	68.8	0.3	100.0	94.8	0.4	1.6	3.3	100.0	1419
Husband's Work Status											
Working for cash	15.8	16.4	67.5	0.2	100.0	94.9	0.4	1.8	2.9	100.0	1473
Not working for cash	13.2	(21.2)	(65.6)	(0.0)	100.0	(90.5)	(0.0)	(3.2)	(6.3)	100.0	35
Husband not in household	8.6	(8.4)	(81.4)	(1.6)	100.0	(95.6)	(0.0)	(0.0)	(4.4)	100.0	38
Missing/DK	*	*	*	*	100.0	*	*	*	*	100.0	21

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

More than two-thirds (68 percent) of the first PNC visits for new-borns occur in a private facility. The proportion of the first PNC visits for new-borns that occur in a private facility is the highest in the expansion phase Upper Egypt (76 percent), 67 percent in pilot phase and the lowest in the expansion phase Lower Egypt (45 percent). Home was the location of 44 percent of the first PNC visit in expansion phase Lower Egypt, compared with only 7 percent in expansion phase Upper Egypt and 6 percent in the pilot phase. Public facility was the location of 27 percent of the first PNC visit in the pilot phase, 17 percent in expansion phase Upper Egypt and 11 percent in expansion phase Lower Egypt. Private facility was used as a location of the first PNC visits for new-borns in 76 percent of women residing in expansion phase Upper Egypt, in 78 percent of the new-borns whose birth order is number one, in 71 percent of women who received ANC by a private provider in private sector, and in 76 percent of women delivered in private facilities. Education level of women did not significantly affect the location of the first PNC visits for new-borns.

Around 95 percent of the first PNC visits for new-borns are provided by either a doctor/nurse/midwife or an auxiliary midwife, 2 percent by community health worker (CHW), mainly in the expansion phase Lower Egypt (7 percent), and 3 percent by traditional birth attendants (TBA).

The first PNC visits for new-borns were provided by either a doctor/nurse/midwife in 98 percent of the new-borns of first birth order, in 98 percent of women who received ANC by a physician, in 98 percent of women delivered in health facilities, and in 97 percent of mothers with higher education.

Tables RH.15 and RH.16 present information collected on post-natal health checks and visits of the mother and are identical to Tables RH.13 and RH.14 that presented the data collected for new-borns.

Table RH.15: Post-natal health checks for mothers

Percentage of ever-married women age 15-49 years with a live birth in the last five years who received health checks while in facility or at home following birth, percent distribution who received post-natal care (PNC) visits from any health provider after birth at the time of last birth, by timing of visit, and percentage who received post-natal health checks, Egypt Sub-National MICS, 2013-14

	Health check following birth while in facility or at home [a]	PNC visit for mothers [b]							Total	Post-natal health check for the mother [1], [c]	Adequate number of PNC visits	Post-natal home visit within 48 hours	Number of ever-married women who gave birth in the five years preceding the survey
		Same day	1 day following birth	2 days following birth	3-6 days following birth	After the first week following birth	No post-natal care visit	Missing/DK					
Total	77.2	1.2	1.9	1.3	4.2	18.3	73.0	0.1	100.0	77.8	3.0	1.7	3605
Region													
Pilot Phase, Upper Egypt	78.3	0.5	1.2	0.8	5.2	14.2	78.0	0.0	100.0	78.6	2.7	0.8	464
Expansion Phase, Upper Egypt	73.0	1.1	0.9	1.2	4.1	16.9	75.6	0.2	100.0	73.6	2.4	0.6	2582
Expansion Phase, Lower Egypt	95.8	1.9	6.6	2.6	3.9	28.4	56.7	0.0	100.0	96.4	5.8	7.5	560
Mother's age at birth													
Less than 20	71.6	1.5	0.9	1.3	4.5	13.9	77.8	0.0	100.0	72.4	2.3	1.0	1284
20-34	80.2	1.0	2.3	1.4	4.0	20.8	70.3	0.2	100.0	80.8	3.4	2.1	2300
35-49	*	*	*	*	*	*	*	*	100.0	*	*	*	16
Missing	*	*	*	*	*	*	*	*	100.0	*	*	*	6
Birth order													
1	85.1	0.5	1.4	1.0	4.8	27.1	65.2	0.0	100.0	85.1	2.6	1.4	769
2-3	79.1	1.2	2.5	1.3	4.6	18.9	71.2	0.2	100.0	79.8	3.1	1.9	1672
4-5	71.3	1.2	1.2	1.6	3.5	9.8	82.7	0.0	100.0	72.0	2.9	1.4	791
6+	64.4	2.2	1.0	1.6	2.6	15.8	76.4	0.4	100.0	65.5	3.3	2.0	367
Type of ANC provider													
Public sector	65.9	0.4	2.0	0.8	5.5	9.2	82.1	0.0	100.0	67.0	1.5	0.6	312
Private sector	80.1	1.5	1.9	1.0	4.3	18.9	72.3	0.1	100.0	80.8	3.1	1.5	1934
Both	82.7	0.8	2.3	2.1	4.6	24.2	66.1	0.0	100.0	83.0	3.7	3.0	1016
Person providing antenatal care													
SBA (physician)	87.7	0.9	1.9	1.4	4.3	20.2	71.2	0.1	100.0	87.8	3.2	1.9	3172
SBA (certified midwife)	(4.5)	(1.9)	(0.0)	(0.0)	(0.0)	(7.5)	(90.6)	(0.0)	100.0	(6.4)	(2.5)	(1.3)	38
Daya/other	0.0	3.5	1.4	1.1	3.4	4.6	85.6	0.4	100.0	4.9	0.8	0.3	396
Place of birth													
Home	26.0	2.6	1.8	1.5	3.1	4.0	86.7	0.3	100.0	29.1	1.6	0.7	641
Health facility	88.4	0.8	1.9	1.3	4.4	21.4	70.0	0.1	100.0	88.5	3.3	1.9	2960
Public	81.5	1.0	1.2	0.7	4.2	10.0	82.8	0.2	100.0	81.5	2.7	1.8	949
Private	91.7	0.8	2.2	1.6	4.5	26.8	64.0	0.1	100.0	91.8	3.5	2.0	2011
Other/DK/Missing	*	*	*	*	*	*	*	*	100.0	*	*	*	4
Type of delivery													
Vaginal birth	67.1	1.3	1.8	1.1	2.3	4.2	89.1	0.2	100.0	68.0	1.5	1.0	2170
C-section	92.5	1.0	1.9	1.6	7.1	39.6	48.6	0.1	100.0	92.6	5.2	2.8	1436
Woman's education													
No Education	65.7	1.3	0.3	1.5	4.0	13.8	78.7	0.4	100.0	66.7	2.6	1.0	868
Primary/Preparatory	71.7	1.1	1.5	0.9	4.7	15.0	76.8	0.0	100.0	72.5	3.1	1.6	817
Secondary	82.5	1.0	2.3	1.4	3.8	20.8	70.7	0.0	100.0	82.8	2.7	1.7	1491
Higher	92.5	1.8	4.2	1.5	4.9	24.9	62.4	0.4	100.0	92.8	4.2	3.4	429
Husband's education													
No Education	67.0	1.3	0.9	1.1	2.5	13.9	80.0	0.4	100.0	68.3	62.2	2.5	1.4
Primary/Preparatory	71.2	1.2	1.1	1.7	5.1	14.4	76.4	0.2	100.0	71.8	66.8	3.4	1.6
Secondary	80.1	0.7	2.0	1.1	4.5	19.6	72.0	0.1	100.0	80.6	75.0	2.5	1.4
Higher	86.1	2.3	2.8	1.9	2.5	24.8	65.7	0.0	100.0	86.7	82.8	4.2	3.0
Husband not in household	77.3	2.3	2.5	0.0	6.4	17.7	71.1	0.0	100.0	77.3	71.8	3.2	2.4
Missing/DK	*	*	*	*	*	*	*	*	100.0	*	*	*	*
Woman's Work Status													
Working for cash	87.4	2.3	3.4	2.1	4.6	20.5	67.1	0.0	100.0	87.7	85.1	4.9	3.1
Not working for cash	76.3	1.1	1.7	1.3	4.2	18.1	73.5	0.1	100.0	76.9	71.4	2.8	1.6

	Health check following birth while in facility or at home [a]	PNC visit for mothers [b]							Total	Post-natal health check for the mother [1], [c]	Adequate number of PNC visits	Post-natal home visit within 48 hours	Number of ever-married women who gave birth in the five years preceding the survey
		Same day	1 day following birth	2 days following birth	3-6 days following birth	After the first week following birth	No post-natal care visit	Missing/DK					
Husband's Work Status													
Working for cash	77.5	1.1	1.9	1.4	4.0	18.7	72.8	0.1	100.0	78.1	72.8	3.0	1.7
Not working for cash	73.5	0.0	0.9	1.1	4.9	12.0	79.4	1.7	100.0	73.5	72.5	3.2	0.4
Husband not in household	77.3	2.3	2.5	0.0	6.4	17.7	71.1	0.0	100.0	77.3	71.8	3.2	2.4
Missing/DK	66.6	2.2	1.8	2.1	8.9	6.7	78.3	0.0	100.0	68.8	60.5	1.1	0.0
[1] MICS indicator 5.12 - Post-natal health check for the mother													
[a] Health checks by any health provider following facility births (before discharge from facility) or following home births (before departure of provider from home).													
[b] Post-natal care visits (PNC) refer to a separate visit to check on the health of the mother and provide preventive care services. PNC visits do not include health checks following birth while in facility or at home (see note a above).													
[c] Post-natal health checks include any health check performed while in the health facility or at home following birth (see note a above), as well as PNC visits (see note b above) within two days of delivery.													
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.													
Note: Figures in parentheses are based on 25-49 unweighted cases.													

Table RH.15 presents a somewhat similar pattern to Table RH.13, but with some important differences. Overall, 77 percent of mothers receive a health check following birth while in a facility or at home. With regards to PNC visits, the majority of those visits took place on the first or second day after the delivery (2 percent and 1 percent, respectively). As a result, a total of 78 percent of all mothers receive a post-natal health check. In expansion phase Lower Egypt 96 percent of the mothers receive a post-natal health check, while this proportion is 78 percent in the pilot phase and 74 percent in the expansion phase Upper Egypt.

There is a clear correlation to both parent's education and work status, with the percentage of post-natal health checks of mothers increasing among parents with higher education and those working for cash. Health checks following birth occur mainly in facility deliveries (88 percent: 92 percent private and 82 percent public), whereas for mothers who delivered at home the figure is low (26 percent). The main difference between the table for new-borns and the table for mothers is that the percentage with health checks, both following the birth and through a visit, is slightly lower for mothers than for new-borns. Studying only those mothers that did not receive a PNC visit, the percentage is much higher for mothers (73 percent) than for new-borns (46 percent). As was the case for the new-born, the age group of mothers age less than 20, has low percentage receiving a health check through a timely visit. The Egyptian MoHP protocol establishes that each woman should receive a home postnatal care visit from a nurse within 48 hours of delivery, and that each woman should have at least 3 postnatal care visits, whether at home or at the FHU (adequate number of postnatal care visits). Table RH.15 shows that a minimum percentage of women received these two recommended postnatal care services.

Post-natal care includes history-taking, physical examination (general, abdominal, and local) of both the mother and new-born. Danger signs should be enquired about, and the mother should be counselled about a range of topics including nutrition and care of the new-born. The standard MICS questionnaire does not inquire about content of postnatal care; this sub-national MICS developed specific questions to assess to what extent women are receiving appropriate postnatal care.

Table RH.MoRES10 indicates that among ever-married women age 15-49 with a live birth in the last 5 years and received postnatal care, 30 percent had their blood pressure measured, one-fifth had their pulse measured and slightly more than one-fifth had their temperature was measured. Only 14 percent reported having either their breasts of their lower limbs examined during the postnatal care visits.

Table RH.MoRES10: Content of post-natal care visits						
Percentage of ever-married women age 15-49 with a live birth in the last 5 years by content of postnatal care received, Egypt Sub-National MICS, 2013-14						
	Blood pressure measured	Pulse measured	Temperature measured	Breast examined	Lower limbs examined	Number of ever-married women age 15-49 years who gave birth in the last five years, and who received PNC
Total	29.5	20.0	21.9	13.6	13.7	3605
Region						
Pilot Phase, Upper Egypt	27.1	18.7	20.8	12.2	13.5	464
Expansion Phase, Upper Egypt	27.0	17.1	18.6	11.7	12.2	2582
Expansion Phase, Lower Egypt	43.3	34.1	37.9	23.5	20.7	560
Mother's Age at birth						
Less than 20	24.8	20.1	19.1	13.6	14.2	240
20-34	30.0	20.0	22.5	13.8	13.9	2938
35-49	28.8	19.2	19.5	12.4	12.0	422
Birth order						
1	31.8	24.7	26.1	16.8	16.9	769
2-3	31.5	20.4	23.4	13.3	13.8	1672
4-5	25.8	17.3	18.3	13.3	12.5	791
6+	23.7	13.3	13.8	9.2	9.3	367
Type of birth attendant						
SBA (physician)	33.1	23.1	24.9	15.3	15.6	3019
SBA (certified midwife)	9.3	4.1	6.0	5.4	5.7	190
Daya/other	12.3	3.4	7.1	4.4	2.5	380
None	*	*	*	*	*	15
Missing/DK	*	*	*	*	*	2
Place of birth						
Home	13.6	5.6	8.6	6.2	4.5	641
Public health facility	27.8	20.8	22.1	14.7	15.7	949
Private health facility	35.3	24.0	25.8	15.4	15.6	1992
Other/DK/Missing	*	*	*	*	*	22
Source of PNC						
Physician	51.2	36.1	40.1	25.3	24.2	681
Nurse (from FHU)	44.7	36.7	50.4	41.2	35.2	74
Both	57.5	47.6	52.0	25.4	23.0	194
Other	21.5	13.3	14.3	9.0	9.7	2656
Woman's education						
No Education	28.0	16.2	17.5	10.7	9.1	868
Primary/Preparatory	25.9	19.1	20.7	13.3	12.2	817
Secondary	29.6	19.8	22.3	13.3	14.5	1491
Higher	39.3	29.7	32.0	21.1	22.7	429
Husband's education						
No Education	24.7	14.8	14.8	12.3	9.3	400
Primary/Preparatory	27.2	17.5	19.9	10.6	12.1	902
Secondary	30.7	21.4	22.9	13.9	13.6	1702
Higher	33.2	23.2	27.1	17.4	19.1	509
Husband not in household	29.1	19.4	23.4	22.8	20.8	91
Missing/DK	*	*	*	*	*	2
Woman's Work Status						
Working for cash	38.5	29.2	33.1	20.7	21.3	307
Not working for cash	28.7	19.1	20.9	12.9	13.0	3299
Husband's Work Status						
Working for cash	29.8	20.2	22.1	13.5	13.6	3368
Not working for cash	23.1	12.3	15.5	8.9	10.1	91
Husband not in household	29.1	19.4	23.4	22.8	20.8	91
Missing/DK	24.3	17.5	21.1	9.3	11.6	55

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

In general, women in the expansion phase Lower Egypt were the most likely to receive these components as part of their postnatal care. Also, women whose birth attendant was a physician were more likely than other women to receive the said measurements and examinations during PNC. In addition, the place of delivery is strongly associated with receiving contents of PNC. Women who delivered in a private health facility were more likely to get their blood pressure, pulse and temperature measured and to have breast and lower limbs examined than women who delivered at public health facilities or at home.

Table RH.16: Post-natal care visits for mothers within one week of birth

Percent distribution of ever-married women age 15-49 years with a live birth in the last five years who received a post-natal care (PNC) visit within one week of birth, by location and provider of the first PNC visit, Egypt Sub-National MICS, 2013-14

	Location of first PNC visit					Provider of first PNC visit					Number of ever-married women who gave birth in the five years preceding survey and received a PNC visit within one week of delivery
	Home	Public Sector	Private Sector	Missing/DK	Total	Doctor/ nurse/ midwife	Auxiliary midwife	Community health worker	Traditional birth attendant	Total	
Total	37.3	11.5	51.1	0.1	100.0	93.2	0.2	2.3	4.3	100.0	309
Region											
Pilot Phase, Upper Egypt	(27.6)	(9.3)	(63.1)	(0.0)	100.0	(97.3)	(0.0)	(1.2)	(1.5)	100.0	36
Expansion Phase, Upper Egypt	24.1	15.4	60.4	0.0	100.0	92.9	0.0	0.9	6.2	100.0	189
Expansion Phase, Lower Egypt	71.0	3.6	24.9	0.6	100.0	92.1	0.7	5.9	1.4	100.0	84
Mother's age at birth											
Less than 20	36.5	16.7	46.7	0.0	100.0	92.6	0.0	2.1	5.4	100.0	106
20-34	38.1	8.9	52.8	0.2	100.0	93.4	0.3	2.5	3.8	100.0	200
35-49	*	*	*	*	100.0	*	*	*	*	100.0	1
Missing	*	*	*	*	100.0	*	*	*	*	100.0	2
Birth order											
1	26.3	11.5	61.5	0.8	100.0	100.0	0.0	0.0	0.0	100.0	59
2-3	44.8	6.8	48.4	0.0	100.0	91.0	0.0	4.0	5.0	100.0	162
4-5	34.8	21.1	44.1	0.0	100.0	93.5	1.0	0.0	5.5	100.0	59
6+	(24.3)	(19.7)	(56.0)	(0.0)	100.0	(90.1)	(0.0)	(2.5)	(7.4)	100.0	27
Person providing antenatal care											
SBA (physician)	33.4	12.6	53.9	0.2	100.0	97.4	0.2	2.4	0.0	100.0	270
SBA (certified midwife)	*	*	*	*	100.0	*	*	*	*	100.0	1
Daya/other	(64.0)	(3.9)	(32.1)	(0.0)	100.0	(64.3)	(0.0)	(0.0)	(35.7)	100.0	37
Place of birth											
Home	66.7	5.0	28.3	0.0	100.0	75.7	0.0	1.2	23.1	100.0	58
Health facility	30.5	13.0	56.4	0.2	100.0	97.2	0.2	2.6	0.0	100.0	251
Public	28.1	46.8	25.0	0.0	100.0	99.3	0.0	0.7	0.0	100.0	67
Private	31.3	0.6	67.8	0.3	100.0	96.4	0.3	3.3	0.0	100.0	184
Type of delivery											
Vaginal birth	51.2	12.7	36.1	0.0	100.0	86.9	0.4	3.2	9.5	100.0	141
C-section	25.5	10.5	63.7	0.3	100.0	98.5	0.0	1.5	0.0	100.0	168
Woman's education											
No Education	31.6	12.8	55.6	0.0	100.0	87.4	0.9	0.0	11.7	100.0	62
Primary/Preparatory	31.9	19.4	48.8	0.0	100.0	94.6	0.0	1.9	3.4	100.0	67
Secondary	38.2	9.4	52.0	0.4	100.0	93.5	0.0	4.0	2.4	100.0	127
Higher	48.3	5.1	46.7	0.0	100.0	97.2	0.0	1.3	1.5	100.0	53
Husband's education											
No Education	*	*	*	*	100.0	*	*	*	*	100.0	23
Primary/Preparatory	35.6	12.6	51.8	0.0	100.0	92.5	0.7	2.5	4.4	100.0	82
Secondary	34.1	9.3	56.3	0.3	100.0	95.9	0.0	1.8	2.3	100.0	143
Higher	(49.7)	(11.8)	(38.6)	(0.0)	100.0	(89.2)	(0.0)	(5.2)	(5.7)	100.0	49
Husband not in household	*	*	*	*	100.0	*	*	*	*	100.0	10
Missing/DK	*	*	*	*	100.0	*	*	*	*	100.0	2
Woman's Work Status											
Working for cash	(36.6)	(13.1)	(49.1)	(1.2)	100.0	(96.2)	(0.0)	(1.7)	(2.1)	100.0	38
Not working for cash	37.3	11.3	51.4	0.0	100.0	92.8	0.2	2.4	4.6	100.0	271
Husband's Work Status											
Working for cash	36.8	11.2	51.8	0.2	100.0	93.4	0.0	2.0	4.5	100.0	284
Not working for cash	*	*	*	*	100.0	*	*	*	*	100.0	6
Husband not in household	*	*	*	*	100.0	*	*	*	*	100.0	10
Missing/DK	*	*	*	*	100.0	*	*	*	*	100.0	8

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

Table RH.16 matches Table RH.14, but now deals with PNC visits for mothers by location and type of provider. As defined above, a visit does not include a check in the facility or at home following birth.

Overall, slightly more than half of the first PNC visits occur in a private facility, 37 percent occur at home and 12 percent of the first PNC visits occur in a public facility. This proportion varies across background characteristics. For example, women of a higher educational level are more likely than others with lower educational level to receive the first PNC visit at home. Also, women in expansion phase Lower Egypt are the most likely to have their first PNC visit at home.

The proportion of the first PNC visits for mothers that occur in a private facility is the highest in pilot phase (63 percent), followed by the expansion phase Upper Egypt (60 percent) and lowest in the expansion phase Lower Egypt (25 percent). Home was the location of 71 percent of the first PNC visit in expansion phase Lower Egypt, 28 percent in the pilot phase and 24 percent in expansion phase Upper Egypt. Public facility was the location of 15 percent of the first PNC visit in expansion phase Upper Egypt, 9 percent in the pilot phase and 4 percent in expansion phase Lower Egypt. Private facility was used as a location of the first PNC visits in 62 percent of the mothers who delivered their first baby, in 54 percent of women who received ANC by a private physician in private sector, and in 68 percent of women delivered in private facilities. Education level of women did not significantly affect the location of the first PNC visits for mothers.

In IPHN areas, around 93 percent of the first PNC visits for mothers are provided by either a doctor/nurse/midwife or an auxiliary midwife, 2 percent by community health worker (CHW), mainly in the expansion phase Lower Egypt (7 percent), and 4 percent by traditional birth attendants (TBA) mainly in the expansion phase Upper Egypt.

The first PNC visits for mothers were provided by either a doctor/nurse/midwife in 97 percent of women who received ANC by a physician, women who delivered in health facilities, and also among mothers with higher education.

Table RH.17: Post-natal health checks for mothers and new-borns

Percent distribution of ever-married women age 15-49 years with a live birth in the last five years by post-natal health checks for the mother and new-born, within two days of the most recent birth, Egypt Sub-National MICS, 2013-14

	Health checks or PNC visits within 2 days of birth for:				Total	Number of ever-married women age 15-49 years who gave birth in the 5 years preceding the survey
	Both mothers and new-borns	Mothers only	New-borns only	Neither mother nor new-born		
Total	74.0	3.8	6.0	16.2	100.0	3605
Region						
Pilot Phase, Upper Egypt	74.4	4.2	5.8	15.6	100.0	464
Expansion Phase, Upper Egypt	69.3	4.4	6.8	19.5	100.0	2582
Expansion Phase, Lower Egypt	95.4	1.1	2.1	1.4	100.0	560
Birth order						
1	81.1	4.0	4.8	10.1	100.0	769
2-3	76.6	3.2	5.4	14.7	100.0	1672
4-5	66.3	5.7	6.6	21.4	100.0	791
6+	63.2	2.3	9.6	24.9	100.0	367
Type of ANC provider						
Public sector	61.8	5.2	9.3	23.7	100.0	312
Private sector	76.4	4.5	5.8	13.4	100.0	1934
Both	80.4	2.6	5.4	11.6	100.0	1016
Mother's age at birth						
Less than 20	68.2	4.2	6.9	20.7	100.0	1284
20-34	77.1	3.7	5.4	13.8	100.0	2300
35-49	*	*	*	*	100.0	16
Missing	*	*	*	*	100.0	6
Place of birth						
Home	28.6	0.5	15.7	55.2	100.0	641
Health facility	83.9	4.6	3.8	7.7	100.0	2960
Public	75.5	6.0	6.0	12.5	100.0	949
Private	87.9	3.9	2.8	5.5	100.0	2011
Other/DK/Missing	*	*	*	*	100.0	4
Type of delivery						
Vaginal birth	64.8	3.2	8.4	23.6	100.0	2170
C-section	87.8	4.7	2.3	5.1	100.0	1436
Woman's education						
No Education	62.8	3.9	7.6	25.7	100.0	868
Primary/Preparatory	68.0	4.6	7.2	20.2	100.0	817
Secondary	79.0	3.8	5.2	11.9	100.0	1491
Higher	90.4	2.4	2.9	4.4	100.0	429
Husband's education						
No Education	63.4	4.9	5.0	26.8	100.0	400
Primary/Preparatory	67.9	3.9	7.4	20.8	100.0	902
Secondary	76.7	3.9	6.2	13.2	100.0	1702
Higher	84.1	2.6	3.9	9.4	100.0	509
Husband not in household	73.4	3.9	4.5	18.2	100.0	91
Missing/DK	*	*	*	*	100.0	2
Woman's Work Status						
Working for cash	84.0	3.7	2.0	10.3	100.0	307
Not working for cash	73.1	3.8	6.3	16.8	100.0	3299
Husband's Work Status						
Working for cash	74.3	3.8	6.0	15.9	100.0	3368
Not working for cash	71.2	2.3	10.1	16.5	100.0	91
Husband not in household	73.4	3.9	4.5	18.2	100.0	91
Missing/DK	61.0	7.8	2.6	28.6	100.0	55

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table RH.17 presents the distribution of women with a live birth in the five years preceding the survey by receipt of health checks or PNC visits within 2 days of birth for the mother and the new-born (timely visits), thus combining the indicators presented in Tables RH.13 and RH.15.

The Egypt Sub-national MICS shows that for 74 percent of live births, both the mothers and their new-borns receive either a health check following birth or a timely PNC visit, whereas for 16 percent of births neither receives health checks or timely visits. There are large discrepancies across the

background characteristics. Proportion of births served with health checks or timely visits are highest in expansion phase Lower Egypt (95 percent), followed by the pilot phase (74 percent) and it is lowest in the expansion phase Upper Egypt (69 percent). There are also clear correlations with parent's education and work status, where higher education and working for cash equals better coverage. As expected, the inverse correlation is true for births without health checks or timely visits by parent's education. The picture is less clear when it comes to patterns on health checks or timely visits for either the mother or the new-born alone.

Danger Signs during Pregnancy/Delivery

Table RH.MoRES11 presents the percent distribution of ever-married women age 15-49 with a live birth in the last 5 years by knowledge of danger signs of pregnancy/delivery/puerperium. The table shows that more than half of the women (52 percent) did not know any of the danger signs of pregnancy, 38 percent knew 1- 2 signs and only 10 percent knew at least 3 signs. Seventy percent did not know any of the danger signs of delivery, 28 percent knew 1-2 signs and only 2 percent knew at least 3 signs danger signs of delivery. Also, the table shows that more than half of women (56 percent) did not know any of the danger signs of puerperium, 39 percent knew 1-2 signs and only 5 percent knew at least 3 signs.

Proportion of the women who did not know any of the danger signs of pregnancy was highest among women living in expansion phase Upper Egypt (57 percent), followed by women living in the pilot phase (50 percent), and it was the lowest among women living in expansion phase Lower Egypt (34 percent). The proportion of women who were ignorant about any of the danger signs of pregnancy was higher among women whose age at birth was less than 20 years, among women who had 6 or more children, among women who did not receive ANC, women who did not attend health education sessions during pregnancy, women who did not receive home visit from a health provider and among women who had no education.

Proportion of the women who did not know any of the danger signs of delivery and puerperium took same pattern of the distribution of danger sign during pregnancy. Proportion of the women who did not know any of the danger signs of puerperium also show similar pattern which was highest among women living in expansion phase Upper Egypt (60 percent), followed by women living in the pilot phase (51 percent), and it was lowest among women living in expansion phase Lower Egypt (44 percent). This proportion was higher among women whose age at birth was less than 20 years, among women who were delivering their first baby, women who did not attend health education sessions during pregnancy, women who did not receive home visit from a health provider and among women who had no education.

Table RH.MoRES11: Knowledge of danger signs of pregnancy/delivery/puerperium													
Percentage of ever-married women age 15-49 with a live birth in the last 5 years by knowledge of danger signs of pregnancy/ delivery/ puerperium, Egypt Sub-National MICS, 2013-14													
	Percent distribution of ever-married women who had knowledge of danger signs of												Number of ever-married women who had a live birth in the last five years
	Pregnancy				Delivery				Puerperium				
	Knows no signs	Knows 1-2 signs	Knows at least 3 signs	Total	Knows no signs	Knows 1-2 signs	Knows at least 3 signs	Total	Knows no signs	Knows 1-2 signs	Knows at least 3 signs	Total	
Total	52.4	38.0	9.6	100.0	69.8	27.7	2.4	100.0	56.4	39.0	4.6	100.0	3605
Region													
Pilot Phase, Upper Egypt	50.2	40.9	8.9	100.0	72.6	26.3	1.1	100.0	50.9	44.7	4.5	100.0	464
Expansion Phase, Upper Egypt	56.7	36.3	7.0	100.0	72.8	25.2	2.0	100.0	60.1	36.1	3.8	100.0	2582
Expansion Phase, Lower Egypt	34.3	43.5	22.1	100.0	53.9	40.5	5.5	100.0	43.9	47.5	8.6	100.0	560
Mother's Age at birth													
Less than 20	60.7	32.7	6.6	100.0	78.8	19.0	2.3	100.0	74.0	22.7	3.4	100.0	240
20-34	51.2	38.5	10.3	100.0	69.0	28.4	2.6	100.0	54.9	40.2	4.9	100.0	2938
35-49	56.1	37.6	6.3	100.0	70.7	28.0	1.3	100.0	56.6	40.0	3.4	100.0	422
Birth order													
1	55.8	34.6	9.5	100.0	72.8	24.1	3.0	100.0	61.5	34.3	4.2	100.0	769
2-3	48.1	40.2	11.7	100.0	68.1	29.0	2.9	100.0	55.1	39.5	5.4	100.0	1672
4-5	54.1	38.3	7.6	100.0	70.9	27.4	1.7	100.0	52.3	43.3	4.4	100.0	791
6+	61.6	34.1	4.3	100.0	69.1	30.0	0.9	100.0	60.0	37.2	2.8	100.0	367
Type of ANC provider													
Public sector	52.8	39.5	7.7	100.0	71.1	26.0	2.8	100.0	59.1	37.6	3.2	100.0	312
Private sector	56.1	36.9	7.0	100.0	72.1	26.1	1.9	100.0	59.7	37.3	3.0	100.0	1934
Both	40.8	43.4	15.8	100.0	59.9	36.3	3.8	100.0	49.2	42.6	8.2	100.0	1016
No care/missing	65.3	26.8	7.9	100.0	85.6	13.1	1.3	100.0	56.3	39.3	4.5	100.0	343
Attendance of Health education sessions during pregnancy													
Did not attend any sessions	53.6	37.7	8.7	100.0	71.0	26.7	2.3	100.0	57.2	38.6	4.2	100.0	3310
Attended 1-3 sessions	41.4	41.0	17.6	100.0	59.4	38.1	2.4	100.0	49.2	42.4	8.5	100.0	236
Attended at least 4 sessions	29.2	41.5	29.3	100.0	49.6	41.6	8.8	100.0	38.3	48.7	13.0	100.0	56
Missing/DK	*	*	*	100.0	*	*	*	100.0	*	*	*	100.0	3
Received home visit from health provider													
Received at least 1 visit	45.7	41.7	12.7	100.0	64.8	31.7	3.4	100.0	51.9	41.7	6.4	100.0	944
Did not receive any visits	54.8	36.7	8.5	100.0	71.6	26.3	2.1	100.0	57.9	38.1	4.0	100.0	2656
Missing/DK	*	*	*	100.0	*	*	*	100.0	*	*	*	100.0	6
Woman's education													
No Education	68.3	27.3	4.4	100.0	78.6	19.7	1.7	100.0	66.9	31.3	1.8	100.0	868
Primary/Preparatory	59.4	34.3	6.2	100.0	74.6	24.5	.8	100.0	61.6	34.6	3.7	100.0	817
Secondary	45.7	42.5	11.8	100.0	66.9	30.5	2.7	100.0	52.1	42.4	5.4	100.0	1491
Higher	29.9	50.9	19.2	100.0	53.4	40.4	6.3	100.0	40.0	50.7	9.2	100.0	429

	Percent distribution of ever-married women who had knowledge of danger signs of												Number of ever-married women who had a live birth in the last five years
	Pregnancy				Delivery				Puerperium				
	Knows no signs	Knows 1-2 signs	Knows at least 3 signs	Total	Knows no signs	Knows 1-2 signs	Knows at least 3 signs	Total	Knows no signs	Knows 1-2 signs	Knows at least 3 signs	Total	
Husband's education													
No Education	74.6	23.1	2.4	100.0	83.4	15.4	1.2	100.0	73.8	24.5	1.7	100.0	400
Primary/Preparatory	54.7	36.8	8.4	100.0	73.1	24.7	2.3	100.0	59.8	36.9	3.3	100.0	902
Secondary	49.7	40.3	9.9	100.0	68.6	29.2	2.2	100.0	53.6	40.9	5.5	100.0	1702
Higher	37.2	46.4	16.4	100.0	58.9	36.9	4.3	100.0	45.0	49.4	5.6	100.0	509
Husband not in household	67.9	22.6	9.5	100.0	63.6	31.4	4.9	100.0	61.0	29.7	9.3	100.0	91
Missing/DK	*	*	*	100.0	*	*	*	100.0	*	*	*	100.0	2
Woman's Work Status													
Working for cash	30.0	53.2	16.9	100.0	46.4	45.2	8.4	100.0	37.9	50.7	11.4	100.0	307
Not working for cash	54.5	36.6	8.9	100.0	72.0	26.1	1.9	100.0	58.1	37.9	4.0	100.0	3299
Husband's Work Status													
Working for cash	51.8	38.6	9.6	100.0	69.9	27.6	2.5	100.0	56.0	39.4	4.6	100.0	3368
Not working for cash	54.6	35.9	9.5	100.0	72.5	27.1	.4	100.0	64.6	34.2	1.2	100.0	91
Husband not in household	67.9	22.6	9.5	100.0	63.6	31.4	4.9	100.0	61.0	29.7	9.3	100.0	91
Missing/DK	58.9	30.1	11.1	100.0	72.8	27.2	0.0	100.0	58.3	37.5	4.2	100.0	55

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table RH.MoRES12 presents the percent distribution of ever-married women age 15-49 with a live birth in the last 5 years by all persons providing information of at least one danger sign of pregnancy.

Table RH.MoRES12: Persons providing information on danger signs of pregnancy											
Percentage of ever-married women age 15-49 with a live birth in the last 5 years by all sources of knowledge of at least one danger sign of pregnancy, Egypt Sub-National MICS, 2013-14											
	Television/ radio	Newspaper/ magazines	Pamphlet/broch ure	Poster	Health provider (physician or nurse)	CHW	Husband	Other relative	Friends/ neighbours	Others	Number of ever- married women with a live birth in the past five years, and knows at least one danger sign
Total	10.3	0.7	2.0	1.5	36.6	8.7	1.4	35.4	29.1	16.5	1716
Region											
Pilot Phase, Upper Egypt	16.6	1.3	3.2	2.5	37.3	22.6	2.1	30.7	24.1	7.5	231
Expansion Phase, Upper Egypt	11.0	0.6	1.8	1.7	30.0	7.2	1.3	39.4	33.0	18.9	1118
Expansion Phase, Lower Egypt	4.1	0.6	1.8	0.3	56.1	4.4	1.3	25.9	20.3	14.6	368
Mother's Age at birth											
Less than 20	9.0	0.0	0.0	4.1	31.7	6.1	1.2	44.4	29.3	11.2	94
20-34	9.8	0.7	2.1	1.4	37.7	9.0	1.5	35.4	29.2	15.4	1433
35-49	15.5	1.3	2.3	1.0	30.3	7.3	0.8	30.5	28.4	26.6	185
Woman's education											
No Education	6.1	0.0	0.7	0.9	26.9	9.5	0.6	37.0	33.4	21.3	275
Primary/Preparatory	9.7	0.6	1.3	1.3	31.3	11.2	0.7	36.1	33.4	14.3	331
Secondary	10.8	0.8	1.4	1.9	38.1	8.3	2.2	37.7	28.2	15.5	809
Higher	13.5	1.2	5.6	1.3	47.1	6.2	0.9	26.7	22.7	17.2	301
Husband's education											
No Education	7.2	0.0	0.7	0.0	22.3	9.6	3.9	40.1	37.7	22.8	102
Primary/Preparatory	8.6	0.9	1.6	0.9	37.5	10.7	1.8	35.1	33.4	10.3	408
Secondary	9.4	0.5	1.0	2.1	36.5	7.9	0.8	37.2	29.6	17.4	856
Higher	15.5	1.4	5.8	1.5	41.4	7.3	1.9	29.4	19.6	18.7	320
Husband not in household	(14.7)	(0.0)	(0.0)	(0.0)	(26.2)	(16.5)	(2.1)	(36.2)	(30.4)	(23.2)	29
Missing/DK	*	*	*	*	*	*	*	*	*	*	2
Woman's Work Status											
Working for cash	14.2	0.3	2.5	1.6	38.7	4.3	1.9	24.0	17.2	32.1	215
Not working for cash	9.8	0.8	1.9	1.5	36.3	9.3	1.4	37.0	30.8	14.2	1501
Husband's Work Status											
Working for cash	10.1	0.7	2.1	1.6	37.3	8.6	1.4	34.8	28.7	16.3	1623
Not working for cash	(9.6)	(0.0)	(0.0)	(0.0)	(30.3)	(6.0)	(4.2)	(46.3)	(34.2)	(20.4)	42
Husband not in household	(14.7)	(0.0)	(0.0)	(0.0)	(26.2)	(16.5)	(2.1)	(36.2)	(30.4)	(23.2)	29
Missing/DK	*	*	*	*	*	*	*	*	*	*	23

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

The table shows that 37 percent of ever-married women reported that they were informed of the danger signs by a health provider (physician or nurse), 17 percent reported relatives (other than husbands or friends/neighbours), 29 percent said that friends/neighbours10 percent mentioned television/radio, and CHW was reported by9 percent of women. Pamphlet/brochure, posters, husbands or newspapers/magazines were less likely to be reported as source of knowledge of danger signs of pregnancy (less than 2 percent of women for each source). The table shows also that 8 percent of women did not know any of the danger signs of pregnancy.

Health provider (physician or nurse) was the source of knowledge in 56 percent of women living in the expansion phase Lower Egypt, 37 percent of women living in the pilot phase, and 30 percent of women living in the expansion phase Upper Egypt. This source of knowledge was more frequently reported among women whose age at birth was 20-34 years and among mothers with higher education than their counterparts of different age or a lower educational level.

Regarding the sources of knowledge of danger signs of delivery, Table RH.MoRES13 presents the percentage of ever-married women age 15-49 with a live birth in the last 5 years who knew at least one danger sign by their source of knowledge. Table RH.MoRES13: Source of knowledge of danger signs of delivery

Percentage of ever-married women age 15-49 with a live birth in the last 5 years by all sources of knowledge of at least one danger sign of delivery, Egypt Sub-National MICS, 2013-14

	Television/ radio	Newspaper/ magazine	Pamphlet/ brochure	Poster	Health provider (physician or nurse)	CHW	Husband	Other relative	Friends/ neighbours	Others	Number of ever- married women with a live birth in the past five years, and knows at least one danger sign
Total	6.1	0.1	1.3	0.8	30.1	6.8	0.5	35.6	35.2	15.3	1087
Region											
Pilot Phase, Upper Egypt	8.7	0.0	2.5	0.7	33.0	19.5	0.7	31.6	26.3	7.0	127
Expansion Phase, Upper Egypt	6.5	0.0	1.2	0.9	22.4	6.2	0.5	40.2	39.6	16.7	702
Expansion Phase, Lower Egypt	4.0	0.6	0.9	0.3	49.8	2.1	0.4	24.9	27.5	15.8	258
Mother's Age at birth											
Less than 20	3.7	0.0	2.0	0.0	18.0	4.6	0.0	55.3	33.9	18.0	51
20-34	5.6	0.2	1.3	0.9	31.8	7.3	0.6	35.0	34.7	13.9	911
35-49	10.8	0.0	0.9	0.0	23.1	4.1	0.0	32.5	38.3	25.1	124
Woman's education											
No Education	5.2	0.0	0.0	0.9	18.4	6.0	0.3	36.6	38.6	23.4	186
Primary/Preparatory	6.7	0.0	0.2	0.0	26.2	9.0	0.2	37.8	41.4	7.5	207
Secondary	5.1	0.0	1.4	0.3	32.5	6.2	0.8	38.0	35.2	13.7	494
Higher	9.0	0.8	3.4	2.7	39.3	6.5	0.5	26.2	25.5	19.9	200
Husband's education											
No Education	11.1	0.0	0.0	0.0	21.2	0.0	2.7	34.3	40.5	16.8	66
Primary/Preparatory	3.3	0.0	0.8	0.0	29.5	9.5	0.0	33.3	36.9	13.9	243
Secondary	5.3	0.0	1.0	0.9	30.9	6.6	0.1	40.2	37.8	13.1	534
Higher	9.8	0.8	3.3	1.8	35.6	4.9	1.7	27.4	26.3	19.7	209
Husband not in household	(7.5)	(0.0)	(0.0)	(0.0)	(8.4)	(14.6)	(0.0)	(34.1)	(21.9)	(30.9)	33
Missing/DK	*	*	*	*	*	*	*	*	*	*	2
Woman's Work Status											
Working for cash	10.1	0.4	2.6	1.0	35.9	4.9	0.0	25.9	20.1	28.9	164
Not working for cash	5.4	0.1	1.1	.7	29.1	7.1	0.6	37.3	37.9	12.9	923
Husband's Work Status											
Working for cash	6.0	0.2	1.3	0.8	30.9	6.8	.6	34.8	35.3	14.9	1014
Not working for cash	(0.0)	(0.0)	(0.0)	(0.0)	(37.6)	(0.0)	(0.0)	(51.3)	(33.5)	(14.9)	25
Husband not in household	(7.5)	(0.0)	(0.0)	(0.0)	(8.4)	(14.6)	(0.0)	(34.1)	(21.9)	(30.9)	33
Missing/DK	*	*	*	*	*	*	*	*	*	*	15

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

Overall, slightly more than one-third of the women reported friends/neighbours and other relatives for each, 30 percent mentioned a health provider as their source of knowledge, 6 percent reported the television or radio and a very few percentage reported other sources of knowledge.

Health provider (physician or nurse) was the source of knowledge in half of the women living in the expansion phase Lower Egypt, one-third of women living in the pilot phase, and only 22 percent of women living in the expansion phase Upper Egypt. This source of knowledge was higher among women whose age at birth was 20-34 years and among mothers with higher educational level.

Table RH.MoRES14 presents the percentage of ever-married women age 15-49 with a live birth in the last 5 years by all sources of knowledge of at least 1 danger sign of puerperium. The table shows that relatives (other than husbands or friends/ neighbours) were the most frequently reported source of knowledge (48 percent), followed by friends/ neighbours (45 percent), health provider (24 percent), television/radio and CHW (8 percent for each). Pamphlet/brochure, posters, newspapers/ magazines, or husbands were the source in less than 1 percent of women for each source.

Health provider (physician or nurse) was the source of knowledge in 46 percent of women living in the expansion phase Lower Egypt, compared with only 22 percent of women living in the pilot phase, and only 18 percent of women living in the expansion phase Upper Egypt. This source of knowledge was higher among women whose age at birth was 20-34 years and among mothers with higher than secondary education.

Table RH.MoRES14: Source of knowledge of danger signs of puerperium											
Percentage of ever-married women age 15-49 with a live birth in the last 5 years by all sources of knowledge of at least one danger sign of puerperium, Egypt Sub-National MICS, 2013-14											
	Television/ radio	Newspaper/ magazines	Pamphlet/ brochure	Poster	Health provider (physician or nurse)	CHW	Husband	Other relative	Friends/ neighbours	Others	Number of ever-married women with a live birth in the past five years, and knows at least one danger sign
Total	7.9	0.5	1.2	0.4	24.2	7.8	0.9	47.9	44.6	9.2	1573
Region											
Pilot Phase, Upper Egypt	12.8	0.2	2.1	2.0	21.7	15.7	1.6	50.5	43.2	4.6	228
Expansion Phase, Upper Egypt	8.1	0.7	1.0	0.2	18.0	7.3	0.9	51.8	49.7	9.2	1031
Expansion Phase, Lower Egypt	3.6	0.0	1.0	0.2	46.4	3.8	0.2	33.1	28.6	12.6	314
Mother's Age at birth											
Less than 20	7.0	0.0	0.0	0.0	14.7	5.9	4.0	61.1	44.2	0.7	63
20-34	7.6	0.6	1.3	0.4	25.4	7.8	0.8	47.0	43.7	9.0	1325
35-49	10.1	0.0	1.1	0.5	19.1	8.8	0.0	49.3	50.0	13.8	183
Woman's education											
No Education	6.2	0.0	0.0	0.0	11.2	7.3	0.4	52.0	54.0	10.9	287
Primary/Preparatory	7.7	0.8	1.5	0.1	20.4	9.2	1.8	47.3	50.2	7.1	314
Secondary	8.1	0.8	1.3	0.7	27.6	8.3	0.9	49.0	44.9	6.8	714
Higher	9.2	0.0	1.8	0.4	34.1	5.2	.2	41.0	26.3	16.5	257
Husband's education											
No Education	8.8	0.0	0.0	0.0	17.5	11.7	1.0	45.0	50.5	8.9	105
Primary/Preparatory	5.3	0.1	1.5	0.7	23.5	7.9	1.1	51.3	51.5	6.6	362
Secondary	8.0	0.8	0.8	0.3	24.7	8.0	0.9	49.8	44.0	9.3	790
Higher	10.1	0.6	2.5	0.7	26.8	5.8	0.4	40.2	35.3	11.5	280
Husband not in household	(10.3)	(0.0)	(0.0)	(0.0)	(19.8)	(6.7)	(0.0)	(38.5)	(41.5)	(17.9)	35
Woman's Work Status											
Working for cash	6.8	0.0	1.7	0.9	30.8	6.2	0.3	30.9	28.1	24.7	190
Not working for cash	8.0	0.6	1.1	0.4	23.3	8.0	0.9	50.2	46.8	7.1	1382
Husband's Work Status											
Working for cash	7.8	0.6	1.3	0.4	24.4	8.0	0.9	47.8	45.0	8.9	1482
Not working for cash	(6.8)	(0.0)	(0.0)	(1.7)	(16.5)	(5.5)	(1.3)	(60.8)	(30.1)	(9.2)	32
Husband not in household	10.3	(0.0)	(0.0)	(0.0)	(19.8)	(6.7)	(0.0)	(38.5)	(41.5)	(17.9)	35
Missing/DK	*	*	*	*	*	*	*	*	*	*	23

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

Table RH.MoRES15 present the distribution of ever-married women age 15-49 with a live birth in the last 5 years by knowledge and occurrence of individual danger signs in pregnancy, delivery and puerperium. Bleeding is the most commonly known danger sign by women for pregnancy (37 percent) and delivery (22 percent), while severe leg pain (37 percent) was the most commonly known danger sign of puerperium.

Other danger signs of pregnancy known by women were foul smelling discharge copious water (15 percent), baby does not move (11 percent), severe and continuous vomiting (8 percent), severe headache and/or blurring of vision (7 percent), and convulsions or loss of consciousness (4 percent).

As for the danger signs of delivery, 22 percent reported bleeding, 11 percent reported prolonged labour and 4 percent mentioned convulsion or loss consciousness as a danger sign.

Knowledge of danger signs appears not to be associated with experience of the sign. For example, 14 percent of women experienced headache and blurry vision during pregnancy; however, only 7% had knowledge that this is a danger sign of pregnancy.

Table RH.MoRES15: Knowledge and reported occurrence of danger signs in pregnancy, delivery and puerperium			
Percentage of ever-married women age 15-49 with a live birth in the last 5 years by knowledge and occurrence of individual danger signs in pregnancy, delivery and puerperium, Egypt Sub-National MICS, 2013-14			
	Knowledge of danger sign	Occurrence of danger sign	Number of ever-married women who had a live birth in the last five years
Pregnancy			
Bleeding	37.2	7.9	3605
Severe headache and/or and blurring of vision	6.7	14.0	3605
Convulsions or loss of consciousness	3.9	3.0	3605
Baby does not move	11.1	5.7	3605
Severe or continuous vomiting	7.7	13.9	3605
Foul smelling discharge Copious water	14.8	9.9	3605
Delivery			
Bleeding	22.2	1.8	3605
Convulsions or loss of consciousness	4.0	0.5	3605
Prolonged labour	10.5	5.0	3605
Placenta not delivered within 1/2 hour of infant	0.0	0.9	3605
Puerperium			
Severe bleeding	17.9	3.4	3605
Abdominal pain	5.7	16.9	3605
Foul smelling discharge	1.9	1.6	3605
Convulsions or loss of consciousness	3.2	2.9	3605
Severe chest pain with difficulty breathing	2.0	5.1	3605
Severe leg pain	37.1	5.3	3605

Table RH.MoRES16 present the person consulted after experiencing danger signs by background characteristics.

Table RH.MoRES16: Person consulted after occurrence of danger signs.								
Percentage of ever-married women age 15-49 with a live birth in the last 5 years who experienced a danger sign of puerperium, by person consulted and time elapsing from occurrence of danger sign to consultation, Egypt Sub-National MICS, 2013-14								
	Person consulted after experiencing danger signs						Time elapsed from occurrence of danger sign to consultation	Number of ever-married women who gave birth in the last five years, and who experienced a danger sign
	Physician	Nurse/midwife	Pharmacist	Traditional birth attendant	Relative/friend	No one		
Total	52.7	4.3	6.1	0.4	4.1	36.7	2.6	820
Region								
Pilot Phase, Upper Egypt	53.8	1.1	5.4	0.0	4.0	36.2	3.6	88
Expansion Phase, Upper Egypt	50.3	3.4	7.0	0.5	4.1	38.2	2.5	635
Expansion Phase, Lower Egypt	67.3	13.1	0.8	0.0	4.2	27.1	2.6	97
Mother's Age at birth								
Less than 20	51.2	0.0	1.6	2.8	8.7	35.6	5.6	51
20-34	53.6	3.9	5.6	0.3	4.0	36.8	2.4	675
35-49	46.8	9.5	12.0	0.0	2.3	36.6	2.4	94
Birth order								
1	57.2	2.6	0.3	0.0	3.5	40.4	3.1	145
2-3	53.3	5.3	6.9	0.9	3.7	34.9	2.6	400
4-5	51.3	1.7	4.6	0.0	3.2	40.0	2.3	170
6+	46.4	6.8	13.3	0.0	8.2	32.9	2.4	106
Attendance of Health education sessions during pregnancy								
Did not attend any sessions	52.7	4.2	6.4	0.5	4.3	36.4	2.5	747
Attended 1-3 sessions	52.9	5.0	3.3	0.0	2.0	38.2	3.8	60
Attended at least 4 sessions	*	*	*	*	*	*	*	11
Missing/DK	*	*	*	*	*	*	*	1

	Person consulted after experiencing danger signs						Time elapsed from occurrence of danger sign to consultation	Number of ever-married women who gave birth in the last five years, and who experienced a danger sign
	Physician	Nurse/midwife	Pharmacist	Traditional birth attendant	Relative/friend	No one		
Received home visit from health provider								
Received at least 1 visit	53.9	3.5	4.6	0.7	5.1	35.9	2.4	220
Did not receive any visits	52.2	4.6	6.7	0.3	3.7	37.0	2.7	597
Missing/DK	*	*	*	*	*	*	*	2
Woman's education								
No Education	58.5	4.6	7.3	0.7	1.0	33.6	3.2	204
Primary/Preparatory	51.5	3.8	7.2	1.0	5.4	36.0	2.8	205
Secondary	48.3	4.2	5.8	0.0	4.7	39.8	2.2	324
Higher	58.0	4.8	2.1	0.0	6.0	33.8	2.1	87
Husband's education								
No Education	59.8	5.3	11.4	1.6	1.3	25.8	2.1	91
Primary/Preparatory	48.0	3.6	6.4	0.0	4.4	42.4	2.6	206
Secondary	53.7	4.0	6.0	0.5	5.0	34.5	2.9	401
Higher	51.1	4.4	2.4	0.0	3.4	41.9	2.4	102
Husband not in household	*	*	*	*	*	*	*	20
Woman's Work Status								
Working for cash	52.0	8.4	9.0	0.0	0.7	35.9	1.3	65
Not working for cash	52.7	3.9	5.9	0.5	4.4	36.7	2.7	755
Husband's Work Status								
Working for cash	52.3	4.3	6.1	0.5	4.3	36.9	2.7	766
Not working for cash	*	*	*	*	*	*	*	18
Husband not in household	*	*	*	*	*	*	*	20
Missing/DK	*	*	*	*	*	*	*	16

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

The table shows that more than half of women who experienced danger signs consulted a physician; however, 37 percent did not consult anyone. Nurses were consulted in 4 percent of the cases and a pharmacist was consulted in 6 percent of women who experienced danger signs. Women from expansion phase Lower Egypt are more likely to consult physician than other regions (67 percent). Also, younger women are more likely to consult physician than older ones. Other background characteristics did not show clear pattern.

Table RH.MoRES17 presents the distribution of ever-married women age 15-49 with a live birth in the last 5 years who experienced at least one danger sign of pregnancy, and who did not consult a physician, by reason for not seeking consultation. It has to be noted that very few women experienced a danger sign of pregnancy and didn't seek medical consultation; and thus analysis across the various background characteristics should be interpreted with caution.

The table shows that 63 percent of women who experienced a danger sign reported that consulting a physician was not necessary, 22 percent mentioned that too expensive, 16 percent reported that they did not recognize this as a danger sign, while one percent or less reported each of the following: they did not know where to go/who to consult, poor quality of service, or the facility was too far/no transport available.

Table RH.MoRES17: Reasons for not consulting a physician after occurrence of danger sign(s) of pregnancy

Percentage of ever-married women age 15-49 with a live birth in the last 5 years who experienced at least 1 danger sign of pregnancy, and who did not consult a physician, by reason, Egypt Sub-National MICS, 2013-14

	Reason for not consulting a physician:										Total number of ever-married women age 15-49 years with a birth in the last five years who experienced at least 1 danger sign of pregnancy.
	Too expensive	Facility too far/no transport available	Facility not open/no SBA available	Poor quality service	No female provider available	Husband/family did not allow	Not necessary	Did not recognise this as a danger sign	Did not know where to go/who to consult	Did not know where to go/who to consult	
Total	21.5	1.4	0.0	0.5	0.0	0.0	62.6	16.2	0.0	4.6	123
Region											
Pilot Phase, Upper Egypt	*	*	*	*	*	*	*	*	*	*	12
Expansion Phase, Upper Egypt	24.6	1.6	0.0	0.6	0.0	0.0	60.5	13.9	0.0	4.8	105
Expansion Phase, Lower Egypt	*	*	*	*	*	*	*	*	*	*	6
Mother's Age at birth											
Less than 20	*	*	*	*	*	*	*	*	*	*	6
20-34	12.4	1.9	0.0	0.0	0.0	0.0	65.6	21.2	0.0	4.5	91
35-49	(41.1)	(0.0)	(0.0)	(2.4)	(0.0)	(0.0)	(63.3)	(0.0)	(0.0)	(0.0)	26
Woman's education											
No Education	(35.3)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(56.5)	(12.7)	(0.0)	(3.5)	41
Primary/Preparatory	(19.8)	(4.3)	(0.0)	(0.0)	(0.0)	(0.0)	(56.0)	(24.7)	(0.0)	(3.8)	40
Secondary	(9.8)	(0.0)	(0.0)	(1.8)	(0.0)	(0.0)	(72.4)	(12.5)	(0.0)	(7.8)	33
Higher	*	*	*	*	*	*	*	*	*	*	8
Husband's education											
No Education	*	*	*	*	*	*	*	*	*	*	24
Primary/Preparatory	(12.3)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(71.0)	(13.1)	(0.0)	(7.8)	27
Secondary	18.5	3.2	0.0	1.1	0.0	0.0	60.6	16.6	0.0	1.0	54
Higher	*	*	*	*	*	*	*	*	*	*	13
Husband not in household	*	*	*	*	*	*	*	*	*	*	5
Woman's Work Status											
Working for cash	*	*	*	*	*	*	*	*	*	*	9
Not working for cash	21.6	1.5	0.0	0.5	0.0	0.0	61.2	17.5	0.0	3.1	113
Husband's Work Status											
Working for cash	21.8	1.6	0.0	0.6	0.0	0.0	61.6	15.4	0.0	5.1	111
Not working for cash	*	*	*	*	*	*	*	*	*	*	2
Husband not in household	*	*	*	*	*	*	*	*	*	*	5
Missing/DK	*	*	*	*	*	*	*	*	*	*	5

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed. Note: Figures in parentheses are based on 25-49 unweighted cases.

Table RH.MoRES18 presents the percent distribution of ever-married women age 15-49 with a live birth in the last 5 years who experienced at least one danger sign of puerperium, and who did not consult a physician, by reason.

The table shows that 72 percent of women who had a danger sign and did not seek medical consultation reported that it was not necessary to consult a physician, 19 percent reported that consultation is too expensive, 13 percent mentioned that they did not recognize this as a danger sign, and 2 percent reported that the facility is too far/no transport available. Less than 1 percent reported that they did not know where to go/who to consult, or husband/family did not allow, or facility not open/no SBA available, or poor quality service.

Table RH.MoRES18: Reasons for not consulting a physician after occurrence of danger sign(s) of puerperium

Percentage of ever-married women age 15-49 with a live birth in the last 5 years who experienced at least 1 danger sign of puerperium, and who did not consult a physician, by reason, Egypt Sub-National MICS, 2013-14

	Reasons for not consulting a physician:										Total number of ever-married women age 15-49 years with a birth in the last five years who experienced at least 1 danger sign of pregnancy
	Too expensive	Facility too far/no transport available	Facility not open/no SBA available	Poor quality service	No female provider available	Husband/family did not allow	Not necessary	Did not recognise this as a danger sign	Did not know where to go/who to consult	Others	
Total	18.6	1.7	0.8	0.6	0.0	1.6	71.7	12.5	0.6	4.8	379
Region											
Pilot Phase, Upper Egypt	16.0	1.1	1.4	0.0	0.0	0.0	76.7	9.6	0.0	6.3	40
Expansion Phase, Upper Egypt	20.2	1.9	0.7	0.6	0.0	1.9	69.8	13.1	0.7	4.4	308
Expansion Phase, Lower Egypt	(6.1)	(0.0)	(1.7)	(1.5)	(0.0)	(0.0)	(84.2)	(9.9)	(1.3)	(6.6)	31
Mother's Age at birth											
Less than 20	(7.5)	(0.0)	(0.0)	(0.0)	(0.0)	(7.5)	(77.0)	(15.2)	(6.1)	(5.8)	25
20-34	17.8	2.0	1.0	0.7	0.0	1.3	73.7	13.6	0.3	3.9	308
35-49	(29.8)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(56.1)	(3.4)	(0.0)	(10.1)	46
Woman's education											
No Education	34.1	2.7	0.6	0.0	0.0	0.0	61.7	7.3	0.0	6.0	84
Primary/Preparatory	24.1	0.0	0.0	2.3	0.0	6.1	70.9	11.1	1.6	5.2	98
Secondary	10.0	2.5	1.6	0.0	0.0	0.0	75.1	15.4	0.6	4.0	160
Higher	(6.4)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(82.5)	(15.1)	(0.0)	(4.2)	37
Husband's education											
No Education	(36.1)	(5.0)	(1.5)	(0.0)	(0.0)	(0.0)	(66.4)	(7.0)	(0.0)	(2.9)	37
Primary/Preparatory	20.9	0.4	1.9	2.2	0.0	0.0	63.9	10.1	1.4	5.6	107
Secondary	17.4	1.0	0.0	0.0	0.0	3.3	77.9	14.1	0.5	3.3	178
Higher	(5.0)	(4.8)	(1.2)	(0.0)	(0.0)	(0.0)	(73.0)	(18.0)	(0.0)	(6.1)	49
Husband not in household	*	*	*	*	*	*	*	*	*	*	9
Woman's Work Status											
Working for cash	(6.1)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(93.9)	(0.0)	(0.0)	(0.0)	30
Not working for cash	19.7	1.8	0.9	0.7	0.0	1.7	69.8	13.6	0.7	5.2	349
Husband's Work Status											
Working for cash	17.3	1.8	0.9	0.6	0.0	1.1	72.8	12.7	0.7	4.3	357
Not working for cash	*	*	*	*	*	*	*	*	*	*	6
Husband not in household	*	*	*	*	*	*	*	*	*	*	9
Missing/DK	*	*	*	*	*	*	*	*	*	*	7

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

Table RH.MoRES19 presents the percent distribution of ever-married women age 15-49 with a live birth in the last 5 years by decision-making ability for antenatal care and skilled birth attendance.

Table RH.MoRES19: Decision-making ability for antenatal care and skilled birth attendant									
Percentage of ever-married women age 15-49 with a live birth in the last 5 years by decision-making ability for antenatal care and skilled birth attendance, Egypt Sub-National MICS, 2013-14									
	Decision-making ability for ANC				Decision-making ability for SBA				Number of ever-married women who gave birth in the last five years
	Mainly respondent	Joint decision	Mainly husband Other	Other	Mainly respondent	Joint decision	Mainly husband Other	Other	
Total	19.2	75.3	4.1	1.3	18.0	75.4	5.1	1.5	3605
Region									
Pilot Phase, Upper Egypt	21.5	74.5	3.5	0.5	18.9	77.3	3.2	0.6	464
Expansion Phase, Upper Egypt	18.8	75.2	4.4	1.6	17.8	74.7	5.9	1.7	2582
Expansion Phase, Lower Egypt	19.4	76.7	3.1	0.8	18.4	77.3	3.3	1.0	560
Mother's Age at birth									
Less than 20	12.8	74.3	9.2	3.7	11.2	70.7	15.5	2.6	240
20-34	18.7	76.6	3.6	1.1	17.5	76.8	4.3	1.5	2943
35-49	26.6	67.5	4.7	1.2	25.6	68.5	5.1	0.8	416
Birth order									
1	15.4	76.5	5.9	2.1	14.0	76.0	7.5	2.5	769
2-3	19.1	76.5	3.1	1.3	17.1	77.0	4.4	1.6	1672
4-5	21.8	73.6	4.2	0.4	20.9	74.2	4.6	0.3	791
6+	22.4	71.3	5.0	1.2	24.7	69.3	4.8	1.1	367
Type of ANC provider									
Public sector	22.1	70.7	5.2	2.0	20.1	71.5	7.7	0.7	312
Private sector	18.2	76.1	4.5	1.3	17.2	76.8	4.7	1.4	1934
Both	22.0	73.8	3.1	1.2	19.6	73.0	5.5	1.9	1016
No care/missing	14.6	80.1	4.0	1.4	15.5	78.9	4.3	1.4	343
Attendance of Health education/sessions during pregnancy									
Did not attend any sessions	19.4	75.1	4.1	1.4	18.1	75.3	5.1	1.5	3310
Attended 1-3 sessions	18.0	76.3	5.0	0.8	17.5	75.5	6.2	0.8	236
Attended at least 4 sessions	13.2	85.0	1.8	0.0	11.4	86.8	1.8	0.0	56
Missing/DK	*	*	*	*	*	*	*	*	3
Received home visit from health provider									
Received at least 1 visit	16.7	76.7	5.0	1.5	15.9	76.1	6.3	1.7	944
Did not receive any visits	20.1	74.9	3.8	1.2	18.7	75.3	4.7	1.3	2656
Missing/DK	*	*	*	*	*	*	*	*	6
Woman's education									
No Education	21.6	72.4	4.1	1.8	21.2	72.1	4.6	2.0	868
Primary/Preparatory	20.2	72.9	5.3	1.6	18.4	72.0	7.9	1.7	817
Secondary	17.5	77.3	3.9	1.3	16.2	77.9	4.6	1.3	1491
Higher	18.5	79.1	2.4	0.0	17.0	80.0	2.6	0.4	429
Husband's education									
No Education	21.1	72.1	4.0	2.8	21.2	73.5	2.8	2.5	400
Primary/Preparatory	20.7	73.1	5.1	1.2	18.9	73.5	5.9	1.8	902
Secondary	17.6	77.6	3.7	1.1	15.9	77.9	5.3	0.9	1702
Higher	17.9	77.5	4.2	0.4	17.1	76.2	5.7	1.0	509
Husband not in household	34.5	57.9	2.4	5.2	39.0	52.2	2.4	6.4	91
Missing/DK	*	*	*	*	*	*	*	*	2
Woman's Work Status									
Working for cash	22.4	74.7	2.3	0.7	23.2	74.2	1.8	0.8	307
Not working for cash	18.9	75.4	4.3	1.4	17.5	75.5	5.4	1.5	3299
Husband's Work Status									
Working for cash	18.3	76.6	4.1	1.0	16.9	76.8	5.1	1.3	3368
Not working for cash	18.4	69.5	8.0	4.1	19.6	69.9	8.3	2.3	91
Husband not in household	34.5	57.9	2.4	5.2	39.0	52.2	2.4	6.4	91
Missing/DK	53.2	36.4	3.6	6.8	48.5	40.9	7.3	3.4	55

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

The table shows that the decision was either taken by respondents or was a joint decision for seeking both ANC and assistance from SBA. Three-quarter of women reported that the decision was made jointly with husband and about only 4 and 5 percent reported that it was mainly the husband's for ANC and SBA respectively.

There are almost no regional differences in decision-making for both antenatal care and skilled birth attendance.

Looking at variation across the other background characteristics, the decision making mainly by respondent for both ANC and SBA was higher among women whose age at birth was 35-49 years, had 6 or more children, did not attend any health education sessions, did not receive any home visits and had no education.

The joint decision making mainly for both ANC and SBA was higher among women whose age at birth was 20-34 years, had 1-3 children, didn't receive ANC, attended at least 4 health education sessions, received home visit and had higher education.

The decision making mainly by the husband for both ANC and SBA was higher among women whose age at birth was less than 20 years, had her first pregnancy/delivery, attended ANC in the public sector, attended 1-3 health education sessions, received home visits and had primary/preparatory education.

Table RH.MoRES20 presents the percent distribution of ever-married women age 15-49 by awareness of different services provided at the family health units. The table shows that awareness of different services was 99 percent for vaccination of children, 96 percent for tetanus vaccination and family planning services, 95 percent for thyroid hormone screening for new-born infants, 84 percent for antenatal care, 81 percent for growth monitoring of children, 71 percent for iron supplementation for pregnant women, 64 percent for care of the sick child, 61 percent for anaemia screening for children, 41 percent for postnatal home visits, and 26 percent for health education sessions.

Generally, the proportion of awareness of different services provided at the family health units was the highest in expansion phase Lower Egypt, followed by the pilot phase and the lowest was observed in the expansion phase Upper Egypt. Awareness of the most of the services is higher among women whose age at birth was 35-49 years and among parents with higher education.

Table RH.MoRES20: Awareness of different services provided at the family health units

Percentage of ever-married women age 15-49 by awareness of different services provided at the family health units, Egypt Sub-National MICS, 2013-14

	Antenatal care	Tetanus vaccination	Iron supplementation for pregnant ever-	Postnatal home visits	Growth monitoring of children	Anaemia screening for children	Vaccination of children	Family planning	Health education sessions	Care of the sick child	Thyroid hormone screening for new-born infants	Number of ever-married women aged 15-49
Total	83.6	96.0	70.5	40.6	80.9	60.5	98.7	95.6	26.0	63.8	94.9	5847
Region												
Pilot Phase, Upper Egypt	88.3	96.7	80.5	47.7	88.7	67.3	98.6	95.7	40.7	62.4	93.7	736
Expansion Phase, Upper Egypt	81.0	95.7	66.2	30.0	76.3	53.0	98.5	94.9	19.7	60.2	94.5	4203
Expansion Phase, Lower Egypt	91.7	97.0	82.3	84.0	95.6	89.2	99.6	98.5	43.4	81.8	97.6	907
Mother's Age at birth												
Less than 20	83.9	97.1	63.3	35.8	79.2	55.7	98.4	96.1	23.3	65.7	99.8	240
20-34	84.4	97.5	72.5	41.6	84.2	61.6	99.8	97.1	26.7	64.9	97.4	2938
35-49	85.3	98.0	71.7	44.7	84.1	61.0	100.0	96.1	30.1	65.8	98.7	422
Woman's education												
No Education	81.0	94.7	68.5	35.4	77.0	55.7	98.0	94.9	21.6	60.3	93.5	1825
Primary/Preparatory	84.0	95.7	69.1	37.2	80.5	61.1	98.7	96.4	24.0	65.6	95.4	1401
Secondary	85.8	97.3	72.1	44.5	83.9	62.8	99.1	96.1	29.7	66.2	96.0	2032
Higher	83.2	96.3	74.6	51.8	83.6	65.5	99.1	94.2	32.2	62.5	94.3	589
Husband's education												
No Education	78.0	93.1	65.1	32.9	74.8	52.8	96.8	93.9	22.8	61.6	90.9	966
Primary/Preparatory	83.0	96.8	69.8	40.3	81.9	60.7	99.0	95.5	24.9	63.9	95.5	1526
Secondary	84.8	96.3	71.5	41.1	81.9	62.1	98.9	96.2	26.3	64.1	96.2	2464
Higher	86.9	97.2	73.5	48.3	82.7	63.8	99.2	96.3	30.4	64.9	94.2	759
Husband not in household	91.2	94.2	83.4	49.6	85.7	65.1	99.6	94.0	33.8	68.8	96.9	130
Missing/DK	*	*	*	*	*	*	*	*	*	*	*	2
Woman's Work Status												
Working for cash	87.3	95.4	77.9	56.9	86.4	70.6	98.5	97.0	36.6	70.9	95.3	527
Not working for cash	83.2	96.1	69.8	39.0	80.3	59.5	98.7	95.4	25.0	63.1	94.9	5320
Husband's Work Status												
Working for cash	83.7	96.5	70.7	41.0	81.8	61.2	98.9	95.9	26.4	64.3	95.6	5156
Not working for cash	78.2	92.6	65.0	35.8	72.2	49.3	95.0	92.6	18.7	54.4	87.9	249
Husband not in household	91.2	94.2	83.4	49.6	85.7	65.1	99.6	94.0	33.8	68.8	96.9	130
Missing/DK	83.4	91.4	66.9	34.0	71.1	54.4	97.5	94.0	23.3	62.4	88.6	311

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table RH.MoRES21 presents the distribution of ever-married women age 15-49 who received a service at the family health unit in the last 12 months, by satisfaction of different aspects of services provided there

Table RH.MoRES21: Client satisfaction with services provided at the family health units, among ever-married women age 15-49 who attended there in the last 12 months

Percent distribution of ever-married women age 15-49 who attended at the Family health unit in the last 12 months, by satisfaction of different aspects of services provided there, Egypt Sub-National MICS, 2013-14

		Region			Total
		Pilot Phase	Expansion Phase, Upper Egypt	Expansion Phase, Lower Egypt	
Waiting time	Not satisfied	15.7	75.2	9.1	100
	Neutral	16.2	72.6	11.3	100
	Satisfied	11.9	68.5	19.7	100
Time taken to complete clinic visit	Not satisfied	15.9	75.5	8.7	100
	Neutral	17.5	71.6	10.8	100
	Satisfied	11.8	67	21.2	100
Time taken to receive test results	Not satisfied	18.7	72.2	9.1	100
	Neutral	16.7	75.7	7.6	100
	Satisfied	14.7	67.3	18	100
Ability to discuss problems or concerns about condition with the health worker	Not satisfied	17.6	71.7	10.7	100
	Neutral	16.9	72.8	10.3	100
	Satisfied	12.1	66.5	21.5	100
Amount of explanation given about problem or treatment	Not satisfied	17.7	71.7	10.6	100
	Neutral	17.3	72.6	10.1	100
	Satisfied	11.8	66.5	21.7	100
Quality of examination and treatment provided	Not satisfied	17.1	71.3	11.6	100
	Neutral	15.2	72.8	12.1	100
	Satisfied	12.3	66.8	20.9	100
Privacy during consultation	Not satisfied	14.9	74.1	11	100
	Neutral	16.4	75.5	8.1	100
	Satisfied	12.9	66.4	20.6	100
Privacy from being overheard	Not satisfied	15.1	74	10.9	100
	Neutral	15.9	76	8.1	100
	Satisfied	13	66.3	20.7	100
Availability of medicines at the facility	Not satisfied	14.8	74.1	11	100
	Neutral	15.8	70.7	13.5	100
	Satisfied	12.5	64.5	23.1	100
Convenient working hours	Not satisfied	17.1	73.4	9.5	100
	Neutral	15.4	73.9	10.7	100
	Satisfied	11.4	67.2	21.5	100
Cleanliness of facility	Not satisfied	12.3	79.9	7.8	100
	Neutral	17.6	76.1	6.3	100
	Satisfied	12.4	68.3	19.3	100
Staff treatment	Not satisfied	17.7	74.1	8.2	100
	Neutral	16.1	77.5	6.4	100
	Satisfied	11.9	68.1	20	100
Cost of services	Not satisfied	14.5	83.6	2	100
	Neutral	18.4	78	3.7	100
	Satisfied	12	66.9	21.1	100
Number of women aged 15-49		736	4203	907	5847

The table shows that the proportion of satisfaction was high for cleanliness of the facility (79 percent), cost of the service (77 percent), and staff treatment (74 percent). The satisfaction level was lower for waiting time (69 percent), privacy during consultation and privacy from being overheard (64 percent), time taken to complete clinic visit, convenient working hours and of time taken to receive test results (61 percent), the ability to discuss problems or concerns and amount of explanation given (58 percent), of the quality of examination and treatment (55 percent), and satisfaction of the availability of medicines at the facility (44 percent).

Degree of client satisfaction with different aspects of services provided was the highest among women living in the expansion phase Lower Egypt, followed by women living in the expansion phase Upper Egypt, and client satisfaction was the lowest in the pilot phase.

X. Literacy and Education

Literacy among Young Ever-married Women

The Youth Literacy Rate reflects the outcomes of primary education over the previous 10 years or so. As a measure of the effectiveness of the primary education system, it is often seen as a proxy measure of social progress and economic achievement. In sub-national MICS, since only ever-married women's questionnaire was administered, the results are based only on ever-married females age 15-24. Literacy is assessed on the ability of the respondent to read a short simple statement or based on school attendance.

The percentage of ever-married women who are literate is presented in Tables ED.1. The data indicates that 82 percent of ever-married women aged 15-24 in the areas covered by the IPHN programme are literate. The literacy rate ranges between 79 percent in the expansion phase areas of Upper Egypt to 85 percent in the pilot phase areas in Upper Egypt. Of the ever-married women aged 15-24 that stated that primary/preparatory school was their highest level of education, only 73 percent were able to successfully read the statement shown to them.

Table ED.1: Literacy (young ever-married women)		
Percentage of ever-married women age 15-24 years who are literate, Egypt Sub-National MICS, 2013-14		
	Percentage literate [1]	Number of ever-married women age 15-24 years
Total	81.5	1249
Region		
Pilot Phase, Upper Egypt	85.4	144
Expansion Phase, Upper Egypt	78.6	941
Expansion Phase, Lower Egypt	94.2	165
Woman's education		
No Education	5.3	147
Primary/Preparatory	73.0	342
Secondary	100.0	636
Higher	100.0	125
Age		
15-19	78.8	247
20-24	82.1	1002

[1] MICS indicator 7.1; MDG indicator 2.3 - Literacy rate among young ever-married women

School Readiness

Attendance at pre-school education through an organised learning or child education programme is important for the readiness of children for school. Table ED.2 shows the proportion of children in the first grade of primary school who had attended pre-school in the previous year. 37 percent of children in Egypt who were currently attending the first grade of primary school had attended pre-school the previous year: 45 percent in the pilot phase areas, 44 percent in expansion phase Lower Egypt and only 34 percent in expansion phase Upper Egypt. The proportion was slightly higher amongst male children (38 percent) than female children (35 percent). Parents' education level appears to have a positive correlation with school readiness – while the indicator is only 31 percent and 22 percent among non-educated mothers and fathers respectively, it increases to 59 percent and 51 percent among mothers and fathers with higher education.

Table ED.2: School readiness		
Percentage of children attending first grade of primary school who attended pre-school the previous year, Egypt Sub-National MICS, 2013-14		
	Percentage of children attending first grade who attended pre-school in previous year [1]	Number of children attending first grade of primary school
Total	36.5	726
Sex		
Male	37.7	377
Female	35.2	348
Region		
Pilot Phase, Upper Egypt	44.7	85
Expansion Phase, Upper Egypt	33.8	541
Expansion Phase, Lower Egypt	43.9	100
Mother's education		
No Education	31.1	230
Primary/Preparatory	29.5	176
Secondary	40.6	251
Higher	58.9	63
Mother not in household	*	6
Father's education		
No Education	21.5	102
Primary/Preparatory	31.5	210
Secondary	40.8	303
Higher	51.0	85
Father not in household	*	24
[1] MICS indicator 7.2 - School readiness		
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.		

Primary and Preparatory School Participation

Universal access to basic education and the completion of primary education by the world's children is one of the most important goals of the Millennium Development Goals and A World Fit 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.

In Egypt, children enter primary school at age 6, preparatory school at age of 12 and secondary school at age 15. There are 6 grades in primary school, 3 grades in preparatory school and 3 grades in secondary school. The school year runs from September to June of the following year.

Table ED.3 shows that out of the total number of children of primary school entry age (age 6) in the areas covered by the IPHN, 86 percent were attending the first grade: 94 percent in expansion phase Lower Egypt, 91 percent in pilot phase and 83 percent in expansion phase Upper Egypt. Whilst the gender gap is small, where the percentage is 85 percent among male children and 87 among female children, entry into the educational system is seen to be positively correlated with mother's and father's education levels are over 90 percent of children age 6 whose mothers have higher than Secondary education, were attending the first grade, while this percentage was 79 percent for those children whose mothers or fathers have no education.

Table ED.3: Primary school entry		
Percentage of children of primary school entry age entering grade 1 (net intake rate), Egypt Sub-National MICS, 2013-14		
	Percentage of children of primary school entry age entering grade 1 [1]	Number of children of primary school entry age
Total	85.8	739
Sex		
Male	85.1	379
Female	86.5	359
Region		
Pilot Phase, Upper Egypt	90.8	82
Expansion Phase, Upper Egypt	83.4	543
Expansion Phase, Lower Egypt	93.7	113
Mother's education		
No Education	78.5	236
Primary/Preparatory	89.9	192
Secondary	87.5	247
Higher	93.5	59
Mother not in household	*	5
Father's education		
No Education	78.7	109
Primary/Preparatory	82.2	220
Secondary	91.7	295
Higher	89.4	79
Father not in household	(72.6)	36
[1] MICS indicator 7.3 - Net intake rate in primary education		

Table ED.4 provides the percentage of children of primary school age 6 to 11 years who are attending primary school and those who are out of school. The majority of children of primary school age are attending school (95 percent). However, 2 percent of the children are out of school when they are expected to be participating in school. One of the factors contributing is that only 85 percent of children age 6 years are attending school which may be related to the fact that parents in Egypt still enrol their children in the first grade of primary school at an older age.

In expansion phase Lower Egypt and pilot phase, the net attendance ratio was 98 percent, while in expansion phase Upper Egypt attendance ratio is 94 percent.

A positive correlation with mother's education level is observed; for children whose mothers have higher education, the net attendance ratio was 99 percent, while this ratio was 92 percent among children whose mothers had no education.

Sex differentials do not exist; where the net attendance rate is 96 among male children and 94 among female children. As for the missing data, it represents 1.1 among male children and 3.1 among female children.

Table ED.4: Primary school attendance and out of school children

Percentage of children of primary school age attending primary or preparatory school (adjusted net attendance ratio), percentage attending pre-school, and percentage out of school, Egypt Sub-National MICS, 2013-14

	Male					Female					Total				
	Net attendance ratio (adjusted) [1]	Percentage of children:			Number of children	Net attendance ratio (adjusted) [1]	Percentage of children:			Number of children	Net attendance ratio (adjusted) [1]	Percentage of children:			Number of children
	attending school or pre-school	Attending pre-school	Out of school [a]			attending school or pre-school	Attending pre-school	Out of school [a]			attending school or pre-school	Attending pre-school	Out of school [a]		
Total	95.5	0.9	0.8	1.7	2140	94.4	0.7	0.6	1.2	2155	95.0	0.8	0.7	1.5	4295
Region															
Pilot Phase, Upper Egypt	98.2	0.4	0.4	0.7	240	97.3	0.4	0.6	1.1	251	97.8	0.4	0.5	0.9	492
Expansion Phase, Upper Egypt	94.6	1.0	0.9	2.0	1590	93.3	0.7	0.6	1.3	1627	93.9	0.9	0.8	1.6	3217
Expansion phase Lower Egypt	98.0	0.5	0.6	1.1	310	98.7	0.4	0.2	0.6	277	98.3	0.5	0.4	0.9	586
Age at beginning of school year															
6	85.3	0.0	4.6	4.6	379	87.2	0.1	3.3	3.5	359	86.2	0.1	4.0	4.1	739
7	97.3	0.5	0.0	0.5	338	96.2	0.0	0.0	0.0	365	96.7	0.2	0.0	0.2	703
8	97.0	1.0	0.0	1.0	343	97.6	0.2	0.0	0.2	341	97.3	0.6	0.0	0.6	684
9	98.2	1.1	0.0	1.1	350	95.7	0.5	0.0	0.5	366	96.9	0.8	0.0	0.8	717
10	98.6	1.4	0.0	1.4	372	94.2	2.0	0.0	2.0	376	96.4	1.7	0.0	1.7	748
11	97.5	1.3	0.0	1.3	357	95.8	1.1	0.0	1.1	348	96.6	1.2	0.0	1.2	705
Mother's education															
No Education	93.4	1.5	0.4	1.9	834	90.9	0.3	0.5	0.8	789	92.2	0.9	0.4	1.4	1623
Primary/Preparatory	96.4	1.1	.5	1.6	503	95.8	1.6	0.4	2.0	576	96.0	1.4	0.5	1.8	1079
Secondary	97.0	0.1	1.5	1.6	623	96.7	0.4	0.9	1.3	642	96.8	0.2	1.2	1.5	1265
Higher	98.2	0.0	1.2	1.2	148	99.2	0.0	0.0	0.0	124	98.6	0.0	0.7	0.7	273
Mother not in household	(98.5)	(1.5)	(0.0)	(1.5)	31	*	*	*	*	24	96.5	0.8	0.0	0.8	55
Father's education															
No Education	90.8	2.7	0.0	2.7	364	87.2	1.5	0.1	1.6	358	89.0	2.1	0.1	2.2	722
Primary/Preparatory	95.3	0.7	1.5	2.2	610	95.1	0.8	1.2	2.0	613	95.2	0.8	1.3	2.1	1223
Secondary	98.2	0.3	0.4	0.7	809	96.7	0.1	0.3	0.4	839	97.4	0.2	0.3	0.5	1648
Higher	97.8	0.2	0.8	1.0	226	96.8	0.0	0.0	0.0	218	97.3	0.1	0.4	0.5	443
Father not in household	89.8	1.6	2.9	4.5	128	93.9	1.6	1.4	3.1	126	91.9	1.6	2.2	3.8	254
Missing/DK	*	*	*	*	3	*	*	*	*	2	*	*	*	*	5

[1]MICS indicator 7.4; MDG indicator 2.1 - Primary school net attendance ratio (adjusted)

[a]The percentage of children of primary school age out of school are those not attending school and those attending pre-school

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Note: Figures in parentheses are based on 25-49 unweighted cases.

The Preparatory school net attendance ratio is presented in Table ED.5³⁵. More dramatic than in primary school, less than three-quarters (72 percent) of the children are attending preparatory school. Of the remaining quarter, 9 percent are attending primary school, but 16 percent children of preparatory school age students are completely out of school.

There are no significant variations in the school net attendance among females than males. However, looking at the variations by sex and age, it is obvious that males are more likely to be out of school at younger ages while females are more likely to be out of school at older ages. For example, 10 percent of males age 13 are out of school compared to only 5 percent among girls. Inversely, one-third of females age 17 years are out of school compared to 28 percent among males.

Table ED.5: Preparatory school attendance and out of school children												
Percentage of children of preparatory school age attending preparatory school or higher (adjusted net attendance ratio), percentage attending primary school, and percentage out of school, Egypt Sub-National MICS, 2013-14												
	Male				Female				Total			
	Net attendance ratio (adjusted) [1]	Percent attending primary school	Percentage out of school [a]	Number of children	Net attendance ratio (adjusted) [1]	Percent attending primary school	Percentage out of school [a]	Number of children	Net attendance ratio (adjusted) [1]	Percent attending primary school	Percentage out of school [a]	Number of children
Total	71.4	10.9	15.6	2108	72.4	7.4	15.5	1984	71.9	9.2	15.5	4092
Region												
Pilot Phase, Upper Egypt	84.3	6.3	8.7	260	78.7	6.8	12.2	269	81.4	6.5	10.5	529
Expansion Phase, Upper Egypt	66.8	12.6	18.1	1620	68.9	8.0	17.3	1494	67.8	10.4	17.8	3113
Expansion Phase, Lower Egypt	89.3	4.2	5.6	229	88.3	4.2	6.9	221	88.8	4.2	6.3	449
Age at beginning of school year												
12	49.4	42.8	6.8	404	59.8	34.2	2.3	359	54.3	38.7	4.7	763
13	77.4	10.1	9.8	389	86.4	5.9	4.9	347	81.6	8.1	7.5	737
14	79.0	4.3	13.7	330	84.8	1.3	11.4	320	81.9	2.8	12.6	650
15	78.9	0.8	18.0	333	77.3	0.0	15.0	321	78.1	0.4	16.5	654
16	75.8	0.1	21.0	326	66.5	0.0	28.7	315	71.3	0.1	24.8	641
17	71.5	0.0	27.6	325	59.6	0.1	33.1	323	65.6	0.1	30.3	648
Mother's education												
None	61.0	12.6	22.8	1005	64.2	8.8	17.6	912	62.6	10.8	20.3	1918
Primary	76.4	10.9	12.0	581	81.3	7.3	11.1	501	78.7	9.2	11.6	1082
Secondary	89.9	8.4	1.5	354	90.2	6.8	3.0	370	90.0	7.6	2.3	724
Higher	97.7	2.3	0.0	66	93.7	6.3	0.0	51	95.9	4.1	0.0	117
Not in the household	61.5	13.6	19.2	64	36.2	2.0	58.9	92	46.6	6.7	42.6	155
Cannot be determined [b]	(65.8)	(0.0)	(34.2)	38	47.4	0.0	44.6	58	54.7	0.0	40.5	95
Father's education												
No Education	56.1	12.0	26.6	547	56.6	8.7	21.9	465	56.3	10.5	24.4	1013
Primary/Preparatory	69.0	13.2	16.7	553	77.3	9.3	11.2	505	72.9	11.3	14.1	1058
Secondary	84.7	9.2	5.5	574	83.7	7.4	8.7	539	84.2	8.4	7.1	1113
Higher	86.8	8.0	5.2	175	92.2	4.4	2.5	166	89.4	6.2	3.9	341
Father not in household	70.2	11.1	15.6	218	58.9	5.2	29.5	244	64.2	8.0	22.9	462
Missing/DK	*	*	*	3	*	*	*	6	*	*	*	10
[1] MICS indicator 7.5 - Preparatory school net attendance ratio (adjusted)												
[a] The percentage of children of preparatory school age out of school are those who are not attending primary, preparatory, or higher education												
[b] Information on education of the mother's/caretaker's education was not collected for all children age 15 and above												
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.												

³⁵Ratios presented in this table are "adjusted" since they include not only preparatory school attendance, but also attendance to higher levels in the numerator.

A positive correlation of preparatory school attainment with mother's education level is observed; for children whose mothers have higher education, the net attendance ratio was 96 percent, while this ratio was only 63 percent among children whose mothers had no education.

The percentage of children entering first grade who eventually reach the last grade of primary school is presented in Table ED.6. Of all children starting grade one, almost all of them (98 percent) are expected to eventually reach the last grade. The MICS included only questions on school attendance in the current and previous year. Thus, the indicator is calculated synthetically by computing the cumulative probability of survival from the first to the last grade of primary school, as opposed to calculating the indicator for a real cohort which would need to be followed from the time a cohort of children entered primary school, up to the time they reached the last grade of primary school. Repeaters are excluded from the calculation of the indicator, because it is not known whether they will eventually graduate. As an example, the probability that a child will move from the first grade to the second grade is computed by dividing the number of children who moved from the first grade to the second grade (during the two consecutive school years covered by the survey) by the number of children who have moved from the first to the second grade plus the number of children who were in the first grade the previous school year, but dropped out. Both the numerator and denominator exclude children who repeated during the two school years under consideration. The table shows no difference in the proportion of children reaching grade 6 of those who enter grade 1, by sex or region. The rate is higher among children with parents who are better educated, and lowest among children whose fathers are not in the household.

Table ED.6: Children reaching last grade of primary school						
Percentage of children entering first grade of primary school who eventually reach the last grade of primary school (Survival rate to last grade of primary school), Egypt Sub-National MICS, 2013-14						
	Percent attending grade 1 last school year who are in grade 2 this school year	Percent attending grade 2 last school year who are attending grade 3 this school year	Percent attending grade 3 last school year who are attending grade 4 this school year	Percent attending grade 4 last school year who are attending grade 5 this school year	Percent attending grade 5 last school year who are attending grade 6 this school year	Percent who reach grade 6 of those who enter grade 1 [1]
Total	99.7	100.0	99.2	99.3	99.5	97.7
Sex						
Male	99.5	100.0	99.5	99.1	99.0	97.1
Female	99.9	100.0	98.9	99.5	100.0	98.3
Region						
Pilot Phase, Upper Egypt	100.0	100.0	99.5	100.0	100.0	99.5
Expansion Phase, Upper Egypt	99.6	100.0	99.0	99.3	99.4	97.3
Expansion Phase, Lower Egypt	100.0	100.0	100.0	99.0	100.0	99.0
Mother's education						
No Education	99.3	100.0	99.4	98.5	99.5	96.6
Primary/Preparatory	99.8	100.0	97.8	100.0	98.9	96.5
Secondary	100.0	100.0	100.0	99.7	100.0	99.7
Higher	100.0	100.0	100.0	100.0	100.0	100.0
Mother not in household	100.0	100.0	100.0	100.0	100.0	100.0
Father's education						
No Education	100.0	100.0	97.6	98.0	98.7	94.4
Primary/Preparatory	98.8	100.0	99.8	99.2	100.0	97.8
Secondary	100.0	100.0	100.0	99.8	100.0	99.8
Higher	100.0	100.0	100.0	100.0	100.0	100.0
Father not in household	100.0	100.0	96.4	100.0	96.4	92.9
[1] MICS indicator 7.6; MDG indicator 2.2 - Children reaching last grade of primary						

The primary school completion rate and transition rate to preparatory education are presented in Table ED.7. The primary completion rate is the ratio of the total number of students, regardless of age, entering the last grade of primary school for the first time, to the number of children of the primary graduation age at the beginning of the current (or most recent) school year.

Table ED.7 shows that the primary school completion rate is 103.5 percent, which is higher for males than females (107 and 100 percent respectively). Around 92 percent of the children who were attending the last grade of primary school in the previous school year were found to be attending the first grade of preparatory school in the school year of the survey. The table also provides “effective” transition rate which takes account of the presence of repeaters in the final grade of primary school. This indicator better reflects situations in which pupils repeat the last grade of primary education but eventually make the transition to the preparatory level. The simple transition rate tends to underestimate pupils’ progression to preparatory school as it assumes that the repeaters never reach preparatory school. The table shows that in total 98 percent of the children in the last grade of primary school are expected to move on to preparatory school.

Table ED.7: Primary school completion and transition to preparatory school						
Primary school completion rates and transition and effective transition rates to preparatory school, Egypt Sub-National MICS, 2013-14						
	Primary school completion rate [1]	Number of children of primary school completion age	Transition rate to preparatory school [2]	Number of children who were in the last grade of primary school the previous year	Effective transition rate to preparatory school	Number of children who were in the last grade of primary school the previous year and are not repeating that grade in the current school year
Total	103.5	705	92.3	655	97.7	618
Sex						
Male	106.7	357	88.5	357	97.1	325
Female	100.3	348	96.8	298	98.5	293
Region						
Pilot Phase, Upper Egypt	101.7	79	95.1	96	97.4	94
Expansion Phase, Upper Egypt	103.8	546	90.6	471	97.4	438
Expansion Phase, Lower Egypt	103.6	80	98.4	88	100.0	86
Mother's education						
No Education	97.0	314	87.7	270	95.9	247
Primary/Preparatory	96.3	196	92.0	194	97.9	182
Secondary	125.9	152	98.9	150	100.0	149
Higher	105.7	28	(100.0)	31	(100.0)	31
Mother not in household	*	16	*	10	*	10
Father's education						
No Education	93.1	136	82.0	125	92.9	110
Primary/Preparatory	105.6	210	92.2	191	97.8	180
Secondary	105.8	246	95.8	225	99.1	218
Higher	104.8	65	97.2	61	100.0	59
Father not in household	112.2	49	(95.7)	49	(99.1)	48
Missing/DK	*	1	*	4	*	4
[1] MICS indicator 7.7 - Primary completion rate						
[2] MICS indicator 7.8 - Transition rate to preparatory school						
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.						
Note: Figures in parentheses are based on 25-49 unweighted cases.						

This transition rate to preparatory schools was higher among female children (97 percent) than male children (89 percent). The rate is the highest in the expansion phase Lower Egypt (98 percent) followed by pilot phase areas (95 percent), and it was 91 percent in expansion phase Upper Egypt.

The ratio of girls to boys attending primary and preparatory education is provided in Table ED.8. These ratios are better known as the Gender Parity Index (GPI). Notice that the ratios included here are obtained from net attendance ratios rather than gross attendance ratios. The latter ratios provide an erroneous description of the GPI mainly because in most of the cases the majority of over-age children attending primary education tend to be boys.

Table ED.8 shows that gender parity for primary school was close to 1.00, indicating no difference in the attendance of girls and boys to primary school, the indicator almost remain the same (1.01) for preparatory education. However, the net attendance ratio for both girls and boys is quite low in preparatory education, with less than three-quarters of girls and boys in school. The disadvantage of

both girls and boys is particularly pronounced in expansion phase Upper Egypt, as well as among children with mothers or fathers who had no or had only primary education.

Table ED.8: Education gender parity						
Ratio of adjusted net attendance ratios of girls to boys, in primary and preparatory school, Egypt Sub-National MICS, 2013-14						
	Primary school adjusted net attendance ratio (NAR), girls	Primary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school adjusted NAR [1]	Preparatory school adjusted net attendance ratio (NAR), girls	Preparatory school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for preparatory school adjusted NAR [2]
Total	94.4	95.5	0.99	72.4	71.4	1.01
Region						
Pilot Phase, Upper Egypt	97.3	98.2	0.99	78.7	84.3	0.93
Expansion Phase, Upper Egypt	93.3	94.6	0.99	68.9	66.8	1.03
Expansion Phase, Lower Egypt	98.7	98.0	1.01	88.3	89.3	0.99
Mother's education						
No Education	90.9	93.4	0.97	64.2	61.0	1.05
Primary/Preparatory	95.8	96.4	0.99	81.3	76.4	1.06
Secondary	96.7	97.0	1.00	90.2	89.9	1.00
Higher	99.2	98.2	1.01	93.7	97.7	0.96
Mother not in household	94.0	98.5	0.95	36.2	61.5	0.59
Cannot be determined [a]	-	-	-	47.4	65.8	0.72
Father's education						
No Education	87.2	90.8	0.96	56.6	56.1	1.01
Primary/Preparatory	95.1	95.3	1.00	77.3	69.0	1.12
Secondary	96.7	98.2	0.98	83.7	84.7	0.99
Higher	96.8	97.8	0.99	92.2	86.8	1.06
Father not in household	93.9	89.8	1.05	58.9	70.2	0.84
Cannot be determined [a]	-	-	-	47.4	65.8	0.72
Missing/DK	23.5	69.1	.34	100.0	15.0	6.67
[1] MICS indicator 7.9; MDG indicator 3.1 - Gender parity index (primary school).						
[2] MICS indicator 7.10; MDG indicator 3.1 - Gender parity index (preparatory school)						
[a] Information on education of the mother's/caretaker's education was not collected for all children age 15 and above						

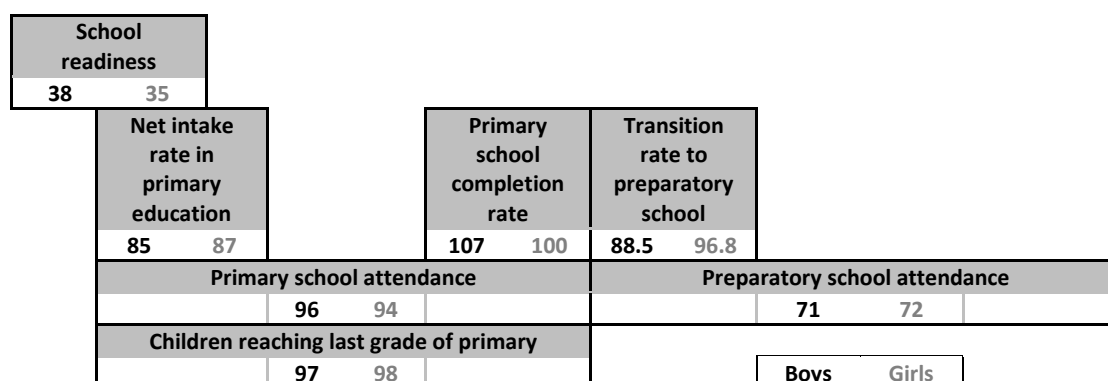
The percentage of girls in the total out of school population, in primary and preparatory school, are provided in table ED.9. The table shows that the percentage of out of primary school female children was 1.5 percent. The percentage was less than 1 percent in both pilot phase and expansion phase Lower Egypt, while it was 1.6 percent in expansion phase Upper Egypt. It was the highest among children whose parents had no education or had only primary/preparatory education, or where the father was not in the household.

Table ED.9: Out of school gender parity								
Percentage of girls in the total out of school population, in primary and preparatory school, Egypt Sub-National MICS, 2013-14								
	Primary school				Preparatory school			
	Percentage of out of school children	Number of children primary school age	Percentage of girls in the total out of school population of primary school age	Number of girls of primary school age out of school	Percentage of out of school children	Number of children of preparatory school age	Percentage of girls in the total out of school population of preparatory school age	Number of girls of preparatory school age out of school
Total	1.5	4295	41.9	63	15.5	4092	48.3	636
Region								
Pilot Phase, Upper Egypt	0.9	492	*	4	10.5	529	59.3	55
Expansion Phase, Upper Egypt	1.6	3217	41.3	53	17.8	3113	46.9	553
Expansion Phase, Lower Egypt	0.9	586	*	5	6.3	449	(54.3)	28
Mother's education								
No Education	1.4	1623	*	22	20.3	1918	41.3	390
Primary/Preparatory	1.8	1079	*	20	11.6	1082	44.4	125
Secondary	1.5	1265	*	19	2.3	724	*	17
Higher	0.7	273	*	2	0.0	117	-	-
Mother not in household	0.8	55	-	-	42.6	155	81.5	66
Cannot be determined [a]	-	-	-	-	40.5	95	(66.6)	39
Father's education								
No Education	2.2	722	*	16	24.4	1013	41.1	248
Primary/Preparatory	2.1	1223	(47.5)	25	14.1	1058	38.0	149
Secondary	0.5	1648	*	8	7.1	1113	59.8	79
Higher	0.5	443	*	2	3.9	341	*	13
Father not in household	3.8	254	*	10	22.9	462	67.9	106
Cannot be determined [a]	na	na	na	na	40.5	95	(66.6)	39
Missing/DK	*	5	*	1	*	10	*	3
[a] Information on education of the mother's/caretaker's education was not collected for all children age 15 and above								
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.								
Note: Figures in parentheses are based on 25-49 unweighted cases.								
na Not applicable								

The table shows that 48 percent of those out of preparatory school are girls which indicates gender disparity in favour to girls. A similar disparity in favour of girls was observed for primary school.

Figure ED.1 brings together all of the attendance and progression related education indicators covered in this chapter, by sex.

Figure ED.1: Education indicators by sex, Egypt Sub-National MICS, 2013-14



Note: All indicator values are in percent

XI. Child Protection

Birth Registration

A name and nationality is every child's right, enshrined in the Convention on the Rights of the Child (CRC) and other international treaties. Yet the births of around one in four children under the age of five worldwide have never been recorded.³⁶ This lack of formal recognition by the State usually means that a child is unable to obtain a birth certificate. As a result, he or she may be denied health care or education. Later in life, the lack of official identification documents can mean that a child may enter into marriage or the labour market, or be conscripted into the armed forces, before the legal age. In adulthood, birth certificates may be required to obtain social assistance or a job in the formal sector, to buy or prove the right to inherit property, to vote and to obtain a passport. Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed.³⁷

Birth registration is a fundamental means of securing these rights for children. The World Fit for Children states the goal to develop systems to ensure the registration of every child at or shortly after birth, and fulfil his or her right to acquire a name and a nationality, in accordance with national laws and relevant international instruments. The MICS indicator related to birth registration is the percentage of children under-5 years of age whose birth is registered.

In Egypt, birth registration is mandatory within the first 15 days of life. There is near universal birth registration in the areas covered by the IPHN programme. The births of 99 percent of children under five years in Egypt sub-national MICS survey have been registered (Table CP.1). There are almost no variations in birth registration depending on the sex of the child or by the various background characteristics.

Table CP.1: Birth registration							
Percentage of children under age 5 by whether birth is registered and percentage of children not registered whose mothers/caretakers know how to register birth, Egypt Sub-National MICS, 2013-14							
	Children under age 5 whose birth is registered with civil authorities				Number of children	Children under age 5 whose birth is not registered	
	Has birth certificate		No birth certificate	Total registered [1]		Percent of children whose mother/caretaker knows how to register birth	Number of children without birth registration
	Seen	Not seen					
Total	63.5	34.8	1.2	99.4	5090	93.1	29
Sex							
Male	64.4	33.9	1.2	99.4	2521	*	14
Female	62.6	35.6	1.2	99.4	2569	*	15
Region							
Pilot Phase, Upper Egypt	65.3	33.7	0.5	99.5	643	*	3
Expansion Phase, Upper Egypt	63.1	34.7	1.5	99.4	3715	*	24
Expansion Phase, Lower Egypt	63.6	35.8	0.3	99.8	732	*	2
Age							
0-11	68.3	26.2	3.6	98.1	1133	*	21
12-23	70.4	28.5	0.8	99.7	1092	*	3
24-35	62.3	36.8	0.5	99.6	1015	*	4
36-47	59.5	40.2	0.3	99.9	977	*	1

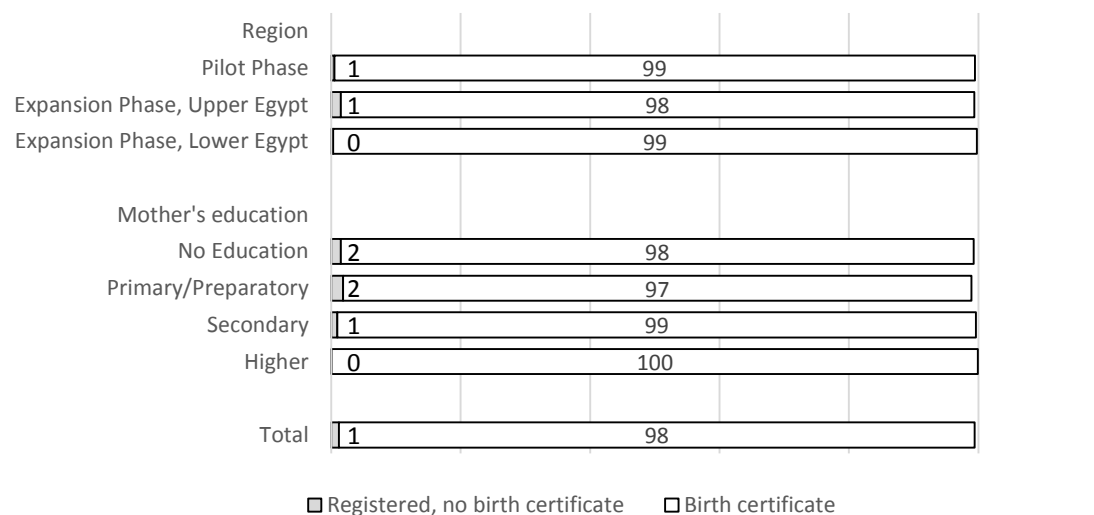
³⁶ UNICEF. 2014. *The State of the World's Children 2015*. UNICEF.

³⁷ United Nations Children's Fund, *Every Child's Birth Right: Inequities and trends in birth registration*, UNICEF, New York, 2013.

48-59	54.3	45.3	0.4	100.0	873	-	-
Children under age 5 whose birth is registered with civil authorities					Children under age 5 whose birth is not registered		
Has birth certificate					Percent of children whose mother/caretaker knows how to register birth		
	Seen	Not seen	No birth certificate	Total registered [1]	Number of children		Number of children without birth registration
Mother's education							
No Education	59.5	38.3	1.5	99.3	1236	*	9
Primary/Preparatory	63.8	33.3	1.9	98.9	1116	*	12
Secondary	67.3	31.4	1.0	99.6	2116	*	8
Higher	58.1	41.8	0.1	99.9	622	-	-
Father's education							
No Education	57.2	39.5	2.5	99.2	515	*	4
Primary/Preparatory	67.0	31.1	1.3	99.5	1275	*	7
Secondary	65.2	33.3	1.1	99.5	2371	*	11
Higher	57.5	41.8	0.3	99.6	730	*	3
Father not in household	57.6	38.5	1.8	98.0	198	*	4
Missing/DK	*	*	*	*	1	-	-
Mother's Work Status							
Working for cash	52.9	45.9	1.2	100.0	430	-	-
Not working for cash	64.5	33.7	1.2	99.4	4651	(93.1)	29
Missing/DK	*	*	*	*	8	-	-
Father's Work Status							
Working for cash	64.1	34.2	1.2	99.5	4729	(100.0)	25
Not working for cash	52.4	47.2	0.4	100.0	114	-	-
Missing/DK	56.6	40.3	1.4	98.4	247	*	4

[1] MICS indicator 8.1 - Birth registration
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.
Note: Figures in parentheses are based on 25-49 unweighted cases.

Figure CP.1: Children under age five whose births are registered, Egypt Sub-National MICS, 2013-14



The majority of mothers (93 percent) of whose children are not registered appear to be aware of the process of registration.

Early Marriage and Polygyny

Marriage before the age of 18 is a reality for many young girls. In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual

fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. Closely related to the issue of child marriage is the age at which girls become sexually active. Women who are married before the age of 18 tend to have more children than those who marry later in life. Pregnancy related deaths are known to be a leading cause of mortality for both married and unmarried girls between the ages of 15 and 19, particularly among the youngest of this cohort. There is evidence to suggest that girls who marry at young ages are more likely to marry older men which puts them at increased risk of HIV infection. The demand for this young wife to reproduce and the power imbalance resulting from the age differential lead to very low condom use among such couples.

The percentage of women married before ages 15 and 18 years are provided in Table CP.7. Among women age 15-49 years, 6 percent were married before age 15 and, among women age 20-49 years, 30 percent of women were married before age 18

About 15 percent of all young women age 15-19 years are currently married. This proportion varies somewhat by region from 10 percent in pilot phase Upper Egypt, 16 percent in expansion phase Upper Egypt and 15 percent in expansion phase Lower Egypt, but is strongly related to the level of education. The percentage of women in a polygynous union is also provided in Table CP.7. Among all women age 15-49 years who are married, only 2 percent are in polygynous union, with the least percentage observed in Lower Egypt. The practice of polygyny is highest among women with no education, and in the oldest age group.

Table CP.7: Early marriage and polygyny (ever-married women)

Percentage of women age 15-49 years who first married or entered a marital union before their 15th birthday, percentages of women age 20-49 years who first married or entered a marital union before their 15th and 18th birthdays, percentage of women age 15-19 years currently married, and the percentage of ever-married women who are in a polygynous marriage, Egypt Sub-National MICS, 2013-14

	Ever-married women age 15-49 years		Ever-married women age 20-49 years			Ever-married women age 15-19 years		Ever-married women age 15-49 years	
	Percentage married before age 15 [1]	Number of ever-married women age 15-49 years	Percentage married before age 15	Percentage married before age 18 [2]	Number of ever-married women age 20-49 years	Percentage currently married [3]	Number of ever-married women age 15-19 years	Percentage in polygynous marriage [4]	Number of ever-married women age 15-49 years currently married
Total	5.8	8022	7.1	29.8	6411	15.3	1610	1.9	5583
Region									
Pilot Phase, Upper Egypt	4.5	1071	5.4	24.9	860	10.2	211	1.9	703
Expansion Phase, Upper Egypt	6.9	5829	8.5	33.9	4585	16.1	1245	2.1	4011
Expansion Phase, Lower Egypt	1.5	1121	1.7	14.7	966	15.4	155	1.2	869
Age									
15-19	1.0	1610	-	-	-	15.3	1610	0.0	246
20-24	1.9	1485	1.9	19.3	1485	-	-	0.9	992
25-29	4.0	1630	4.0	24.1	1630	-	-	1.1	1420
30-34	7.4	1049	7.4	30.8	1049	-	-	1.2	955
35-39	9.2	893	9.2	32.3	893	-	-	3.2	811
40-44	14.7	724	14.7	43.9	724	-	-	3.4	645
45-49	14.6	630	14.6	47.9	630	-	-	4.6	512

	Ever-married women age 15-49 years		Ever-married women age 20-49 years			Ever-married women age 15-19 years		Ever-married women age 15-49 years	
	Percentage married before age 15 [1]	Number of ever-married women age 15-49 years	Percentage married before age 15	Percentage married before age 18 [2]	Number of ever-married women age 20-49 years	Percentage currently married [3]	Number of ever-married women age 15-19 years	Percentage in polygynous marriage [4]	Number of ever-married women age 15-49 years currently married
Woman's education									
No Education	13.3	2096	13.9	45.3	1986	20.7	111	3.2	1683
Primary/Preparatory	8.9	1912	11.2	44.9	1403	20.7	509	2.4	1326
Secondary	0.5	3059	0.7	16.5	2202	12.9	856	1.0	1998
Higher	0.5	954	0.5	2.3	820	5.5	134	0.4	575
Missing/DK	*	1	*	*	1	-	-	-	-
[1] MICS indicator 8.4 - Marriage before age 15									
[2] MICS indicator 8.5 - Marriage before age 18									
[3] MICS indicator 8.6 - Young women age 15-19 years currently married									
[4] MICS indicator 8.7 - Polygyny									
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.									
Note: Women age 15-19 years old who are listed in the household schedule as never-married added to the denominator to adjust the ever-married sample									

Table CP.8 presents the proportion of women who were first married or entered into a marital union before age 15 and 18 by area and age groups. Examining the percentages married before age 15 and 18 by different age groups allow us to see the trends in early marriage over time.

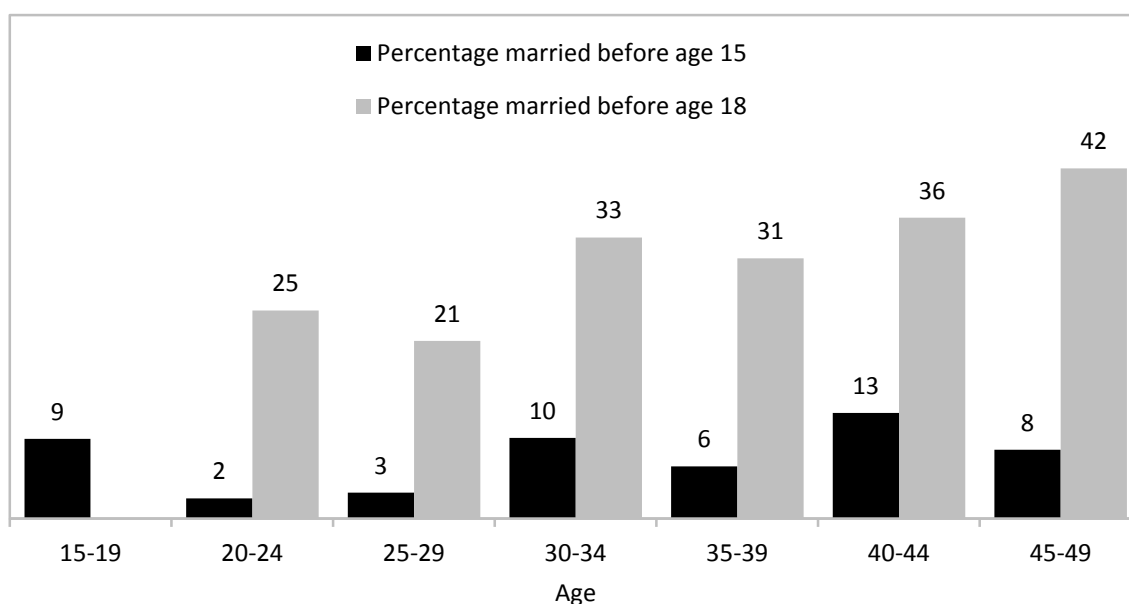
The table shows that the percentages of married women before the age of 15 and the age of 18 were the highest in the expansion phase Upper Egypt (10 percent and 39 percent respectively); in the pilot phase the proportions were 7 percent and 30 percent, while the percentages were the lowest in the expansion phase Lower Egypt (2 percent and 16 percent).

Table CP.8: Trends in early marriage (ever-married women)														
Percentage of ever-married women who were first married or entered into a marital union before age 15 and 18, by area and age groups, Egypt Sub-National MICS, 2013-14														
	Pilot Phase, Upper Egypt				Expansion Phase, Upper Egypt				Expansion Phase, Lower Egypt				All	
	Percentage married before age 15	Number of ever-married women age 15-49 years	Percentage married before age 18	Number of ever-married women age 20-49 years	Percentage married before age 15	Number of ever-married women age 15-49 years	Percentage married before age 18	Number of ever-married women age 20-49 years	Percentage married before age 15	Number of ever-married women age 15-49 years	Percentage married before age 18	Number of ever-married women age 20-49 years	Percentage married before age 15	Number of ever-married women age 15-49 years
Total	6.5	736	29.7	714	9.5	4203	38.5	4003	1.8	907	15.9	883	7.9	5847
Age														
15-19	*	22	-	-	6.8	201	-	-	*	24	-	-	6.4	247
20-24	2.4	122	24.8	122	3.1	740	30.5	740	1.6	141	20.3	141	2.8	1002
25-29	3.1	177	21.2	177	5.8	1034	31.2	1034	0.0	236	12.5	236	4.5	1447
30-34	9.6	137	33.5	137	9.4	668	37.4	668	0.6	181	13.6	181	7.8	986
35-39	6.2	113	31.0	113	11.9	600	38.9	600	2.0	140	12.4	140	9.5	853
40-44	12.6	89	35.8	89	17.9	508	52.0	508	3.3	101	18.6	101	15.1	698
45-49	8.2	77	41.7	77	17.3	453	54.2	453	7.9	84	25.9	84	14.9	613

*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Younger women (ages 20-24 and 25-29) married less frequently before age 15 (3 percent and 5 percent respectively) than women aged 40-44 and 45-49, where the percentages were 15 percent for both age groups. Also, younger women (ages 20-24 and 25-29) married less frequently before age 18 (28 percent and 27 percent respectively) than women aged 40-44 and 45-49, where the percentages were 45 and 49 percent, respectively. It is clear from the table that there was a trend of delaying marriage until later in life especially in Upper Egypt. However, this observation is not valid for younger ages, where percentage of married women before the age of 15 among the age group 15-19 years is higher than among the age groups 20-24 and 25-29. Also, percentage of married women before the age of 18 among the age group 20-24 is higher than among the age group 25-29 years.

Figure CP.3: Early marriage, Egypt Sub-National MICS, 2013-14



Another component is the spousal age difference with an indicator being the percentage of married women with a difference of 10 or more years younger than their current spouse. Table CP.9 presents the results of the age difference between husbands and wives. The results show that there are some important spousal age differences in Egypt. More than one in five women age 20-24 is currently married to a man who is older by ten years or more (21 percent), this percentage is highest (28 percent) in the pilot phase and lowest in the expansion phase Lower Egypt (16 percent). The table shows also that about one in three women age 15-19 are currently married to men who are older by ten years or more (32 percent).

Nearly half of women ages 15-19 years (49 percent) are currently married to a husband who was 5-9 years older, while this percentage is 43 percent among women age 20 – 24 years.

Table CP.9: Spousal age difference

Percent distribution of currently married women age 15-19 and 20-24 years according to the age difference with their husband, Egypt Sub-National MICS, 2013-14

	Percentage of currently married women age 15-19 years whose husband is:						Number of women age 15-19 years currently married	Percentage of currently married women age 20-24 years whose husband is:						Number of women age 20-24 years currently married
	Younger	0-4 years older	5-9 years older	10+ years older [1]	Husband/partner's age unknown	Total		Younger	0-4 years older	5-9 years older	10+ years older [2]	Husband/partner's age unknown	Total	
Total	0.2	18.7	49.2	31.5	0.4	100.0	244	2.6	33.4	43	20.7	0.7	100.0	983
Region														
Pilot Phase, Upper Egypt	*	*	*	*	*	*	21	1.3	28.2	41.4	28.3	0.7	100.0	121
Expansion Phase, Upper Egypt	0.0	20.1	47.2	32.2	0.5	100.0	199	2.9	35.1	41.0	20.3	0.7	100.0	724
Expansion Phase, Lower Egypt	*	*	*	*	*	*	24	2.3	28.7	52.3	16.3	0.4	100.0	138
Age														
15-19	0.2	18.7	49.2	31.5	0.4	100.0	244	-	-	-	-	-	-	-
20-24	-	-	-	-	-	-	-	2.6	33.4	42.6	20.7	0.7	100.0	983
Woman's education														
No Education	*	*	*	*	*	*	23	6.1	39.9	34.7	17.5	1.9	100.0	121
Primary/Preparatory	0.4	19.3	44.4	35.9	0.0	100.0	104	3.6	31.7	39.2	25.4	0.0	100.0	226
Secondary	0.0	15.2	57.1	26.7	1.0	100.0	110	1.6	32.9	44.6	20.2	0.7	100.0	522
Higher	*	*	*	*	*	*	7	1.6	31.8	48.8	17.4	0.4	100.0	114
[1] MICS indicator 8.8a - Spousal age difference (among women age 15-19)														
[2] MICS indicator 8.8b - Spousal age difference (among women age 20-24)														
*Indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.														
Note: Women age 15-19 years old who are listed in the household schedule as never-married added to the denominator to adjust the ever-married sample.														

Children's Living Arrangements

The CRC recognizes that "the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding. Millions of children around the world grow up without the care of their parents for several reasons, including due to the premature death of the parents or their migration for work. In most cases, these children are cared for by members of their extended families, while in others, children may be living in households other than their own, as live-in domestic workers for instance. Understanding the children's living arrangements, including the composition of the households where they live and the relationships with their primary caregivers, is key to design targeted interventions aimed at promoting child's care and wellbeing.

Table CP.14 presents information on the living arrangements and orphan hood status of children under age 18. Ninety-three percent of children ages 0-17 years in Egypt subnational MICS survey live with both their parents, 6 percent live with mothers only and one percent lives with fathers only. Less than one percent of children live with neither of their biological parents while both of them are alive. Three percent live with mothers only while the biological father is alive.

Four percent of children in IPHN areas had lost one or both parents (3.5 percent in expansion phase Lower Egypt, 4 percent in expansion phase Upper Egypt and 5 percent in pilot phase). A higher percentage of older children had lost one or both parents compared to younger children (12 percent of the oldest and one percent of the youngest age groups of children).

Table CP.14: Children's living arrangements and orphan hood

Percent distribution of children age 0-17 years according to living arrangements, percentage of children age 0-17 years not living with a biological parent and percentage of children who have one or both parents dead, Egypt Sub-National MICS, 2013-14

	Living with neither biological parent					Living with mother only		Living with father only		Missing information on father/mother	Total	Living with neither biological parent [1]	One or both parents dead [2]	Number of children age 0-17 years
	Living with both parents	Only father alive	Only mother alive	Both alive	Both dead	Father alive	Father dead	Mother alive	Mother dead					
Total	92.5	0.2	0.1	0.4	0.2	2.5	3.3	0.3	0.6	0.0	100.0	0.8	4.3	14559
Sex														
Male	92.5	0.2	0.1	0.1	0.2	2.5	3.5	0.3	0.6	0.0	100.0	0.5	4.5	7335
Female	92.5	0.1	0.0	0.7	0.2	2.4	3.2	0.2	0.5	0.0	100.0	1.1	4.2	7225
Region														
Pilot Phase, Upper Egypt	91.8	0.0	0.1	0.2	0.1	3.0	3.6	0.2	1.0	0.0	100.0	0.5	4.8	1800
Expansion Phase, Upper Egypt	92.4	0.2	0.0	0.4	0.2	2.5	3.4	0.3	0.5	0.0	100.0	0.9	4.4	10838
Expansion Phase, Lower Egypt	94.0	0.1	0.1	0.2	0.1	1.9	2.7	0.4	0.5	0.0	100.0	0.5	3.5	1920
Age														
0-4	95.9	0.1	0.0	0.0	0.0	2.8	0.9	0.2	0.1	0.0	100.0	0.2	1.1	5206
5-9	94.0	0.1	0.0	0.1	0.0	2.8	2.4	0.3	0.4	0.0	100.0	0.2	2.9	3765
10-14	91.1	0.2	0.0	0.1	0.2	2.2	4.8	0.3	1.0	0.0	100.0	0.6	6.2	3621
15-17	83.5	0.3	0.3	2.4	1.0	1.4	9.1	0.5	1.6	0.0	100.0	3.9	12.2	1967

[1] MICS indicator 8.13 - Children's living arrangements

[2] MICS indicator 8.14 - Prevalence of children with one or both parents dead

The Egypt sub-national MICS included a simple measure of one particular aspect of migration related to what is termed children left behind, i.e. for whom one or both parents have moved abroad. While the amount of literature is growing, the long-term effects of the benefits of remittances versus the potential adverse psycho-social effects are not yet conclusive, as there is somewhat conflicting evidence available as to the effects on children.

Besides presenting simple prevalence rates, the results of the Egypt sub-national MICS presented in Table CP.15 will greatly help fill the data gap on the topic of migration. As expected, only 2 percent of children age 0-17 have one or both parents living abroad. There are notable differences between groups of children, this percentage is the highest (3 percent) in the pilot phase areas, while it was only one percent in the expansion phase Lower Egypt.

Table CP.15: Children with parents living abroad

Percent distribution of children age 0-17 years by residence of parents in another country, Egypt Sub-National MICS, 2013-14

	Percent distribution of children age 0-17 years:					Total	Percentage of children age 0-17 years with at least one parent living abroad [1]	Number of children age 0-17 years
	With at least one parent living abroad: Only mother abroad	With at least one parent living abroad: Only father abroad	With at least one parent living abroad: Both mother and father abroad	With neither parent living abroad				
Total	0.0	1.8	0.0	98.2	100.0	1.8	14559	
Sex								
Male	0.0	1.8	0.0	98.1	100.0	1.9	7335	
Female	0.0	1.8	0.0	98.2	100.0	1.8	7225	
Region								
Pilot Phase, Upper Egypt	0.0	2.5	0.0	97.5	100.0	2.5	1800	
Expansion Phase, Upper Egypt	0.0	1.8	0.0	98.1	100.0	1.9	10838	
Expansion Phase, Lower Egypt	0.1	1.0	0.0	99.0	100.0	1.0	1920	
Age								
0-4	0.0	2.2	0.0	97.8	100.0	2.2	5206	
5-9	0.0	2.1	0.0	97.9	100.0	2.1	3765	
10-14	0.0	1.6	0.1	98.4	100.0	1.6	3621	
15-17	0.0	0.7	0.1	99.2	100.0	0.8	1967	

[1] MICS indicator 8.15 - Children with at least one parent living abroad

XIII. Access to Mass Media and Use of Information/Communication Technology

The Egypt sub-national MICS collected information on exposure to mass media and the use of computers and the internet. Information was collected on exposure to newspapers/magazines, radio and television among ever-married women age 15-49 years, while the questions on the use of computers and the use of the internet was asked to ever-married women 15-24 year-olds.

Access to Mass Media

The proportion of ever-married women aged 15-49 who read a newspaper, listened to the radio and watched television at least once a week is shown in Tables MT.1.

Three percent of women in Egypt read a newspaper or magazine at least once a week, 14 percent listen to the radio, and 96 percent watch television at least once a week. Overall, 3 percent do not have regular exposure to any of the three media, while 97 percent are exposed to at least one and only one percent of women are exposure to all the three types of media on a weekly basis.

Table MT.1: Exposure to mass media (ever-married women)								
Percentage of ever-married women age 15-49 years who are exposed to specific mass media on a weekly basis, Egypt Sub-National MICS, 2013-14								
	Percentage of ever-married women age 15-49 who:				Any media at least once a week [2]	None of the media at least once a week	Ownership of a mobile phone	Number of ever-married women age 15-49 years
	Read a newspaper at least once a week	Listen to the radio at least once a week	Watch television at least once a week	All three media at least once a week [1]				
Total	3.2	13.6	96.4	1.4	97.0	3.0	55.7	5847
Age								
15-19	3.4	10.2	98.6	1.0	98.6	1.4	59.2	247
20-24	3.4	12.5	97.8	0.9	98.4	1.6	66.5	1002
25-29	2.9	13.8	96.5	1.3	96.9	3.1	64.7	1447
30-34	4.1	15.8	96.8	1.7	97.6	2.4	62.0	986
35-39	3.6	14.5	96.1	1.7	96.5	3.5	53.7	853
40-44	2.6	13.3	94.6	1.5	95.2	4.8	38.6	698
45-49	2.4	11.5	95.2	1.4	95.7	4.3	27.8	613
Region								
Pilot Phase, Upper Egypt	2.9	11.5	97.3	0.9	97.5	2.5	58.2	736
Expansion Phase, Upper Egypt	1.7	9.4	95.9	0.6	96.5	3.5	51.5	4203
Expansion Phase, Lower Egypt	10.7	34.7	98.4	5.3	98.8	1.2	73.5	907
Woman's education								
No Education	0.0	6.2	93.9	0.0	94.4	5.6	31.2	1825
Primary/Preparatory	1.0	14.0	97.4	0.6	97.9	2.1	50.0	1401
Secondary	3.7	15.8	97.8	1.3	98.3	1.7	71.7	2032
Higher	16.7	27.5	97.1	7.4	97.6	2.4	90.2	589
Woman's Work Status								
Working for cash	12.3	24.4	96.2	6.0	96.6	3.4	81.1	527
Not working for cash	2.3	12.5	96.5	0.9	97.0	3.0	53.2	5320
[1] MICS indicator 10.1 - Exposure to mass media								
[2] Survey specific indicator- Exposure to any form of mass media								

Women under age 30-39 are more likely than older women to report exposure to all three types of mass media. Differentials by area, education and socio-economic status are observed for exposure to all types of media; in the expansion phase Lower Egypt, nearly all women watched television (98 percent), 35 percent listen to the radio, 11 percent read a newspaper at least once a week, and 1 percent of women do not have regular exposure to any of the three types of media. While, in the pilot phase, 97 percent of women watched television, 12 percent listen to the radio, 3 percent read a

newspaper at least once a week, and 3 percent of women do not have regular exposure to any of the three types of media. In the expansion phase Upper Egypt, 96 percent of women watched television, 9 percent listen to the radio, 2 percent read a newspaper at least once a week, and 4 percent of women do not have regular exposure to any of the three types of media.

Women with higher education than secondary are more likely to have been exposed to all three types of media than women with other levels of education.

The proportion of ever-married women age 15-49 with a live birth in the last 5 years who are exposed to any form of mass media on a weekly basis, shown in Tables MT.MoRES1.

The survey findings showed that only 3 percent of women read a newspaper, 14 percent listened to the radio and 97 percent of women watched television at least once a week. Three percent of women do not have regular exposure to any of the three types of media (newspaper, radio or television), while only one percent of women are exposed to all the three types of media and 97 percent of women are exposed to any form media at least on a weekly basis.

In the expansion phase Lower Egypt, nearly all women watched television (99 percent), 36 percent listen to the radio, 11 percent read a newspaper at least once a week, and one percent of women do not have regular exposure to any of the three types of media.

In the pilot phase, Upper Egypt 97 percent of women watched television, 12 percent listen to the radio, 2 percent read a newspaper at least once a week, and 3 percent of women do not have regular exposure to any of the three types of media.

In the expansion phase Upper Egypt, 96 percent of women watched television, 9 percent listen to the radio, 1 percent read a newspaper at least once a week, and 4 percent of women do not have regular exposure to any of the three types of media. Exposure to any media at least once a week did not show significant age differences.

Exposure to any media at least once a week is the highest among women with secondary education (98 percent) compared with 94 percent among women with no education.

Table MT.MoRES1: Exposure to mass media (among ever-married women with a birth in the 5 years preceding the survey)

Percentage of ever-married women age 15-49 with a live birth in the last 5 years, who are exposed to specific mass media on a weekly basis, Egypt Sub-National MICS, 2013-14

	Percentage of ever-married women age 15-49 who:						Number of ever-married women age 15-49 years
	Read a newspaper at least once a week	Listen to the radio at least once a week	Watch television at least once a week	All three media at least once a week	Any media at least once a week	None of the media at least once a week	
Total	3.0	13.5	96.7	1.1	97.3	2.7	3605
Age							
15-19	4.3	8.6	99.1	1.0	99.1	0.9	116
20-24	2.8	12.8	97.3	0.7	98.0	2.0	790
25-29	2.8	13.9	96.4	1.4	96.9	3.1	1245
30-34	3.9	15.2	96.6	1.4	97.3	2.7	766
35-39	2.7	12.8	97.8	1.1	97.8	2.2	486
40-44	2.2	12.3	92.1	0.4	94.6	5.4	173
45-49	(0.0)	(9.6)	(98.4)	(0.0)	(98.4)	(1.6)	29
Region							
Pilot Phase, Upper Egypt	2.3	12.0	97.2	0.6	97.5	2.5	464
Expansion Phase, Upper Egypt	1.4	9.0	96.2	0.3	96.9	3.1	2582
Expansion Phase, Lower Egypt	11.1	35.6	98.8	5.4	99.2	0.8	560
Woman's education							
No Education	0.0	4.9	93.6	0.0	94.3	5.7	868
Primary/Preparatory	0.6	13.5	98.2	0.3	99.1	0.9	817
Secondary	3.0	15.2	97.6	0.9	98.1	1.9	1491
Higher	13.9	25.4	97.0	5.8	97.3	2.7	429
Woman's Work Status							
Working for cash	11.0	22.4	97.1	4.8	97.1	2.9	307
Not working for cash	2.3	12.7	96.7	0.8	97.3	2.7	3299

Note: Figures in parentheses are based on 25-49 unweighted cases.

Use of Information/Communication Technology

The questions on computer and Internet usage were addressed only to 15-24 year old ever-married women.

As shown in Tables MT.2. 30 percent of ever-married women aged 15-24 ever used a computer, 17 percent used a computer in the year preceding the survey and 11 percent had used a computer at least once a week during the last one month. Overall, 13 percent of ever-married women aged 15-24 had used the Internet during their lifetime, while 11 percent had used the Internet during the year preceding the survey. The proportion of women aged 15-24 who had used the Internet more frequently, at least once a week during the last one month, was smaller (7 percent).

Both computer and Internet use during the last 12 months was somewhat more widespread amongst 20-24 year old women. Use of a computer and the internet is also strongly associated with area and education.

Only about 7 percent of women with primary education report using a computer during the last year, compared with almost half of women with higher education used a computer during the last year. Use of the Internet in the last 12 months is more common among women in the expansion phase Lower Egypt (28 percent), than women in the pilot phase (14 percent) and the least was among women in the expansion phase Upper Egypt (7 percent).

Table MT.2: Use of computers and internet (ever-married women)

Percentage of young ever-married women age 15-24 years who have ever used a computer and the internet, percentage who have used during the last 12 months, and percentage who have used at least once weekly during the last one month, Egypt Sub-National MICS, 2013-14

	Percentage of ever-married women age 15-24 who have:						Number of ever-married women age 15-24 years
	Ever used a computer	Used a computer during the last 12 months [1]	Used a computer at least once a week during the last month	Ever used the internet	Used the internet during the last 12 months [2]	Used the internet at least once a week during the last month	
Total	29.9	17.0	10.7	12.9	10.7	7.3	1249
Age							
15-19	27.8	14.9	8.9	9.6	7.6	5.5	247
20-24	30.4	17.5	11.1	13.8	11.4	7.7	1002
Region							
Pilot Phase, Upper Egypt	33.5	21.3	12.2	17.3	14.2	8.6	144
Expansion Phase, Upper Egypt	24.2	12.1	7.2	8.4	7.1	4.8	941
Expansion Phase, Lower Egypt	58.9	41.4	28.9	35.4	27.9	20.7	165
Woman's education							
No Education	4.6	3.0	2.7	1.7	1.7	1.4	147
Primary/Preparatory	14.3	7.4	4.6	3.8	3.4	1.7	342
Secondary	35.9	19.1	10.8	12.6	10.7	6.6	636
Higher	71.8	49.0	36.0	52.8	41.2	33.3	125

[1] MICS indicator 10.2 - Use of computers

[2] MICS indicator 10.3 - Use of internet

Table MT.MoRES2 shows the percentage of young ever-married women age 15-24 years with a live birth in the last 5 years, who have ever used a computer and the internet, percentage who have used during the last 12 months, and percentage who have used at least once weekly during the last month.

The findings show that 29 percent of women aged 15-24 ever used a computer, 17 percent used a computer in the year preceding the survey and 10 percent had used a computer at least once a week during the last one month.

Overall, 13 percent of women aged 15-24 had used the internet during their lifetime, while 11 percent had used the internet during the year preceding the survey. The proportion of women aged 15-24 who had used the internet more frequently, at least once a week during the last month was low (7 percent).

The computer had been used in the last 12 months by 40 percent of women in the expansion phase Lower Egypt, 20 percent of women in the pilot phase and 11 percent of women in the expansion phase Upper Egypt.

Table MT.MoRES2: Use of computers and internet (among ever-married women with a birth in the 5 years preceding the survey)

Percentage of young ever-married women age 15-24 with a live birth in the last 5 years, who have ever used a computer and the internet, percentage who have used during the last 12 months, and percentage who have used at least once weekly during the last month, Egypt Sub-National MICS, 2013-14

	Percentage of ever-married women age 15-24 who have:						Number of ever-married women age 15-24 years
	Ever used a computer	Used a computer during the last 12 months	Used a computer at least once a week during the last month	Ever used the internet	Used the internet during the last 12 months	Used the internet at least once a week during the last month	
Total	29.1	16.5	10.0	13.0	10.6	6.7	906
Age							
15-19	28.5	14.0	9.2	10.6	8.1	5.9	116
20-24	29.2	16.8	10.1	13.4	10.9	6.8	790
Region							
Pilot Phase, Upper Egypt	31.3	19.8	11.3	15.8	13.2	8.4	110
Expansion Phase, Upper Egypt	23.3	11.4	6.4	8.6	7.5	4.1	666
Expansion Phase, Lower Egypt	57.3	39.5	27.2	33.5	24.4	18.2	129

	Percentage of ever-married women age 15-24 who have:						Number of ever-married women age 15-24 years
	Ever used a computer	Used a computer during the last 12 months	Used a computer at least once a week during the last month	Ever used the internet	Used the internet during the last 12 months	Used the internet at least once a week during the last month	
Woman's education							
No Education	4.1	2.3	2.3	1.9	1.9	1.9	108
Primary/Preparatory	13.6	8.2	5.8	5.0	4.4	2.3	248
Secondary	34.8	18.0	9.4	13.1	10.8	6.0	470
Higher	77.4	52.3	36.7	52.3	40.2	30.3	80

Twenty four percent of women in the expansion phase Lower Egypt, 13 percent of women in the pilot phase and 8 percent of women in the expansion phase Upper Egypt had used the Internet in the last 12 months by both computer and Internet use during the last 12 months was s more widespread among 20-24 year old women.

As expected the use of a computer and the Internet was positively associated with education level. Only 2 percent of women with no education reported using a computer during the year preceding the survey, while more than half of the women (52 percent) with higher education used a computer.

Similarly, higher utilisation of the internet during the year preceding the survey was observed among women with higher education (52 percent) compared to those with no education (2 percent).

Appendix A. Sample Design

The sampling methodology adopted is probabilistic. Each of the units in the population object of study has a non-zero probability and known in advance to be part of the selected sample. This approach has the great advantage of allowing on one hand, extrapolating the results of the sample and on the other hand, estimating the precision of the results obtained. However, the implementation of this approach requires the availability of an adequate sampling frame containing all the units in the population and without omissions or duplications; in addition to this, the sampling frame must be updated.

The evaluation of data quality of the survey must not only be based on the reduction of sampling errors but also on reducing non-sampling errors. In this sense, important effort must be provided at each of the multiple steps of conducting the survey starting with the conception of survey documents and methodological approaches and ending with data analyses, dissemination and archiving of data and results.

In view of the objectives of the survey and programme monitoring requirements, a relatively different sampling approach than that usually used for the MICS was adopted.

Target population and statistical units

The target population consists of 159 Family Health Units (FHU) that include more than 170 rural villages covered by the Prenatal Care Program of Excellence (PCPE). The following table gives the distribution of FHUs by Domain of Study:

Number of FHU by Domain of Study		
	Number-FHUs	%
Pilot FHUs in Rural Upper Egypt	14	8.8
Expansion FHUs in Rural Upper Egypt	124	78.0
Expansion FHUs in Rural Lower Egypt	21	13.2
Total	159	100.0

Three units of analysis are covered by this study:

- Household
- Ever-married-Women : In the child-bearing period (aged 15-49) with a history of a pregnancy resulting in a live birth or stillbirth outcome in the past 5 years
- Children under the age of 5.

Domains of study

Three domains of study have been created: D₁: 14 FHUs in pilot Rural Upper Egypt, D₂: 124 FHUs in expansion Rural Upper Egypt, and D₃: 21 FHU in expansion Rural Lower Egypt.

Representativeness of the results

The target sample needs to be representative of all the 159 FHUs covered by the study, and for each of the three domains of study, and finally allow for comparisons between the three domains.

Global Sampling methodology adopted

A stratified three-stage cluster sampling design has been adopted:

- 1- **First stage:** systematic selection of a sample of FHUs with probability proportional to size (PPS) of the FHU (population/households).
- 2- **Second stage:** systematic selection of a sample of Enumeration Areas with PPS to get a sample of EAs from each selected FHU.
- 3- **Third stage:** systematic sample of households selected from each EA

When a household is selected, all ever-married women (15-49 years) and mothers or caretakers of children (0-4) years were eligible to be interviewed.

Sampling frame

The sampling frame of all the FHUs has been prepared by El-Zanaty team. It includes the following: Governorate code, Governorate name, Domain of study code, domain name, Family Health Unit code (FHU-code), Family Health Unit name (FHU-Name), estimated population covered by the FHU, and number of Enumerations Areas (EA) in the FHU.

The following table gives a description of the sampling frame:

Distribution of population, of Households and of Enumeration Areas (EAs) by Domain of study

Domain of study	Estimated population (1-7-2012)	Estimated Number of HHs	Estimated Number of EAs
Pilot FHUs in Rural Upper Egypt	220623	46838	882
Expansion FHUs in Rural Upper Egypt	1264367	268805	5057
Expansion FHUs in Rural Lower Egypt	237710	57978	951
Total	1722700	373621	6891

Overall size of the sample

As specified above, the target population consists of 159 Family Health Units (FHUs) that include more than 170 rural villages covered by the IPHN to provide reliable estimates for this frame and also for each of the three domains of the study.

The target sample size was estimated at 7020 Households in 234 EAs, with 30 households selected in each EA for the survey.

Due to the fact that reliable estimates for basic parameters under study have to be obtained for each domain of study, it was necessary to oversample in domains 1 and 3. The final optimal distribution of households by domain of study is:

Distribution of households and by Domain of Study	
Domain of study	Number of Households to be selected
1. Pilot FHUs in Rural Upper Egypt	1800
2. Expansion FHUs in Rural Upper Egypt	3240
3. Expansion FHUs in Rural Lower Egypt	1980
Total	7020

A total sample size of 7020 households allows: (1) estimating, for the total of the three domains, basic parameters with a relative margin of error not exceeding 10% and (2) obtaining reasonable estimates for most parameters under study for each domain.

Distribution of the total sample of EAs by domain of study

Practical experience from various past surveys indicates that an optimum number of households to select in each selected EA varies, for this type of survey, from 15 to 25. For this particular survey the solution adopted was to select 31 households. This number was determined based on data from previous surveys (such as the EDHS) which suggest that the percentage of ever-married women was around 0.80 and about half are ever-married with children under-5 years. Accordingly, the number of households increased from 30 to 31 households per cluster. The following approach was applied:

- Prepare list of households before field data collection, then:
- A systematic selection with equal probabilities was applied to get a sample of 31 households that contain children under the age of 5 and/or ever-married woman in the child-bearing period (aged 15-49).
- When a household is selected, all ever-married women 15-49 years and children 0-4 years were included in the survey.

By deciding to select a total of **31 households** in each selected EA, the total number of EAs to be selected is: **234 EAs**.

Distribution of EAs by Domain of Study	
Domain of study	Number of EAs to be selected
1. Pilot FHUs in Rural Upper Egypt	60
2. Expansion FHUs in Rural Upper Egypt	108
3. Expansion FHUs in Rural Lower Egypt	66
Total	234

Selection of EAs

After the selection of the FHUs, the listing team went to the field for delimitation, localization and selection of EAs. Due to the fact that the frame has to include the catchment areas of the FHUs, the following procedures were implemented in the field to overcome the lack of information.

- 1- The team responsible for the area reached the targeted FHU and obtained a map for the catchment area from the health facility. If there was no map, the team drew a sketch map based on the information from the FHU.
- 2- The team with the supervisor and with the assistance of a qualified person from the FHU conducted a quick count of the housing units in the catchment area of the FHU.
- 3- The supervisor then divided the catchment area into a certain number of small areas called enumeration areas (EAs). Each enumeration area will include on the average 150 households.

- 4- After ascertaining the number of EAs in the FHU catchment area and ordering the EAs geographically, the team sent this information and the corresponding household population in the EAs to the sampling coordinator at the El Zanaty Office.
- 5- The sampling coordinator at the El Zanaty office entered the information on EAs into the sampling file and followed the procedures required for selecting a systematic random sample of EAs with probability proportional to size (PPS). Once the targeted EAs were selected by the sampling coordinator, these were then sent to the teams, who then conducted a household listing for each selected EA.

Sample selection of households

The household listing of each EA served as a sample frame for the selection of households within each selected EA.

A systematic random sample of 31 households were selected with equal probability within each selected EA:

All households with ever-married women 15-49 years and/or children 0-4 years were eligible to be interviewed in the survey.

Appendix B. List of Personnel Involved in the Survey

Technical and Administrative Staff

Fatma Hassan El-Zanaty, Technical Director
Noha El-Ghazaly, Assistant for Survey Activities
Rashad Hamed, Assistant for Data Processing
Ibrahim Ismail, Anthropometry Trainer

Senior Data Processing Staff

Islam El Fakharany, Data Processing Coordinator
Ahmed Abdel Azeem, Assistant Data Processing Coordinator

Support Staff

Sameh Said Amin, Assistant Trainer
Mohamed Farouk Ali, Accountant
Azza Saad Abo El Eyoum, Secretary

Office Staff

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Nagwa Metwaly Fahmy
Osama Hamdy Metwaly
Omnia Mohamed Abdallah
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Field work Staff

Yasser Khalifa Metwaly, Field Coordinator

Listing and Re-listing Staff

Supervisors

Ahmed Mohamed Mohamed	Ehab Zakaria Goma
Mohamed Mahros Mahros	Mohamed Salem Hussien
Anwar Mahmoud Ebrahim	Mohamed Ahmed El-saied
Saad Mohamed Saad	Mohamed Adel Abd El-Moneem
Hamdy Farag Allah Raghby	Osman Awad Mohamed Osman

Listers

Amr Abd El-salam Abd El-karim	Mohamed Soliman Raghby
Mohamed Abd El-naby Mohamed	Yasser Salah Sawi Ebrahim
Mohamed Abd El-hady Ameer	Ahmed Goma Ahmed
Abd El-rahman Mohamed A.rahman	Yasser Mohamed Abd El-salam
Emad El-den Mostafa Hussien	Mohamed Ali Abd El-azeez
El-Mootasem Bellah Saeed	Ahmed Thabet Hanafy Khalil
Hussien Farag Allah Raghby	Ahmed Hassan Ali Hassan
Hesham Salama Zaki Nassar	Ahmed Abd El-salam Abd El-karim
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Interviewing and Re-Interviewing Staff

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Mahmoud Shehata Hassanen	Walied El-gameel El-Saied
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Sarah Saeed Abd El-Khalek	Amira Salah El-din Mohamed
Areeg Mohamed Mahmoud	Samah Abo Zaid Mohamed
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Interviewers

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Nermin Adel Abd El-moniem	Heba Ahmed Mohamed
Doaa Ebrahim Abd El-moniem	Hager Ahmed Abd El-hanaan
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Hadeel Hashim Abd El-khalik	Marlein Shawky Ahmed
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Sherien Mohamed Shabaan	Rana Gamal El-din Mohamed
Dalia Salah Ebrahim	Asmaa Ahmed Ali Hashim
Asmaa Fathy Farahat	Doha Mohamed Nassar
Sherien Mohamed Mahmoud	Marwa Yousry Abd El-hamed
Shaimaa El-shaarawy El-tohamy	Asmaa Saeed Abd El-khalik
Asmaa Mamdoh Mohamed	Aza Abd El-azeem Ebeed
Eman Essam El-din Mohamed	Amal Ali Abd El-mooty
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UNICEF Egypt Country Office

Dr Leonardo Menchini, Section Chief, Social Policy Monitoring & Evaluation
Ms Manar Soliman, Knowledge Management & Statistics Officer
Dr Nagla Arafa, MoRES Consultant

Appendix C. Estimates of Sampling Errors

The sample of respondents selected in the Egypt sub-national Multiple Indicator Cluster Survey is only one of the samples that could have been selected from the same population, using the same design and size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between the estimates from all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey data.

The following sampling error measures are presented in this appendix for each of the selected indicators:

- *Standard error (se)*: Standard error is the square root of the variance of the estimate. For survey indicators that are means, proportions or ratios, the Taylor series linearization method is used for the estimation of standard errors. For more complex statistics, such as fertility and mortality rates, the Jack-knife repeated replications method is used for standard error estimation.
- *Coefficient of variation (se/r)* is the ratio of the standard error to the value (r) of the indicator, and is a measure of the relative sampling error.
- *Design effect (deff)* is the ratio of the actual variance of an indicator, under the sampling method used in the survey, to the variance calculated under the assumption of simple random sampling based on the same sample size. The *square root of the design effect (deft)* is used to show the efficiency of the sample design in relation to the precision. A *deft* value of 1.0 indicates that the sample design of the survey is as efficient as a simple random sample for a particular indicator, while a *deft* value above 1.0 indicates an increase in the standard error due to the use of a more complex sample design.
- *Confidence limits* are calculated to show the interval within which the true value for the population can be reasonably assumed to fall, with a specified level of confidence. For any given statistic calculated from the survey, the value of that statistic will fall within a range of plus or minus two times the standard error ($r + 2.se$ or $r - 2.se$) of the statistic in 95 percent of all possible samples of identical size and design.

For the calculation of sampling errors from MICS data, programs developed in CSPRO Version 5.0, SPSS Version 21 Complex Samples module and CMRJack³⁸ have been used.

The results are shown in the tables that follow. In addition to the sampling error measures described above, the tables also include unweighted counts of denominators for each indicator. Given the use of normalized weights, by comparing the weighted and unweighted counts it is possible to determine whether a particular domain has been under-sampled or over-sampled compared to the average sampling rate. If the weighted count is smaller than the unweighted count, this means that the particular domain had been over-sampled. As explained later in the footnote of Table SE.1, there is an exception in the case of indicators 4.1 and 4.3, for which the unweighted count represents the number of sample households, and the weighted counts reflect the total population.

Sampling errors are calculated for indicators of primary interest, for all project areas. Three of the selected indicators are based on households members, 4 are based on women, and 2 are based on children under-5. Table SE.1 shows the list of indicators for which sampling errors are calculated,

³⁸CMRJack is a software developed by FAFO, an independent and multidisciplinary research foundation. CMRJack produces mortality estimates and standard errors for surveys with complete birth histories or summary birth histories. See http://www.fafo.no/ais/child_mortality/index.html

including the base population (denominator) for each indicator. Table SE.1 show the calculated sampling errors for selected domains.

Table SE.1: Indicators selected for sampling error calculations

List of indicators selected for sampling error calculations, and base populations (denominators) for each indicator,, Egypt Sub-National MICS, 2013-14

Household members

4.1	Use of improved drinking water sources	All household members
4.3	Use of improved sanitation	All household members
7.4	Primary school net attendance ratio (adjusted)	Children of primary school age

Ever-married women

5.5a	Antenatal care coverage (1+ times, skilled provider)	Ever-married women age 15-49 years with a live birth in the last 2 years
5.5b	Antenatal care coverage (4+ times, any provider)	Ever-married women age 15-49 years with a live birth in the last 2 years
5.7	Skilled attendant at delivery	Ever-married women age 15-49 years with a live birth in the last 2 years
7.1	Literacy rate (young ever-married women)	Ever-married women age 15-24 years

Under-5s

2.1a	Underweight prevalence (moderate and severe)	Children under age 5 years
2.1b	Underweight prevalence (severe)	Children under age 5 years

Table SE.2: Sampling errors: Total sample											
MICS5 Indicator	MICS Indicator	MDG Indicator	Estimate	Standard Error	Coefficient of Variation	Design Effect	Square Root Design Effect	Weighted Count	Un-weighted Count	Lower boundr-2se	Upper boundr+2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.9980	0.00144	0.001	7.340	2.709	32452	7046	0.99512	1.00088
Use of improved sanitation	4.3	7.9	0.9041	0.00547	0.006	2.428	1.558	32452	7046	0.89316	0.91504
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9498	0.00524	0.006	2.353	1.534	4295	4086	0.93932	0.96028
Ever-married women											
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.5579	0.00842	0.015	1.681	1.296	5847	5847	0.54106	0.57474
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.4988	0.00818	0.016	1.565	1.251	5847	5847	0.48244	0.51516
Skilled attendant at delivery	5.7	5.2	0.5424	0.00757	0.014	1.351	1.162	5847	5847	0.52726	0.55754
Literacy rate (young ever-married women)	7.1	2.3	0.7149	0.01728	0.024	1.722	1.312	1249	1176	0.68034	0.74946
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.0538	0.00400	0.074	1.578	1.256	5016	5031	0.0458	0.0618
Underweight prevalence (severe)	2.1b	1.8	0.0206	0.00227	0.110	1.286	1.134	5016	5031	0.01606	0.02514

Table SE.5: Sampling errors: Pilot Phase, Upper Egypt											
MICS5 Indicator	MICS Indicator	MDG Indicator	Estimate	Standard Error	Coefficient of Variation	Design Effect	Square Root Design Effect	Weighted Count	Un-weighted Count	Lower boundr-2se	Upper boundr+2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.9992	0.00076	0.001	1.369	1.170	4129	1809	0.99768	1.00072
Use of improved sanitation	4.3	7.9	0.9694	0.00427	0.004	1.114	1.056	4129	1809	0.96086	0.97794
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9775	0.00479	0.005	1.039	1.020	492	998	0.96792	0.98708
Ever-married women											
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.5635	0.01390	0.025	1.171	1.082	736	1493	0.5357	0.5913
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.5172	0.01375	0.027	1.129	1.063	736	1493	0.4897	0.5447
Skilled attendant at delivery	5.7	5.2	0.5713	0.01539	0.027	1.442	1.201	736	1493	0.54052	0.60208
Literacy rate (young ever-married women)	7.1	2.3	0.7207	0.02537	0.035	0.934	0.966	144	293	0.66996	0.77144
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.0582	0.00787	0.135	1.474	1.214	636	1305	0.04246	0.07394

Underweight prevalence (severe)	2.1b	1.8	0.0204	0.00366	0.180	0.876	0.936	636	1305	0.01308	0.02772
Table SE.6: Sampling errors: Expansion Phase, Upper Egypt											
MICS5 Indicator	MICS Indicator	MDG Indicator	Estimate	Standard Error	Coefficient of Variation	Design Effect	Square Root Design Effect	Weighted Count	Un-weighted Count	Lower boundr-2se	Upper boundr+2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.9974	0.00196	0.002	4.858	2.204	23811	3271	0.99348	1.00132
Use of improved sanitation	4.3	7.9	0.9321	0.00679	0.007	2.381	1.543	23811	3271	0.91852	0.94568
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9395	0.00683	0.007	1.686	1.298	3217	2058	0.92584	0.95316
Ever-married women											
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.5457	0.01104	0.020	1.343	1.159	4203	2733	0.52362	0.56778
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.4798	0.01062	0.022	1.235	1.111	4203	2733	0.45856	0.50104
Skilled attendant at delivery	5.7	5.2	0.5239	0.00972	0.019	1.034	1.017	4203	2733	0.50446	0.54334
Literacy rate (young ever-married women)	7.1	2.3	0.7262	0.02207	0.030	1.443	1.201	941	590	0.68206	0.77034
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.0580	0.00523	0.090	1.196	1.094	3651	2392	0.04754	0.06846
Underweight prevalence (severe)	2.1b	1.8	0.0225	0.00300	0.133	0.980	0.990	3651	2392	0.0165	0.0285

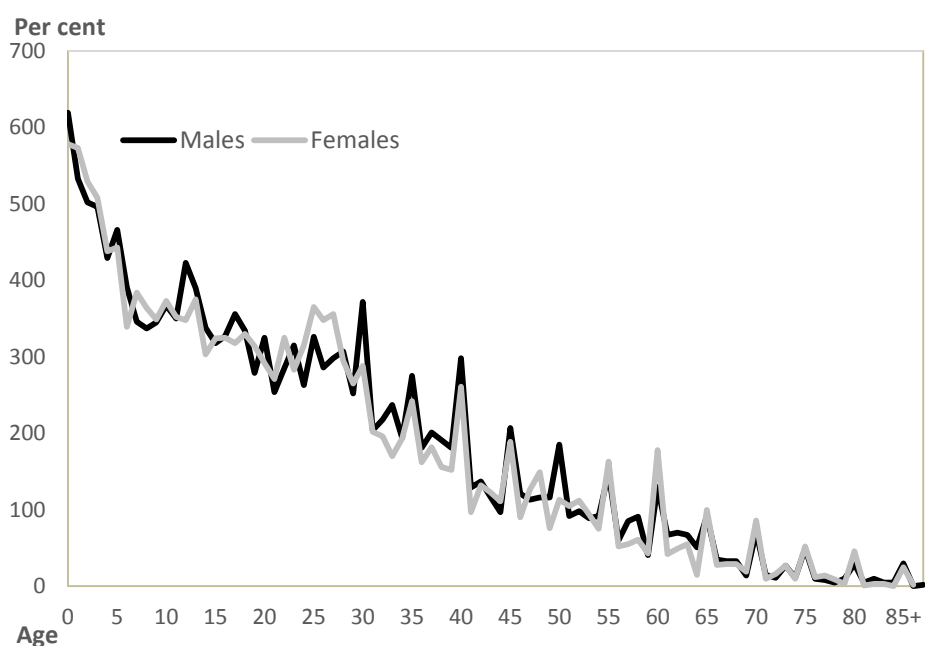
Table SE.7: Sampling errors: Expansion Phase, Lower Egypt											
MICS5 Indicator	MICS Indicator	MDG Indicator	Estimate	Standard Error	Coefficient of Variation	Design Effect	Square Root Design Effect	Weighted Count	Un-weighted Count	Lower boundr-2se	Upper boundr+2se
Household members											
Use of improved drinking water sources	4.1	7.8	1.0000	0.00000	0.000	--	--	4512	1966	1	1
Use of improved sanitation	4.3	7.9	0.6963	0.01322	0.019	1.624	1.274	4512	1966	0.66986	0.72274
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9833	0.00472	0.005	1.396	1.181	586	1030	0.97386	0.99274
Ever-married women											
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.6098	0.01294	0.021	1.140	1.068	907	1621	0.58392	0.63568
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.5722	0.01298	0.023	1.116	1.056	907	1621	0.54624	0.59816
Skilled attendant at delivery	5.7	5.2	0.6047	0.01318	0.022	1.178	1.085	907	1621	0.57834	0.63106
Literacy rate (young ever-married women)	7.1	2.3	0.6454	0.02936	0.045	1.100	1.049	165	293	0.58668	0.70412
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.0287	0.00464	0.162	1.031	1.016	729	1334	0.01942	0.03798
Underweight prevalence (severe)	2.1b	1.8	0.0114	0.00280	0.245	0.926	0.962	729	1334	0.0058	0.017

Appendix D. Data Quality Tables

Table DQ.1: Age distribution of household population				
Single-year age distribution of household population by sex, Egypt Sub-National MICS, 2013-14				
Age	Males		Females	
	Number	Percent	Number	Percent
0	619	3.8	578	3.6
1	533	3.2	573	3.6
2	502	3.1	529	3.3
3	496	3.0	508	3.2
4	429	2.6	438	2.7
5	466	2.8	443	2.8
6	391	2.4	339	2.1
7	346	2.1	384	2.4
8	337	2.1	364	2.3
9	345	2.1	349	2.2
10	367	2.2	373	2.3
11	350	2.1	352	2.2
12	423	2.6	348	2.2
13	390	2.4	375	2.3
14	338	2.1	303	1.9
15	318	1.9	324	2.0
16	327	2.0	325	2.0
17	356	2.2	318	2.0
18	334	2.0	330	2.1
19	279	1.7	314	2.0
20	325	2.0	292	1.8
21	254	1.5	271	1.7
22	285	1.7	325	2.0
23	315	1.9	283	1.8
24	263	1.6	315	2.0
25	326	2.0	365	2.3
26	286	1.7	348	2.2
27	298	1.8	356	2.2
28	307	1.9	295	1.8
29	252	1.5	265	1.7
30	372	2.3	288	1.8
31	204	1.2	202	1.3
32	218	1.3	196	1.2
33	237	1.4	170	1.1
34	194	1.2	193	1.2
35	275	1.7	242	1.5
36	181	1.1	162	1.0
37	201	1.2	182	1.1
38	191	1.2	156	1.0
39	181	1.1	152	0.9
40	298	1.8	261	1.6
41	129	0.8	97	0.6
42	137	0.8	132	0.8
43	117	0.7	123	0.8
44	97	0.6	111	0.7
45	207	1.3	189	1.2
46	121	0.7	90	0.6
47	113	0.7	126	0.8
48	116	0.7	149	0.9
49	116	0.7	76	0.5

Table DQ.1: (Cont.)				
Age	Males		Females	
	Number	Percent	Number	Percent
50	185	1.1	113	0.7
51	92	0.6	105	0.7
52	98	0.6	112	0.7
53	89	0.5	94	0.6
54	92	0.6	75	0.5
55	148	0.9	163	1.0
56	60	0.4	52	0.3
57	85	0.5	55	0.3
58	91	0.6	61	0.4
59	41	0.2	43	0.3
60	130	0.8	178	1.1
61	67	0.4	42	0.3
62	70	0.4	49	0.3
63	67	0.4	55	0.3
64	51	0.3	15	0.1
65	92	0.6	100	0.6
66	35	0.2	28	0.2
67	33	0.2	29	0.2
68	33	0.2	29	0.2
69	14	0.1	19	0.1
70	71	0.4	86	0.5
71	15	0.1	10	0.1
72	11	0.1	16	0.1
73	27	0.2	27	0.2
74	11	0.1	10	0.1
75	49	0.3	52	0.3
76	10	0.1	12	0.1
77	8	0.1	14	0.1
78	5	0.0	9	0.1
79	10	0.1	3	0.0
80	29	0.2	46	0.3
81	5	0.0	1	0.0
82	10	0.1	3	0.0
83	5	0.0	3	0.0
84	5	0.0	0	0.0
85+	30	0.2	25	0.2
DK/missing	0	0.0	2	0.0
Total	16436	100.0	16016	100.0

Figure DQ.1: Household population by single ages, Egypt Sub-National MICS, 2013-14



Note: 2 household members with missing age and/or sex are excluded

Table DQ.2: Age distribution of eligible and interviewed ever-married women

Household population of women age 10-54, interviewed women age 15-49, and percentage of eligible ever-married women who were interviewed, by five-year age groups, Egypt Sub-National MICS, 2013-14

Age	Household population of women age 10-54	Interviewed ever-married women age 15-49		Percentage of eligible ever-married women interviewed (Completion rate)
	Number	Number	Percent	
10-14	1752	-	-	-
15-19	1610	249	4.2	15.5
20-24	1485	1011	17.1	68.1
25-29	1630	1460	24.7	89.5
30-34	1049	994	16.9	94.8
35-39	893	861	14.6	96.4
40-44	724	704	11.9	97.3
45-49	630	619	10.5	98.2
50-54	500	-	-	-
Total (15-49)	8022	5897	100.0	73.5

Table DQ.4: Age distribution of children in household and under-5 questionnaires

Household population of children age 0-7, children age 0-4 whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caretakers were interviewed, by single ages, Egypt Sub-National MICS, 2013-14

Age	Household population of children 0-7 years	Interviewed under-5 children		Percentage of eligible under-5s interviewed (Completion rate)
	Number	Number	Percent	
0	1197	1197	23.0	100.0
1	1106	1103	21.2	99.7
2	1031	1030	19.8	99.8
3	1004	1002	19.3	99.8
4	867	865	16.6	99.8
5	909	-	-	-
6	730	-	-	-
7	730	-	-	-
Total (15-49)	5206	5196	100.0	99.8

Table DQ.5: Birth date reporting: Household population

Percent distribution of household population by completeness of date of birth information, Egypt Sub-National MICS, 2013-14

	Completeness of reporting of month and year of birth				Total	Number of household members
	Year and month of birth	Year of birth only	Month of birth only	Both missing		
Total	86.7	12.1	0.0	1.1	100.0	31685
Age						
0-4	99.8	0.1	0.0	0.1	100.0	5096
5-14	91.4	8.0	0.0	0.6	100.0	7050
15-24	84.5	14.3	0.1	1.2	100.0	5835
25-49	86.4	12.6	0.1	0.9	100.0	10128
50-64	67.1	29.5	0.0	3.3	100.0	2546
65-84	54.0	40.2	0.0	5.9	100.0	986
85+	32.6	53.5	0.0	14.0	100.0	43
DK/missing	0.0	0.0	0.0	100.0	100.0	1
Governorate						
Gharbeya	92.8	7.1	0.0	0.1	100.0	2852
Qalyobeya	93.6	5.3	0.1	1.0	100.0	5128
Menya	91.5	8.5	0.0	0.0	100.0	2804
Assiut	89.4	10.4	0.0	0.1	100.0	3408
Sohag	80.8	19.2	0.0	0.0	100.0	9603
Qena	84.3	11.8	0.1	3.9	100.0	7890
Region						
Pilot Phase, Upper Egypt	86.0	13.2	0.0	0.8	100.0	8294
Expansion Phase, Upper Egypt	83.6	14.8	0.0	1.6	100.0	15411
Expansion Phase, Lower Egypt	93.3	6.0	0.1	0.7	100.0	7980

Table DQ.6: Birth date and age reporting: Ever-married women

Percent distribution of ever-married women age 15-49 years by completeness of date of birth/age information, Egypt Sub-National MICS, 2013-14

	Completeness of reporting of date of birth and age					Total	Number of ever-married women age 15-49 years
	Year and month of birth	Year of birth and age	Year of birth only	Age only	Other /DK /Missing		
Total	91.2	8.3	0.0	0.4	0.0	100.0	5847
Governorate							
Gharbeya	96.8	3.2	0.0	0.0	0.0	100.0	586
Qalyobeya	97.7	1.9	0.0	0.4	0.0	100.0	1035
Menya	96.3	3.7	0.0	0.0	0.0	100.0	519
Assiut	93.9	6.1	0.0	0.0	0.0	100.0	626
Sohag	82.7	17.3	0.0	0.0	0.0	100.0	1673
Qena	91.3	7.2	0.0	1.5	0.0	100.0	1408
Region							
Pilot Phase, Upper Egypt	90.6	9.1	0.0	0.3	0.0	100.0	1493
Expansion Phase, Upper Egypt	88.0	11.4	0.0	0.6	0.0	100.0	2733
Expansion Phase, Lower Egypt	97.3	2.4	0.0	0.2	0.0	100.0	1621

Table DQ.8: Birth date and age reporting: Under-5s

Percent distribution children under-5 by completeness of date of birth/age information, Egypt Sub-National MICS, 2013-14

	Completeness of reporting of date of birth and age					Total	Number of under-5 children
	Year and month of birth	Year of birth and age	Year of birth only	Age only	Other /DK /Missing		
Total	99.8	0.1	0.0	0.1	0.0	100.0	5090
Governorate							
Gharbeya	100.0	0.0	0.0	0.0	0.0	100.0	438
Qalyobeya	99.9	0.1	0.0	0.0	0.0	100.0	902
Menya	100.0	0.0	0.0	0.0	0.0	100.0	422
Assiut	100.0	0.0	0.0	0.0	0.0	100.0	532
Sohag	99.9	0.1	0.0	0.0	0.0	100.0	1549
Qena	99.5	0.2	0.0	0.2	0.0	100.0	1247
Region							
Pilot Phase, Upper Egypt	99.9	0.1	0.0	0.0	0.0	100.0	1319
Expansion Phase, Upper Egypt	99.8	0.1	0.0	0.1	0.0	100.0	2431
Expansion Phase, Lower Egypt	99.9	0.1	0.0	0.0	0.0	100.0	1340

Table DQ.9: Birth date reporting: Children, adolescents and young people

Percent distribution of children, adolescents and young people age 5-24 years by completeness of date of birth information, Egypt Sub-National MICS, 2013-14

	Completeness of reporting of month and year of birth				Total	Number of children, adolescents and young people age 5-24 years
	Year and month of birth	Year of birth only	Month of birth only	Both missing		
Total	88.3	10.8	0.0	0.9	100.0	12885
Governorate						
Gharbeya	95.0	5.0	0.0	0.0	100.0	1075
Qalyobeya	96.1	3.4	0.0	0.5	100.0	1801
Menya	95.6	4.4	0.0	0.0	100.0	1209
Assiut	90.7	9.3	0.0	0.0	100.0	1371
Sohag	83.6	16.4	0.0	0.0	100.0	4169
Qena	83.9	12.8	0.1	3.2	100.0	3260
Region						
Pilot Phase, Upper Egypt	88.1	11.2	0.0	0.6	100.0	3415
Expansion Phase, Upper Egypt	85.1	13.6	0.1	1.2	100.0	6594
Expansion Phase, Lower Egypt	95.7	4.0	0.0	0.3	100.0	2876

Table DQ.10: Birth date reporting: First and last births

Percent distribution of first and last births to ever-married women age 15-49 years by completeness of date of birth, Egypt Sub-National MICS, 2013-14

	Date of first birth				Number of first births	Date of last birth				Number of last births
	Year and month of birth	Year of birth only	Other/DK / Missing	Total		Both month and year	Year only	Other /DK /Missing	Total	
Total	90.7	8.0	0.5	100.0	5317	95.4	4.2	0.4	100.0	4426
Governorate										
Gharbeya	95.1	4.9	0.0	100.0	547	95.5	4.3	0.2	100.0	446
Qalyobeya	96.4	2.8	0.4	100.0	972	98.3	1.6	0.1	100.0	809
Menya	95.5	4.5	0.0	100.0	471	99.2	0.8	0.0	100.0	391
Assiut	93.0	7.0	0.0	100.0	572	96.5	3.5	0.0	100.0	452
Sohag	87.6	12.3	0.1	100.0	1492	93.6	6.3	0.1	100.0	1265
Qena	85.4	10.1	1.7	100.0	1263	93.5	5.3	1.2	100.0	1063
Region										
Pilot Phase, Upper Egypt	90.6	8.6	0.2	100.0	1348	95.7	4.3	0.0	100.0	1105
Expansion Phase, Upper Egypt	87.6	10.5	0.8	100.0	2450	94.1	5.2	0.7	100.0	2066
Expansion Phase, Lower Egypt	95.9	3.6	0.3	100.0	1519	97.3	2.5	0.2	100.0	1255

Table DQ.11: Completeness of reporting

Percentage of observations that are missing information for selected questions and indicators, Egypt Sub-National MICS, 2013-14

	Percent with missing/ incomplete information*	Number of cases
Starting time of interview	0.7	7046
Ending time of interview	0.7	7046
Date of first marriage/union: Only month	11.5	5847
Date of first marriage/union: Both month and year	22.4	5847
Age at first marriage/union	0.0	5847
Age at first intercourse	0.0	60
Starting time of interview	1.7	5847
Ending time of interview	0.8	5847
Starting time of interview	0.9	5090
Ending time of interview	0.9	5090

Table DQ.12: Completeness of information for anthropometric indicators: Underweight

Percent distribution of children under-5 by completeness of information on date of birth and weight, Egypt Sub-National MICS, 2013-14

	Valid weight and date of birth	Reason for exclusion from analysis				Total	Percent of children excluded from analysis	Number of children under-5
		Weight not measured	Incomplete date of birth	Weight not measured, incomplete date of birth	Flagged cases (outliers)			
Total	98.8	0.4	0.2	0.0	0.6	100.0	1.2	5090
Weight by age								
<6 months	97.9	0.3	0.0	0.0	1.7	100.0	2.1	584
6-11 months	98.8	0.0	0.0	0.0	1.2	100.0	1.2	563
12-23 months	99.0	0.3	0.1	0.0	0.7	100.0	1.0	1071
24-35 months	99.3	0.5	0.1	0.0	0.1	100.0	0.7	1018
36-47 months	99.0	0.6	0.1	0.0	0.3	100.0	1.0	980
48-59 months	98.6	0.6	0.6	0.0	0.2	100.0	1.4	874

Table DQ.13: Completeness of information for anthropometric indicators: Stunting

Percent distribution of children under-5 by completeness of information on date of birth and length or height, Egypt Sub-National MICS, 2013-14

	Reason for exclusion from analysis					Total	Percent of children excluded from analysis	Number of children under-5
	Valid length/ height and date of birth	Length/ Height not measured	Incomplete date of birth	Length/ Height not measured, incomplete date of birth	Flagged cases (outliers)			
Total	96.8	0.5	0.2	0.0	2.6	100.0	3.2	5090
Age								
<6 months	92.8	0.3	0.0	0.0	6.8	100.0	7.2	584
6-11 months	95.9	0.0	0.0	0.0	4.1	100.0	4.1	563
12-23 months	95.6	0.4	0.1	0.0	3.9	100.0	4.4	1071
24-35 months	97.9	0.5	0.1	0.0	1.5	100.0	2.1	1018
36-47 months	98.5	0.8	0.1	0.0	0.6	100.0	1.5	980
48-59 months	98.2	0.7	0.6	0.0	0.6	100.0	1.8	874

Table DQ.14: Completeness of information for anthropometric indicators: Wasting

Percent distribution of children under-5 by completeness of information on weight and length or height, Egypt Sub-National MICS, 2013-14

	Reason for exclusion from analysis					Total	Percent of children excluded from analysis	Number of children under-5
	Valid weight and length/ height	Weight not measured	Length/ Height not measured	Weight and length/ height not measured	Flagged cases (outliers)			
Total	96.1	0.0	0.1	0.4	3.2	100.0	3.7	5090
Age								
<6 months	88.5	0.0	0.0	0.3	11.1	100.0	11.5	584
6-11 months	97.7	0.0	0.0	0.0	2.3	100.0	2.3	563
12-23 months	97.4	0.0	0.1	0.3	2.1	100.0	2.5	1071
24-35 months	97.5	0.0	0.0	0.5	1.9	100.0	2.4	1018
36-47 months	96.7	0.0	0.2	0.6	2.3	100.0	3.2	980
48-59 months	96.2	0.0	0.1	0.6	2.5	100.0	3.2	874

Table DQ.15: Heaping in anthropometric measurement

Percentage Distribution of weight and height/length measurements by digits reported for the decimal points, Egypt Sub-National MICS, 2013-14

	Weight		Height	
	Number	Percent	Number	Percent
Digits				
Total	5069	100.0	5069	100.0
0	480	9.5	546	10.8
1	482	9.5	507	10.0
2	593	11.7	667	13.2
3	624	12.3	745	14.7
4	479	9.4	584	11.5
5	608	12.0	551	10.9
6	400	7.9	408	8.0
7	464	9.2	378	7.5
8	428	8.4	282	5.6
9	511	10.1	401	7.9
0 or 5	1088	21.5	1097	21.6

Figure DQ.2: Weight and height/length measurements by digits reported for the decimal points, Egypt Sub-National MICS, 2013-14

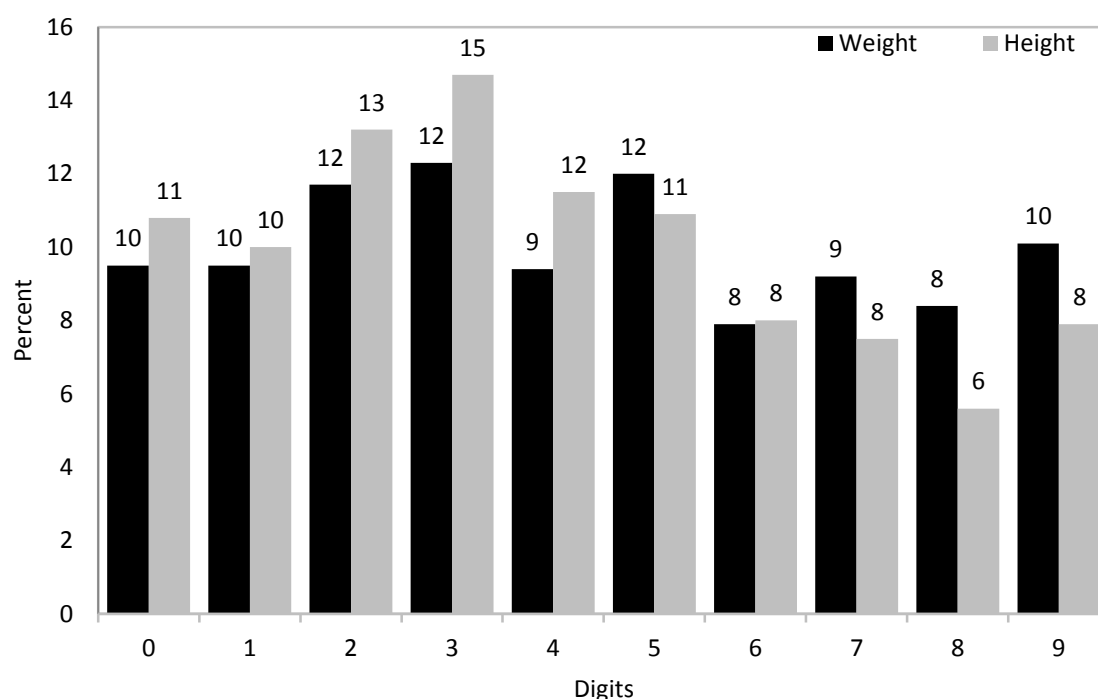


Table DQ.16: Observation of birth certificates

Percent distribution of children under-5 by presence of birth certificates, and percentage of birth certificates seen, Egypt Sub-National MICS, 2013-14

	Child has birth certificate		Child does not have birth certificate	Missing / DK	Total	Percentage of birth certificates seen by the interviewer (1)/(1+2)*100	Number of children under age 5
	Seen by the interviewer (1)	Not seen by the interviewer (2)					
Total	63.7	34.9	1.4	0.0	100.0	64.6	5090
Governorate							
Gharbeya	67.4	31.7	0.9	0.0	100.0	68.0	438
Qalyobeya	61.4	38.2	0.3	0.0	100.0	61.6	902
Menya	59.0	39.3	1.7	0.0	100.0	60.0	422
Assiut	76.1	21.6	2.3	0.0	100.0	77.9	532
Sohag	58.7	39.3	1.9	0.0	100.0	59.9	1549
Qena	66.4	32.4	1.2	0.0	100.0	67.2	1247
Region							
Pilot Phase, Upper Egypt	65.4	33.5	1.1	0.0	100.0	66.1	1319
Expansion Phase, Upper Egypt	62.9	35.0	2.1	0.0	100.0	64.2	2431
Expansion Phase, Lower Egypt	63.4	36.1	0.5	0.0	100.0	63.7	1340
Age in months							
0-5	67.8	24.5	7.7	0.0	100.0	73.5	584
6-11	72.6	26.6	0.7	0.0	100.0	73.2	563
12-23	71.0	28.2	0.8	0.0	100.0	71.6	1071
24-35	62.5	36.7	0.8	0.0	100.0	63.0	1018
36-47	57.9	41.8	0.3	0.0	100.0	58.0	980
48-59	54.1	45.7	0.2	0.0	100.0	54.2	874

Table DQ.17: Observation of vaccination cards								
Percent distribution of children age 0-35 months by presence of a vaccination card, and the percentage of vaccination cards seen by the interviewers, Egypt Sub-National MICS, 2013-14								
	Child does not have vaccination card		Child has vaccination card			Total	Percent of vaccination cards seen by the interviewer (1)/(1+2)*100	Number of children age 0-35 months
	Had vaccination card previously	Never had vaccination card	Seen by the interviewer (1)	Not seen by the interviewer (2)	Missing/DK			
Total	1.9	3.6	62.6	20.9	0.0	100.0	75.0	3236
Governorate								
Gharbeya	2.8	2.5	47.7	22.1	0.0	100.0	68.4	281
Qalyobeya	1.6	2.8	52.4	25.8	0.0	100.0	67.0	565
Menya	3.5	8.7	44.9	22.8	0.0	100.0	66.3	254
Assiut	0.9	3.8	67.2	17.2	0.3	100.0	79.7	344
Sohag	2.4	3.8	66.3	20.2	0.0	100.0	76.6	978
Qena	1.4	2.7	74.2	18.8	0.0	100.0	79.8	814
Region								
Pilot Phase, Upper Egypt	1.7	2.4	74.9	17.7	0.0	100.0	80.9	846
Expansion Phase, Upper Egypt	2.1	4.8	62.4	20.6	0.1	100.0	75.2	1544
Expansion Phase, Lower Egypt	2.0	2.7	50.8	24.6	0.0	100.0	67.4	846
Age in months								
0-5	2.1	9.2	64.0	15.2	0.0	100.0	80.8	584
6-11	0.5	1.6	76.0	13.3	0.0	100.0	85.1	563
12-23	2.1	1.6	64.0	19.1	0.1	100.0	77.0	1071
24-35	2.5	3.6	53.0	30.2	0.0	100.0	63.8	1018

Table DQ.18: Observation of ever-married women's health card							
Percent distribution of ever-married women with a live birth in the last five years by presence of a health card, and the percentage of health cards seen by the interviewers, Egypt Sub-National MICS, 2013-14							
	Woman does not have health card	Woman has health card			Total	Percent of health cards seen by the interviewer (1)/(1+2)*100	Number of women with a live birth in the last five years
		Seen by the interviewer (1)	Not seen by the interviewer (2)	Missing/DK			
Total	61.5	4.2	34.1	0.2	100.0	10.9	3620
Governorate							
Gharbeya	74.1	1.4	23.9	0.6	100.0	5.7	347
Qalyobeya	47.7	7.0	45.4	0.0	100.0	13.3	661
Menya	71.6	2.2	26.2	0.0	100.0	7.6	324
Assiut	76.2	2.1	21.8	0.0	100.0	8.7	386
Sohag	51.9	3.0	44.8	0.3	100.0	6.3	1035
Qena	68.3	6.2	25.0	0.5	100.0	19.9	867
Region							
Pilot Phase, Upper Egypt	58.4	3.8	37.8	0.0	100.0	9.2	939
Expansion Phase, Upper Egypt	66.2	3.8	29.6	0.4	100.0	11.4	1673
Expansion Phase, Lower Egypt	56.7	5.1	38.0	0.2	100.0	11.8	1008

Table DQ.19: Observation of places for hand washing

percent distribution of places for hand washing observed by the interviewers in all interviewed households, Egypt Sub-National MICS, 2013-14

	Observation of places for hand washing: Observed	Place for hand washing not in dwelling	No permission to see	Other	Total	Number of households interviewed
Total	88.8	1.0	9.6	0.6	100.0	7046
Governorate						
Gharbeya	93.5	0.0	6.4	0.1	100.0	706
Qalyobeya	94.1	0.2	5.6	0.0	100.0	1260
Menya	87.8	1.6	10.6	0.0	100.0	630
Assiut	88.3	3.2	8.5	0.0	100.0	779
Sohag	94.9	0.5	3.8	0.9	100.0	1982
Qena	76.3	1.5	20.7	1.5	100.0	1689
Region						
Pilot Phase, Upper Egypt	86.7	0.7	11.9	0.7	100.0	1809
Expansion Phase, Upper Egypt	86.9	1.7	10.5	0.9	100.0	3271
Expansion Phase, Lower Egypt	86.7	0.7	11.9	0.7	100.0	1809

Table DQ.20: Presence of mother in the household and the person interviewed for the under-5 questionnaire

Distribution of children under five by whether the mother lives in the same household, and the person who was interviewed for the under-5 questionnaire, Egypt Sub-National MICS, 2013-14

	Mother in the household		Mother not in the household		Total	Number of children under-5
	Mother interviewed	Father interviewed	Father interviewed	Other adult female interviewed		
Age						
Total	99.6	0.0		0.4	100.0	5206
0	99.9	0.0		0.1	100.0	1197
1	99.6	0.0		0.4	100.0	1106
2	99.6	0.1		0.4	100.0	1031
3	99.6	0.0		0.4	100.0	1004
4	99.3	0.1		0.7	100.0	867

Table DQ.22: School attendance by single age

Distribution of household population age 5-24 years by educational level and grade attended in the current (or most recent) school year, Egypt Sub-National MICS, 2013-14

	Not attending school	Preschool	Primary school Grade							Secondary school Grade					Higher than secondary	Higher	Not able to determine	Total	Number of household members
			0	1	2	3	4	5	6	0	1	2	3	8					
Age-at beginning of school year																			
5	2.5	68.6	0.0	28.6	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	839
6	0.1	4.4	0.1	77.5	17.5	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	739
7	0.3	0.0	0.0	13.7	72.3	13.2	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	703
8	0.6	0.0	0.0	0.2	23.5	64.9	10.6	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	684
9	0.8	0.0	0.0	0.1	2.5	25.3	59.8	10.9	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	717
10	1.7	0.0	0.0	0.0	0.1	3.1	32.3	51.1	11.2	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	100.0	748
11	1.2	0.0	0.0	0.0	0.0	0.4	5.2	29.4	54.0	0.0	9.4	0.3	0.0	0.0	0.0	0.0	0.0	100.0	705
12	4.8	0.0	0.0	0.2	0.0	0.0	1.6	4.9	32.9	0.0	45.8	9.1	0.7	0.0	0.0	0.0	0.0	100.0	763
13	7.7	0.0	0.0	0.0	0.0	0.0	0.4	1.3	6.6	0.0	24.3	51.8	7.4	0.0	0.4	0.0	0.0	100.0	737
14	12.9	0.0	0.0	0.0	0.1	0.0	0.0	0.8	2.0	0.1	5.6	26.1	46.8	0.1	5.5	0.0	0.0	100.0	650
15	17.4	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.4	0.0	1.7	9.2	23.6	0.0	47.7	0.0	0.0	100.0	654
16	25.3	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	1.1	1.3	7.5	0.0	64.5	0.3	0.0	100.0	639
17	29.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.7	3.0	0.0	64.5	2.2	0.0	100.0	649
18	53.1	0.0	0.0	0.1	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.0	31.0	14.7	0.0	100.0	682
19	63.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.1	0.0	10.1	26.1	0.0	100.0	585
20	72.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.7	23.4	0.0	100.0	596
21	81.7	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	2.8	15.2	0.0	100.0	555
22	92.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	6.9	0.0	100.0	594
23	94.4	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	4.5	0.0	100.0	610
24	76.7	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	1.6	21.3	100.0	582

Table DQ.23: Sex ratio at birth among children ever born and living

Sex ratio (number of males per 100 females) among children ever born (at birth), children living, and deceased children, by age of women, Egypt Sub-National MICS, 2013-14

	Children Ever Born			Children Living			Children Deceased			Total ever-married women
	Sons	Daughters	Sex ratio at birth	Sons	Daughters	Sex ratio	Sons	Daughters	Sex ratio	
Total	9001	8688	1.04	8404	8156	1.03	597	532	1.12	5847
Age										
15-19	59	56	1.05	56	54	1.04	3	2	1.50	208
20-24	646	631	1.02	622	615	1.01	24	16	1.50	968
25-29	1633	1626	1.00	1570	1574	1.00	63	52	1.21	1460
30-34	1697	1684	1.01	1618	1620	1.00	79	64	1.23	1043
35-39	1723	1670	1.03	1610	1588	1.01	113	82	1.38	869
40-44	1617	1614	1.00	1483	1470	1.01	134	144	0.93	699
45-49	1626	1407	1.16	1445	1235	1.17	181	172	1.05	600

Table DQ.24: Births by calendar years

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living, dead, and total children (weighted, unimpeded), Egypt Sub-National MICS, 2013-14

Year of birth	Number of births			Percent with complete birth date**			Sex ratio at birth***			Calendar year ratio****		
	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total
2013*	1144	21	1165	100.0	100.0	100.0	107.1	186.0	108.1	na	na	na
2012	1099	34	1133	99.7	94.5	99.5	92.1	146.8	93.4	na	na	na
2011	1030	35	1065	99.7	87.3	99.3	97.6	156.4	99.1	na	na	na
2010	981	43	1024	99.5	83.9	98.9	95.6	255.3	99.3	103.4	127.4	104.3
2009	868	33	900	99.2	54.9	97.6	98.8	35.4	95.5	93.1	84.4	92.7
2008	883	34	917	98.2	63.3	96.9	102.0	111.0	102.4	110.8	96.4	110.2
2007	725	39	764	93.5	59.6	91.8	115.2	112.8	115.1	91.2	102.8	91.7
2006	709	41	749	93.2	62.9	91.5	91.0	123.2	92.5	99.9	111.3	100.5
2005	693	35	728	92.4	62.0	90.9	90.4	77.6	89.8	100.4	87.0	99.6
2004	672	39	711	91.9	59.3	90.1	101.9	143.4	103.8	97.0	104.1	97.4
2003	692	41	733	88.9	74.1	88.1	96.6	117.4	97.7	104.8	110.7	105.1
2002	649	34	683	88.2	51.2	86.4	98.1	78.9	97.0	92.1	75.7	91.1
2001	716	49	765	88.5	56.0	86.4	116.2	109.9	115.8	107.6	116.1	108.1
2000	683	51	734	85.1	58.6	83.3	101.4	74.2	99.2	108.2	127.2	109.3
1999	547	31	577	86.6	59.9	85.1	100.8	79.5	99.6	90.8	68.9	89.3
1998	521	38	559	88.8	38.8	85.4	95.9	84.5	95.0	99.7	92.8	99.2
1997	498	52	551	86.6	46.0	82.7	105.4	197.3	111.6	97.4	125.6	99.5
1996	502	45	547	84.6	46.9	81.6	121.0	159.5	123.7	102.0	89.7	100.9
1995	486	47	533	79.4	54.0	77.2	84.4	142.4	88.4	109.7	121.9	110.7
1994	384	33	416	82.7	57.4	80.7	115.8	93.0	113.8	86.9	67.0	84.9
1993	397	51	448	73.9	51.1	71.3	111.6	98.2	110.0	110.4	115.4	111.0
1992	335	55	390	78.9	59.5	76.1	93.5	207.4	104.2	12.1	51.1	13.6
2009-2013	5122	165	5288	99.7	83.1	99.1	98.2	133.3	99.2	na	na	na
2004-2008	3682	188	3870	94.1	61.4	92.5	99.9	112.4	100.5	na	na	na
1999-2003	3286	206	3492	87.5	60.0	85.9	102.6	91.1	101.9	na	na	na
1994-1998	2391	215	2606	84.6	48.4	81.6	103.1	133.8	105.3	na	na	na
<1994	2434	420	2854	74.8	44.7	70.4	117.3	123.1	118.2	na	na	na
DK/missing	161	78	239	0.0	0.0	1.2	93.0	117.4	100.4	na	na	na
Total	17076	1272	18348	89.5	52.5	87.0	102.6	118.1	103.6	na	na	na

na :Not Applicable

Table DQ.25: Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, by 5-year periods preceding the survey (weighted, imputed), Egypt Sub-National MICS, 2013-14

Age at death (days)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
0	21	29	15	20	85
1	28	9	27	25	90
2	10	6	9	3	28
3	16	9	12	13	49
4	-	5	1	2	9
5	2	2	2	0	6
6	2	-	1	0	3
7	5	14	15	8	42
8	1	1	3	2	6
9	4	2	8	0	13
10	4	3	2	4	12
11	0	-	3	0	3
12	2	2	1	1	5
14	0	2	0	0	2
15	6	2	3	12	23
16	0	4	0	-	4
17	0	2	0	0	2
18	0	0	1	0	1
20	5	-	6	2	14
21	0	0	1	0	1
22	0	0	0	3	3
25	0	0	2	0	2
26	0	-	0	0	0
27	0	1	0	0	1
29	0	0	0	1	1
Total 0-30 days	106	92	110	96	404
Percent early neonatal*	74.6	65.4	61.0	66.2	66.8

* Deaths during the first 7 days (0-6), divided by deaths during the first month (0-30 days)

Table DQ.26: Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month, by 5-year periods preceding the survey (weighted, imputed), Egypt Sub-National MICS, 2013-14

Age at death (months)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
0 [a]	106	92	110	96	404
1	10	11	8	8	37
2	13	17	2	10	42
3	8	9	9	10	37
4	3	7	9	10	29
5	3	2	9	4	18
6	1	14	16	6	37
7	4	4	8	11	28
8	2	0	4	3	9
9	4	4	10	7	25
10	2	0	0	-	2
11	1	0	0	3	4
12	4	14	7	12	37
14	0	2	0	2	4
15	1	0	2	0	2
17	2	0	0	0	2
18	1	2	3	2	8
19	1	2	0	2	4
20	-	0	0	0	-
22	-	0	0	2	2
Total 0-11 months	157	160	185	169	671
Percent neonatal [b]	67.6	57.5	59.3	57.1	60.3

a) Includes deaths under one month reported in day
b) Deaths under one month, divided by deaths under one year

Appendix E. MICS5 Indicators: Numerators and Denominators

INDICATOR		Module	Numerator	Denominator	MDG Indicator Reference ³⁹
NUTRITION					
2.1a	Underweight prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) from the median weight for age of the WHO standard	<i>Total number of children under age 5</i>	
2.1b					
2.2a	Stunting prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) from the median height for age of the WHO standard	<i>Total number of children under age 5</i>	
2.2b					
2.3a	Wasting prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) from the median weight for height of the WHO standard	<i>Total number of children under age 5</i>	
2.3b					
2.4	Overweight children	AN	Number of children under age 5 who are above two standard deviations from the median weight for height of the WHO standard	<i>Total number of children under age 5</i>	
2.5	Children ever breastfed	MN	Number of women with a live birth in the 5 years preceding the survey who breastfed the child at any time	<i>Total number of women with a live birth in the 5 years preceding the survey</i>	
2.6	Early initiation of breastfeeding	MN	Number of ever-married women with a live birth in the 5 years preceding the survey who put the new-born to the breast within 1 hour of birth	<i>Total number of ever-married women with a live birth in the 5 years preceding the survey</i>	
2.7	Exclusive breastfeeding under 6 months	BD	Number of infants under 6 months of age who are exclusively breastfed ⁴⁰	<i>Total number of infants under 6 months of age</i>	
2.8	Predominant breastfeeding under 6 months	BD	Number of infants under 6 months of age who received breast milk as the predominant source of nourishment ⁴¹ during the previous day	<i>Total number of infants under 6 months of age</i>	

³⁹ Millennium Development Goals (MDG) indicators, effective 15 January 2008 - <http://mdgs.un.org/unsd/mdg/Host.aspx?Content=Indicators/OfficialList.htm>, accessed 10 June 2013.

⁴⁰ Infants receiving breast milk, and not receiving any other fluids or foods, with the exception of oral rehydration solution, vitamins, mineral supplements and medicines

⁴¹ Infants who receive breast milk and certain fluids (water and water-based drinks, fruit juice, ritual fluids, oral rehydration solution, drops, vitamins, minerals, and medicines), but do not receive anything else (in particular, non-human milk and food-based fluids)

INDICATOR		Module	Numerator	Denominator	MDG Indicator Reference ³⁹
2.9	Continued breastfeeding at 1 year	BD	Number of children age 12-15 months who received breast milk during the previous day	Total number of children age 12-15 months	
2.10	Continued breastfeeding at 2 years	BD	Number of children age 20-23 months who received breast milk during the previous day	Total number of children age 20-23 months	
2.11	Duration of breastfeeding	BD	The age in months when 50 percent of children age 0-35 months did not receive breast milk during the previous day		
2.12	Age-appropriate breastfeeding	BD	Number of children age 0-23 months appropriately fed ⁴² during the previous day	Total number of children age 0-23 months	
2.13	Introduction of solid, semi-solid or soft foods	BD	Number of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	Total number of infants age 6-8 months	
2.14	Milk feeding frequency for non-breastfed children	BD	Number of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	Total number of non-breastfed children age 6-23 months	
2.15	Minimum meal frequency	BD	Number of children age 6-23 months receiving solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum times ⁴³ or more, according to breastfeeding status, during the previous day	Total number of children age 6-23 months	
2.16	Minimum dietary diversity	BD	Number of children age 6-23 months who received foods from ≥ 4 food groups ⁴⁴ during the previous day	Total number of children age 6-23 months	
2.17a	Minimum acceptable diet	BD	(a) Number of breastfed children 6-23 months of age who had at least the minimum dietary diversity and the minimum meal frequency during the previous day	(a) Number of breastfed children 6-23 months of age	
2.17b			(b) Number of non-breastfed children 6-23 months of age who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day	(b) Number of non-breastfed children 6-23 months of age	
2.18	Bottle feeding	BD	Number of children age 0-23 months who were fed with a bottle during the previous day	Total number of children age 0-23 months	
2.20	Low-birth weight infants	MN	Number of last live births in the 5 years preceding the survey weighing below 2,500 grams at birth	Total number of last live births in the 5 years preceding the survey	

⁴²Infants age 0-5 who are exclusively breastfed, and children age 6-23 months who are breastfed and ate solid, semi-solid or soft foods

⁴³Breastfeeding children: Solid, semi-solid, or soft foods, two times for infants age 6-8 months, and three times for children 9-23 months; Non-breastfeeding children: Solid, semi-solid, or soft foods, or milk feeds, four times for children age 6-23 months

⁴⁴The indicator is based on consumption of any amount of food from at least 4 out of the 7 following food groups: 1) grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables

INDICATOR		Module	Numerator	Denominator	MDG Indicator Reference ³⁹
2.21	Infants weighed at birth	MN	Number of last live births in the 5 years preceding the survey who were weighed at birth	<i>Total number of last live births in the 5 years preceding the survey</i>	
CHILD HEALTH					
3.1	Tuberculosis immunization coverage	IM	Number of children age 12-23 months who received BCG vaccine by their first birthday	<i>Total number of children age 12-23 months</i>	
3.2	Polio immunization coverage	IM	Number of children age 12-23 months who received the third dose of OPV vaccine (OPV3) by their first birthday	<i>Total number of children age 12-23 months</i>	
3.3	Diphtheria, pertussis and tetanus (DPT) immunization coverage	IM	Number of children age 12-23 months who received the third dose of DPT vaccine (DPT3) by their first birthday	<i>Total number of children age 12-23 months</i>	
3.4	Measles immunization coverage ⁴⁵	IM	Number of children age 24-35 months who received measles vaccine by their second birthday	<i>Total number of children age 24-35 months</i>	MDG 4.3
3.5	Hepatitis B immunization coverage	IM	Number of children age 12-23 months who received the third dose of Hepatitis B vaccine (HepB3) by their first birthday	<i>Total number of children age 12-23 months</i>	
3.6	Haemophilus influenza type B (Hib) immunization coverage	IM	Number of children age 12-23 months who received the third dose of Hib vaccine (Hib3) by their first birthday	<i>Total number of children age 12-23 months</i>	
3.8	Full immunization coverage	IM	Number of children age 12-23 months who received all vaccinations recommended in the national immunization schedule by their first birthday and measles by their second birthday	<i>Total number of children age 12-23 months</i>	
3.9	Neonatal tetanus protection	MN	Number of ever-married women age 15-49 years with a live birth in the 5 years preceding the survey who were given at least two doses of tetanus toxoid vaccine within the appropriate interval ⁴⁶ prior to giving birth	<i>Total number of ever-married women age 15-49 years with a live birth in the 5 years preceding the survey</i>	
3.10	Care-seeking for diarrhoea	CA	Number of children under age 5 with diarrhoea in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	<i>Total number of children under age 5 with diarrhoea in the last 2 weeks</i>	
3.11	Diarrhoea treatment with oral rehydration salts (ORS) and zinc	CA	Number of children under age 5 with diarrhoea in the last 2 weeks who received ORS and zinc	<i>Total number of children under age 5 with diarrhoea in the last 2 weeks</i>	

⁴⁵In countries where measles vaccination is administered at or after 12 months of age according to the vaccination schedule, the indicator is calculated as the proportion of children age 24-35 months who received the measles vaccine by 24 months of age

⁴⁶See MICS tabulation plan for a detailed description

INDICATOR		Module	Numerator	Denominator	MDG Indicator Reference ³⁹
3.12	Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding	CA	Number of children under age 5 with diarrhoea in the last 2 weeks who received ORT (ORS packet, pre-packaged ORS fluid, recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	<i>Total number of children under age 5 with diarrhoea in the last 2 weeks</i>	
3.13	Care-seeking for children with acute respiratory infection (ARI) symptoms	CA	Number of children under age 5 with ARI symptoms in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	<i>Total number of children under age 5 with ARI symptoms in the last 2 weeks</i>	
3.14	Antibiotic treatment for children with ARI symptoms	CA	Number of children under age 5 with ARI symptoms in the last 2 weeks who received antibiotics	<i>Total number of children under age 5 with ARI symptoms in the last 2 weeks</i>	
3.15	Use of solid fuels for cooking	HC	Number of household members in households that use solid fuels as the primary source of domestic energy to cook	<i>Total number of household members</i>	
WATER AND SANITATION					
4.1	Use of improved drinking water sources	WS	Number of household members using improved sources of drinking water	<i>Total number of household members</i>	MDG 7.8
4.2	Water treatment	WS	Number of household members using unimproved drinking water who use an appropriate treatment method	<i>Total number of household members in households using unimproved drinking water sources</i>	
4.3	Use of improved sanitation	WS	Number of household members using improved sanitation facilities which are not shared	<i>Total number of household members</i>	MDG 7.9
4.4	Safe disposal of child's faeces	CA	Number of children age 0-2 years whose last stools were disposed of safely	<i>Total number of children age 0-2 years</i>	
4.5	Place for hand washing or other cleansing agent	HW	Number of households with a specific place for hand washing where water and soap or other cleansing agent are present	<i>Total number of households</i>	
4.6	Availability of soap or other cleansing agent	HW	Number of households with soap	<i>Total number of households</i>	
REPRODUCTIVE HEALTH					
5.1	Adolescent birth rate ⁴⁷	CM - BH	<i>Age-specific fertility rate for women age 15-19 years for the one year period preceding the survey</i>		MDG 5.4
5.2	Early childbearing	CM - BH	Number of ever-married women age 20-24 years who had at least one live birth before age 18	<i>Total number of ever-married women age 20-24 years</i>	

⁴⁷When the Birth History module is used, the indicator is calculated for the last 3-year period. When estimated using the Fertility module only, the rate refers to the last one year

INDICATOR		Module	Numerator	Denominator	MDG Indicator Reference ³⁹
5.5a	Antenatal care coverage	MN	Number of ever-married women age 15-49 years with a live birth in the last 5 years who were attended during their last pregnancy that led to a live birth	<i>Total number of ever-married women age 15-49 years with a live birth in the 5 years preceding the survey</i>	MDG 5.5
5.5b			(a) at least once by skilled health personnel (b) at least four times by any provider		
5.6	Content of antenatal care	MN	Number of ever-married women age 15-49 years with a live birth in the last 5 years who had their blood pressure measured and gave urine and blood samples during the last pregnancy that led to a live birth	<i>Total number of ever-married women age 15-49 years with a live birth in the 5 years preceding the survey</i>	
5.7	Skilled attendant at delivery	MN	Number of ever-married women age 15-49 years with a live birth in the last 5 years who were attended by skilled health personnel during their most recent live birth	<i>Total number of ever-married women age 15-49 years with a live birth in the 5 years preceding the survey</i>	MDG 5.2
5.8	Institutional deliveries	MN	Number of ever-married women age 15-49 years with a live birth in the last 5 years whose most recent live birth was delivered in a health facility	<i>Total number of ever-married women age 15-49 years with a live birth in the 5 years preceding the survey</i>	
5.9	Caesarean section	MN	Number of ever-married women age 15-49 years whose most recent live birth in the last 5 years was delivered by caesarean section	<i>Total number of last live births in the 5 years preceding the survey</i>	
5.10	Post-partum stay in health facility	PN	Number of ever-married women age 15-49 years who stayed in the health facility for 12 hours or more after the delivery of their most recent live birth in the last 5 years	<i>Total number of ever-married women age 15-49 years with a live birth in the 5 years preceding the survey</i>	
5.11	Post-natal health check for the newborn	PN	Number of last live births in the 5 years preceding the survey who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	<i>Total number of last live births in the 5 years preceding the survey</i>	
5.12	Post-natal health check for the mother	PN	Number of ever-married women age 15-49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	<i>Total number of ever-married women age 15-49 years with a live birth in the 5 years preceding the survey</i>	
LITERACY AND EDUCATION					
7.1	Literacy rate among young women ^[M]	WB	Number of ever-married women age 15-24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education	<i>Total number of ever-married women age 15-24 years</i>	MDG 2.3
7.2	School readiness	ED	Number of children in first grade of primary school who attended pre-school during the previous school year	<i>Total number of children attending the first grade of primary school</i>	
7.3	Net intake rate in primary education	ED	Number of children of school-entry age who enter the first grade of primary school	<i>Total number of children of school-entry age</i>	

INDICATOR		Module	Numerator	Denominator	MDG Indicator Reference ³⁹
7.4	Primary school net attendance ratio (adjusted)	ED	Number of children of primary school age currently attending primary or secondary school	Total number of children of primary school age	MDG 2.1
7.5	Secondary school net attendance ratio (adjusted)	ED	Number of children of secondary school age currently attending secondary school or higher	Total number of children of secondary school age	
7.6	Children reaching last grade of primary	ED	<i>Proportion of children entering the first grade of primary school who eventually reach last grade</i>		MDG 2.2
7.7	Primary completion rate	ED	Number of children attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school)	
7.8	Transition rate to secondary school	ED	Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year	Total number of children attending the last grade of primary school during the previous school year	
7.9	Gender parity index (primary school)	ED	Primary school net attendance ratio (adjusted) for girls	Primary school net attendance ratio (adjusted) for boys	MDG 3.1
7.10	Gender parity index (secondary school)	ED	Secondary school net attendance ratio (adjusted) for girls	Secondary school net attendance ratio (adjusted) for boys	MDG 3.1
CHILD PROTECTION					
8.1	Birth registration	BR	Number of children under age 5 whose births are reported registered	Total number of children under age 5	
8.4	Marriage before age 15	MA	Number of ever-married women age 15-49 years who were first married by the exact age of 15	Total number of ever-married women age 15-49 years	
8.5	Marriage before age 18	MA	Number of women age 20-49 years who were first married by the exact age of 18	Total number of ever-married women age 20-49 years	
8.6	Young women age 15-19 years currently married	MA	Number of ever-married women age 15-19 years who are currently married	Total number of ever-married women age 15-19 years	
8.7	Polygyny	MA	Number of ever-married women age 15-49 years who are in a polygynous union	Total number of ever-married women age 15-49 years who are currently married	
8.8a 8.8b	Spousal age difference	MA	Number of ever-married women currently married spouse is 10 or more years older, (a) for women age 15-19 years, (b) for women age 20-24 years	Total number of ever-married women currently married (a) age 15-19 years, (b) age 20-24 years	
8.13	Children's living arrangements	HL	Number of children age 0-17 years living with neither biological parent	Total number of children age 0-17 years	
8.14	Prevalence of children with one or both parents dead	HL	Number of children age 0-17 years with one or both biological parents dead	Total number of children age 0-17 years	
8.15	Children with at least one parent living abroad	HL	Number of children 0-17 years with at least one biological parent living abroad	Total number of children 0-17 years	
ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY					

INDICATOR		Module	Numerator	Denominator	MDG Indicator Reference ³⁹
10.1	Exposure to mass media ¹	MT	Number of women age 15-49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	<i>Total number of women age 15-49 years</i>	
10.S1	Exposure to any form of mass	MT	Number of women age 15-49 years who, at least once a week or read a newspaper or magazine, or listen to the radio, and watch television	<i>Total number of women age 15-49 years</i>	
10.2	Use of computers	MT	Number of young women age 15-24 years who used a computer during the last 12 months	<i>Total number of women age 15-24 years</i>	
10.3	Use of internet	MT	Number of young women age 15-24 who used the internet during the last 12 months	<i>Total number of women age 15-24 years</i>	

MoRES Indicators: Numerators and Denominators (Egypt)

MoRES INDICATORS	Numerator	Denominator
ANC:		
Decision making ability for ANC	Number of ever-married women age 15-49 with a live birth in the last 5 years who participated in decision to go for ANC	Total number of ever-married women age 15-49 with a live birth in the last 5 years
Reasons for insufficient ANC	Total number of ever-married women age 15-49 with a live birth in the last 5 years who received 1-3 ANC visits in the last pregnancy, by reason	Total number of ever-married women age 15-49 with a live birth in the last 5 years who received 1-3 ANC visits in the last pregnancy
ANC before 13 weeks of pregnancy	Total number of ever-married women age 15-49 with a live birth in the last 5 years who received ANC before the 13th week of pregnancy	Total number of ever-married women age 15-49 with a live birth in the last 5 years
Reasons for late registration for ANC	Total number of ever-married women age 15-49 with a live birth in the last 5 years who registered for ANC after the 12th week of pregnancy, by reason	Total number of ever-married women age 15-49 years with a birth in the 5 years preceding the survey who registered for ANC after the 12 th week of pregnancy
Private ANC	Total number of ever-married women age 15-49 with a live birth in the last 5 years receiving private ANC	Total number of ever-married women age 15-49 with a live birth in the last 5 years
Reasons for private ANC	Total number of ever-married women age 15-49 with a live birth in the last 5 years, who attended private ANC, by reason	Total number of ever-married women age 15-49 with a live birth in the last 5 years, who attended private ANC
Awareness of different ANC, PNC, delivery services at family health unit	Total number of ever-married women age 15-49 who are aware of existence of different services (e.g. tetanus toxoid, iron and folate tablets, BP monitoring, lab investigations)	Total number of ever-married women age 15-49 years
Iron supplementation:		
Counselling for side effects of iron tablets during pregnancy	Total number of ever-married women age 15-49 with a live birth in the last 5 years who were prescribed iron tablets during pregnancy, and who received counselling for side effects	Total number of ever-married women age 15-49 with a live birth in the last 5 years
Compliance with iron tablets during pregnancy	Total number of ever-married women age 15-49 with a live birth in the last 5 years who were prescribed iron tablets during pregnancy, and who took iron tablets daily for the full duration	Total number of ever-married women age 15-49 with a live birth in the last 5 years
Reasons for non-compliance with iron tablets	Total number of ever-married women age 15-49 with a live birth in the last 5 years who were prescribed iron tablets during pregnancy, and who did not take iron tablets daily for the full duration, by reason	Total number of ever-married women age 15-49 with a live birth in the last 5 years who were prescribed iron tablets during pregnancy, and who did not take iron tablets daily for the full duration
Health education sessions:		
Attendance of health education sessions during pregnancy	Total number of ever-married women age 15-49 with a live birth in the last 5 years who attended health education sessions during pregnancy	Total number of ever-married women age 15-49 with a live birth in the last 5 years
Received home visit from health provider during pregnancy	Total number of ever-married women age 15-49 with a live birth in the last 5 years who received home visit from health provider from FHU during pregnancy	Total number of ever-married women age 15-49 with a live birth in the last 5 years
Reasons for non-attendance of health education sessions during pregnancy	Total number of ever-married women age 15-49 with a live birth in the last 5 years who did not attend health education sessions during pregnancy, by reason	Total number of ever-married women age 15-49 with a live birth in the last 5 years who did not attend health education sessions during pregnancy

MoRES INDICATORS	Numerator	Denominator
Counselling:		
Counselling for SBA	Total number of ever-married women age 15-49 with a live birth in the last 5 years who received counselling from the health care provider for SBA	Total number of ever-married women age 15-49 with a live birth in the last 5 years
Danger signs of pregnancy:		
Counselling for danger signs of pregnancy, delivery, puerperium	Total number of ever-married women age 15-49 with a live birth in the last 5 years who received counselling from the health care provider for danger signs of pregnancy, delivery and puerperium	Total number of ever-married women age 15-49 with a live birth in the last 5 years
Told where to go in case of danger signs of pregnancy, delivery and puerperium	Total number of ever-married women age 15-49 with a live birth in the last 5 years who were told where to go in case of danger signs of pregnancy, delivery and puerperium	Total number of ever-married women age 15-49 with a live birth in the last 5 years
Knowledge of danger signs of pregnancy, delivery, puerperium	Total number of ever-married women age 15-49 with a live birth in the last 5 years who can name none/1-2 /at least 3 danger signs of pregnancy, delivery and puerperium	Total number of ever-married women age 15-49 with a live birth in the last 5 years
Reported incidence of danger signs of pregnancy, delivery, puerperium	Total number of ever-married women age 15-49 with a live birth in the last 5 years who experienced danger sign of pregnancy, delivery or puerperium	Total number of ever-married women age 15-49 with a live birth in the last 5 years
Person consulted after occurrence of danger signs	Total number of ever-married women age 15-49 with a live birth in the last 5 years who experienced at least 1danger sign of pregnancy, delivery or puerperium, by person consulted	Total number of ever-married women age 15-49 with a live birth in the last 5 years who experienced at least 1danger sign of pregnancy, delivery or puerperium
Time elapsed from occurrence of danger sign to consultation	Time elapsed from occurrence of danger sign to consultation	
Reason for not consulting a physician	Total number of ever-married women age 15-49 with a live birth in the last 5 years who experienced at least 1danger sign of pregnancy, delivery and puerperium, or who did not consult a physician, by reason	Total number of ever-married women age 15-49 with a live birth in the last 5 years who experienced at least 1danger sign of pregnancy, delivery or puerperium, and who did not consult a physician
Delivery:		
Presence of a birth plan	Total number of ever-married women age 15-49 with a live birth in the last 5 years who made preparations for birth	Total number of ever-married women age 15-49 with a live birth in the last 5 years
Decision making ability for SBA	Total number of ever-married women age 15-49 with a live birth in the last 5 years who participated in decision whether or not to have a SBA	Total number of ever-married women age 15-49 with a live birth in the last 5 years
Reasons for not having a facility-based delivery	Total number of ever-married women age 15-49 with a live birth in the last 5 years, who did not have a facility-based delivery, by reason	Total number of ever-married women age 15-49 with a live birth in the last 5 years, who did not have a facility-based delivery
Caesarean section planned in advance	Total number of ever-married women age 15-49 with a live birth in the last 5 years, who reported that the Caesarian section was scheduled in advance	Total number of ever-married women age 15-49 with a live birth in the last 5 years
Community acceptance of male SBA	Number of ever-married women age 15-49 accepting a male physician providing delivery care	Total number of ever-married women age 15-49 years
Post-natal home visit within 48 hours	Total number of ever-married women age 15-49 with a live birth in the last 5 years who received a post-natal home visit within 48 hours of birth	Total number of ever-married women age 15-49 with a live birth in the last 5 years
Adequate number of PNC visits	Total number of ever-married women age 15-49 with a live birth in the last 5 years who received at least 3 PNC visits	Total number of ever-married women age 15-49 with a live birth in the last 5 years

MoRES INDICATORS	Numerator	Denominator
Content of PNC received	Total number of ever-married women age 15-49 with a live birth in the last 5 years, who received any PNC, by content	Total number of ever-married women age 15-49 with a live birth in the last 5 years, who received any PNC
Heel sample taken from infant within 7 days of birth	Number of infants born within the last 5 years, who had a heel sample taken within 7 days of birth	Total number of last births within the last 5 years
Breast feeding:		
Receiving free breast milk substitutes	Number of ever-married women age 15-49 years with a birth in the 5 years preceding the survey, who received free formula sample	Total number of ever-married women age 15-49 with a live birth in the last 5 years
Place where free breast milk substitute was received	Number of ever-married women age 15-49 years with a birth in the 5 years preceding the survey, who received free formula sample, by place	Total number of ever-married women age 15-49 with a live birth in the last 5 years, who received free formula sample
Prelacteal feeds	Number of ever-married women age 15-49 years with a birth in the 5 years preceding the survey, who gave their infants anything other than breast milk in the first 3 days after delivery	Total number of ever-married women age 15-49 with a live birth in the last 5 years
Reasons for giving pre-lacteal feeds	Number of ever-married women age 15-49 years with a birth in the 5 years who gave a prelacteal feed, by reason	Total number of ever-married women age 15-49 with a live birth in the last 5 years who gave a prelacteal feed
Receiving advice on breastfeeding	Number of ever-married women age 15-49 years with a birth in the 5 years preceding the survey who received advice on breastfeeding during pregnancy or post-partum period, by source	Total number of ever-married women age 15-49 with a live birth in the last 5 years
Breastfeeding advice received	Number of ever-married women age 15-49 years with a birth in the 5 years preceding the survey, by breastfeeding advice received	Total number of ever-married women age 15-49 with a live birth in the last 5 years
Acceptance of immediate breastfeeding after delivery	(a) Ever-married women in the reproductive age group acceptance: Number of ever-married women aged 15-49 who accept that infants should be breastfed immediately after delivery (b) Mother's acceptance: Number of ever-married women aged 15-49 with a birth in the 5 years preceding the survey who accept that infants should be breastfed immediately after delivery	(a) Ever-married women in the reproductive age group acceptance: Total number of ever-married women age 15-49 years (b) Mothers' acceptance: Number of ever-married women age 15-49 years with a birth in the 5 years preceding the survey
Acceptance of not giving prelacteals after delivery	(a) Ever-married women in the reproductive age group acceptance: Number of ever-married women aged 15-49 who accept that infants not receive prelacteal Community acceptance: (b) Mother's acceptance: Number of ever-married women aged 15-49 with a birth in the 5 years preceding the survey who accept that infants not receive prelacteals after delivery s after delivery	(a) Ever-married women in the reproductive age group acceptance: Total number of ever-married women age 15-49 years (b) Mothers' acceptance: Number of ever-married women age 15-49 years with a birth in the 5 years preceding the survey
Acceptance of exclusive breastfeeding for 6 months	(a) Ever-married women in the reproductive age group acceptance: Number of ever-married women aged 15-49 who accept that infants should be exclusively breastfed for 6 months (b) Mother's acceptance: Number of ever-married women aged 15-49 with a birth in the 5 years preceding the survey who accept that infants should be exclusively breastfed for 6 months	(a) Ever-married women in the reproductive age group acceptance: Total number of ever-married women age 15-49 years (b) Mothers' acceptance: Number of ever-married women age 15-49 years with a birth in the 5 years preceding the survey
Growth monitoring:		
Complete recording of growth monitoring of children (height) (height recorded in health card and plotted in chart)	Total number of children under age 5, with recorded complete growth monitoring (height) visits in health card by age group (up to 1 year, >1 to 2 years, >2 to 5 years)	Total number of children under age 5 by age group (up to 1 year, >1 to 2 years, >2 to 5 years) with available health cards

MoRES INDICATORS	Numerator	Denominator
Complete recording of growth monitoring of children (weight) (weight recorded in health card and plotted in chart)	Total number of children under age 5, with recorded complete growth monitoring (weight) visits in health card by age group (up to 1 year, >1 to 2 years, >2 to 5 years)	Total number of children under age 5 by age group (up to 1 year, >1 to 2 years, >2 to 5 years) with available health cards.
Reason for not attending all growth monitoring visits in the first 5 years of life	Total number of children under age 5 who did not attend all growth monitoring visits, by reason	Total number of children under age 5 who did not attend all growth monitoring visits or who did not have this information recorded in health card
Anaemia:		
Recording of anaemia screening of children in the past year	Total number of children under age 5, with recorded haemoglobin levels in health card by age group (up to 1 year, >1 to 2 years, >2 to 5 years) in the past year	Total number of children under age 5 by age group (up to 1 year, >1 to 2 years, >2 to 5 years) with available health cards
Vitamin A supplementation (children under age 5)	Number of children age 6-59 months who received at least one high-dose vitamin A supplement in the 6 months preceding the survey	Total number of children age 6-59 months
Vitamin A supplementation for women	Number of ever-married women who delivered in the last five years who received Vitamin A supplementation within 2 months of delivery	Number of ever-married women who delivered in the last five years
Client satisfaction with quality of services:		
Client satisfaction with services provided at the family health units, among women who attended there in the last 12 months	Total number of ever-married women age 15-49 who attended at the family health unit in the last 12 months, and who declared that they were satisfied with selected aspects of services provided there	Total number of ever-married women age 15-49 who attended at the family health unit in the last 12 months

Appendix F. Questionnaires



HOUSEHOLD QUESTIONNAIRE

Egypt Sub-national MICS

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number _____	HH2. Household number: _____	
HH3. Interviewer's name and number: Name _____	HH4. Supervisor's name and number: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / 201__	HH7. Governorate: Gharbia 1 Qalyubia 2 Minya 3 Asyut 4 Suhaj 5 Qena 6	
HH6. Area: Upper Egypt pilot 1 Upper Egypt expansion 2 Lower Egypt expansion 3		
<p>MY NAME IS, WE ARE IMPLEMENTING A SURVEY FOR THE MINISTRY OF HEALTH AND POPULATION. THE SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.</p>		
HH9.	Result of household interview:	
	Completed	01
	No household member or no competent respondent at home at time of visit	02
	Entire household absent for extended period of time	03
	Refused	04
	Dwelling vacant / Address not a dwelling.....	05
	Dwelling destroyed	06
	Dwelling not found.....	07

Other (specify) _____ 96

After the household questionnaire has been completed, fill in the following information:

HH10. Respondent to Household Questionnaire:

Name _____

HH11. Total number of

household members: _____

HH12. Number of Ever-married women

age 15-49 years: _____

HH14. Number of children

under age 5: _____

After all questionnaires for the household have been completed, fill in the following information:

HH13. Number of Ever-married women's

questionnaires completed: _____

HH15. Number of under-5
questionnaires completed: _____

HH16. Field editor's name and number:

Name _____

HH17. Main data entry clerk's name and number:

Name _____

HH18. Record the time.

Hour _ _

Minutes..... _ _

LIST OF HOUSEHOLD MEMBERS

HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?

If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.

Use an additional questionnaire if all rows in the List of Household Members have been used.

						Marital status For household members age 12 and older		For ever married women age 15-49 HL6B=1-4	For child ren age 0-4	For children age 0-17 years						For children age 0-4
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL6B WHAT IS (name)'S CURRENT MARITAL STATUS?	HL7. Circle line no. If woman age 15-49 And Ever-married	HL7B Circle line no. if age 0-4	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of mother and go to HL13 Record 00 for "No"	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13. IS (name)'S NATURAL FATHER ALIVE? FATHER ALIVE? 1 Yes 2 No HL15 8 DK	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of father and go to HL15 Record 00 for "No"	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?
Line	Name	Relation*	M	F	month	year	AGE	15-49	0-4	Y N DK	Mother		Y N DK	Father		Mother/ CARETAKER
01		01	1	2	---	-----	---	1 2 3 4 5	01	01	1 2 8	---	1 2 8	---	1 2 3 8	---
02		---	1	2	---	-----	---	1 2 3 4 5	02	02	1 2 8	---	1 2 8	---	1 2 3 8	---
03		---	1	2	---	-----	---	1 2 3 4 5	03	03	1 2 8	---	1 2 8	---	1 2 3 8	---
04		---	1	2	---	-----	---	1 2 3 4 5	04	04	1 2 8	---	1 2 8	---	1 2 3 8	---
05		---	1	2	---	-----	---	1 2 3 4 5	05	05	1 2 8	---	1 2 8	---	1 2 3 8	---
06		---	1	2	---	-----	---	1 2 3 4 5	06	06	1 2 8	---	1 2 8	---	1 2 3 8	---

						Marital status For household members age 12 and older		For ever married women age 15-49 HL6B=1-4	For children age 0-4	For children age 0-17 years						For children age 0-4
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL6B WHAT IS (name)'S CURRENT MARITAL STATUS?	HL7. Circle line no. If woman age 15-49 And Ever-married	HL7B Circle line no. if age 0-4	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE?	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?
Line	Name	Relation*	M	F	month	year	AGE	15-49	0-4	Y N DK	Mother		Y N DK	Father		Mother/ CARETAKER
07		_____	1	2	___	_____	___	1 2 3 4 5	07	07	1 2 8	_____	1 2 8	_____	1 2 3 8	_____
08		_____	1	2	___	_____	___	1 2 3 4 5	08	08	1 2 8	_____	1 2 8	_____	1 2 3 8	_____
09		_____	1	2	___	_____	___	1 2 3 4 5	09	09	1 2 8	_____	1 2 8	_____	1 2 3 8	_____
10		_____	1	2	___	_____	___	1 2 3 4 5	10	10	1 2 8	_____	1 2 8	_____	1 2 3 8	_____
11		_____	1	2	___	_____	___	1 2 3 4 5	11	11	1 2 8	_____	1 2 8	_____	1 2 3 8	_____
12		_____	1	2	___	_____	___	1 2 3 4 5	12	12	1 2 8	_____	1 2 8	_____	1 2 3 8	_____

						Marital status For household members age 12 and older		For ever married women age 15-49 HL6B=1-4	For children age 0-4	For children age 0-17 years						For children age 0-4
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL6B WHAT IS (name)'S CURRENT MARITAL STATUS?	HL7. Circle line no. If woman age 15-49 And Ever-married	HL7B Circle line no. if age 0-4	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of mother and go to HL13 Record 00 for "No"	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13. IS (name)'S NATURAL FATHER ALIVE? FATHER ALIVE? 1 Yes 2 No HL15 8 DK	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of father and go to HL15 Record 00 for "No"	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?
Line	Name	Relation*	M	F	month	year	AGE	15-49	0-4	Y N DK	Mother		Y N DK	Father		Mother/ CARETAKER
13		___	1	2	___	_____	___	1 2 3 4 5	13	13	1 2 8	___	1 2 8	___	1 2 3 8	___
14		___	1	2	___	_____	___	1 2 3 4 5	14	14	1 2 8	___	1 2 8	___	1 2 3 8	___
15		___	1	2	___	_____	___	1 2 3 4 5	15	15	1 2 8	___	1 2 8	___	1 2 3 8	___

PUT A SIGN IN THIS SQUARE IF YOU USED ANOTHER QUESTIONNAIRE

Probe for additional household members.

Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.

Insert names of additional members in the household list and complete form accordingly.

Now for each Ever-married woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.

For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.

You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:	01 Head	04 Son-In-Law / Daughter-In-Law	07 Parent-In-Law	10 Uncle / Aunt	13 Adopted / Foster/ Stepchild	96 Other (Not related)
	02 Spouse	05 Grandchild	08 Brother / Sister	11 Niece / Nephew	14 Servant (Live-in)	98 DK
	03 Son / Daughter	06 Parent	09 Brother-In-Law / Sister-In-Law	12 Other relative		

EDUCATION											ED										
			For household members age 5 and above						For household members age 5-24 years												
ED1.	ED2.		ED3.	ED4A.		ED4B.	ED5.		ED6.		ED7.		ED8.								
Line no.	Name and age Copy from HL2 and HL6		HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?		WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	DURING THE SCHOOL YEAR 2013-2014, DID (NAME) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		DURING THIS SCHOOL YEAR(2013-2014), WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?		DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012-2013, DID (NAME) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?								
			1 Yes 2 No ⇒ Next Line	0 Preschool 1 Primary 2 Preparatory 3 Secondary 4 Higher 8 DK		Grade: 8 DK	1 Yes 2 No ⇒ ED7	0 Preschool 1 Primary 2 Preparatory 3 Secondary 4 Higher 8 DK	Level: Grade: 8 DK	1 Yes 2 No ⇒ Next Line 8 DK ⇒ Next Line	0 Preschool 1 Primary 2 Preparatory 3 Secondary 4 Higher 8 DK	Level: Grade: 8 DK	0 Preschool 1 Primary 2 Preparatory 3 Secondary 4 Higher 8 DK	Grade: 8 DK							
Line	Name	Age	Yes No	Level		Grade	Yes No	Level		Grade	Ye No DK	Level		Grade							
01		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___										
02		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___										

03		___ ___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
04		___ ___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
05		___ ___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
06		___ ___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
07		___ ___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
08		___ ___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
09		___ ___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
10		___ ___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
11		___ ___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
12		___ ___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
13		___ ___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
14		___ ___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
15		___ ___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___

HOUSEHOLD CHARACTERISTICS

HC

HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?

Number of rooms.....__ __

HC3. *Main material of the dwelling floor.*

Record observation.

- Natural floor
 - Earth / Sand.....11
- Rudimentary floor
 - Wood planks21
- Finished floor
 - Parquet or polished wood.....31
 - Vinyl tiles.....32
 - Ceramic / Marble tiles.....33
 - Cement / Cement tiles34
 - Wall to wall carpet35
 - Other (*specify*) 96

HC4. *Main material of the roof.*

Record observation.

- Natural roofing
 - No Roof.....11
 - Thatch / Palm leaf.....12
 - Sod13
- Rudimentary roofing
 - Rustic mat.....21
 - Palm / Bamboo22
 - Wood planks23
 - Cardboard.....24
- Finished roofing
 - Metal / Tin31
 - Wood32
 - Calamine / Cement fibre.....33
 - Ceramic tiles34
 - Cement35

	Roofing shingles36	
	Other (<i>specify</i>) _____ 96	
HC5. Main material of the exterior walls.	Natural walls	
	No walls11	
	Cane / Palm / Trunks.....12	
	Dirt13	
	Rudimentary walls	
	Bamboo with mud.....21	
	Stone with mud.....22	
	Uncovered adobe23	
	Plywood24	
	Cardboard.....25	
	Reused wood.....26	
	Finished walls	
	Cement31	
	Stone with lime / cement32	
	Bricks.....33	
	Cement blocks.....34	
	Covered adobe35	
	Wood planks / shingles.....36	
	Other (<i>specify</i>) _____ 96	
<i>Record observation.</i>		

<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity01</p> <p>Liquefied Petroleum Gas (LPG)02</p> <p>Natural gas03</p> <p>Biogas.....04</p> <p>Kerosene05</p> <p>Coal / Lignite.....06</p> <p>Charcoal07</p> <p>Wood08</p> <p>Straw / Shrubs / Grass09</p> <p>Animal dung.....10</p> <p>Agricultural crop residue.....11</p> <p>No food cooked in household.....95</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>																																																			
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: Is it done in a separate room used as a kitchen?</i></p>	<p>In the house</p> <p style="padding-left: 40px;">In a separate room used as kitchen 1</p> <p style="padding-left: 40px;">Elsewhere in the house2</p> <p>In a separate building3</p> <p>Outdoors.....4</p> <p>Other (<i>specify</i>) _____ 6</p>																																																				
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A MOBILE TELEPHONE?</p> <p>[F] A VIDEO OR DVD PLAYER?</p> <p>[G] A PERSONAL HOME COMPUTER?</p> <p>[H] A SEWING MACHINE?</p> <p>[I] AN ELECTRIC FAN?</p> <p>[J] AN AIR CONDITIONER?</p> <p>[K] SATELLITE DISH OR CONNECTION?</p> <p>[L] A REFRIGERATOR?</p> <p>[M] A FREEZER?</p> <p>[N] A WATER HEATER?</p> <p>[O] A DISHWASHER?</p> <p>[P] AN AUTOMATIC WASHING MACHINE?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">no</th> </tr> </thead> <tbody> <tr><td>Electricity1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Radio1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Television1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Non-mobile telephone1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Mobile telephone1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Video or dvd player.....1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Personal home computer1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Sewing machine1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Electric fan1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Air conditioner.....1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Satellite dish or connection1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Refrigerator.....1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Freezer1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Water heater1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Dishwasher.....1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Automatic washing machine.....1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		Yes	no	Electricity1	1	2	Radio1	1	2	Television1	1	2	Non-mobile telephone1	1	2	Mobile telephone1	1	2	Video or dvd player.....1	1	2	Personal home computer1	1	2	Sewing machine1	1	2	Electric fan1	1	2	Air conditioner.....1	1	2	Satellite dish or connection1	1	2	Refrigerator.....1	1	2	Freezer1	1	2	Water heater1	1	2	Dishwasher.....1	1	2	Automatic washing machine.....1	1	2	
	Yes	no																																																			
Electricity1	1	2																																																			
Radio1	1	2																																																			
Television1	1	2																																																			
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Refrigerator.....1	1	2																																																			
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Water heater1	1	2																																																			
Dishwasher.....1	1	2																																																			
Automatic washing machine.....1	1	2																																																			

[Q] ANY OTHER WASHING MACHINE?	Other washing machine.....	1	2	
[R] A BED?	Bed	1	2	
[S] A SOFA?	Sofa	1	2	
[T] HANGING LAMP (YELLOW WITH NO COVER)?	Hanging lamp	1	2	
[U] A TABLE?	Table.....	1	2	
[V] A TABLIA (VERY LOW ROUND TABLE)?	Tablia (very low round table)	1	2	
[W] A CHAIR?	Chair	1	2	
[X] KOLLA/ZEER (A CONTAINER FOR RESERVING WATER)?	Kolla/zeer (a container for reserving water).....	1	2	

HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:				
			Yes No	
[A] A WATCH?	Watch	1	2	
[B] A BICYCLE?	Bicycle	1	2	
[C] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter	1	2	
[D] AN ANIMAL-DRAWN CART?	Animal drawn-cart.....	1	2	
[E] A CAR OR TRUCK?	Car / Truck.....	1	2	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING OR IT IS RENTED FROM SOMEONE?	Own	1		
	Rent	2		2⇒ HC11
<i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i>	Other (specify) _____	6		6⇒ HC11
<i>If "Rented from someone else", circle "2". For other responses, circle "6".</i>				
HC10A. DID YOU OWN THIS DWELLING ALONE OR WITH SOMEONE ELSE	Own	1		
	Owned jointly	2		
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes	1		
	No	2		2⇒ HC13

<p>HC12. HOW MANY FEDDANS OR KIRRATES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p>Write in feddan and kirrat as mentioned and don't record the area in the shadowed space.</p>	<p>Record the area </p> <p>Feddan ____ Kirrat ____</p> <p>Don't know998</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes1</p> <p>No2</p>	2⇒HC15
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] POULTRY (CHICKEN, DUCKS, TURKEY,...)?</p> <p>[F] CAMELS?</p> <p><i>If none, record '00'. If 95 or more, record '95'.</i></p> <p><i>If unknown, record '98'.</i></p>	<p>Cattle, milk cows, or bulls ____ ____</p> <p>Horses, donkeys, or mules ____ ____</p> <p>Goats ____ ____</p> <p>Sheep ____ ____</p> <p>Poultry ____ ____</p> <p>Camels ____ ____</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes1</p> <p>No2</p>	

WATER AND SANITATION

WS

<p>WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Piped water</p> <p style="padding-left: 20px;">Piped into dwelling 11</p> <p style="padding-left: 20px;">Piped into compound, yard or plot 12</p> <p style="padding-left: 20px;">Piped to neighbour 13</p> <p style="padding-left: 20px;">Public tap / standpipe 14</p> <p>Tube Well, Borehole 21</p> <p>Dug well</p> <p style="padding-left: 20px;">Protected well 31</p> <p style="padding-left: 20px;">Unprotected well 32</p> <p>Water from spring</p> <p style="padding-left: 20px;">Protected spring 41</p> <p style="padding-left: 20px;">Unprotected spring 42</p> <p>Rainwater collection 51</p> <p>Tanker-truck 61</p> <p>Cart with small tank / drum 71</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81</p> <p>Bottled water 91</p> <p>Other (<i>specify</i>) 96</p>	<p>11⇒WS6</p> <p>12⇒WS6</p> <p>13⇒WS6</p> <p>14⇒WS3</p> <p>21⇒WS3</p> <p>31⇒WS3</p> <p>32⇒WS3</p> <p>41⇒WS3</p> <p>42⇒WS3</p> <p>51⇒WS3</p> <p>61⇒WS3</p> <p>71⇒WS3</p> <p>81⇒WS3</p> <p>91</p> <p>96⇒WS3</p>
<p>WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?</p>	<p>Piped water</p> <p style="padding-left: 20px;">Piped into dwelling 11</p> <p style="padding-left: 20px;">Piped into compound, yard or plot 12</p> <p style="padding-left: 20px;">Piped to neighbour 13</p> <p style="padding-left: 20px;">Public tap / standpipe 14</p> <p>Tube Well, Borehole 21</p> <p>Dug well</p> <p style="padding-left: 20px;">Protected well 31</p>	<p>11⇒WS6</p> <p>12⇒WS6</p> <p>13⇒WS6</p> <p>14</p> <p>21</p> <p>31</p>

	Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank / drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Other (<i>specify</i>) 96	
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling 1 In own yard / plot 2 Elsewhere 3	1⇒WS6 2⇒WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes..... _ _ _ DK 998	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i></p> <p>IS THIS PERSON UNDER AGE 15?</p> <p>WHAT SEX?</p>	<p>Adult woman (age 15+ years)..... 1</p> <p>Adult man (age 15+ years) 2</p> <p>Female child (under 15)..... 3</p> <p>Male child (under 15) 4</p> <p>DK 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒WS8</p> <p>8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i></p> <p>ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A</p> <p>Add bleach / chlorine B</p> <p>Strain it through a cloth..... C</p> <p>Use water filter (ceramic, sand, composite, etc.) D</p> <p>Solar disinfection..... E</p> <p>Let it stand and settle..... F</p> <p>Other (<i>specify</i>) _____ X</p> <p>DK Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i></p> <p>WHERE DOES IT FLUSH TO?</p> <p><i>If not possible to determine, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush</p> <p>Flush to piped sewer system 11</p> <p>Flush to septic tank 12</p> <p>Flush to pit latrine (bayara) 13</p> <p>Flush to somewhere else 14</p> <p>Flush to unknown place / Not sure / DK where 15</p> <p>Pit latrine</p> <p>Ventilated Improved Pit latrine (VIP) 21</p> <p>Pit latrine with slab 22</p> <p>Pit latrine without slab / Open pit 23</p>	

	Composting toilet 31 Bucket 41 No facility, Bush, Field 95 Other (<i>specify</i>) _____ 96	95⇒Next Module
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes 1 No..... 2	2⇒Next Module
WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public) 1 Public facility 2	2⇒Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 ___ Ten or more households 10 DK 98	

HANDWASHING		HW
<p>HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS.</p> <p>CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?</p>	<p>Observed..... 1</p> <p>Not observed</p> <p>Not in dwelling / plot / yard 2</p> <p>No permission to see 3</p> <p>Other reason</p> <p>(specify)_____ 6</p>	<p>2 ⇨HW4</p> <p>3 ⇨HW4</p> <p>6 ⇨HW4</p>
<p>HW2. Observe presence of water at the place for handwashing.</p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>Water is available..... 1</p> <p>Water is not available..... 2</p>	
<p>HW3A. Is soap, detergent or ash/mud/sand present at the place for handwashing?</p>	<p>Yes, present..... 1</p> <p>No, not present..... 2</p>	<p>2⇨HW4</p>
<p>HW3B. Record your observation.</p> <p>Circle all that apply.</p>	<p>Bar soap.....A</p> <p>Detergent (Powder / Liquid / Paste).....B</p> <p>Liquid soap.....C</p> <p>Ash / Mud / Sand.....D</p>	<p>A⇨HH19</p> <p>B⇨HH19</p> <p>C⇨HH19</p> <p>D⇨HH19</p>
<p>HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>2⇨HH19</p>
<p>HW5A. CAN YOU PLEASE SHOW IT TO ME?</p>	<p>Yes, shown..... 1</p> <p>No, not shown 2</p>	<p>2⇨HH19</p>
<p>HW5B. Record your observation.</p> <p>Circle all that apply.</p>	<p>Bar soap.....A</p> <p>Detergent (Powder / Liquid / Paste).....B</p> <p>Liquid soap.....C</p> <p>Ash / Mud / Sand.....D</p>	
<p>HH19. Record the time.</p>		<p>Hour and minutes : ..</p>

HH20. Thank the respondent for his/her cooperation and check the List of Household Members:

A separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN has been issued for each Ever-married woman age 15-49 years in the List of Household Members (HL7)

A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE has been issued for each child under age 5 years in the List of Household Members (HL7B)

Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12) and under-5 (HH14)

Make arrangements for the administration of the remaining questionnaire(s) in this household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p>		
UF1. Cluster number: <div style="text-align: right;">_____</div>	UF2. Household number: <div style="text-align: right;">_____</div>	
UF3. Child's name: Name _____	UF4. Child's line number: <div style="text-align: right;">_____</div>	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: <div style="text-align: right;">_____</div>	
UF7. Interviewer's name and number: Name _____	UF8. Day / Month / Year of interview: <div style="text-align: right;">_____ / _____ / 201_</div>	

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>MY NAME IS, AND WE ARE CONDUCTING A SURVEY ON BEHALF OF THE MINISTRY OF HEALTH AND POPULATION AND UNICEF THE SURVEY IS ABOUT THE SITUATION OF CHILDREN AND MOTHERS, FAMILIES AND HOUSEHOLDS, AND IS FOCUSING ON PERINATAL CARE, CHILD HEALTH AND NUTRITION . I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (<i>child's name from UF3</i>)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> <i>Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</i></p> <p><input type="checkbox"/> <i>No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your supervisor</i></p>	

UF9. Result of interview for children under-5 <i>Codes refer to mother/caretaker.</i>	Completed01
	Not at home02
	Refused03
	Partly completed04
	Incapacitated05
	Other (<i>specify</i>) _____ 96

UF10. Field editor's name and number: Name _____	UF11. Main data entry clerk's name and number: Name _____
UF12. Record the time.	Hour and minutes..... ____ : ____

AGE		AG
AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF (<i>name</i>). ON WHAT DAY, MONTH AND YEAR WAS (<i>name</i>) BORN? <i>Probe:</i> WHAT IS HIS / HER BIRTHDAY? <i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i> <i>Month and year must be recorded.</i>	Date of birth Day ____ DK day..... 98 Month..... ____ Year 20 ____	
AG2. HOW OLD IS (<i>name</i>)? <i>Probe:</i>	Age (in completed years) ____	

<p>HOW OLD WAS (<i>name</i>) AT HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>		
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BIRTH REGISTRATION		BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen 1	1⇒Next Module
	Yes, not seen 2	2⇒Next Module
	No..... 3	
	DK 8	
BR2. HAS <i>(name)</i> 'S BIRTH BEEN REGISTERED WITH <i>THE</i> CIVIL AUTHORITIES?	Yes 1	
	No..... 2	2⇒BR3
	DK 8	8⇒BR3
BR2A. HOW LONG AFTER <i>(name)</i> 'S BIRTH WAS THE BIRTH REGISTERED?	Days1__ __	
	Months2__ __	
	DK998	
BR2B. Check BR2A number of days/months <input type="checkbox"/> <i>If number of days less than 4 or DK⇒ Go to next module</i> <input type="checkbox"/> <i>if number of days is 4 or more⇒ Continue with BR2C</i>		
BR2C. WHAT ARE THE REASONS FOR LATE REGISTRATION WITH (NAME)? <i>Probe:</i> WHAT ELSE?	Didn't have the required documentsA	A⇒Next Module
	The responsible official wasn't available.....B	B⇒Next Module
	The father wasn't availableC	C⇒Next Module
	The child was very sickD	D⇒Next Module
	Long and complex procedures.....E	E⇒Next Module
	Costs too much/didn't have money..... F	F⇒Next Module
	Must travel too far G	G⇒Next Module
		H⇒Next

	Did not know it should be registered.....H Did not want to pay fine I Does not know where to register J Other (<i>specify</i>) _____ X DK Z	Module I⇒Next Module J⇒Next Module X⇒Next Module Z⇒Next Module
BR3. DO YOU KNOW HOW TO REGISTER (<i>name</i>)'S BIRTH?	Yes 1 No..... 2	2⇒Next Module
BR3A. WHY WAS (<i>name</i>)'S BIRTH NOT REGISTERED? <i>Probe:</i> WHAT ELSE?	Didn't have the required documents A The responsible official wasn't available..... B The father wasn't available C The child was very sick D Long and complex procedures..... E Costs too much/didn't have money..... F Must travel too far G Did not know it should be registered..... H Did not want to pay fine I Does not know where to register J Other (<i>specify</i>) _____ X DK Z	

BREASTFEEDING AND DIETARY INTAKE

BD

BD1. Check AG2: Age of child

- Child age 0, 1 or 2 ⇒ Continue with BD2
- Child age 3 or 4 ⇒ Go to Immunisation module

<p>BD2. HAS (<i>name</i>) EVER BEEN BREASTFED?</p>	<p>Yes..... 1 No 2 DK..... 8</p>	<p>2⇒BD4 8⇒BD4</p>
<p>BD3. IS (<i>name</i>) STILL BEING BREASTFED?</p>	<p>Yes..... 1 No 2 DK..... 8</p>	
<p>BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u></p>	<p>Yes..... 1 No 2 DK..... 8</p>	
<p>BD5. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) <u>DRINK ORS (ORAL REHYDRATION SOLUTION)?</u></p>	<p>Yes..... 1 No 2 DK..... 8</p>	
<p>BD6. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>NAME</i>) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES?</u></p>	<p>Yes..... 1 No 2 DK..... 8</p>	

<p>BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</p> <p>PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME.</p> <p>DID (<i>name</i>) DRINK (<i>Name of item</i>) YESTERDAY DURING THE DAY OR THE NIGHT:</p>	<p style="text-align: center;">Yes No DK</p>	
<p>[A] PLAIN WATER?</p>	<p>Plain water 1 2 8</p>	
<p>[B] JUICE OR JUICE DRINKS?</p>	<p>Juice or juice drinks 1 2 8</p>	
<p>[C] <i>Any clear broth or soup?</i></p>	<p>Soup 1 2 8</p>	
<p>[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?</p>	<p>Milk 1 2 8</p>	
<p><i>If yes: HOW MANY TIMES DID (<i>name</i>) DRINK MILK? If 7 or more times, record '7'.</i></p> <p><i>If unknown, record '8'.</i></p>	<p>Number of times drank milk __</p>	
<p>[E] INFANT FORMULA?</p>	<p>Infant formula 1 2 8</p>	
<p><i>If yes: HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA?</i></p> <p><i>If 7 or more times, record '7'.</i></p> <p><i>If unknown, record '8'.</i></p>	<p>Number of times drank infant formula __</p>	
<p>[F] ANY OTHER LIQUIDS?</p>	<p>Other liquids 1 2 8</p>	
<p>BD7A. Check BD7 (Category "E")</p> <p><input type="checkbox"/> "Yes" ⇒ Continue with BD7B</p> <p><input type="checkbox"/> No/DK ⇒ Go to BD8</p>		
<p>BD7B. HOW OLD WAS (<i>name</i>) WHEN HE/SHE TOOK THE INFANT FORMULA FOR THE FIRST TIME?</p>	<p>Number of months __ __</p> <p>DK 98</p>	

<p>BD7C. WHO ADVISED YOU TO GIVE (<i>name</i>) THIS INFANT FORMULA?</p>	<p>Doctor 1 Nurse 2 Midwife (Daya) 3 Respondent's mother/mother in law 4 Other (<i>specify</i>) 6</p>	
<p>BD7D. DID YOU RECEIVE THIS INFANT FORMULA FROM THE HEALTH FACILITY?</p>	<p>Yes 1 No 2</p>	2⇒BD8
<p>BD7E. HOW MANY PACKETS DID YOU RECEIVE FROM THE HEALTH FACILITY DURING YOUR LAST VISIT?</p> <p><i>PROBE FOR THE LAST VISIT THE PACKETS WAS TAKEN</i></p>	<p>Number of packets..... __ __ DK 98</p>	
<p>BD7F. DID ANYONE OF THE EMPLOYEES IN THE HEALTH FACILITY EXPLAIN TO YOU HOW TO USE THE INFANT FORMULA AND THE PROBLEMS THAT MAY HAPPENED WITH IT?</p>	<p>Yes 1 No 2</p>	
<p>BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</p> <p>PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.</p> <p>DID (<i>name</i>) EAT (<i>Name of food</i>) YESTERDAY DURING THE DAY OR THE NIGHT:</p>		
<p>[A] YOGURT?</p>	<p>Yogurt</p>	<p>Yes No DK 1 2 8</p>
<p><i>If yes:</i> HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT? <i>If 7 or more times, record '7'. If unknown, record '8'.</i></p>	<p>Number of times drank/ate yogurt..... __</p>	
<p>[B] <i>Cerelac, RIRI?</i></p>	<p>Cerelac, RIRI</p>	<p>1 2 8</p>
<p>[C] BREAD, RICE, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS?</p>	<p>Foods made from grains</p>	<p>1 2 8</p>
<p>[D] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?</p>	<p>Pumpkin, carrots, squash, etc.</p>	<p>1 2 8</p>

[E] WHITE POTATOES, WHITE YAMS, MANIOC, CASSAVA, OR ANY OTHER FOODS MADE FROM ROOTS?	White potatoes, white yams, manioc, cassava, etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES (SPINACH, MOLOKHIA, PARSLEY, THE DILL)?	Dark green, leafy vegetables	1	2	8
[G] MANGOES, APRICOT, PEACH, CANTALOUPE?	Mangoes apricot, peach, cantaloupe	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1	2	8
[J] ANY MEAT, SUCH AS BEEF, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, lamb, goat, etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH OR SHELLFISH?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	Foods made from beans, peas, etc.	1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED?	Other solid, semi-solid, or soft food	1	2	8
[P] ANY OTHER OILS, FATS OR BUTTER OR FOODS MADE WITH ANY OF THESE?	any other oils, fats or butter or foods made with any of these	1	2	8
[Q] ANY SUGARY FOODS SUCH AS CHOCOLATES, SWEETS, PASTRIES, OR BISCUITS?	any sugary foods such as chocolates, sweets, pastries, or biscuits	1	2	8

BD9. Check BD8 (Categories "A" through "Q")

At least one "Yes" or all "DK" ⇒ Go to BD11

Else ⇒ Continue with BD10

BD10. Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night

The child did not eat or the respondent does not know ⇒ Go to Next Module

The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇒ Go back to BD8 and record food eaten yesterday [A to Q]. When finished, continue with BD11

BD11. HOW MANY TIMES DID (*name*) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT?

If 7 or more times, record '7'.

Number of times

DK.....8

DPT BOOSTER DOSE	DPT					2	0		
MEASLES, MMR BOOSTER DOSE	MEASLES					2	0		
IM4. CHECK IM3. ARE ALL VACCINES (POLIO TO MMR BOOSTER DOSE) RECORDED?									
<input type="checkbox"/> Yes ⇒ Go to IM18 <input type="checkbox"/> No ⇒ Continue with IM5									
IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS?									
<input type="checkbox"/> Yes ⇒ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, skip to IM18 <input type="checkbox"/> No/DK ⇒ Go to IM18									
IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?	Yes.....	1							
	No	2	2⇒IM18						
	DK.....	8	8⇒IM18						
IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes.....	1							
	No	2							
	DK.....	8							
IM8. HAS (<i>name</i>) EVER RECEIVED ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM POLIO?	Yes.....	1							
	No	2	2⇒IM11						
	DK.....	8	8⇒IM11						
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH, OR LATER?	In the first two weeks	1							
	later	2							
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times	__							
IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA?	Yes.....	1							
	No	2	2⇒IM13						

<i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i>	DK..... 8	8⇒IM13
IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?	Number of times	
IM13. HAS (<i>name</i>) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HEPATITIS B? <i>Probe by indicating that the hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i>	Yes..... 1 No 2 DK..... 8	2⇒IM16 8⇒IM16
IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 2 MONTHS AFTER BIRTH?	Yes..... 1 No 2 DK..... 8	
IM15. HOW MANY TIMES WAS A HEPATITIS B RECEIVED?	Number of times	
IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION (OR AN MMR OR MR) – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes..... 1 No 2 DK..... 8	

IM18. HAS (<i>name</i>) RECEIVED A VITAMIN A DOSE LIKE THIS/ANY OF THESE WITHIN THE LAST 6 MONTHS? <i>Show common types of ampules / capsules / syrups</i>	Yes..... 1 No 2 DK..... 8	
IM19. PLEASE TELL ME IF (NAME) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS: [A] 21-23 Apr 2012 / National Polio campaign [B] 17-20 Nov 2013 / National Polio campaign	Y N N/A DK Campaign A1 2 5 8	

	Campaign B.....1 2 5 8	
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60 MONTHS	1 2	1 2 3	1 2 3	1 2																			
GM2E.CHECK GM2A: <input type="checkbox"/> Yes ⇒ <i>Go to Next Module (CA).</i> <input type="checkbox"/> No ⇒ <i>Continue GM3</i>																							
GM3. WHY DID YOU NOT ATTEND THE LAST GROWTH MONITORING VISIT? PROBE : ANY OTHER REASONS?	<table border="0"> <tr> <td>Costs too much</td> <td>A</td> </tr> <tr> <td>Too far/ no transport</td> <td>B</td> </tr> <tr> <td>Poor quality service</td> <td>C</td> </tr> <tr> <td>Husband/ family did not allow</td> <td>D</td> </tr> <tr> <td>Did not find it necessary</td> <td>E</td> </tr> <tr> <td>Child ill</td> <td>F</td> </tr> <tr> <td>Did not know that timing of last visit</td> <td>G</td> </tr> <tr> <td>Did not know that I was supposed to bring child for visit</td> <td>H</td> </tr> <tr> <td>Other (<i>specify</i>) _____</td> <td>X</td> </tr> </table>					Costs too much	A	Too far/ no transport	B	Poor quality service	C	Husband/ family did not allow	D	Did not find it necessary	E	Child ill	F	Did not know that timing of last visit	G	Did not know that I was supposed to bring child for visit	H	Other (<i>specify</i>) _____	X
Costs too much	A																						
Too far/ no transport	B																						
Poor quality service	C																						
Husband/ family did not allow	D																						
Did not find it necessary	E																						
Child ill	F																						
Did not know that timing of last visit	G																						
Did not know that I was supposed to bring child for visit	H																						
Other (<i>specify</i>) _____	X																						

CARE OF ILLNESS		CA
<p>CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHEA?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA6A</p> <p>8⇒CA6A</p>
<p>CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING the DIARRHEA (INCLUDING BREASTMILK).</p> <p>DURING THE TIME (<i>name</i>) HAD DIARRHEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?</p> <p><i>If 'less', probe:</i></p> <p>WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?</p>	<p>Much less 1</p> <p>Somewhat less 2</p> <p>About the same 3</p> <p>More 4</p> <p>Nothing to drink 5</p> <p>DK..... 8</p>	
<p>CA3. DURING THE TIME (<i>name</i>) HAD DIARRHEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT?</p> <p><i>If 'less', probe:</i></p> <p>WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	<p>Much less 1</p> <p>Somewhat less 2</p> <p>About the same 3</p> <p>More 4</p> <p>Stopped food 5</p> <p>Never gave food 6</p> <p>DK..... 8</p>	
<p>CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHEA FROM ANY SOURCE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA4</p> <p>8⇒CA4</p>
<p>CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i></p> <p>ANYWHERE ELSE?</p>	<p>Public sector (Government)</p> <p>Hospital.....A</p> <p>PHCUB</p>	

<p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>-</p> <p>(Name of place)</p>	<p>Health office..... C</p> <p>FHU D</p> <p>Other public (specify) _____ H</p> <p>Private medical sector</p> <p>Private hospital / clinic..... I</p> <p>Private doctor J</p> <p>PharmacyK</p> <p>NGO(specify) _____ L</p> <p>Other private medical (specify) _____ O</p> <p>Other source</p> <p>Relative/FriendP</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other non-medical (specify) _____ X</p>	
<p>CA3C. Check CA3B:</p> <p><input type="checkbox"/> Two or more codes circled ⇒ Continue with CA3D</p> <p><input type="checkbox"/> Only one code circled ⇒ Go to CA4</p>		
<p>CA3D. WHERE DID YOU <u>FIRST</u> SEEK ADVICE FOR DIARRHEA?</p> <p><i>Probe to identify the type of source.</i></p>	<p>Public sector (Government)</p> <p>Hospital..... 11</p> <p>PHCU 12</p> <p>Health office..... 13</p> <p>FHU 14</p> <p>Other public (specify) _____ 16</p>	

<p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>_____</p> <p>(Name of place)</p>	<p>Private medical sector</p> <p>Private hospital / clinic..... 21</p> <p>Private doctor 22</p> <p>Pharmacy 23</p> <p>NGO(<i>specify</i>)_____ 24</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>Other source</p> <p>Relative / Friend 31</p> <p>Shop 32</p> <p>Traditional practitioner 33</p> <p>Other non-medical (<i>specify</i>) _____ 96</p>	
<p>CA4. DURING THE TIME (<i>name</i>) HAD DIARRHEA, WAS (<i>name</i>) GIVEN TO DRINK A FLUID MADE FROM A SPECIAL PACKET CALLED "<i>Mahlol moalget el gafaf</i>"?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA4C</p> <p>8⇒CA4C</p>
<p>CA4B. WHERE DID YOU GET THE ORS?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector (Government)</p> <p>Hospital..... 11</p> <p>PHCU 12</p> <p>Health office..... 13</p> <p>FHU 14</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic..... 21</p> <p>Private doctor 22</p> <p>Pharmacy 23</p> <p>NGO(<i>specify</i>) _____ 24</p>	

	Other private medical (<i>specify</i>) _____ 26 Other source Relative / Friend 31 Shop 32 Traditional practitioner 33 Other non-medical (<i>specify</i>) _____ 96	
CA4C. DURING THE TIME (<i>name</i>) HAD DIARRHEA, WAS (<i>name</i>) GIVEN: ZINC SYRUP?	Yes 1 No 2 DK..... 8	2⇒CA5 8⇒CA5

CA4E. WHERE DID YOU GET THE ZINC? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> _____ _____ (<i>Name of place</i>)	Public sector (Government) Hospital..... 11 PHCU 12 Health office..... 13 FHU 14 Other public (<i>specify</i>) _____ 16 Private medical sector Private hospital / clinic..... 21 Private doctor 22 Pharmacy 23 NGO(<i>specify</i>)_____ 24 Other private medical (<i>specify</i>) _____ 26 Other source Relative/Friend 31	
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	Shop 32 Traditional practitioner 33 Already had at home _____ 40 Other non-medical (<i>specify</i>) _____ 96	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHEA?	Yes 1 No 2 DK..... 8	2⇒CA6A 8⇒CA6A
CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHEA? <i>Probe:</i> ANYTHING ELSE? <i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i> _____ _____ (Name)	Pill or Syrup Antibiotic A Antimotility B Other pill or syrup (Not antibiotic, antimotility or zinc) G Unknown pill or syrup H Injection Antibiotic L Non-antibiotic M Unknown injection N Intravenous..... O Home remedy / Herbal medicine..... Q Other (<i>specify</i>) X	
CA6A. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?	Yes 1 No 2 DK..... 8	
CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?	Yes 1 No 2	2⇒CA9A

	DK.....8	8⇒CA9A
CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes1	
	No2	2⇒CA9B
	DK.....8	8⇒CA9B
CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only1	1⇒CA9B
	Blocked or runny nose only2	2⇒CA9B
	Both3	3⇒CA9B
	Other (<i>specify</i>)6	6⇒CA9B
	DK.....8	8⇒CA9B
CA9A. Check CA6A: Had fever?		
<input type="checkbox"/> <i>Child had fever ⇒ Continue with CA9B</i>		
<input type="checkbox"/> <i>Child did not have fever ⇒ Go to CA14</i>		
CA9B. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK (INCLUDING BREASTMILK) DURING THE ILLNESS WITH A (FEVER/COUGH). DURING THE TIME (<i>name</i>) HAD (FEVER/COUGH), WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? <i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less1	
	Somewhat less2	
	About the same3	
	More4	
	Nothing to drink5	
	DK.....8	
CA9C. DURING THE TIME (<i>name</i>) HAD (FEVER/COUGH), WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? <i>If 'less', probe:</i>	Much less1	
	Somewhat less2	
	About the same3	
	More4	
	Stopped food5	

<p>WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	<p>Never gave food6 DK.....8</p>	
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1 No2 DK.....8</p>	<p>2⇒CA12 8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector (Government)</p> <p>Hospital.....A PHCUB Health office..... C FHU D Other public (<i>specify</i>) _____ H</p> <p>Private medical sector</p> <p>Private hospital / clinic..... I Private doctor J PharmacyK NGO(<i>specify</i>_____ L Other private medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative/FriendP Shop Q Traditional practitioner R Other non-medical (<i>specify</i>) _____ X</p>	

CA11A. Check CA11:

Two or more codes circled ⇒ Continue with CA11B

Only one code circled ⇒ Go to CA12

<p>CA11B. WHERE DID YOU <u>FIRST</u> SEEK ADVICE OR TREATMENT?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector (Government)</p> <p>Hospital..... 11</p> <p>PHCU 12</p> <p>Health office..... 13</p> <p>FHU 14</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic..... 21</p> <p>Private doctor 22</p> <p>Pharmacy 23</p> <p>NGO(<i>specify</i>)..... 24</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>Other source</p> <p>Relative/Friend 31</p> <p>Shop 32</p> <p>Traditional practitioner 33</p> <p>Already had at home _____ 40</p> <p>Other non-medical (<i>specify</i>) _____ 96</p>	
<p>CA12. AT ANY TIME DURING THE ILLNESS, DID (name) TAKE ANY MEDICINE FOR THE ILLNESS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA13. WHAT MEDICINE WAS (name) GIVEN?</p>	<p>Antibiotic drugs</p> <p>Pill / Syrup 1</p>	

<p><i>Probe:</i></p> <p>ANY OTHER MEDICINE?</p> <p><i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>_____</p> <p style="text-align: center;"><i>(Names of medicines)</i></p>	<p>Injection J</p> <p>Other medications:</p> <p>Paracetamol/ Panadol /Acetaminophen..P</p> <p>Aspirin..... Q</p> <p>Ibuprofen R</p> <p>Other (<i>specify</i>) _____ X</p> <p>DK.....Z</p>
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CA13A. Check CA13: Antibiotic mentioned (codes I and/or J)?

Yes ⇨ Continue with CA13B

No ⇨ Go to CA14

<p>CA13B. WHERE DID YOU GET THE (NAME OF ANTIBIOTICS FROM CA13)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector (Government)</p> <p>hospital 11</p> <p>PHCU 12</p> <p>Health office..... 13</p> <p>FHU 14</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic..... 21</p> <p>Private doctor 22</p> <p>Pharmacy 23</p> <p>NGO(<i>specify</i>)..... 24</p> <p>Other private medical (<i>specify</i>) _____ 26</p>
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	Other source Relative/Friend 31 Shop 32 Traditional practitioner 33 Already had at home _____ 40 Other non-medical (<i>specify</i>) _____ 96	
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CA14. Check AG2: Age of child

Child age 0, 1 or 2 ⇒ Continue with CA15

Child age 3 or 4 ⇒ Go to UF13

CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine 01 Put / Rinsed into toilet or latrine 02 Put / Rinsed into drain or ditch 03 Thrown into garbage (solid waste) 04 Buried 05 Left in the open..... 06 Other (<i>specify</i>) _____ 96 DK..... 98	
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UF13. Record the time.	Hour and minutes __ __ : __ __	
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UF14. Check List of Household Members, columns HL7B and HL15.

Is the respondent the mother or caretaker of another child age 0-4 living in this household?

- Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent*

- No ⇒ End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household*

Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.

ANTHROPOMETRY

AN

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 household listing before recording measurements.

AN1. Measurer's name and number:	Name _____	
AN2. Result of height / length and weight measurement	Either or both measured 1 Child not present..... 2 Child or mother/caretaker refused 3 Other (<i>specify</i>) 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight	Kilograms (kg)..... ____ . ____ Weight not measured..... 99.9	
AN3A. Was the child undressed to the minimum?	Yes..... 1 No..... 2	
AN3B. Check age of child in AG2: <input type="checkbox"/> <i>Child under 2 years old. ⇒ Measure length (lying down).</i> <input type="checkbox"/> <i>Child age 2 or more years. ⇒ Measure height (standing up).</i>		

AN4. Child's length or height	Length / Height (cm) _ _ _ _ . _ _ Length / Height not measured 999.9	⇒ AN6
AN4A. How was the child actually measured? lying down or standing up?	Lying down..... 1 Standing up..... 2	

AN6. Is there another child in the household who is eligible for measurement?

Yes ⇒ Record measurements for next child.

No ⇒ Check if there are any other individual questionnaires to be completed in the household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Empty rectangular box for data or notes.

Measurer's Observations

Large empty rectangular box for Measurer's Observations.

WOMAN'S INFORMATION PANEL		WM
<p><i>This questionnaire is to be administered to all ever-married women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.</i></p>		
WM1. Cluster number: <div style="text-align: right;">_____</div>	WM2. Household number: <div style="text-align: right;">_____</div>	
WM3. Woman's name: Name _____	WM4. Woman's line number: <div style="text-align: right;">_____</div>	
WM5. Interviewer's name and number: Name _____	WM6. Day / Month / Year of interview: <div style="text-align: right;">_____ / _____ / 201_</div>	

<p><i>Repeat greeting if not already read to this woman:</i></p> <p>'MY NAME IS, AND WE ARE CONDUCTING A SURVEY ON BEHALF OF THE MINISTRY OF HEALTH AND POPULATION AND UNICEF. THE SURVEY IS ABOUT THE SITUATION OF CHILDREN AND MOTHERS, FAMILIES AND HOUSEHOLDS, AND IS FOCUSING ON PERINATAL CARE, CHILD HEALTH AND NUTRITION . I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 40- 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30-40 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> <i>Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</i></p> <p><input type="checkbox"/> <i>No, permission is not given ⇒ Circle '03' in WM7. Discuss this result with your supervisor.</i></p>	

WM7. Result of woman's interview	Completed..... 01 Not at home..... 02 Refused..... 03
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	Partly completed 04
	Incapacitated 05
	Other (<i>specify</i>) _____ 96

WM8. Field editor's name and number:	WM9. Main data entry clerk's name and number:
Name _____	Name _____

WM10. Record the time.	Hour and minutes : ____	
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WOMAN'S BACKGROUND	WB
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WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date _____ of _____ birth Month..... ____ ____ DK month..... 98 Year ____ ____ DK year..... 9998	
WB2. HOW OLD ARE YOU? <i>Probe:</i> HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years) ____ ____	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes 1 No 2	2⇒WB7

<p>WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?</p>	<p>Preschool 0 Primary 1 Preparatory..... 2 Secondary 3 Higher 4</p>	<p>0⇒WB7</p>
<p>WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?</p> <p><i>If grade 1 is not completed at this level, enter "0"</i></p>	<p>Grade —</p>	
<p>WB6. Check WB4:</p> <p><input type="checkbox"/> Preparatory or higher (WB4=2,3 or 4) ⇒ Go to Next Module</p> <p><input type="checkbox"/> Primary (WB4= 1) ⇒ Continue with WB7</p>		
<p>WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>If respondent cannot read whole sentence, probe:</i></p> <p>CAN YOU READ PART OF THE SENTENCE TO ME?</p>	<p>Cannot read at all 1 Able to read only parts of sentence..... 2 Able to read whole sentence 3</p> <p>Blind / visually impaired 5</p>	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY **MT**

MT1. Check WB7:

Question left blank (Respondent has preparatory or higher education) ⇒ Continue with MT2

Able to read (WB7 = 2, 3) ⇒ Continue with MT2

Cannot read at all or blind/visually impaired (WB7 = 1 or 5) ⇒ Go to MT3

MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?

Almost every day..... 1
 At least once a week 2
 Less than once a week..... 3
 Not at all 4

MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?

Almost every day..... 1
 At least once a week 2
 Less than once a week..... 3
 Not at all 4

MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?

Almost every day..... 1
 At least once a week 2
 Less than once a week..... 3
 Not at all 4

MT4A. DO YOU HAVE YOUR OWN MOBILE PHONE?

Yes 1
 No 2

MT5. Check WB2: Age of respondent?

Age 15-24 ⇒ Continue with MT6

Age 25-49 ⇒ Go to Next Module

MT6. HAVE YOU EVER USED A COMPUTER?	Yes 1 No 2	2⇒ MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒ MT9
MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes 1 No 2	2⇒ Next Module
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i>	Yes 1 No 2	2⇒ Next Module
MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	

MARRIAGE		MA
MA1. ARE YOU CURRENTLY MARRIED?	Yes, currently married1 Not currently married3	3⇒MA6
MA2. HOW OLD IS YOUR HUSBAND? <i>Probe:</i> HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?	Age in years..... _ _ DK.....98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES?	Yes1 No2	2⇒MA7
MA4. HOW MANY OTHER WIVES DOES HE HAVE?	Number..... 0 _ DK.....98	⇒MA7 98⇒MA7
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed.....1 Divorced2 Separated3	
MA7. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	Only once1 More than once.....2	1 ⇒MA8A 2 ⇒MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY? MA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY?	Date of (first) marriage Month..... _ _ DK month.....98 Year _ _ _ _ DK year.....9998	⇒ NEXT MODULE
MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (<u>FIRST</u>) HUSBAND?	Age in years..... _ _	

FERTILITY/BIRTH HISTORY		CM
<p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p>	<p>Yes 1 No 2</p>	2⇒CM8
<p>CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes 1 No 2</p>	2⇒CM6
<p>CM5. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	<p>Sons at home _ _</p> <p>Daughters at home _ _</p>	
<p>CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes 1 No 2</p>	2⇒CM8
<p>CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	<p>Sons elsewhere _ _</p> <p>Daughters elsewhere _ _</p>	
<p>CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p> <p><i>If "No" probe by asking:</i></p> <p>I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE — EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</p>	<p>Yes 1 No 2</p>	2⇒CM10
<p>CM9. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead _ _</p> <p>Girls dead _ _</p>	

<i>If none, record '00'.</i>		
CM10. <i>Sum answers to CM5, CM7, and CM9.</i>	Sum _ _	
<p>CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number in CM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> <i>Yes. Check below:</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> <i>No live births ⇒ Go to ILLNESS SYMPTOMS Module</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> <i>One or more live births ⇒ Continue with the BIRTH HISTORY module</i></p> <p><input type="checkbox"/> <i>No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module</i></p>		

BIRTH HISTORY

BH

NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD.

Record names of all of the births in BH1. Record twins and triplets on separate lines. If there are more than 12 births, use an additional questionnaire.

BH Line No.	BH1.	BH2.	BH3.	BH4.		BH5.	BH6.	BH7.	BH8.	BH9.		BH10.
	WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	IS (name) A BOY OR A GIRL? 1 Boy 2 Girl	IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?		IS (name) STILL ALIVE? 1 Yes 2 No	HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years. for less than 1 write "00"	IS (name) LIVING WITH YOU? 1 Yes 2 No	Record household line number of child (from HL1) Record "00" if child is not listed.	If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)? Record days if less than 1 month; record months if less than 2 years; or years		WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
Line	Name	S M	B G	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N
01		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒Next Line	Days.....1 Months2 Years.....3	_____	
02		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth

03		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
04		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
05		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
06		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth

BH Line No.	BH1.	BH2.	BH3.	BH4.		BH5.	BH6.	BH7.	BH8.	BH9.		BH10.
	WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	Is (name) A BOY OR A GIRL? 1 Boy 2 Girl	IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe: WHAT IS HIS/HER BIRTHDAY?</i>		IS (name) STILL ALIVE? 1 Yes 2 No	HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years. for less than 1 write "00"</i>	IS (name) LIVING WITH YOU? 1 Yes 2 No	<i>Record household line number of child (from HL1)</i> <i>Record "00" if child is not listed.</i>	<i>If dead:</i> HOW OLD WAS (name) WHEN HE/SHE DIED? <i>If "1 year", probe:</i> HOW MANY MONTHS OLD WAS (name)? <i>Record days if less than 1 month; record months if less than 2 years; or years</i>		WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
Line	Name	S M	B G	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N
07		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
08		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒ BH10	Days1 Months.....2 Years.....3	_____	1 2 Add Next Birth Birth
09		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth

10		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
11		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
12		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (<i>name of last birth in BIRTH HISTORY Module</i>)?								Yes 1 No.....2			1⇒Record birth(s) in Birth History	

CM12A. Compare number in CM10 with number of births in the BIRTH HISTORY Module above and check:

Numbers are same ⇒ Continue with CM13

Numbers are different ⇒ Probe and reconcile

CM13. Check BH4 in BIRTH HISTORY Module: Last birth occurred within the last 5 years, that is, since (month of interview) in **2008** (if the month of interview and the month of birth are the same, and the year of birth is **2008**, consider this as a birth within the last 5 years)

No live birth in last 5 years. ⇒ Go to ILLNESS SYMPTOMS Module.

One or more live births in last 5 years. ⇒ Record name of last born child

Name of last-born child _____

IF CHILD HAS DIED, TAKE SPECIAL CARE WHEN REFERRING TO THIS CHILD BY NAME IN THE FOLLOWING MODULES

DESIRE FOR LAST BIRTH

DB

This module is to be administered to all women with a live birth in the 5 years preceding date of interview.

Record name of last-born child from CM13 here _____.

Use this child's name in the following questions, where indicated.

<p>DB1. WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒Next Module</p>
<p>DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?</p>	<p>Later 1</p> <p>No more..... 2</p>	<p>2⇒Next Module</p>
<p>DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?</p> <p><i>Record the answer as stated by respondent.</i></p>	<p>Months..... 1 __ __</p> <p>Years 2 __ __</p> <p>DK..... 998</p>	

MATERNAL AND NEWBORN HEALTH

MN

This module is to be administered to all women with a live birth in the 5 years preceding date of interview.

Record name of last-born child from CM13 here _____.

Use this child's name in the following questions, where indicated.

Now I would like to ask you some questions regarding your health care during and after your pregnancy with (name).

<p>MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?</p>	<p>Yes 1 No 2</p>	<p>2⇒MN5</p>
<p>MN2. WHOM DID YOU SEE?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional: Doctor A Nurse B</p> <p>Other person TRAINED Midwife.....D Traditional birth attendant (Daya) F Community health worker (Raida Refia) G Other (specify) _____ X</p>	
<p>MN2D: WHERE DID YOU RECEIVE ANTENATAL CARE FOR YOUR PREGNANCY WITH (name of last child)?</p> <p><i>Probe for the type of facility and circle all answers given.</i></p>	<p>Home Your home A Other home B</p> <p>Governmental(public sector): Hospital..... C PHCU..... D FHU E Other government (specify) _____ F</p> <p>Private sector Private hospital /clinic G Private doctor H Other private (specify) _____ I</p>	

	Non-governmental/NGO's Mosque/church/NGO clinic/unitJ Other NGO (<i>specify</i>)_____ K	
MN2E. CHECK MN2D <input type="checkbox"/> <i>If a private or non-governmental sector is chosen (codes G - K) ⇒Continue with MN2F</i> <input type="checkbox"/> <i>Otherwise (no circles around codes G-K) ⇒Go to MN3</i>		
MN2F: WHAT WERE THE REASONS FOR YOU TO OBTAIN ANTENATAL CARE FROM A PRIVATE PROVIDER/NGO? <i>Probe:</i> ANY OTHER REASON? <i>Probe for the reasons and circle all answers given.</i>	Better quality of services.....A Provider more skilled.....B Shorter waiting times.....C More convenient clinic times.....D I can obtain ANC from a female physician..E As this physician will attend my delivery, I prefer to perform ANC with him/her..... F Other (<i>specify</i>)_____X	
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? <i>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</i>	Number of times__ __ DK.....98	
MN3A. Check MN3: number of antenatal care visits during the last pregnancy <input type="checkbox"/> <i>number of times is less than 4 (MN3 = 1, 2 or 3) ⇒Continue with MN3B</i> <input type="checkbox"/> <i>number of times is 4 or more or DK ⇒Go to MN3C</i>		
MN3B: WHY DID YOU NOT ATTEND MORE ANTENATAL VISITS? <i>Probe: ANY OTHER REASON?</i>	Costs too much A Too far/ no transport B Poor quality service C No female provider D Husband/ family did not allow E	

<p><i>Probe for the reasons and circle all answers given.</i></p>	<p>Completed tetanus toxoid doses F</p> <p>Did not find it necessary/satisfied with progress of pregnancy.....G</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>MN3C: HOW MANY MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY ?</p>	<p>Months.....0 ___</p> <p>DK.....98</p>	
<p>MN3D. <i>Check MN3C, number of months of pregnancy:</i></p> <p><input type="checkbox"/> <i>If 3 months or less (MN 3C =1,2,3) ⇒ Go to MN3F</i></p> <p><input type="checkbox"/> <i>If number is greater than 3 or DK ⇒ Continue with MN3E</i></p>		
<p>MN3E: WHY DID YOU NOT ATTEND ANTENATAL CARE EARLIER?</p> <p><i>Probe:</i></p> <p>ANY OTHER REASON?</p> <p><i>Probe for the reasons and circle all answers given.</i></p>	<p>Costs too much A</p> <p>Too far/ no transport B</p> <p>Poor quality service C</p> <p>No female provider D</p> <p>Husband/ family did not allow E</p> <p>Concerned that there might not be a health provider F</p> <p>Did not find it necessary/satisfied with progress of pregnancy.....G</p> <p>Not yet time for tetanus toxoid vaccinationH</p> <p>Not yet time for iron tablets supplementationI</p> <p>Waiting for period of spontaneous abortions to passJ</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>MN3F: HOW MANY MONTHS PREGNANT WERE YOU WHEN YOU HAD YOUR LAST ANTENATAL CARE VISIT FOR THIS PREGNANCY?</p>	<p>Months0 ___</p> <p>DK.....98</p>	

<p>MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:</p> <p>[A] WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>[B] DID YOU GIVE A URINE SAMPLE?</p> <p>[C] DID YOU GIVE A BLOOD SAMPLE?</p> <p>[D] WERE YOU WEIGHED?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Weighed</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Blood pressure	1	2	Urine sample	1	2	Blood sample.....	1	2	Weighed	1	2	
	Yes	No															
Blood pressure	1	2															
Urine sample	1	2															
Blood sample.....	1	2															
Weighed	1	2															
<p>MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p>IF YES, MAY I SEE IT PLEASE?</p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>Yes (card seen) 1</p> <p>Yes (card not seen) 2</p> <p>No 3</p> <p>DK..... 8</p>																
<p>MN6. WHEN YOU WERE PREGNANT WITH (<i>name</i>), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒MN9</p> <p>8⇒MN9</p>															
<p>MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (<i>name</i>)?</p>	<p>Number of times ___</p> <p>DK..... 8</p>	<p>8⇒MN9</p>															
<p>MN8. <i>How many tetanus injections during last pregnancy were reported in MN7?</i></p> <p><input type="checkbox"/> <i>At least 2 tetanus injections during last pregnancy. ⇒ Go to MN12A</i></p> <p><input type="checkbox"/> <i>Only one tetanus injection during last pregnancy. ⇒ Continue with MN9</i></p>																	
<p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (<i>name</i>), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p>	<p>Yes 1</p>																

	No..... 2	2⇒MN12A
	DK 8	8⇒MN12A
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (<i>name</i>)? <i>If 7 or more times, record '7'.</i>	Number of times..... DK 8	8⇒MN12A
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (<i>name</i>)? <i>IF LESS THAN 1 YEAR, RECORD '00'.</i>	Years ago.....	
MN12A. DURING YOUR PREGNANCY WITH (NAME), WERE YOU GIVEN OR DID YOU BUY ANY IRON TABLETS OR SYRUP?	Yes 1 No..... 2 DK 8	2⇒MN12F 8⇒MN12F
MN12B. DID A HEALTH CARE PROVIDER (PHYSICIAN /NURSE) GIVE YOU ANY INFORMATION ABOUT HOW TO DEAL WITH THE SIDE EFFECTS OF IRON TABLETS?	Yes 1 No..... 2 DK 8	

MN12C. FOR HOW MANY DAYS DID YOU TAKE THE IRON TABLETS? <i>IF MORE THAN 95 DAYS, RECORD 95</i>	Days DK.....98	
MN12D. Check MN12C: number of taking days of taking iron tablets/syrup <input type="checkbox"/> <i>If 60 or more days or MN12C is '98' ⇒ Go to MN12F</i> <input type="checkbox"/> <i>Less than 60 days. ⇒ Continue with MN12E</i>		
MN12E. WHY DID YOU NOT CONTINUE TO TAKE THE IRON TABLETS? PROBE: WHAT ELSE?	Tablets not available at PHCU.....A Tablets too expensive.....B Experienced side effects (like Constipation, Upset stomach,...etc.)C	

<p>PROBE AND CIRCLE ALL GIVEN ANSWERS.</p>	<p>Did not find the need, did not think it was required/importantD</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>MN12F. THE PHC CARRIES OUT HEALTH EDUCATION SESSIONS ON HEALTH CARE DURING PREGNANCY, DELIVERY CARE, CARE OF THE BABY, AND NUTRITION. HAVE YOU ATTENDED ANY SUCH SESSION IN THE LAST PREGNANCY?</p> <p><i>If yes, what is the number of sessions that you had attended during your last pregnancy with (name)?</i></p> <p><i>If number is greater than 7 record 7</i></p>	<p>no, she didn't attended any session0</p> <p>Number of attended sessions__</p>	<p>0⇒ MN12I</p>
<p>MN12G. WERE YOU SATISFIED, NEUTRAL OR NOT SATISFIED WITH THE HEALTH INFORMATION THAT YOU RECEIVED FROM THESE SESSIONS?</p>	<p>Satisfied.....1</p> <p>Neutral.....2</p> <p>Not satisfied.....3</p>	<p>1⇒MN12J</p> <p>2⇒ MN12J</p> <p>3⇒ MN12J</p>
<p>MN12I.WHAT WAS THE REASON FOR NOT ATTENDING THESE HEATH EDUCATION SESSIONS?</p> <p><i>Probe:</i></p> <p>ANY OTHER REASON?</p> <p><i>Probe for the reasons and circle all answers given.</i></p>	<p>Costs too much.....A</p> <p>Too far/no transportB</p> <p>Husband/family did not allowC</p> <p>Did not find it necessary / useful..... D</p> <p>Was not aware of these sessions..... E</p> <p>Did not know the timing of sessions.....F</p> <p>Did not have time to attend..... G</p> <p>Other (<i>specify</i>) _____ X</p> <p>No sessions held at FHU.....Y</p>	
<p>MN12J.SOMETIMES A CHW (RAIDA REFIA) VISIT PEOPLE'S HOUSES TO ADVISE THEM ABOUT THEIR HEALTH. HAS ANY RAIDA REFIA VISITED YOU AT HOME FOR THIS DURING YOUR PREGNANCY WITH (NAME)?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>Don't know.....8</p>	
<p>MN12K.WHAT SYMPTOMS OR COMPLICATIONS DURING PREGNANCY DO YOU KNOW OF WHICH CAN BE CONSIDERED AS DANGER SIGNS AND WHICH WOULD REQUIRE YOU TO SEEK IMMEDIATE MEDICAL ASSISTANCE ?</p> <p><i>Probe:</i></p>	<p>Bleeding.....A</p> <p>Severe headache and blurring of vision.....B</p> <p>Convulsions or loss of consciousness.....C</p> <p>Baby does not move.....D</p>	

<p>ANY OTHER?</p> <p><i>Probe for the symptoms or complications and circle all answers given.</i></p>	<p>Severe or continuous vomiting.....E</p> <p>Foul-smelling discharge or copious</p> <p>Water.....F</p> <p>Other (<i>specify</i>).....X</p> <p>Don't know.....Z</p>	<p>Z⇒ MN12O</p>
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<p>MN12L. WHERE DID YOU RECEIVE INFORMATION ABOUT THE DANGER SIGNS DURING PREGNANCY?</p> <p><i>Probe : ANY OTHER SOURCE?</i></p>	<p>Television.....A</p> <p>Radio.....B</p> <p>Newspaper/ magazine.....C</p> <p>Pamphlet/brochure.....D</p> <p>Poster.....E</p> <p>Health provider (physician or nurse)F</p> <p>CHW (Raida Refia)G</p> <p>Husband.....H</p> <p>Other relative.....I</p> <p>Friends/neighbours.....J</p> <p>Other (<i>specify</i>).....X</p>	
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MN12M. Check MN12L: Source of information

Health provider is mentioned (code F is circled) ⇒ Continue with MN12N

Health provider is not mentioned (code F is not circled)⇒Go to MN12O

<p>MN12N. DID HEALTH PROVIDER (PHYSICIAN/NURSE) TOLD YOU WHERE TO GO IF THESE COMPLICATIONS OCCURRED?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	
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<p>MN12O. DO YOU EXPOSED TO ANY OF THESE DANGER SIGNS DURING YOUR LAST PREGNANCY ?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A. BLEEDING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. SEVERE HEADACHE AND BLURRING OF VISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	A. BLEEDING	1	2	B. SEVERE HEADACHE AND BLURRING OF VISION	1	2	
	YES	NO									
A. BLEEDING	1	2									
B. SEVERE HEADACHE AND BLURRING OF VISION	1	2									

C. CONVULSIONS OR LOSS OF CONSCIOUSNESS	C. Convulsions or loss of consciousness	1	2	
D. BABY DOES NOT MOVE	D. Baby does not move	1	2	
E. SEVERE OR CONTINUOUS VOMITING	E. Severe or continuous vomiting	1	2	
F. FOUL-SMELLING DISCHARGE OR COPIOUS WATER	F. Foul-smelling discharge or copious water	1	2	

MN12P. Check MN12O

At least one circle was put around code (1) ⇒ Continue with MN12Q

Circles were put on all (2) codes ⇒ Go to MN12U

MN12Q. Who DID YOU CONSULT ABOUT THESE DANGER SIGNS?

Probe: ANY OTHER ONE?

- Physician.....A
- Nurse..... B
- Trained Midwife.....C
- Pharmacist..... D
- Traditional birth attendant (Daya).....F
- Relative/friend.....H
- No one.....Y

Y ⇒ MN12T

MN12R. HOW LONG AFTER EXPERIENCING THIS DANGER SIGN CONSULTATION WAS TAKEN?

if less than one day record hours otherwise record days

- Hours.....1__
- days..... 2__
- Don't know998

MN12S. Check MN12Q

Did not consult a physician nurse (A and/or B are not circled) ⇒ Continue with MN12T

Consulted a physician, nurse or not asked (A and/or B are circled) ⇒ Go to MN12U

MN12T. WHY DID YOU NOT CONSULT A MEDICAL PROVIDER (PHYSICIAN/NURSE) OR GO TO A HEALTH FACILITY FOR THESE DANGER SIGNS?

Probe: ANY OTHER REASON?

- Costs too much.....A
- Too far/ no transport.....B
- Poor quality serviceC
- No female provider.....D
- Husband/ family did not allow.....E

	Facility not open /physician not available.....F Not necessary.....G No one to go with me.....H Did not recognize this as a danger sign.....I Did not know where to go/ who to consult.....J No one with whom to leave the other family members (other children, grandparents)... K Other (<i>specify</i>)_____X																									
<p>MN12U. SOME PARENTS MAKE SOME ARRANGEMENTS IN ADVANCE FOR THE DELIVERY OF THE INFANT. CAN YOU TELL ME IF YOU MADE ANY OF THESE ARRANGEMENTS?</p> <p>A. IDENTIFIED A PHYSICIAN/MIDWIFE TO ATTEND THE BIRTH?</p> <p>B. IDENTIFYING WHERE YOU WOULD DELIVER?</p> <p>C. ARRANGING MONEY FOR DELIVERY?</p> <p>D. ARRANGING TRANSPORT FOR DELIVERY?</p> <p>E. ARRANGING/SAVING MONEY FOR ANY EMERGENCY?</p> <p>F. IDENTIFIED POTENTIAL BLOOD DONOR?</p> <p>G. ARRANGED WITH FRIENDS/RELATIVES FOR CARE OF OTHER FAMILY MEMBERS WHILE YOU WERE AWAY?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>A physician</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Identifying where</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Arranging money</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Arranging transport</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Arranging/saving money</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Identified blood donor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Arranging with friends</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	A physician	1	2	Identifying where	1	2	Arranging money	1	2	Arranging transport	1	2	Arranging/saving money	1	2	Identified blood donor	1	2	Arranging with friends	1	2	
	Yes	No																								
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Identified blood donor	1	2																								
Arranging with friends	1	2																								
<p>MN12V. DID A PHYSICIAN/NURSE GAVE YOU ADVISE ABOUT THE IMPORTANCE OF HAVING A PHYSICIAN/NURSE AT DELIVERY?</p>	Yes1 No2 DK.....8																									
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (<i>name</i>)?</p> <p><i>Probe:</i> ANYONE ELSE?</p>	Health professional: Doctor A Nurse B Other person																									

<p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Trained Midwife D</p> <p>Traditional birth attendant.....F</p> <p>Relative / Friend H</p> <p>Other (<i>specify</i>) _____ X</p> <p>No one Y</p>	
<p>MN18. WHERE DID YOU GIVE BIRTH TO (<i>name</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Home</p> <p>Your home..... 11</p> <p>Other home 12</p> <p>Government</p> <p>Hospital 21</p> <p>PHCU 22</p> <p>FHU 23</p> <p>Other government (<i>specify</i>) _____ 26</p> <p>Private</p> <p>Private hospital / clinic..... 31</p> <p>Private doctor 32</p> <p>Other private medical (<i>specify</i>) _____ 36</p> <p>Non-governmental/NGO's</p> <p>Mosque/church/NGO clinic/unit 41</p> <p>Other NGO (<i>specify</i>) _____ 46</p> <p>Other non-medical (<i>specify</i>) _____ 96</p>	<p>11⇒MN19E</p> <p>12⇒MN19E</p> <p>96⇒MN19E</p>
<p>MN19. WAS (<i>name</i>) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒MN19F</p>
<p>MN19B. WHEN WAS THE DECISION FOR A CAESAREAN SECTION MADE? DURING PREGNANCY OR BEFORE OR AFTER YOUR LABOUR PAINS STARTED?</p>	<p>During ANC 1</p> <p>Before the start of labour 2</p> <p>During delivery 3</p> <p>Other(<i>specify</i>) _____ 6</p>	

<p>MN19C. WHY WAS A CAESAREAN SECTION PERFORMED FOR YOU?</p> <p><i>Probe:</i> WHAT ELSE?</p>	<p>Previous Caesarean section.....A Obstructed labour.....B Prolonged labour.....C Fetal distress.....D Twins/triplets.....E I requested it/ didn't want normal delivery.....F Other (<i>specify</i>).....X Don't know the reason.....Z</p>	<p>A⇒MN19F B⇒MN19F C⇒MN19F D⇒MN19F E⇒MN19F F⇒MN19F X⇒MN19F Z⇒MN19F</p>
<p>MN19E. WHAT WERE THE REASONS FOR NOT DELIVERING AT A HEALTH FACILITY?</p> <p><i>Probe:</i> WHAT ELSE?</p>	<p>Costs too much.....A Too far/ no transport.....B Poor quality serviceC No female provider.....D Husband/ family did not allow.....E Facility not open /physician not available.....F Not necessary.....G Not customary.....H Sudden delivery.....I Afraid that physician would deliver me by Caesarean section.....J Other (<i>specify</i>).....X</p>	
<p>MN19F. WHAT ARE THE DANGER SIGNS OR COMPLICATIONS DURING THE DELIVERY THAT YOU KNOW OF?</p> <p><i>Probe:</i> WHAT ELSE?</p>	<p>Bleeding before or after labour (about a cup full of blood).....A Convulsions or loss of consciousness.....B Prolonged labour (>10 hours) without delivery.....C Placenta not delivered within ½ hour of infant.....D Other (<i>specify</i>).....X DKZ</p>	<p>Z⇒MN20</p>
<p>MN19G. WHAT WAS THE SOURCE OF YOUR INFORMATION ABOUT THE DANGER SIGNS DURING DELIVERY ?</p> <p><i>Probe:</i> ANY OTHER SOURCE?</p>	<p>Television..... A Radio..... B Newspaper/ magazine.....C Pamphlet/brochure..... D Poster.....E Health provider (physician or nurse) F CHW /(Raida Refia) G Husband..... H Other relative..... I Friends/neighbours..... J</p>	

<i>Record weight from health card, if available.</i>	From recall2 (kg) __ . __ __ __ DK 99998	
MN22A. DURING THE TWO WEEKS AFTER BIRTH, WAS A BLOOD SAMPLE TAKEN FROM (NAME'S) HEEL?	Yes 1 No 2 DK 8	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?	Yes 1 No 2	
MN24. DID YOU EVER BREASTFEED (<i>name</i>)?	Yes 1 No 2	2⇒MN27A
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST? <i>If less than 1 hour, record '00' hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i>	Immediately 000 Hours 1 __ __ Days 2 __ __ Don't know / remember 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (NAME) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	YES 1 No 2	2⇒MN27B
MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK? <i>Probe:</i> ANYTHING ELSE?	Milk (other than breast milk) A Plain water B Sugar or glucose water C Gripe water D Sugar-salt-water solution E Fruit juice F Infant formula G Tea / Infusions H Honey I Other (<i>specify</i>) X	
MN27A: WHY DID YOU GIVE ANYTHING OTHER THAN BREAST MILK?	Milk in the beginning not nutritious A The amount of Milk in the beginning not sufficient B Tired C Not necessary/not customary to give breast milk immediately D	

<i>Probe: WHAT ELSE?</i>	Did not know how to breastfeed/ found it difficult to breastfeed..... E No milk in breast..... F Infant ill/ not able to breastfeed/ in NICU.. G Twins/triplets..... H Caesarean delivery I Other (<i>specify</i>)..... X	
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<p>MN27B. WHILE YOU WERE PREGNANT OR AFTER YOU DELIVERED YOUR LAST CHILD, DID ANYONE ADVISE ABOUT BREASTFEEDING (SUCH AS ITS IMPORTANCE, ITS DURATION, HOW TO BREASTFEED?)</p> <p><i>If yes, probe: WHO GAVE YOU THE ADVICE? Record all categories mentioned.</i></p> <p><i>Probe: ANY OTHER PERSON?</i></p>	Health provider (physician or nurse).....A CHW (Raida Refia)B Traditional birth attendant (Daya)C Religious leaderD Neighbours/friendsE Household memberF Other relativesG Other(<i>specify</i>)X No one Y	Y⇒MN27D
<p>MN27C. WHAT ADVICE WERE YOU GIVEN ABOUT BREASTFEEDING?</p> <p><i>Probe: ANY OTHER ADVICE?</i></p> <p><i>Record all responses mentioned.</i></p>	Infant should be breastfed immediately after delivery (within 1 hour).....A Infant should be breastfed on demand.....B Infant should be given nothing other than breastmilk for the first 6 months.....C Breastfeeding position was demonstrated...D Other (<i>specify</i>)X	
<p>MN27D. AFTER YOUR LAST BIRTH, DID YOU TAKE A FREE MILK FORMULA SAMPLE OR SUBSIDIZED (YOU PAID A SMALL AMOUNT OF MONEY) ?</p>	Yes, Free..... 1 Yes, Subsidized 2 No 3 DK 8	3⇒NEXT MODULE 8⇒NEXT MODULE
<p>MN27E. WHERE WERE YOU GIVEN THIS FORMULA FOR THE FIRST TIME?</p>	Private clinic/ hospital1 Public hospital......2 PHCU3 FHU......4 At home5 Other(<i>specify</i>) 6	

POST-NATAL HEALTH CHECKS

PN

This module is to be administered to all women with a live birth in the 5 years preceding the date of interview.

Record name of last-born child from CM13 here _____.

Use this child's name in the following questions, where indicated.

PN1. Check MN18: Was the child delivered in a health facility?

Yes, the child was delivered in a health facility (MN18=21-26 or 31-36 or 41, 46) ⇒ Continue with PN2

No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6

PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (*name*).

YOU HAVE SAID THAT YOU GAVE BIRTH IN (*name or type of facility in MN18*). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?

If less than one day, record hours.

If less than one week, record days.

Otherwise, record weeks.

Hours 1 __ __

Days 2 __ __

Weeks 3 __ __

DK / Don't remember 998

PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF (*name*) IS OK.

BEFORE YOU LEFT THE (*name or type of facility in MN18*), DID ANYONE CHECK ON (*name*)'S HEALTH?

Yes 1

No 2

PN4. AND WHAT ABOUT CHECKS ON YOUR HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?

DID ANYONE CHECK ON YOUR HEALTH BEFORE YOU LEFT (*name or type or facility in MN18*)?

Yes 1

No 2

<p>PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (<i>name</i> or <i>type of facility in MN18</i>).</p> <p>DID ANYONE CHECK ON (<i>name</i>)'S HEALTH AFTER YOU LEFT (<i>name</i> or <i>type of facility in MN18</i>)?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒PN11</p> <p>2⇒PN16</p>
<p>PN6. Check MN17: Did a health professional assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional (MN17=A and/or B) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional (A and/or B not circled in MN17) ⇒ Go to PN10</p>		
<p>PN7. YOU HAVE ALREADY SAID THAT (<i>person</i> or <i>persons in MN17</i>) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (<i>person</i> or <i>persons in MN17</i>) LEFT YOU, DID (<i>person</i> or <i>persons in MN17</i>) CHECK ON (<i>name</i>)'S HEALTH?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>PN8. AND DID (<i>person</i> or <i>persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>PN9. AFTER THE (<i>person</i> or <i>persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒PN11</p> <p>2⇒PN18</p>
<p>PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒PN19</p>

<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once 1 More than once 2</p>	<p>1⇒PN12A 2⇒PN12B</p>
<p>PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>	<p>Hours 1 __ __</p> <p>Days 2 __ __</p> <p>Weeks..... 3 __ __</p> <p>DK / Don't remember..... 998</p>	
<p>PN13. WHO CHECKED ON (<i>name</i>)'S HEALTH AT THAT TIME?</p> <p><i>Probe: WHO ELSE?</i></p>	<p>Health professional</p> <p>Doctor A</p> <p>Nurse B</p> <p>Other person</p> <p>Trained Midwife D</p> <p>Traditional birth attendant (Daya)..... F</p> <p>Community health worker (Raida Refa) . G</p> <p>Relative / Friend H</p> <p>Other (<i>specify</i>) _____ X</p>	

<p>PN14. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Respondent's home..... 11</p> <p>Other home..... 12</p> <p>Government</p> <p>Hospital.....21</p> <p>PHCU22</p> <p>FHU23</p> <p>Other government (<i>specify</i>) _____26</p> <p>Private</p> <p>Private hospital / clinic.....31</p> <p>Private doctor32</p> <p>Other private medical (<i>specify</i>)_____36</p> <p>Non-governmental/NGO's</p> <p>Mosque/church/NGO clinic/unit..... 41</p> <p>Other NGO (<i>specify</i>)_____46</p> <p>Other non-medical (<i>specify</i>) _____96</p>	
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PN15. Check MN18: Was the child delivered in a health facility?

Yes, the child was delivered in a health facility (MN18=21-26 or 31-36 or 41, 46) ⇒ Continue with PN16

No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17

<p>PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON YOUR HEALTH?</p>	<p>Yes 1</p> <p>No2</p>	<p>1⇒PN20</p> <p>2⇒PN23D</p>
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PN17. Check MN17: Did a health professional assist with the delivery?

Yes, delivery assisted by a health professional (MN17=A and/or B) ⇒ Continue with PN18

No, delivery not assisted by a health professional (A and/or B not circled in MN17) ⇒ Go to PN19

PN18. AFTER THE DELIVERY WAS OVER AND (<i>person or persons in MN17</i>) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No 2	1⇒PN20 2⇒PN23D
PN19. AFTER THE BIRTH OF (<i>name</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH? I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes 1 No 2	2⇒ PN23D
PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once 1 More than once 2	1⇒PN21A
PN20A. HOW MANY TIMES DID YOU HAVE THIS CHECK BY ANY HEALTH PROVIDER (PHYSICIAN/NURSE)?	Number of PNC check..... __ __	⇒PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? <i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i>	Hours 1 __ __ Days 2 __ __ Weeks..... 3 __ __ DK / Don't remember..... 998	
PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME? <i>Probe: WHO ELSE?</i>	Health professional Doctor A Nurse B Other person Trained Midwife D Traditional birth attendant (Daya) F Community health worker (Raida Refia) G Relative / Friend H Other (<i>specify</i>) _____ X	

<p>PN23. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Respondent's home..... 11</p> <p>Other home..... 12</p> <p>Government</p> <p>Hospital.....21</p> <p>PHCU22</p> <p>FHU23</p> <p>Other government (specify) _____26</p> <p>Private</p> <p>Private hospital / clinic 31</p> <p>Private doctor32</p> <p>Other private medical (specify)_____ 36</p> <p>Non-governmental/NGO's</p> <p>Mosque/church/NGO clinic/unit 41</p> <p>Other NGO (specify)_____ 46</p> <p>Other non-medical (specify) _____ 96</p>	
<p>PN23A. Check PN20</p> <p><input type="checkbox"/> If PN20 (only one time) ⇒ Go to PN23D</p> <p><input type="checkbox"/> If PN20 = 2 or more ⇒ Continue with PN23B</p>		
<p>PN23B. DID ANY DOCTOR OR NURSE FROM THE HEALTH UNIT CAME TO CHECK YOU DURING POSTPARTUM PERIOD?</p>	<p>Yes1</p> <p>No 2</p>	<p>2 ⇒ PN23D</p>
<p>PN23C. DID THE FIRST VISIT WAS AT THE FIRST 2 DAYS AFTER DELIVERY ?</p>	<p>Yes1</p> <p>No 2</p>	

<p>PN23D. AS A PART OF THE CHECKS ON YOUR HEALTH AFTER DELIVERY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>[A] WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>[B] WAS YOUR PULSE MEASURED?</p> <p>[C] WAS YOUR TEMPERATURE MEASURED?</p> <p>[D] WAS YOUR BREAST EXAMINED?</p> <p>[E] WERE YOUR LOWER LIMBS EXAMINED?</p>	<p style="text-align: center;">Yes No</p> <p>A. Blood pressure 1 2</p> <p>B. Pulse 1 2</p> <p>C. Temperature 1 2</p> <p>D. Breast 1 2</p> <p>E. Lower limbs 1 2</p>	
<p>PN23E. IN THE FIRST TWO MONTHS AFTER DELIVERY, DID YOU RECEIVE A VITAMIN A DOSE LIKE (THIS/ANY OF THESE)?</p> <p><i>Show (types of) capsules</i></p>	<p>Yes1</p> <p>No.....2</p>	
<p>PN24A. WHAT ARE THE DANGER SIGNS DURING THE POSTPARTUM PERIOD THAT YOU KNOW?</p> <p><i>Probe: WHAT ELSE?</i></p>	<p>Severe bleeding..... A</p> <p>Abdominal pain or foul-smelling discharge. B</p> <p>Convulsions or loss of consciousness..... C</p> <p>Vomiting and diarrhoea..... D</p> <p>Severe chest pain with difficulty breathing.. E</p> <p>Fever..... F</p> <p>Other (<i>specify</i>)..... X</p> <p>Don't know..... Z</p>	<p>Z⇒ PN24C</p>
<p>PN24B. WHAT WAS THE SOURCE OF YOUR INFORMATION ABOUT THE DANGER SIGNS IN POSTPARTUM PERIOD?</p> <p><i>Probe: WHAT ELSE?</i></p>	<p>Television..... A</p> <p>Radio..... B</p> <p>Newspaper/ magazine..... C</p> <p>Pamphlet/brochure..... D</p> <p>Poster..... E</p> <p>Health provider..... F</p> <p>CHW (Raida Refia)..... G</p> <p>Husband..... H</p> <p>Other relative..... I</p> <p>Friends/neighbours..... J</p> <p>.. X</p> <p>Other (<i>specify</i>).....</p>	<p>F⇒ PN24D</p>

PN24C. DURING THE PREGNANCY WITH (name), OR AFTER DELIVERY, DID ANYONE GIVE YOU ANY INFORMATION ABOUT THE WARNING OR DANGER SIGNS DURING THE POSTPARTUM PERIOD?	Yes 1 No 2 DK..... 8	2⇒ PN24E 8⇒ PN24E																					
PN24D. WERE YOU TOLD WHERE TO GO IF THESE COMPLICATIONS OCCURRED?	Yes 1 No 2 DK..... 8																						
PN24E. DID YOU EXPERIENCE ANY OF THESE DURING THE POSTPARTUM PERIOD: SEVERE BLEEDING ABDOMINAL PAIN OR FOUL-SMELLING DISCHARGE CONVULSIONS OR LOSS OF CONSCIOUSNESS VOMITING AND DIARRHOEA SEVERE CHEST PAIN WITH DIFFICULTY BREATHING FEVER	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Severe bleeding</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Abdominal pain or foul-smelling discharge</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Convulsions or loss of consciousness</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Vomiting and diarrhoea</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Severe chest pain with difficulty breathing</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Fever</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Severe bleeding	1	2	Abdominal pain or foul-smelling discharge	1	2	Convulsions or loss of consciousness	1	2	Vomiting and diarrhoea	1	2	Severe chest pain with difficulty breathing	1	2	Fever	1	2	
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Severe chest pain with difficulty breathing	1	2																					
Fever	1	2																					
PN24F. <i>Check PN24E</i> <input type="checkbox"/> <i>At least one circle was put around code (1) ⇒ Continue with PN24G</i> <input type="checkbox"/> <i>Circles were put on all (2) codes ⇒ Go to next module</i>																							
PN24G. Who DID YOU CONSULT ABOUT THESE DANGER SIGNS? <i>Probe: WHO ELSE?</i>	Physician.....A Nurse.....B Pharmacist.....D Traditional birth attendant (Daya).....F Relative/friend.....H Other (<i>specify</i>).....X No one.....Y	Y⇒ PN24J																					
PN24H. HOW LONG AFTER EXPERIENCING THIS DANGER SIGN DID YOU CONSULT THIS PERSON OR GO TO THE HEALTH FACILITY?	Hours.....1 ___ Days.....2 ___ Don't know998																						

<p><i>If less than one day record in hours, if else record in days.</i></p>		
<p>PN24I. Check PN24G</p> <p><input type="checkbox"/> <i>Did not consult a physician or nurse (PN24G =D,F,H,Y are circled) ⇒ Continue with PN24J</i></p> <p><input type="checkbox"/> <i>Consulted a physician, nurse (PN24G =A and/or B are circled) ⇒ Go to Next module</i></p>		
<p>PN24J. WHY DID YOU NOT CONSULT A PHYSICIAN OR NURSE FOR THESE DANGER SIGNS?</p> <p><i>Probe: ANY OTHER REASON?</i></p>	<p>Costs too much..... A</p> <p>Too far/ no transport..... B</p> <p>Poor quality service C</p> <p>No female provider..... D</p> <p>Husband/ family did not allow..... E</p> <p>Facility not open F</p> <p>Not necessary..... G</p> <p>No one to go with me... H</p> <p>Did not recognize this as a danger sign..... I</p> <p>Did not know where to go/ who to consult... J</p> <p>No one with whom to leave the other family members (other children grandparents)..... K</p> <p>Other (<i>specify</i>)..... X</p>	

ILLNESS SYMPTOMS

IS

IS1. Check List of Household Members, columns HL7B and HL15

Is the respondent the mother or caretaker of any child under age 5?

Yes ⇒ Continue with IS2.

No ⇒ Go to IS3.

IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY.

WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE A CHILD UNDER THE AGE OF 5 TO A HEALTH FACILITY RIGHT AWAY?

Probe:

ANY OTHER SYMPTOMS?

Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.

Circle all symptoms mentioned, but do not prompt with any suggestions

Child not able to drink or breastfeed A

Child becomes sicker B

Child develops a fever..... C

Child has fast breathing..... D

Child has difficulty breathing E

Child has blood in stoolF

Child is drinking poorly G

Other (*specify*) _____ X

IS3. Check BH4 (birth history)

Is the respondent the mother of any child under age 5?

Yes ⇒ Continue with next module.

No ⇒ Go to AT4A.

ATTITUDE MODULE		AT
<p>AT1. WHO WAS USUALLY DECIDE ON WHETHER YOU SHOULD RECEIVE AND NOT RECEIVE ANC: YOU, YOUR HUSBAND, YOU AND YOUR HUSBAND JOINTLY, OR SOMEONE ELSE?</p>	Respondent 1 Husband 2 Respondent & husband jointly 3 Family member 4 Someone else 5 Other (<i>specify</i>) 6	
<p>AT2. WHO MADE THE DECISION ON WHETHER A SBA SHOULD ATTEND YOUR DELIVERY: MAINLY YOU, MAINLY YOUR HUSBAND, YOU AND YOUR HUSBAND JOINTLY, OR SOMEONE ELSE?</p>	Respondent 1 Husband 2 Respondent & husband jointly 3 Family member 4 Someone else 5 Other (<i>specify</i>) 6	
<p>AT3. WOULD YOU ACCEPT ANC PROVIDED BY A MALE PHYSICIAN?</p>	Yes 1 No 2 DK 8	
<p>NOW, I WILL READ YOU A SERIES OF STATEMENTS, AND I WOULD LIKE TO ASK YOU IF YOU AGREE, ARE NEUTRAL OR DISAGREE WITH EACH OF THEM</p>		
<p>AT4A. "WOMEN IN GENERAL DO NOT ACCEPT TO RECEIVE ANTENATAL CARE FROM A MALE PHYSICIAN". WHAT IS YOUR OPINION: AGREE OR NEUTRAL OR DISAGREE?</p>	Agree 1 Neutral 2 Disagree 3	
<p>AT4B. "WOMEN IN GENERAL DO NOT ACCEPT A MALE PHYSICIAN ATTEND AT DELIVERY". WHAT IS YOUR OPINION: AGREE OR NEUTRAL OR DISAGREE?</p>	Agree 1 Neutral 2 Disagree 3	
<p>AT4C. "WOMEN IN GENERAL BELIEVE THAT THE NEW BORN INFANT SHOULD BE GIVEN THE BREAST IMMEDIATELY AFTER BIRTH". WHAT IS YOUR OPINION: AGREE OR NEUTRAL OR DISAGREE?</p>	Agree 1 Neutral 2 Disagree 3	
<p>AT4D. "WOMEN IN GENERAL BELIEVE THAT INFANTS SHOULD BE GIVEN BREASTMILK ONLY AT THE FIRST 3 DAYS. WHAT IS YOUR OPINION: AGREE OR NEUTRAL OR DISAGREE?</p>	Agree 1 Neutral 2 Disagree 3	

<p>AT4E. “WOMEN IN GENERAL BELIEVE THAT INFANTS SHOULD NOT BE GIVEN FLUIDS OR FOODS OTHER THAN BREASTMILK IN THE FIRST 6 MONTHS OF LIFE”.</p> <p>WHAT IS YOUR OPINION: AGREE OR NEUTRAL OR DISAGREE?</p>	<p>Agree.....1</p> <p>Neutral.....2</p> <p>Disagree.....3</p>																												
<p>AT5. THE PHC CARRIES OUT HEALTH EDUCATION SESSIONS ON HEALTH CARE, CARE OF THE INFANTS AND CHILDREN, AND NUTRITION. HAVE YOU ATTENDED ANY SUCH SESSION (OTHER THAN DURING PREGNANCY)?</p> <p><i>If yes: WHAT IS THE NUMBER OF SESSIONS YOU HAD ATTENDED?</i></p> <p><i>If number is more than 7 record 7</i></p>	<p>No, she didn't attend any session0</p> <p>Number of attended sessions —</p>																												
<p>AT6. SOMETIMES A CHW (RAIDA REFIA) GOES TO PEOPLE'S HOUSES TO ADVISE THEM ABOUT THEIR HEALTH. HAS ANY RAIDA REFIA GONE TO YOUR HOUSE FOR THIS?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>Don't know.....8</p>																												
<p>AT7.THE FAMILY HEALTH UNIT OFFERS MANY DIFFERENT SERVICES TO BOTH MOTHERS AND CHILDREN. I WILL READ THESE SOME OF THESE SERVICES IF YOU KNOW. PLEASE TELL ME IF OFFERED IT OR NOT AT THE FHU?</p> <p><i>(Read the following services and check all that the woman is aware of).</i></p> <p>A. ANC?</p> <p>A. MOTHER'S VACCINATION (TETANUS TOXOID)?</p> <p>B. DISTRIBUTE IRON TABLETS FOR MOTHER DURING ANC?</p> <p>C. POSTNATAL CARE AT HOME?</p> <p>D. FOLLOW-UP OF GROWTH OF THE CHILD (WEIGHT AND HEIGHT) ?</p> <p>E. SCREENING OF CHILDREN FOR ANAEMIA?</p> <p>F. CHILD VACCINATION?</p> <p>G. FAMILY PLANNING?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>ANC</td> <td>1</td> <td>2</td> </tr> <tr> <td>tetanus toxoid</td> <td>1</td> <td>2</td> </tr> <tr> <td>Iron supplementation</td> <td>1</td> <td>2</td> </tr> <tr> <td>Postnatal care at home</td> <td>1</td> <td>2</td> </tr> <tr> <td>Growth monitoring (Weight And height)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Anaemia screening</td> <td>1</td> <td>2</td> </tr> <tr> <td>Child vaccination</td> <td>1</td> <td>2</td> </tr> <tr> <td>Family planning</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	ANC	1	2	tetanus toxoid	1	2	Iron supplementation	1	2	Postnatal care at home	1	2	Growth monitoring (Weight And height)	1	2	Anaemia screening	1	2	Child vaccination	1	2	Family planning	1	2	
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Family planning	1	2																											

H. HEALTH EDUCATION FOR NUTRITION, CARE OF CHILD, SAFE PREGNANCY?	Health education	1	2	
I. CARE OF THE ILL CHILD	Care of the ill child	1	2	
J. THYROID HORMONE TESTING OF THE NEW-BORN (BLOOD SAMPLE TAKEN FROM HEEL OF NEW-BORN WITHIN 7 DAYS OF BIRTH)	Thyroid hormone	1	2	
AT8. HAVE YOU ATTENDED AT THE FHU FOR ANY REASON IN THE PAST 12 MONTH?	Yes	1		
	No.....	2		2⇒NEXT MODULE
	Don't know.....	8		8⇒NEXT MODULE
AT9. NOW I WANT TO KNOW THE WHETHER YOU WERE SATISFIED, NEUTRAL OR, NOT SATISFIED AT ALL ABOUT SOME ISSUES RELATED TO THE HEALTH SERVICES THAT PROVIDED IN THE FAMILY HEALTH UNIT.				
	Satisfied	Neutral	Not satisfied	NA
[A] TIME YOU WAITED?	3	2	1	5
[B] TIME IT TAKES TO COMPLETE ALL PARTS OF THE CONSULTATION ONCE INITIALLY SEEN?	3	2	1	5
[C] TIME IT TAKES TO RECEIVE RESULTS FROM TESTS?	3	2	1	5
[D] ABILITY OF HEALTH CARE PROVIDER TO DISCUSS PROBLEMS OR CONCERNS ABOUT YOUR CONDITION?	3	2	1	5
[E] AMOUNT OF EXPLANATION YOU WERE GIVEN ABOUT THE PROBLEM OR TREATMENT?	3	2	1	5
[F] QUALITY OF THE EXAMINATION AND TREATMENT PROVIDED?	3	2	1	5
[G] PRIVACY FROM OTHERS SEEING EXAM?	3	2	1	5
[H] PRIVACY FROM OTHERS HEARING DISCUSSION?	3	2	1	5
[I] AVAILABILITY OF MEDICINES AT THE FACILITY?	3	2	1	5
[J] THE HOURS/DAYS OF SERVICES	3	2	1	5
[K] CLEANLINESS OF FACILITY?	3	2	1	5
[L] STAFF TREATMENT?	3	2	1	5
[M] COST OF SERVICES	3	2	1	5

Woman and Husband's work status		ECO
ECO1. HAVE YOU DONE ANY WORK IN THE LAST SEVEN DAYS EVEN IF IT WAS ONLY FOR A SHORT PERIOD OF TIME?	Yes 1 No 2	1 ⇨ ECO4
ECO2. ALTHOUGH YOU DID NOT WORK IN THE LAST SEVEN DAYS, DO YOU HAVE ANY JOB OR BUSINESS FROM WHICH YOU WERE ABSENT FOR LEAVE, ILLNESS, VACATION, MATERNITY LEAVE OR ANY OTHER SUCH REASON?	Yes 1 No 2	1 ⇨ ECO4
ECO3. HAVE YOU DONE ANY WORK IN THE LAST 12 MONTHS EVEN IF IT WAS ONLY FOR A SHORT PERIOD OF TIME?	Yes 1 No 2	2 ⇨ ECO9
ECO4. WHAT IS YOUR OCCUPATION, THAT IS, WHAT KIND OF WORK DO YOU MAINLY DO?	_____ _____ _____ (RECORD ANSWER IN DETAIL)	
ECO5. DO YOU DO THIS WORK FOR A MEMBER OF YOUR FAMILY, FOR SOMEONE ELSE, OR ARE YOU SELF-EMPLOYED?	For family member 1 For someone else 2 Self-employed 3	
ECO6. DO YOU USUALLY WORK AT HOME OR AWAY FROM HOME?	Home 1 Away 2	
ECO7. DO YOU USUALLY WORK THROUGHOUT THE YEAR, OR DO YOU WORK SEASONALLY, OR ONLY ONCE IN A WHILE?	Throughout the year 1 Seasonally/part of the year 2 Once in a while 3	
ECO8. ARE YOU PAID IN CASH OR KIND FOR THIS WORK OR ARE YOU NOT PAID AT ALL?	Cash only 1 Cash and kind 2 In kind only 3 Not paid 4	

<p>ECO9. Check HL6B: Marital status</p> <p><input type="checkbox"/> Widowed / Divorced / Separated ⇒ Go to ECO12.</p> <p><input type="checkbox"/> Currently married ⇒ Continue with ECO10.</p>		
<p>ECO10. Record line number of husband from household schedule. if husband is not present in the household, record '00'.</p>	<p>Husband line number.....__ __</p>	<p>NOT "00" ⇒ ECO12</p>
<p>ECO11. WHY YOUR HUSBAND IS NOT LIVING WITH YOU IN THE HOUSEHOLD?</p>	<p>Work Outside Egypt 1</p> <p>Work Inside Egypt 2</p> <p>Studying 3</p> <p>Other (specify) _____ 6</p>	
<p>ECO12. DID YOUR CURRENT/LAST HUSBAND EVER ATTEND SCHOOL?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2 ⇒ ECO15</p>
<p>ECO13. WHAT IS THE HIGHEST LEVEL OF SCHOOL HE ATTENDED?</p>	<p>Preschool 0</p> <p>Primary 1</p> <p>Preparatory..... 2</p> <p>Secondary 3</p> <p>Higher 4</p>	<p>0 ⇒ ECO15</p>
<p>ECO14. WHAT IS THE HIGHEST GRADE HE COMPLETED AT THAT LEVEL?</p>	<p>Grade __</p> <p>Don't know..... 8</p>	
<p>ECO15. Check ECO9</p> <p><input type="checkbox"/> Widowed/divorced/separated ⇒ continue with ECO16</p> <p><input type="checkbox"/> Currently Married ⇒ Go to ECO 17</p>		

<p>ECO16. WHAT WAS YOUR (LAST) HUSBAND'S OCCUPATION? THAT WAS, WHAT KIND OF WORK DID HE MAINLY DO?</p>	<p style="text-align: right;">_ _ _</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(RECORD ANSWER IN DETAIL)</p>	<p>⇒WM11</p>
<p>ECO17. HAVE YOUR HUSBAND DONE ANY WORK IN THE LAST SEVEN DAYS EVEN IF IT WAS ONLY FOR A SHORT PERIOD OF TIME?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒ECO20</p>
<p>ECO18. ALTHOUGH YOUR HUSBAND DID NOT WORK IN THE LAST SEVEN DAYS, DOES YOUR HUSBAND HAVE ANY JOB OR BUSINESS FROM WHICH HE WERE ABSENT FOR LEAVE, ILLNESS, VACATION OR ANY OTHER SUCH REASON?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒ECO20</p>
<p>ECO19. HAVE YOUR HUSBAND DONE ANY WORK IN THE LAST 12 MONTHS EVEN IF IT WAS ONLY FOR A SHORT PERIOD OF TIME?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒WM11</p>
<p>ECO20. WHAT IS YOUR HUSBAND'S OCCUPATION, THAT IS, WHAT KIND OF WORK HE IS MAINLY DO?</p>	<p style="text-align: right;">_ _ _</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(RECORD ANSWER IN DETAIL)</p>	
<p>ECO21. DO YOUR HUSBAND DO THIS WORK FOR A MEMBER OF YOUR FAMILY, FOR SOMEONE ELSE, OR ARE HE SELF-EMPLOYED?</p>	<p>For family member 1</p> <p>For someone else..... 2</p> <p>Self-employed 3</p>	
<p>ECO22. DO YOUR HUSBAND USUALLY WORK AT HOME OR AWAY FROM HOME?</p>	<p>Home 1</p> <p>Away 2</p>	
<p>ECO23. DO YOUR HUSBAND USUALLY WORK THROUGHOUT THE YEAR, OR DOES HE WORK SEASONALLY, OR ONLY ONCE IN A WHILE?</p>	<p>Throughout the year 1</p> <p>Seasonally/part of the year 2</p> <p>Once in a while 3</p>	

ECO24. ARE YOUR HUSBAND PAID IN CASH OR KIND FOR THIS WORK OR IS HE NOT PAID AT ALL?	Cash only	1
	Cash and kind	2
	In kind only	3
	Not paid	4

WM11. Record the time.	Hour and minutes..... ____ : ____
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WM12. Check List of Household Members, columns HL7B and HL15.
 Is the respondent the mother or caretaker of any child age 0-4 living in this household?

Yes ⇒ Proceed to complete the cover page and then go to Questionnaire for Children Under Five for that child and start the interview with this respondent.

No ⇒ End the interview with this respondent by thanking her for her cooperation and proceed to complete the cover page

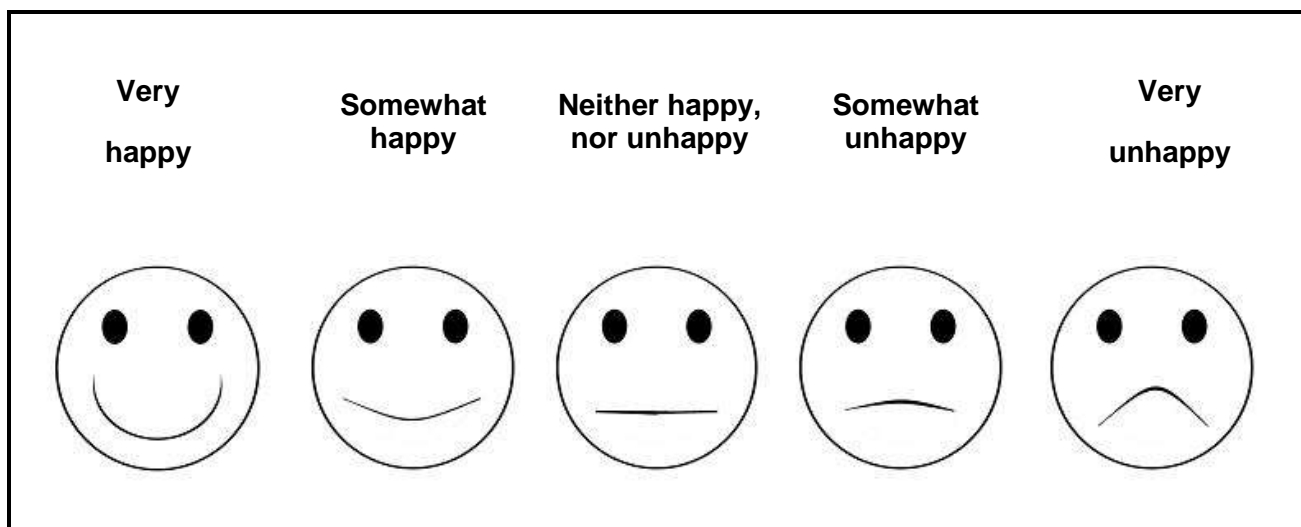
Interviewer's Observations

Field Editor's Observations

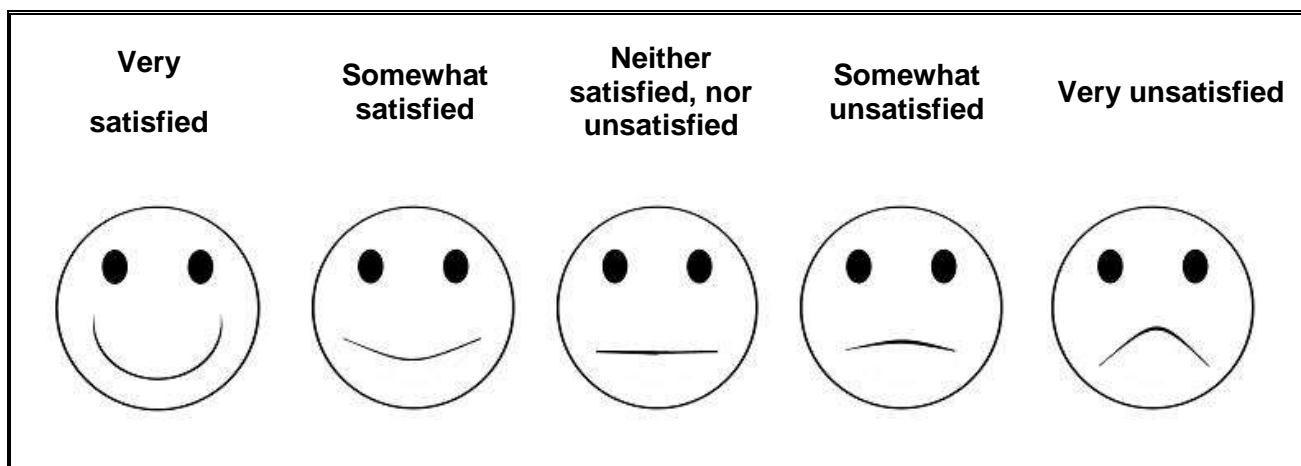
Supervisor's Observations

RESPONSE CARD:

SIDE 1



SIDE 2



ⁱInfants receiving breast milk, and not receiving any other fluids or foods, with the exception of oral rehydration solution, vitamins, mineral supplements and medicines

ⁱⁱInfants receiving breast milk and certain fluids (water and water-based drinks, fruit juice, ritual fluids, oral rehydration solution, drops, vitamins, minerals, and medicines), but do not receive anything else (in particular, non-human milk and food-based fluids)

ⁱⁱⁱInfants age 0-5 months who are exclusively breastfed, and children age 6-23 months who are breastfed and ate solid, semi-solid or soft foods

^{iv}Breastfeeding children: Solid, semi-solid, or soft foods, two times for infants age 6-8 months, and three times for children 9-23 months; Non-breastfeeding children: Solid, semi-solid, or soft foods, or milk feeds, four times for children age 6-23 months

^vThe indicator is based on consumption of any amount of food from at least 4 out of the 7 following food groups: 1) grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables

^{vi} Full vaccination includes the following: One BCG One dose of BCG and three doses of Polio, DPT, and HepB vaccines by 12 months of age and Measles by 24 months of age.