Monitoring the Situation of Children and Women

The Gambia Multiple Indicator Cluster Survey 2005/2006 Report

Gambia Bureau of Statistics

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of Statistics

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United Nations
Children's Fund

The World Bank

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Contributors to the Report

Alieu S M Ndow - Gambia Bureau of Statistics
Alieu Sarr - Gambia Bureau of Statistics
Sheriffo S T Sonko - UNICEF Banjul
Edrissa Ceesay - Gambia Bureau of Statistics
Nyakassi Sanyang - Central Bank of The Gambia
Omar Ngum - Department of Community Development
Lolley Kah Jallow - Gambia Bureau of Statistics
Baba Suwareh - Gambia Bureau of Statistics
Modou Lamin Cham - Directorate of Planning, DoSHSW
Amat Bah - National Nutrition Agency
Paul Mendy - Directorate of Planning, DoSBSE
Alieu Saho - Gambia Bureau of Statistics

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Attila Hancioglu, MICS III Global Coordinator
Trevor Croft, Blancroft Research International
Emma Holmberg, Strategic Information Section, DPP
Rhiannon James, Strategic Information Section, DPP

Editor: Fodeh Baldeh, University of The Gambia, Kanifing
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The Gambia Multiple Indicator Cluster Survey (MICS) was carried out by the Gambia Bureau of Statistics in collaboration with the Department of State for Basic and Secondary Education, the Department of State for Health and Social Welfare, the Women's Bureau, the National Nutrition Agency, the Department of Community Development, the Department of Water Resources and the Department of Social Welfare. Financial and technical support was provided by the United Nations Children's Fund (UNICEF) and the World Bank through their assisted HIV/AIDS Rapid Response Project (HARRP).

The survey was conducted as part of the third round of MIC surveys (MICS III), carried out around the world in more than 50 countries, in 2005-2006, following the first two rounds of MIC surveys that were conducted in 1995 and 2000. Survey tools are based on the models and standards developed by the Global MICS project, designed to collect information on the situation of children and women in countries around the world. Additional information on the Global MICS project may be obtained from www.childinfo.org.

Suggested citation

Gambia Bureau of Statistics (GBoS), 2007, The Gambia Multiple Indicator Cluster Survey 2005/2006 Report, Banjul.

CONTENTS

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
BCG	Bacillus-Calmette-Guérin
CEDAW	Convention on the Elimination of Discrimination Against Women
CRC	Convention on the Rights of the Child
CSPro	Census and Survey Processing System
DoSBSE	Department of State for Basic and Secondary Education
DoSHSW	Department of State for Health and Social Welfare
DPT	Diphteria, Pertussis and Tetanus
EPI	Expanded Programme on Immunization
FGM/C	Female Genital Mutilation/Cutting
GBoS	Gambia Bureau of Statistics
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
IDD	Iodine Deficiency Disorders
ITN	Insecticide Treated Net
IUD	Intrauterine Device
LAM	Lactational Amenorrhea Method
LGA	Local Government Area
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
NAR	Net Attendance Rate
NaNA	National Nutrition Agency
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Ttreatment
OVC	Orphans and Vulnerable Children
PPM	Parts Per Million
SPSS	Statistical Package for Social Sciences
STIs	Sexually Transmitted Infections
TVET	Technical, Vocational Education and Training
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
WFFC	World Fit for Children
WHO	World Health Organization

Notations

(x)	This notation implies that the percentage or proportion, x, in brackets is calculated on a number of cases that fall in the range 25 to 49 cases.
(*)	This notation implies that the percentage or proportion, *, in brackets is calculated on a number of cases that fall in the range 1 to 24 unweighted cases and the actual percentage or proportion is not shown but it is represented by an asterisk.

Summary Table of Findings

Multiple Indicator Cluster Survey (MICS) and Millennium Development Goals (MDGs) Indicators, The Gambia, 2005/2006

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
CHILD MORTALITY					
Child mortality	1	13	Under-five mortality rate	131	per thousand
	2	14	Infant mortality rate	93	per thousand
NUTRITION					
Nutritional status	6	4	Underweight prevalence	20.3	per cent
	7		Stunting prevalence	22.4	per cent
	8		Wasting prevalence	6.4	per cent
Breastfeeding	45		Timely initiation of breastfeeding	47.7	per cent
	15		Exclusive breastfeeding rate of 0-5 months	40.8	per cent
	16		Continued breastfeeding rate		
			at 12-15 months	92.3	per cent
			at 20-23 months	53.2	per cent
	17		Timely complementary feeding rate	43.8	per cent
	18		Frequency of complementary feeding	39	per cent
	19		Adequately fed infants - 0-11 months	40	per cent
Salt iodization	41		Iodized salt consumption	6.6	per cent
Vitamin A	42		Vitamin A supplementation (under-fives)	80.1	per cent
	43		Vitamin A supplementation (post-partum mothers)	78	per cent
Low birth weight	9		Low birth weight infants	19.9	per cent
	10		Infants weighed at birth	51.8	per cent
CHILD HEALTH					
Immunization	25		Tuberculosis immunization coverage	96.6	per cent
	26		Polio immunization coverage	87.6	per cent
	27		DPT immunization coverage	86.8	per cent
	28	15	Measles immunization coverage	92.4	per cent
	31		Fully immunized children	74.5	per cent
	29		Hepatitis B immunization coverage	79.6	per cent
	30		Yellow fever immunization coverage	83.5	per cent
Tetanus toxoid	32		Neonatal tetanus protection	75.6	per cent
Care of illness	33		Use of oral rehydration therapy (ORT)	48.2	per cent
	34		Home management of diarrhoea	29.4	per cent
	35		Received ORT or increased fluids, and continued feeding	37.9	per cent
	23		Care seeking for suspected pneumonia	68.9	per cent
	22		Antibiotic treatment of suspected pneumonia	61.3	per cent
Solid fuel use	24	29	Solid fuel	90.9	per cent
Malaria	36		Household availability of insecticide-treated nets (ITNs)	49.5	per cent
	37	22	Under-fives sleeping under insecticide-treated nets	49.0	per cent
	38		Under-fives sleeping under mosquito nets	63.0	per cent
	39	22	Antimalarial treatment (under-fives)	52.4	per cent
	40		Intermittent preventive malaria treatment (pregnant women)	32.5	per cent

Topic	MICS Indicator Number	MDG Indicator Number	Indicator		Value
Source and cost of supplies	96		Source of supplies (from public sources)		
			Insecticide treated nets		per cent
			Antimalarials	66.9	per cent
			Antibiotics	65.0	per cent
			Oral rehydration salts	82.7	per cent
	97		Cost of supplies (median costs)		
			Insecticide treated nets		
			Public sources	60.0	Dalasis
			private sources	137.9	Dalasis
			Antimalarials		
			Public sources	25.0	Dalasis
			private sources	85.0	Dalasis
			Antibiotics		
			Public sources	34.6	Dalasis
			private sources	68.1	Dalasis
			Oral rehydration salts		
			Public sources	10.0	Dalasis
			private sources	10.0	Dalasis
ENVIRONMENT					
Water and Sanitation	11	30	Use of improved drinking water sources	85.1	per cent
	13		Water treatment	3.0	per cent
	12	31	Use of improved sanitation facilities	84.2	per cent
	14		Disposal of child's faeces	81.2	per cent
Security of tenure and durability of housing	93		Security of tenure	45.6	per cent
	94		Durability of housing	1.8	per cent
	95	32	Slum household	70.2	per cent
REPRODUCTIVE HEALTH					
Maternal and newborn health	20		Antenatal care provided by skilled personnel	97.8	per cent
	44		Content of antenatal care		
			Blood test taken	89.7	per cent
			Blood pressure measured	96.6	per cent
			Urine specimen taken	86.7	per cent
			Weight measured	97.5	per cent
	4	17	Skilled attendant at delivery	56.8	per cent
	5		Institutional deliveries	54.5	per cent
CHILD DEVELOPMENT					
Child Development	46		Support for learning	46.9	per cent
	47		Father's support for learning	20.6	per cent
	51		Non-adult care	17.4	per cent

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
EDUCATION					
Education	52		Pre-school attendance	19.7	per cent
	53		School readiness	27.3	per cent
	54		Net intake rate in primary education	29.9	per cent
	55	6	Net primary school attendance rate	61.0	per cent
	56		Net secondary school attendance rate	36.5	per cent
	57	7	Children reaching grade five	96.6	per cent
	58		Transition rate to secondary school	56.2	per cent
	59	7b	Primary completion rate	73.6	per cent
	61	9	Gender parity index		
			primary school	1.03	ratio
			secondary school	0.87	ratio
Literacy	60	8	Adult literacy rate for females aged 15-24 years	43.1	per cent
CHILD PROTECTION					
Birth registration	62		Birth registration	55.1	per cent
Child labour	71		Child labour	24.7	per cent
	72		Labourer students	64.5	per cent
	73		Student labourers	24.2	per cent
Child discipline	74		Child discipline		
			Any psychological/physical punishment	82.4	per cent
Early marriage and polygyny	67		Marriage before age 15	9.9	per cent
			Marriage before age 18	48.7	per cent
	68		Young women aged 15-19 currently married/in union	25.1	per cent
	70		Polygyny	43.6	per cent
	69		Spousal age difference, 10 years and above		
			Women aged 15-19	59.4	per cent
			Women aged 20-24	56.5	per cent
Female genital mutilation/ Cutting	66		Approval for FGM/C	71.1	per cent
	63		Prevalence of female genital mutilation/cutting (FGM/C)	78.3	per cent
			Like daughter to undergo FGM/C	72.9	per cent
Domestic violence	100		Attitudes towards domestic violence	74..0	per cent

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
HIV/AIDS, SEXUAL BEHAVIOUR, AND ORPHANED AND VULNERABLE CHILDREN					
HIV/AIDS knowledge and attitudes	82	19b	Comprehensive knowledge about HIV prevention among young people	39.2	per cent
	89		Knowledge of mother- to-child transmission of HIV	66.7	per cent
	86		Attitude towards people with HIV/AIDS (no discrimination)	16.3	per cent
	87		Women who know where to be tested for HIV	54.7	per cent
	88		Women who have been tested for HIV	13.6	per cent
	90		Counselling coverage for the prevention of mother-to-child transmission of HIV	45.4	per cent
	91		Testing coverage for the prevention of mother-to-child transmission of HIV	20.8	per cent
Sexual behaviour	84		Women aged 15-19 who had sex before age 15	3.9	per cent
	92		Age-mixing among sexual partners	51.2	per cent
	83	19a	Condom use with non-regular partners	54.3	per cent
	85		Higher risk sex in the last year	16.0	per cent
Support to orphaned and vulnerable children	75		Prevalence of orphans	8.7	per cent
	78		Children's living arrangements	15.9	per cent
	76		Prevalence of vulnerable children	12.6	per cent
	77	20	School attendance of orphans versus non-orphans	0.87	Ratio
	79		Malnutrition among children orphaned and made vulnerable by HIV/AIDS (Ratio of OVC to non-OVC)	1.10	Ratio
	80		Early sex among children orphaned and made vulnerable by HIV/AIDS (Ratio of OVC to non-OVC)	0.80	Ratio

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Acknowledgements

The Declaration and Plan of Action adopted at the World Summit for Children, held in New York in September 1990, established a set of goals for the decade 1990 to 2000. With regard to this, a study was first conducted in 1996, another similar or even more comprehensive one was conducted in May/June 2000 and a third one was conducted in December 2005/January 2006. These studies were aimed at monitoring progress made by The Gambia towards the attainment of the mid-decade and end-decade goals set during the above-mentioned Summit.

By the ratification of the CRC and CEDAW, The Gambia, like many UN member states, committed itself to the improvement of the plight of children and women by the year 2000. The two conventions are not only comprehensive and holistic in nature but also have a high impact on the plight of children and women when implemented simultaneously. The social and welfare status of both women and children is expected to be markedly improved, thereby enhancing sustainable development in each member state.

To evaluate the efforts towards implementation of these conventions, UNICEF in collaboration with other UN agencies such as the WHO, UNFPA and the US Public Health Services developed the Multiple Indicator Cluster Survey (MICS). The MICS is a household survey that examines the behaviour of a comprehensive set of indicators related to the welfare of children and women. The module development for the survey captured data on households (economy), education, child labour, water and sanitation, salt iodization and health, ie oral rehydration solution (ORS), child mortality, tetanus toxoid, maternal and newborn health, HIV/AIDS, Vitamin A supplementation, breastfeeding care of illness, malaria, immunization and anthropometry, etc.

In 2005/2006, the Government of The Gambia in collaboration with UNICEF and the World Bank conducted the third MICS to monitor progress made at end-decade as articulated in the National Plan of Action. The survey was conducted through inter-agency collaboration with the Central Statistics Department (CSD), now called Gambia Bureau of Statistics (GBoS), acting as the lead agency. Collaborating agencies included the:

- Department of State for Health and Social Welfare(DoSHSW)
- Department of State for Basic and Secondary Education (DoSBSE)
- Department of Community Development
- Women's Bureau
- Department of Water Resources
- Department of Social Welfare
- Gambia Family Planning Association (GFPA).

The prototype questionnaires developed by UNICEF were used with some modification to suit local conditions. However, in The Gambia a module on knowledge on rehydration solutions was added to determine the rate at which women know how to prepare the salt-sugar solution (SSS), as an oral rehydration solution (ORS) packet may not be available and/or affordable at certain times when needed.

I wish to express my gratitude to all persons and agencies that participated in the different phases of the survey. Our sincere thanks go to UNICEF, Banjul Office, and the World Bank for providing

the much-needed financial support for the conduct of the MICS III. I am also indebted to the staff of GBoS, namely, Alieu Sarr (Demographer and Survey Coordinator), Edrissa Ceesay (Statistician/Programmer), Wally Ndow, Baba Suwareh and Lolley Jallow-Kah (Programmer).

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I hope that scholars, researchers, institutions, planners and decision-makers will find the MICS III results useful.

Alieu S M Ndow
Statistician General

October 2007

EXECUTIVE SUMMARY

The Gambia Multiple Indicator Cluster Survey 2005/2006 is a nationally representative survey of households, children and women. The main objectives of the survey are to provide up-to-date information for assessing the situation of children and women in The Gambia. Another objective is to furnish data needed for monitoring progress towards the goals established at the World Summit for Children and the Millennium Development Goals as a basis for future action. The findings of this survey would also be utilized by government and development partners in planning and monitoring programme implementation.

Infant and Under-5 Mortality

- The data from the MICS III 2005/2006 show that the infant and under-5 mortality rates were 93 and 131 per 1, 000 respectively. These figures represent an impressive fall in mortality indicators compared to MICS II, which showed 98 and 141 per 1,000 respectively for infant and under-5 mortality.

Education

- Sixty-one per cent of children of primary school age in The Gambia are attending primary school. Although over the past five years primary school attendance in the Basse LGA has increased from 29 per cent to 46 per cent, it is still among the lowest attendance rates. The lowest primary school attendance (41 per cent) is found in Kuntaur LGA. At the national level, there is a slight difference between male (60 per cent) and female (62 per cent) primary school attendance.
- Almost all (97 per cent) of the children who enter the first grade of primary school eventually reach Grade 5.
- Literacy level among women aged 15-24 is 43 per cent. The highest level is found in Banjul and the lowest in Basse and Kuntaur, each of which registered less than 20 per cent.

Water and Sanitation

- Eighty-five per cent of the population has access to improved drinking water - 91 and 81 per cent in the urban[1] and rural areas respectively. Apart from Kanifing, which has the highest (91 per cent), the differences among the remaining LGAs are small.
- Eighty-four per cent of the population of the country live in households with sanitary means of excreta disposal. The traditional pit latrine is inclusive and this, in most places of the country, is not regarded as a sanitary means of excreta disposal.

Child Malnutrition

- Twenty per cent of children under-5 in the country are underweight or too thin for their age. Twenty-two per cent of the children are stunted or too short for their age and six per cent are wasted or too thin for their height.

[1] See Appendix 7 for definition and list of urban settlements

- Children whose mothers have secondary or higher education are the least likely to be underweight and stunted.
- Children of women in the richest quintile are least likely to be underweight and stunted.

Breastfeeding

- Approximately 53 per cent of children aged less than four months are exclusively breastfed. At age 6-9 months, 44 per cent of children receive breast milk and solid or semi-solid foods. By age 20-23 months, about half (53 per cent) of the children continue to breastfeed.

Salt Iodization

- About 7 per cent of households in The Gambia have adequately iodized salt, a level considerably lower than the recommended level. The percentage of households with adequately iodized salt ranges from 1 per cent in Banjul to 41 per cent in the Basse LGA.

Vitamin A Supplementation

- Within the six months prior to the MICS, 80 per cent of children aged 6-59 months received a high dose of Vitamin A supplement and a further 4 per cent received the Vitamin A supplement six months prior to that.
- About 78 per cent of mothers with a birth in the last 2 years before the MICS received a high dose of Vitamin A supplement within eight weeks of the birth.

Low Birth Weight

- Approximately 20 per cent of infants were estimated to weigh less than 2,500 grams at birth. Of the total number of births only 52 per cent were weighed.

Immunization Coverage

- About 98 per cent of children aged 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 93 per cent. The second and third doses of DPT were respectively given to 90 and 82 per cent of children aged 12-23 months.
- Similarly, 93 per cent of children received Polio 1 by age 12 months and this declined to 83 per cent for the third dose.
- The coverage for measles was 85 per cent among children vaccinated by 12 months of age.
- Over half, 55 per cent of the children, had all nine antigens as recommended in the first 12 months of life.
- There are small differences of vaccination coverage across sex, education and wealth quintiles (household wealth status).

Diarrhoea

- About 19 per cent of children aged 0-59 months had diarrhoea in the last two weeks prior to the date of interview of the survey. Of these, 37.9 per cent received one or more of the recommended home treatments (ie, were treated with ORS or RHF) and continued feeding.

Acute Respiratory Infection

- Six per cent of under-5 children had an acute respiratory infection in the two weeks prior to the survey. About 69 per cent of these children were taken to an appropriate health provider.

Malaria

- In The Gambia, 63 per cent of under-5 children slept under a bednet the night prior to the survey interview. However, about 49 per cent of these bednets were impregnated with insecticide.
- Approximately 65 per cent of children with a fever in the two weeks prior to the MICS interview were given Paracetamol/Panadol to treat the fever and 58 per cent were given Chloroquine while 13 per cent were given Fansidar. Sixty-three per cent of these children were given any appropriate anti-malarial drug and 48 per cent received the drug within 24 hours of the onset of symptoms.

HIV/AIDS

- Sixty-five per cent of women aged 15-49 know all three of the main ways to prevent HIV transmission - having only one faithful uninfected sex partner, using a condom every time, and abstaining from sex.
- Forty-five per cent of women aged 15-49 correctly identified two most common misconceptions of HIV transmission - that HIV can be transmitted through supernatural means, that it can be transmitted through mosquito bites, and that a healthy looking person cannot be infected.
- Fifty-five per cent of women aged 15-49 know a place to get tested for AIDS and about 14 per cent have been tested.
- The percentage of women who have sufficient knowledge of preventing HIV transmission tends to increase with the level of education but is higher among the poorest than the richest quintiles.

Antenatal Care

- Almost all pregnant women (99 per cent) receive antenatal care (ANC) one or more times during pregnancy.

Assistance at Delivery

- A doctor, nurse, or midwife delivered about 57 per cent of births occurring in the year preceding the MICS. This percentage is highest in Banjul (95 per cent) and lowest in Kuntaur (28 per cent). Overall, 56.8 per cent of births occurring in the two years preceding the survey were delivered by skilled personnel and 54.5 per cent of the births were delivered in health facilities. The level of education and wealth quintiles are highly correlated to assistance at delivery by skilled personnel.

Birth Registration

- Births of 55 per cent of under-5 children have been registered. Birth registration coverage increases with age of child. Coverage is influenced by maternal education and wealth index quintile.

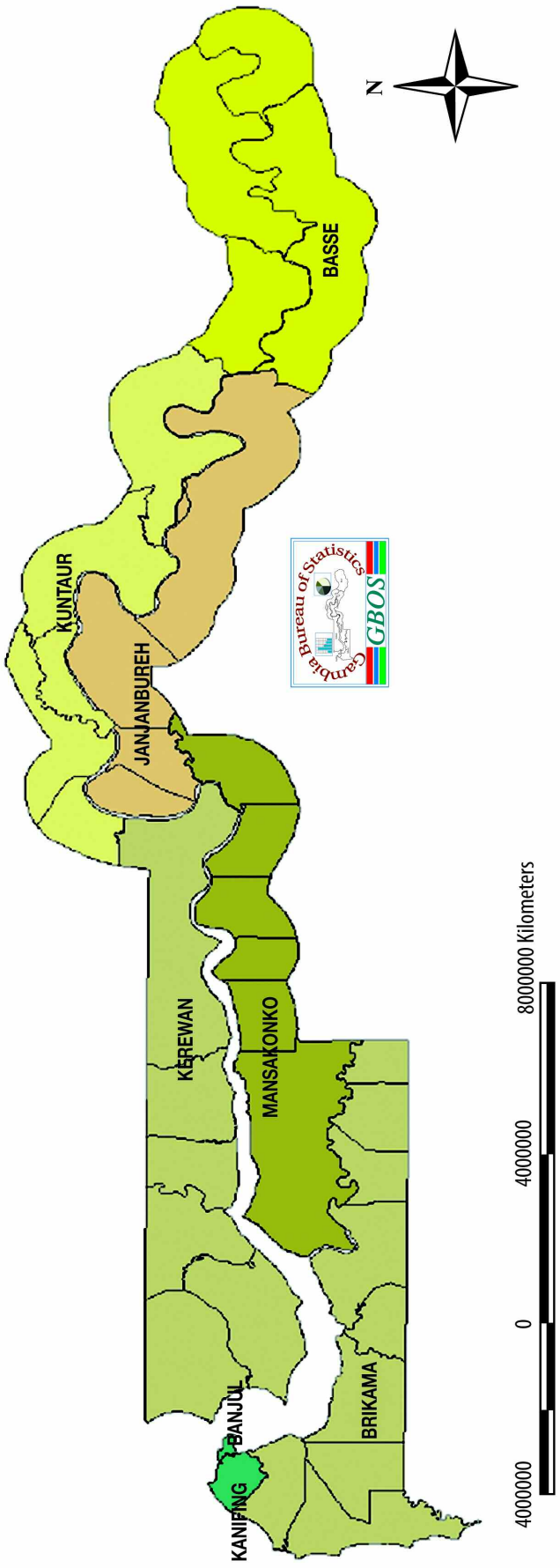
Orphanhood and Living Arrangements of Children

- Overall, 62 per cent of children aged 0-14 live with both parents. This proportion is highest for the poorest households and lowest for the richest households. Children who do not live with a biological parent comprise 16 per cent. This percentage increases with the age of the child; it is lowest for the poorest households and highest for the richest households. Children who have one or both parents dead account for 9 per cent of all children aged 0-14.

Child Labour

- About 25 per cent of children aged 5-14 are engaged in child labour. About 21 per cent of the children aged 5-14 work for family business.
- About 2 per cent of these children are engaged in domestic tasks, such as cooking, fetching water, and caring for other children for 28 hours or more in a week.

The Gambia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GBOS
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1. INTRODUCTION

Background

This report is based on The Gambia Multiple Indicator Cluster Survey, conducted in 2005/2006 by the Central Statistics Department, now called The Gambia Bureau of Statistics, in collaboration with the:

- Department of State for Basic and Secondary Education
- Department of State for Health and Social Welfare
- National Nutrition Agency
- Women's Bureau
- Gambia Family Planning Association
- Department of Community Development

Financial and technical support was provided by UNICEF and the World Bank.

The survey provides valuable information on the situation of children and women in The Gambia, and was based, in large part, on the need to monitor progress towards goals and targets emanating from recent international agreements: the Millennium Declaration, adopted by all 191 United Nations member states in September 2000, and the Plan of Action of A World Fit for Children, adopted by 189 member states at the United Nations Special Session on Children in May 2002. Both of these commitments build upon promises made by the international community at the 1990 World Summit for Children.

In signing these international agreements, governments committed themselves to improving conditions for their children and to monitoring progress towards that end. UNICEF was assigned a supporting role in this task (see table below).

A Commitment to Action: National and International Reporting Responsibilities

The governments that signed the Millennium Declaration and the World Fit for Children Declaration and Plan of Action also committed themselves to monitoring progress towards the goals and objectives they contained:

"We will monitor regularly at the national level and, where appropriate, at the regional level and assess progress towards the goals and targets of the present Plan of Action at the national, regional and global levels. Accordingly, we will strengthen our national statistical capacity to collect, analyse and disaggregate data, including by sex, age and other relevant factors that may lead to disparities, and support a wide range of child-focused research. We will enhance international cooperation to support statistical capacity-building efforts and build community capacity for monitoring, assessment and planning." (**A World Fit for Children**, paragraph 60)

"…We will conduct periodic reviews at the national and sub-national levels of progress in order to address obstacles more effectively and accelerate actions…." (**A World Fit for Children**, paragraph 61)

The Plan of Action (paragraph 61) also calls for the specific involvement of UNICEF in the preparation of periodic progress reports:

"… As the world's lead agency for children, the United Nations Children's Fund is requested to continue to prepare and disseminate, in close collaboration with Governments, relevant funds, programmes and the specialized agencies of the United Nations system, and all other relevant actors, as appropriate, information on the progress made in the implementation of the Declaration and the Plan of Action."

Similarly, the **Millennium Declaration** (paragraph 31) calls for periodic reporting on progress:

"…We request the General Assembly to review on a regular basis the progress made in implementing the provisions of this Declaration, and ask the Secretary-General to issue periodic reports for consideration by the General Assembly and as a basis for further action."

Population Policy

Faced with largely unfavourable economic conditions, rapid deforestation aggravated by rapid population growth, the Government of The Gambia decided to adopt a National Population Policy in 1992. The policy, designed to curb the rapid rate of population growth, has the overall goal of improving the quality of life and raising the standard of living of the population. This policy was first revised in 1996 and then later in 2006 to reflect the current demographic and socio-economic realities of the country. The revision of the policy was quite participatory and the strategies outlined for the attainment of the objectives took a cue from the experience gained from the implementation of past programmes.

The 2007-2015 Policy aims at addressing current population trends which are not considered commensurable with sustainable socio-economic and environmental development. With the successful implementation of programmes planned under the current policy, it is envisaged that this will result in changes in population trends and address the shortcomings of the past policies, and fill in gaps emerging from new issues in national development strategies. The overall goals of the 2007-2015 National Population Policy are the same as those of the 1992 and 1996 policies, which sought to improve the quality of life by raising the standard of living of the population.

In view of the crosscutting nature of some of the activities of the population programme, an attempt has been made to harmonise the National Population Policy with other policies. Key among these are the National Education Policy, the Gambia Environment Action Plan, the Housing, Health and Family Planning policies.

The major targets of the National Population Policy are identified as:

1 To reduce the present annual population growth rate of 2.7 per cent (2003 Census) to 2.0 per cent by 2013
2 To reduce the proportion of girls who marry before the age of 18 years by 30 per cent by 2009 and by 80 per cent by 2015
3 To reduce the proportion of girls below 20 years and women below 40 years being pregnant to 50 per cent by 2010 and to 80 per cent by 2015
4 To increase the proportion of deliveries attended by skilled birth attendants to 60 per cent by 2010
5 To achieve an average birth spacing of at least two years for all birth intervals by 2015
6 To increase the gross enrolment ratio (7-15 years) from 91 per cent in 2002/2003 to 100 per cent by 2015

7 To improve the completion rate from 80 per cent in 2002/2003 to 100 per cent by 2015
8 To achieve full immunization coverage of 100 per cent of infants (0-11 months) by 2015
9 To increase the life expectancy of the population from its current level of about 64 years to 70 years by 2013 and to 75 years by 2015
10 To reduce the HIV 1 prevalence rate among pregnant women aged 15-49 from 1.1 per cent in 2005 to less than 1 per cent by 2015
11 To reduce the under-5 mortality rate from 99 per 1,000 live births in 2003 to 54 per 1000 live births by 2015
12 To reduce the rate of urban population growth from 5.9 per cent in 2003 to 4 per cent by 2010
13 To increase the modern contraceptive prevalence rate from the estimated rate of 13.4 per cent in 2001 to 20 per cent by 2009 and 30 per cent by 2015
14 To reduce the maternal mortality rate from 730 per 100,000 live births in 2001 to 260 per 100,000 live births by 2015
15 To reduce the total fertility rate from 5.4 in 2003 to 4.5 by 2015
16 To reduce the infant mortality rate from 75 per 1,000 in 2003 to 56 per 1,000 by 2015
17 To reduce the crude death and birth rates from 9 and 41 per 1,000 respectively in 2003 to 5 and 37 per 1,000 respectively by 2015
18 To reduce the unemployment rate from 6 per cent in 2003 to 4 per cent by 2015.

A key strategy identified in the policy geared towards the achievement of these goals is improved access to health services throughout the country and the introduction of measures towards the improvement of the quality of health services in general. Improvements in the area of maternal and child health services have been particularly singled out for attention. Education cannot be divorced from population issues; hence the policy identifies strategies to improve educational attainment, particularly for girls. Other strategies developed relate to youth and women's empowerment, environmental development, agriculture and food security and HIV/AIDS, etc.

Health Situation

The health sector in The Gambia has, over the years, been under great pressure due to a number of factors, namely:

- high population growth rate
- inadequate financial and logistic support
- shortage of adequate and appropriately trained health staff
- high attrition rate
- lack of an efficient and effective referral system.

Poverty and ignorance have, in some instances, led to inappropriate health seeking behaviour and contributed to ill health. These factors have seriously constrained efforts to reduce morbidity and mortality rates in the country.

A considerable number of indices in this report may be affected by the state of health of the population in general and the state of health services in the country in particular. It would be useful, therefore, to provide some information on the state of health of The Gambia in this chapter for a better understanding of some of the findings of this study.

Health Care Delivery System

Until the adoption of the Primary Health Care (PHC) strategy in 1979, the health care delivery system in The Gambia was largely centralized with the only government referral hospitals in Banjul and Bansang. The PHC strategy was adopted with the main aim of making health care more accessible and affordable to the majority of Gambians.

A key target of the PHC was mainly rural settlements with a population of over 400 persons. For each PHC village, a village health worker (VHW) and a traditional birth attendant (TBA) are trained to provide primary health care in their communities. The village health workers (VHWs) are assigned the role of maintaining the supply of essential drugs, the provision of outpatient care, making home visits and carrying out health education programmes. The traditional birth attendants assist in deliveries, identify and refer at-risk mothers to health facilities at the tertiary level.

At the tertiary level, health services are currently provided by the four government hospitals. These hospitals are located in Banjul, Bwiam, Farafenni and Bansang. The Royal Victoria Teaching Hospital (RVTH), located in Banjul, is the main referral hospital offering specialist consultant services. The hospital operates a pharmacy, laboratory services and a polyclinic, which provides secondary level health services to Banjul and the surrounding urban area.

Farafenni Hospital provides referral services to people of the North Bank Region and adjacent rural areas. Although the hospital provides most specialist services, it is yet to be fully operational.

Sulayman Junkung Hospital at Bwiam also provides referral services to surrounding villages in both the Western Region and some parts of the Lower River Region.

Bansang Hospital, the oldest rural hospital, serves the eastern part of the country with the catchment area covering about a third of the country's population. In addition to operating as a referral hospital, it also has an outpatient department.

Health services obtained by government-funded health institutions are complemented by services provided by the private sector and non-governmental organizations (NGOs). Individuals and NGOs have established a number of health facilities, mainly in the urban areas. Probably due to the higher costs involved in the provision of health services by these sectors, only a small proportion of the population is able to afford their services, hence the increasing demand for services from public-funded health facilities.

Human Resources

In the light of marked improvements both in terms of number of service delivery points and the quality of services, there has been a corresponding increase in the number of technical and professional health personnel. The public health services depend to a large extent on expatriate doctors, the majority of whom are Cubans and Nigerians provided through technical assistance. The increase in the number of doctors serving in the rural areas might have had the most impact, particularly with the posting of Cuban doctors to areas that have never been served by a resident doctor.

A critical problem the health sector has been facing for many years now is the retention of trained nurses in the system. Nurses have been leaving the service in large numbers and DoSHSW has been facing the problem of trying to replenish those leaving through training. A large number of nurses have, over the years, been attracted to the higher income levels for nurses in Europe and the USA, which has in some instances caused a shortage of nurses for the health sector.

Major Challenges of the Health Care System

Notwithstanding the significant gains made in the health sector over the years, the sector continues to be faced with major challenges. With a rapidly growing population and increasing pressure on limited resources for the health sector, the sector has, over the years, struggled to meet the demand for services. Inadequate financial and logistical support, shortage of adequately and appropriately trained health staff, high staff attrition and an inefficient referral system have, over the years, aggravated the problems of the sector. These problems have curtailed the gains made in reducing morbidity and mortality in the country.

Specialist services are still in high demand in The Gambia. Since most specialists are non-Gambian and usually on technical assistance, the withdrawal of such assistance could adversely affect the quality of services in the country. This state of affairs renders the health service delivery system of the country quite vulnerable.

In addition to vulnerability due to reliance on non-Gambian health specialists, health funding in the country is heavily dependent on donor assistance. This raises issues of sustainability in the light of evidence of donor fatigue in the recent past.

The introduction of a course in medicine at the University of The Gambia provides a ray of hope in the provision of much-needed trained medical personnel. The first batch of 11 medical doctors graduated from the university in 2006. Notwithstanding the potential of the university to train a sizeable number of doctors and other health personnel, the health sector continues to be faced with the perennial problem of high staff attrition which has aggravated the problem of staff shortages.

Health Policy

The National Health Policy Framework, 2007-2020, "Health is Wealth", seeks to address the common health desires of the population through a number of initiatives both in the area of preventive and curative health services. With a vision to improve the health of all Gambians with a per capita income of US$ 1,500 by 2020, the policy has a mission to promote and protect the health of the population. It seeks to promote equity in access and affordability of quality services, maintain ethics and standards, promote health system reforms, and improve staff retention and client satisfaction.

Cognizant of the multi-dimensional nature of health and the potential for health status to be influenced by a variety of factors, a number of areas have been identified in the policy that would collectively have the potential to impact on the health status. Under the current policy, areas identified for interventions relate to health care programmes and clinical care delivery, health system strengthening and capacity development, and technical support services. The policy recognizes the need for community participation and the contribution of traditional medicine to the attainment of the national health goals.

The major targets of the health policy have been identified as follows:

1 To reduce infant mortality rate from 75 per 1000 to 28 per 1000 by 2015

2 To reduce under-5 mortality rate from 99 per 1000 t0 43 per 1000 by 2015

3 To reduce maternal mortality ratio from 730 per 100,000 to 150 per 100,000 by 2015

4 To increase life expectancy at the national level to from 63.4 to 69 years by 2015

5 To increase life expectancy for women from 65 years to 70 years by 2015

6 To increase life expectancy for men from 62.4 years to 68 years by 2015

7 To reduce malaria incidence by 50% by 2015

8 To reduce HIV/AIDS prevalence (HIV 1 from 1.1% to 0.5% and HIV 2 from 0.7% to 0,1% by 2015)

9 To reduce total fertility rate from 5.4 to 4.6 by 2015

10 To reduce tuberculosis incidence rate from 120 per 100,000 to 60 per 100,000 by 2015

11 To reduce morbidity due to non communicable diseases by 10% by 2015 (2007 base)

12 To reduce morbidity due to other communcable diseases by 50% (2007 base)

Education Policy 2004-2015

The aims and objectives of education in The Gambia are synchronized with the education-related Millennium Development Goals (MDGs), Education for All (EFA) goals, the New Partnership for African Development (NEPAD) education-related goals and the country's Poverty Reduction Strategy Paper (PRSP). The policy priorities are identified to allow for the growth of educational opportunities and improve the effectiveness of education at all levels, from early childhood development (ECD) to higher education.

Based on these principles and the economic development prospects of the country, the basic aims of the Education Policy are:

1 To promote a broad-based education at the basic level for lifelong learning and training

2 To mainstream gender in the creation of opportunities for all to acquire literacy, livelihood skills and the utilization of these skills in order to earn a living and become economically self-reliant members of the community

3 To develop the physical and mental skills, which will contribute to nation building - economically, socially and culturally in a sustainable environment

4 To encourage creativity and the development of a critical and analytical mind

5 To further an understanding and appreciation of the contribution of science and technology to development

6 To cultivate sound moral and ethical values in the development of life skills

7 To develop a healthy body and an appreciation of the value of a healthy mind in response to life threatening diseases like HIV/AIDS, malaria and tuberculosis

8 To create an awareness of the importance of peace, democracy and human rights, duties and responsibilities of the individual in fostering these qualities

9 To foster an appreciation of and respect for the cultural heritage of The Gambia

10 To promote a sense of patriotism: service, loyalty, integrity and dedication to the nation and humanity.

Considering the high population growth rate, the cost of education in relation to the poor and the current share of education in the government budget, the policy has been prioritized in the following five components aimed at providing equitable access to high quality education to the population of the country: Access to Education; Quality Education; Vocational and Technical Education; Tertiary and Higher Education.

Policy Objectives

Given the above priority areas and key strategies in mind, the policy seeks to attain the following objectives:

1 To increase the basic education GER to 100 per cent by 2015, taking into account enrolment in the Madrassas

2 To increase the completion rates in basic education to 100 per cent by 2015

3 To increase the supply of trained teachers and make more efficient use of the teaching force by maintaining the pupil/teacher ratio at 45:1 at the basic level

4 To increase double-shift classes from 25 per cent to 32 per cent by 2015 across all levels

5 To phase out double-shift teachers by 2015

6 To maintain multi-grade teaching in a combined class size not exceeding 40

7 To increase the share of enrolment of girls to 50 per cent of total enrolment at the levels of basic and secondary education by 2015

8 To improve the quality of teaching and learning at all levels

9 To improve learning outcomes at all levels - at least 80 per cent of students will attain minimum grade competencies/mastery levels by 2015

10 To increase the enrolment ratio of early childhood by 50 per cent especially in the rural areas by 2015

11 To increase access, for adults and out-of-school youth, to functional literacy and numeracy programmes in order to have the illiterate population by 2015

12 To provide marketable and social skills to enable individuals to deal effectively with the demands and challenges of everyday life

13 To introduce the teaching of the five most commonly used languages - Mandinka, Wollof, Fula, Jola and Serahule - at the basic, senior secondary, higher education levels as subjects

14 To increase the transition rate from Grades 9 to 10 to a minimum of 50 per cent

15 To increase the quota of graduate teachers of Gambian nationality at the level of senior secondary from 26 per cent to 100 per cent by 2015

16 To strengthen the institutional and management capacity of the Technical, Vocational Education and Training (TVET) system

17 To establish a sound financial basis for the long-term development and sustainability of TVET

18 To increase cost sharing and cost recovery at post-secondary training institutions

19 To develop and strengthen public - private partnership in the financing of higher education

20 To institutionalize access programmes for higher education, especially for girls, particularly in science, mathematics and technology

21 To improve the organizational structure of the sector for efficient and effective service delivery.

National Nutrition Policy

The National Nutrition Agency (NaNA) is responsible for the implementation of the 2000-2004 National Nutrition Policy. The goal of the policy is to attain the basic nutritional requirements for the population. The policy also addresses issues that could impact on children's life, eg protecting, promoting and supporting breastfeeding, caring for the socio-economically deprived and nutritionally vulnerable and improving food security at national, community and household levels. The goal of the policy will be realized through the following seven priority substantive areas:

- Protecting, promoting and supporting breastfeeding
- Improving food security at the national, community and household levels
- Improving food standards, quality and safety
- Preventing and managing infectious diseases
- Preventing and managing micro-nutrient malnutrition
- Preventing and managing diet-related non-communicable diseases
- Caring for the socio-economically deprived and nutritionally vulnerable.

A key factor in the strategies to attain the policy objectives is an intensive information, education and communication (IEC) programme aimed at sensitizing stakeholders to the critical roles in the successful implementation of programmes identified to meet policy objectives. These programmes do not only target communities but also decision-makers who can influence policy formulation of relevance to the National Nutrition Policy.

It is important to note that apart from the national policies discussed above, several laws exist that promote the interest of children and women. Below are the following policies and Acts.

- The Children's Act, 2005
- National Youth Policy and Programme of Action
- National Policy on the Advancement of Gambian Women
- Early Childhood Development Policy Framework
- Policy for the Prevention of Sexual Abuse of Students in Schools
- Tourism Offences Act , 2005

Survey Objectives

The Gambia Multiple Indicator Cluster Survey 2005/2006 has the following primary objectives:

- To provide up-to-date information for assessing the situation of children and women in The Gambia

- To furnish data needed for monitoring progress towards the goals established in the Millennium Declaration, the goals of A World Fit for Children (WFFC) and other internationally agreed upon goals as a basis for future action

- To contribute to the improvement of data and monitoring systems in The Gambia and to strengthen technical expertise in the design, implementation and analysis of such systems.

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2. SAMPLE AND SURVEY METHODOLOGY

Sample Design

The sample for The Gambia Multiple Indicator Cluster Survey was designed to provide estimates on a large number of indicators on the situation of children and women at the national level, for urban and rural areas, and for eight LGAs (LGAs): Banjul, Kanifing, Brikama, Mansakonko, Kerewan, Kuntaur, Janjangbureh and Basse. The LGAs were identified as the main sampling domains and the sample was selected in two stages. Within each LGA, at least 14 and at most 99 census enumeration areas were selected with probability proportional to size.

After a household listing was carried out within the selected enumeration areas, a systematic sample of 6,175 households was drawn. The sample was stratified by LGA and urban and rural areas; it is not self-weighting. For reporting national level results, sample weights are used. A more detailed description of the sample design can be found in Appendix A.

Questionnaires

Three sets of questionnaires were used in the survey:

- a household questionnaire which was used to collect information on all de facto household members, the household and the dwelling
- a women's questionnaire administered in each household to all women aged 15-49
- an under-5 questionnaire, administered to mothers or caretakers of all children under-5 living in the household.

The questionnaires included the following modules:

Household Questionnaire

- Household Listing
- Education
- Water and Sanitation
- Household Characteristics
- Security of Tenure/Durability of Housing
- ITN/Malaria-related questions
- Child Labour
- Child Discipline
- Salt Iodization

The *Questionnaire for Individual Women* was administered to all women aged 15-49 living in the households, and included the following modules:

- Child Mortality
- Tetanus Toxoid
- Maternal and Newborn Health
- Marriage and Union

- Security of Tenure
- Attitudes Towards Domestic Violence
- Female Genital Mutilation/Cutting
- Sexual Behaviour
- HIV Knowledge

The *Questionnaire for Children Under-5* was administered to mothers or caretakers of children under-5 years of age[2] 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:

- Birth Registration and Early Learning
- Child Development
- Vitamin A
- Breastfeeding
- Care of Illness
- Malaria
- Immunization
- Anthropometry
- Rehydration Solutions

The questionnaires are based on the MICS III model questionnaire.[3] Although translated versions of the questionnaires could not be produced for the survey, an attempt was made during the training of data collection personnel to translate all the questions into Mandinka, Fula and Wollof to ensure that there was a common approach to administering the questions to respondents in the local languages. All the questionnaires were pre-tested.

Based on the results of the pre-test, modifications were made to the wording of some questions and translation problems identified and suitable alternatives discussed. A copy of The Gambia MICS III questionnaires is provided in Appendix F.

In addition to the administration of questionnaires, fieldwork teams tested the salt used for cooking in the households for iodine content, and measured the weights and heights of under-5 children. Details and findings of these measurements are provided in the respective sections of this report.

Training and Fieldwork

Training for fieldwork staff lasted for 19 days in the Kanifing Municipality. Training included lectures on interviewing techniques and the contents of the questionnaires, and mock interviews between trainees to gain practice in asking questions. In addition, since the questionnaires were not translated into the local languages, it was deemed necessary to conduct interviews in the three main local languages - Mandinka, Fula and Wollof - to ensure that there was a common translation of the questions. Mock interviews were repeated in the local languages to ensure a thorough understanding of the questionnaires.

[2] The terms "children under 5", "children aged 0-4 years", and "children aged 0-59 months" are used interchangeably in this report.
[3] The model MICS III questionnaire can be found at www.childinfo.org, or in UNICEF, 2006

Towards the end of the training period, trainees spent five days in practice interviewing in Kanifing, Brikama and Mansakonko LGAs. This exercise gave the MICS team the opportunity to assess the suitability of the questionnaires and also to gauge the workload based on the sample size of the survey.

The data were collected by seven teams; each comprised five interviewers, one driver, one editor/measurer and a supervisor. Fieldwork began in December 2005 and ended in March 2006. There were numerous breaks during the data collection exercise which were due to the observance of religious feasts of the Eid El Adha (locally known as Tobaski), Christmas and the New Year. These breaks delayed the data collection exercise immensely. To avoid the additional cost of teams having to travel to their homes during the holidays, mostly to the Greater Banjul Area, it was decided to begin the data collection in this area.

Data Processing

Data were entered using the CSPro software. The data were entered on 18 microcomputers and carried out by 36 data entry operators and two data entry supervisors. In order to ensure quality control, all the questionnaires were double entered and internal consistency checks were performed. Procedures and standard programs developed under the global MICS III project and adapted to The Gambia's questionnaires were used throughout. Data processing began simultaneously with data collection in January 2006 and was completed in March 2006. Data were analysed using the Statistical Package for Social Sciences (SPSS) software program, Version 14, and the model syntax and tabulation plans developed by UNICEF for this purpose.

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3. SAMPLE COVERAGE AND THE CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Sample Coverage

Of the 6,175 households selected for the sample, 6,171 were found to be occupied. Of these, 6,071 were successfully interviewed for a household response rate of 98.4 per cent. In the interviewed households, 10,252 women aged 15-49 were identified. Of these, 9,982 were successfully interviewed, yielding a response rate of 97.4 per cent. In addition, 6,641 under -5 children were listed in the household questionnaire. Copies of the questionnaires were completed for 6,543 of these children, which corresponds to a response rate of 98.5 per cent. Overall response rates of 95.8 per cent and 96.9 per cent are calculated for the women's and under-5's interviews respectively (Table HH.1).

The differentials in response rates across LGAs are small. The lowest household response rate of 97.6 per cent is in the Brikama LGA and the highest of 100 per cent is in Banjul and Mansakonko. In the case of women's response rate, the lowest, which is 98.4 per cent, is in Kuntaur and the highest (99.4 per cent) is found in three other LGAs. Banjul has the lowest child response rate of 95.8 per cent.

Characteristics of Households

The 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 6,071 households successfully interviewed in the survey, 44,877 household members were listed. Of these, 22,072 were males, and 22,805 were females. These figures also indicate that the survey estimated the average household size at 7.4 persons.

The percentage distribution of the MICS III survey population by the 5-year age group is very similar to the distribution of the 2003 population of The Gambia for all age groups. However, a marked percentage difference has been noticed between the two distributions at the age group 50-54 for females. This particular age group in the survey showed 4.6 per cent of the female population listed in the survey. This almost doubles the percentage of male population in this age group (2.6 per cent).

The 2003 census results show that about 2.4 females were in this age group. The reason for the differences is not yet quite obvious. However, it is assumed that enumerators knowingly or otherwise shifted the women aged 45-49 to the age category 50-54 years to avoid having to interview large numbers of eligible women.

For both distributions (survey and census) the age group 0-14 consists of 44 per cent of the population. The age group 15-64 consists of 52 per cent of the population. A similar correspondence exists between the survey and census age distributions for other age groups except the particular one mentioned above.

Note that the figure below Figure HH.1 is the distribution of the 2003 population by age group. The population pyramid in Figure HH.1 is the distribution of the MICS III population listed by the 5-year age group. In general, under-enumeration of under-5 children due to age shifting to 5-9 years is evident in both the 2003 Census and the MICS III distributions. However, there is evidence of age shifting among women aged 45-49 to 50-54 in Figure HH.1.

Figure HH.1. Population pyramid, The Gambia, 2006

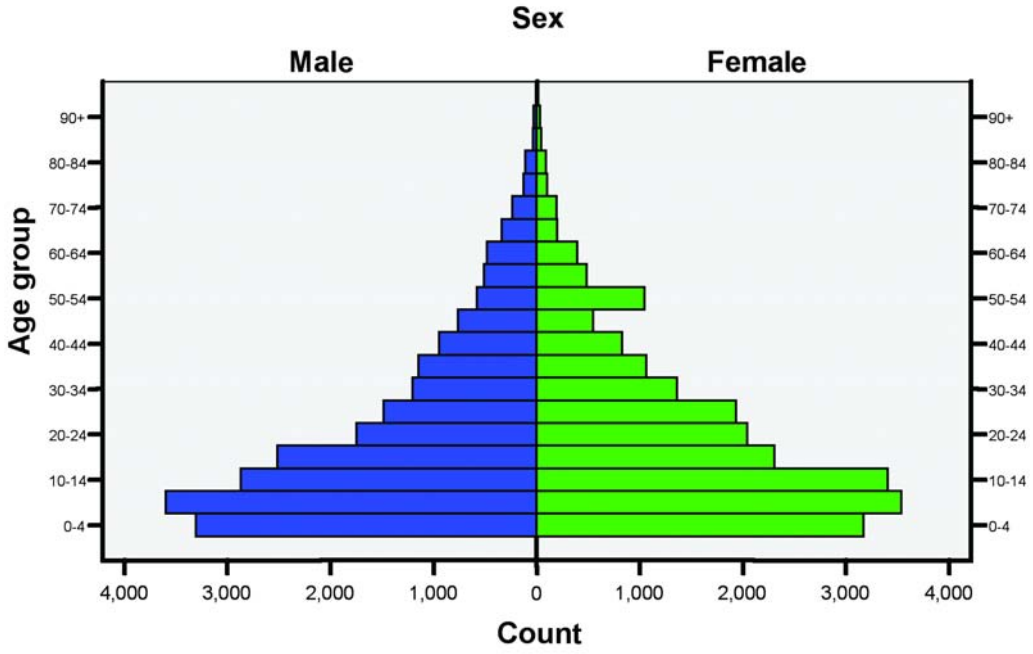


Figure CN.1. Pyramid, Population and Housing Census 2003, The Gambia

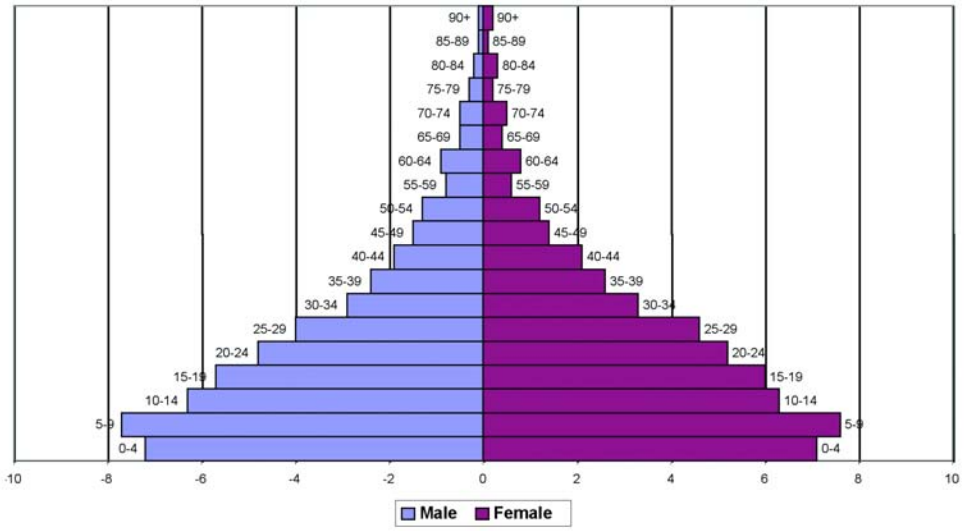


Table HH.3 provides basic background information on the households. Within households, the sex of the household head, LGA, urban/rural status, number of household members and ethnicity of the household head is shown in the table. These background characteristics are also used in subsequent tables in the report. The figures in the table are also intended to show the number of observations by major categories of analysis in the report. The weighted and unweighted numbers of households are equal, since sample weights were normalized (See Appendix A). The table also shows the proportions of households where at least one child under 18, at least one child under 5, and at least one eligible woman aged 15-49 were found.

About 84 per cent of the household heads are males. Rural settlements account for about 52 per cent of household heads. Table HH.3 also shows that 25 per cent of the households have 10 or more persons.

Characteristics of Respondents

Tables HH.4 and HH.5 provide information on the background characteristics of female respondents 15-49 years of age and of under-5 children. In both tables, the total numbers of weighted and unweighted observations are equal, since sample weights have been normalized (standardized). In addition to providing useful information on the background characteristics of children and women, the tables are also intended to show the numbers of observations in each background category. These categories are used in the subsequent tabulations of this report.

Table HH.4 provides background characteristics of female respondents aged 15 - 49. The table includes information on the distribution of women according to region, urban-rural areas, age, marital status, motherhood status, education[4], wealth index quintiles[5], and ethnicity.

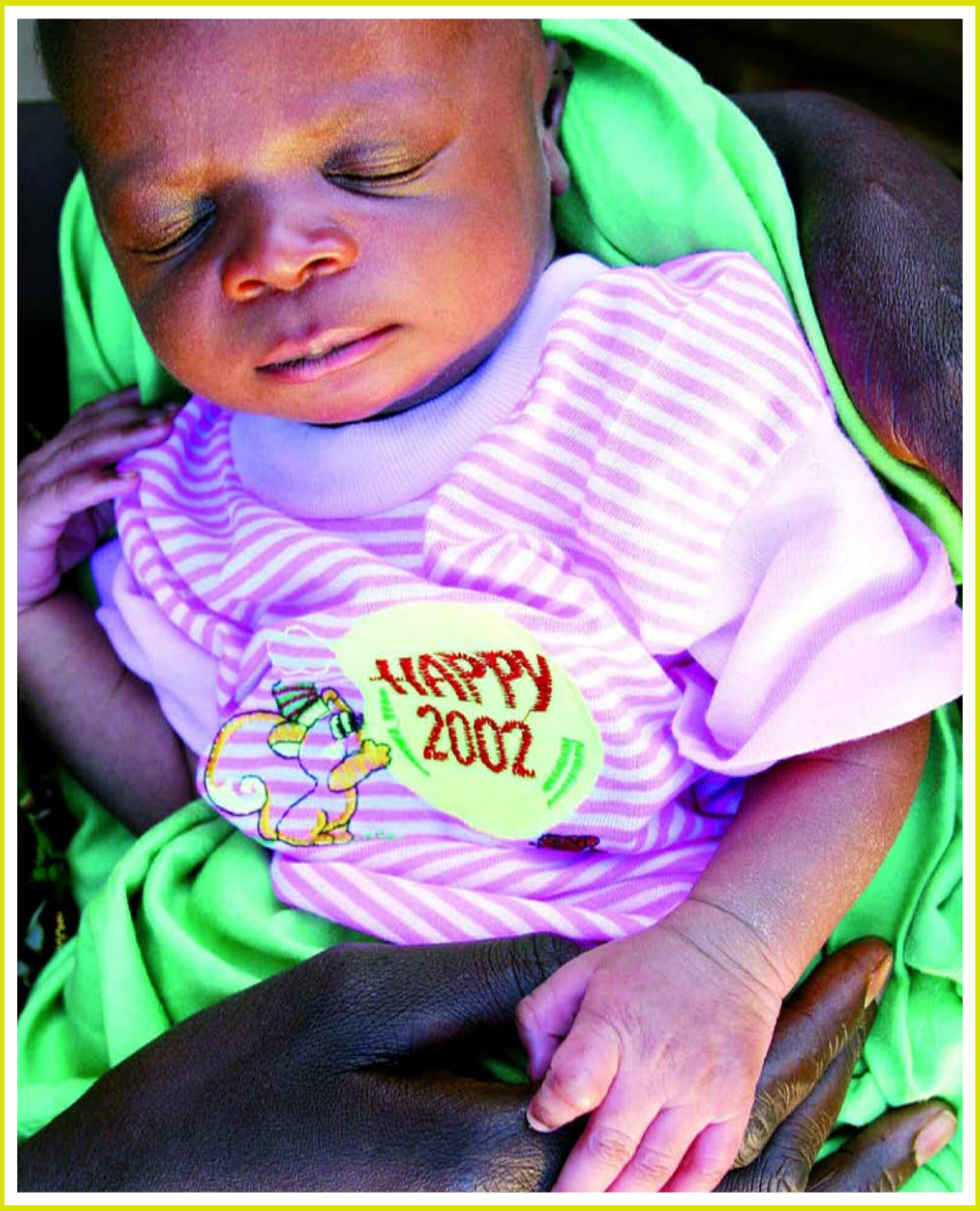
The table shows that 68.6 per cent of the females interviewed were married at the time of the survey and 57.4 per cent (interviewed females) were in the rural areas. The never-married category accounts for 26.8 per cent of the interviewed females aged 15-49 years. About 61 per cent of these women did not receive any form of formal education. The table also shows that 22.3 per cent of these are in the richest category and 17.1 per cent in the poorest category of the wealth index quintile.

Some background characteristics of under-5 children are presented in Table HH.5. These include distribution of children by several attributes: sex, region and area of residence, age in months, mother's or caretaker's education, wealth and ethnicity.

Of the under-5 children whose mothers/caretakers were interviewed, 51.1 per cent are males and 64.8 per cent live in the rural areas. The majority of under-5 children who were interviewed are in the age group 12-23 months. They account for 22.7 per cent of the under-5s. Twenty-three per cent are in the poorest households and 16.5 per cent in the richest households.

[4] Unless otherwise stated, education refers to educational level attained by the respondent throughout this report when it is used as a background variable.

[5] Principal components analysis was performed by using information on the ownership of household goods and amenities (assets) to assign weights to each household asset, and obtain wealth scores for each household in the sample. (The assets used in these calculations were as follows: persons per sleeping room; type of roof, floor and wall of house; type of cooking fuel; ownership of cars, mobiles, refrigerators, TVs and other means of transportation; and type of toilet facilities. Each household was then weighted by the number of household members, and the household population was divided into five groups of equal size, from the poorest quintile to the richest quintile, based on the wealth scores of households they were living in. The wealth index is assumed to capture the underlying long-term wealth through information on the household assets, and is intended to produce a ranking of households by wealth, from poorest to richest. The wealth index does not provide information on absolute poverty, current income or expenditure levels, and the wealth scores calculated are applicable for only the particular data set they are based on. Further information on the construction of the wealth index can be found in Rutstein and Johnson, 2004, and Filmer and Pritchett, 2001.



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4. CHILD MORTALITY

One of the overarching goals of the Millennium Development Goals (MDGs) and the WFFC is to reduce infant and under-5 mortality. Specifically, the MDGs call for a reduction in under-5 mortality by two-thirds between 1990 and 2015. Monitoring progress towards this goal is an important but difficult objective. Measuring childhood mortality may seem easy, but attempts using direct questions, such as "Has anyone in this household died in the last year?" give inaccurate results.

Using direct measures of child mortality from birth histories is time consuming, more expensive, and requires greater attention to training and supervision. Alternatively, indirect methods developed to measure child mortality produce robust estimates that are comparable with the ones obtained from other sources. Indirect methods minimize the pitfalls of memory lapses, inexact or misinterpreted definitions and poor interviewing technique.

Infant mortality rate is the probability of dying before the first birthday. Under-5 mortality rate is the probability of dying before the fifth birthday. In MIC surveys, infant and under-5 mortality rates are calculated based on an indirect estimation technique known as the Brass method (United Nations, 1983; 1990a; 1990b).

The data used in the estimation are: the mean number of children ever born for 5-year age groups of women aged 15 to 49, and the proportion of these children who are dead, also for 5-year age groups of women.

The technique converts these data into probabilities of dying by taking into account both the mortality risks to which children are exposed and their length of exposure to the risk of dying, assuming a particular model age pattern of mortality. Based on previous information on mortality in The Gambia, the south model life table was selected as most appropriate.

Table CM.1 provides estimates of child mortality by various background characteristics, while Table CM.2 provides the basic data used in the calculation of the mortality rates for the national total. These estimates have been calculated by averaging mortality estimates obtained from women aged 25-29 and 30-34, and refer to mid-2003. The infant mortality rate is estimated at 93 per thousand, while the probability of dying at the under-5 mortality rate (U5MR) is around 131 per thousand. As expected, male children experience higher mortality than female children.

Figure CM.1:Under-5 mortality rates by background characteristics, The Gambia

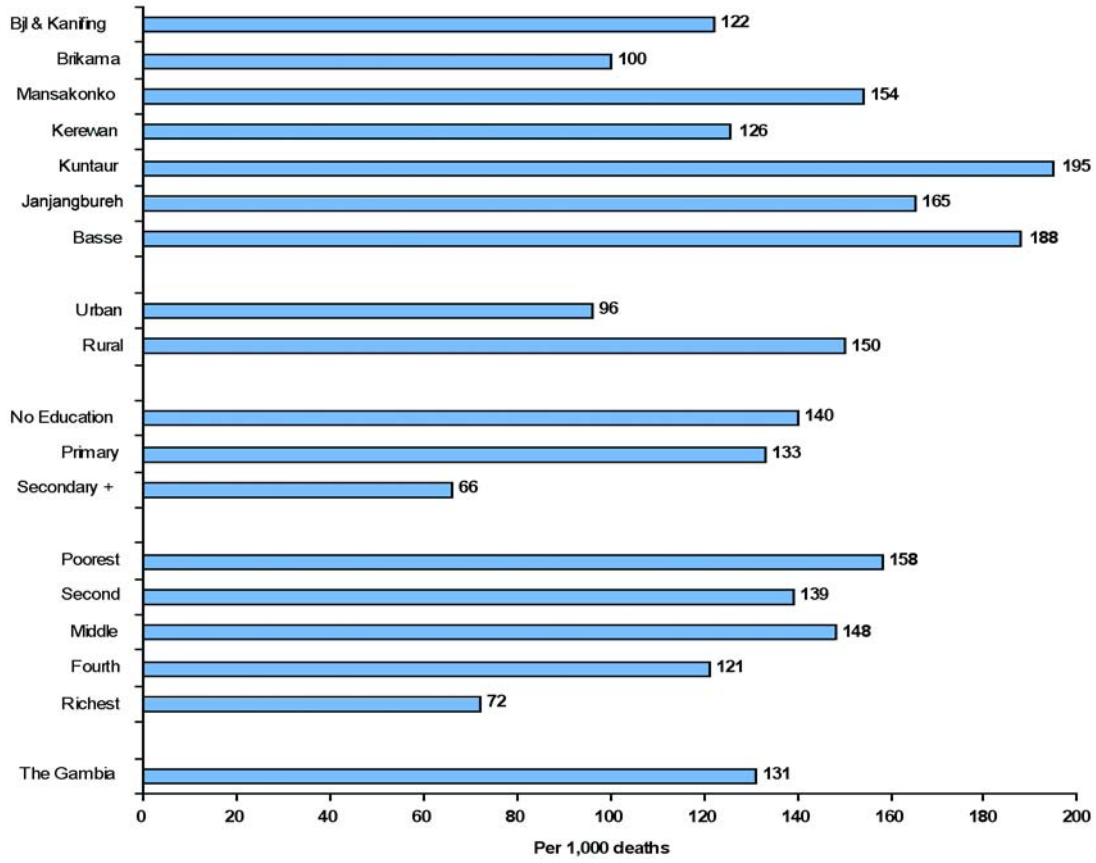
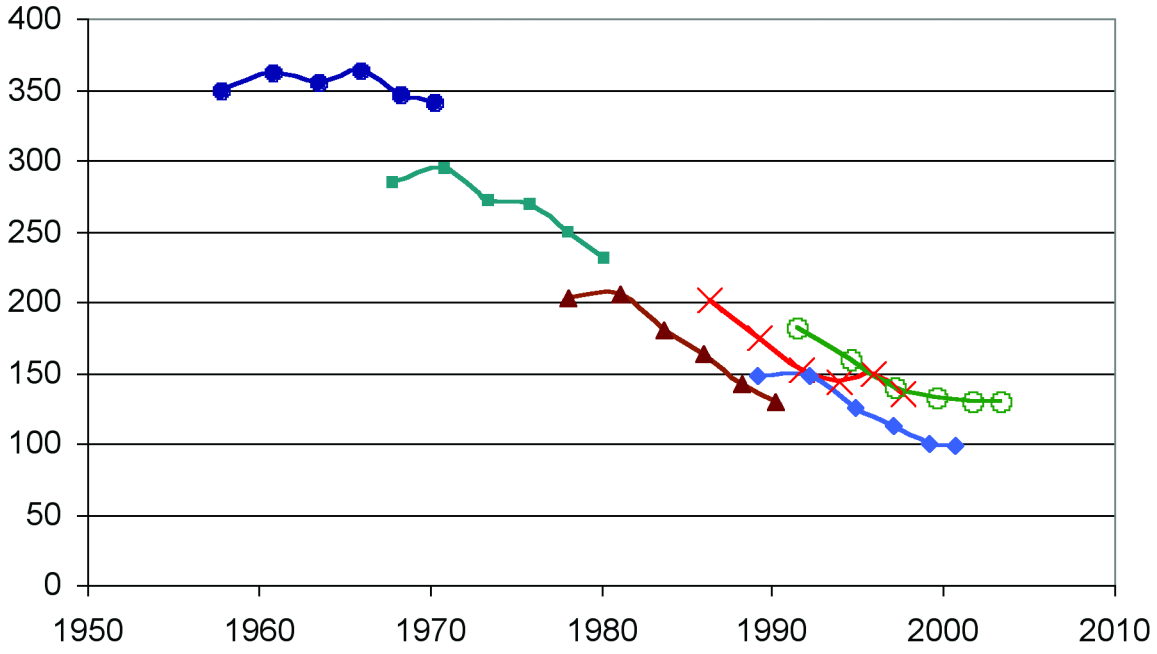


Figure CM.2 shows estimates of under-5 mortality by LGA, residence, mother's education and wealth. The LGA differentials should be viewed with caution due to the small sample sizes that some of the estimates are based on; this is particularly the case for Mansakonko and Kuntaur. The urban LGAs (Banjul and Kanifing) are shown as one category to overcome the effect of the small sample size of Banjul. Generally, infant and under-5 mortality rates are lowest in the Brikama LGA and highest in Kuntaur. The under-5 mortality rate in Banjul and Kanifing is 122 per thousand. There are notable differences in mortality in terms of mother's educational level, wealth and ethnicity. In particular, the probabilities of dying among children living in the richest households are considerably lower compared to the national average, ie infant mortality (58 vs 93 per 1000) and under-5 mortality (72 vs 131 per 1000).

Figure CM.2 shows the series of U5MR estimates of the survey, based on the responses of women in different age groups, and referring to various points in time, thus showing the estimated trend in U5MR based on the survey. Despite the downward trend in mortality in both the censuses and the MICS estimates, the latter indicate a higher level of mortality during the previous 13 years (1993-2006) when compared to the census mortality estimates. The 2006 U5MR estimate (131 per thousand live births) from the MICS is about 24 per cent higher than the estimate of 99 per thousand live births for the 2003 census. Further qualification of these apparent differences and their determinants should be taken up in a more detailed and separate analysis.

Figure CM.2: Trend in under-5 Mortality Rates, The Gambia



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5. NUTRITION

Nutritional Status

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

Under-nutrition is associated with more than half of all child deaths worldwide. Undernourished children are more likely to die from common childhood ailments, and those who survive have recurring sicknesses and faltering growth. Three quarters of the children who die from causes related to mal-nutrition were only mildly or moderately malnourished - showing no outward sign of their vulnerability.

The MDGs target is to reduce by half the proportion of people who suffer from hunger between 1990 and 2015. The WFFC goal is to reduce the prevalence of malnutrition among under-5 children by at least one third between 2000 and 2010, with special attention to children under 2 years of age. A reduction in the prevalence of malnutrition will assist in the goal to reduce child mortality.

In a well-nourished population, there is a reference distribution of height and weight for under-5 children. Under-nourishment in a population can be gauged by comparing children to a reference population. The reference population used in this report is the WHO/CDC/NCHS reference, which was recommended for use by UNICEF and the World Health Organization (WHO) at the time the survey was implemented. Each of the three nutritional status indicators can be expressed in standard deviation units (z-scores) from the median of the reference population.

Weight-for-age is a measure of both acute and chronic malnutrition. Children whose weight-for-age is more than two standard deviations below the median of the reference population are considered *moderately 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 short for their age and are classified as *moderately or severely stunted*. Those 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.

Finally, 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*, while those who fall more than three standard deviations below the median are *severely wasted*. 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.

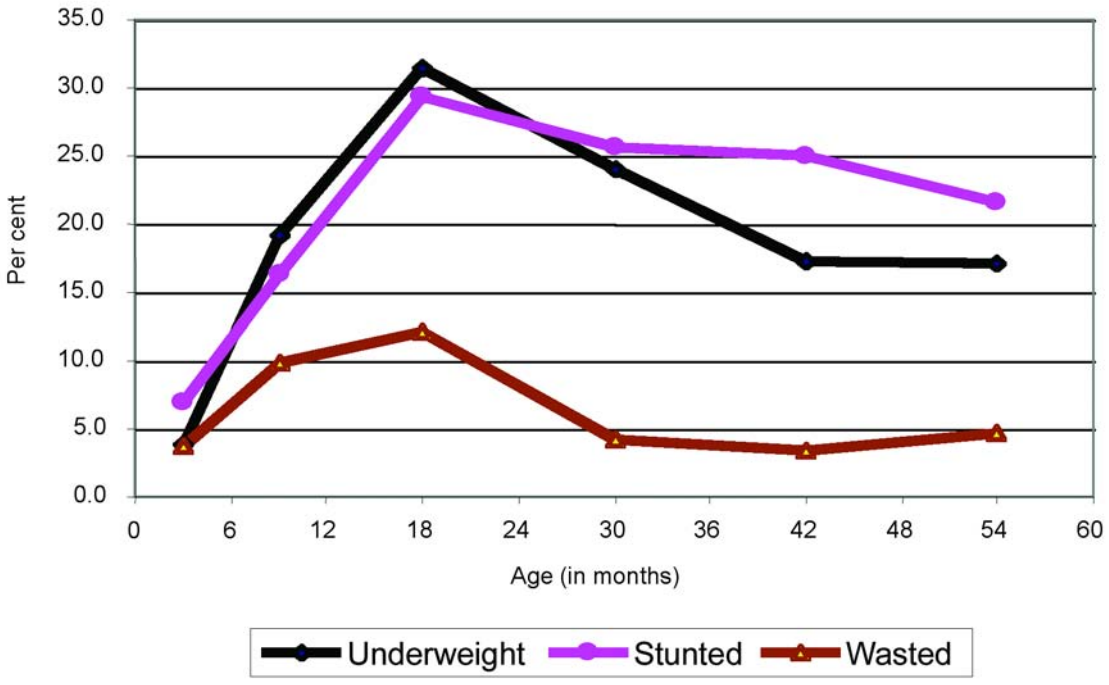
In the MICS III, weights and heights of all under-5 children were measured using anthropometric equipment recommended by UNICEF (UNICEF, 2006). The findings in this section are based on the results of these measurements.

Table NU.1 shows the percentages of children classified into each of these categories, based on the anthropometric measurements that were taken during fieldwork. Additionally, the table includes the percentage of children who are overweight, which takes into account those children whose weight for height is above two standard deviations from the median of the reference population.

In Table NU.1, children who were not weighed and measured (approximately 2.3 per cent of children) and those whose measurements are outside a plausible range are excluded.

One in five children under-five in The Gambia is moderately underweight (20.3 per cent) and four per cent severely underweight (Table NU.1). Almost a quarter of the children (22 per cent) are moderately stunted or too short for their age. Six per cent are moderately wasted or too thin for their height.

Figure NU.1: Percentage of children under-5 who are undernourished, The Gambia, 2006



Children in Mansakonko, Janjangbureh and Kuntaur are more likely to be underweight than other children. Rural children are more likely to be underweight, stunted or wasted than urban children. Those children whose mothers have primary or higher education are least likely to be underweight and stunted than children of mothers with no education.

The age pattern shows that a higher proportion of children aged 12-23 months are undernourished according to all the three indices in comparison to children who are younger and older (Figure NU.1). 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 the environment.

Child obesity is being recognized even in developing countries as something that should be taken note of as the obesity may persist into adulthood. Two per cent of the children assessed were found to be overweight.

Breastfeeding

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 stop breastfeeding too soon. There are often pressures to switch to an infant formula, which can contribute to growth faltering and micronutrient malnutrition and is unsafe if clean water is not readily available. The WFFC goal states that children should be exclusively breastfed for six months and continue to be breastfed for two years of age and beyond, and introduced to safe, appropriate and adequate complementary feeding at six months.

The WHO/UNICEF have the following feeding recommendations:

- Exclusive breastfeeding for the first six months
- Continued breastfeeding for two years or more
- Safe, appropriate and adequate complementary foods beginning at six months
- Frequency of complementary feeding: at least twice per day for 6-8-month-olds; at least three times per day for 9-11 month olds

It is also recommended that breastfeeding should be initiated within one hour of birth.

The indicators of recommended child feeding practices are as follows:

- Exclusive breastfeeding rate (< 6 months & < 4 months)
- Timely complementary feeding rate (6-9 months)
- Continued breastfeeding rate (12-15 & 20-23 months)
- Timely initiation of breastfeeding (within 1 hour of birth)
- Frequency of complementary feeding (6-11 months)
- Adequately fed infants (0-11 months)

Table NU.2 and Figure NU.2 provide the proportion of women who started breastfeeding their infants within one hour of birth, and women who started breastfeeding within one day of birth (which includes those who started within one hour). Approximately 48 per cent of women who gave birth within the previous two years breastfed their babies within one hour after birth and 90 per cent within one day after birth. Women in the Kerewan and Basse LGAs are more likely to breastfeed within the first hour (78 and 59 per cent respectively) and for the first day (96 and 92 per cent respectively).

In Table NU.3, breastfeeding status is based on the reports of mothers/caretakers of children's consumption of food and fluids in the 24 hours prior to the interview. *Exclusively breastfed* refers to infants who received only breast milk (and vitamins, mineral supplements, or medicine). The table shows exclusive breastfeeding of infants during the first six months of life (separately for 0-3 months and 0-5 months), as well as complementary feeding of children 6-9 months and continued breastfeeding of children at 12-15 and 20-23 months of age.

Table NU.3 shows that 41 per cent of children aged less than six months are exclusively breastfed. At age 6-9 months, 44 per cent of the children are receiving breast milk and solid or semi-solid foods. By age 12-15 months, 92 per cent are still being breastfed and by age 20-23 months, 53 per cent are still breastfed. Girls are more likely to be exclusively breastfed than boys.

Figure NU.3 shows the detailed pattern of breastfeeding by the child's age in months. Even in the earliest ages a considerable proportion of infants are receiving liquids or foods other than breast milk. Children in the rural areas are breastfed longer than to those in the urban areas.

Figure NU.2: Percentage of mothers who started breastfeeding within one hour and within one day of birth, The Gambia, 2006

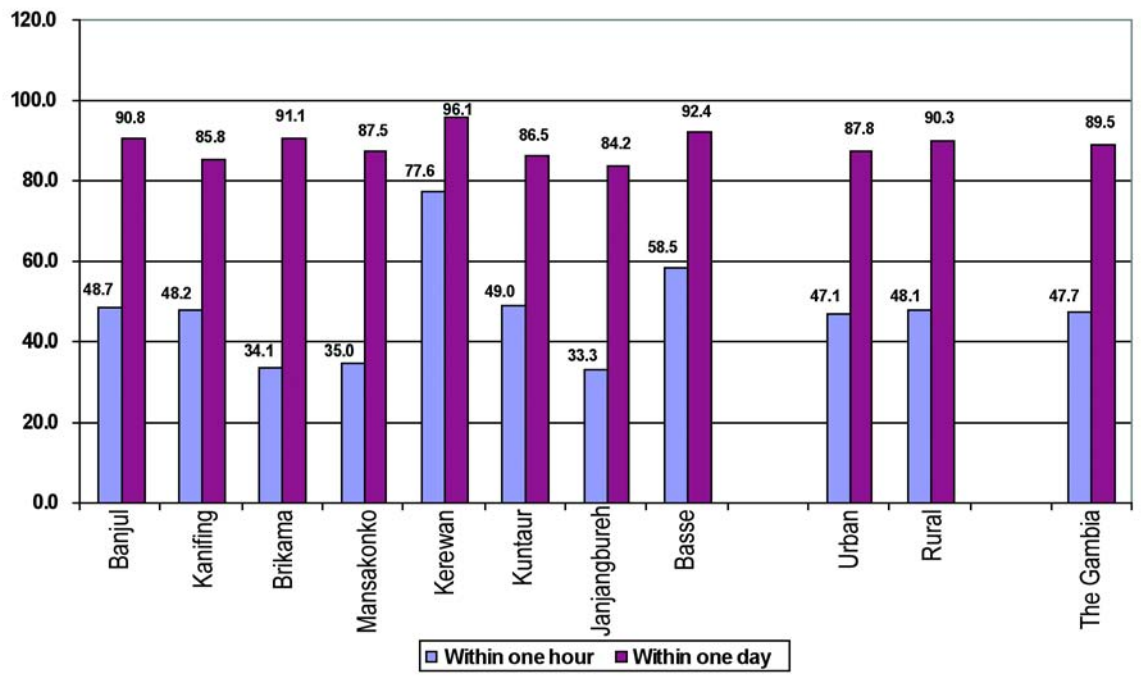
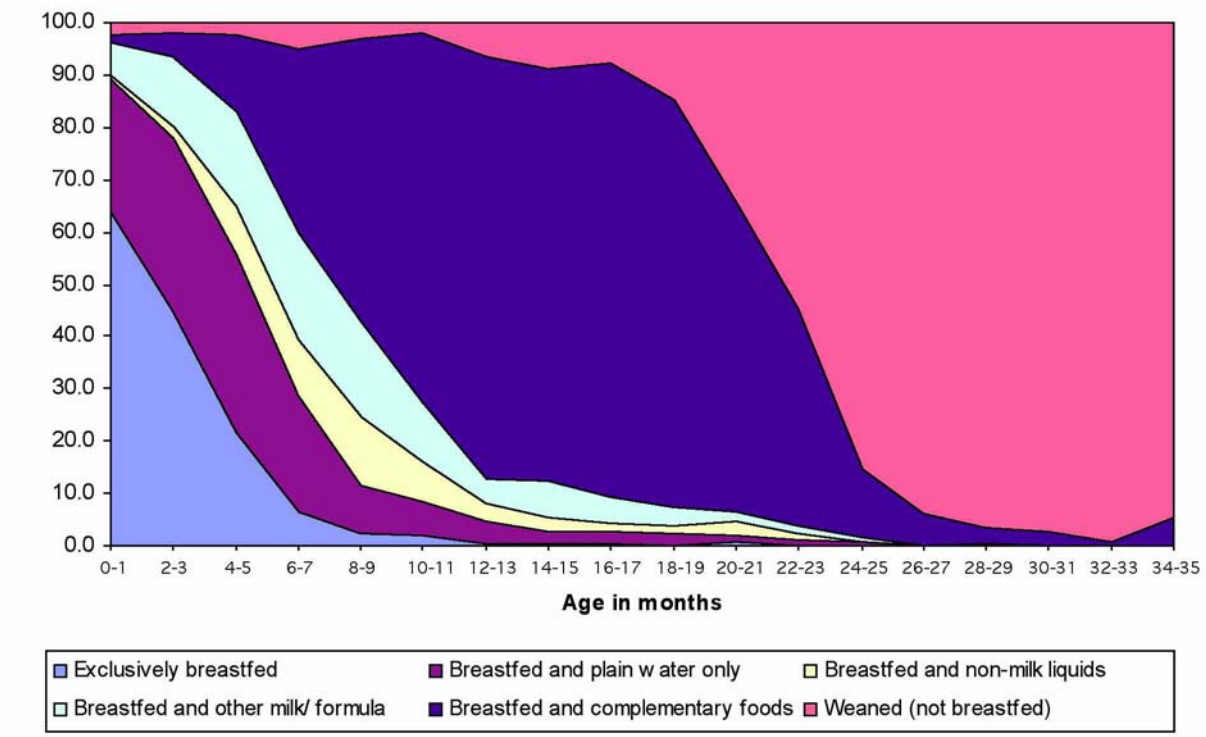


Figure NU.3: Percentage distribution of children aged under 3 years by feeding pattern, and age group, The Gambia, 2006



The adequacy of infant feeding in children less than 12 months is provided in Table NU.4. Different criteria of adequate feeding are used, depending on the age of the child. For infants aged 0-5 months, exclusive breastfeeding is considered as adequate feeding. Infants aged 6-8 months are considered to be adequately fed if they receive breast milk and complementary food at least twice a day, while infants aged 9-11 months are considered to be adequately fed if they receive breast milk and eating complementary food at least three times a day. Thirty-three per cent of infants 6-8 months old received breast milk and complementary food at least twice a day. For the infants between 9 and 11 months, 44 per cent received both breast milk and complementary food at least three times a day.

As a result of these feeding patterns, only 40 per cent of children aged 0-11 months and 39 per cent aged 6-11 months are adequately and appropriately fed. A higher proportion of infants aged 6-8 months from the urban areas were found to be receiving breast milk and complementary food at least twice a day. Mothers with secondary education are more likely to feed their infants appropriately.

Salt Iodization

Iodine Deficiency Disorders (IDD) is the world's leading cause of preventable mental retardation and impaired psychomotor development in young children. In its most extreme form, iodine deficiency causes cretinism. It also increases the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated with goitre.

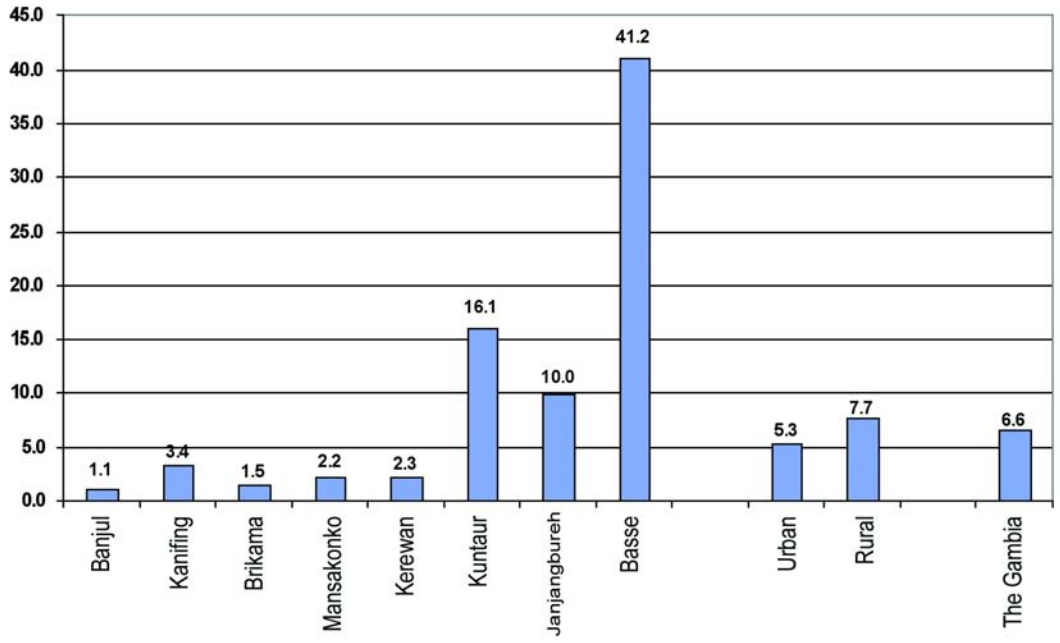
IDD takes its greatest toll in impaired mental growth and development, contributing in turn to poor school performance, reduced intellectual ability and impaired work performance. The international goal is to achieve sustainable elimination of iodine deficiency by 2005. The indicator is the percentage of households consuming adequately iodized salt (≥15 parts per million).

In The Gambia, over 80 per cent of the salt consumed comes from outside the country and most of it is not iodized. Until 2003 salt had not been iodized in The Gambia. However, with assistance from partners, mainly UNICEF, salt is now being iodized in the country. Legislation has also been enacted on salt iodization. Intensive IEC is also currently being implemented to increase the household consumption of iodized salt.

In about 90 per cent of households, salt used for cooking was tested for iodine content by using salt test kits testing for the presence of potassium iodate. Table NU.5 shows that in a very small proportion of households (9 per cent), there was no salt available. In Banjul a quarter of households contacted had no salt during the MICS III data collection. In 7 per cent of households, salt was found to contain 15 parts per million (ppm) or more of iodine.

Use of iodized salt is highest in the eastern part of the country where 41 per cent of the households in the Basse area had adequately iodized salt. Only 5 per cent of salt in the urban areas was adequately iodized compared to 8 per cent in the rural areas. The results of the survey show that households in the poorest quintiles consumed more iodized salt compared to households in the richest quintiles.

Figure NU.5: Percentage of households consuming adequately iodized salt, The Gambia, 2006



Vitamin A Supplements

Vitamin A is essential for eye health and proper functioning of the immune system. It is found in foods such as milk, liver, eggs, red or orange fruits, red palm oil and green leafy vegetables, although the amount of vitamin A readily available to the body from these sources varies widely.

In the developing areas of the world, where Vitamin A is largely consumed in the form of fruits and vegetables, daily per capita intake is often insufficient to meet dietary requirements. Inadequate intakes are further compromised by increased requirements for the vitamin as children grow or during periods of illness, as well as increased losses during common childhood infections. As a result, vitamin A deficiency is quite prevalent in the developing world and particularly in countries with the highest burden of under-5 deaths.

The 1990 World Summit for Children set the goal of virtual elimination of vitamin A deficiency and its consequences, including blindness, by 2000. This goal was also endorsed at the Policy Conference on Ending Hidden Hunger in 1991, the 1992 International Conference on Nutrition, and the UN General Assembly Special Session on Children in 2002. The critical role of vitamin A for child health and immune function also makes control of the deficiency a primary component of child survival efforts, and therefore is critical to the achievement of the fourth MDG: a two-thirds reduction in under-5 mortality by 2015.

For countries with Vitamin A deficiency problems, current international recommendations call for high-dose Vitamin A supplementation every four to six months, targeting all children between the ages of 6-59 months living in the affected areas. Providing young children with two high-dose Vitamin A capsules a year (at six-monthly intervals) is a safe, cost-effective, efficient strategy for eliminating Vitamin A deficiency and improving child survival. Giving Vitamin A to new mothers who are breastfeeding helps protect their children during the first months of life and helps to replenish the mother's stores of Vitamin A, which are depleted during pregnancy and lactation. For countries with Vitamin A supplementation programmes, the definition of the indicator is the percentage of children 6-59 months of age receiving at least one high dose of Vitamin A supplement in the last six months.

Based on UNICEF/WHO guidelines, NaNA and the DOSHSW recommend that children aged 6-11 months should be given one high dose of Vitamin A capsules (100,000 IU) and children aged 12-59 months should be given a Vitamin A capsule (200,000 IU) every six months. Vitamin A supplementation has been incorporated into the Reproductive and Child Health Services in the entire country and all children aged 6-59 months receive a high dose every six months, which is then recorded on their infant welfare cards.

Lactating mothers are also supplemented within eight weeks of giving birth due to increased Vitamin A requirements during pregnancy and lactation and encouraged to exclusively breastfeed. The supplement is expected to benefit the young infant in the first six months of life. Within the six months prior to the MICS, 80 per cent of children aged 6-59 months received a high dose of Vitamin A supplement (Table NU.6). Approximately 4 per cent did not receive the supplement in the previous six months but received one prior to that time. Eight per cent of children received a Vitamin A supplement at some time in the past but their mother/caretaker was unable to specify when this was done. Vitamin A supplementation coverage is lower in the urban areas (77 per cent) than in the rural areas (82 per cent).

The age pattern of Vitamin A supplementation shows that supplementation in the last six months rises from 76 per cent among children aged 6-11 months to 84 per cent among children aged 12-23 months and then declines with age to 76 per cent among the oldest children.

About 78 per cent of mothers who gave birth in the previous two years before the MICS received a Vitamin A supplement within eight weeks of birth (Table NU.7). This percentage is higher in the rural areas (81 per cent) than in the urban areas (72 per cent). The Kanifing Municipality has the lowest Vitamin A coverage at 67 per cent. Mothers' education does not have an effect on the coverage. Vitamin A supplementation is higher among children from the poorest households than those from the richest.

Low Birth Weight

Weight at birth is a good indicator not only of a mother's health and nutritional status but also the newborn's chances of survival, growth, long-term health and psycho-social 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 an increased risk of dying during their early months and years. Those who survive have an 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 intelligence quotient (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 the most impact:

- the mother's poor nutritional status before conception
- short stature (due mostly to under-nutrition and infections during her childhood)
- poor nutrition during 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 the risk of bearing underweight babies.

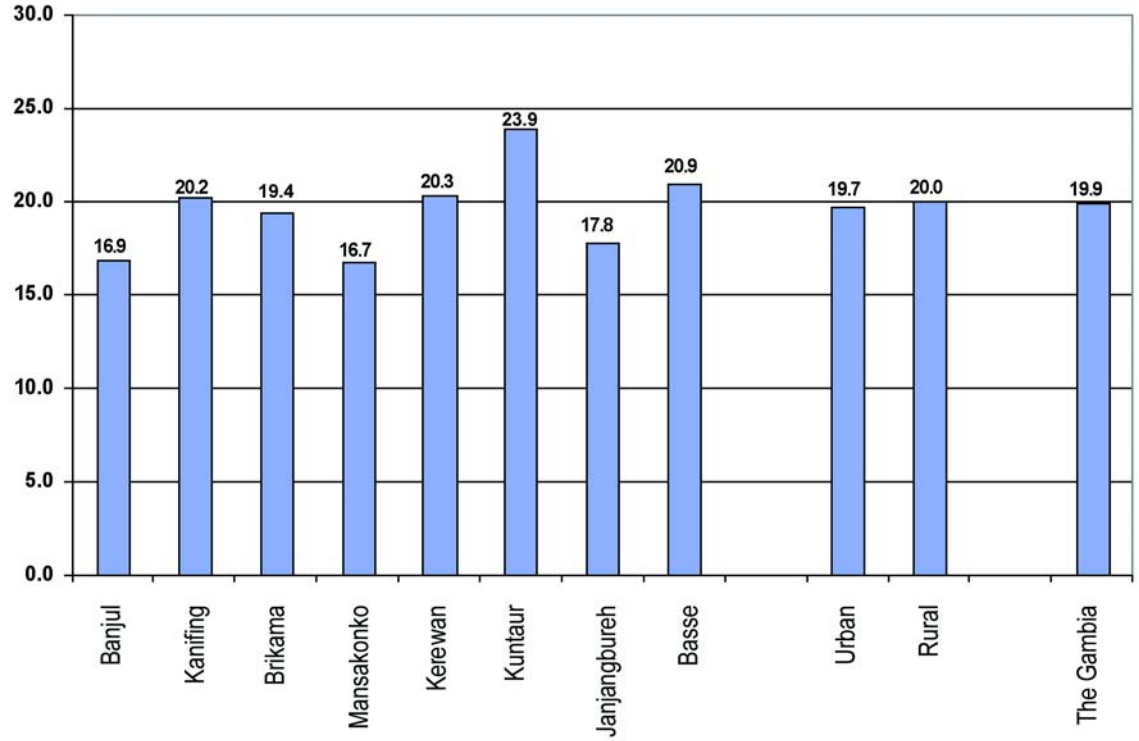
One of the major challenges in measuring the incidence of low birth weight is the fact that more than half of infants in the developing world are not weighed. In the past, most estimates of low birth weight for developing countries were based on data compiled from health facilities. However, these estimates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

Since many infants are not weighed at birth, the weights of those who are weighed may bias the 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 2,500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's size at birth (ie 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.[6]

Overall, 52 per cent of births were weighed at birth and approximately 20 per cent of infants are estimated to weigh less than 2500 grams at birth (Table NU.8). There was no marked variation by LGA (Figure NU.8). The percentage of low birth weight does not vary much by urban and rural areas or by mother's education or by ethnic group.

Figure NU.8: Percentage of infants weighing less than 2500 grams at birth, The Gambia, 2006



UNICEF/Gam 00590/Giacomo Pirozzi

6. CHILD HEALTH

Immunization

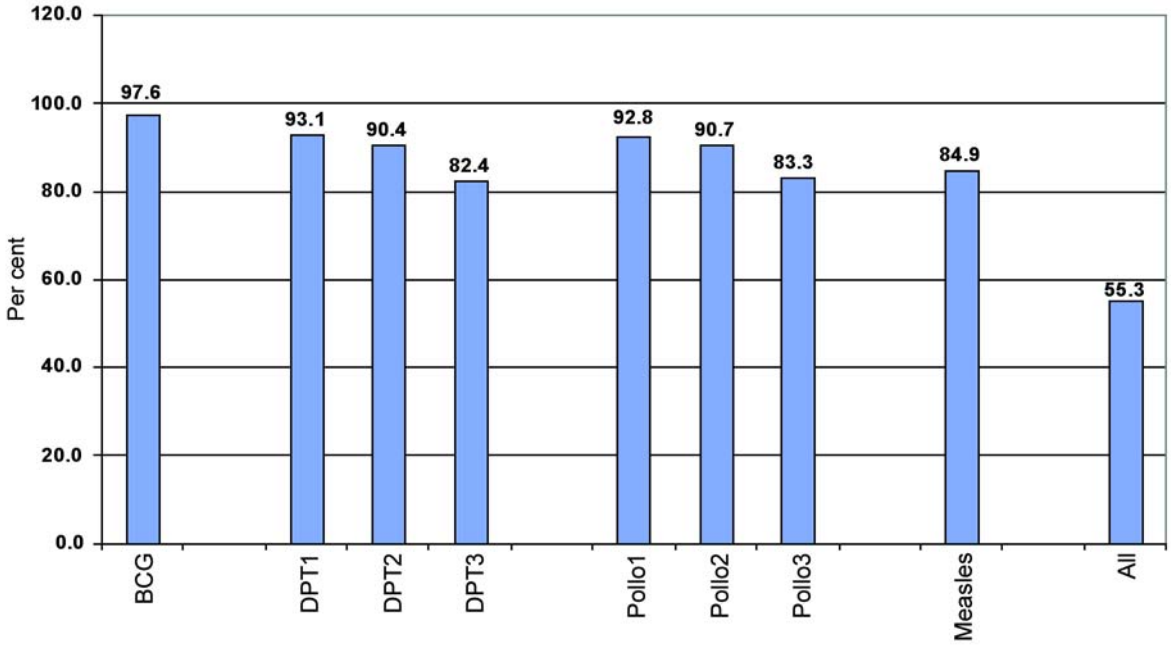
MDG 4 aims to reduce child mortality by two thirds between 1990 and 2015. Immunization plays a key part in this goal. Immunization has saved the lives of millions of children in the three decades since the launch of the Expanded Programme on Immunization (EPI) in 1979. Worldwide, there are still 27 million children overlooked by routine immunization and, as a result, vaccine-preventable diseases cause more than two million deaths every year.

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

According to the UNICEF WHO guidelines, children should receive a BCG vaccination to protect them against tuberculosis, three doses of DPT to protect them against diphtheria, pertussis and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12 months. Mothers were asked to provide vaccination cards for under-5. Interviewers copied vaccination information from the cards on to the MICS questionnaire.

In The Gambia, Hepatitis B and yellow fever vaccination are also given to children in addition to the others and are also recommended as part of the immunization schedule. It is recommended that Hepatitis B should be given at the same time as DPT and polio and yellow fever vaccination should be given by age nine together with measles. Hepatitis B was introduced in The Gambia in the mid-1990s while yellow fever vaccines started around 1979.

Figure CH.1: Percentage of children aged 12-23 months who received the recommended vaccination by 12 months, The Gambia, 2006



BCG vaccination coverage is one key MICS indicator (25). Overall, 97.6 per cent of children were vaccinated against tuberculosis by the age of 12 months. DPT 3, according to the results in Table CH.1 and Figure CH.1, shows coverage of 82.4 per cent by 12 months of age.

Polio 3 and measles show coverage of 83.3 and 84.9 per cent respectively. One would expect polio coverage to be higher than this, since a great amount of donor funding was made available for its total eradication.

Yellow fever coverage indicates that 76.9 per cent of the children were vaccinated by 12 months of age (Table CH.1c). In fact, yellow fever coverage is the lowest compared to the other antigens observed above.

Tables CH.2 and CH.2c show vaccination coverage rates among children 12-23 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.

Overall, total vaccination coverage rate among the sample of children is 74.5 per cent (Table CH.2). Mansakonko LGA has the highest vaccination coverage rate of 86.7 per cent. Kuntaur has the second highest with a rate of 83.7 per cent, followed by Janjangbureh with 81.2 per cent.

There is also a slight disparity in the coverage rate among the different ethnic groups with the Mandinka having the highest coverage of 77.0 per cent and the Serer having the lowest (6 per cent).

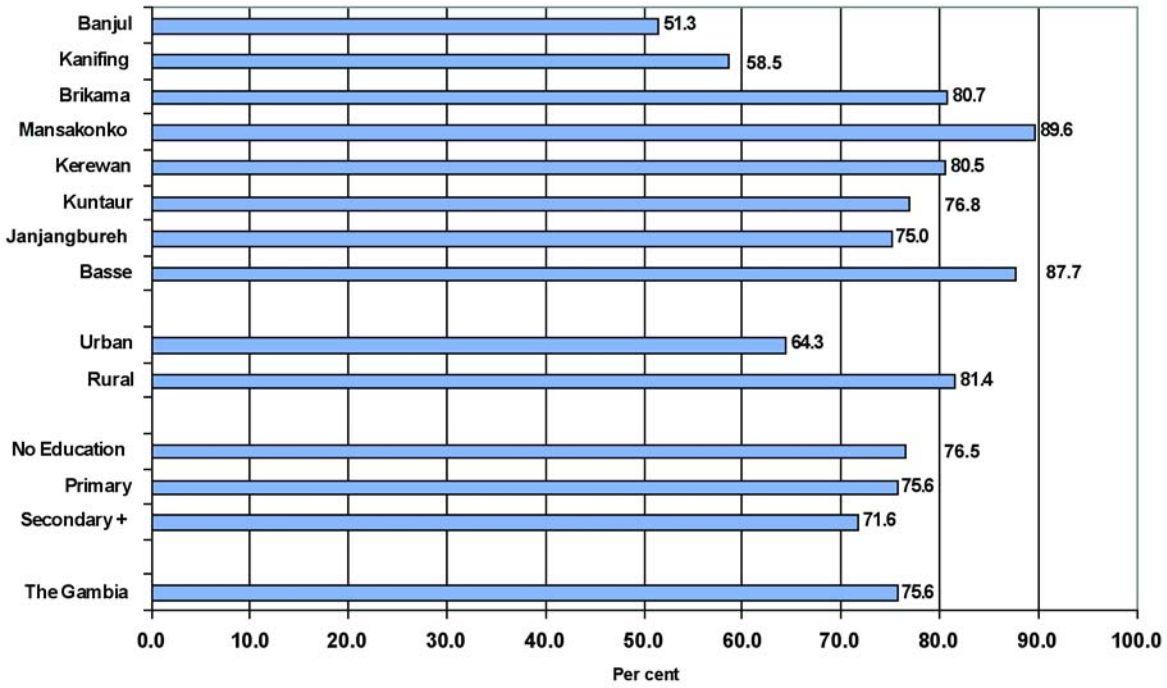
As a whole, the results indicate that there are no large differences in vaccination coverage among the other background characteristics except in household wealth quintiles, where children from the poorest households are more likely to be vaccinated with all antigens compared to children from the richest households.

Tetanus Toxoid

Generally, there is 75.6 percent protection against neonatal tetanus among mothers with a birth in the last 24 months prior to the survey. Huge disparities exist among the regions, for example, Banjul has the lowest protection rate of 51.3 per cent compared to Mansakonko, which has the highest rate (89.6 per cent.)

A similar trend is evident in urban-rural differentials, with the rural areas showing the highest protection rate of 81.4 per cent compared to 64.3 per cent for the urban areas (Figure CH.3). Huge differences exist among wealth quintiles ie mothers from the poorest households are more likely to receive the tetanus toxoid vaccine than mothers from the richest households.

Figure CH.3: Percentage of women with a live birth in the last 12 months who are protected against neonatal tetanus, The Gambia, 2006



Overall, 19 per cent of under-5 children had diarrhoea in the two weeks preceding the survey (Table CH.4). There are notable differences in diarrhoea prevalence between the regions, with Kuntaur having a prevalence rate of 31.9 per cent and Mansakonko having the lowest rate (13.2 per cent). The urban areas have a prevalence rate of 15.7 per cent compared to the rural area, with 21.0 per cent.

The results indicate that diarrhoea prevalence reduces as age increases with the lowest rate, 6.9 per cent, experienced by children aged 48-59 months. The results further indicate that the peak of diarrhoea prevalence occurs in the weaning period, among children aged 6-23 months (Table CH.4).

Oral Rehydration Treatment

Diarrhoea is the second leading cause of death among under-5 children 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. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea.

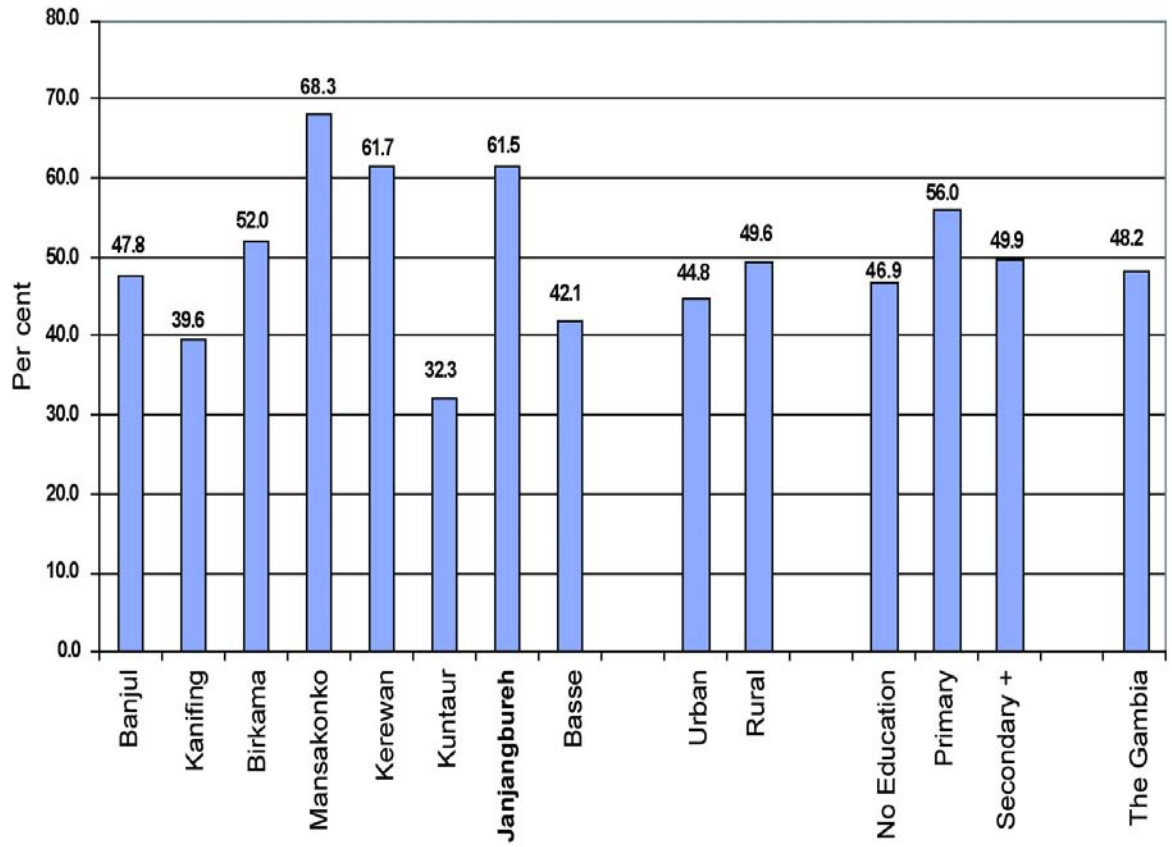
The goals are to reduce by one half death due to diarrhoea among under-5 children by 2010 compared to 2000 (WFFC) (2) and to reduce by two thirds the mortality rate among under-5 children by 2015 compared to 1990 (MDGs). In addition, the WFFC calls for a reduction in the incidence of diarrhoea by 25 per cent.

The indicators are:

- Prevalence of diarrhoea
- Oral rehydration therapy
- Home management of diarrhoea
- ORT or increased fluids and continued feeding

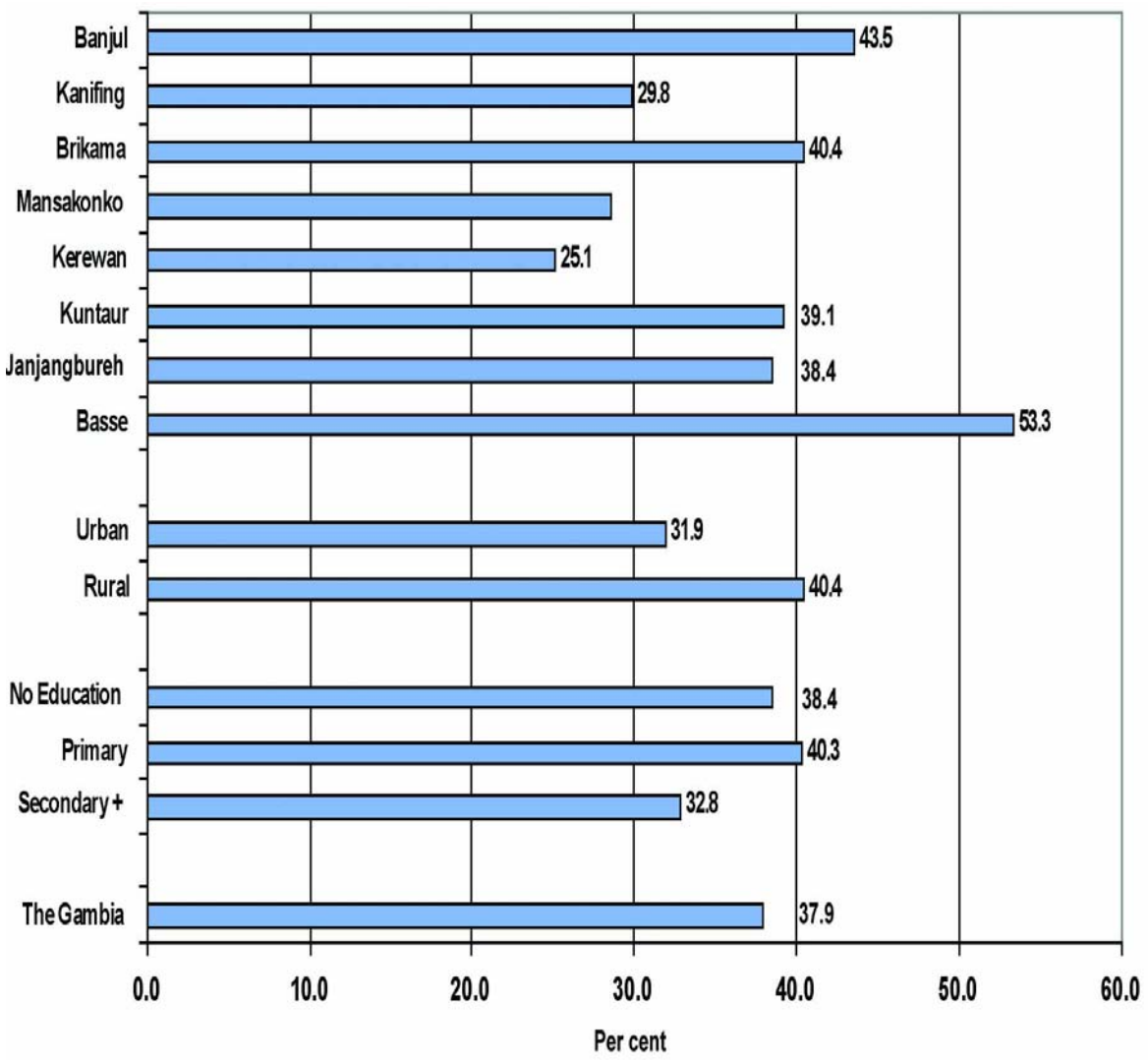
In the MICS questionnaire, mothers (or caretakers) were asked to report whether their child had had diarrhoea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank.

Figure CH.4: Percentage of children aged 0-59 months with diarrhoea who received oral rehydration treatment, The Gambia, 2006



Overall, ORT use rate was 48.2 per cent and no treatment rate was 51.8 per cent (Table CH.4). Nonetheless, there were disparities in the prevalence by local government area, urban and rural and educational levels (Figure CH.4).

Figure CH.5: Percentage of children aged 0-59 months with diarrhoea who received ORT or increased fluids, and continued feeding, The Gambia, 2006



Generally, 29.4 per cent of diarrhoeal cases were managed at home. About 53 per cent of under-5 children with diarrhoea drank more fluids than usual while 45.2 per cent drank the same or less (Table CH.5). About 53 per cent ate somewhat less, the same or more (continued feeding), but 46 per cent ate much less or none. Nationally, 38 per cent of under-5 children received increased fluids and at the same time continued feeding (Figure CH.5).

There are marked differences in the home management of diarrhoea by background characteristics. Basse LGA had the highest home management rate of 48.5 per cent while Mansakonko had the lowest rate (11.6 per cent). (Table CH.5)

Care Seeking and Antibiotic Treatment of Pneumonia

Pneumonia is the leading cause of death in children and the use of antibiotics in under-5s with suspected pneumonia is a key intervention. A WFFC goal is to reduce by one third the deaths due to acute respiratory infections.

Children with suspected pneumonia are those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were not due to a problem in the chest and a blocked nose. The indicators are:

- Prevalence of suspected pneumonia
- Care seeking for suspected pneumonia
- Antibiotic treatment for suspected pneumonia
- Knowledge of the danger signs of pneumonia

Out of the 1,082 children aged 0-59 months surveyed, 9.5 per cent sought care for suspected pneumonia at government hospitals, 47.9 per cent at government health centres, 1.8 per cent at government health posts, 2.4 per cent from village health workers, 1.6 per cent at mobile/outreach clinics and none at other public health facilities (Table CH.6).

The prevalence of acute respiratory infection was 5.6 per cent. The lowest prevalence was observed in Banjul (0.6 per cent). Overall, there were no marked differences observed among urban-rural categories (Table CH.6).

The results show that most mothers/caretakers of children aged 0-59 months sought care for suspected pneumonia at a pharmacy (10.9 per cent). This is followed by private hospital clinics (6 per cent) and then private physicians, relatives and traditional practitioners each at 1.4 per cent (Table CH.6).

About 69 per cent of care seeking for suspected pneumonia was referred to an appropriate provider. Care seeking was highest in the rural areas (72 per cent), compared to the urban areas (64 per cent). Care was sought more for females (71 per cent) compared to males (67 per cent).

Overall, 61.3 per cent of children 0-59 months with suspected pneumonia received antibiotic treatment in the last two weeks prior to the survey (Table CH.7).

Only 4.1 per cent of mothers/caretakers were able to recognize the two danger signs of pneumonia (fast breathing and difficulty in breathing). Kerewan LGA has the highest proportion of mothers/caretakers who recognize the two danger signs (14.3 per cent). All other LGAs range from a proportion of 0.6 per cent in Banjul to 3.7 per cent in Basse (Table CH.7A).

Solid Fuel Use

More than 3 billion people around the world rely on solid fuel (biomass and coal) for their basic energy needs, including cooking and heating. Cooking and heating with solid fuel lead to high levels of indoor smoke, a complex mix of health-damaging pollutants.
The main problem with the use of solid fuel is products of incomplete combustion, including CO, polyaromatic hydrocarbons, SO2, and other toxic elements. Use of solid fuel increases the risks of acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, low birth weight, cataracts and asthma. The primary indicator is the proportion of the population using solid fuel as the primary source of domestic energy for cooking.

Out of a total of 6,071 households interviewed, 90.9 per cent reported that they used solid fuel for cooking. Among the solid fuel, wood was used by the majority of households (77.8 per cent). The least used is electricity and coal/ignite (0.1 per cent each). Charcoal was the third highest solid fuel used in cooking (12.8 per cent). The use of solid fuel for cooking is highest in Kuntaur (99.6 per cent) and lowest in Banjul (71 per cent).

With the exception of Kanifing (84 per cent) and Banjul, over 90 per cent of households in all the other LGAs use solid fuel for cooking (See Table CH.8). Solid fuel use for cooking is more common among rural households than urban ones. Almost all rural households use solid fuel for cooking. Households headed by people with no formal education are more likely to use solid fuel for cooking than those headed by people with higher levels of education. Virtually all the households in the poorest quintiles use solid fuel for cooking.

In the MICS III, questions were asked on three main types of stoves: closed stove, open stove/fire or hood, open stove and others. The open stove or hood was found to be the most commonly used stove (74. 1 per cent) followed by the closed stove (19.9 per cent). The least used was the other category (Table CH.9).

Malaria

Malaria is a leading cause of death of under-5 children in The Gambia. It also contributes to anaemia in children and is a common cause of school absenteeism. Preventive measures, especially the use of mosquito nets treated with insecticide (ITNs), can dramatically reduce malaria mortality rates among children.

In areas where malaria is common, international recommendations suggest treating any fever in children as if it were malaria and immediately giving the child a full course of recommended anti-malarial tablets. Children with severe malaria symptoms, such as fever or convulsions, should be taken to a health facility. Also, children recovering from malaria should be given extra liquids and food and, for younger children, should continue breastfeeding.

The questionnaire incorporates questions on the availability and use of bednets, both at the household level and among under-5 children, as well as anti-malarial treatment, and intermittent preventive therapy for malaria. Six thousand and seventy-one households were interviewed on the availability of insecticides treated nets. Out of these, 59.4 per cent reported having at least one mosquito net and 49.5 per cent had at least one insecticide treated net (See Table CH.10).

Banjul households have the lowest proportion of ITNs (28.6 per cent) compared to the highest, Mansakonko, with 76.4 per cent. Households in the rural areas were nearly twice (64.0 per cent) more likely to use ITNs compared to those in the urban areas (31.0 per cent).
Out of 6,543 children aged 0-59 months, 63 per cent of mothers or caretakers reported that the child slept under a bednet the night prior to the survey and of this, 49.0 per cent were reported to have slept under an ITN. A large proportion was reported not to have slept under a bednet (36.7 per cent). There were no major differences in bednet and ITN use by gender. Among the LGAs, Mansakonko has both the highest bednet and ITN usage rates (See Table CH.11).

Eight per cent of children aged 0-59 months were reported to have had fever two weeks prior to the survey. Children from households headed by the Jola are more likely to have had fever children than the Mandinka and Fula (See Table CH.12).

Among the children reported to have had fever, 13.3 per cent were given anti-malarial SP/Fansidar, 57.6 per cent were given chloroquine, 1.6 per cent had Armodaquine, 2.8 per cent had anti-malarial quinine drugs and 2.9 per cent other anti-malarial drugs. In general, about 63 per cent of children had some appropriate anti-malarial drugs and 65.3 per cent were given other medications such as Paracetemol/Panadol/Acetaminophan while 52.4 per cent had some appropriate anti-malarial drugs within 24 hours of the onset of symptoms (Table CH.12).

Of the 3,070 women interviewed, 59.1 per cent took medicine to prevent malaria during pregnancy, 21.1 per cent took SP/Fansidar only once, 32.5 per cent took SP/Fansidar two or more times. In Banjul, very few women reported having taken SP/Fansidar two or more times (21.1 per cent). Janjangbureh has the highest percentage of women (49.4 per cent), who reported taking SP/Fansidar only once. No major differences have been observed in SP/Fansidar intake of two or more times by wealth index quintiles (Table CH.13).

Sources and Costs of Supplies

The results in Table CH.15 show various sources of anti-malarial drugs percentage that are free, and the median cost. Most respondents reported that they obtained anti-malarial drugs from public health facilities (66.9 per cent). Private facilities and other sources (mission and NGO facilities) constituted 20.5 and 12.6 per cent respectively.

Eighty-four per cent reported having supplies free from public facilities and 14.7 per cent free from the private sector. The median cost of anti-malarial drugs in public facilities was D25.00 compared to D85.00 in private facilities (Table CH.15).

Sixty-five per cent of the respondents reported having their antibiotics supplies from public facilities, while 27.9 per cent reported having them from private facilities. Very few obtained supplies from other sources (7.1 per cent). About 79 per cent obtained supplies free of charge from the public sector while 22.8 per cent obtained theirs for free from private facilities. On average, supplies cost D34.60 in public facilities and D68.10 in private facilities (Table 6.16).

Sources and Cost of Supplies for Oral Rehydration Salts

Oral rehydration salts are obtained from three different sources, namely public, private and others. On average, 82.7 per cent obtained them from public sources, 13.2 per cent from private sources and 4 per cent from other sources. About 93 per cent of the respondents got supplies free of charge from public facilities and 34.6 per cent from private facilities. Median cost of supplies was found to be D10.00 in both public and private facilities (Table CH.17).

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7. THE ENVIRONMENT

Water and Sanitation

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as trachoma, cholera, typhoid and schistosomiasis. 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 children and women, especially in the rural areas, where they bear the primary responsibility of carrying water, often for long distances.

The MDG goal is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. The WFFC goal calls for a reduction in the proportion of households without access to hygienic sanitation facilities and affordable safe drinking water by at least one third.

The list of indicators used in MICS is as follows:

Water

- Use of improved drinking water sources
- Use of adequate water treatment methods
- Time to source of drinking water
- Person collecting drinking water

Sanitation

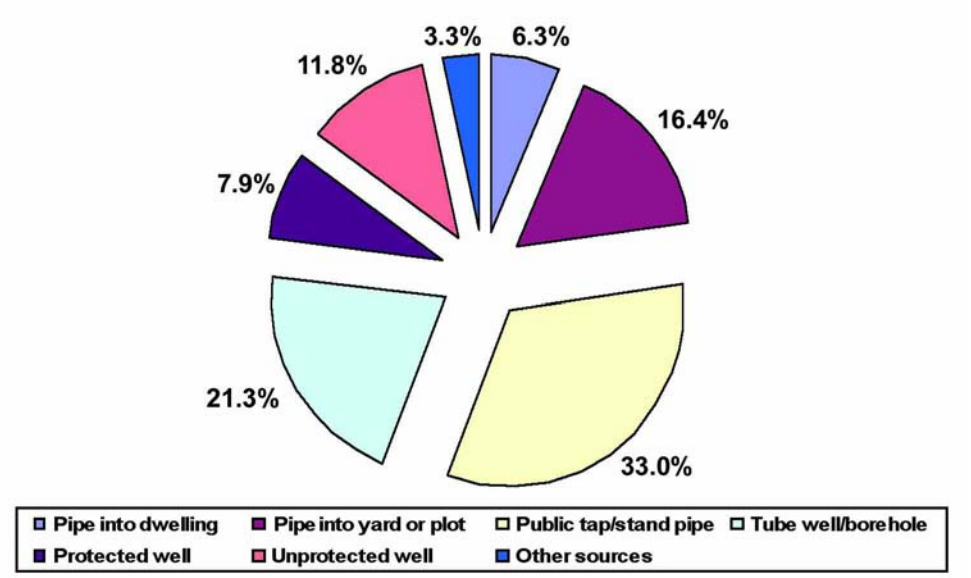
- Use of improved sanitation facilities
- Sanitary disposal of child's faeces

The distribution of the population by source of drinking water is shown in Table EN.1 and Figure 7.1. The population using *improved sources* of drinking water are those using any of the following sources of supply: piped water (into dwelling, yard or plot), public tap/standpipe, tubewell/borehole, protected well and rainwater collection. Bottled water is considered as an improved water source only if the household is using an improved water source for other purposes, such as handwashing and cooking.

Generally, 85.1 per cent of the population uses an improved source of drinking water - 91.2 per cent in the urban areas and 81.3 per cent in the rural areas. The data also show that as the level of education of the household heads increases, the more they are likely to have access to improved sources of drinking water. The results of the survey show that the richest households are more likely to have better access to improved sources of drinking water than the poorest households (95 per cent of the richest vs 82.5 per cent of the poorest households) (Table EN.1).

When comparing access to improved water source by ethnicity of household heads, the Mandinka have better access to safe drinking water, with 85.8 per cent and those headed by the Serer have the lowest, with 80.4 per cent. Across LGAs, there is not much difference in terms of access to safe drinking water. Kanifing Municipality had the highest proportion with about 91 per cent followed by Banjul with about 81 per cent and the lowest was recorded in Brikama with 79 per cent (Table EN.1).

Figure EN 1: Percentage distribution of household members by source of drinking water, The Gambia, 2006



The source of drinking water for the population varies strongly across LGAs (Table EN.1). In Banjul and Kanifing, the most common source of drinking water is piped into dwelling or piped into yard or plot while in the other LGAs less than 10 per cent of their population use drinking water that is piped into their dwelling or into their yard or plot.

Unprotected wells, which are the most unsafe source of drinking water, are common in the predominantly rural LGAs particularly in Brikama and Janjangbureh LGAs with 20 and 18 per cent respectively of their population using such a source of water. Other than Banjul and Kanifing, the public tap/standpipe is the most important source of drinking water in the other LGAs.

Use of in-house water treatment is presented in Table EN.2. Households were asked about ways they may be treating water at home to make it safer to drink - boiling, adding bleach or chlorine, using a water filter and using solar disinfection were considered as proper treatment of drinking water.

Table EN.2 shows the percentage of household members using appropriate water treatment methods, separately for all households and households using improved and unimproved drinking water sources.

Table EN.2 shows that the use of strain through a cloth is the most common water purification method used by households with 19.4 per cent. The proportion is highest in Janjangbureh with about 35 per cent and lowest in Banjul with 2.1 per cent. The rural - urban differentials show that the method is in most use in the rural rather than the urban areas.

The second most commonly used method is adding bleach/chlorine and the method was reportedly used more in Kuntaur than the other LGAs. The other methods were not used much across all LGAs.

Of the households who get their water from unimproved sources and use water treatment methods, 7.3 per cent use appropriate water treatment methods compared to 2.2 per cent of households who use improved drinking water. Combining all sources of drinking water, only 3 per cent of households use appropriate water purification methods.

The amount of time it takes to obtain water is presented in Table EN.3 and the person who usually collected the water in Table EN.4. Note that these results refer to one round trip from the home to the drinking water source. Information on the number of trips made in one day was not collected.

Table EN.3 shows that for 33 per cent of households, the drinking water source is on the premises and, as expected, the proportion is highest in Banjul and Kanifing with 80 per cent and 63 per cent respectively. For 46.9 per cent of households, it takes less than 30 minutes to get to the water source and bring water, while 4 per cent spend more than one hour to get water from its source.

Excluding those households with water on the premises, the average time to the source of drinking water is 21 minutes. Interestingly, the time spent in urban areas in collecting water is slightly higher than in the rural areas. This could be attributed to the fact that in the urban areas, particularly Banjul and Kanifing, there are few public taps/standpipes and, as such, people spend a lot of time queuing up for water. One striking finding is the high average time spent in Basse in collecting water (31 minutes).

Table EN.4 shows that for the majority of households (82 per cent), an adult female is usually the person collecting the water, when the source of drinking water is not on the premises. Adult men collect water in only 7 per cent of cases, while for the rest of the households, female children under age 15 collect water more (9 per cent) compared to the male children of the same age (0.8 per cent).

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio. Improved sanitation facilities for excreta disposal include: flush or pour flush to a piped sewerage system, septic tank or latrine; ventilated improved pit latrine, pit latrine with a slab and composting toilet.

Sanitary means of excreta disposal include the following: flush to piped sewer system, flush to septic tank, flush to pit (latrine), ventilated improved pit latrine (VIP) and pit latrine with slab. Eight-four per cent of the sampled population live in households using improved sanitation facilities (Table EN.5). This percentage is 93 in the urban areas and 78 per cent in the rural areas.

Across regions the proportion of the population with improved sanitary means of excreta disposal ranged from 31 per cent in Janjangbureh to 97 per cent in Banjul. This indicates that the residents of Janjangbureh are less likely than others to use improved toilet facilities.

Table EN.5 indicates that use of improved sanitation facilities is strongly correlated with wealth and is profoundly different between the urban and rural areas. In the rural areas, the population mostly use pit latrines with slabs or traditional pit latrines. In contrast, the most common facilities in the urban areas are flush toilets with connection to a sewerage system or septic tank.

Safe disposal of a child's faeces was related to a question on whether the last stool by the child was disposed of by use of a toilet or rinsed into a toilet or latrine. Disposal of faeces of children 0-2 years of age is presented in Table 7.6.

The data show that most of the mothers or primary caretakers of children put or rinsed the child's faeces into a toilet or latrine and the proportion is higher in Banjul, Kanifing and Brikama, while about 11 per cent reported they throw the faeces into the dusbin. The proportion is highest in Kuntaur and virtually does not exist in Banjul. About 5 per cent reported that the faeces are put or rinsed into the drain or ditch.The proportion is highest in Janjangbureh with 16 per cent and lowest in Kanifing and Brikama with 1.3 per cent of mothers/caretakers in these LGAs reported to dispose of children's faeces in this way.

The data indicate that 81 per cent of mothers/caretakers in the country dispose of children's faeces safely. The percentage of mothers/caretakers who dispose of faeces of their children safely is highest in Banjul (93 per cent) and lowest in Kuntaur (42 per cent). A higher proportion of mothers/caretakers dispose of their children's faeces properly in the urban areas than those in the rural areas.

The data further reveal that the wealthier the household, the higher the chances of disposing of the children's stool safely. A similar trend has also been observed with the level of education of the mother or the primary caretaker. The more educated the mother/primary caretaker is, the higher the chances of disposing of the child's faeces safely.

An overview of the percentage of households with improved sources of drinking water and sanitary means of excreta disposal is presented in Table EN.7. The data show a positive correlation between level of education and access to improved sources of drinking water and using sanitary means of excreta disposal among households on one hand and income level of the household on the other. The more educated the head of the household or the higher the wealth category of the household, the more likely they are to have access to improved sources of drinking water and sanitary means of excreta disposal.

Security of Tenure and Durability of Housing

Target 11 of the MDGs is the achievement of significant improvements in the lives of at least 100 million slum dwellers, and the related indicator is the proportion of urban household members living in slum housing. In the MICS, three indicators were introduced to measure issues related to slum housing: security of tenure, durability of housing and proportion of people living in slum households. An urban household is considered a slum in the MICS if it fulfils one of the following conditions: improved drinking water sources are not used, improved sanitation facilities are not used, insufficient living area, housing is not durable, or lack of security of tenure.

Lack of security of tenure is defined as the lack of formal documentation for the residence or perceived risk of eviction. Table EN.8 is on security of tenure. In the urban areas covered in The Gambia MICS, 41 per cent of households do not have formal documentation for their residences. The proportion is higher in Banjul with 68 per cent and lowest in Mansakonko with 20 per cent. Fifteen per cent of respondents to the household questionnaire indicated that there is a risk of eviction; the proportion is higher in Janjangbureh with 30 per cent and lowest in Brikama with 2 per cent. Combining these figures, it has been observed that 45.6 per cent of households reported that they did not have security of tenure.

As additional information, Table EN.8 shows that 6 per cent of household members were indeed evicted from any dwelling they were residing during the five years prior to the survey. Across regions, the proportion of those evicted is highest in Kanifing (6.9 per cent). No household members reported they were been evicted in Janjangbureh. The data also indicate that the richest households have more security of tenure but are reported to have experienced more eviction in the past than the poorest households.

Structures that household members live in are considered as non-durable in the MICS, if the floor material is natural. Two or more bad conditions were identified with the structure. The findings of the survey in this regard are presented in Table EN.9. Generally, 1.8 per cent of households and 1.9 per cent of household members were reported to be living in dwellings, which are considered as non-durable.

Table EN.10 brings together all the five components of slum housing. Overall, 59 per cent of household members were reported to be living in slum housing and, as expected, the proportion is highest for the poorest households (86 per cent) and lowest for the richest households (48 per cent). The proportion of household members reported to be living in slums is also higher for households headed by the Fula (76 per cent) when compared to households headed by other ethnic groups.

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8. REPRODUCTIVE HEALTH

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. A better understanding of foetal growth and development and its relationship to the mothers health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health. For example, if the antenatal period is used to inform women and families about the danger signs, symptoms and the risks of labour and delivery, it may provide the route for ensuring that pregnant women do, in practice, give birth to babies with the assistance of skilled health care providers. The antenatal period also provides 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 malaria among pregnant women, management of anaemia during pregnancy and treatment of sexually transmitted infections (STIs) can significantly improve foetal outcomes and 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, eg, malaria and sexually transmitted infactions during pregnancy. More recently, the potential of the antenatal period as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to, and use of, antenatal services.

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

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

Coverage of antenatal care by skilled personnel (doctor, nurse, or midwife) is relatively high in The Gambia with 97.8 per cent of women receiving antenatal care at least once during their last pregnancy from these skilled personnel. The lowest level of antenatal care among women with a birth in the two years preceding the survey was found in Kerewan and Kuntaur (96 per cent). Antenatal care coverage is the same in both urban and rural areas, each with about 98 per cent (Table RH.3).

The type of personnel providing antenatal care to women aged 15-49 years who gave birth in the two years preceding the survey is presented in Table RH.3. The results show that 73.1 per cent received such care from a nurse/midwife and 12.6 per cent from an auxiliary midwife. However, the use of traditional birth attendants and community health workers for antenatal care is not so much; the proportion is higher in Kerewan for the former and in Kuntaur for the latter.

The types of services which pregnant women received are shown in Table RH.3. Ninety per cent of the women had their blood samples taken, 96.6 per cent had their pressure measured, 86.5 per cent had their urine specimen taken and 97.5 per cent had their weight measured.

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 that 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. A WFFC goal is to ensure that women have ready and affordable access to skilled attendance at delivery.

The indicators are the proportion of births with a skilled attendant and proportion of institutional deliveries. The skilled attendant at the delivery indicator is also used to track progress towards the MDGs target of reducing the maternal mortality ratio by three quarters between 1990 and 2015.

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.

About 57 per cent of births occurring in the year preceding the MICS were delivered by skilled personnel (Table RH.5). This percentage is highest in Banjul (about 95 per cent) and lowest in Kerewan (28.4 per cent). Women with high levels of education are more likely to have been assisted at delivery by skilled personnel than women with lower levels of education.

About 47 per cent of the births in the year preceding the MICS were delivered with the assistance of a nurse/midwife. Doctors assisted with the delivery of about 6 per cent of births and auxiliary midwives helped with about 5 per cent of the deliveries. Generally, about 57 per cent of births were delivered by skilled personnel but these births occurred mostly among women in Banjul, Kanifing and Brikama, where the type of personnel providing delivery assistance is noticeably different from other LGAs.

The data further show that women assisted by traditional birth attendants during delivery were more common in the predominantly rural LGAs (Mansakonko, Kerewan, Kuntaur, Janjangbureh and Basse), and those assisted by community health workers were more common in those regions as well.

Women with secondary education and above (85 per cent) were more likely to have been delivered by skilled personnel than women with primary (68.1 per cent) or no education at all (49 per cent). On the other hand, women from the richest households (88.6 per cent) were more likely to be delivered by skilled personnel than women from the poorest households (28 per cent).

It is worth noting that the data presented on the cadre of health care provider who attended the birth of women should be viewed in consideration of their inherent limitations. This is because in a largely illiterate population like The Gambia it would be extremely difficult, if not impossible, for women interviewed during the MICS to identify the cadre of health care providers who delivered their babies with precision.

Although during the training of field workers an attempt was made to provide guidelines for the accurate identification of the cadre of health care providers assisting during delivery, it was observed that such data might be fraught with errors. This limitation is however unlikely to significantly affect the proportion of births attended by skilled personnel. This is because women at least are able to definitively say if their deliveries were made in health facilities and the fact that those delivering babies in these facilities are most likely to fall in the skilled personnel category.

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9. CHILD DEVELOPMENT

It is well recognized that a period of rapid brain development occurs in the first 3-4 years of life, and the quality of home care is the major determinant of the child's development during this period. In this context, adult activities with children, the presence of books in the home for the child, and the conditions of care are important indicators of quality of home care. A WFFC goal is that "children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn."

Information on a number of activities that support early learning was collected in the survey. This included the involvement of adults with children in the following activities:

- reading books or looking at picture books
- telling stories
- singing songs
- taking children outside the home, compound or yard
- playing with children
- spending time with children naming
- counting
- drawing things.

Almost half (47 per cent) of under-5 children were reported to have household members engaged in four or more activities that promote learning and school readiness during the three days preceding the survey (Table CD.1). The average number of activities that adult members engaged in with children was 3.4 activities. The table also indicates that the father's involvement in such activities was somewhat limited. Only 21 per cent of the under-5s had fathers who engaged in one or more activities to promote learning and school readiness. About 26 per cent of children were living in households without their biological fathers. There are slight gender differentials in terms of adult activities with children with a larger proportion of fathers engaged in activities with male children (22 per cent) than with female children (19 per cent). The proportion of adults engaged in learning and school readiness activities with children in the urban areas is slightly higher (48 per cent) than in the rural areas (46 per cent).

Differentials have been observed across regions. Adult engagement in activities with children was highest in Kerewan LGA (89 per cent) and lowest in Banjul (26 per cent). The figures show that children in the richest households are more likely to be engaged in activities that promote learning and school readiness with household members than children in the poorest households. Children of better-educated mothers are slightly more likely to be engaged in such activities than those with less educated mothers. Table CD.3 shows that 13.9 per cent of children aged 0-59 months were left in the care of other children, while 4.4 per cent were left alone during the week preceding the interview. Combining the two care indicators, it is calculated that 17 per cent of children were left with inadequate care during the week preceding the survey. Slight differences were observed by the sex of the child or between the urban and rural areas.

Inadequate care was more prevalent among children whose mothers had no education (19 per cent), as opposed to children whose mothers had secondary education (11 per cent). Children aged 24-59 months were left under inadequate care in the past week (22 per cent) compared to those aged 0-23 months (12 per cent).

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10. EDUCATION

Pre-School Attendance and School Readiness

Attendance of pre-school education in an organized learning or child education programme is important for the readiness of children to school. One of the WFFC goals is the promotion of early childhood education.

Generally, 19.7 per cent of children aged 36-59 months were reported to be currently attending early childhood schools. Twenty per cent of males and 19.4 per cent females of were attending some form of organized early childhood education programme in The Gambia in 2006 (Table ED.1).

Gender differentials in school attendance are small (0.6 per cent); however there exist large differentials in attendance between the urban and rural areas and also across LGAs. Attendance in the urban areas is 30.2 per cent compared to 13.0 per cent in the rural areas. Among children aged 36-59 months, pre-school attendance is more prevalent in Banjul and Kanifing (36.1 and 34.8 per cent respectively), and less in Kerewan and Kuntaur LGAs (6.6 and 7.5 per cent respectively). Comparatively, a smaller proportion of children (13.7 per cent) have some form of organized early childhood learning activities at age 36-47 months than older children with 28.2 per cent of children aged 48-59 months attending early childhood school.

Household poverty status appears to have a positive correlation with school readiness - while the indicator is only 6.7 per cent among the poorest households, it is 41.6 per cent among children living in the richest households. The more educated a woman is, the more likely it is that her children will attend an early childhood education programme. The proportion of children who have early childhood education increases with the level of education of women.

Among the ethnic groups, households headed by the Jola tend to send more of their children to early childhood school than other ethnic groups. Thirty-two per cent of their children have some form of early childhood education followed by the Serer (30 per cent), the Mandinka, the Wollof with 19 per cent each and the Fula with the lowest (14 per cent).

The table also shows that the proportion of children in the first grade of primary school who attended pre-school the previous year (Table ED.1), an important indicator of school readiness, is nearly a third of the children (27.3 per cent). The proportion among boys is higher (29.6 per cent) than girls (25.2 per cent). Analysis by LGA, urban-rural, mothers' education and wealth index could not be done due to a small number of cases of less than 50 (see Table ED.1).

Primary and Secondary School Participation

Universal access to basic education and the achievement of primary education by the world's children is one of the most important goals of the MDGs and WFFC. 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.

The indicators for primary and secondary school attendance include:

- Net intake rate in primary education
- Net primary school attendance rate
- Net secondary school attendance rate
- Net primary school attendance rate of children of secondary school age
- Female to male education ratio (GPI)

The indicators of school progression include:

- Survival rate to Grade 5
- Transition rate to secondary school
- Net primary completion rate

The analysis in Table ED.2 indicates that 29.9 per cent of children who are of primary school entry age (age 7) in The Gambia are currently attending the first grade of primary school. No marked sex differentials have been observed (29.5 per cent for boys compared to 30.4 per cent for girls). However, huge differentials have been observed across LGAs and urban-rural residence. Kanifing LGA has the highest proportion (33.3 per cent) of children of primary school entry age currently attending Grade 1 compared to Kuntaur at 21 per cent. Children's primary school attendance is highest in the urban areas (35.5 per cent) than in the rural areas (27.4 per cent). A positive correlation has been observed between mother's education and school attendance and also between household poverty status and school attendance.

Of the children aged 7 whose mothers have at least a secondary school education, 42.0 per cent were attending Grade 1 compared to 28.3 per cent of children whose mothers had never been to school. In the richest households, the proportion is 38.9 per cent, while it is 22.5 per cent among children living in the poorest households. For children of primary school entry age from households headed by the Mandinka 31.1 per cent were currently attending Grade 1 compared to 29.8 per cent of those from households headed by the Jola and 27 per cent of those from Fula headed households.

Table ED.3 provides the percentage of children of primary school age attending primary or secondary school. The majority of children of primary school age are attending school (61.0 per cent). However, 39.0 per cent of the children are out of school when they are expected to be attending school. The net attendance ratio varies across regions. Banjul had the highest ratio with 77.6 per cent followed by Kanifing (73.5 per cent) and Kuntaur the lowest ratio (41.2 per cent). Among boys, Kanifing had the highest net attendance rate (75.4 per cent) and Mansakonko the lowest (46.2 per cent). Banjul had the highest rate for girls (81.5 per cent) while Basse had the lowest (45.1 per cent).

There are also marked differences in net attendance ratio between the urban and rural areas. The net attendance ratio in the urban areas for boys is 74.8 per cent compared to 52.9 per cent in the rural areas. Among the girls, the net attendance ratio is 72.5 per cent for the urban areas compared to 56.5 per cent for the rural areas. There is a positive relationship between children's net attendance ratio and the women's level of education as well as the poverty status of households. The more educated a woman is, the higher the likelihood of her children being sent to primary school, as the indicator ranges from 57.7 per cent of children of women with no education to 80.7 per cent of children of women with secondary education and above.

Children from the richest households have a higher attendance rate (75.8 per cent) than children from the poorest households (44.4 per cent). Seven-year-old children have a lower attendance rate (35.3 per cent) than older children, while those aged 11 years have a higher attendance rate (74.5 per cent).

Across ethnic groups, children from households headed by the Jola have a net attendance ratio of 72.9 per cent and households headed by the Wollof and Fula have the lowest proportions each with 53 per cent. The secondary school net attendance ratio is presented in Table ED.4. Secondary school attendance rates are relatively lower than those of primary schools with only 36.5 per cent of children of secondary school age attending secondary school. A larger proportion of boys of secondary school going age were found to be attending secondary school than girls. In general, 39.2 per cent of boys were attending school compared to 34.0 per cent of girls.

Across LGAs, the net attendance ratio is lowest in Basse for both boys and girls and highest in Banjul. The net attendance ratio for both boys and girls for Banjul is 56.0 per cent compared to only 14.7 per cent in Basse LGA. Across all the regions, the net attendance rate is higher for boys except in Banjul and Mansakonko where the ratio is higher for girls. In the urban areas, slightly above half of the children of secondary school age were attending secondary or higher school compared to 26.4 per cent of their counterparts in the rural areas.

The educational attainment of women is positively related to the net attendance ratio. School attendance ratios range from 35.0 per cent for children of women with no education to 57.4 per cent for those of women with secondary education and above. The data also show that the richer the household, the higher the net attendance rate of its children. Across the ethnic groups, households headed by the Serer have the highest net attendance ratio.

The primary school net attendance ratio of children of secondary school age is presented in Table ED. 4W. About one in four (24.3 per cent) of the children of secondary school age was attending primary school when they should have been attending secondary school. Small differences exist in the proportion of such children attending primary school across the sexes with 25.1 per cent and 23.4 per cent of boys and girls, respectively, attending primary school. This observed phenomenon of older children attending primary school has been found to be more prevalent in Brikama (31.1 per cent) and Janjangbureh (29.5 per cent) LGAs but the least prevalent in Banjul (16.1 per cent).

The proportion of children of secondary school age attending primary school is higher in the rural areas (26.3 per cent) than in the urban areas (21.1 per cent). Thirteen-year-old children accounted for the highest (53.1 per cent) proportion of children of secondary school age attending primary school while the 18-year-olds accounted for the lowest (4.3 per cent). Women with primary education had the highest number of children (44.0 per cent) of secondary school age attending primary school and children from the richest households had lower attendance rates than children from the poorest households.

The percentage of children entering the first grade who eventually reach Grade 5 is presented in Table ED.5. Of all the children starting Grade 1, the majority of them (96.6 per cent) eventually reach Grade 5. Male children entering the first grade of primary school are more likely to go up to Grade 5 than female children.

Across ethnic groups, not much difference has been observed but Kerewan had the highest number of children entering Grade 1 and eventually reaching Grade 5 with 100 per cent and Janjangbureh had the lowest proportion with 87.9 per cent. Virtually no differences have been observed in the proportion of children entering the first grade and reaching the fifth grade in primary school across household poverty status. The net primary school completion rate and transition rate to secondary education is presented in Table ED.6. At the time of the survey the net primary school completion rate was estimated at 73.6 per cent. This value should be distinguished from the gross primary completion ratio which includes children of any age attending the last grade of primary school.

However, the sex differential is not much, as the completion rate for males is 74.9 per cent and that of females is 72.4 per cent. Basse had the lowest (47.4 per cent). The net primary school completion rate is higher in the urban areas (84.3 per cent) than in the rural areas (67.7 per cent). Children from the richest households have higher net primary school completion rates (85.6 per cent) than those from the poorest households (60.4 per cent). Children from households headed by the Jola have the highest net primary school completion rate (86.6 per cent) and those headed by the Wollof have the lowest rate (71.1 per cent).

Only 56.2 per cent of the children who successfully completed the last grade of primary school transited to the first grade of secondary school. Boys have a higher transition rate to secondary education than girls (61.5 per cent compared to 51.1 per cent). Across the regions, Banjul has the highest transition rate (91.3 per cent) and Basse the lowest (34.2 per cent). The rural-urban differentials are huge, as the transition rate in the urban areas is 74.0 per cent compared to 43.1 per cent in the rural areas. Ironically, children of women with no education have higher transition rates from primary to secondary school (63.8 per cent) than those of women with some formal education. Transition rates across the poverty status of households show that children from rich households have higher transitions rates (87.5 per cent) than those from the poorest households (27.4 per cent). Households headed by the Serer have a higher transition than those of other ethnic groups.

The ratio of girls to boys attending primary and secondary education is provided in Table ED.7. 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 last ratios provide an erroneous description of the GPI mainly because in most of the cases the majority of over-aged children attending primary school tend to be boys. The table shows that gender parity for primary school is close to 1.00, indicating no major difference in the primary school attendance of girls and boys. However, the indicator drops to 0.87 for secondary education. The disadvantage of girls regarding secondary school attendance is particularly pronounced in Basse LGA, as well as among children living in the poorest households and also in the rural areas. The GPI in Banjul, Mansakonko, Kuntaur and Janjangbureh shows that more girls than boys attend primary school in these LGAs.

The GPI for children of women with no education is the same as those whose mothers or primary caretakers have secondary education or above (1.03) for primary schools. Not much difference has been observed among children of varying household poverty categories and ethnicity of household heads. The disadvantage of girls is particularly pronounced in the rural areas where the GPI is low (0.82), as well as among children living in the poorest households with secondary school gender parity of 0.68. Across LGAs, the secondary school attendance gap between boys and girls is widest in Kuntaur in favour of boys. The secondary school GPI for Kuntaur is 0.60. Only small differences were observed between the urban and rural GPIs.

Adult Literacy

One of the WFFC goals is to assure adult literacy, which is also an MDG indicator, relating to both men and women. In the MICS, since only a women's questionnaire was administered, the results are based only on females aged 15-24. Literacy was assessed on the ability of women to read a short simple statement or on school attendance. The literacy percentage is presented in Table ED.8.

According to the results, 43.1 per cent of the women aged 15-24 were literate. The literacy rates were highest in Banjul (65.2 per cent) and lowest in Basse (13.2 per cent). The data further show that literacy rates are highest in the urban areas. As expected, there are variations in the literate population across age groups. The literacy rate is highest for those aged 15-19 (50.8 per cent) compared to those aged 20-24 (34.3 per cent). Literacy rates range from 0.7 per cent for women with no education to 100 per cent for those with secondary education and above.

The data also indicate that women living in the richest households have better chances of being literate than those from the poorest households. Across ethnic groups, women from households headed by the Serer have the highest literacy rate (58.5 per cent) while those from households headed by the Fula have the lowest rate (30.2 per cent).

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11. CHILD PROTECTION

Birth Registration

The Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. The WFFC 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 indicator is the percentage of under-5 children whose birth is registered.

The births of 55.1 per cent of under-5s in The Gambia have been registered (Table CP.1). Mansakonko LGA has the highest percentage of births that were registered (86.4 per cent), followed by Banjul with about 77 per cent. Basse has the lowest proportion of its births being registered (39.4 per cent). Across ethnic groups, only small differences have been observed in birth registration. Children from the richest households (64.3 per cent) are more likely to have their births registered than children from the poorest households (52.1 per cent). Generally, the main reason why a large proportion of births were not registered (28 per cent) was lack of knowledge that a child's birth should be registered.

Child Labour

Article 32 of the Convention on the Rights of the Child states: "States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development..." The WFFC mentions seven strategies to combat child labour and the Millennium Declaration calls for the protection of children against exploitation.

In the MICS questionnaire, a number of questions addressed the issue of child labour, that is, children aged 5-14 involved in labour activities. A child is considered to be involved in child labour activities at the time of the survey if during the week preceding the survey:

- Ages 5-11: did at least one hour of economic work or 28 hours of domestic work per week
- Ages 12-14: did at least 14 hours of economic work or 28 hours of domestic work per week.

This definition allows differentiation between child labour and child work to identify the type of work that should be eliminated. As such, the estimate provided here is a minimum of the prevalence of child labour since some children may be involved in hazardous labour activities for a number of hours that could be less than the numbers specified in the criteria explained above.

Table CP.2 shows the distribution of children aged 5-14 who were involved in child labour activities by type of work. According to the table, about 25 per cent of children in this age bracket were involved in some form of child labour. Of these children 21.1 per cent were working on family business,

1.8 per cent worked on household chores for 28 hours or more per week,3.3 per cent were engaged in unpaid work outside their households and only 0.6 per cent did paid work.

The data further show that boys were more likely to be engaged in paid work than girls. Children in Banjul, Kanifing and Brikama LGAs are less likely to be engaged in work than children in the other LGAs. Similarly, children from the poorest households are more likely to be engaged in work than their counterparts from the richest households.

Presented in Table CP.3 is the percentage of children classified as student labourers or as labourer students. Student labourers are children attending school who were involved in child labour activities at the time of the survey. More specifically, about 25 per cent of children aged 5-14 were involved in child labour. Of the child labourers, about 65 per cent were also attending school whereas 24 per cent of the students are also involved in some form of child labour.

Across LGAs, child labour is highest in Kerewan (36.1 per cent) and lowest in Banjul (11.5 per cent). Child labour is more prevalent in the rural areas (28.6 per cent) than in the urban areas (16.9 per cent). Children of mothers with no education (26.1 per cent) are more likely to be engaged in child labour than those of mothers with secondary education and above (16.1 per cent). On the other hand, children from the poorest households (33.7 per cent) are more likely to be engaged in child labour than those from the richest households (11.3 per cent).

Child Discipline

As stated in the WFFC, "children must be protected against any acts of violence …" the Millennium Declaration calls for the protection of children against abuse, exploitation and violence. In The Gambia MICS study, mothers/caretakers of children aged 2-14 were asked a series of questions on the ways parents discipline their children when they misbehave:

Note that to administer the child discipline module, one child aged 2-14 years was randomly selected per household for the interview. From the questions asked, two indicators were identified to determine the extent and nature of child discipline. These are:

- the number of children aged 2-14 who experience psychological aggression as punishment or minor physical punishment or severe physical punishment
- the number of parents/caretakers of children and 2-14 who believe that in order to raise their children properly, they need to physically punish them.

In The Gambia, 84.2 per cent of children aged 2-14 were subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members. More importantly, 21.5 per cent of children were subjected to severe physical punishment. On the other hand, 31.2 per cent of mothers/caretakers believed that children should be physically punished, contrary to the high prevalence of physical discipline among children.

The prevalence rates of both minor and severe physical discipline were higher among boys (71.7 and 22.4 per cent respectively) than girls (69.5 and 20.7 per cent respectively). Psychological or physical punishment of children is highest in Kuntaur (97.4 per cent) and lowest in Janjangbureh (77.2 per cent). There were negligible differences between the urban and rural areas. Children from the poorest households (87.9 per cent) tend to be more psychologically and physically punished than children from the richest households (82.7 per cent) (Table CP.4)

Early Marriage and Polygyny

Marriage before the age of 18 is a reality for many young girls. According to UNICEF's worldwide estimates, over 60 million women aged 20-24 were married/in union before the age of 18. Factors that influence child marriage rates include:

- the state of the country's civil registration system, which provides proof of age for children
- the existence of an adequate legislative framework with an accompanying enforcement mechanism to address cases of child marriage
- the existence of customary or religious laws that condone the practice.

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. 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 a '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. The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) mentions the right to protection from child marriage in article 16, which states: "The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage..."

While marriage is not considered directly in the Convention on the Rights of the Child, child marriage is linked to other rights - such as the right to express their views freely, the right to protection from all forms of abuse; and the right to be protected from harmful traditional practices - and is frequently addressed by the Convention on the Rights of the Child.

Other international agreements related to child marriage are the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages and the African Charter on the Rights and Welfare of the Child and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. Child marriage is also identified by the Pan-African Forum against the Sexual Exploitation of Children as a type of commercial sexual exploitation of children.

Young married girls are a unique, though often invisible, group. Required to perform heavy amounts of domestic work, under pressure to demonstrate fertility and responsible for raising children while still children themselves, married girls and child mothers face constrained decision-making and reduced life choices.

Boys are also affected by child marriage but the issue impacts girls in far larger numbers and with more intensity. Cohabitation - when a couple lives together as if married - raises the same human rights concerns as marriage. Where a girl lives with a man and takes on the role of caretaker for him, the assumption is often that she has become an adult woman, even if she has not yet reached the age of 18. Additional concerns due to the informality of the relationship - for example, inheritance, citizenship and social recognition - might make girls in informal unions vulnerable in different ways than those who are in formally recognized marriages.

Research suggests that many factors interact to place a child at risk of marriage. Poverty, protection of girls, family honour and the provision of stability during unstable social periods are considered as significant factors in determining a girl's risk of becoming married while still a child.

Women who married at a younger age are more likely to believe that it is sometimes acceptable for a husband to beat his wife and are more likely to experience domestic violence themselves. The age gap between partners is thought to contribute to these abusive power dynamics and to increase the risk of untimely widowhood. 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 a young age are more likely to marry older men, which puts them at an increased risk of HIV infection. Parents seek to marry off their girls to protect their honour, and men often seek younger women as wives as a means to avoid choosing a wife who might already be infected. Two indicators used to determine early marriage among females are the percentage of women married before 15 years of age and the percentage married before 18 years of age. Table ED.5 shows that 10 per cent of women aged 15-49 and married or in union actually marry before their 15th birthday whereas 49 per cent of married or in union women aged 20-49 are married or in union before they reach 18 years of age.

The number of women aged 15-49 in polygamous marriage/union accounted for 44 per cent. For women aged 15-49 early marriage is more prevalent in Kerewan and the least prevalent in Banjul. Women in the poorest households and those with no education are more likely to marry at an earlier age than other women. Across ethnic groups, Fula women are more likely to marry at an earlier age than women of other ethnic origins. Another area of interest is the spousal age difference, with the indicator being the percentage of women in marriage/in union younger than their current partner by 10 years or more. Table CP.6 shows the percentage distribution of currently married/in union women aged 15-49 according to the age difference with a husband/partner. The table shows that 59.4 per cent of women aged 15-19 have husbands/partners who are at least 10 years older than them.

Interestingly, among women aged 15-19, spousal age difference is highest in Brikama LGAs (71.3 per cent) and lowest in Janjangbureh (37.3 per cent). Among women aged 15-24, spousal age difference is highest in Kerewan (67.1 per cent) and lowest in Basse (43.9 per cent). Across all ages, spousal age difference tends to be higher among women with no education than women with secondary education and above.

Female Genital Mutilation/Cutting

Female genital mutilation/cutting (FGM/C) is the partial or total removal of the female external genitalia or other injury to the female genital organs. FGM/C is always traumatic with immediate complications including excruciating pain, shock, urine retention, ulceration of the genitals and injury to adjacent tissue. Other complications include septicaemia, infertility, obstructed labour, and even death. The procedure is generally carried out on girls between the ages of 4 and 14; it is also done to infants, women who are about to be married and, sometimes, to women who are pregnant with their first child or who have just given birth. It is often performed by traditional practitioners, including midwives, without anaesthesia, using scissors, razor blades or broken glass.

FGM/C is a violation of human rights. In the absence of any perceived medical necessity, it subjects girls and women to health risks and has life-threatening consequences. Among those rights violated are the rights to the highest attainable standard of health and to bodily integrity. Furthermore, it could be argued that girls (under 18) cannot be said to give informed consent to such a potentially damaging practice as FGM/C.

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In the MICS III, a series of 16 questions were asked to determine knowledge of FGM/C, prevalence of FGM/C and details of the type of FGM/C performed. However, in The Gambia, the questions were reduced to 10 after deleting questions considered offensive or sensitive and those that were considered of little importance or interest to the country. Table CP.7 shows the prevalence of FGM/C among women as well as women's attitude towards FGM/C.

Overall, 64.3 per cent of women reported that at least one of their living daughters had undergone FGM/C. Among the LGAs, Basse registered the highest proportion of women (91.4 per cent) who had at least one living daughter exposed to FGM/C. Daughters of women living in Banjul are least exposed to FGM/C compared to other LGAs. Daughters whose mothers have no education (69.5 per cent) are more likely to be exposed to the practice of FGM/C compared to daughters whose mothers have primary education (57.7 per cent) or secondary education (41.3 per cent), (see Table CP.8)

The table shows that 78 per cent of women aged 15-49 had some form of female genital mutilation. The percentages declined from 81 per cent for women without formal education to 71 per cent for women with secondary education and above. The practice of FGM/C is popular among the Mandinka, Fula and Jola ethnic groups, each of which has prevalence rates of more than 80 per cent. The practice is moderate among the Serer ethnic group with a prevalence rate of 45 per cent whereas among the Wollof the practice is unpopular, with a prevalence rate of 12 per cent. The practice appers more common among households in the middle wealth quintiles than the poorest and richest households.

Differences have been observed among women in the various LGAs with the practice more common in Basse (99.0 per cent) and Mansakonko (95.9 per cent) and less common in Banjul (44.8 per cent) and Kerewan (60.8 per cent) LGAs. The practice is more common in the rural areas than in the urban areas. FGM/C is practised slightly less among women with secondary education and above than those who either have never been to school or only stopped at primary school.

Regarding opinion as to whether the practice should be continued or discontinued, 71.1 per cent of women thought it should be continued while 23 per cent believed it should be discontinued. Across ethnic groups, the belief that the practice should be continued is highest among the Mandinka (89.2 per cent), the Jola (80.7 per cent) and the Fula (79.5 per cent) and least common among the Wollof.

Women in the Mansakonko area are more likely to approve of the continuation of the practice of FGM/C than women in other LGAs. Banjul women are less likely to approve of the continuation of the practice. Approval of the continuation of the practice is highest among women with no education (76.9 per cent) than those with secondary education and above (57.7 per cent). Women from the richest households are less likely to approve of the continuation of the practice than women from the poorest households.

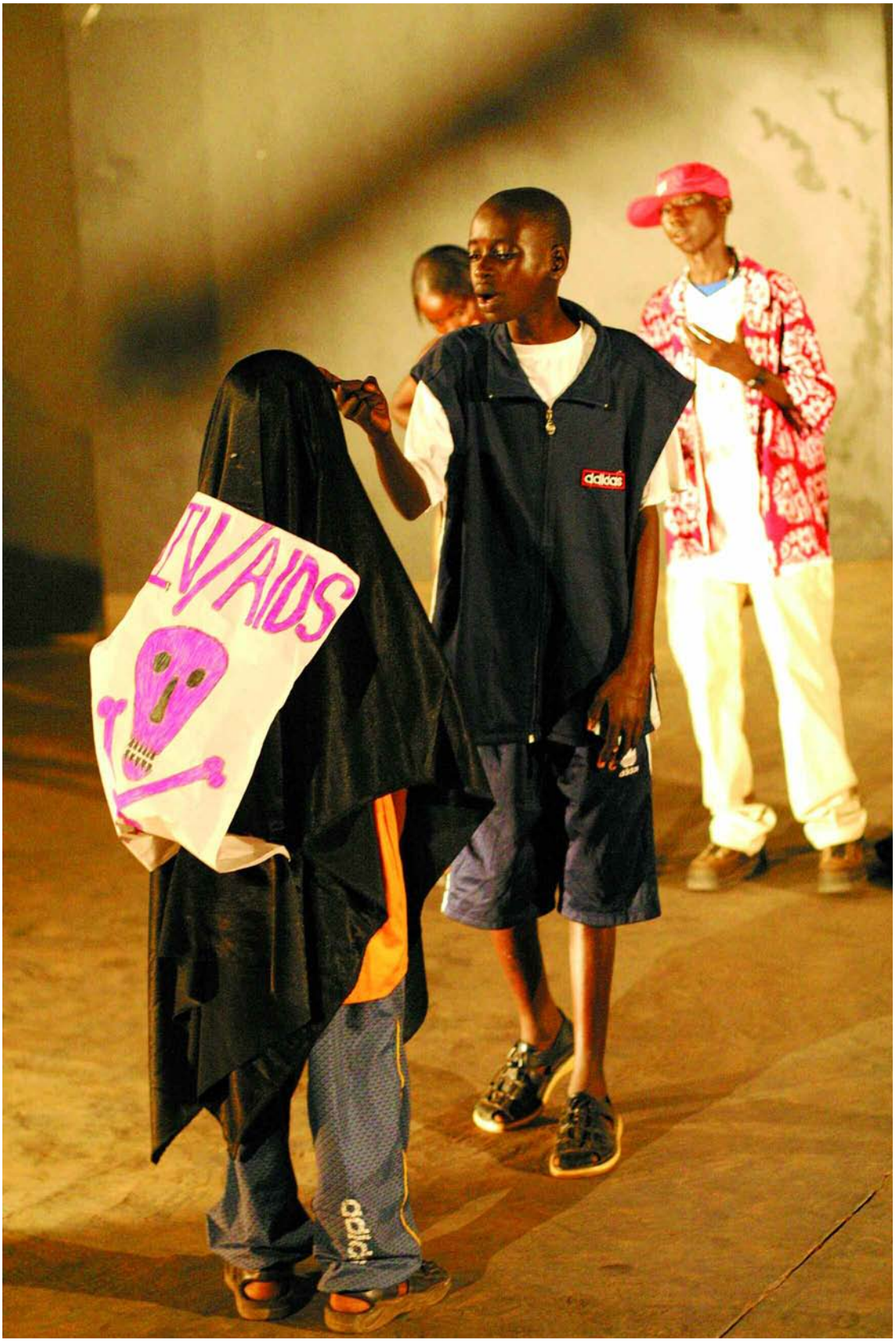
Overall, 72.9 per cent of the women interviewed reported that they would like their daughters to be circumcised. Among the LGAs a larger proportion of women in Basse (97.4 per cent) reported that they would like their daughters to be circumcised compared to Banjul with 30.7 per cent. In the rural areas, 81.3 per cent of women were reported to approve of FGM/C for their daughters compared to 61.5 per cent in the urban areas. Women with no education (78.5 per cent) are more likely to approve of FGM/C for their daughters than those with secondary education and above (59.0 per cent). Similarly, a larger proportion of women from the poorest households approved of FGM/C for their daughters than those from the richest households (Table CP.7).

Domestic Violence

A number of questions were asked of women aged 15-49 to assess their attitudes towards whether husbands are justified to hit or beat their wives/partners for a variety of scenarios. These questions were asked to have an indication of cultural beliefs that tend to be associated with the prevalence of violence against women by their husbands/partners. The main assumption here is that women who agree with the statements indicating that their husbands/partners are justified to beat their wives/partners under the situations described in reality tend to be abused by their own husbands/partners.

The responses to these questions are tabulated in Table CP.9. The table shows that 74 per cent of women aged 15-49 believed that a husband is justified in beating his wife/partner under any one of the following circumstances: when she goes out without informing the husband, when she neglects the children, when she argues with him, when she refuses sex with him and when she burns the food.

The data show that a woman in Banjul is less likely to approve of wife/partner beating than any woman in other LGAs where more than half of the women approve of the practice. Similarly, poorer women are more likely to approve of wife beating than women in the richest households. On the other hand, the higher the education of a woman is, the less likely it is for her to approve of wife beating.



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12. HIV/AIDS, SEXUAL BEHAVIOUR AND ORPHANED AND VULNERABLE CHILDREN

Knowledge of HIV Transmission and Condom Use

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and strategies for preventing transmission. Correct information is the first step towards raising awareness and giving young people the tools to protect them from infection.

Misconceptions of HIV are common and can confuse young people and hinder prevention efforts. Different regions are likely to have variations in misconceptions, although some appear to be universal (for example that sharing food can transmit HIV or mosquito bites can transmit HIV). The UN General Assembly Special Session on HIV/AIDS (UNGASS) called on governments to improve the knowledge and skills of young people to protect them from HIV. The indicators to measure this goal as well as the MDG of reducing HIV infections by half include improving the level of knowledge of HIV and its prevention, and changing behaviour to prevent further spread of the disease. The HIV module was administered to women aged 15-49.

One indicator, which is both an MDG and UNGASS indicator, is the percentage of young women who have comprehensive and correct knowledge of HIV prevention and transmission. Women were asked whether they knew of the three main ways of preventing HIV transmission - having only one faithful uninfected partner, using a condom every time, and abstaining from sex. The results are presented in Table HA.1.

In The Gambia, almost all the interviewed women (99 per cent) have heard of HIV/AIDS. However, only 65 per cent of women know of all the three ways of preventing HIV transmission. About 92 per cent of women know of having one faithful uninfected sex partner, 82 per cent know of using a condom every time and 77 per cent know of abstaining from sex as ways of preventing HIV transmission. While 97 per cent of women know at least one way, a low proportion of women (3 per cent) do not know any of the three ways. The percentage of women knowing all the three ways of preventing HIV/AIDS transmission was lowest in the Kanifing and Mansakonko LGAs (53 per cent each), followed by Banjul (56 per cent). The percentage of women who knew all three ways was higher in the poorest category than in the richest category.

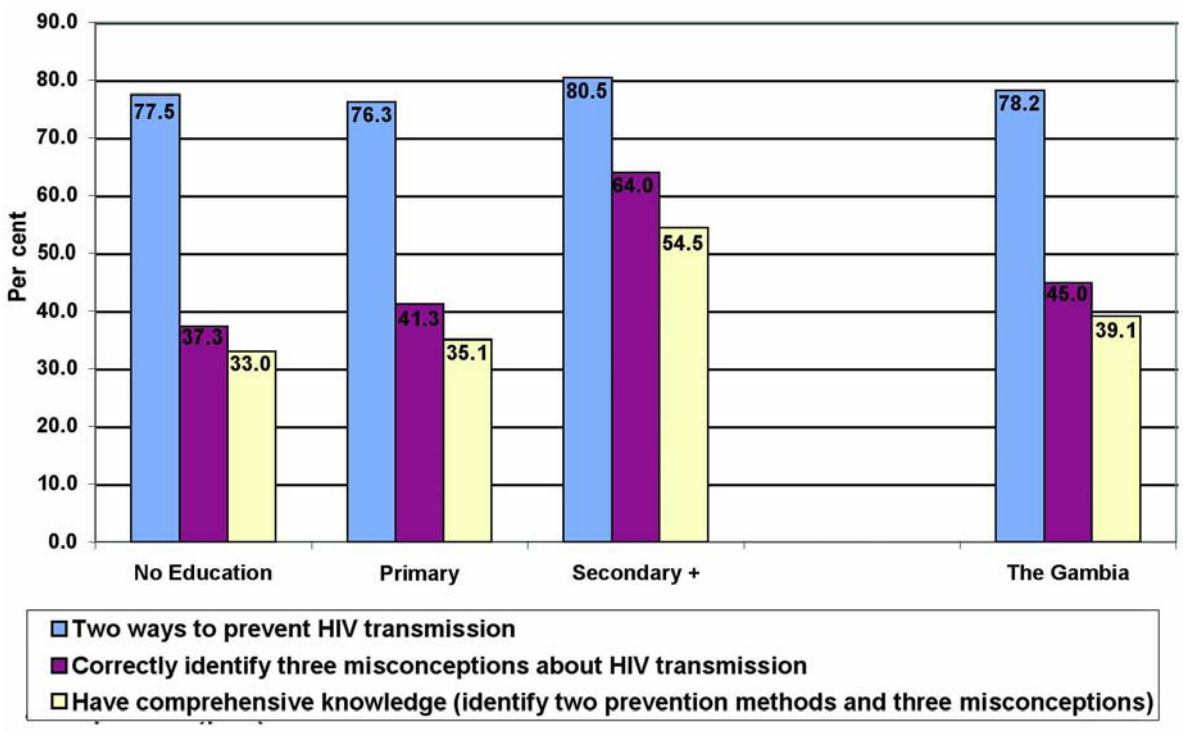
Presented in Table HA.2 is the percentage of women who can correctly identify misconceptions about HIV. The indicator is based on the two most common and relevant misconceptions in The Gambia: that HIV can be transmitted by mosquito bites and supernatural means. The table also provides information on whether women know that HIV cannot be transmitted by sharing food with an infected person, and that HIV can be transmitted by sharing needles.

Of the women interviewed, 45 per cent reject the two most common misconceptions and know that a healthy-looking person can be infected. About 62 per cent of women know that HIV cannot be transmitted by mosquito bites, while 75 per cent know that it cannot be transmitted by sharing food. Seventy-three per cent of women know that a healthy-looking person can be infected.

Across LGAs, women in Banjul, Kanifing and Brikama were found to be more knowledgeable about misconceptions than women in other LGAs with more than half of the women interviewed in these LGAs rejecting the most common misconceptions. They know that a healthy looking person can be infected. Women from the richest households are more knowledgeable about misconceptions than women from the poorest households. Across ethnic groups, Serer women seem to be more knowledgeable about misconceptions than other ethnic groups.

Table HA.3 summarizes information from Tables HA.1 and HA.2 and presents the percentage of women who know two ways of preventing HIV transmission and reject three common misconceptions. Comprehensive knowledge of HIV prevention methods and transmission is still fairly low, although there are differences across areas of residence. As a whole, 38 per cent of women were found to have comprehensive knowledge of HIV, which was slightly higher in the urban areas (41 per cent). As expected, the percentage of women with comprehensive knowledge increases with the women's education level. (Figure HA.1).

Figure HA.1: Percentage of women who have comprehensive knowledge of HIV/AIDS transmission, The Gambia, 2006



Knowledge of mother-to-child transmission of HIV is also an important first step for women to seek HIV testing when they are pregnant to avoid infection in the baby. Women should know that HIV could be transmitted during pregnancy, delivery and breastfeeding. The level of knowledge among women aged 15-49 concerning mother-to-child transmission is presented in Table HA.4.

Generally, 94 per cent of women know that HIV can be transmitted from mother to child. The percentage of women who know all three ways of mother-to-child transmission is 67 per cent, while 5 per cent do not know of any specific way. Minor differentials have been observed in knowledge of mother-to-child transmission among women across educational attainment of women and ethnicity of head of household. Knowledge of mother-to-child transmission is higher in the rural areas (72.7 per cent) than in the urban areas (58.6 per cent). Similarly, women in the poorest households (72.7 per cent) tend to be more knowledgeable on mother-to-child transmission of HIV/AIDS than those from the richest households (56.1 per cent).

The indicators on attitude towards people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are low if respondents report a favourable attitude on the following four statements:

- would care for family member sick with AIDS
- would buy fresh vegetables from a vendor who was HIV positive
- thinks that a teacher who is HIV positive should be allowed to teach in school
- would not want to keep the HIV status of a family member a secret.

Table HA.5 presents the attitudes of women towards people living with HIV/AIDS.

About 84 per cent of the women interviewed during the MICS agreed with at least one of the discriminatory statements. The analysis of the data by LGA, residence and household poverty status each shows that more than 75 per cent of women agreed with at least one discriminatory statement. It is worth noting that 16.3 per cent of the women agreed with none of the discriminatory statements.

One out of every 10 women would not care for a family member who was with AIDS, 55 per cent would want to keep secret if a family member was with AIDS, a little more than a third of the women believed that a teacher with HIV should not be allowed to work and half of the women would not buy fresh vegetables from a person with HIV/AIDS.

Another important indicator is the knowledge of where to be tested for HIV and use of such services. Questions related to knowledge among women of a facility for HIV testing and whether they have ever been tested is presented in Table HA.6.

About 55 per cent of women know where to be tested, while 14 per cent have actually been tested. Of these, a large proportion has been told the result (89 per cent). Women in Kuntaur LGA are less likely to know a place to get tested for HIV than women in other LGAs and those in Banjul, Kanifing and Brikama are more likely to know where to get tested.

Women in the Brikama and Kanifing areas are more likely to have been tested for HIV than women from other LGAs with nearly a fifth claiming to have been tested. Knowledge of where to be tested for HIV is more extensive in the urban than rural areas. In the former, 64 per cent of women know where to go for testing whereas in the latter, only 48 per cent know of such a facility. The proportion of women having this knowledge increases with education as well as the wealth status of their households.

Among women who had given birth within the two years preceding the survey, the proportion who received counselling and HIV testing during antenatal care is presented in Table HA.7. Data in the table show that there is almost universal access to antenatal care in The Gambia.

As already observed, nearly 98 per cent of women with a birth in the two years preceding the survey received antenatal care from a health professional during their last pregnancy. About 45 per cent of these women were provided with information of HIV prevention during antenatal visits, 23 per cent were tested for HIV and 21 per cent received the results of their test.

Sexual Behaviour Related to HIV Transmission

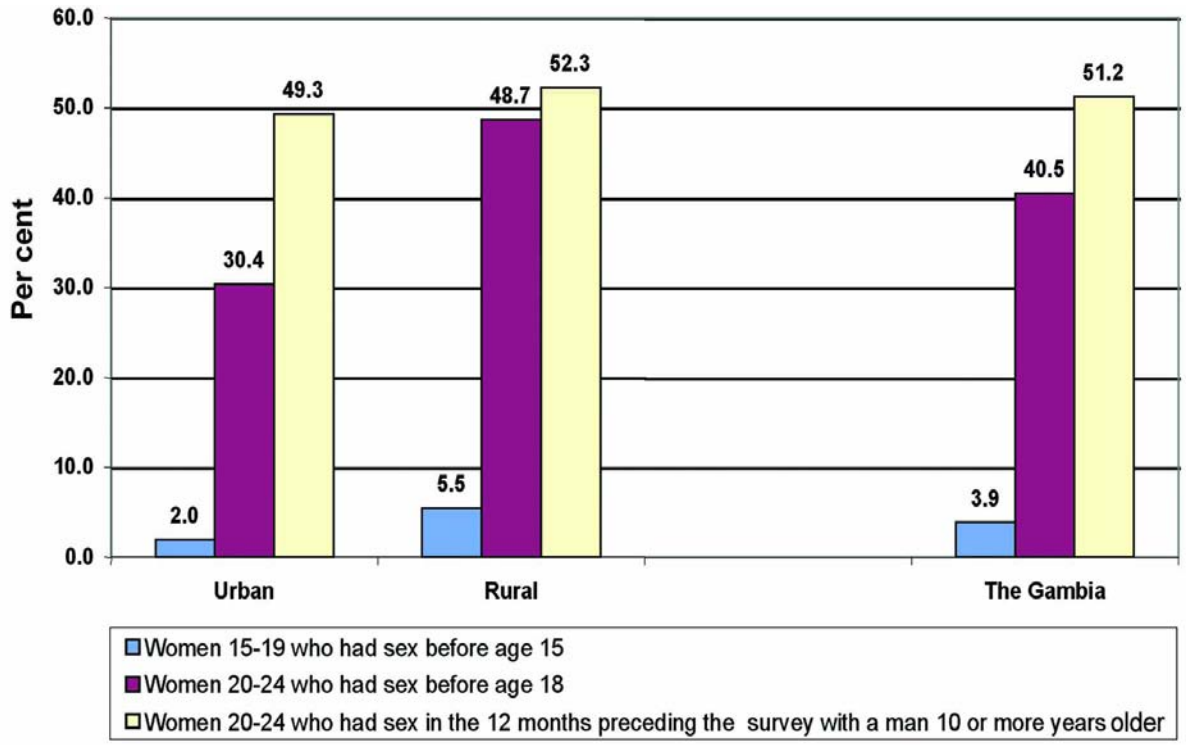
Promoting safer sexual behaviour is critical for reducing HIV prevalence. The use of condoms during sex, especially with non-regular partners, is especially important for reducing the spread of the virus. In most countries, over half of new HIV infections are among young people aged 15-24. Thus a change in behaviour among this age group will be especially important to reduce new infections.

A module of questions was administered to women aged 15-24 to assess their exposure to the risk of HIV infection. Risk factors for HIV include sex at an early age, sex with older men, sex with a non-marital non-cohabitating partner and failure to use a condom.

The sexual behaviour that increases the risk of HIV infection among women is presented in Table HA.8 and Figure HA.2. Table HA.8 shows that 4 per cent of women aged 15-19 had sex before age 15, and 51 per cent aged 15-24 had sex with men 10 or more years older than them in the 12 months preceding the survey.

The first sexual encounter is earlier among women in Kuntaur and later in Banjul. Education appears to delay women's exposure to sex and women from the poorest households seem to encounter sex at an earlier age than those from the richest households.

Figure HA.2: Percentage of young women aged 15-19 and 20-24 who had sex befor ages 15 aand 18 respectively and percentage of women aged 20-24 who had sex with a man 10 or years older, The Gambia, 2006



Condom use during sex with men other than husbands or live-in partners (non-marital, non-cohabiting) was assessed among women aged 15-24 who had sex with such a partner in the previous year (Table HA.9). About 16 per cent of women aged 15-24 reported having sex with a non-regular partner in the 12 months prior to the MICS. Of those women, over half reported using a condom when they had sex with the high risk partner. Forty-five per cent of women aged 15-24 with primary education used a condom during higher risk sex in the year before the MICS while 58 per cent (aged 15-24) with secondary or more education used a condom with such a partner.

Orphans and Vulnerable Children

As the HIV/AIDS pandemic progresses, more and more children are becoming orphaned and vulnerable. Children who are orphaned or in vulnerable households may be at an increased risk of neglect or exploitation, if the parents are not available to assist them. Monitoring the variations in different outcomes for orphans and vulnerable children and comparing them to their peers gives us a measure of how well communities and governments are responding to their needs.

To monitor these variations, a measurable definition of orphaned and vulnerable children needed to be created. The UNAIDS Monitoring and Evaluation Reference Group developed a proxy definition of children who have been affected by adult morbidity and mortality. This should capture many of the children affected by AIDS in countries where a significant proportion of the adults are HIV infected.

This definition classifies children as orphaned and vulnerable if they have experienced the death of either parent, if either parent is chronically ill, or if an adult (aged 18-59) in the household either died (after being chronically ill) or was chronically ill in the year prior to the survey.

The frequency of children living with neither parent, mother only, and father only is presented in Table HA.10. The proportion of children aged 0-17 living with mother only was 17 per cent (ie 13 per cent father alive and 4 per cent father dead). On the other hand, only 5 per cent of children aged 0-17 years were living with father only (ie 4 per cent mother alive and 1 per cent mother dead). About 9 per cent of children aged 0-17 were reported to have lost one parent. A review of the data presented in the table shows that the living arrangements of children do not differ markedly among children from different backgrounds.

Table HA.11 shows that the percentage of orphaned and vulnerable children aged 0-17 was 12.6 per cent. Children in Kuntaur were observed to be more likely to be orphaned and vulnerable (15.3 per cent). Kerewan children were the least likely to be orphaned and vulnerable (6.4 per cent) than children in other LGAs. Urban children are more likely to be orphaned and vulnerable (14.1 per cent) than rural children (11.7 per cent).

One of the measures developed for the assessment of the status of orphaned and vulnerable children relative to their peers looks at the school attendance of children 10-14 for children who have lost both parents (double orphans) versus children whose parents are alive (and who live with at least one of these parents). If children whose parents have died do not have the same access to school as their peers, then families and schools are not ensuring that these children's rights are being met.

In The Gambia, one per cent of children aged 10-14 have lost both parents (Table HA.12). Among these, only 65 per cent are currently attending school. Among children aged 10-14 who have not lost a parent and who live with at least one parent, 72 per cent are attending school. This would suggest that double orphans are disadvantaged compared to non-orphaned children in terms of school attendance.

In many countries few services are available to families who have taken in orphaned or vulnerable children. Community-based organizations and governments need to be sure that families are supported to care for these children.

The prevalence of malnutrition among orphans and vulnerable children under five years of age is presented in Table HA.14. Of the orphaned or vulnerable children, 22 per cent are underweight, 23 per cent stunted and 6 per cent wasted. Compared to non-orphaned children, there appears not to be many differences in their nutritional status.

Research suggests that in some areas children who were orphaned are more likely to have worse sexual and reproductive health outcomes than other children. Table HA.15 presents information on the sexual behaviour of orphaned and vulnerable women aged 15-17. According to the table, the proportion of young orphaned or vulnerable women aged 15-17 who had sex before age 15 is lower (3 per cent) than the non-orphaned or vulnerable children (4 per cent). This is contrary to expectations.

The ratio of the percentages estimated for orphaned and vulnerable children to those who are not orphaned or vulnerable is estimated at 0.8, which indicates only a marginal difference between vulnerable and non-vulnerable children when it comes to the timing of exposure to sex.

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TABLES

Table HH.1: Results of household and individual interviews

Number of households, women and children under 5 by results of the household, women's and under-5's interviews, and household, women's and under-5's response rates, The Gambia, 2006

	Residence		LGA								
	Urban	Rural	Banjul	Kanifing	Brikama	Mansakonko	Kerewan	Kuntaur	Janjangbureh	Basse	Total
Number of households											
Sampled	2945	3230	266	1881	1691	361	760	266	418	532	6175
Occupied	2945	3226	266	1881	1687	361	760	266	418	532	6171
Interviewed	2890	3181	266	1837	1646	361	754	264	417	526	6071
Response rate	98.1	98.6	100.0	97.7	97.6	100.0	99.2	99.2	99.8	98.9	98.4
Number of women											
Eligible	4308	5944	328	2825	2445	594	1097	534	964	1465	10252
Interviewed	4189	5793	326	2731	2387	573	1090	506	958	1411	9982
Response rate	97.2	97.5	99.4	96.7	97.6	96.5	99.4	94.8	99.4	96.3	97.4
Overall response rate	95.4	96.1	99.4	94.4	95.3	96.5	98.6	94.0	99.1	95.2	95.8
Number of children under 5											
Eligible	2248	4393	167	1461	1390	404	863	441	754	1161	6641
Mother/caretaker interviewed	2202	4341	160	1425	1376	399	856	431	753	1143	6543
Response rate	98.0	98.8	95.8	97.5	99.0	98.8	99.2	97.7	99.9	98.4	98.5
Overall response rate	96.1	97.4	95.8	95.3	96.6	98.8	98.4	97.0	99.6	97.3	96.9

Table HH.2: Household age distribution by sex

Percentage distribution of the household population by five-year age groups and dependency age groups, and number of children aged 0-17 years, by sex, The Gambia, 2006

	Males		Females		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Age						
0-4	3306	15.0	3173	13.9	6479	14.4
5-9	3598	16.3	3535	15.5	7134	15.9
10-14	2869	13.0	3407	14.9	6275	14.0
15-19	2518	11.4	2307	10.1	4825	10.8
20-24	1749	7.9	2044	9.0	3793	8.5
25-29	1483	6.7	1935	8.5	3417	7.6
30-34	1204	5.5	1361	6.0	2565	5.7
35-39	1147	5.2	1065	4.7	2212	4.9
40-44	948	4.3	830	3.6	1778	4.0
45-49	763	3.5	546	2.4	1308	2.9
50-54	583	2.6	1048	4.6	1630	3.6
55-59	514	2.3	485	2.1	998	2.2
60-64	484	2.2	393	1.7	877	2.0
65-69	337	1.5	196	.9	533	1.2
70+	538	2.4	463	2.0	1001	2.2
Missing/DK	32	(.1)	18	(*)	49	(.1)
Dependency age groups						
< 15	9774	44.3	10115	44.4	19888	44.3
15-64	11391	51.6	12014	52.7	23404	52.2
65 +	876	4.0	659	2.9	1535	3.4
Missing/DK	32	(.1)	18	(*)	49	(.1)
Children aged 0-17	11386	51.6	11473	50.3	22859	50.9
Adults 18+/Missing/ DK	10686	48.4	11332	49.7	22018	49.1
Total	22072	100.0	22805	100.0	44877	100.0

Table HH.3: Household composition

Percentage distribution of households by selected characteristics, The Gambia, 2006

	Number of households		
	Weighted per cent	Weighted	Unweighted
Sex of household head			
Male	84.1	5103	5120
Female	15.9	968	951
LGA			
Banjul	5.1	308	266
Kanifing	30.9	1877	1837
Brikama	27.2	1652	1646
Mansakonko	5.9	357	361
Kerewan	11.8	718	754
Kuntaur	5.0	306	264
Janjangbureh	6.1	370	417
Basse	8.0	483	526
Residence			
Urban	48.3	2930	2890
Rural	51.7	3141	3181
Number of household members			
1	9.4	573	565
2-3	14.0	852	836
4-5	20.0	1216	1200
6-7	18.2	1104	1092
8-9	13.3	806	806
10+	25.0	1521	1572
Ethnic group of head of household			
Mandinka	33.7	2043	2068
Wollof	13.1	793	772
Fula	23.2	1409	1412
Jola	11.6	703	685
Serer	4.5	273	265
Other ethnic group	14.0	850	869
Total	100.0	6071	6071
At least one child aged < 18 years	83.6	6071	6071
At least one child aged < 5 years	57.7	6071	6071
At least one woman aged 15-49 years	83.6	6071	6071

Table HH.4: Women's background characteristics

Percentage distribution of women aged 15-49 by background characteristics, The Gambia, 2006

	Number of women		
	Weighted per cent	Weighted	Unweighted
LGA			
Banjul	3.2	324	326
Kanifing	28.8	2872	2731
Brikama	25.5	2549	2387
Mansakonko	5.3	531	573
Kerewan	10.1	1012	1090
Kuntaur	5.5	547	506
Janjangbureh	8.9	891	958
Basse	12.6	1258	1411
Residence			
Urban	42.6	4251	4189
Rural	57.4	5731	5793
Age			
15-19	22.9	2282	2277
20-24	20.3	2023	2013
25-29	19.2	1915	1924
30-34	13.5	1352	1350
35-39	10.5	1047	1051
40-44	8.2	822	825
45-49	5.4	540	542
Marital/Union status			
Currently married/in union	68.6	6839	6904
Formerly married/in union	4.6	459	447
Never married/in union	26.8	2671	2618
Motherhood status			
Ever gave birth	67.5	6739	6774
Never gave birth	32.5	3243	3208
Education			
None	60.9	6083	6190
Primary	11.7	1173	1150
Secondary +	27.3	2726	2642
Wealth index quintiles			
Poorest	17.1	1707	1771
Second	19.0	1896	1896
Middle	20.2	2012	2020
Fourth	21.4	2139	2133
Richest	22.3	2228	2162
Ethnic group of head of household			
Mandinka	35.2	3514	3513
Wollof	13.0	1295	1279
Fula	19.9	1985	1991
Jola	10.9	1086	1015
Serer	3.9	386	379
Other ethnic group	17.2	1716	1805
Total	100.0	9982	9982

Table HH.5: Children's background characteristics

Percentage distribution of children under 5 by background characteristics, The Gambia, 2006

	Number of under-5 children		
	Weighted per cent	Weighted	Unweighted
Sex			
Male	51.1	3346	3343
Female	48.9	3197	3200
LGA			
Banjul	3.0	196	160
Kanifing	23.0	1508	1425
Brikama	21.8	1425	1376
Mansakonko	6.2	406	399
Kerewan	12.6	826	856
Kuntaur	7.7	502	431
Janjangbureh	10.4	682	753
Basse	15.3	999	1143
Residence			
Urban	35.2	2303	2202
Rural	64.8	4240	4341
Age			
< 6 months	13.0	853	855
6-11 months	10.6	695	696
12-23 months	22.7	1486	1481
24-35 months	20.9	1369	1373
36-47 months	19.1	1247	1242
48-59 months	13.7	893	896
Mother's education			
None	75.2	4923	4975
Primary	10.8	710	690
Secondary +	13.9	911	878
Wealth index quintiles			
Poorest	23.4	1532	1575
Second	20.4	1337	1342
Middle	20.5	1344	1351
Fourth	19.1	1248	1249
Richest	16.5	1082	1026
Ethnic group of head of household			
Mandinka	34.4	2254	2244
Wollof	13.3	870	850
Fula	22.8	1494	1493
Jola	9.1	596	564
Serer	3.2	212	200
Other ethnic group	17.1	1117	1192
Total	100.0	6543	6543

Table CM.1: Child mortality

Infant and under-5 mortality rates, The Gambia, 2006

	Infant mortality rate*	Under-5 mortality rate**
Sex		
Male	99	140
Female	86	122
LGA		
Banjul & Kanifing	88	122
Brikama	76	100
Mansakonko	104	154
Kerewan	90	126
Kuntaur	124	195
Janjangbureh	109	165
Basse	121	188
Residence		
Urban	74	96
Rural	102	150
Mother's education		
None	97	140
Primary	94	133
Secondary +	54	66
Wealth index quintiles		
Poorest	106	158
Second	97	139
Middle	101	148
Fourth	88	121
Richest	58	72
Ethnic group of head of household		
Mandinka	97	140
Wollof	82	111
Fula	100	146
Jola	77	102
Serer	56	69
Other ethnic group	95	136
Total	93	131

*** MICS indicator 2; MDG indicator 14**
**** MICS indicator 1; MDG indicator 13**

Table CM.2: Children ever born and proportion dead

Mean number of children ever born and proportion dead by age of women, The Gambia, 2006

	Mean number of children ever born	Proportion dead	Number of women
Age			
15-19	.098	.086	2282
20-24	.568	.108	2023
25-29	.098	.086	2282
30-34	.568	.108	2023
35-39	1.283	.131	1915
40-44	2.081	.132	1352
45-49	2.727	.140	1047
Total	3.298	.176	822

Table NU.1: Child malnourishment

Percentage of children aged 0-59 who are severely or moderately malnourished, The Gambia, 2006

	Weight for age		Height for age		Weight for height			Number of children aged 0-59 months
	% above - 2 SD*	% above - 3 SD*	% above - 2 SD	% above - 3 SD	% above - 2 SD	% above - 3 SD	% above + 32 SD	
Sex								
Male	20.5	4.1	22.4	8.5	6.8	1.1	1.9	3276
Female	20.1	3.7	22.4	8.1	6.1	.8	2.7	3110
LGA								
Banjul	17.5	5.0	17.5	6.9	4.4	.0	.6	196
Kanifing	13.5	1.7	12.3	4.7	4.8	.4	1.8	1493
Brikama	16.8	2.8	19.9	6.5	8.1	1.2	2.9	1413
Mansakonko	27.0	6.1	29.0	9.9	7.4	1.3	1.2	404
Kerewan	23.7	5.2	32.3	15.0	7.0	1.6	5.0	823
Kuntaur	27.3	7.2	25.0	9.5	11.2	2.2	1.9	461
Janjangbureh	26.1	3.8	29.1	9.6	3.7	.3	1.3	682
Basse	23.5	5.0	25.9	8.7	5.6	.7	1.5	914
Residence								
Urban	14.7	2.2	14.6	5.8	5.0	.4	2.4	2267
Rural	23.4	4.8	26.7	9.6	7.2	1.3	2.3	4119
Age								
< 6 months	3.8	.9	7.0	2.6	3.7	.8	8.1	828
6-11 months	19.1	3.6	16.4	6.5	9.9	2.2	4.4	679
12-23 months	31.4	7.7	29.4	11.5	12.1	1.9	1.4	1455
24-35 months	24.0	4.3	25.7	9.7	4.2	.4	1.0	1323
36-47 months	17.2	2.2	25.0	8.4	3.4	.2	.6	1226
48-59 months	17.1	2.1	21.6	7.3	4.6	.4	.9	874
Mother's education								
None	21.9	4.3	24.5	9.2	6.6	1.1	2.4	4788
Primary	19.7	3.5	18.5	7.8	6.8	.8	1.6	697
Secondary +	12.4	1.6	14.6	3.8	5.4	.5	2.3	902
Wealth index quintiles								
Poorest	25.9	6.4	30.4	11.6	7.3	1.2	2.4	1492
Second	23.1	3.9	27.5	10.3	7.5	1.4	3.0	1296
Middle	21.1	3.2	21.3	7.5	7.4	1.1	2.1	1309
Fourth	15.6	2.9	18.0	5.8	4.3	.7	2.0	1220
Richest	13.5	2.2	11.5	5.0	5.2	.2	1.9	1070
Ethnic group of head of household								
Mandinka	21.3	3.9	23.6	8.4	7.1	1.3	1.7	2209
Wollof	18.7	2.5	22.7	8.4	5.5	.3	2.5	863
Fula	21.2	4.4	23.2	8.7	6.3	1.0	2.8	1440
Jola	17.8	2.9	20.5	8.3	7.9	1.5	3.4	591
Serer	21.5	4.9	22.4	8.9	5.6	.0	2.4	210
Other ethnic group	19.6	4.5	19.8	7.3	5.3	.6	2.1	1074
Total	20.3	3.9	22.4	8.3	6.4	1.0	2.3	6386

*** MICS indicator 6; MDG indicator 4**
**** MICS indicator 7**
***** MICS indicator 8**

Table NU.2: Initial breastfeeding

Percentage of women aged 15-49 with a birth in the two years preceding the survey who breastfed their baby within one hour of birth and within one day of birth, The Gambia, 2006

	Percentage who started breastfeeding within one hour of birth*	Percentage who started breastfeeding within one day of birth	Number of women with a live birth in the two years preceding the survey
LGA			
Banjul	48.7	90.8	75
Kanifing	48.2	85.8	694
Brikama	34.1	91.1	750
Mansakonko	35.0	87.5	167
Kerewan	77.6	96.1	377
Kuntaur	49.0	86.5	232
Janjangbureh	33.3	84.2	313
Basse	58.5	92.4	463
Residence			
Urban	47.1	87.8	1037
Rural	48.1	90.3	2033
Months since birth			
< 6 months	47.9	90.0	872
6-11 months	47.8	89.8	713
12-23 months	47.6	88.9	1481
Mother's education			
None	49.0	89.9	2229
Primary	43.3	90.2	352
Secondary +	45.4	87.0	489
Wealth index quintiles			
Poorest	48.4	87.4	684
Second	49.8	92.8	647
Middle	46.3	89.9	650
Fourth	46.4	88.6	600
Richest	47.7	88.4	488
Ethnic group of head of household			
Mandinka	49.4	92.4	1048
Wollof	52.4	89.9	384
Fula	46.6	87.3	706
Jola	38.3	86.1	302
Serer	45.6	91.9	117
Other ethnic group	48.6	87.6	512
Total	47.7	89.5	3070

*** MICS indicator 45**

Table NU.3: Breastfeeding Percentage of living children according to breastfeeding status at each age group, The Gambia, 2006

	Children 0-3 months		Children 0-5 months		Children 6-9 months		Children 12-15 months		Children 20-23 months	
	Percentage exclusively breastfed	Number of children	Percentage exclusively breastfed*	Number of children	% receiving breast milk & solid/ mushy food**	Number of children	Percentage breastfed***	Number of children	Percentage breastfed***	Number of children
Sex										
Male	51.8	250	39.5	410	42.4	202	91.5	314	54.2	205
Female	53.1	278	42.0	443	45.2	210	93.2	302	52.2	195
LGA										
Banjul	(*)	10	(*)	17	(*)	9	(*)	23	(*)	11
Kanifing	51.6	131	42.9	193	44.9	83	90.3	163	49.3	73
Brikama	59.0	135	48.5	206	37.8	87	86.5	142	59.9	94
Mansakonko	(45.6)	33	(41.0)	49	(57.6)	29	(97.1)	37	(*)	24
Kerewan	50.2	60	34.4	107	62.6	54	97.5	80	49.7	60
Kuntaur	(36.7)	34	23.6	63	(41.2)	29	91.9	50	(39.4)	38
Janjangbureh	55.1	52	45.2	88	(52.1)	43	98.2	50	(59.8)	41
Basse	56.3	72	38.4	129	25.7	77	97.6	70	57.5	60
Residence										
Urban	54.9	199	45.1	291	55.1	140	90.3	236	44.8	121
Rural	51.0	330	38.5	561	38.0	272	93.6	380	56.9	279
Mother's education										
None	51.9	376	39.8	619	40.9	308	94.7	438	55.0	304
Primary	47.7	55	43.6	89	(48.6)	45	84.0	72	57.4	52
Secondary +	57.2	97	43.4	144	55.3	59	88.1	107	(36.4)	45
Wealth index quintiles										
Poorest	52.7	107	40.3	191	41.3	94	96.6	130	56.5	100
Second	49.5	107	41.4	183	46.1	87	93.0	117	63.4	89
Middle	53.7	111	43.3	167	40.0	97	92.7	138	57.0	91
Fourth	58.9	117	39.5	184	45.4	66	93.5	117	37.6	69
Richest	45.7	86	39.1	128	48.1	67	85.2	115	43.6	52
Ethnic group of head of household										
Mandinka	58.7	183	46.8	278	44.0	154	94.1	215	51.1	127
Wollof	34.3	71	28.4	116	(50.6)	49	87.6	83	40.0	70
Fula	52.9	139	41.3	217	44.8	96	93.8	120	66.6	96
Jola	(63.9)	39	49.1	63	(29.7)	32	90.2	66	(66.4)	39
Serer	(*)	18	(37.4)	34	(*)	11	(*)	28	(*)	12
Other ethnic group	48.0	78	35.5	145	41.5	69	92.1	104	43.6	57
Total	52.5	528	40.8	853	43.8	411	92.3	616	53.2	401

*** MICS indicator 15 * ** MICS indicator 17 *** MICS indicator 16**

Table NU.4: Adequately fed infants

Percentage of infants under 6 months of age exclusively breastfed, percentage of infants 6-11 months who are breastfed and who ate solid/semi-solid food at least the minimum recommended number of times yesterday and percentage of infants adequately fed, The Gambia, 2006

	Percentage of infants					
	0-5 months exclusively breastfed	6-8 months who received breast milk and complementary food at least 2 times in prior 24 hours	9-11 months who received breast milk and complementary food at least 3 times in prior 24 hours	6-11 months who received breast milk and complementary food at least the minimum recommended number of times per day*	0-11 months who were appropriately fed**	Number of infants aged 0-11 months
Sex						
Male	39.5	28.1	44.4	37.1	38.4	750
Female	42.0	37.6	43.4	40.8	41.5	797
LGA						
Banjul	(21.4)	(60.0)	(50.0)	(53.8)	(37.0)	33
Kanifing	42.9	30.9	30.8	30.8	37.8	333
Brikama	48.5	30.5	51.0	40.7	45.2	358
Mansakonko	41.0	39.2	52.6	46.2	43.4	93
Kerewan	34.4	56.3	67.8	62.9	47.7	201
Kuntaur	23.6	31.3	50.0	44.7	34.4	129
Janjangbureh	45.2	29.1	37.4	33.6	40.2	155
Basse	38.4	19.7	25.7	22.6	30.9	246
Residence						
Urban	45.1	43.9	38.1	40.6	43.1	518
Rural	38.5	27.9	46.8	38.2	38.4	1030
Mother's education						
None	39.8	30.0	44.4	38.2	39.0	1143
Primary	43.6	35.0	32.2	33.5	39.1	161
Secondary +	43.4	44.7	49.9	47.3	45.0	243
Wealth index quintiles						
Poorest	40.3	30.2	47.8	40.8	40.6	365
Second	41.4	28.8	58.1	45.3	43.2	334
Middle	43.3	28.9	37.1	32.9	38.4	315
Fourth	39.5	43.2	36.6	39.2	39.4	300
Richest	39.1	38.5	32.3	35.3	37.4	234
Ethnic group of head of household						
Mandinka	46.8	35.6	47.6	41.9	44.5	522
Wollof	28.4	36.4	53.4	46.3	36.1	203
Fula	41.3	38.6	40.6	39.7	40.6	377
Jola	49.1	8.6	51.4	35.8	42.2	132
Serer	37.4	33.0	30.4	31.1	34.8	57
Other ethnic group	35.5	28.3	31.1	29.8	33.0	257
Total	40.8	32.9	43.9	39.0	40.0	1547

*** MICS indicator 18**
**** MICS indicator 19**

Table NU.5: Iodized salt consumption

Percentage of households consuming adequately iodized salt, The Gambia, 2006

	Percentage of households in which salt was tested	Number of households interviewed	Percentage of households with Salt test result				Number of households in which salt was tested or with no salt
			No salt	< 15 PPM	15+ PPM*	Total	
LGA							
Banjul	74.4	308	25.6	73.3	1.1	100.0	308
Kanifing	86.5	1877	12.6	84.0	3.4	100.0	1858
Brikama	92.0	1652	7.1	91.4	1.5	100.0	1636
Mansakonko	91.9	357	7.3	90.5	2.2	100.0	354
Kerewan	96.9	718	1.5	96.2	2.3	100.0	707
Kuntaur	92.8	306	6.0	77.9	16.1	100.0	302
Janjangbureh	96.5	370	3.1	86.9	10.0	100.0	368
Basse	92.0	483	4.7	54.1	41.2	100.0	466
Residence							
Urban	85.8	2930	13.4	81.3	5.3	100.0	2904
Rural	94.5	3141	4.1	88.1	7.7	100.0	3095
Wealth index quintiles							
Poorest	95.6	1089	3.0	86.9	10.2	100.0	1073
Second	95.8	1140	2.6	93.3	4.1	100.0	1121
Middle	90.8	1175	8.2	84.9	7.0	100.0	1162
Fourth	83.6	1261	15.3	79.0	5.7	100.0	1244
Richest	87.3	1406	12.2	81.7	6.2	100.0	1398
Total	90.3	6071	8.6	84.8	6.6	100.0	5999

*** MICS indicator 41**

Table NU.6: Children's Vitamin A supplementation

Percentage distribution of children aged 6-59 months by whether they have received a high dose of Vitamin A supplement in the last 6 months, The Gambia, 2006

	Percentage of children who received Vitamin A:						
	Within last 6 months*	Prior to last 6 months	Not sure if received Vitamin A	Not sure if received Vitamin A	Never received Vitamin A	Total	Number of children aged 6-59 months
Sex							
Male	80.1	3.6	8.3	.8	7.1	100.0	2936
Female	80.0	4.3	8.3	.6	6.8	100.0	2755
LGA							
Banjul	74.7	4.1	17.8	.7	2.7	100.0	178
Kanifing	76.7	3.9	8.1	2.0	9.3	100.0	1315
Brikama	89.5	4.8	1.3	.3	4.0	100.0	1219
Mansakonko	76.0	4.9	13.2	.6	5.3	100.0	356
Kerewan	72.4	8.3	2.5	.1	16.6	100.0	719
Kuntaur	87.3	1.8	7.5	.0	3.4	100.0	439
Janjangbureh	74.6	1.5	18.8	.8	4.4	100.0	594
Basse	81.3	1.5	12.3	.2	4.8	100.0	869
Residence							
Urban	77.2	4.2	8.6	1.5	8.6	100.0	2012
Rural	81.7	3.8	8.1	.3	6.1	100.0	3679
Age							
6-11 months	75.6	1.0	6.1	.5	16.9	100.0	695
12-23 months	84.3	4.0	5.3	.4	6.0	100.0	1486
24-35 months	79.9	6.3	8.3	.3	5.1	100.0	1369
36-47 months	80.3	3.0	10.6	1.0	5.1	100.0	1247
48-59 months	76.4	3.9	11.7	1.6	6.4	100.0	893
Mother's education							
None	80.0	3.8	8.5	.7	7.1	100.0	4303
Primary	79.6	3.5	9.8	.7	6.4	100.0	620
Secondary +	80.6	5.4	6.1	1.1	6.8	100.0	767
Wealth index quintiles							
Poorest	77.0	4.8	10.7	.4	7.2	100.0	1341
Second	81.7	5.2	4.8	.1	8.3	100.0	1153
Middle	82.7	3.0	7.3	.6	6.3	100.0	1177
Fourth	81.9	3.1	9.0	.7	5.4	100.0	1064
Richest	77.1	3.6	9.6	2.1	7.7	100.0	955
Ethnic group of head of household							
Mandinka	79.9	5.1	6.9	.7	7.3	100.0	1976
Wollof	79.4	3.3	9.3	.6	7.3	100.0	754
Fula	82.2	3.4	8.0	.4	6.1	100.0	1277
Jola	81.1	4.4	5.3	.8	8.3	100.0	533
Serer	75.1	2.8	9.8	1.2	11.2	100.0	178
Other ethnic group	78.4	2.8	12.1	1.1	5.6	100.0	972
Total	80.1	3.9	8.3	.7	7.0	100.0	5690

*** MICS indicator 42**

Table NU.7: Post-partum mothers' Vitamin A supplementation

Percentage of women aged 15-49 with a live birth in the two years preceding the survey by whether they received a high dose of Vitamin A supplement before the infant was eight weeks old, The Gambia, 2006

	Received Vitamin A supplement*	Not sure if received Vitamin A	Number of women aged 15-49
LGA			
Banjul	84.2	1.3	75
Kanifing	67.4	1.1	694
Brikama	83.6	1.4	750
Mansakonko	85.4	.0	167
Kerewan	77.3	.7	377
Kuntaur	82.8	.5	232
Janjangbureh	71.7	.6	313
Basse	83.1	.0	463
Residence			
Urban	71.5	1.0	1037
Rural	81.3	.7	2033
Education			
None	78.2	.8	2229
Primary	78.4	.0	352
Secondary +	76.3	1.3	489
Wealth index quintiles			
Poorest	80.6	.6	684
Second	81.6	.5	647
Middle	74.7	.6	650
Fourth	78.8	1.2	600
Richest	72.8	1.1	488
Ethnic group of head of household			
Mandinka	76.2	.7	1048
Wollof	78.1	.5	384
Fula	78.8	.6	706
Jola	81.1	1.1	302
Serer	76.1	.8	117
Other ethnic group	78.8	1.3	512
Total	78.0	.8	3070

***MICS indicator 43**

Table NU.8: Low birth weight infants

Percentage of live births in the two years preceding the survey that weighed below 2500 grams at birth, The Gambia, 2006

	Percentage of live births		Number of live births
	Below 2500 grams*	Weighed at birth**	
LGA			
Banjul	16.9	93.4	75
Kanifing	20.2	78.2	694
Brikama	19.4	59.5	750
Mansakonko	16.7	38.2	167
Kerewan	20.3	49.3	377
Kuntaur	23.9	24.5	232
Janjangbureh	17.8	30.9	313
Basse	20.9	27.5	463
Residence			
Urban	19.7	74.1	1037
Rural	20.0	40.4	2033
Mother's education			
None	20.2	44.5	2229
Primary	18.9	59.5	352
Secondary +	19.2	79.3	489
Wealth index quintiles			
Poorest	20.1	27.7	684
Second	20.4	44.8	647
Middle	20.4	50.7	650
Fourth	18.9	63.5	600
Richest	19.4	81.8	488
Ethnic group of head of household			
Mandinka	19.8	52.3	1048
Wollof	21.7	49.0	384
Fula	20.0	45.4	706
Jola	18.4	67.2	302
Serer	20.2	75.6	117
Other ethnic group	19.4	47.1	512
Total	19.9	51.8	3070

*** MICS indicator 9**
**** MICS indicator 10**

Table CH.1: Vaccinations in first year of life

Percentage of children aged 12-23 months immunized against childhood diseases at any time before the survey and before the first birthday, The Gambia, 2006

	Percentage of live births											Number of children
	BCG*	DPT1	DPT2	DPT3**	Polio0	Polio1	Polio2	Polio3 ***	Measles ****	All *****	None	
Vaccinated at any time before the survey												
According to:												
Vaccination card	89.7	87.7	86.0	81.6	86.3	86.6	86.6	84.1	83.8	71.9	.0	1486
Mother's report	9.0	8.3	7.2	5.2	6.5	8.9	6.6	3.6	8.6	2.5	.4	1486
Either	98.7	96.1	93.2	86.8	92.8	95.5	93.2	87.6	92.4	74.5	.4	1486
Vaccinated by 12 months of age	97.6	93.1	90.4	82.4	91.9	92.8	90.7	83.3	84.9	55.3	.4	1486

*** MICS indicator 25**
**** MICS indicator 27**
***** MICS indicator 26**
****** MICS indicator 28; MDG indicator 15**
******* MICS indicator 31**

Table CH.1c: Vaccinations in first year of life (continued)

Percentage of children aged 12-23 months immunized against childhood diseases at any time before the survey and before the first birthday, The Gambia, 2006

	Percentage of children who received:				Number of children
	HepB1	HepB2	HepB3*	Yellow fever**	
Vaccinated at any time before the survey					
According to:					
Vaccination card	85.5	84.3	79.0	83.5	1486
Mother's report	0.1	0.0	0.0	0.0	1486
Either	85.6	84.3	79.0	83.5	1486
Vaccinated by 12 months of age	83.8	81.4	75.4	76.9	1486

*** MICS indicator 29**
**** MICS indicator 30**

Table CH.2: Vaccinations by background characteristics

Percentage of children aged 12-23 months currently vaccinated against childhood diseases, The Gambia, 2006

	Percentage of children who received:											Percentage with health card	Number of children aged 12-23 months
	BCG	DPT1	DPT2	DPT3	Polio0	Polio1	Polio2	Polio3	Measles	All	None		
Sex													
Male	98.6	95.6	92.3	84.7	92.5	95.1	92.0	85.6	91.2	72.7	.6	89.7	757
Female	98.9	96.6	94.0	89.0	93.1	95.9	94.5	89.8	93.7	76.3	.1	91.3	729
LGA													
Banjul	729	100.0	97.6	95.2	95.3	100.0	92.9	88.1	90.7	78.6	.0	86.0	53
Kanifing	98.0	95.0	91.2	85.9	92.0	93.3	92.2	84.7	89.0	69.7	1.3	90.0	318
Brikama	98.0	96.3	94.0	88.9	88.7	94.4	90.0	83.6	91.8	72.5	.2	88.3	347
Mansakonko	100.0	98.7	96.4	91.4	94.0	96.4	96.3	90.3	98.8	86.7	.0	91.5	85
Kerewan	99.0	90.4	85.7	78.1	90.3	95.4	92.3	84.7	93.3	67.7	.0	90.3	191
Kuntaur	100.0	100.0	97.3	92.8	99.1	99.1	98.2	94.6	96.4	83.7	.0	96.4	127
Janjangbureh	100.0	97.6	95.1	91.5	97.6	96.4	94.5	92.1	92.7	81.2	.0	93.9	150
Basse	98.8	96.9	95.0	81.9	95.0	96.5	95.8	92.7	93.1	74.5	.4	89.6	214
Residence													
Urban	97.5	95.5	91.5	87.0	91.4	93.6	91.1	85.4	90.7	71.3	1.0	88.4	496
Rural	99.3	96.3	94.0	86.7	93.6	96.4	94.3	88.7	93.3	76.0	.1	91.5	990
Mother's education													
None	98.4	96.0	93.2	86.8	94.1	96.0	94.2	88.1	92.2	74.9	.5	91.0	1094
Primary	99.5	96.1	92.5	85.0	89.3	91.2	90.5	86.7	90.8	68.7	.0	90.8	175
Secondary +	99.6	96.1	93.7	88.2	89.1	96.6	90.3	86.0	94.5	76.8	.0	87.4	217
Wealth index quintiles													
Poorest	99.4	96.7	94.0	89.2	96.1	97.4	95.8	91.1	94.6	82.8	.0	95.8	346
Second	99.5	95.0	92.3	85.3	88.8	95.3	94.6	88.5	91.4	72.5	.3	88.6	295
Middle	97.9	96.6	92.9	84.1	92.5	94.3	91.3	86.8	91.0	71.8	.9	90.6	340
Fourth	98.3	94.6	92.8	85.8	94.0	94.6	90.8	82.5	93.4	70.2	.8	87.9	277
Richest	98.7	97.3	93.9	90.5	92.0	96.0	93.3	88.7	91.4	73.5	.0	87.8	227
Ethnic group of head of household													
Mandinka	98.7	96.6	94.1	88.3	95.2	95.5	94.3	89.7	94.3	77.0	.0	92.5	498
Wollof	99.5	96.2	93.6	89.0	93.2	96.4	93.9	87.2	90.4	74.6	.5	89.7	199
Fula	98.7	96.4	92.5	86.6	93.8	95.5	92.4	86.6	89.9	73.7	.8	89.9	336
Jola	98.6	94.9	92.1	87.8	84.8	94.9	92.3	85.8	91.4	74.3	1.4	93.0	149
Serer	97.9	91.6	85.8	82.1	85.3	90.8	89.3	80.5	91.0	66.1	.0	82.3	59
Other ethnic group	98.6	96.2	94.1	82.9	93.1	96.5	93.3	88.2	94.5	72.3	.0	88.3	245
Total	98.7	96.1	93.2	86.8	92.8	95.5	93.2	87.6	92.4	74.5	.4	90.5	1486

Table CH.2c: Vaccinations by background characteristics (continued)

Percentage of children aged 12-23 months currently vaccinated against childhood diseases, The Gambia, 2006

	Percentage of children who received:				Percentage with health card	Number of children aged 12-23 months
	HepB1	HepB2	HepB3	Yellow Fever		
Sex						
Male	84.7	83.4	77.4	81.8	89.7	757
Female	86.5	85.2	80.7	85.2	91.3	729
LGA						
Banjul	86.0	86.0	81.4	74.4	86.0	53
Kanifing	82.7	81.4	75.7	80.6	90.0	318
Brikama	86.3	85.4	81.4	81.8	88.3	347
Mansakonko	90.4	90.3	86.7	89.0	91.5	85
Kerewan	72.2	71.2	67.6	84.1	90.3	191
Kuntaur	93.7	90.0	83.7	91.9	96.4	127
Janjangbureh	93.9	93.3	91.5	86.6	93.9	150
Basse	88.0	85.7	74.9	82.6	89.6	214
Residence						
Urban	82.0	81.1	76.1	80.2	88.4	496
Rural	87.4	85.8	80.5	85.1	91.5	990
Mother's education						
None	86.1	84.6	79.6	83.8	91.0	1094
Primary	85.1	83.9	76.6	81.7	90.8	175
Secondary +	83.6	82.7	77.7	83.3	87.4	217
Wealth index quintiles						
Poorest	91.0	89.5	84.4	90.3	95.8	346
Second	84.1	82.4	76.7	81.0	88.6	295
Middle	83.9	83.3	76.6	83.4	90.6	340
Fourth	83.6	80.5	76.5	81.3	87.9	277
Richest	84.3	84.7	80.3	78.9	87.8	227
Ethnic group of head of household						
Mandinka	87.0	85.9	81.6	87.4	92.5	498
Wollof	84.9	83.6	79.7	80.0	89.7	199
Fula	85.7	84.4	77.4	81.3	89.9	336
Jola	88.7	88.7	81.6	85.1	93.0	149
Serer	68.8	67.1	63.5	74.0	82.3	59
Other ethnic group	85.3	82.7	77.7	82.6	88.3	245
Total	85.6	84.3	79.0	83.5	90.5	1486

Table CH.3: Neonatal tetanus protection

Percentage of mothers with a birth in the last 24 months protected against neonatal tetanus, The Gambia, 2006

	Percentage of mothers with a birth in the last 24 months who:						
	Received at least 2 doses during last pregnancy	Received at least 2 doses, the last within prior 3 years	Received at least 3 doses, last within prior 5 years	Received at least 4 doses, last within prior 10 years	Received at least 5 doses during lifetime	Protected against tetanus*	Number of mothers
LGA							
Banjul	38.2	13.2	.0	.0	.0	51.3	75
Kanifing	46.1	12.1	.2	.2	.0	58.5	694
Brikama	60.6	19.9	.3	.0	.0	80.7	750
Mansakonko	69.9	19.6	.0	.0	.0	89.6	167
Kerewan	74.4	6.2	.0	.0	.0	80.5	377
Kuntaur	49.1	26.4	.9	.5	.0	76.8	232
Janjangbureh	48.8	26.2	.0	.0	.0	75.0	313
Basse	59.4	26.7	.9	.7	.0	87.7	463
Residence							
Urban	49.7	14.4	.1	.1	.0	64.3	1037
Rural	60.3	20.5	.4	.2	.0	81.4	2033
Mother's education							
None	57.0	19.0	.2	.2	.0	76.5	2229
Primary	53.8	20.7	1.0	.0	.0	75.6	352
Secondary +	57.3	14.1	.2	.0	.0	71.6	489
Wealth index quintiles							
Poorest	61.3	19.4	.7	.3	.0	81.7	684
Second	60.3	18.8	.0	.1	.0	79.1	647
Middle	55.2	21.6	.6	.3	.0	77.7	650
Fourth	53.5	18.2	.0	.1	.0	71.9	600
Richest	51.4	12.5	.2	.0	.0	64.1	488
Ethnic group of head of household							
Mandinka	58.2	18.2	.2	.0	.0	76.6	1048
Wollof	56.3	18.6	.0	.0	.0	74.9	384
Fula	53.3	19.6	.5	.3	.0	73.6	706
Jola	57.6	14.1	.0	.0	.0	71.7	302
Serer	56.7	9.6	.0	.0	.0	66.3	117
Other ethnic group	58.3	21.5	.9	.7	.0	81.3	512
Total	56.7	18.4	.3	.2	.0	75.6	3070

*** MICS indicator 32**

Table CH.4: Oral rehydration treatment

Percentage of children aged 0-59 months with diarrhoea in the last two weeks and treatment with oral rehydration solution (ORS) or other oral rehydration treatment (ORT), The Gambia, 2006

	Had diarrhoea in last two weeks	Number of children aged 0-59 months	Children with diarrhoea who received					Number of children aged 0-59 months with diarrhoea
			Fluid from ORS packet	Recommended homemade fluid	Pre-packaged ORS fluid	No treatment	ORT Use Rate *	
Sex								
Male	20.2	3346	39.6	11.0	2.6	50.0	50.0	675
Female	18.0	3197	37.7	8.7	1.3	53.9	46.1	576
LGA								
Banjul	14.4	196	(26.1)	(4.3)	(17.4)	(52.2)	(47.8)	28
Kanifing	15.8	1508	33.3	5.8	2.7	60.4	39.6	238
Brikama	15.5	1425	41.3	10.4	3.8	48.0	52.0	221
Mansakonko	13.2	406	54.7	13.6	5.5	31.7	68.3	54
Kerewan	20.4	826	58.8	5.1	.6	38.3	61.7	169
Kuntaur	31.9	502	22.2	10.0	.0	67.7	32.3	160
Janjangbureh	21.1	682	49.5	15.1	.0	38.5	61.5	144
Basse	23.8	999	29.9	13.6	.7	57.9	42.1	238
Residence								
Urban	15.7	2303	36.8	6.4	4.8	55.2	44.8	361
Rural	21.0	4240	39.5	11.3	.9	50.4	49.6	890
Age								
< 6 months	15.6	853	34.3	7.4	1.5	59.1	40.9	133
6-11 months	30.2	695	41.4	13.1	2.1	47.6	52.4	210
12-23 months	28.5	1486	41.5	9.2	2.6	48.9	51.1	424
24-35 months	20.3	1369	37.0	11.2	.6	52.5	47.5	278
36-47 months	11.7	1247	34.3	6.4	2.3	58.9	41.1	146
48-59 months	6.9	893	38.0	12.0	4.7	50.1	49.9	61
Mother's education								
None	19.9	4923	38.2	9.7	1.4	53.1	46.9	981
Primary	18.3	710	41.7	14.0	3.2	44.0	56.0	130
Secondary +	15.4	911	39.5	7.4	5.3	50.1	49.9	140
Wealth index quintiles								
Poorest	21.2	1532	37.0	12.9	.6	51.8	48.2	324
Second	19.4	1337	49.0	9.7	2.0	42.8	57.2	260
Middle	20.5	1344	36.2	7.5	.9	57.0	43.0	276
Fourth	18.5	1248	32.3	11.0	3.0	57.1	42.9	231
Richest	14.8	1082	39.2	6.9	5.6	49.7	50.3	160
Ethnic group of head of household								
Mandinka	17.4	2254	39.8	9.3	2.0	51.6	48.4	393
Wollof	21.0	870	40.4	10.2	1.2	51.0	49.0	183
Fula	20.6	1494	39.6	8.8	1.5	52.2	47.8	308
Jola	13.7	596	32.6	11.9	2.6	55.5	44.5	82
Serer	21.8	212	(42.7)	(6.8)	(12.4)	(42.5)	(57.5)	46
Other ethnic group	21.4	1117	35.9	12.0	1.2	52.7	47.3	239
Total	19.1	6543	38.7	9.9	2.0	51.8	48.2	1251

*** MICS indicator 33**

Table CH.5: Home management of diarrhoea

Percentage of children aged 0-59 months with diarrhoea in the last two weeks who took increased fluids and continued to feed during the episode, The Gambia, 2006

	Had diarrhoea in last two weeks	Number of children aged 0-59 months	Children with diarrhoea who:				Home manage-ment of diar-rhoea*	Received ORT or increased fluids and continued feeding	Number of children aged 0-59 months with diar-rhoea
			Drank more	Drank the same or less	Ate somewhat less, same or more	Ate much less or none			
Sex									
Male	20.2	3346	53.3	45.1	53.8	45.4	29.5	38.5	675
Female	18.0	3197	52.3	45.2	51.7	46.3	29.1	37.3	576
LGA									
Banjul	14.4	196	(60.9)	(39.1)	(60.9)	(39.1)	(34.8)	(43.5)	28
Kanifing	15.8	1508	41.8	55.1	54.2	44.4	21.3	29.8	238
Brikama	15.5	1425	49.3	46.2	52.0	45.1	29.6	40.4	221
Mansakonko	13.2	406	40.1	59.9	43.3	54.9	11.6	28.5	54
Kerewan	20.4	826	35.9	62.9	30.3	69.1	15.3	25.1	169
Kuntaur	31.9	502	49.1	49.5	60.6	38.7	33.3	39.1	160
Janjangbureh	21.1	682	60.3	37.8	49.8	47.3	28.2	38.4	144
Basse	23.8	999	79.1	20.6	65.9	33.8	48.5	53.3	238
Residence									
Urban	15.7	2303	45.5	51.5	53.6	44.3	23.5	31.9	361
Rural	21.0	4240	55.8	42.6	52.5	46.4	31.7	40.4	890
Age									
0-11 months	22.1	1547	40.9	54.9	53.5	43.2	22.5	34.3	342
12-23 months	28.5	1486	57.5	41.7	48.5	51.0	29.6	38.0	424
24-35 months	20.3	1369	58.2	39.9	57.2	41.7	37.9	44.6	278
36-47 months	11.7	1247	52.8	45.8	54.2	45.8	26.8	31.4	146
48-59 months	6.9	893	63.1	36.9	55.3	42.9	33.2	42.8	61
Mother's education									
None	19.9	4923	53.2	44.6	53.3	45.3	30.2	38.4	981
Primary	18.3	710	51.2	48.8	52.8	46.5	27.7	40.3	130
Secondary +	15.4	911	51.7	45.4	49.5	48.6	25.0	32.8	140
Wealth index quintiles									
Poorest	21.2	1532	48.7	50.3	46.8	52.4	26.5	34.4	324
Second	19.4	1337	52.8	44.8	50.2	48.3	25.7	37.2	260
Middle	20.5	1344	55.9	41.5	59.1	38.2	36.0	42.8	276
Fourth	18.5	1248	55.7	43.2	58.3	40.9	32.7	41.0	231
Richest	14.8	1082	51.9	44.3	50.5	48.3	24.8	33.3	160
Ethnic group of head of household									
Mandinka	17.4	2254	53.3	44.1	53.6	44.5	30.9	38.2	393
Wollof	21.0	870	42.4	56.6	51.0	48.6	24.5	35.0	183
Fula	20.6	1494	48.7	49.4	50.9	46.5	25.8	35.3	308
Jola	13.7	596	46.5	48.2	53.4	46.6	27.1	39.0	82
Serer	21.8	212	(49.6)	(50.4)	(57.0)	(43.0)	(30.9)	(40.8)	46
Other ethnic group	21.4	1117	68.2	30.6	54.2	45.1	35.4	42.3	239
Total	19.1	6543	52.8	45.2	52.8	45.8	29.4	37.9	1251

*** MICS indicator 34**

Table CH.6: Care seeking for suspected pneumonia

Percentage of children aged 0-59 months with suspected pneumonia in the last two weeks taken to a health provider, The Gambia, 2006

	Had acute respiratory infection	No. of children aged 0-59 months	Children with suspected pneumonia who were taken to:															No. of children 0-59 months with suspected pneumonia
			Public sources						Private sources					Other source			Any appropriate provider*	
			Govt. hospital	Govt. health centre	Govt. health post	Village health worker	Mobile/ outreach clinic	Other public	Private hospital/ clinic	Private physician	Pharmacy	Mobile clinic	Other private medical	Relative / friend	Shop	Trad. Practi-tioner		
Sex																		
Male	6.1	3346	8.8	46.5	.9	2.9	1.1	.0	8.4	1.7	15.0	.5	.5	.0	.0	1.0	67.3	203
Female	5.1	3197	10.3	49.6	2.9	1.7	2.1	.0	3.0	1.2	5.8	.0	.6	3.2	.0	1.9	70.8	163
LGA																		
Banjul	.6	196	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
Kanifing	5.9	1508	7.1	40.5	1.2	.0	.0	.0	11.9	1.2	17.9	1.2	1.2	1.2	.0	.0	60.7	89
Brikama	4.4	1425	8.7	53.1	1.7	1.7	1.7	.0	5.2	1.7	10.2	.0	.0	1.7	.0	.0	72.3	62
Mansakonko	4.0	406	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	16
Kerewan	6.4	826	25.8	45.2	1.8	3.6	.0	.0	3.6	.0	.0	.0	.0	.0	.0	.0	78.1	53
Kuntaur	8.8	502	(5.2)	(46.7)	(.0)	(2.6)	(10.4)	(.0)	(.0)	(5.2)	(7.8)	(.0)	(.0)	(.0)	(.0)	(.0)	(70.1)	44
Janjangbureh	6.5	682	(10.1)	(51.2)	(2.1)	(2.1)	(.0)	(.0)	(10.1)	(.0)	(10.1)	(.0)	(2.1)	(.0)	(.0)	(2.1)	(73.4)	44
Basse	5.5	999	4.4	53.6	4.5	4.5	.0	.0	3.0	1.5	11.9	.0	.0	.0	.0	.0	70.0	55
Residence																		
Urban	5.5	2303	11.6	42.1	.8	.0	.0	.0	8.9	.8	19.0	.8	.8	1.6	.0	.0	63.5	128
Rural	5.6	4240	8.3	51.1	2.3	3.6	2.4	.0	4.4	1.8	6.6	.0	.4	1.3	.0	2.2	71.8	238
Age																		
0-11 months	6.3	1547	11.1	47.2	2.7	2.0	1.1	.0	8.9	.8	19.0	.8	.8	.0	.0	.0	72.5	98
12-23 months	5.4	1486	10.2	53.7	1.4	1.2	2.9	.0	4.4	1.8	6.6	.0	.4	1.3	.0	1.3	71.8	80
24-35 months	5.6	1369	11.4	52.3	.0	3.5	.0	.0	8.9	.8	19.0	.8	.8	.0	.0	1.4	69.8	77
36-47 months	5.0	1247	8.0	43.5	1.5	.0	3.7	.0	4.4	1.8	6.6	.0	.4	3.2	.0	1.7	63.0	63
48-59 months	5.4	893	3.9	38.6	3.9	6.1	.0	.0	(8.9)	(.8)	(19.0)	(.8)	(.8)	(4.4)	(.0)	(4.1)	(63.2)	48
Mother's education																		
None	5.3	4923	10.3	47.9	1.8	2.6	1.8	.0	7.9	2.3	6.9	.0	.0	1.6	.0	.8	68.8	259
Primary	7.8	710	7.6	46.9	1.5	3.5	2.0	.0	3.6	.0	12.7	.0	2.5	1.9	.0	5.5	67.9	55
Secondary +	5.7	911	7.6	48.9	2.0	.0	.0	.0	6.9	1.1	10.7	.0	.0	.0	.0	.0	70.8	52
Wealth index quintiles																		
Poorest	5.8	1532	8.7	48.3	3.9	3.5	1.3	.0	5.0	1.2	12.1	.4	.0	3.5	.0	1.2	68.2	88
Second	5.1	1337	14.4	46.3	3.0	6.9	3.3	.0	4.8	.0	5.5	.0	1.7	.0	.0	1.3	73.9	68
Middle	6.5	1344	7.2	56.1	.0	.0	1.3	.0	11.9	4.1	10.7	.0	2.0	.0	.0	1.2	71.2	87
Fourth	5.3	1248	15.4	39.7	.0	1.3	1.7	.0	5.0	1.2	12.1	.4	.0	3.2	.0	3.2	62.3	66
Richest	5.2	1082	1.4	46.3	1.9	.0	.0	.0	4.8	.0	5.5	.0	1.7	.0	.0	.0	68.1	56
Ethnicity																		
Mandinka	6.1	2254	14.4	46.1	.8	3.4	2.5	.0	1.0	2.6	6.0	.0	.0	1.5	.0	2.2	71.8	137
Wollof	7.3	870	9.4	39.8	.0	1.8	.0	.0	5.7	.0	4.2	.0	.0	.0	.0	.0	59.4	64
Fula	4.3	1494	3.1	58.2	2.9	1.7	.0	.0	4.7	2.8	19.0	.0	1.6	1.5	.0	.0	72.0	Fula
Jola	3.8	596	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	22
Serer	7.8	212	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	17
Other ethnic group	5.5	1117	6.2	48.9	4.0	2.7	1.9	.0	1.0	2.6	6.0	.0	.0	3.5	.0	3.4	71.5	62
Total	5.6	6543	9.5	47.9	1.8	2.4	1.6	.0	6.0	1.4	10.9	.3	.5	1.4	.0	1.4	68.9	366

*** MICS indicator 23**

Table CH.7: Antibiotic treatment of pneumonia

Percentage of children aged 0-59 months with suspected pneumonia who received antibiotic treatment, The Gambia, 2006

	Percentage of under 5 with suspected pneumonia who received antibiotics in the last two weeks*	Number of children with suspected pneumonia in the two weeks prior to the survey
Sex		
Male	64.1	203
Female	57.9	163
LGA		
Banjul	(*)	1
Kanifing	57.1	89
Brikama	63.6	62
Mansakonko	(*)	16
Kerewan	72.8	53
Kuntaur	(42.9)	44
Janjangbureh	(77.2)	44
Basse	61.2	55
Residence		
Urban	59.7	128
Rural	62.2	238
Age		
0-11 months	60.7	98
12-23 months	62.5	80
24-35 months	64.1	77
36-47 months	55.1	63
48-59 months	64.6	48
Mother's education		
None	64.9	259
Primary	58.7	55
Secondary +	46.3	52
Wealth index quintiles		
Poorest	64.6	88
Second	65.6	68
Middle	63.1	87
Fourth	51.1	66
Richest	60.4	56
Ethnic group of head of household		
Mandinka	63.4	137
Wollof	58.4	64
Fula	69.2	64
Jola	(*)	22
Serer	(*)	17
Other ethnic group	56.1	62
Total	61.3	366

*** MICS indicator 22**

Table CH.7A: Knowledge of the two danger signs of pneumonia

Percentage of mothers/caretakers of children aged 0-59 months by knowledge of types of symptoms for taking a child immediately to a health facility, and percentage of mothers/caretakers who recognize fast and difficult breathing as signs for seeking care immediately,The Gambia, 2006

	Percentage of mothers/caretakers of children aged 0-59 months who think that a child should be taken immediately to a health facility if the child								Mothers/caretakers who recognize the two danger signs of pneumonia	Number of mothers/ caretakers of children aged 0-59 months
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficult breathing	Has blood in stool	Is drinking poorly	Has other symptoms		
LGA										
Banjul	.6	23.8	69.4	.6	1.9	8.8	.0	50.0	.6	196
Kanifing	7.9	21.7	71.9	7.1	8.4	7.1	4.9	31.5	3.5	1508
Brikama	3.5	35.2	70.9	5.1	8.8	4.8	4.5	25.5	2.1	1425
Mansakonko	5.0	30.8	68.7	6.1	11.7	9.5	7.8	14.4	3.2	406
Kerewan	20.4	44.9	70.2	24.5	28.7	18.1	12.6	16.5	14.3	826
Kuntaur	4.3	34.6	58.3	7.3	4.8	4.1	6.1	40.8	2.1	502
Janjangbureh	4.8	12.4	65.9	3.6	8.1	23.0	10.8	26.4	1.3	682
Basse	6.3	22.9	59.5	6.8	7.2	4.6	3.3	32.7	3.7	999
Residence										
Urban	7.5	24.8	70.7	6.9	8.9	7.8	5.1	31.9	3.2	2303
Rural	7.1	30.4	65.9	8.9	11.5	10.0	6.9	26.1	4.7	4240
Mother's education										
None	7.6	29.2	66.0	8.6	10.9	9.1	6.5	27.1	4.4	4923
Primary	6.4	24.6	71.2	5.9	7.6	9.9	5.3	27.1	2.6	710
Secondary +	6.1	26.9	73.8	7.9	11.3	9.3	5.6	34.5	4.3	911
Wealth index quintiles										
Poorest	7.1	32.1	64.2	7.9	10.4	12.4	8.3	25.6	4.1	1532
Second	6.8	35.8	68.3	10.0	12.0	9.8	6.4	23.3	4.3	1337
Middle	8.4	25.2	67.1	9.0	11.7	7.4	5.8	26.2	5.1	1344
Fourth	7.6	23.8	68.6	8.1	10.4	8.2	6.2	31.1	4.5	1248
Richest	6.4	23.3	71.2	5.7	7.9	7.5	3.8	36.8	2.6	1082
Ethnic group of head of household										
Mandinka	7.4	29.4	67.8	9.0	11.4	8.2	6.2	26.2	4.7	2315
Wollof	7.8	28.4	66.2	11.9	13.7	14.7	9.8	32.0	6.7	935
Fula	8.1	27.3	66.1	6.3	9.6	9.1	5.9	28.8	3.1	1465
Jola	5.9	37.0	74.9	7.2	9.6	7.1	5.8	23.3	2.4	590
Serer	9.8	26.7	73.6	11.6	11.8	10.0	3.7	35.3	6.2	165
Other ethnic group	5.5	22.7	65.6	6.1	7.8	8.0	4.5	29.8	2.9	1051
Total	7.3	28.4	67.6	8.2	10.6	9.2	6.3	28.2	4.1	6543

Table CH.8: Solid fuel use

Percentage distribution of households according to type of cooking fuel, and percentage of households using solid fuel for cooking, The Gambia, 2006

	Percentage of households using:												
	Electricity	Liquified Petroleum Gas (LPG)	Natural Gas	Biogas	Kerosene	Coal, lignite	Charcoal	Wood	Straw, shrubs, grass	Other source	Missing	Total	Solid fuel for cooking*	Number of households
LGA														
Banjul	.0	7.1	1.9	.0	.2	.0	44.0	27.4	.0	18.4	.8	100.0	71.4	308
Kanifing	.2	5.0	3.8	.5	.4	.2	23.9	59.4	.5	6.2	.1	100.0	83.9	1877
Brikama	.0	1.1	1.8	.5	.0	.0	6.2	86.8	.0	3.6	.0	100.0	93.1	1652
Mansakonko	.0	.0	.0	.0	.0	.0	1.6	94.7	.0	3.7	.0	100.0	96.3	357
Kerewan	.0	2.0	.6	.0	.1	.0	4.6	91.1	.5	1.0	.0	100.0	96.3	718
Kuntaur	.0	.0	.0	.0	.0	.0	5.7	94.0	.0	.4	.0	100.0	99.6	306
Janjangbureh	.0	1.1	.0	.0	.0	.0	2.4	96.0	.2	.2	.0	100.0	98.7	370
Basse	.0	.0	.0	.0	.0	.0	4.7	94.1	.0	1.2	.0	100.0	98.8	483
Residence														
Urban	.1	4.6	2.9	.3	.3	.1	21.7	62.0	.4	7.4	.1	100.0	84.2	2930
Rural	.0	.6	.8	.2	.0	.0	4.4	92.5	.1	1.4	.0	100.0	97.0	3141
Education of household head														
None	.0	1.0	.7	.0	.0	.0	9.0	85.2	.3	3.6	.1	100.0	94.4	4350
Primary	.0	3.4	3.4	.3	.0	.0	22.3	65.0	.3	5.3	.0	100.0	87.7	313
Secondary +	.2	6.9	4.8	1.0	.5	.1	22.4	57.8	.1	6.1	.0	100.0	80.5	1407
Wealth index quintiles														
Poorest	.0	.0	.0	.0	.0	.0	1.4	98.0	.2	.4	.0	100.0	99.6	1089
Second	.0	.1	.0	.0	.1	.0	1.2	96.9	.1	1.7	.0	100.0	98.2	1140
Middle	.0	.6	.8	.0	.0	.0	6.6	88.2	.3	3.5	.1	100.0	95.0	1175
Fourth	.0	2.6	2.2	.0	.1	.2	16.5	69.2	.4	8.8	.1	100.0	86.2	1261
Richest	.3	7.9	5.2	1.2	.5	.1	32.8	45.7	.2	6.0	.1	100.0	78.8	1406
Ethnic group of head of household														
Mandinka	.1	1.4	1.1	.1	.0	.0	7.0	87.9	.2	2.2	.1	100.0	95.1	2043
Wollof	.0	2.5	2.1	.3	.0	.0	19.1	69.4	.4	6.2	.0	100.0	89.0	793
Fula	.1	2.2	1.4	.2	.1	.0	14.4	75.6	.2	5.8	.1	100.0	90.1	Fula
Jola	.1	1.2	1.1	.3	.0	.3	11.0	81.6	.3	4.0	.1	100.0	93.1	703
Serer	.0	4.2	1.5	.4	.0	.0	21.5	64.0	.4	8.0	.0	100.0	85.8	273
Other ethnic group	.1	6.2	4.5	.7	1.0	.1	16.8	66.4	.2	4.0	.0	100.0	83.5	850
Total	.1	2.5	1.8	.3	.2	.1	12.8	77.8	.2	4.3	.1	100.0	90.9	6071

*** MICS indicator 24; MDG indicator 29**

Table CH.9: Solid fuel use by type of stove or fire

Percentage of households using solid fuel for cooking by type of stove or fire, The Gambia, 2006

	Percentage of households using solid fuel for cooking:						Number of households using solid fuel for cooking
	Closed stove	Open stove or fire	Open stove or fire	Other stove	Missing	Total	
LGA							
Banjul	1.6	2.6	95.3	.0	.5	100.0	220
Kanifing	30.0	6.5	63.0	.4	.1	100.0	1576
Brikama	36.4	1.2	61.9	.5	.0	100.0	1538
Mansakonko	1.4	13.3	85.3	.0	.0	100.0	344
Kerewan	1.8	2.2	96.0	.0	.0	100.0	692
Kuntaur	2.6	17.6	79.8	.0	.0	100.0	304
Janjangbureh	2.5	1.0	96.5	.0	.0	100.0	365
Basse	4.9	15.4	79.7	.0	.0	100.0	477
Residence							
Urban	23.5	6.0	70.2	.2	.1	100.0	2468
Rural	16.9	5.6	77.3	.2	.0	100.0	3048
Education of household head							
None	17.6	5.8	76.4	.2	.0	100.0	4109
Primary	22.9	5.2	71.5	.4	.0	100.0	275
Secondary +	27.4	5.9	66.3	.3	.1	100.0	1133
Poorest	1.3	5.6	93.1	.1	.0	100.0	1085
Second	14.1	4.7	81.2	.1	.0	100.0	1119
Middle	24.5	5.3	69.9	.4	.0	100.0	1117
Fourth	31.7	6.0	62.1	.3	.0	100.0	1088
Richest	27.6	7.3	64.5	.4	.2	100.0	1108
Ethnic group of head of household							
Mandinka	22.7	6.4	70.5	.3	.1	100.0	1942
Wollof	18.9	6.2	74.9	.0	.0	100.0	705
Fula	15.9	5.0	79.0	.2	.0	100.0	1270
Jola	23.1	2.8	73.6	.5	.0	100.0	654
Serer	19.3	5.2	74.6	.5	.5	100.0	234
Other ethnic group	17.3	7.9	74.6	.1	.0	100.0	710
Total	19.9	5.8	74.1	.2	.0	100.0	5516

Table CH.10: Availability of insecticide treated nets

Percentage of households with at least one insecticide treated net (ITN), The Gambia, 2006

	Percentage of households with at least one mosquito net	Percentage of households with at least one insecticide treated net (ITN)*	Number of households
LGA			
Banjul	41.0	28.6	308
Kanifing	43.7	30.4	1877
Brikama	64.9	56.2	1652
Mansakonko	83.1	76.4	357
Kerewan	61.1	56.9	718
Kuntaur	74.9	66.6	306
Janjangbureh	75.1	67.7	370
Basse	71.7	58.5	483
Residence			
Urban	48.5	34.0	2930
Rural	69.6	64.0	3141
Education of household head			
None	62.7	53.0	4350
Primary	58.6	45.8	313
Secondary +	49.4	39.7	1407
Wealth index quintiles			
Poorest	77.6	65.8	1089
Second	73.9	66.7	1140
Middle	60.4	52.0	1175
Fourth	53.7	42.6	1261
Richest	37.9	27.0	1406
Ethnic group of head of household			
Mandinka	69.3	61.7	2043
Wollof	44.0	35.9	793
Fula	59.1	45.4	1409
Jola	61.7	53.3	703
Serer	49.5	39.1	273
Other ethnic group	51.9	39.8	850
Total	59.4	49.5	6071

***MICS indicator 36**

Table CH.11: Children sleeping under bednets

Percentage of children aged 0-59 months who slept under an insecticide treated net during the previous night,The Gambia, 2006

	Percentage of children who:						Number of women who gave birth in prior two years
	Slept under a bednet*	Slept under an insecticide treated net**	Slept under an untreated net	Slept under a net but don't know if treated	Don't know if slept under a net	Don't know	
Sex							
Male	62.5	48.5	6.1	2.9	.1	37.4	3346
Female	63.5	49.6	6.2	3.4	.1	36.4	3197
LGA							
Banjul	53.1	42.5	2.5	2.5	.0	46.9	196
Kanifing	49.2	34.3	6.8	4.6	.0	50.8	1508
Brikama	71.9	62.3	2.6	2.3	.4	27.7	1425
Mansakonko	84.6	66.6	7.5	4.6	.0	15.4	406
Kerewan	63.4	54.0	4.9	2.1	.1	36.5	826
Kuntaur	74.5	56.8	10.7	4.0	.0	25.5	502
Janjangbureh	77.8	54.0	9.8	2.7	.0	22.2	682
Basse	48.0	35.0	6.4	2.3	.0	52.0	999
Residence							
Urban	54.6	38.2	7.5	4.8	.0	45.4	2303
Rural	67.6	54.9	5.4	2.2	.1	32.3	4240
Age							
0-11 months	67.2	52.3	6.1	4.7	.1	32.7	1547
12-23 months	63.2	48.6	6.8	2.5	.1	36.8	1486
24-35 months	64.2	50.7	5.3	3.3	.1	35.7	1369
36-47 months	61.3	47.4	6.8	2.7	.2	38.6	1247
48-59 months	55.9	43.9	5.4	1.8	.0	44.1	893
Wealth index quintiles							
Poorest	68.0	53.5	6.6	2.5	.1	32.0	1532
Second	73.7	62.7	4.9	1.4	.1	26.2	1337
Middle	64.8	49.6	6.7	3.3	.2	35.0	1344
Fourth	59.8	44.9	6.8	4.2	.1	40.1	1248
Richest	44.1	29.8	5.4	4.8	.0	55.9	1082
Ethnic group of head of household							
Mandinka	74.4	61.3	5.1	2.5	.1	25.4	2254
Wollof	46.3	33.8	4.1	3.1	.0	53.7	870
Fula	63.4	46.6	9.2	4.3	.0	36.6	1494
Jola	68.0	57.3	3.4	2.4	.3	31.7	596
Serer	54.4	45.6	4.3	2.4	.0	45.6	212
Other ethnic group	51.3	35.6	7.5	3.5	.1	48.6	1117
Total	63.0	49.0	6.1	3.1	.1	36.9	6543

*** MICS indicator 38**
**** MICS indicator 37; MDG indicator 22**

Table CH.12: Treatment of children with anti-malarial drugs

Percentage of children aged 0-59 months who were ill with fever in the last two weeks who received anti-malarial drugs, The Gambia, 2006

	Had a fever in last two weeks	Number of children aged 0-59 months	Children with a fever in the last two weeks who were treated with:													Number of children with fever in last two weeks
			Anti-malarials:							Other medications						
			SP/ Fansidar	Chloro-quine	Amodia-quine	Quinine	Artemis-inin based combin-ations	Other anti-malarial	Any appro-priate anti-malarial drug	Paracet-amol/ Panadol/ Acetamin-ophen	Aspirin	Ibuprofen	Other	Don't know	Any appro-priate anti-malarial drug within 24 hours of onset of symptoms*	
Sex																
Male	8.7	3346	15.1	55.9	2.0	3.9	.3	2.8	61.4	65.6	3.1	.4	8.3	2.7	50.2	290
Female	8.1	3197	11.4	59.5	1.2	1.5	.0	2.9	64.0	64.9	2.0	.8	9.4	2.1	54.8	259
LGA																
Banjul	15.6	196	(8.0)	(28.0)	(.0)	(.0)	(.0)	(.0)	(28.0)	(84.0)	(.0)	(.0)	(24.0)	(.0)	(28.0)	31
Kanifing	9.0	1508	14.1	57.0	2.3	.8	.0	3.9	60.2	67.2	1.6	2.3	17.2	3.1	54.7	135
Brikama	7.7	1425	14.3	64.3	1.0	.0	.0	1.0	66.9	68.2	2.0	.0	11.7	4.7	65.0	110
Mansakonko	3.4	406	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	14
Kerewan	9.7	826	16.8	56.7	4.8	9.6	.0	.0	65.1	40.1	6.0	.0	4.9	1.2	52.0	80
Kuntaur	11.2	502	15.3	54.1	.0	4.1	.0	6.1	64.3	54.0	4.1	.0	2.0	4.1	43.9	56
Janjangbureh	6.5	682	(10.3)	(77.5)	(2.1)	(1.8)	(1.8)	(4.1)	(79.6)	(89.7)	(2.1)	(.0)	(.0)	(.0)	(69.2)	44
Basse	7.9	999	4.1	50.5	.0	4.2	.0	5.2	56.8	68.4	1.1	.0	.0	1.1	32.6	79
Residence																
Urban	9.5	2303	14.7	54.6	1.5	2.1	.4	3.9	59.3	70.4	1.0	1.5	16.4	2.3	53.7	218
Rural	7.8	4240	12.5	59.6	1.8	3.2	.0	2.2	64.8	61.9	3.6	.0	3.9	2.5	51.5	331
Age in months																
0-11	7.9	1547	9.4	52.9	.9	2.9	.0	2.6	57.1	60.6	5.1	.0	5.8	.9	52.2	123
12-23	10.5	1486	10.7	57.4	1.3	3.3	.0	2.6	62.7	61.7	1.9	1.4	8.9	3.3	55.7	155
24-35	9.7	1369	16.5	59.6	2.1	1.6	.0	3.6	63.9	73.7	.6	.0	10.7	1.6	49.3	133
36-47	5.9	1247	10.2	58.6	1.5	5.9	1.1	3.8	67.2	66.4	2.7	1.4	11.4	3.9	50.0	73
48-59	7.1	893	24.2	61.9	3.1	.0	.0	1.4	65.0	64.1	3.4	.0	7.8	3.5	54.1	64
Mother's education																
None	7.7	4923	12.1	56.1	2.1	3.2	.0	3.1	62.8	62.1	2.6	.6	4.9	2.5	49.6	380
Primary	10.3	710	11.2	57.7	1.4	1.6	.0	2.7	57.7	72.8	4.4	.0	17.8	2.9	54.8	73
Secondary +	10.6	911	19.9	63.4	.0	1.8	.8	2.2	65.6	72.2	1.1	1.1	17.8	1.9	61.3	96
Wealth index quintiles																
Poorest	7.7	1532	10.5	56.6	1.6	2.6	.0	1.0	61.1	61.3	4.9	.0	1.7	1.7	48.2	119
Second	7.7	1337	15.9	54.0	2.9	5.3	.0	2.0	62.8	52.7	2.0	.0	4.0	3.3	49.5	103
Middle	8.6	1344	15.7	57.8	.0	1.6	.0	5.9	63.3	58.9	.8	.0	8.6	4.1	52.4	116
Fourth	7.6	1248	9.2	60.3	1.0	2.9	.0	2.6	65.2	76.0	3.3	.0	12.4	.0	55.6	95
Richest	10.7	1082	15.0	59.3	2.7	1.6	.7	2.7	61.2	78.0	1.9	2.7	17.7	2.8	56.6	116
Ethnic group of head of household																
Mandinka	7.0	2254	15.5	57.1	3.1	3.2	.0	3.0	65.3	61.0	4.7	.0	7.8	2.8	54.7	157
Wollof	9.6	870	19.2	62.0	1.1	3.4	.0	1.1	65.5	55.5	1.1	.0	5.0	3.7	60.8	84
Fula	7.5	1494	9.0	57.2	1.8	2.6	.0	1.0	61.8	64.5	.9	1.9	7.7	2.9	44.3	112
Jola	9.9	596	10.8	48.4	.0	1.3	1.3	5.4	53.8	63.9	.0	1.8	16.0	1.8	53.8	59
Serer	14.8	212	(21.4)	(51.1)	(.0)	(3.2)	(.0)	(.0)	(54.4)	(77.4)	(.0)	(.0)	(15.0)	(.0)	(54.4)	31
Other ethnic group	9.5	1117	9.1	62.4	1.0	2.3	.0	5.4	64.7	77.3	4.6	.0	8.8	1.5	49.5	106
Total	8.4	6543	13.3	57.6	1.6	2.8	.1	2.9	62.6	65.3	2.6	.6	8.8	2.4	52.4	549

*** MICS indicator 39; MDG indicator 22**

Table CH.13: Intermittent preventive treatment for malaria

Percentage of women aged 15-49 who gave birth during the two years preceding the survey and who received intermittent preventive therapy (IPT) for malaria during pregnancy, The Gambia, 2006

	Percentage of pregnant women who took:							Number of women who gave birth in prior two years
	Medicine to prevent malaria during pregnancy	SP/Fansidar only one time	SP/Fansidar two or more times*	SP/ Fansidar, number unknown	Chloro-quine	Other medicines	Don't know	
LGA								
Banjul	35.5	6.6	21.1	6.6	3.9	.0	1.3	75
Kanifing	52.4	12.0	31.8	1.7	11.1	2.4	2.6	694
Brikama	69.1	22.4	41.7	1.6	7.1	.6	1.1	750
Mansakonko	66.3	19.6	42.3	.0	10.7	.0	2.2	167
Kerewan	44.1	6.2	29.1	1.0	23.6	.5	.7	377
Kuntaur	59.2	26.4	26.4	.0	12.0	2.3	.0	232
Janjangbureh	77.4	49.4	27.7	.0	12.5	.0	.0	313
Basse	53.9	25.8	26.0	.4	9.1	1.3	.2	463
Residence								
Urban	53.1	14.8	30.5	1.7	10.2	1.7	2.0	1037
Rural	62.2	24.3	33.5	.8	12.0	.8	.7	2033
Education								
None	58.3	22.4	31.0	.9	11.5	.7	.9	2229
Primary	60.6	17.3	37.6	1.2	10.3	1.8	1.2	352
Secondary +	61.6	17.9	35.6	2.1	11.5	2.4	1.8	489
Wealth index quintiles								
Poorest	61.3	26.9	30.3	.4	12.3	.5	.4	684
Second	62.0	23.0	33.2	.8	11.8	.5	1.6	647
Middle	57.5	21.3	30.8	.5	10.8	1.7	1.2	650
Fourth	57.9	18.5	35.1	1.1	9.6	.6	.5	600
Richest	55.7	13.2	33.6	3.4	12.5	2.6	1.9	488
Ethnic group of head of household								
Mandinka	63.2	21.7	36.0	.6	12.6	1.5	1.5	1048
Wollof	55.3	20.8	29.4	1.3	9.5	.5	.5	384
Fula	58.0	23.6	28.4	1.1	11.8	.7	1.0	706
Jola	59.3	16.7	35.1	2.2	9.5	1.4	1.8	302
Serer	50.6	10.7	33.1	1.7	9.4	.9	1.8	117
Other ethnic group	56.8	21.6	31.6	1.2	11.1	1.3	.4	512
Total	59.1	21.1	32.5	1.1	11.4	1.1	1.1	3070

*** MICS indicator 40**

Table CH.15: Source and cost of supplies for antimalarials

Percentage distribution of children with fever aged 0-59 months who took antimalarials in the two weeks preceding the survey by source of antimalarials, percentage of children for whom antimalarials were obtained for free, and median cost of antimalarials for those paying for antimalarials, The Gambia, 2006

	Source of antimalarials				Number of children with fever in prior 2 weeks who were treated with antima-larials	Percentage free		Median cost for those not free (in dalasis)	
	Public*	Private	Other	Total		Public	Private	Public**	Private**
Sex									
Male	70.3	19.2	10.5	100.0	178	79.6	13.8	20.1	90.0
Female	63.3	21.9	14.7	100.0	166	89.7	15.5	25.0	80.2
LGA									
Banjul	(*)	(*)	(*)	(*)	9	(*)	.	20.0	.
Kanifing	50.6	45.5	3.9	100.0	81	76.9	2.9	27.5	87.5
Brikama	72.8	15.8	11.4	100.0	73	93.9	9.3	35.0	79.8
Mansakonko	(*)	(*)	(*)	(*)	12	(*)	.	25.0	.
Kerewan	70.5	12.8	16.7	100.0	52	86.9	.0	62.5	49.4
Kuntaur	(68.3)	(3.2)	(28.5)	(100.0)	36	(95.4)	(.0)	50.0	150.0
Janjangbureh	(69.1)	(23.4)	(7.4)	(100.0)	35	(100.0)	(100.0)	.	.
Basse	(72.2)	(12.9)	(14.9)	(100.0)	45	(64.0)	(.0)	15.0	122.1
Residence									
Urban	63.3	30.5	6.2	100.0	129	79.1	2.7	28.5	89.7
Rural	69.1	14.5	16.4	100.0	215	87.0	30.0	23.1	60.0
Mother's education									
None	68.9	16.4	14.7	100.0	238	85.0	16.3	20.0	81.6
Primary	(74.3)	(14.1)	(11.5)	(100.0)	42	(82.2)	(15.3)	27.7	121.7
Secondary +	54.7	40.2	5.1	100.0	63	82.2	12.1	41.1	88.5
Wealth index quintiles									
Poorest	79.7	7.7	12.6	100.0	73	85.7	48.9	17.3	35.6
Second	62.9	15.3	21.7	100.0	65	87.7	18.4	32.7	74.1
Middle	71.3	15.2	13.5	100.0	74	86.4	26.1	20.0	48.0
Fourth	70.7	17.5	11.8	100.0	62	86.3	16.8	25.0	75.0
Richest	49.7	46.6	3.8	100.0	71	71.9	3.2	55.8	130.0
Ethnic group of head of household									
Mandinka	72.8	18.8	8.4	100.0	102	86.7	5.6	36.9	56.4
Wollof	60.8	19.3	20.0	100.0	55	87.3	.0	35.8	119.9
Fula	74.7	14.0	11.3	100.0	69	86.1	20.4	17.1	87.4
Jola	(69.1)	(13.4)	(17.5)	(100.0)	32	(90.4)	(.0)	17.5	90.1
Serer	(75.9)	(18.5)	(5.6)	(100.0)	17	(91.9)	(.0)	25.0	477.0
Other ethnic group	52.0	34.5	13.6	100.0	68	66.9	31.0	24.8	71.6
Total	66.9	20.5	12.6	100.0	344	84.2	14.7	25.0	85.4

*** MICS indicator 96**
**** MICS indicator 97**

Table CH.16: Source and cost of supplies for antibiotics

Percentage distribution of children aged 0-59 months with suspected pneumonia during the two weeks preceding the survey by source of antibiotics for treatment of pneumonia, percentage of children aged 0-59 months with suspected pneumonia during the two weeks preceding the survey for whom antibiotics were obtained for free, and median cost of antibiotics for those paying for the antibiotics, by type of source of antibiotics, The Gambia, 2006

	Source of antibiotics				Number of children with suspected pneumonia in prior 2 weeks who received antibiotics	Percentage free		Median cost for those not free (in Dalasis)	
	Public*	Private	Other	Total		Public	Private	Public**	Private**
Sex									
Male	59.7	32.7	7.6	100.0	131	79.8	27.1	50.0	66.4
Female	72.3	21.4	6.3	100.0	94	77.4	13.9	27.4	77.8
LGA									
Banjul	-	-	-	-	-	-	-	-	-
Kanifing	35.4	62.5	2.1	100.0	51	76.5	16.7	105.0	100.0
Brikama	(72.2)	(11.8)	(16.0)	(100.0)	41	92.6	22.7	20.0	75.0
Mansakonko	(*)	(*)	(*)	(*)	8	100.0	.0	.	50.0
Kerewan	(80.1)	(4.9)	(14.9)	(100.0)	39	72.3	100.0	7.5	.
Kuntaur	(*)	(*)	(*)	(*)	19	66.7	.0	50.0	62.0
Janjangbureh	(68.6)	(28.7)	(2.7)	(100.0)	34	96.1	45.3	15.0	32.8
Basse	(73.1)	(22.0)	(4.9)	(100.0)	34	56.6	22.3	40.9	66.1
Residence									
Urban	47.1	50.1	2.7	100.0	76	83.7	15.9	81.4	100.0
Rural	74.1	16.6	9.3	100.0	149	77.0	33.6	25.0	50.0
Mother's education									
None	67.6	27.2	5.2	100.0	169	76.0	23.6	30.0	65.0
Primary	(60.7)	(24.0)	(15.3)	(100.0)	32	(95.8)	(21.9)	50.0	55.8
Secondary +	(*)	(*)	(*)	(*)	24	(*)	(*)	106.2	155.0
Wealth index quintiles									
Poorest	83.9	14.4	1.7	100.0	57	77.9	11.1	31.3	50.0
Second	72.7	18.5	8.9	100.0	45	(82.5)	(45.6)	12.2	35.8
Middle	63.6	26.1	10.3	100.0	55	89.2	48.2	5.0	68.6
Fourth	(58.8)	(32.1)	(9.1)	(100.0)	35	(54.7)	(17.9)	58.5	75.0
Richest	(31.5)	(62.0)	(6.4)	(100.0)	34	(82.3)	(3.8)	156.4	107.6
Ethnic group of head of household									
Mandinka	71.7	20.3	8.0	100.0	87	90.1	39.3	50.6	57.9
Wollof	54.0	40.8	5.2	100.0	37	(58.4)	(6.0)	29.3	50.0
Fula	(61.7)	(31.7)	(6.6)	(100.0)	46	(77.3)	(19.6)	14.6	80.0
Jola	(*)	(*)	(*)	(*)	12	(*)	(*)	155.0	75.0
Serer	(*)	(*)	(*)	(*)	9	(*)	(*)	.	90.0
Other ethnic group	(67.4)	(27.1)	(5.5)	(100.0)	35	(64.7)	(39.5)	35.9	71.3
Total	65.0	27.9	7.1	100.0	225	78.7	22.8	34.6	68.1

*** MICS indicator 96**
**** MICS indicator 97**

Table CH.17: Source and cost of supplies for oral rehydration salts

Percentage distribution of children aged 0-59 months with diarrhoea during the two weeks preceding the survey by source of oral rehydration salts for treatment of diarrhoea, percentage of children aged 0-59 months with diarrhoea during the two weeks preceding the survey for whom oral rehydration salts were obtained for free, and median cost of oral rehydration salts for those paying for the oral rehydration salts, by type of source of oral rehydration salts, The Gambia, 2006

	Source of oral rehydration salts				Number of children with diarrhoea in prior 2 weeks who received oral rehydration salts	Percentage free		Median cost for those not free (in Dalasis)	
	Public*	Private	Other	Total		Public	Private	Public**	Private**
Sex									
Male	83.7	12.3	4.0	100.0	267	93.1	28.4	10.3	12.7
Female	81.5	14.5	4.1	100.0	217	93.3	41.0	11.6	8.8
LGA									
Banjul	(*)	(*)	(*)	(*)	7	(*)	(*)	.	5.0
Kanifing	49.3	44.0	6.7	100.0	79	91.9	21.2	5.0	13.5
Brikama	90.3	8.8	.8	100.0	91	92.1	27.0	10.0	10.0
Mansakonko	92.8	3.6	3.6	100.0	29	100.0	100.0	.	.
Kerewan	91.3	2.9	5.8	100.0	99	94.7	33.3	7.6	10.0
Kuntaur	(90.3)	(.0)	(9.7)	(100.0)	36	(96.4)	.	25.0	.
Janjangbureh	88.5	11.5	.0	100.0	71	100.0	88.9	.	15.0
Basse	86.0	9.3	4.7	100.0	71	81.0	50.0	15.0	9.6
Residence									
Urban	66.2	29.3	4.6	100.0	133	95.2	19.0	5.0	10.0
Rural	89.0	7.2	3.9	100.0	351	92.6	58.6	12.0	10.0
Mother's education									
None	86.8	9.8	3.4	100.0	375	94.2	47.4	10.0	10.0
Primary	72.7	22.0	5.3	100.0	54	92.5	23.0	100.0	19.6
Secondary +	64.7	27.8	7.5	100.0	55	85.1	12.9	10.0	10.0
Wealth index quintiles									
Poorest	93.7	2.2	4.1	100.0	120	94.1	68.8	10.0	.
Second	89.4	6.2	4.4	100.0	127	95.3	47.8	17.1	7.3
Middle	86.3	12.0	1.7	100.0	100	88.9	53.0	34.3	13.9
Fourth	80.2	18.5	1.3	100.0	75	95.9	44.7	23.8	10.0
Richest	45.5	44.2	10.3	100.0	63	88.8	14.5	7.6	10.7
Ethnic group of head of household									
Mandinka	81.3	12.5	6.2	100.0	156	96.2	42.4	30.0	9.3
Wollof	77.3	15.6	7.1	100.0	74	93.1	17.1	7.6	13.0
Fula	91.0	7.6	1.5	100.0	122	94.7	31.9	25.0	15.4
Jola	(96.0)	(4.0)	(.0)	(100.0)	27	(95.8)	.0	.	70.0
Serer	(*)	(*)	(*)	(*)	20	(*)	(*)	.	10.0
Other ethnic group	77.3	19.3	3.4	100.0	86	82.7	48.5	7.6	13.5
Total	82.7	13.2	4.0	100.0	484	93.2	34.6	10.0	10.0

*** MICS indicator 96**
**** MICS indicator 97**

Table EN.1: Use of improved water sources

Percentage distribution of household population according to main source of drinking water and percentage of household members using improved drinking water sources, The Gambia, 2006

	Main source of drinking water												Total	Improved source of drinking water	Number of household members
	Improved sources							Unimproved sources							
	Piped into dwelling	Piped into yard or plot	Public tap/stand-pipe	Tubewell/ borehole	Protected well	Rainwater collection	Bottled water	Unprotec-ted well	Tanker-truck	Surface water	Other	Missing			
LGA															
Banjul	10.9	66.5	2.8	.0	.0	.0	.5	.0	.0	.0	17.8	1.5	100.0	80.8	1507
Kanifing	16.6	43.7	28.7	.3	1.4	.0	.3	1.3	.0	.0	7.7	.1	100.0	91.0	11383
Brikama	4.7	8.2	38.1	19.4	8.6	.0	.2	19.5	.0	.0	1.2	.1	100.0	79.2	11132
Mansakonko	1.1	2.0	35.4	30.0	14.2	.0	.0	16.8	.2	.0	.3	.0	100.0	82.6	2965
Kerewan	1.8	3.6	49.1	16.5	17.9	.2	.0	10.7	.0	.0	.2	.0	100.0	89.1	5139
Kuntaur	.8	2.0	6.8	64.0	9.9	.0	.0	16.6	.0	.0	.0	.0	100.0	83.4	3028
Janjangbureh	1.7	1.8	10.4	53.1	14.8	.0	.0	18.3	.0	.0	.0	.0	100.0	81.7	3861
Basse	.9	1.9	52.9	28.3	3.6	.0	.0	12.4	.0	.0	.0	.0	100.0	87.6	5861
Area															
Urban	13.4	38.0	36.1	1.9	1.6	.0	.2	1.9	.0	.0	6.7	.2	100.0	91.2	17448
Rural	1.9	2.7	31.1	33.7	11.9	.0	.1	18.1	.0	.0	.5	.0	100.0	81.4	27429
Education of head of household															
None	3.9	12.3	34.8	24.4	8.7	.0	.1	13.2	.0	.0	2.5	.1	100.0	84.2	35143
Primary	6.9	29.7	28.0	17.7	2.8	.0	.0	9.3	.0	.0	5.0	.5	100.0	85.2	1892
Secondary	17.3	31.9	26.5	8.5	5.5	.0	.2	6.2	.0	.0	4.0	.0	100.0	89.8	7842
Wealth index quintiles															
Poorest	.0	.0	16.4	51.7	14.4	.0	.0	17.3	.1	.0	.1	.0	100.0	82.5	9054
Second	.0	.7	36.4	31.6	10.7	.1	.0	19.3	.0	.0	1.1	.1	100.0	79.5	8910
Middle	.9	4.4	53.4	14.4	8.1	.0	.5	14.6	.0	.0	3.6	.1	100.0	81.7	8914
Fourth	6.5	19.8	46.9	8.5	5.4	.0	.1	6.6	.0	.0	6.1	.0	100.0	87.3	8948
Richest	24.2	56.8	12.6	.4	.8	.0	.1	1.4	.0	.0	3.5	.2	100.0	94.9	9050
Ethnic group of head of household															
Mandinka	6.0	14.6	36.1	22.1	7.0	.1	.1	11.6	.0	.0	2.3	.2	100.0	85.9	15889
Wollof	10.3	22.4	28.2	12.2	9.7	.0	.1	14.2	.0	.0	3.0	.0	100.0	82.9	5747
Fula	3.0	15.2	22.5	33.9	9.5	.0	.2	12.5	.0	.0	3.2	.0	100.0	84.3	9186
Jola	4.2	13.4	35.9	20.9	7.0	.1	.1	14.1	.1	.0	3.9	.2	100.0	81.6	4834
Serer	9.2	31.3	28.5	4.5	6.9	.0	.1	9.1	.0	.0	10.5	.0	100.0	80.4	1588
Other ethnic group	8.9	16.0	42.2	15.3	7.2	.0	.1	8.7	.0	.0	1.6	.1	100.0	89.7	7632
Total	6.3	16.4	33.0	21.3	7.9	.0	.1	11.8	.0	.0	2.9	.1	100.0	85.2	44877

Table EN.2: Household water treatment

Percentage distribution of household population according to drinking water treatment method used in the household, and percentage of household population that applied an appropriate water treatment method, The Gambia, 2006

	Water treatment method used in the household									All drinking water sources		Improved drinking water sources		Unimproved drinking water sources	
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Solar disin-fection	Let it stand and settle	Other	Don't know	Appropriate water treatment method*	Number of household members	Appropriate water treatment method	Number of household members	Appropriate water treatment method	Number of household members
LGA															
Banjul	94.2	.2	3.5	2.1	.0	.0	.0	.0	.0	3.7	1507	3.0	1217	6.4	290
Kanifing	91.9	.7	3.9	3.2	.6	.0	.2	.1	.0	5.0	11383	4.3	10348	12.1	1035
Brikama	71.0	.1	2.2	27.7	.2	.0	.4	.0	.0	2.5	11132	1.2	8793	7.2	2340
Mansakonko	75.4	.0	3.9	20.7	.0	.0	.5	.0	.0	3.9	2965	2.0	2450	13.0	515
Kerewan	83.6	.0	.9	15.6	.1	.0	.0	.0	.0	1.0	5139	1.1	4578	.0	561
Kuntaur	60.5	.3	5.7	34.2	.0	.0	2.6	.0	.0	5.7	3028	3.9	2525	14.6	503
Janjangbureh	64.2	.0	.9	34.5	.0	.0	.0	.0	.0	.9	3861	.3	3154	3.8	707
Basse	73.8	.0	1.2	25.0	.0	.0	.0	.0	.0	1.2	5861	1.2	5133	.8	728
Residence															
Urban	92.1	.4	3.1	4.1	.4	.0	.1	.1	.0	3.8	17448	3.3	15909	9.4	1538
Rural	68.8	.1	2.3	29.2	.1	.0	.5	.0	.0	2.5	27429	1.5	22289	6.6	5140
Education of household head															
None	76.1	.1	2.3	21.7	.1	.0	.4	.0	.0	2.5	35143	1.7	29548	6.7	5595
Primary	82.2	.1	5.1	10.6	1.2	.0	.0	.0	.0	6.4	1892	5.8	1611	9.9	281
Secondary +	84.7	.6	3.5	11.6	.4	.0	.2	.1	.0	4.2	7842	3.6	7040	10.0	802
Wealth index quintiles															
Poorest	67.8	.1	1.2	30.9	.0	.0	.0	.0	.0	1.2	9054	1.2	7472	1.6	1581
Second	67.4	.0	2.2	31.0	.0	.0	.4	.0	.0	2.2	8910	1.4	7082	5.6	1828
Middle	77.9	.1	2.0	20.1	.2	.0	.3	.0	.0	2.3	8914	1.4	7249	6.5	1665
Fourth	83.3	.5	4.6	12.2	.2	.0	1.0	.0	.0	5.2	8948	3.1	7811	19.7	1138
Richest	92.8	.4	3.2	3.1	.5	.0	.0	.1	.0	3.9	9050	3.8	8584	5.7	466
Ethnic group of head of household															
Mandinka	80.3	.0	1.9	18.0	.1	.0	.7	.0	.0	2.1	15889	.7	13636	10.2	2253
Wollof	74.8	.5	5.2	20.0	.2	.0	.1	.0	.0	5.6	5747	5.1	4757	8.1	990
Fula	75.2	.2	1.7	22.6	.4	.0	.1	.1	.0	2.3	9186	2.0	7739	3.7	1447
Jola	74.7	.1	3.1	22.7	.3	.0	.3	.0	.0	3.4	4834	2.5	3947	7.4	888
Serer	82.6	.3	4.5	12.5	.3	.0	.0	.0	.0	4.9	1588	4.0	1277	8.5	311
Other ethnic group	79.5	.5	2.5	17.5	.2	.0	.0	.0	.0	3.2	7632	3.2	6842	3.7	790
Total	77.9	.2	2.6	19.4	.2	.0	.3	.0	.0	3.0	44877	2.2	38199	7.3	6678

*** MICS indicator 13**

Table EN.3: Time to source of water

Percentage distribution of households according to time to go to source of drinking water, get water and return, and mean time to source of drinking water, The Gambia, 2006

	Time to source of drinking water								Mean time to source of drinking water*	Number of house-holds
	Water on premises	Less than 15 minutes	15 minutes to less than 30 minutes	30 minutes to less than 1 hour	1 hour or more	Don't know	Missing	Total		
LGA										
Banjul	79.6	12.1	3.4	1.9	.0	2.3	.8	100.0	11.4	308
Kanifing	63.2	14.1	8.8	7.4	3.6	2.3	.5	100.0	23.5	1877
Brikama	24.6	36.4	23.8	11.6	3.2	.1	.2	100.0	17.1	1652
Mansakonko	4.4	28.2	35.9	22.7	8.3	.6	.0	100.0	22.6	357
Kerewan	9.9	50.6	21.6	17.2	.4	.3	.0	100.0	14.7	718
Kuntaur	4.3	26.4	42.7	16.1	9.1	.9	.4	100.0	24.2	306
Janjangbureh	7.8	39.5	21.1	22.3	7.8	1.5	.0	100.0	21.1	370
Basse	6.7	16.6	22.7	42.0	11.5	.5	.0	100.0	31.2	483
Residence										
Urban	55.4	16.7	12.3	9.7	3.7	1.8	.5	100.0	22.4	2930
Rural	12.0	37.8	25.8	18.8	5.0	.5	.1	100.0	19.8	3141
Education of household head										
None	24.2	30.3	22.5	16.6	5.0	1.1	.3	100.0	20.9	4350
Primary	45.0	23.1	13.9	10.9	4.7	1.9	.6	100.0	21.0	313
Secondary +	57.2	20.3	10.5	8.6	2.3	1.1	.1	100.0	18.5	1407
Wealth index quintiles										
Poorest	2.5	39.4	30.3	21.1	5.7	.9	.1	100.0	20.6	1089
Second	7.9	40.4	26.2	19.2	4.6	1.4	.3	100.0	18.9	1140
Middle	14.2	33.5	24.0	19.0	7.2	1.4	.7	100.0	22.1	1175
Fourth	38.9	24.7	17.5	13.1	4.2	1.3	.2	100.0	20.8	1261
Richest	87.2	5.7	2.8	2.7	.9	.6	.1	100.0	20.8	1406
Ethnic group of head of household										
Mandinka	27.1	29.5	20.8	16.7	4.9	.7	.2	100.0	20.9	2043
Wollof	42.5	27.5	15.1	10.8	3.3	.9	.0	100.0	18.9	793
Fula	28.5	28.7	20.5	15.8	4.7	1.5	.2	100.0	20.8	1409
Jola	28.5	30.4	24.3	10.4	4.7	1.0	.6	100.0	19.6	703
Serer	45.9	24.6	17.1	8.6	1.5	2.4	.0	100.0	16.3	273
Other ethnic group	44.7	20.0	14.0	15.2	4.3	1.3	.5	100.0	23.1	850
Total	32.9	27.6	19.3	14.4	4.4	1.1	.3	100.0	20.6	6071

*** The mean time to source of drinking water is calculated based on those households that do not have water on the premises.**

Table EN.4: Person collecting water

Percentage distribution of households according to the person collecting drinking water used in the household, The Gambia, 2006

	Person collecting drinking water							Number of households
	Adult woman	Adult man	Female child under 15	Male child under 15	Don't know	Missing	Total	
LGA								
Banjul	70.4	14.8	1.9	1.9	1.9	9.3	100.0	63
Kanifing	76.0	12.0	5.9	1.8	.0	4.3	100.0	689
Brikama	82.7	9.0	5.2	.7	.1	2.3	100.0	1245
Mansakonko	84.4	6.3	8.2	.9	.3	.0	100.0	341
Kerewan	79.2	4.0	14.9	.3	.0	1.6	100.0	647
Kuntaur	88.3	3.4	6.3	1.0	.0	1.0	100.0	292
Janjangbureh	83.7	4.2	11.9	.0	.0	.3	100.0	341
Basse	88.2	4.5	5.9	.2	.0	1.3	100.0	450
Residence								
Urban	76.3	12.1	7.0	1.2	.2	3.3	100.0	1303
Rural	84.7	5.0	8.2	.6	.0	1.5	100.0	2765
Education of household head								
None	83.3	5.8	8.4	.7	.1	1.8	100.0	3295
Primary	80.4	10.9	4.0	1.2	.6	2.9	100.0	172
Secondary +	75.7	14.5	5.8	1.1	.0	3.0	100.0	601
Wealth index quintiles								
Poorest	84.8	3.0	10.7	.5	.0	1.0	100.0	1062
Second	85.5	4.3	8.3	.6	.1	1.2	100.0	1051
Middle	82.1	8.0	6.2	.9	.1	2.8	100.0	1007
Fourth	75.1	15.0	6.2	.8	.0	3.0	100.0	769
Richest	75.0	13.0	3.3	2.3	.6	5.8	100.0	180
Ethnic group of head of household								
Mandinka	82.8	4.9	9.9	.7	.1	1.7	100.0	1489
Wollof	77.1	10.2	8.9	.7	.0	3.2	100.0	455
Fula	81.4	8.7	7.4	1.1	.1	1.4	100.0	1006
Jola	85.8	8.3	2.8	.8	.2	2.1	100.0	502
Serer	79.4	7.6	8.9	.0	.0	4.1	100.0	147
Other ethnic group	82.7	7.9	5.9	.4	.0	3.1	100.0	469
Total	82.0	7.3	7.8	.8	.1	2.1	100.0	4068

Table EN.5: Use of sanitary means of excreta disposal

Percentage distribution of household members according to type of toilet facility used by the household, and the percentage of household members using sanitary means of excreta disposal, The Gambia, 2006

	Type of toilet facility used by household														
	Improved sanitation facility														
	Flush/pour flush to:														
	Piped sewer system	Septic tank	Pit latrine	Ventilated improved pit latrine	Pit latrine with slab	Flush/pour flush to unknown place/not sure/don't know	Flush/pour flush to unknown place/not sure/don't know	Pit latrine without slab/ open pit	Bucket	No facilities/ bush/field	Other	Missing	Total	Percentage of population using sanitary means of excreta disposal*	Number of house-hold members
LGA															
Banjul	45.5	27.4	1.8	.0	21.8	.0	.8	.0	.0	2.0	.5	.0	100.0	96.6	1507
Kanifing	5.3	32.9	7.1	.8	49.6	.6	.0	3.4	.0	.1	.2	.0	100.0	95.8	11383
Brikama	1.7	4.4	1.9	.5	85.5	.7	.0	2.3	.0	2.6	.1	.2	100.0	94.0	11132
Mansakonko	.0	3.9	2.6	.3	58.7	0	.0	30.1	.0	4.2	.0	.2	100.0	65.5	2965
Kerewan	.5	1.2	3.0	.2	81.4	.0	.2	3.8	.0	9.1	.7	.0	100.0	86.2	5139
Kuntaur	.0	.5	.0	.0	76.6	.0	.0	4.3	.0	18.6	.0	.0	100.0	77.1	3028
Janjangbureh	.2	1.0	.7	.0	28.8	.0	.0	58.9	.0	9.8	.6	.0	100.0	30.7	3861
Basse	.0	.9	.0	.5	85.0	.0	.0	11.8	.0	1.7	.0	.1	100.0	86.4	5861
Residence															
Urban	7.7	25.0	5.4	.6	54.6	.4	.1	5.2	.0	.7	.2	.0	100.0	93.3	17448
Rural	.6	2.1	1.3	.3	74.0	.3	.0	14.3	.0	6.7	.2	.1	100.0	78.4	27429
Education of household head															
None	2.4	7.2	2.5	.4	69.5	.2	.1	12.2	.0	5.3	.2	.1	100.0	81.9	35143
Primary	3.6	13.1	5.2	1.1	65.5	.6	.0	8.8	.0	1.7	.5	.0	100.0	88.4	1892
Secondary +	7.8	27.7	4.4	.6	53.0	.8	.0	4.7	.0	.8	.1	.1	100.0	93.5	7842
Wealth index quintiles															
Poorest	.0	.0	.4	.0	55.4	.0	.0	25.1	.0	18.6	.5	.0	100.0	55.8	9054
Second	.0	.0	.8	.1	82.6	.0	.0	14.7	.0	1.4	.2	.2	100.0	83.5	8910
Middle	.2	.1	1.6	.1	89.4	.0	.1	7.3	.0	.9	.3	.2	100.0	91.3	8914
Fourth	2.4	4.7	5.6	.7	80.0	.2	.1	5.7	.0	.5	.1	.0	100.0	93.4	8948
Richest	14.2	49.8	6.2	1.3	25.7	1.4	.1	1.1	.0	.2	.0	.0	100.0	97.2	9050
Ethnicity															
Mandinka	2.1	9.4	3.1	.4	73.4	.6	.0	10.1	.0	.6	.2	.1	100.0	88.5	15889
Wollof	8.0	16.4	3.3	.2	53.0	.5	.3	11.8	.0	6.6	.0	.0	100.0	80.8	5747
Fula	2.9	6.6	1.9	.2	59.3	.0	.0	16.6	.0	11.8	.5	.1	100.0	71.0	9186
Jola	.8	7.9	3.1	.4	77.8	.1	.0	4.7	.0	4.8	.3	.2	100.0	90.0	4834
Serer	7.8	16.9	5.0	1.9	57.6	.8	.2	3.4	.0	6.0	.3	.0	100.0	89.3	1588
Other ethnic group	3.8	16.3	2.8	.7	65.5	.2	.0	9.6	.0	.9	.1	.1	100.0	89.1	7632
Total	3.4	11.0	2.9	.4	66.5	.3	.1	10.8	.0	4.4	.2	.1	100.0	84.2	44877

*** MICS indicator 12; MDG indicator 31**

Table EN.6: Disposal of child's faeces

Percentage distribution of children aged 0-2 years according to place of disposal of child's faeces, and the percentage of children aged 0-2 years whose stools are disposed of safely, The Gambia, 2006

	Place of disposal of child's faeces										Proportion of children whose stools are disposed of safely*	Number of children aged 0-2 years
	Child used toilet	Put/rinsed into toilet or latrine	Put/rinsed into drain or ditch	Thrown into garbage	Buried	Left in the open	Other	Don't know	Missing	Total		
LGA												
Banjul	2.0	91.1	5.0	.0	.0	.0	1.0	.0	1.0	100.0	93.1	123
Kanifing	1.2	91.5	1.3	1.3	.1	.1	.7	.7	3.1	100.0	92.7	953
Brikama	.4	89.3	1.3	3.0	.0	1.2	2.2	.1	2.4	100.0	89.7	995
Mansakonko	.4	87.5	4.8	5.1	.0	.0	.4	.0	1.9	100.0	87.9	282
Kerewan	.2	80.6	8.8	6.4	.2	.0	1.8	.0	2.0	100.0	80.8	572
Kuntaur	.9	41.3	6.0	47.3	.9	1.3	.9	.0	1.4	100.0	42.2	367
Janjangbureh	.0	76.1	15.5	7.0	.4	.0	.8	.0	.2	100.0	76.1	469
Basse	2.1	70.8	1.8	24.8	.0	.0	.0	.0	.6	100.0	72.8	685
Residence												
Urban	1.0	89.6	2.9	2.5	.1	.1	.8	.4	2.7	100.0	90.6	1484
Rural	.8	75.7	5.4	14.6	.2	.6	1.3	.0	1.4	100.0	76.5	2962
Mother's education												
None	.8	77.4	5.3	13.0	.2	.4	1.1	.1	1.8	100.0	78.2	3322
Primary	.4	87.5	3.1	5.7	.0	.7	.6	.2	1.8	100.0	87.9	483
Secondary +	1.3	90.5	2.0	1.8	.2	.2	1.6	.3	2.1	100.0	91.8	641
Wealth index quintiles												
Poorest	.6	62.0	9.3	24.1	.6	.3	1.8	.1	1.3	100.0	62.6	1078
Second	.5	82.3	5.0	9.7	.0	.6	.3	.0	1.6	100.0	82.7	919
Middle	.9	83.5	2.6	9.6	.0	.0	1.4	.1	2.0	100.0	84.3	933
Fourth	1.3	88.0	2.7	3.3	.0	1.0	1.2	.3	2.3	100.0	89.3	839
Richest	1.3	93.2	1.5	.6	.2	.0	.5	.5	2.2	100.0	94.5	677
Ethnic group of head of household												
Mandinka	.7	84.2	2.9	8.6	.0	.4	1.0	.0	2.1	100.0	85.0	1530
Wollof	.2	75.0	9.3	10.3	.6	.2	.9	.4	3.2	100.0	75.2	584
Fula	.7	70.0	8.0	18.0	.1	.6	1.4	.2	1.1	100.0	70.6	1046
Jola	.3	90.4	1.6	2.8	.0	.8	1.1	.3	2.7	100.0	90.7	395
Serer	.0	94.4	.0	1.4	.0	.0	3.4	.0	.8	100.0	94.4	150
Other ethnic group	2.4	83.1	1.8	10.4	.4	.0	.6	.3	1.1	100.0	85.4	742
Total	.9	80.4	4.6	10.6	.2	.4	1.1	.2	1.8	100.0	81.2	4446

*** MICS indicator 14**

Table EN.7: Use of improved water sources and improved sanitation

Percentage of household population using both improved drinking water sources and sanitary means of excreta disposal, The Gambia, /2006

	Percentage of household population:			
	Using improved sources of drinking water*	Using sanitary means of excreta disposal**	Using improved sources of drinking water and using sanitary means of excreta disposal	Number of household members
LGA				
Banjul	80.8	96.6	78.5	1507
Kanifing	90.9	95.8	87.1	11383
Brikama	79.0	94.0	74.5	11132
Mansakonko	82.6	65.5	57.5	2965
Kerewan	89.1	86.2	77.7	5139
Kuntaur	83.4	77.1	65.0	3028
Janjangbureh	81.7	30.7	26.4	3861
Basse	87.6	86.4	76.0	5861
Residence				
Urban	91.2	93.3	84.9	17448
Rural	81.3	78.4	64.6	27429
Education of household head				
None	84.1	81.9	69.8	35143
Primary	85.2	88.4	75.4	1892
Secondary +	89.8	93.5	84.1	7842
Wealth index quintiles				
Poorest	82.5	55.8	47.7	9054
Second	79.5	83.5	66.3	8910
Middle	81.3	91.3	74.0	8914
Fourth	87.3	93.4	82.5	8948
Richest	94.9	97.2	92.2	9050
Ethnic group of head of household				
Mandinka	85.8	88.5	76.3	15889
Wollof	82.8	80.8	70.3	5747
Fula	84.2	71.0	59.6	9186
Jola	81.6	90.0	73.9	4834
Serer	80.4	89.3	72.4	1588
Other ethnic group	89.7	89.1	81.0	7632
Total	85.1	84.2	72.5	44877

*** MICS indicator 11; MDG indicator 30**
**** MICS indicator 12; MDG indicator 31**

Table EN.8: Security of tenure

Percentage of household members living in households in urban areas which lack formal documentation for their residence in the dwelling or who feel at risk of eviction from the dwelling, and percentage of household members who were evicted from any dwelling in prior 5 years, The Gambia, 2006.

	Household does not have formal documentation for the residence	Respondent feels there is a risk of eviction	Household does not have security of tenure*	Household members evicted from any dwelling in prior 5 years	Number of household members
Education of household head					
None	45.9	16.4	50.4	5.8	8817
Primary	41.0	15.2	45.5	6.0	3460
Secondary +	32.3	12.7	37.3	4.7	5171
Wealth index quintiles					
Poorest	15.7	26.8	39.2	1.2	308
Second	44.5	13.7	47.8	5.5	1434
Middle	49.7	19.7	53.5	6.0	3137
Fourth	49.1	15.8	53.1	6.5	4694
Richest	32.8	12.6	37.7	4.9	7875
Ethnic group of head of household					
Mandinka	32.3	12.6	38.0	4.2	5856
Wollof	35.2	13.9	38.7	5.6	2467
Fula	59.4	20.4	64.4	8.1	3385
Jola	41.0	14.4	44.7	6.0	2088
Serer	56.6	20.3	61.5	6.0	1089
Other ethnic group	34.6	13.1	38.5	4.5	2563
Total	40.9	15.1	45.6	5.5	17448

*** MICS indicator 93**

Table EN.9: Durability of Housing

Percentage of households and household members living in the dwellings in urban areas *(or in capital city)* that are not considered durable, by background characteristics, The Gambia, 2006

	Dwelling has natural floor material	Dwelling is in poor condition	Dwelling is vulnerable to accidents	Dwelling located in hazardous location	Per cent of households living in dwellings considered non-durable*	Number of households	Per cent of household members living in dwellings considered non-durable	Number of household members
Education of household head								
None	8.2	9.1	.0	.0	2.8	1744	2.8	11166
Primary	1.0	6.7	.0	.0	.5	207	.3	1119
Secondary +	2.6	2.3	.0	.0	.3	980	.2	5164
Wealth index quintiles								
Poorest	85.1	54.5	.0	.0	48.0	43	50.1	308
Second	30.1	22.5	.0	.0	8.4	249	8.4	1434
Middle	8.8	10.7	.0	.0	1.8	539	1.6	3137
Fourth	1.2	5.3	.0	.0	.2	841	.1	4694
Richest	.1	1.0	.0	.0	.0	1258	.	7875
Ethnic group of head of household								
Mandinka	6.6	6.4	.0	.0	2.2	821	2.2	5856
Wollof	1.7	5.2	.0	.0	.7	424	.7	2467
Fula	6.8	10.0	.0	.0	2.8	694	3.9	3385
Jola	11.7	5.9	.0	.0	.9	331	.9	2088
Serer	3.1	6.7	.0	.0	2.2	191	1.5	1089
Other ethnic group	3.7	3.9	.0	.0	1.0	468	.6	2563
Total	5.8	6.6	.0	.0	1.8	2930	1.9	17448

*** MICS indicator 94**

Table EN.10: Slum housing

Percentage of households and household members in the urban areas *(or in capital city)* that are considered as living in slum housing, by background characteristics, The Gambia, 2006

	Dwelling is considered non-durable	Lack of security of tenure	Over-crowding: more than three persons per sleeping room	Lack of use of improved water source	Lack of use of improved sanitation	Per cent of households considered to be living in slum housing *	Number of households	Per cent of household members considered to be living in slum housing	Number of household members
Education of household head									
None	2.8	60.3	15.2	9.9	12.8	71.7	1744	60.3	11166
Primary	.5	64.0	18.1	11.5	13.3	74.4	207	62.0	1119
Secondary +	.3	58.9	12.1	6.4	8.6	66.6	980	56.3	5164
Wealth index quintiles									
Poorest	(48.0)	(43.3)	(11.2)	(4.7)	(55.6)	(84.9)	43	86.3	308
Second	8.4	57.6	17.8	12.4	16.5	73.0	249	66.3	1434
Middle	1.8	64.7	18.6	14.6	13.0	77.5	539	69.6	3137
Fourth	.2	68.4	16.9	12.2	11.4	78.3	841	67.5	4694
Richest	.0	53.6	10.2	3.6	8.2	60.6	1258	47.7	7875
Ethnic group of head of household									
Mandinka	2.2	50.8	12.4	8.1	12.3	62.4	821	52.4	5856
Wollof	.7	55.6	10.2	8.0	8.7	64.5	424	51.7	2467
Fula	2.8	76.6	17.6	8.5	12.5	84.1	694	76.2	3385
Jola	.9	56.7	21.3	10.5	11.6	72.4	331	65.1	2088
Serer	2.2	72.6	19.3	18.4	12.4	80.4	191	71.5	1089
Other ethnic group	1.0	53.1	9.7	6.5	10.1	62.7	468	49.6	2563
Total	1.8	60.1	14.3	8.9	11.4	70.2	2930	59.2	17448

*** MICS indicator 95; MDG indicator 32**

Table RH.3: Antenatal care provider

Percentage distribution of women aged 15-49 who gave birth in the two years preceding the survey by type of personnel providing antenatal care, The Gambia, 2006

	Person providing antenatal care					No antenatal care received	Total	Any skilled personnel*	Number of women who gave birth in the preceding two years
	Medical doctor	Nurse/ midwife	Auxiliary midwife	Traditional birth attendant	Other				
LGA									
Banjul	1.3	98.7	.0	.0	.0	.0	100.0	100.0	75
Kanifing	10.8	83.9	2.4	.3	1.1	1.5	100.0	97.1	694
Brikama	12.8	85.2	.5	.3	.8	.5	100.0	98.5	750
Mansakonko	22.5	51.9	22.9	.5	.0	2.2	100.0	97.2	167
Kerewan	17.2	59.4	19.2	2.0	2.0	.2	100.0	95.8	377
Kuntaur	.5	85.1	10.7	.0	3.2	.5	100.0	96.3	232
Janjangbureh	19.3	36.9	42.6	.6	.3	.3	100.0	98.8	313
Basse	7.2	70.5	21.2	.2	.4	.5	100.0	98.9	463
Residence									
Urban	11.8	80.0	5.7	.4	.9	1.3	100.0	97.5	1037
Rural	12.2	69.6	16.1	.6	1.0	.5	100.0	97.9	2033
Age									
15-19	8.5	74.1	13.3	.0	3.3	.7	100.0	96.0	275
20-24	11.7	73.7	11.4	1.0	.5	1.6	100.0	96.8	810
25-29	11.8	74.8	12.3	.2	.7	.3	100.0	98.8	857
30-34	11.8	73.0	13.6	.9	.5	.2	100.0	98.4	568
35-39	12.1	73.8	12.2	.0	1.0	.9	100.0	98.1	340
40-44	17.8	65.6	13.6	.0	1.8	1.1	100.0	97.1	167
45-49	23.3	53.0	20.1	.0	3.6	.0	100.0	96.4	51
Education									
None	11.6	71.5	14.7	.6	1.0	.6	100.0	97.8	2229
Primary	9.2	76.4	12.1	.6	.6	1.2	100.0	97.7	352
Secondary +	15.9	78.2	3.4	.2	1.1	1.2	100.0	97.5	489
Wealth index quintiles									
Poorest	16.1	58.1	23.4	.7	1.4	.3	100.0	97.6	684
Second	12.2	73.6	11.7	.9	.8	.8	100.0	97.5	647
Middle	8.9	77.7	11.1	.3	.8	1.3	100.0	97.7	650
Fourth	9.2	79.3	9.4	.0	1.2	.9	100.0	97.8	600
Richest	13.6	80.1	4.6	.6	.6	.4	100.0	98.3	488
Ethnicity									
Mandinka	14.0	73.7	10.5	.4	.8	.7	100.0	98.2	1048
Wollof	11.2	70.3	15.1	1.3	1.9	.3	100.0	96.6	384
Fula	11.0	68.4	17.7	.8	1.0	1.1	100.0	97.1	706
Jola	12.3	86.3	.3	.0	.7	.4	100.0	98.9	302
Serer	3.3	90.0	4.1	.0	.8	1.8	100.0	97.4	117
Other ethnic group	11.7	69.2	17.1	.2	1.0	.7	100.0	98.1	512
Total	12.0	73.1	12.6	.5	1.0	.7	100.0	97.8	3070

*** MICS indicator 20**

Table RH.4: Antenatal care

Percentage of pregnant women receiving antenatal care among women aged 15-49 who gave birth in two years preceding the survey and percentage of pregnant women receiving specific care as part of the antenatal care received, The Gambia, 2006

	Percent of pregnant women receiving ANC one or more times during pregnancy	Percent of pregnant women who had:				Number of women who gave birth in two years preceding survey
		Blood test taken*	Blood pressure measured*	Urine specimen taken*	Weight measured*	
LGA						
Banjul	100.0	97.4	100.0	97.4	98.7	75
Kanifing	98.5	93.9	97.1	94.1	96.4	694
Brikama	99.5	97.0	98.3	92.9	98.4	750
Mansakonko	97.8	87.1	93.8	82.8	97.2	167
Kerewan	99.8	95.1	97.5	92.4	98.0	377
Kuntaur	99.5	70.5	91.2	57.6	97.2	232
Janjangbureh	99.7	91.1	95.2	89.9	97.3	313
Basse	99.5	75.4	96.6	73.2	97.3	463
Residence						
Urban	98.7	94.5	97.5	93.7	96.9	1037
Rural	99.5	87.2	96.2	83.2	97.8	2033
Age						
15-19	99.3	87.4	96.6	86.0	96.1	275
20-24	98.4	88.4	95.5	84.9	96.4	810
25-29	99.7	90.1	97.4	87.1	98.4	857
30-34	99.8	91.2	97.7	88.1	98.4	568
35-39	99.1	91.6	95.8	88.5	97.3	340
40-44	98.9	91.0	96.6	87.9	98.4	167
45-49	100.0	81.3	96.4	81.5	96.1	51
Education						
None	99.4	88.4	96.6	84.9	97.7	2229
Primary	98.8	89.4	96.2	89.3	97.4	352
Secondary +	98.8	95.6	96.9	93.0	96.5	489
Wealth index quintiles						
Poorest	99.7	84.2	94.6	79.4	97.4	684
Second	99.2	89.0	96.8	86.1	97.9	647
Middle	98.7	90.2	96.7	85.9	97.4	650
Fourth	99.1	90.4	96.7	89.7	96.5	600
Richest	99.6	96.7	99.0	95.2	98.5	488
Ethnicity						
Mandinka	99.3	91.5	97.4	88.5	97.8	1048
Wollof	99.7	89.6	95.5	85.0	97.4	384
Fula	98.9	86.9	94.9	83.0	96.7	706
Jola	99.6	96.0	97.8	94.1	97.8	302
Serer	98.2	95.6	98.2	94.7	97.3	117
Other ethnic group	99.3	84.7	97.3	83.2	97.8	512
Total	99.3	89.7	96.6	86.7	97.5	3070

*** MICS indicator 44**

Table RH.5: Assistance during delivery

Percentage distribution of women aged 15-49 with a birth in two years preceding the survey by type of personnel assisting at delivery, The Gambia, 2006

	Person assisting at delivery											
	Medical doctor	Nurse/ midwife	Auxi-liary midwife	Traditio-nal birth attendant	Com-munity health worker	Relative/ friend	Other/ missing	No attendant	Total	Any skilled person-nel *	Delivered in health facility **	Number of women who gave birth in preceding two years
LGA												
Banjul	7.9	86.8	.0	1.3	.0	1.3	1.3	1.3	100.0	94.7	94.7	75
Kanifing	8.0	75.0	3.9	5.2	.0	4.1	2.4	1.4	100.0	87.0	84.7	694
Brikama	4.3	60.8	.2	22.3	3.6	5.8	1.7	1.4	100.0	65.3	59.8	750
Mansakonko	6.3	34.0	6.3	41.8	.6	10.0	.6	.6	100.0	46.5	40.8	167
Kerewan	6.2	31.0	7.4	44.6	.5	7.9	2.5	.0	100.0	44.6	44.8	377
Kuntaur	.5	24.1	3.8	55.8	2.3	11.6	.5	1.4	100.0	28.4	29.3	232
Janjangbureh	8.6	16.7	9.5	43.5	.3	20.2	.0	1.2	100.0	34.8	34.5	313
Basse	3.2	22.7	8.3	50.8	.9	12.6	.0	1.5	100.0	34.2	32.9	463
Residence												
Urban	7.5	71.0	4.6	7.9	.5	5.3	2.1	1.3	100.0	83.0	81.4	1037
Rural	4.6	34.1	4.7	42.3	1.7	10.5	1.0	1.1	100.0	43.4	40.7	2033
Age												
15-19	6.6	46.9	8.3	26.5	1.6	6.7	2.3	1.0	100.0	61.8	60.0	275
20-24	4.4	49.2	5.2	29.0	.7	9.0	1.3	1.1	100.0	58.8	55.7	810
25-29	5.8	47.5	4.2	29.7	1.5	9.0	1.3	.9	100.0	57.6	55.5	857
30-34	5.1	44.4	5.0	33.2	2.1	8.8	.7	.9	100.0	54.4	51.8	568
35-39	6.9	41.9	2.7	34.8	.7	9.3	1.6	2.2	100.0	51.4	50.3	340
40-44	6.3	49.1	1.8	32.6	1.2	7.8	.7	.6	100.0	57.2	55.1	167
45-49	8.1	32.8	3.5	33.6	2.2	8.4	5.4	6.0	100.0	44.3	46.1	51
Mother's education												
None	4.4	39.6	4.9	36.5	1.2	10.5	1.4	1.5	100.0	48.9	47.1	2229
Primary	4.9	58.6	4.6	21.5	2.8	6.4	.9	.3	100.0	68.1	65.7	352
Secondary	11.3	69.5	3.7	10.8	.8	2.4	1.3	.2	100.0	84.5	79.9	489
Wealth index quintiles												
Poorest	4.5	18.9	4.9	52.4	1.3	16.0	.3	1.6	100.0	28.3	26.7	684
Second	4.4	37.1	4.5	40.6	2.3	8.4	1.9	.8	100.0	45.9	44.7	647
Middle	4.1	50.0	4.9	28.9	.9	7.7	1.7	1.8	100.0	59.0	56.8	650
Fourth	7.0	60.2	5.5	17.8	1.5	5.5	1.4	1.2	100.0	72.7	69.5	600
Richest	8.7	76.5	3.3	5.3	.2	4.2	1.5	.2	100.0	88.6	84.9	488
Ethnic group of head of household												
Mandinka	5.3	46.7	4.6	32.5	1.8	6.4	1.5	1.1	100.0	56.7	54.1	1048
Wollof	5.5	45.2	4.6	37.4	1.4	4.6	1.0	.3	100.0	55.3	54.0	384
Fula	5.5	39.7	4.9	30.2	1.1	14.9	1.9	1.8	100.0	50.0	48.3	706
Jola	4.8	62.6	1.4	19.4	1.5	7.1	1.1	2.1	100.0	68.8	64.8	302
Serer	6.3	77.4	5.0	9.6	.0	.8	.0	.9	100.0	88.7	88.9	117
Other ethnic group	6.4	40.2	6.4	34.0	.7	10.7	1.0	.5	100.0	53.0	50.2	512
Total	5.6	46.5	4.7	30.7	1.3	8.7	1.4	1.2	100.0	56.8	54.5	3070

Table CD.1: Family support for learning

Percentage of children aged 0-59 months for whom household members are engaged in activities that promote learning and school readiness, The Gambia, 2006

	Percent of pregnant women who had:					
	For whom household members engaged in four or more activities that promote learning and school readiness*	Mean number of activities household members engage in with the child	For whom the father engaged in one or more activities that promote learning and school readiness**	Mean number of activities the father engaged in with the child	Living in a household without their biological father	Number of children aged 0-59 months
Sex						
Male	47.8	3.4	22.2	.4	24.1	3346
Female	46.0	3.3	19.0	.4	26.9	3197
LGA						
Banjul	25.6	2.8	34.4	.4	23.1	196
Kanifing	48.4	3.4	23.2	.4	26.0	1508
Brikama	44.2	3.4	8.3	.1	23.1	1425
Mansakonko	46.3	3.4	3.9	.0	33.4	406
Kerewan	88.9	4.8	66.7	1.7	23.0	826
Kuntaur	36.8	2.9	17.0	.2	17.0	502
Janjangbureh	30.4	2.7	6.8	.1	29.6	682
Basse	34.6	2.8	11.8	.1	28.8	999
Residence						
Urban	48.1	3.4	23.5	.4	26.3	2303
Rural	46.3	3.3	19.1	.4	25.0	4240
Age						
0-23 months	25.0	2.4	17.6	.3	25.4	3033
24-59 months	65.9	4.2	23.2	.4	25.6	3510
Mother's education						
None	65.9	3.3	20.7	.4	23.6	4923
Primary	45.0	3.4	17.3	.3	28.0	710
Secondary +	49.6	3.5	23.1	.5	33.5	911
Father's education						
None	46.2	3.3	19.1	.4	30.0	5566
Primary	40.7	3.1	24.0	.3	.0	201
Secondary +	54.0	3.7	31.1	.7	.0	776
Wealth index quintiles						
Poorest	46.9	3.3	21.9	.4	21.7	1532
Second	51.2	3.6	20.2	.4	25.1	1337
Middle	45.9	3.3	19.8	.4	24.5	1344
Fourth	42.6	3.2	17.5	.3	28.8	1248
Richest	47.9	3.5	24.0	.4	28.7	1082
Ethnicity						
Mandinka	51.5	3.5	20.1	.4	25.2	2254
Wollof	48.0	3.4	26.6	.5	21.5	870
Fula	42.6	3.2	22.1	.4	19.7	1494
Jola	50.9	3.6	12.7	.2	27.2	596
Serer	45.5	3.4	34.4	.7	32.1	212
Other ethnic group	40.9	3.1	16.7	.3	34.7	1117
Total	46.9	3.4	20.6	.4	25.5	6543

*** MICS indicator 46**
**** MICS indicator 47**

Table CD.3: Children left alone or with other children

Percentage of children aged 0-59 months left in the care of other children under the age of 10 years or left alone in the past week, The Gambia, 2006

	Percentage of children aged 0-59 months			
	Left in the care of children under the age of 10 years in past week	Left alone in the past week	Left with inadequate care in past week*	Number of children aged 0-59 months
Sex				
Male	14.4	4.8	18.1	3346
Female	13.4	4.0	16.6	3197
LGA				
Banjul	1.9	.6	1.9	196
Kanifing	11.6	3.1	13.8	1508
Brikama	5.9	2.3	7.9	1425
Mansakonko	19.3	5.3	22.4	406
Kerewan	33.5	3.1	36.0	826
Kuntaur	14.2	8.5	19.9	502
Janjangbureh	18.1	.8	18.7	682
Basse	9.9	10.9	19.7	999
Residence				
Urban	11.8	2.6	13.7	2303
Rural	15.1	5.3	19.4	4240
Age				
0-23 months	11.0	1.5	12.0	3033
24-59 months	16.4	6.8	22.0	3510
Mother's education				
None	15.2	4.9	19.1	4923
Primary	11.9	2.6	13.9	710
Secondary +	8.5	2.6	10.8	911
Wealth index quintiles				
Poorest	20.0	5.1	24.0	1532
Second	17.1	5.7	21.2	1337
Middle	11.3	4.3	15.0	1344
Fourth	10.9	2.9	13.6	1248
Richest	8.2	3.5	10.6	1082
Ethnicity				
Mandinka	15.4	4.8	18.8	2254
Wollof	18.2	2.6	20.1	870
Fula	13.0	5.0	17.2	1494
Jola	10.4	2.5	12.7	596
Serer	9.9	2.0	11.9	212
Other ethnic group	11.3	5.5	16.2	1117
Total	13.9	4.4	17.4	6543

*** MICS indicator 51**

Table ED.1: Early childhood education

Percentage of children aged 36-59 months who are attending some form of organized early childhood education programme and percentage of first graders who attended pre-school, The Gambia, 2006

	Percentage of children aged 36-59 months currently attending early childhood school*	Number of children aged 36-59 months	Percentage of children attending first grade who attended preschool programme in previous year**	Number of children attending first grade
Sex				
Male	20.0	1117	29.6	51
Female	19.4	1023	25.2	57
LGA				
Banjul	36.1	75	(*)	5
Kanifing	34.8	568	(43.3)	31
Brikama	20.5	438	(36.3)	33
Mansakonko	22.3	125	(*)	5
Kerewan	6.6	257	(*)	16
Kuntaur	7.5	138	(*)	7
Janjangbureh	10.1	220	(*)	1
Basse	9.6	320	(*)	11
Residence				
Urban	30.2	836	(39.6)	48
Rural	13.0	1304	17.4	60
Age of child				
36-47 months	13.7	1247	.	0
48-59 months	28.2	893	.	0
7 years***	.	0	27.3	108
Mother's education				
None	14.5	1632	18.7	79
Primary	26.3	230	(*)	6
Secondary +	45.3	278	(*)	23
Wealth index quintiles				
Poorest	6.7	466	(*)	22
Second	14.3	425	(*)	19
Middle	16.0	417	(*)	15
Fourth	21.8	417	(*)	18
Richest	41.6	415	(53.5)	34
Ethnic group of head of household				
Mandinka	18.9	739	(20.6)	43
Wollof	18.5	292	(*)	11
Fula	14.1	457	(*)	21
Jola	32.0	206	(*)	12
Serer	30.1	64	(*)	7
Other ethnic group	20.7	383	(*)	14
Total	19.7	2140	27.3	108

*** MICS indicator 52**
**** MICS indicator 53**

Table ED.2: Primary school entry

Percentage of children of primary school entry age attending Grade 1, The Gambia, 2006

	Percentage of children of primary school entry age currently attending Grade 1 *	Number of children of primary school entry age
Sex		
Male	29.5	736
Female	30.4	724
LGA		
Banjul	(35.7)	32
Kanifing	33.3	288
Brikama	32.4	368
Mansakonko	27.9	139
Kerewan	25.5	164
Kuntaur	21.0	117
Janjangbureh	30.5	143
Basse	29.6	207
Area		
Urban	35.5	456
Rural	27.4	1004
Age		
7	29.9	1460
Mother's education		
None	28.3	1203
Primary	32.6	124
Secondary	42.0	132
Wealth index quintiles		
Poorest	22.5	354
Second	29.9	326
Middle	29.5	280
Fourth	32.2	257
Richest	38.9	243
Ethnic group of head of household		
Mandinka	31.1	539
Wollof	25.9	175
Fula	27.0	296
Jola	29.8	141
Serer	(27.8)	46
Other ethnic group	34.0	263
Total	29.9	1460

Table ED.3: Primary school net attendance ratio

Percentage of children of primary school age** attending primary or secondary school (NAR), The Gambia, 2006

	Male		Femal		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio*	Number of children
LGA						
Banjul	73.8	93	81.5	94	77.6	187
Kanifing	75.4	799	71.7	837	73.5	1636
Brikama	72.7	969	71.3	968	72.0	1938
Mansakonko	46.2	363	66.2	285	55.0	648
Kerewan	51.1	480	47.8	514	49.4	995
Kuntaur	36.2	310	46.3	298	41.2	608
Janjangbureh	51.1	343	64.5	363	58.0	705
Basse	48.0	513	45.1	557	46.5	1070
Residence						
Urban	74.8	1261	72.5	1311	73.6	2572
Rural	52.9	2609	56.5	2606	54.7	5215
Age**						
7	35.0	736	35.6	724	35.3	1460
8	52.8	743	53.9	736	53.4	1479
9	69.9	558	72.2	546	71.0	1104
10	66.0	689	68.6	744	67.4	1434
11	73.5	513	75.5	487	74.5	1000
12	71.5	631	73.0	680	72.3	1311
Mother's education						
None	56.8	3192	58.6	3223	57.7	6415
Primary	69.4	306	71.4	295	70.4	601
Secondary +	79.9	373	81.5	399	80.7	771
Wealth index quintiles						
Poorest	42.6	876	46.2	883	44.4	1759
Second	59.0	857	61.4	863	60.2	1721
Middle	63.5	751	59.5	778	61.5	1529
Fourth	67.6	765	68.6	738	68.1	1503
Richest	72.3	621	79.0	655	75.8	1276
Ethnic group of head of household						
Mandinka	63.8	1389	66.2	1436	65.0	2824
Wollof	52.8	433	53.6	525	53.2	958
Fula	51.9	809	55.0	763	53.4	1573
Jola	76.5	396	69.4	403	72.9	799
Serer	63.4	110	68.7	127	66.2	237
Other ethnic group	56.8	733	61.3	662	58.9	1395
Total	60.0	3871	61.9	3917	61.0	7787

*** MICS indicator 55; MDG indicator 6**

Table ED.4: Secondary school net attendance ratio

Percentage of children of secondary school age** attending secondary school or higher (NAR), The Gambia, 2006

	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio*	Number of children
LGA						
Banjul	55.0	93	56.8	102	56.0	195
Kanifing	58.7	783	48.3	866	53.3	1648
Brikama	44.6	857	42.0	867	43.3	1724
Mansakonko	25.4	286	29.8	200	27.2	487
Kerewan	30.7	344	25.3	380	27.9	724
Kuntaur	25.5	204	15.4	221	20.2	425
Janjangbureh	27.6	264	23.4	316	25.3	580
Basse	17.1	387	12.6	472	14.7	859
Residence						
Urban	56.1	1209	49.2	1370	52.4	2579
Rural	29.1	2009	23.8	2055	26.4	4064
Age**						
13	16.8	554	16.1	678	16.4	1232
14	30.6	482	28.3	817	29.2	1299
15	41.8	661	43.8	439	42.6	1100
16	49.1	508	48.9	465	49.0	973
17	49.8	443	46.4	455	48.1	898
18	48.4	570	33.6	571	41.0	1140
Mother's education						
None	37.9	2904	32.3	3082	35.0	5986
Primary	36.9	116	41.8	148	39.6	264
Secondary +	60.0	198	54.7	194	57.4	392
Wealth index quintiles						
Poorest	20.8	594	14.2	612	17.5	1207
Second	35.1	648	28.5	690	31.7	1338
Middle	34.5	666	30.9	696	32.7	1361
Fourth	42.4	621	36.6	761	39.2	1382
Richest	60.7	689	57.9	665	59.3	1354
Ethnic group of head of household						
Mandinka	43.0	1206	38.0	1288	40.4	2494
Wollof	37.4	354	31.5	409	34.3	763
Fula	36.4	589	26.1	669	30.9	1258
Jola	46.8	373	45.1	370	46.0	743
Serer	47.3	100	49.0	121	48.2	221
Other ethnic group	29.5	596	25.4	567	27.5	1163
Total	39.2	3218	34.0	3424	36.5	6642

*** MICS indicator 56**

Table ED. 4W: Secondary school age children attending primary school

Percentage of children of secondary school age** attending primary school, The Gambia, 2006

	Male		Female		Total	
	Percentage attending primary school	Number of children	Percentage attending primary school	Number of children	Percentage attending primary school	Number of children
LGA						
Banjul	21.3	93	11.4	102	16.1	195
Kanifing	19.8	783	20.8	866	20.3	1648
Brikama	33.1	857	29.1	867	31.1	1724
Mansakonko	22.5	286	25.1	200	23.6	487
Kerewan	25.9	344	18.2	380	21.9	724
Kuntaur	16.9	204	14.9	221	15.8	425
Janjangbureh	26.4	264	32.0	316	29.5	580
Basse	24.0	387	22.1	472	22.9	859
Residence						
Urban	21.5	1209	20.7	1370	21.1	2579
Rural	27.4	2009	25.2	2055	26.3	4064
Age**						
13	55.9	554	50.9	678	53.1	1232
14	41.5	482	35.9	817	38.0	1299
15	23.7	661	18.6	439	21.7	1100
16	15.4	508	9.0	465	12.3	973
17	7.2	443	5.2	455	6.2	898
18	5.9	570	2.8	571	4.3	1140
Mother's education						
None	23.9	2904	22.1	3082	22.9	5986
Primary	46.9	116	41.6	148	44.0	264
Secondary +	31.1	198	30.8	194	31.0	392
Wealth index quintiles						
Poorest	27.5	594	24.3	612	25.9	1207
Second	26.8	648	26.9	690	26.9	1338
Middle	27.0	666	23.0	696	24.9	1361
Fourth	24.5	621	25.0	761	24.8	1382
Richest	20.3	689	17.7	665	19.0	1354
Ethnic group of head of household						
Mandinka	25.3	1206	24.2	1288	24.7	2494
Wollof	19.4	354	17.7	409	18.5	763
Fula	21.0	589	22.2	669	21.6	1258
Jola	33.1	373	30.3	370	31.7	743
Serer	28.2	100	22.9	121	25.3	221
Other ethnic group	27.0	596	22.7	567	24.9	1163
Total	25.1	3218	23.4	3424	24.3	6642

Table ED.5: Children reaching Grade 5

Percentage of children entering first grade of primary school who eventually reach Grade 5, The Gambia, 2006

	Percent attending 2nd grade who were in 1st grade last year	Percent attending 3rd grade who were in 2nd grade last year	Percent attending 4th grade who were in 3rd grade last year	Percent attending 5th grade who were in 4th grade last year	Percent who reach Grade 5 of those who enter 1st grade*
Sex					
Male	99.5	99.3	99.5	99.8	98.1
Female	99.5	98.4	98.0	99.1	95.2
LGA					
Banjul	100.0	96.8	100.0	100.0	96.8
Kanifing	99.7	99.2	99.6	99.1	97.7
Brikama	100.0	99.8	99.7	100.0	99.5
Mansakonko	100.0	97.3	98.7	100.0	96.0
Kerewan	100.0	100.0	100.0	100.0	100.0
Kuntaur	100.0	100.0	94.0	97.5	91.6
Janjangbureh	97.7	94.5	95.2	100.0	87.9
Basse	99.2	99.4	98.1	98.2	95.0
Residence					
Urban	99.8	99.1	99.8	99.4	98.1
Rural	99.4	98.7	98.1	99.5	95.7
Mother's education					
None	99.5	99.1	98.6	99.5	96.7
Primary	100.0	97.3	98.9	100.0	96.3
Secondary +	99.4	97.7	100.0	99.0	96.2
Wealth index quintiles					
Poorest	99.7	98.5	96.0	100.0	94.3
Second	99.5	98.4	99.6	99.4	96.9
Middle	99.4	99.3	98.1	99.0	95.8
Fourth	99.2	99.0	100.0	99.6	97.8
Richest	100.0	99.0	99.5	99.5	98.0
Ethnic group of head of household					
Mandinka	99.8	99.2	99.3	99.7	98.1
Wollof	98.3	94.3	94.5	98.7	86.4
Fula	99.1	99.5	99.4	100.0	98.0
Jola	100.0	100.0	100.0	99.2	99.2
Serer	97.5	96.8	98.0	100.0	92.5
Other ethnic group	100.0	99.2	99.2	98.9	97.4
Total	99.5	98.8	98.8	99.5	96.6

*** MICS indicator 57; MDG indicator 7**

Table ED.6: Primary school completion and transition to secondary education

Primary school completion rate and transition rate to secondary education, The Gambia, 2006

	Net primary school completion rate*	Number of children of primary school completion age	Transition rate to secondary education**	Number of children who were in the last grade of primary school the previous year
Sex				
Male	74.9	631	61.5	2666
Female	72.4	680	51.1	2767
LGA				
Banjul	(91.3)	27	91.3	160
Kanifing	83.5	310	74.3	1477
Brikama	83.4	317	55.5	1741
Mansakonko	85.7	105	40.2	397
Kerewan	58.4	163	50.4	519
Kuntaur	57.8	105	35.6	299
Janjangbureh	79.7	111	41.4	415
Basse	47.4	172	34.2	425
Residence				
Urban	84.3	462	74.0	2304
Rural	67.7	848	43.1	3128
Mother's education				
None	71.0	1086	63.8	4223
Primary	85.7	88	21.9	492
Secondary +	86.3	137	35.2	717
Wealth index quintiles				
Poorest	60.4	283	27.4	931
Second	76.1	285	45.8	1160
Middle	68.5	253	54.1	1067
Fourth	79.2	249	60.9	1131
Richest	85.6	240	87.5	1144
Ethnic group of head of household				
Mandinka	75.4	458	63.7	2020
Wollof	71.1	182	57.3	584
Fula	64.6	248	43.2	1075
Jola	86.6	141	54.7	824
Serer	(79.1)	46	73.8	187
Other ethnic group	72.4	236	51.2	742
Total	73.6	1311	56.2	5432

*** MICS indicator 59; MDG indicator 7b**
**** MICS indicator 58**

Table ED.7: Education gender parity

Ratio of girls to boys attending primary education and ratio of girls to boys attending secondary education, The Gambia, 2006

	Primary school net attendance ratio, girls	Primary school net attendance ratio, boys	Gender parity index for primary school NAR*	Secondary school net attendance ratio, girls	Secondary school net attendance ratio, boys	Gender parity index for secondary school NAR*
LGA						
Banjul	80.2	73.8	1.09	56.8	55.0	1.03
Kanifing	71.7	75.6	.95	48.3	58.7	.82
Brikama	71.3	72.5	.98	42.0	44.6	.94
Mansakonko	66.2	45.9	1.44	29.8	25.4	1.17
Kerewan	47.8	51.1	.94	25.3	30.7	.82
Kuntaur	46.3	36.2	1.28	15.4	25.5	.60
Janjangbureh	64.7	51.1	1.27	23.4	27.6	.85
Basse	45.2	48.0	.94	12.6	17.1	.74
Residence						
Urban	72.4	74.8	.97	49.2	56.1	.88
Rural	56.6	52.8	1.07	23.8	29.1	.82
Mother's education						
None	58.6	56.8	1.03	32.3	37.9	.85
Primary	71.4	69.4	1.03	41.8	36.9	1.13
Secondary +	81.7	79.6	1.03	54.7	60.0	.91
Wealth index quintiles						
Poorest	46.3	42.6	1.09	14.2	20.8	.68
Second	61.4	58.9	1.04	28.5	35.1	.81
Middle	59.5	63.4	.94	30.9	34.5	.90
Fourth	68.5	67.6	1.01	36.6	42.4	.86
Richest	79.0	72.3	1.09	57.9	60.7	.95
Ethnic group of head of household						
Mandinka	66.3	63.7	1.04	38.0	43.0	.88
Wollof	53.6	52.5	1.02	31.5	37.4	.84
Fula	54.8	51.9	1.06	26.1	36.4	.72
Jola	69.4	76.5	.91	45.1	46.8	.96
Serer	68.7	63.4	1.08	49.0	47.3	1.04
Other ethnic group	61.3	56.8	1.08	25.4	29.5	.86
Total	61.9	60.0	1.03	34.0	39.2	.87

*** MICS indicator 61; MDG indicator 9**

Table ED.8: Adult literacy

Percentage of women aged 15-24 who are literate*, The Gambia, 2006

	Percentage literate*	Percentage not known**	Number of women aged 15-24
LGA			
Banjul	65.2	7.7	154
Kanifing	59.4	4.9	1268
Brikama	52.5	4.0	1154
Mansakonko	36.3	4.9	207
Kerewan	29.5	2.7	375
Kuntaur	16.2	1.8	235
Janjangbureh	27.1	10.8	364
Basse	13.2	1.8	548
Residence			
Urban	58.4	4.6	1906
Rural	30.9	4.4	2400
Education			
None	.7	4.1	1907
Primary	10.7	14.4	625
Secondary +	100.0	1.4	1774
Age			
15-19	50.8	5.0	2282
20-24	34.3	4.0	2023
Wealth index quintiles			
Poorest	15.7	4.0	650
Second	36.1	3.5	761
Middle	36.8	3.9	871
Fourth	45.7	5.6	987
Richest	67.9	5.0	1037
Ethnic group of head of household			
Mandinka	49.4	4.1	1559
Wollof	44.1	8.2	633
Fula	30.2	3.2	859
Jola	57.6	3.7	437
Serer	58.5	3.5	118
Other ethnic group	32.2	4.2	684
Missing	(*)	(*)	15
Total	43.1	4.5	4306

*** MICS indicator 60; MDG indicator 8**

Table CP.1: Birth registration

Percentage distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration, The Gambia, 2006

	Birth is registe-red*	Number of children aged 0-59 months	Birth is not registered because:								Total	Number of children aged 0-59 months without birth registration
			Costs too much	Must travel too far	Didn't know child should be registered	Late, did not want to pay fine	Didn't know where to register	Other	Don't know	Missing		
Sex												
Male	56.8	3346	10.7	13.6	28.5	7.0	21.6	11.4	6.4	.8	100.0	522
Female	53.2	3197	9.3	15.4	27.1	6.5	24.1	9.5	6.2	1.8	100.0	511
LGA												
Banjul	76.9	196	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	11
Kanifing	54.9	1508	2.6	4.5	14.2	5.2	32.9	20.0	18.1	2.6	100.0	164
Brikama	55.8	1425	15.4	16.8	5.4	2.4	25.3	22.5	8.6	3.6	100.0	134
Mansakonko	86.4	406	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	16
Kerewan	48.0	826	6.8	28.9	8.7	6.8	6.0	23.9	18.0	.8	100.0	112
Kuntaur	52.5	502	25.0	21.1	16.4	15.6	14.1	6.3	.0	1.6	100.0	147
Janjangbureh	62.2	682	18.4	32.9	22.4	.0	22.4	3.9	.0	.0	100.0	69
Basse	39.4	999	4.1	8.1	53.1	7.2	25.5	1.1	.7	.2	100.0	379
Residence												
Urban	57.1	2303	4.3	5.9	15.5	5.0	31.9	17.2	17.5	2.6	100.0	221
Rural	53.9	4240	11.6	16.8	31.2	7.2	20.4	8.6	3.2	.9	100.0	812
Age												
0-11 months	40.0	1547	8.1	14.9	25.3	6.0	22.8	14.6	6.6	1.7	100.0	290
12-23 months	55.5	1486	12.0	14.1	24.2	9.2	23.1	10.1	6.1	1.2	100.0	239
24-35 months	59.2	1369	9.7	13.0	33.4	4.9	24.5	8.5	4.9	1.0	100.0	202
36-47 months	62.1	1247	11.7	15.1	25.2	9.3	20.4	8.9	8.1	1.2	100.0	182
48-59 months	64.2	893	8.6	15.9	35.8	3.2	23.2	6.9	5.6	.9	100.0	120
Mother's education												
None	53.6	4923	9.7	14.5	29.9	6.9	23.7	9.3	5.0	1.1	100.0	901
Primary	58.6	710	14.2	16.9	17.1	6.9	20.6	14.2	10.1	.0	100.0	69
Secondary +	60.2	911	9.9	12.3	9.8	5.1	13.5	23.7	20.6	5.1	100.0	63
Wealth index quintiles												
Poorest	52.1	1532	18.7	21.0	22.1	8.8	20.1	7.2	1.4	.7	100.0	330
Second	58.7	1337	8.6	20.4	20.9	8.1	15.6	15.3	10.6	.4	100.0	180
Middle	50.6	1344	6.6	12.1	37.7	5.0	21.5	11.1	4.0	1.9	100.0	256
Fourth	51.5	1248	3.7	6.0	37.3	4.5	29.6	8.8	9.2	1.0	100.0	192
Richest	64.3	1082	2.9	1.4	11.4	6.5	39.7	15.6	18.1	4.3	100.0	74
Ethnicity												
Mandinka	59.3	2254	8.3	16.4	16.1	11.3	26.6	13.4	6.8	1.2	100.0	244
Wollof	60.2	870	21.5	16.3	10.9	7.1	15.7	12.8	10.8	4.9	100.0	103
Fula	48.5	1494	14.7	17.2	23.5	7.1	22.8	9.7	4.3	.7	100.0	306
Jola	59.5	596	5.2	19.7	10.5	5.2	13.5	31.4	12.7	1.7	100.0	62
Serer	52.7	212	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	18
Other ethnic group	49.2	1117	4.3	9.0	51.8	3.3	23.7	3.8	3.4	.6	100.0	300
Total	55.1	6543	10.0	14.5	27.8	6.8	22.8	10.5	6.3	1.3	100.0	1033

*** MICS indicator 62**

Table CP.2: Child labour

Percentage of children aged 5-14 who are involved in child labour activities by type of work, The Gambia, 2006

	Male		Household chores for 28+ hours/ week	Working for family business	Total child labour*	Number of children aged 5-14
	Paid work	Unpaid work				
Sex						
Male	.7	2.9	1.0	17.5	20.4	6467
Female	.4	3.6	2.6	24.4	28.7	6942
LGA						
Banjul	.4	.0	5.9	7.4	11.5	313
Kanifing	.9	3.0	3.2	8.6	12.9	2848
Brikama	.6	.6	2.9	18.3	20.8	3436
Mansakonko	.9	8.2	1.8	26.1	32.4	1064
Kerewan	.2	1.7	.3	35.3	36.1	1718
Kuntaur	1.0	2.4	.0	23.4	25.6	994
Janjangbureh	.2	12.7	.7	22.0	32.5	1201
Basse	.1	2.2	.3	30.2	31.8	1836
Residence						
Urban	.7	2.8	2.9	12.9	16.9	4482
Rural	.5	3.6	1.3	25.2	28.6	8928
Age						
5-11 years	.5	4.2	1.0	26.7	29.5	9567
12-14 years	.6	1.1	3.9	7.2	12.8	3842
School participation						
Yes	.5	3.6	2.2	20.3	24.2	8815
No	.6	2.7	1.1	22.7	25.6	4594
Mother's education						
None	.5	3.3	1.6	22.7	26.1	10993
Primary	.6	3.6	2.8	16.9	21.4	1056
Secondary +	.7	2.5	2.8	11.9	16.1	1360
Wealth index quintiles						
Poorest	.5	5.0	1.2	29.3	33.7	2965
Second	.5	3.6	1.8	26.1	29.1	2931
Middle	.8	2.9	1.4	20.9	24.6	2718
Fourth	.5	2.7	1.9	17.8	21.1	2572
Richest	.4	1.6	3.2	7.7	11.3	2223
Ethnicity						
Mandinka	.7	3.9	1.9	21.3	25.2	4861
Wollof	.4	3.7	1.3	20.3	24.0	1692
Fula	.5	3.2	1.6	23.0	26.3	2667
Jola	.8	1.5	3.1	20.5	24.0	1382
Serer	.0	2.2	3.5	11.3	15.0	431
Other ethnic group	.5	3.0	1.3	21.2	24.7	2376
Total	.6	3.3	1.8	21.1	24.7	13409

*** MICS indicator 71**

Table CP.3: Labourer students and student labourers

Percentage of children aged 5-14 who are labourer students and student labourers, The Gambia, 2006

	Percentage of children in child labour*	Percentage of children attending school***	Number of children 5-14 years of age	Percentage of child labourers who are also attending school**	Number of child labourers aged 5-14	Percentage of students who are also involved in child labour****	Number of students aged 5-14
Sex							
Male	20.4	66.9	6467	65.8	1320	20.1	4327
Female	28.7	64.7	6942	63.6	1993	28.3	4488
LGA							
Banjul	11.5	84.4	313	(87.1)	36	11.8	264
Kanifing	12.9	81.1	2848	81.4	368	13.0	2310
Brikama	20.8	76.7	3436	85.0	716	23.1	2637
Mansakonko	32.4	76.7	1064	82.9	345	35.0	817
Kerewan	36.1	45.3	1718	42.7	620	33.9	779
Kuntaur	25.6	37.5	994	38.3	254	26.2	373
Janjangbureh	32.5	67.1	1201	76.1	390	36.8	805
Basse	31.8	45.2	1836	43.4	584	30.5	831
Residence							
Urban	16.9	79.4	4482	80.0	757	17.0	3559
Rural	28.6	58.9	8928	59.9	2556	29.1	5257
Age							
5-9 years	29.5	62.6	9567	63.9	2821	30.1	5988
10-14 years	12.8	73.6	3842	67.9	491	11.8	2827
Mother's education							
None	26.1	61.8	10993	61.7	2867	26.1	6789
Primary	21.4	77.1	1056	79.3	226	22.1	814
Secondary +	16.1	89.1	1360	85.9	219	15.5	1212
Wealth index quintiles							
Poorest	33.7	47.8	2965	50.1	999	35.2	1419
Second	29.1	63.0	2931	66.3	854	30.7	1846
Middle	24.6	63.9	2718	67.3	669	25.9	1736
Fourth	21.1	74.0	2572	74.7	542	21.3	1904
Richest	11.3	85.9	2223	86.2	251	11.3	1911
Ethnicity							
Mandinka	25.2	68.4	4861	72.5	1223	26.7	3325
Wollof	24.0	54.9	1692	43.0	406	18.8	928
Fula	26.3	55.7	2667	53.3	701	25.1	1486
Jola	24.0	82.0	1382	85.8	332	25.1	1134
Serer	15.0	75.3	431	72.7	65	14.5	325
Other ethnic group	24.7	68.1	2376	63.1	586	22.9	1617
Total	24.7	65.7	13409	64.5	3313	24.2	8815

**** MICS indicator 72**
**** MICS indicator 73**

Table CP.4: Child discipline

Percentage of children aged 2-14 according to method of disciplining the child
The Gambia, 2006.

	Percentage of children aged 2-14 who experience:							Mother/care-taker believes that the child needs to be physically punished	Number of children aged 2-14 years**
	Only non-violent discipline	Psychological punishment	Minor physical punishment	Severe physical punishment	Any psychological or physical punishment *	No discipline or punishment	Missing		
Sex									
Male	11.9	73.8	71.7	22.4	83.7	3.7	.8	31.9	2224
Female	10.2	75.3	69.5	20.7	84.7	4.2	.9	30.7	2485
LGA									
Banjul	6.6	81.5	82.8	15.9	92.7	.0	.7	15.9	175
Kanifing	11.4	70.7	71.5	23.1	83.6	3.8	1.2	27.5	1290
Brikama	16.9	69.7	64.9	16.6	78.2	4.1	.8	13.8	1278
Mansakonko	5.6	68.8	73.8	16.2	87.8	5.9	.6	36.4	304
Kerewan	14.7	78.3	70.5	29.0	84.2	.3	.8	40.0	624
Kuntaur	.0	91.4	83.5	30.8	97.4	1.2	1.4	61.3	285
Janjangbureh	8.3	71.7	56.7	13.1	77.2	14.2	.3	43.0	327
Basse	1.5	88.0	79.5	27.1	94.9	3.4	.2	55.6	425
Residence									
Urban	11.4	72.8	71.4	20.0	84.4	3.1	1.1	27.4	2010
Rural	10.7	75.9	70.0	22.7	84.1	4.5	.6	34.1	2699
Age									
2-4 years	11.6	67.6	71.3	16.8	80.4	6.7	1.3	29.4	1007
5-9 years	10.0	75.7	73.2	21.9	85.2	3.7	1.0	31.1	1948
10-14 years	11.7	77.3	67.2	23.8	85.3	2.6	.4	32.4	1754
Mother's education									
None	10.4	75.6	71.7	22.8	85.0	3.8	.7	34.2	3615
Primary	9.6	75.3	73.4	22.9	86.1	3.6	.8	25.0	411
Secondary	14.8	68.7	62.6	14.1	78.9	4.9	1.4	19.2	683
Wealth index quintiles									
Poorest	7.1	80.8	71.9	21.7	87.9	4.4	.6	45.3	987
Second	11.3	76.0	71.1	21.7	85.2	2.5	.9	30.9	986
Middle	12.1	72.2	71.1	23.5	82.9	4.2	.9	28.9	933
Fourth	13.1	71.6	70.5	24.1	82.1	4.1	.7	27.1	881
Richest	11.7	71.8	68.0	16.7	82.7	4.6	1.0	22.8	921
Mandinka	10.9	74.9	71.4	22.5	85.2	3.0	.9	31.7	1692
Ethnicity									
Wollof	14.3	72.9	67.4	22.8	80.8	4.2	.7	31.2	598
Fula	10.1	73.3	70.0	19.8	83.4	5.7	.7	33.8	1040
Jola	12.2	72.9	73.0	20.7	84.4	2.6	.7	23.3	551
Serer	12.0	76.2	67.6	20.3	84.3	2.7	1.0	25.0	196
Other ethnic group	8.0	78.5	71.2	21.6	86.0	4.8	1.1	34.6	632
Total	11.0	74.6	70.6	21.5	84.2	3.9	.8	31.2	4709

Table CP.5: Early marriage and polygyny

Percentage of women aged 15-49 in marriage or union before their 15th birthday, percentage of women aged 20-49 in marriage or union before their 18th birthday, percentage of women aged 15-19 currently married or in union, and the percentage of married or in union women in a polygynous marriage or union, The Gambia, 2006

	Percentage married before age 15*	Number of women aged 15-49	Percentage married before age 18*	Number of women aged 20-49	Percentage of women 15-19 married/in union**	Number of women aged 15-19	Percentage of women aged 15-49 in polygynous marriage/ union***	Number of women aged 15-49 currently married/in union
LGA								
Banjul	5.8	324	29.9	242	17.1	81	15.9	169
Kanifing	7.5	2872	31.9	2220	13.1	652	32.9	1613
Brikama	9.5	2549	43.1	1930	16.5	619	37.2	1661
Mansakonko	12.8	531	58.3	407	25.6	124	51.4	390
Kerewan	18.4	1012	47.6	813	33.6	199	48.9	803
Kuntaur	14.1	547	73.5	416	44.1	131	52.5	444
Janjangbureh	8.6	891	68.8	684	33.8	206	53.6	696
Basse	8.4	1258	74.8	988	53.5	270	56.9	1064
Residence								
Urban	8.1	4251	35.9	3255	15.3	996	33.5	2471
Rural	11.2	5731	58.1	4444	32.6	1286	49.3	4368
Age								
15-19	4.8	2282	.	0	25.1	2282	24.2	572
20-24	7.3	2023	35.9	2023	.	0	28.4	1292
25-29	10.5	1915	47.2	1915	.	0	38.0	1597
30-34	15.5	1352	57.2	1352	.	0	48.8	1226
35-39	12.3	1047	53.6	1047	.	0	55.0	948
40-44	15.4	822	60.3	822	.	0	61.5	733
45-49	12.0	540	53.3	540	.	0	63.0	471
Education								
None	13.6	6083	58.9	5276	50.5	807	48.3	5133
Primary	8.3	1173	48.1	796	23.6	376	35.7	717
Secondary +	2.4	2726	15.8	1627	6.9	1099	24.5	989
Wealth index quintiles								
Poorest	12.9	1707	65.9	1369	38.9	338	45.0	1401
Second	11.0	1896	54.6	1462	26.6	434	49.4	1378
Middle	12.0	2012	53.0	1550	27.7	462	44.1	1446
Fourth	8.9	2139	46.0	1594	26.6	545	44.1	1419
Richest	5.8	2228	28.7	1724	10.4	504	33.9	1195
Ethnicity								
Mandinka	8.9	3514	46.3	2647	19.5	867	45.7	2327
Wollof	9.3	1295	44.4	1029	20.7	266	45.4	889
Fula	15.0	1985	64.4	1530	43.1	455	38.6	1540
Jola	6.2	1086	32.8	844	10.5	243	40.9	646
Serer	9.4	386	31.5	307	6.6	79	24.7	213
Other ethnic group	9.1	1716	52.8	1342	32.3	373	49.1	1223
Total	9.9	9982	48.7	7700	25.1	2282	43.6	6839

*** MICS indicator 67**
**** MICS indicator 68**
***** MICS indicator 70**

Table CP.6: Spousal age difference

Percentage distribution of currently married/in union women aged 15-19 and 20-24 according to the age difference with their husband or partner, The Gambia, 2006

	Percentage of currently married/in union women aged 15-19 whose husband or partner is:					Number of women aged 15-19 currently married/ in union	Percentage of currently married/in union women aged 20-24 whose husband or partner is:						Number of women aged 20-24 currently married/ in union
	0-4 years older	5-9 years older	10+ years older*	Husband/ partner's age unk-nown	Total		Younger	0-4 years older	5-9 years older	10+ years older	Hus-band/ partner's age unk-nown	Total	
LGA													
Banjul	(*)	(*)	(*)	(*)	(*)	14	(.0)	(6.5)	(29.0)	(58.1)	(6.5)	(100.0)	31
Kanifing	1.2	14.8	67.9	16.0	100.0	85	1.4	8.3	19.9	55.8	14.5	100.0	290
Brikama	3.0	18.0	71.3	7.7	100.0	102	.4	6.1	22.4	65.5	5.7	100.0	320
Mansakonko	(9.1)	(29.6)	(46.8)	(14.5)	(100.0)	32	1.5	7.3	26.7	53.2	11.4	100.0	66
Kerewan	5.6	15.3	69.4	9.7	100.0	67	.7	2.1	26.6	67.1	3.5	100.0	133
Kuntaur	5.6	11.1	68.5	14.8	100.0	58	.0	.0	25.4	59.7	14.9	100.0	86
Janjangbureh	4.0	16.0	37.3	42.7	100.0	70	.0	6.6	18.4	47.8	27.2	100.0	126
Basse	2.3	11.6	50.1	36.0	100.0	145	.3	4.9	12.5	43.9	38.4	100.0	240
Residence													
Urban	1.8	15.1	68.1	14.9	100.0	152	.9	6.9	21.7	59.1	11.4	100.0	462
Rural	4.1	15.2	56.3	24.4	100.0	420	.5	5.0	20.0	55.1	19.4	100.0	830
Education													
None	2.5	14.6	61.0	21.8	100.0	408	.7	3.4	18.0	59.0	19.0	100.0	896
Primary	6.9	12.0	56.5	24.6	100.0	89	.0	6.4	22.8	57.0	13.8	100.0	165
Secondary +	4.9	22.0	54.4	18.7	100.0	75	.9	14.0	29.4	46.6	9.1	100.0	230
Wealth index quintiles													
Poorest	5.1	14.5	51.5	28.9	100.0	131	.3	3.0	20.3	55.4	21.0	100.0	260
Second	1.7	21.2	59.7	17.3	100.0	115	.9	2.6	24.0	59.7	12.8	100.0	230
Middle	4.3	12.0	55.1	28.6	100.0	128	.0	5.8	21.3	55.3	17.5	100.0	278
Fourth	2.1	13.9	67.3	16.7	100.0	145	.0	7.6	16.8	58.4	17.2	100.0	277
Richest	5.3	15.3	67.4	12.1	100.0	52	2.1	9.0	21.2	54.2	13.5	100.0	247
Ethnicity													
Mandinka	3.5	14.4	60.9	21.2	100.0	169	.5	7.5	22.0	55.3	14.7	100.0	408
Wollof	1.7	19.3	50.8	28.3	100.0	55	.6	5.6	21.2	61.3	11.4	100.0	183
Fula	3.9	15.8	62.6	17.7	100.0	196	.6	4.2	18.3	58.4	18.5	100.0	315
Jola	4.1	19.3	68.0	8.5	100.0	26	.0	4.6	23.5	58.9	13.0	100.0	90
Serer	(*)	(*)	(*)	(*)	(*)	5	(.0)	(2.3)	(40.6)	(54.8)	(2.3)	(100.0)	45
Other ethnic group	3.8	11.6	54.4	30.3	100.0	121	1.2	5.6	16.2	52.1	24.9	100.0	250
Total	3.5	15.2	59.4	21.9	100.0	572	.6	5.7	20.6	56.5	16.6	100.0	1292

Table CP.7: Female genital mutilation/cutting (FGM/C)

Percentage of women aged 15-49 who have had any form of female genital mutilation/cutting (FGM/C), type of FGM/C among those who have had FGM/C, the percentage who have had the extreme form of FGM/C (infibulation), and the percentage distribution among women who have heard of FGM/C according to attitudes towards whether the practice of FGM/C should be continued, The Gambia, 2006

	Had any form of FGM/C*	No. of women aged 15-49	Per cent distribution of women who believe the practice of FGM/C should:				Like daughter to be circumcised				Number of women aged 15-49 who have heard of FGM/C
			Continue ***	Be discontinued	Depends on situation	Don't know/ Missing	Yes	No	Don't know	Total	
LGA											
Banjul	44.8	324	31.3	65.6	1.2	1.9	30.7	69.3	.0	100.0	324
Kanifing	70.4	2872	55.5	38.2	4.7	1.6	57.9	41.5	.6	100.0	2872
Brikama	87.0	2549	83.7	15.3	.5	.4	84.0	15.6	.4	100.0	2549
Mansakonko	95.9	531	93.5	4.6	1.4	.5	94.0	5.8	.2	100.0	531
Kerewan	60.8	1012	58.7	27.9	13.0	.4	59.1	40.7	.3	100.0	1012
Kuntaur	68.7	547	63.4	17.7	17.9	1.0	67.6	32.2	.2	100.0	547
Janjangbureh	77.2	891	74.6	18.8	5.3	1.3	75.8	24.2	.0	100.0	891
Basse	99.0	1258	92.2	2.3	3.7	1.8	97.4	2.5	.1	100.0	1258
Residence											
Urban	72.2	4251	59.7	34.4	4.6	1.3	61.5	38.0	.5	100.0	4251
Rural	82.8	5731	79.5	14.5	5.0	.9	81.3	18.5	.2	100.0	5731
Age											
15-19	79.9	2282	72.3	22.1	3.9	1.7	74.4	25.2	.4	100.0	2282
20-24	78.2	2023	69.8	24.2	4.8	1.3	72.1	27.7	.2	100.0	2023
25-29	77.2	1915	69.9	23.7	5.7	.7	71.6	28.0	.4	100.0	1915
30-34	78.4	1352	71.6	23.1	4.7	.7	72.8	26.9	.3	100.0	1352
35-39	79.5	1047	72.2	22.0	5.2	.6	73.5	26.0	.5	100.0	1047
40-44	77.7	822	72.6	21.9	4.6	1.0	73.7	25.9	.5	100.0	822
45-49	74.2	540	69.5	23.6	5.9	.9	71.2	28.5	.2	100.0	540
Education											
None	81.1	6083	76.9	16.4	5.6	1.1	78.8	20.8	.4	100.0	6083
Primary	80.2	1173	71.9	22.5	4.1	1.6	74.3	25.5	.3	100.0	1173
Secondary +	71.2	2726	57.7	37.9	3.5	.8	59.0	40.8	.3	100.0	2726
FGM/C experience											
No FGM/C	.0	2166	3.4	80.2	15.1	1.3	2.7	96.9	.4	100.0	2166
Had FGM/C	100.0	7816	89.1	7.8	2.1	1.0	91.6	8.1	.3	100.0	7816
Wealth index quintiles											
Poorest	75.4	1707	73.2	17.1	8.6	1.1	75.1	24.6	.3	100.0	1707
Second	86.1	1896	82.6	12.9	3.6	.9	83.7	16.0	.3	100.0	1896
Middle	85.9	2012	80.9	14.1	4.2	.8	82.8	16.8	.4	100.0	2012
Fourth	81.6	2139	73.1	21.9	4.1	.9	75.7	24.1	.3	100.0	2139
Richest	63.9	2228	48.7	45.4	4.3	1.6	50.2	49.4	.4	100.0	2228
Ethnic group of head of household											
Mandinka	96.5	3514	89.2	8.4	1.6	.8	90.9	8.7	.4	100.0	3514
Wollof	12.1	1295	10.4	70.7	17.6	1.4	9.7	90.1	.2	100.0	1295
Fula	87.8	1985	79.5	14.9	4.3	1.3	82.4	17.2	.3	100.0	1985
Jola	90.8	1086	80.7	15.5	2.8	1.0	82.9	16.7	.4	100.0	1086
Serer	45.5	386	32.6	59.5	6.5	1.4	33.6	65.9	.5	100.0	386
Other ethnic group	79.5	1716	71.2	23.9	3.7	1.1	73.7	26.0	.3	100.0	1716
Total	78.3	9982	71.1	23.0	4.8	1.1	72.9	26.8	.3	100.0	9982

*** MICS indicator 63**
***** MICS indicator 66**

Table CP.8: Female genital mutilation/cutting (FGM/C)

Percentage of women with at least one living daughter who has had female genital mutilation (FGM/C) , The Gambia, 2006

	Daughter had any form of FGM/C *	Number of women aged 15-49 years
LGA		
Banjul	30.1	135
Kanifing	54.4	1364
Brikama	67.6	1290
Mansakonko	79.4	306
Kerewan	47.2	615
Kuntaur	57.1	335
Janjangbureh	68.1	546
Basse	91.4	747
Residence		
Urban	55.9	2023
Rural	69.4	3314
Age		
15-19	39.4	173
20-24	43.2	740
25-29	59.1	1229
30-34	69.4	1084
35-39	74.1	908
40-44	75.7	732
45-49	72.1	471
Mother's education		
None	69.5	4038
Primary	57.7	538
Secondary	41.3	761
Wealth index quintiles		
Poorest	61.3	1097
Second	72.3	1116
Middle	71.2	1079
Fourth	67.2	1080
Richest	47.5	964
Ethnic group of head of household		
Mandinka	81.6	1846
Wollof	7.1	722
Fula	71.7	1122
Jola	68.4	545
Serer	24.4	196
Other ethnic group	71.7	905
Total	64.3	5337

*** MICS indicator 65**

Table CP.9: Attitudes towards domestic violence

Percentage of women aged 15-49 who believe a husband is justified in beating his wife/partner in various circumstances, The Gambia, 2006

	Percentage of women aged 15-49 who believe a husband is justified in beating his wife/partner:						
	When she goes out without telling him	When she neglects the children	When she argues with him	When she refuses sex with him	When she burns the food	For any of these reasons*	Number of women aged 15-49
LGA							
Banjul	26.4	35.3	16.3	32.8	8.0	48.2	324
Kanifing	34.7	35.5	20.9	42.5	8.9	58.8	2872
Brikama	60.7	57.1	40.7	60.5	18.3	74.2	2549
Mansakonko	55.8	49.4	39.3	59.3	18.2	76.6	531
Kerewan	69.6	58.8	55.7	71.1	21.7	82.6	1012
Kuntaur	78.6	62.4	48.7	93.3	19.1	96.9	547
Janjangbureh	56.7	51.6	33.3	65.1	17.8	72.8	891
Basse	89.3	82.9	56.1	91.5	21.1	97.3	1258
Residence							
Urban	40.3	39.5	24.5	46.8	9.9	62.4	4251
Rural	69.3	62.9	46.9	72.5	20.5	82.5	5731
Age							
15-19	55.0	51.0	37.0	55.8	16.3	71.1	2282
20-24	55.0	51.0	34.4	58.9	15.7	72.6	2023
25-29	56.2	52.6	36.8	62.8	14.9	75.2	1915
30-34	58.2	53.9	37.9	62.4	15.5	73.8	1352
35-39	59.7	55.0	39.3	66.5	16.2	75.6	1047
40-44	61.0	57.3	40.5	70.1	18.2	79.0	822
45-49	61.1	56.9	42.9	66.7	16.4	76.2	540
Marital/Union status							
Currently married/in union	62.4	57.4	41.3	67.8	17.2	78.5	6839
Formerly married/in union	47.9	45.5	29.5	58.5	13.2	69.1	459
Never married/in union	44.6	42.9	28.5	46.1	13.3	63.2	2671
Education							
None	66.6	60.0	44.7	71.8	18.2	81.7	6083
Primary	55.1	52.0	34.3	59.3	15.9	73.9	1173
Secondary +	36.4	37.6	22.4	39.6	10.9	56.8	2726
Wealth index quintiles							
Poorest	72.6	64.4	51.4	79.4	24.3	86.1	1707
Second	68.7	61.4	47.8	72.0	21.3	81.9	1896
Middle	63.9	58.2	41.2	64.7	15.5	79.3	2012
Fourth	55.6	51.3	34.7	60.4	13.4	74.4	2139
Richest	30.2	34.0	16.9	37.2	7.9	52.7	2228
Ethnic group of head of household							
Mandinka	59.4	55.0	39.4	63.2	15.8	76.6	3514
Wollof	46.9	43.7	32.3	55.6	15.8	66.8	1295
Fula	63.7	57.5	40.2	68.8	17.0	78.9	1985
Jola	51.6	47.9	35.1	52.5	18.4	68.6	1086
Serer	38.0	41.6	23.0	45.1	11.6	61.2	386
Other ethnic group	59.7	56.4	38.5	63.8	14.5	74.5	1716
Total	57.0	53.0	37.4	61.6	16.0	74.0	9982

*** MICS indicator 100**

Table HA.1: Knowledge of preventing HIV transmission

Percentage of women aged 15-49 who know the main ways of preventing HIV transmission, The Gambia, 2006

	Heard of AIDS	Percentage who know transmission can be prevented by:			Abstaining from sex	Knows at least one way	Doesn't know any way	Number of women
		Having only one faithful uninfected sex partner	Using a condom every time	Abstaining from sex				
LGA								
Banjul	98.2	71.8	83.4	82.8	55.8	94.8	5.2	324
Kanifing	98.8	86.4	79.3	67.8	53.1	95.3	4.7	2872
Brikama	99.9	97.2	85.2	85.6	78.6	98.3	1.7	2549
Mansakonko	99.3	84.2	72.2	70.7	53.1	93.7	6.3	531
Kerewan	100.0	97.6	94.8	69.3	66.2	99.5	.5	1012
Kuntaur	98.8	91.0	82.6	76.1	67.6	96.0	4.0	547
Janjangbureh	99.3	92.5	72.7	84.5	61.6	97.8	2.2	891
Basse	98.9	95.4	84.4	83.7	72.8	96.9	3.1	1258
Residence								
Urban	99.0	87.0	81.4	71.8	57.7	95.8	4.2	4251
Rural	99.4	95.1	83.1	81.0	70.5	97.7	2.3	5731
Age								
15-19	98.7	89.9	80.1	76.0	63.3	95.4	4.6	2282
20-24	99.3	91.6	83.6	77.2	65.4	97.4	2.6	2023
25-29	99.5	92.0	83.7	77.6	65.1	97.8	2.2	1915
30-34	99.5	93.2	84.5	77.7	67.9	97.2	2.8	1352
35-39	99.5	92.2	83.4	77.5	65.6	97.3	2.7	1047
40-44	99.2	91.6	80.9	77.1	65.8	95.9	4.1	822
45-49	99.3	93.2	77.9	77.4	61.5	98.0	2.0	540
Education								
None	98.9	91.8	80.8	76.7	64.6	96.1	3.9	6083
Primary	99.4	90.5	81.2	81.1	66.0	97.5	2.5	1173
Secondary +	100.0	91.7	86.5	76.3	65.7	98.4	1.6	2726
Wealth index quintiles								
Poorest	99.0	93.0	80.3	80.6	67.0	96.9	3.1	1707
Second	99.3	95.0	84.6	79.4	71.0	97.4	2.6	1896
Middle	99.3	93.4	81.6	78.0	66.8	97.1	2.9	2012
Fourth	99.3	91.7	81.7	76.8	64.2	96.6	3.4	2139
Richest	99.4	86.1	83.5	71.9	57.8	96.5	3.5	2228
Ethnic group of head of household								
Mandinka	99.8	93.3	85.3	78.4	68.2	97.8	2.2	3514
Wollof	99.2	90.9	80.9	73.9	59.9	97.7	2.3	1295
Fula	98.3	90.1	78.5	76.6	63.8	95.2	4.8	1985
Jola	99.4	93.1	84.5	77.8	69.0	97.3	2.7	1086
Serer	99.5	88.5	88.4	75.2	63.2	97.1	2.9	386
Other ethnic group	99.0	90.3	79.4	77.4	62.0	95.9	4.1	1716
Total	99.2	91.6	82.4	77.1	65.1	96.9	3.1	9982

Table HA.2: Identifying misconceptions about HIV/AIDS

Percentage of women aged 15-49 who correctly identify misconceptions about HIV/AIDS, The Gambia, 2006

	Percentage who know that:				Percentage who know that:		
	HIV cannot be transmitted by:						
	HIV cannot be transmitted by mosquito bites	HIV cannot be transmitted by supernatural means	A healthy looking person can be infected	Reject two most common misconceptions and know a healthy-looking person can be infected	HIV cannot be transmitted by sharing food	HIV can be transmitted by sharing needles	Number of women
LGA							
Banjul	65.0	71.5	79.8	51.5	81.6	92.9	324
Kanifing	67.9	77.6	77.8	51.6	79.8	91.5	2872
Brikama	73.0	83.9	75.5	54.5	85.1	97.4	2549
Mansakonko	65.8	78.8	61.6	43.1	71.9	94.4	531
Kerewan	64.4	84.0	75.3	49.0	74.3	96.6	1012
Kuntaur	49.6	58.9	70.4	33.9	60.6	94.7	547
Janjangbureh	47.8	65.0	60.8	28.2	61.0	94.2	891
Basse	40.6	49.0	70.5	23.6	58.4	93.2	1258
Residence							
Urban	68.6	65.0	76.9	51.3	80.0	92.9	4251
Rural	57.8	71.2	70.7	40.4	71.0	95.4	5731
Age							
15-19	66.9	74.0	69.8	47.0	76.3	92.6	2282
20-24	62.4	73.5	72.4	43.7	76.4	95.1	2023
25-29	61.5	74.5	76.3	45.8	74.5	94.5	1915
30-34	62.4	75.5	75.4	46.2	75.9	95.8	1352
35-39	59.7	73.7	76.7	43.9	73.7	94.2	1047
40-44	60.2	73.3	71.9	44.3	73.0	94.9	822
45-49	55.0	71.1	72.0	39.3	66.1	94.3	540
Education							
None	53.9	68.3	69.7	37.3	67.8	93.5	6083
Primary	61.5	69.5	71.3	41.3	74.9	94.6	1173
Secondary +	81.7	88.5	82.4	64.0	90.5	96.1	2726
Wealth index quintiles							
Poorest	48.9	64.6	65.9	32.4	63.3	94.2	1707
Second	60.6	74.3	69.4	41.8	73.3	96.1	1896
Middle	61.9	72.2	71.6	42.5	73.0	93.7	2012
Fourth	65.4	76.2	76.0	48.7	77.0	94.4	2139
Richest	72.0	80.2	81.4	56.3	84.5	93.4	2228
Ethnic group of head of household							
Mandinka	66.0	78.1	74.8	47.5	77.6	96.0	3514
Wollof	62.3	75.2	77.6	47.7	76.7	95.6	1295
Fula	57.8	68.3	68.5	40.0	68.4	92.0	1985
Jola	68.7	79.9	72.6	50.0	79.7	94.7	1086
Serer	73.3	84.0	79.1	57.6	88.1	94.9	386
Other ethnic group	54.0	65.0	72.0	38.0	69.0	92.3	1716
Total	62.4	74.0	73.4	45.0	74.8	94.3	9982

Table HA.3: Comprehensive knowledge of HIV/AIDS transmission

Percentage of women aged 15-49 who have comprehensive knowledge of HIV/AIDS transmission, The Gambia, 2006

	Know 2 ways to prevent HIV transmission	Correctly identify 3 misconceptions of HIV transmission	Have comprehensive knowledge (identify 2 prevention methods and 3 misconceptions)*	Number of women
LGA				
Banjul	62.3	51.5	37.4	324
Kanifing	71.7	51.6	40.9	2872
Brikama	84.4	54.5	50.1	2549
Mansakonko	65.8	43.1	32.9	531
Kerewan	93.0	49.0	46.8	1012
Kuntaur	78.8	33.9	32.1	547
Janjangbureh	70.1	28.2	24.4	891
Basse	83.4	23.6	23.2	1258
Residence				
Urban	74.0	51.3	41.9	4251
Rural	81.3	40.4	37.1	5731
Age				
15-19	75.8	47.0	39.9	2282
20-24	78.7	43.7	38.5	2023
15-24	77.2	45.5	39.3	4306
25-29	78.9	45.8	39.7	1915
30-34	81.4	46.2	40.3	1352
35-39	79.5	43.9	38.4	1047
40-44	77.5	44.3	38.6	822
45-49	74.3	39.3	35.3	540
Education				
None	77.5	37.3	33.0	6083
Primary	76.3	41.3	35.1	1173
Secondary +	80.5	64.0	54.5	2726
Wealth index quintiles				
Poorest	77.8	32.4	30.2	1707
Second	82.9	41.8	38.5	1896
Middle	78.9	42.5	37.4	2012
Fourth	77.8	48.7	41.6	2139
Richest	74.2	56.3	45.7	2228
Ethnic group of head of household				
Mandinka	81.6	47.5	41.5	3514
Wollof	75.5	47.7	40.1	1295
Fula	75.0	40.0	35.5	1985
Jola	80.7	50.0	43.1	1086
Serer	80.1	57.6	49.2	386
Other ethnic group	75.0	38.0	33.0	1716
Total	78.2	45.0	39.1	9982

*** MICS indicator 82; MDG indicator 19b**

Table HA.4: Knowledge of mother-to-child HIV transmission

Percentage of women aged 15-49 who correctly identify means of HIV transmission from mother to child, The Gambia, 2006

	Know AIDS can be transmitted from mother to child	Percentage who know AIDS can be transmitted:				Did not know any specific way	Number of women
		During pregnancy	At delivery	Through breast milk	All three ways*		
LGA							
Banjul	89.3	85.0	73.0	61.0	54.3	8.9	324
Kanifing	92.1	85.1	76.1	63.0	52.9	6.7	2872
Brikama	96.7	93.4	87.7	83.8	77.5	3.1	2549
Mansakonko	94.2	87.3	85.6	82.3	72.7	5.1	531
Kerewan	98.2	94.8	88.3	87.8	78.0	1.8	1012
Kuntaur	94.9	86.8	79.3	65.8	56.9	3.9	547
Janjangbureh	93.4	86.0	84.2	83.7	73.7	5.8	891
Basse	93.2	85.0	83.3	75.6	67.2	5.6	1258
Residence							
Urban	93.3	86.9	78.9	68.2	58.6	5.8	4251
Rural	95.1	89.6	85.2	80.7	72.7	4.3	5731
Age							
15-19	91.6	84.8	76.7	70.8	60.6	7.1	2282
20-24	94.7	88.5	82.3	75.2	66.2	4.6	2023
25-29	95.1	89.2	84.4	75.5	66.9	4.4	1915
30-34	95.4	90.1	84.9	77.4	69.2	4.0	1352
35-39	95.7	90.2	84.8	77.8	69.9	3.8	1047
40-44	95.1	90.6	85.5	79.0	71.7	4.1	822
45-49	95.2	90.6	85.7	79.6	73.1	4.1	540
Education							
None	93.4	87.6	81.9	77.5	68.6	5.5	6083
Primary	93.3	86.6	80.7	75.8	66.2	6.1	1173
Secondary +	97.0	91.2	84.6	70.4	62.6	3.0	2726
Wealth index quintiles							
Poorest	94.2	87.9	83.6	81.7	72.7	4.9	1707
Second	95.8	90.8	86.4	82.6	74.7	3.5	1896
Middle	93.5	87.8	81.5	77.7	68.1	5.8	2012
Fourth	94.6	88.9	82.1	72.6	64.5	4.7	2139
Richest	93.7	87.2	79.6	64.9	56.1	5.6	2228
Ethnic group of head of household							
Mandinka	96.5	90.6	85.9	78.5	70.2	3.3	3514
Wollof	94.4	88.9	81.5	70.0	62.1	4.8	1295
Fula	92.0	84.7	78.8	75.1	63.9	6.3	1985
Jola	94.4	90.3	82.6	78.5	70.7	5.0	1086
Serer	95.5	91.8	82.9	73.5	66.3	4.0	386
Other ethnic group	92.2	86.2	80.6	71.8	63.7	6.8	1716
Total	94.3	88.5	82.5	75.4	66.7	4.9	9982

*** MICS indicator 89**

Table HA.5: Attitudes towards people living with HIV/AIDS

Percentage of women aged 15-49 who have heard of AIDS and who express a discriminatory attitude towards people living with HIV/AIDS, The Gambia, 2006

	Percentage of women who:						
	Would not care for a family member who was ill with AIDS	If a family member had HIV would want to keep it a secret	Believe that a teacher with HIV should not be allowed to work	Would not buy food from a person with HIV/AIDS	Agree with at least one discriminatory statement	Agree with none of the discriminatory statements*	Number of women who have heard of AIDS
LGA							
Banjul	4.4	71.6	22.8	36.3	86.9	13.1	318
Kanifing	5.0	66.3	21.5	34.8	82.3	17.7	2837
Brikama	4.8	66.0	30.5	44.3	85.8	14.2	2545
Mansakonko	8.0	39.6	45.2	53.3	78.0	22.0	527
Kerewan	11.0	62.5	44.7	57.3	86.6	13.4	1012
Kuntaur	6.6	47.4	53.1	58.1	75.3	24.7	541
Janjangbureh	26.9	26.8	53.6	73.7	85.1	14.9	884
Basse	23.1	29.7	53.5	74.9	84.1	15.9	1244
Residence							
Urban	5.2	62.8	24.4	38.1	81.5	18.5	4210
Rural	13.6	49.9	44.7	59.4	85.3	14.7	5697
Age							
15-19	11.1	56.0	32.7	47.6	83.0	17.0	2253
20-24	10.2	55.7	34.1	49.7	83.0	17.0	2010
25-29	9.5	56.6	34.6	51.2	83.9	16.1	1906
30-34	9.7	55.4	37.3	49.8	83.8	16.2	1345
35-39	9.0	53.1	39.3	53.2	83.9	16.1	1042
40-44	9.4	53.4	42.0	50.6	83.7	16.3	815
45-49	10.4	55.4	45.1	56.6	86.8	13.2	537
Education							
None	12.8	51.3	45.3	59.5	85.5	14.5	6017
Primary	9.4	59.6	34.0	49.3	85.5	14.5	1166
Secondary +	4.1	62.7	16.8	30.5	78.9	21.1	2725
Wealth index quintiles							
Poorest	17.5	44.1	55.1	68.3	86.3	13.7	1691
Second	10.6	54.1	44.8	60.2	86.2	13.8	1883
Middle	12.0	52.9	37.2	53.7	83.2	16.8	1997
Fourth	7.7	57.1	30.6	43.4	82.6	17.4	2123
Richest	4.4	65.9	18.5	32.0	80.9	19.1	2214
Ethnic group of head of household							
Mandinka	7.3	56.5	33.5	46.8	82.3	17.7	3508
Wollof	9.7	61.8	35.8	49.3	84.4	15.6	1285
Fula	14.8	49.1	42.5	58.2	84.6	15.4	1952
Jola	4.4	66.2	32.6	44.2	85.6	14.4	1080
Serer	3.6	73.1	20.4	32.0	85.4	14.6	384
Other ethnic group	15.5	44.9	40.1	57.5	83.1	16.9	1698
Total	10.0	55.4	36.1	50.3	83.7	16.3	9907

*** MICS indicator 86**

Table HA.6: Knowledge of a facility for HIV testing

Percentage of women aged 15-49 who know where to get an HIV test, percentage of women who have been tested and of those tested the percentage who have been told the result, The Gambia, 2006

	Know a place to get tested*	Have been tested**	Number of women	If tested, have been told result	Number of women who have been tested for HIV
LGA					
Banjul	69.6	9.2	324	(96.7)	30
Kanifing	65.1	18.3	2872	86.2	526
Brikama	66.1	18.8	2549	95.4	480
Mansakonko	52.6	7.2	531	(87.8)	38
Kerewan	41.4	13.9	1012	85.5	141
Kuntaur	26.9	5.7	547	(74.8)	31
Janjangbureh	43.3	7.8	891	78.7	70
Basse	35.8	3.6	1258	(76.2)	46
Residence					
Urban	63.8	16.6	4251	87.4	706
Rural	48.0	11.4	5731	90.0	656
Age					
15-19	50.2	6.5	2282	84.9	147
20-24	58.4	15.3	2023	87.8	310
25-29	57.8	18.0	1915	90.3	345
30-34	57.5	17.2	1352	88.7	232
35-39	54.5	15.6	1047	88.7	164
40-44	50.5	13.5	822	92.0	111
45-49	48.8	9.7	540	86.2	52
Education					
None	45.6	12.2	6083	88.7	742
Primary	57.2	14.0	1173	90.2	164
Secondary +	73.9	16.7	2726	88.0	456
Wealth index quintiles					
Poorest	36.0	9.4	1707	88.6	160
Second	50.2	13.3	1896	92.9	252
Middle	52.3	11.9	2012	86.9	239
Fourth	57.7	12.9	2139	88.4	276
Richest	72.2	19.5	2228	87.3	434
Ethnic group of head of household					
Mandinka	58.1	13.1	3514	88.5	460
Wollof	54.1	14.7	1295	83.3	191
Fula	46.0	12.2	1985	89.9	242
Jola	65.4	18.6	1086	92.1	202
Serer	67.0	16.5	386	92.1	64
Other ethnic group	48.6	11.8	1716	87.9	203
Total	54.7	13.6	9982	88.7	1361

*** MICS indicator 87**
**** MICS indicator 88**

Table HA.7: HIV testing and counselling coverage during antenatal care

Percentage of women aged 15-49 who gave birth in the two years preceding the survey and who were offered HIV testing and counselling with their antenatal care, The Gambia, 2006

	Percentage of women who:				Number of women who gave birth in the 2 years preceding the survey
	Received antenatal care from a health care professional for last pregnancy	Were provided information of HIV prevention during ANC visit*	Were tested for HIV at ANC visit	Received results of HIV test at ANC visit**	
LGA					
Banjul	100.0	13.2	6.6	6.6	75
Kanifing	97.1	38.0	29.2	26.2	694
Brikama	98.5	58.0	39.4	38.4	750
Mansakonko	97.2	38.8	12.4	10.1	167
Kerewan	95.8	68.5	29.6	24.9	377
Kuntaur	96.3	41.6	9.0	6.6	232
Janjangbureh	98.8	32.4	9.8	7.1	313
Basse	98.9	35.5	4.3	3.6	463
Residence					
Urban	97.5	39.7	28.6	25.9	1037
Rural	97.9	48.3	20.2	18.2	2033
Age					
15-19	96.0	36.0	23.2	21.0	275
20-24	96.8	41.6	22.4	19.9	810
25-29	98.8	44.4	23.1	20.8	857
30-34	98.4	48.2	23.6	21.5	568
35-49	97.7	54.1	23.2	21.5	559
Education					
None	97.8	44.6	20.4	18.6	2229
Primary	97.7	47.4	25.6	22.2	352
Secondary +	97.5	47.5	33.1	30.2	489
Wealth index quintiles					
Poorest	97.6	46.8	15.9	13.8	684
Second	97.5	50.7	25.5	23.7	647
Middle	97.7	44.2	21.3	19.4	650
Fourth	97.8	44.7	24.6	22.4	600
Richest	98.3	38.8	30.2	26.9	488
Ethnic group of head of household					
Mandinka	98.2	49.1	23.7	21.3	1048
Wollof	96.6	49.9	22.5	19.7	384
Fula	97.1	38.3	21.6	19.5	706
Jola	98.9	53.4	34.3	33.2	302
Serer	97.4	50.1	28.5	26.9	117
Other ethnic group	98.1	38.3	16.1	13.9	512
Total	97.8	45.4	23.0	20.8	3070

*** MICS indicator 90**
**** MICS indicator 91**

Table HA.8: Sexual behaviour that increases risk of HIV infection

Percentage of young women aged 15-19 who had sex before age 15, percentage of young women aged 20-24 who had sex before age 18, and percentage of young women aged 15-24 who had sex with a man 10 or more years older, The Gambia, 2006

	Percentage of women aged 15-19 who had sex before age 15*	Number of women aged 15-19	Percentage of women aged 20-24 who had sex before age 18	Number of women aged 20-24	Percentage who had sex in the 12 months preceding the survey with a man 10 or more years older**	Number of women who had sex in the 12 months preceding the survey
LGA						
Banjul	.0	81	26.0	72	48.0	50
Kanifing	2.1	652	27.5	616	46.2	462
Brikama	4.2	619	33.0	535	57.9	478
Mansakonko	3.9	124	48.3	83	45.6	95
Kerewan	5.1	199	47.9	176	61.2	208
Kuntaur	9.0	131	61.7	104	59.1	127
Janjangbureh	4.1	206	48.5	157	40.7	185
Basse	5.6	270	68.0	278	47.0	331
Residence						
Urban	2.0	996	30.4	910	49.3	729
Rural	5.5	1286	48.7	1113	52.3	1207
Age						
15-19	3.9	2282	.	.	52.0	594
20-24	.	.	40.5	2023	50.8	1342
Education						
None	8.3	807	54.5	1100	57.0	1239
Primary	3.1	376	44.7	249	49.1	272
Secondary +	1.0	1099	16.1	675	35.6	425
Wealth index quintiles						
Poorest	5.8	338	57.5	312	50.0	369
Second	3.3	434	48.4	327	54.0	370
Middle	6.0	462	44.1	408	51.1	400
Fourth	3.8	545	40.6	442	54.3	450
Richest	1.6	504	22.9	534	45.4	346
Ethnic group of head of household						
Mandinka	2.2	867	32.1	682	49.9	600
Wollof	2.2	266	34.4	282	55.0	244
Fula	9.3	455	55.8	415	55.9	504
Jola	3.3	243	34.1	195	43.8	168
Serer	1.2	79	28.9	92	46.0	63
Other ethnic group	3.7	373	50.1	358	48.4	356
Total	3.9	2282	40.5	2023	51.2	1935

*** MICS indicator 84**
**** MICS indicator 92**

Table HA.9: Condom use at last high-risk sex

Percentage of young women aged 15-24 who had high risk sex in the previous year and who used a condom at last high risk sex, The Gambia, 2006

	Ever had sex	Had sex in the last 12 months	Of those who had sex in last 12 months, the per cent who had sex with non-marital, non-cohabiting partner in the last 12 months*	Of those who had a non-marital, non-cohabiting partner in the last 12 months, the percentage who used a condom at last sex with such a partner**	More than one partner in last 12 months	Number of women aged 15-24
LGA						
Banjul	38.7	32.3	26.0	53.8	1.3	50
Kanifing	41.9	36.4	29.6	46.9	1.4	462
Brikama	45.7	41.4	18.1	48.0	.2	478
Mansakonko	50.6	46.0	13.1	85.4	.9	95
Kerewan	58.4	55.4	8.5	73.7	1.2	208
Kuntaur	63.4	53.8	5.1	50.0	.5	127
Janjangbureh	58.1	50.9	7.5	73.3	.5	185
Basse	74.0	60.5	7.1	79.0	.0	331
Residence						
Urban	43.3	38.2	26.1	53.8	1.1	729
Rural	57.6	50.3	9.9	55.0	.5	1207
Age						
15-19	28.9	26.0	18.1	48.6	.4	594
20-24	76.5	66.3	15.1	57.3	1.1	1342
Education						
None	73.2	65.0	7.8	53.7	.7	1239
Primary	49.6	43.5	19.6	45.0	.7	272
Secondary +	28.3	23.9	37.8	57.7	.8	425
Wealth index quintiles						
Poorest	64.4	56.7	7.6	61.4	.4	369
Second	53.7	48.7	14.8	49.1	1.1	370
Middle	53.6	46.0	14.6	46.5	.6	400
Fourth	51.2	45.6	18.4	62.2	.4	450
Richest	39.5	33.4	24.9	52.9	1.1	346
Ethnic group of head of household						
Mandinka	43.7	38.8	16.3	63.4	.8	600
Wollof	49.6	44.5	9.7	73.1	.9	244
Fula	63.9	57.9	10.7	59.7	.4	504
Jola	45.1	38.5	41.1	39.0	.7	168
Serer	42.9	36.6	26.5	31.9	1.2	63
Other ethnic group	59.3	48.8	13.7	50.4	.8	356
Total	51.3	45.0	16.0	54.3	.7	1935

*** MICS indicator 85**
**** MICS indicator 83; MDG indicator 19a**

Table HA.10: Children's living arrangements and orphanhood

Percentage distribution of children aged 0-17 years according to living arrangements, percentage of children aged 0-17 in households not living with a biological parent and percentage of children who are orphans, The Gambia, 2006

	Living with both parents	Living with neither parent				Living with mother only		Living with father only		Impossible to determine	Total	Not living with a biological parent*	One or both parents dead**	Number of children
		Only father alive	Only mother alive	Both are alive	Both are dead	Father alive	Father dead	Mother alive	Mother dead					
Sex														
Male	64.4	1.0	1.9	10.4	.7	12.4	3.5	4.2	1.2	.3	100.0	13.9	8.4	11386
Female	60.0	1.1	2.2	13.7	.8	13.7	4.0	3.3	.8	.4	100.0	17.8	9.0	11473
LGA														
Banjul	55.9	1.1	1.3	15.5	.6	15.8	4.4	4.4	1.0	.0	100.0	18.5	8.4	608
Kanifing	58.5	1.4	1.8	137	1.0	15.2	3.7	3.2	.7	.8	100.0	17.9	8.6	5133
Brikama	63.4	1.1	2.5	12.6	1.0	10.5	3.9	3.6	1.2	.3	100.0	17.2	9.6	5645
Mansakonko	52.4	1.0	4.1	20.9	1.2	11.8	5.3	1.9	1.2	.2	100.0	27.2	12.8	1701
Kerewan	68.0	.7	1.2	8.8	.2	14.1	1.9	4.5	.4	.1	100.0	10.9	4.5	2818
Kuntaur	70.9	.5	1.7	9.1	.3	8.0	3.7	4.6	1.1	.0	100.0	11.6	7.3	1676
Janjangbureh	60.5	1.3	1.8	12.6	.3	14.4	2.5	5.2	1.2	.1	100.0	16.1	7.2	2132
Basse	63.8	.8	2.1	6.9	.6	15.1	5.4	3.7	1.4	.2	100.0	10.3	10.3	3146
Residence														
Urban	58.3	1.3	1.9	13.9	1.0	15.4	3.6	3.2	.7	.6	100.0	18.1	8.6	7993
Rural	64.2	.9	2.2	11.0	.6	11.8	3.9	4.1	1.1	.2	100.0	14.7	8.7	14865
Age														
0-4 years	72.8	.3	.1	4.4	.1	18.8	1.5	1.4	.2	.4	100.0	4.9	2.2	6479
5-9 years	64.1	.8	1.6	12.6	.4	12.2	2.9	4.3	.9	.2	100.0	15.4	6.7	7134
10-14 years	56.8	1.6	3.4	15.0	.9	10.2	5.4	5.0	1.4	.2	100.0	20.9	12.7	6275
15-17 years	45.7	2.1	4.8	21.1	2.4	8.6	7.3	4.9	2.1	.8	100.0	30.5	18.9	2971
Wealth index quintiles														
Poorest	69.0	.8	1.8	9.5	.3	9.0	3.3	5.0	1.2	.1	100.0	12.3	7.5	4975
Second	64.0	1.0	2.1	10.5	.7	12.3	4.2	3.9	1.1	.2	100.0	14.3	9.1	4850
Middle	63.6	.9	2.2	11.1	.9	12.9	3.6	3.3	1.3	.2	100.0	15.1	9.0	4638
Fourth	59.8	1.1	2.2	11.8	.9	15.8	4.8	2.6	.6	.5	100.0	16.0	9.5	4437
Richest	52.4	1.6	2.2	18.5	.9	16.1	2.8	3.9	.7	.8	100.0	23.1	8.3	3959
Ethnic group of head of household														
Mandinka	62.7	1.1	2.2	11.8	.9	12.4	4.5	3.1	.9	.4	100.0	16.0	9.6	8202
Wollof	66.1	1.2	1.5	11.9	.5	11.7	2.7	3.5	.6	.3	100.0	15.1	6.5	2897
Fula	67.5	1.0	1.7	9.5	.6	11.4	2.8	4.2	1.2	.2	100.0	12.7	7.2	4710
Jola	59.6	1.1	2.6	15.2	1.0	10.1	3.3	5.2	1.5	.4	100.0	19.9	9.6	2336
Serer	59.5	1.6	1.2	11.8	.4	18.9	3.4	1.7	.9	.6	100.0	15.0	7.6	741
Other ethnic group	54.1	.9	2.6	13.8	.6	18.1	4.5	4.2	1.0	.4	100.0	17.7	9.5	3973
Total	62.2	1.0	2.1	12.0	.7	13.0	3.8	3.8	1.0	.3	100.0	15.9	8.7	22859

*** MICS indicator 78**
**** MICS indicator 75**

Table HA.11: Prevalence of orphanhood and vulnerability among children

Percentage of children aged 0-17 who are orphaned or vulnerable due to AIDS, The Gambia, 2006

	Chronically ill parent	Chronically ill adult in household	Vulnerable children*	One or both parents dead**	Orphans and vulnerable children	Number of children aged 0-17 years
Sex						
Male	.5	3.8	4.3	8.4	12.2	11386
Female	.7	3.9	4.5	9.0	12.9	11473
LGA						
Banjul	1.1	5.3	6.5	8.4	14.7	608
Kanifing	.9	6.5	7.4	8.6	15.2	5133
Brikama	.7	2.4	3.0	9.6	12.0	5645
Mansakonko	.3	1.9	2.2	12.8	14.9	1701
Kerewan	.2	1.9	2.0	4.5	6.4	2818
Kuntaur	1.1	7.4	8.4	7.3	15.3	1676
Janjangbureh	.6	4.3	4.8	7.2	11.4	2132
Basse	.2	2.4	2.6	10.3	12.4	3146
Residence						
Urban	.8	5.4	6.2	8.6	14.1	7993
Rural	.5	3.0	3.5	8.7	11.7	14865
Age						
0-4 years	.3	3.6	3.9	2.2	6.0	6479
5-9 years	.6	4.0	4.6	6.7	10.9	7134
10-14 years	.7	3.8	4.5	12.7	16.5	6275
15-17 years	1.2	4.0	5.0	18.9	22.7	2971
Wealth index quintiles						
Poorest	.6	4.4	4.9	7.5	11.9	4975
Second	.5	3.0	3.3	9.1	11.9	4850
Middle	.4	2.7	3.1	9.0	11.7	4638
Fourth	.5	4.0	4.4	9.5	13.4	4437
Richest	1.2	5.6	6.8	8.3	14.4	3959
Ethnicity						
Mandinka	.6	2.9	12.6	9.6	12.6	8202
Wollof	.8	5.5	12.4	6.5	12.4	2897
Fula	.6	3.3	10.8	7.2	10.8	4710
Jola	.8	4.6	14.0	9.6	14.0	2336
Serer	.5	4.4	12.2	7.6	12.2	741
Other ethnic group	.5	4.6	14.0	9.5	14.0	3973
Total	.6	3.9	12.6	8.7	12.6	22859

*** MICS indicator 76**
**** MICS indicator 75**

Table HA.12: School attendance, orphaned and vulnerable children

School attendance by orphaned and vulnerable status among children aged 10-14, The Gambia, 2006

Background characteristics	Percentage of children of whom both parents are alive and child is living with at least one parent	School attendance rate of children of whom both parents are alive and child is living with at least one parent	Orphans to non-orphans' school attendance ratio*	Total number of children aged 10-14
Sex				
Male	74.6	77.8	.99	2869
Female	69.9	72.9	.76	3407
Residence				
Urban	69.4	90.4	.77	2120
Rural	73.4	68.0	.92	4155
Wealth index quintiles				
Poorest	77.1	58.9	1.26	1353
Second	74.2	73.2	.65	1346
Middle	72.6	74.3	1.11	1259
Fourth	71.1	83.7	.90	1239
Richest	63.5	93.8	.61	1078
Total	72.0	75.3	.87	6275

*** MICS indicator 77**
MDG indicator 20

Table HA.14: Malnutrition among orphans and vulnerable children

Percentage of children aged 0-4 years who are moderately or severely underweight, stunted or wasted by orphanhood and vulnerability due to AIDS, The Gambia, 2006

	Percentage of children aged 0-4 years who are moderately or severely:			Number of children aged 0-4 years
	Underweight	Stunted	Wasted	
Status				
Orphaned	22.6	25.9	3.8	141
Vulnerable	21.5	21.9	6.6	240
Orphaned or vulnerable	22.2	23.4	5.6	376
Not orphaned or vulnerable	20.2	22.4	6.5	6010
Total	20.3	22.4	6.4	6386
Ratio OVC to non-OVC*	1.1	1.1	0.9	-

*** MICS indicator 79**

Table HA.15: Sexual behaviour among young women by orphanhood and vulnerability status due to AIDS

Percentage of young women aged 15-17 who had sex before age 15 by vulnerability status and survival status of parents, The Gambia, 2006

	Percentage of young women aged 15-17 who had sex before age 15	Number of young women aged 15-17
Status		
Orphaned	2.0	269
Vulnerable	7.7	80
Orphaned or vulnerable	3.2	326
Not orphaned or vulnerable	4.0	1011
Total	3.8	1338
Ratio OVC to non-OVC*	0.8	.

*** MICS indicator 80**

APPENDIX A: SAMPLE DESIGN

The major features of sample design are described in this appendix. Sample design features include target sample size, sample allocation, sample frame and listing, choice of domains, sampling stages, stratification, and the calculation of sample weights.

The primary objective of the sample design for The Gambia Multiple Indicator Cluster Survey was to produce statistically reliable estimates of most indicators, at the national level, for urban and rural areas, and for the eight regions: Banjul, Kanifing, Brikama, Mansakonko, Kerewan, Kuntaur, Janjangbureh and Basse. Regions were identified as the main sampling domains and the sample was selected in two stages. Within each region, at least 14 and at most 99 census enumeration areas were selected with probability proportional to size. After a household listing was carried out within the selected enumeration areas, a systematic sample of 6175 households was drawn. All enumeration areas were accessible and were therefore visited. The sample was stratified by region and is not self-weighting. For reporting national level results, sample weights are used.

A two-stage, stratified cluster sampling approach was used for the selection of the survey sample.

Sample Size and Sample Allocation

The target sample size for The Gambia MICS was calculated as 6,175 households. For the calculation of the sample size, the key indicator used was the proportion of children under five years of age reported ill during the last 2 weeks who received increased fluids and continued feeding during the MICS2 survey, 2000. The following formula was used to estimate the required sample size for these indicators:

$$n = \frac{4\big((r)(1-r)(f)(1.06)\big)}{(0.06r)^2(p)(n_h)}$$

Where:

- n approximately is the required sample size, expressed as number of households, for the KEY indicator.
- 4 is the factor to achieve a 95 percent level of confidence.
- r = 0.23 is the anticipated level (coverage) of the key indicator - proportion of children under five years of age reported ill during the last two weeks who received increased fluids and continued feeding during the MICS 2, 2000.
- 1.06 is the factor to raise sample size by 6 per cent for 94 percent response rate for children under five.
- f = 2.08 is the shortened symbol for design effect, *deff*,
- 0.06r is the margin of error to be tolerated, defined as 6 per cent of r (6 per cent thus represents the relative sampling error of r),
- p, is the proportion of the smallest group in the total population. Children less than one year or children 12-23 months are among the smallest group of the study population. However, since indicators for these groups are either very low or very high a fairly larger group, ie., children under 5 was considered, which gives p = 14 per cent.
- nh = 9 is the average household size.

Formula 1 above gives about 6,253 households. However, 19 households per EA was the sample take that would give number of households (6,175) nearest to 6,253 households. Hence, the actual sample size chosen was 6175 households.

The average cluster size in The Gambia MICS was determined as 19 households, based on a number of considerations, including the budget available, and the time that would be needed per team to complete one cluster. Dividing the total number of households by the number of households per cluster, it was calculated that the selection of a total number of 325 clusters would be needed for the entire country.

The clusters or EAs were allocated to the eight regions in proportion to their population size. The table below shows the allocation of clusters to the sampling domains.

Table SD1: Sample allocations MICS3, 2005, provisional census population and households by LGA, 2003

LGA	Census number of households, 2003	Census population, 2003	Census EAs, 2003	Sampled EAs, 2005	Households in EAs selected, 2003	(Sample size) Households to be selected for interviews, 2005
Banjul	6903	35061	92	14	1313	266
Kanifing	49227	322735	634	99	8201	1881
Brikama	45219	389594	724	89	5728	1691
Mansakonko	8469	72167	155	19	1244	361
Kerewan	18298	172835	322	40	2534	760
Kuntaur	7140	78491	124	14	961	266
Janjangbureh	10138	107212	179	22	1274	418
Basse	12638	182586	247	28	1512	532
Total	158032	1360681	2477	325	22767	6175

Sampling Frame and Selection of Clusters

The soft copy of the 2003 census frame was used for the selection of clusters. Census enumeration areas were defined as primary sampling units (PSUs), and were selected from each of the sampling domains by using systematic pps (probability proportional to size) sampling procedures, based on the estimated sizes of the enumeration areas from the 2003 Population census. The first stage of sampling was thus completed by selecting the required number of enumeration areas from each of the eight regions by urban and rural areas separately.

The standard clusters were cumulated along the EAs. The cumulative total T_i for the i-th EA is $T_{i-1} + X_i$, where i = 1, 2, 3,.....N(N = 1453 EAs for rural areas); and X_i is the number of standard clusters in the i-th EA. One can define a range or interval for each EA as follows (T_{i-1} to T_i). Ti - 1 is the lower limit of the range and Ti is the upper limit of the range.

The range defined, associates each EA with a range of numbers which is proportional to the size of the EA. Any selection of EAs that make use of the range can be described as PPS sampling, size being standard clusters in each EA.

In implementing PPS systematic sampling, two separate datasets were used - one corresponds to the urban sampling frame and the other to the rural sampling frame.

Using the urban sampling frame TN was 995.28 standard clusters for 1024 EAs. With a sample size, n = 2945 households for the urban areas, in 155 EAs, the sampling interval, k, becomes 6.4 and the random start, r, which is 6 was randomly selected from 1 to 6.

By using an SPSS programming syntax, 155 urban EAs were selected by a PPS systematic procedure.

The i-th EA, was selected if ($T_{i-1} < r + jk \leq T_i$), where j = 1, 2, ...,n-1, n = 155 EAs, k = TN/n. Thus, the probability of selecting the i-th EA, pi, is Xi/k.

By using the rural dataset, the above process was repeated with a cumulative total of 1481.69 rural standard clusters, a sample size of 3,230 households in 170 EAs, a sampling interval of 8.7 and a random start of 3.

Listing Activities

Since the sample frame (the 2003 Population Census) was not up to date, household lists in all selected enumeration areas were updated prior to the selection of households. For this purpose, listing teams were formed, who visited each enumeration area, and listed the occupied households. Compound and Household Listing Forms were completed for this purpose.

Selection of Households

Lists of households were prepared by the listing teams in the field for each enumeration area. The households were then sequentially numbered from 1 to n (the total number of households in each enumeration area) by the field supervisor in the field, where selection of 19 households in each enumeration area was carried out using circular systematic selection procedures.

Calculation of Sample Weights

The Gambia Multiple Indicator Cluster Survey sample is not self-weighted. The method of proportional allocation of households to each of the regions results in different sampling fractions for the eight regions. For this reason, sample weights were calculated and these were used in the subsequent analyses of the survey data.

The major component of the weight is the reciprocal of the sampling fraction employed in selecting the number of sample households in that particular sampling domain:

$$W_h = 1 / f_h$$

The term fh, the sampling fraction at the h-th stratum, is the product of probabilities of selection at every stage in each sampling domain:

$$f_h = P_{1h} * P_{2h} * P_{13h}$$

where *Pih* is the probability of selection of the sampling unit in the *i-th* stage for the *h-th* sampling domain.

Since the estimated numbers of households per enumeration area prior to the first stage selection (selection of primary sampling units) and the updated number of households per enumeration area were different, individual sampling fractions for households in each enumeration area (cluster) were calculated. The sampling fractions for households in each enumeration area therefore included the probability of selection of the enumeration area in that particular sampling domain and the probability of selection of a household in the sample enumeration area (cluster).

A second component which has to be taken into account in the calculation of sample weights is the level of non-response for the household and individual interviews. The adjustment for household non-response is equal to the inverse value of:

RR = Number of interviewed households / Number of occupied households listed

After the completion of fieldwork, response rates were calculated for each sampling domain. These were used to adjust the sample weights calculated for each cluster. Response rates in The Gambia Multiple Indicator Cluster Survey are shown in Table HH.1 in this report.

Similarly, the adjustment for non-response at the individual level (women and under-5 children) is equal to the inverse value of:

RR = Completed women's (or under-5s) questionnaires / Eligible women (or under-5s)
Numbers of eligible women and under-5 children were obtained from the household listing in the Household Questionnaire in households where interviews were completed.

The unadjusted weights for the households were calculated by multiplying the above factors for each enumeration area. These weights were then standardized (or normalized), one purpose of which is to make the sum of the interviewed sample units equal the total sample size at the national level. Normalization is performed by multiplying the aforementioned unadjusted weights by the ratio of the number of completed households to the total unadjusted weighted number of households. A similar standardization procedure was followed in obtaining standardized weights for the women's and under-5's questionnaires.

Table: MICS III weights

LGA	Residence	hhweight	wmweight	Chweight
1	1	1.159443	1.154301	1.222071
2	1	1.021936	1.046005	1.058057
3	1	.756362	.764721	.767337
3	2	1.063019	1.078038	1.085504
4	1	.918385	.958718	.934663
4	2	1.030991	1.047510	1.056498
5	1	1.000438	.993780	1.017013
5	2	.936575	.933412	.953825
6	1	1.738290	1.781459	1.755386
6	2	1.112196	1.162675	1.149876
7	1	.782617	.774395	.790314
7	2	.903480	.900175	.913660
8	1	1.613439	1.596489	1.629307
8	2	.807293	.831640	.828832

Sample weights were appended to all data sets and analyses were performed by weighting each household, woman or under-5 with these sample weights.

APPENDIX B: LIST OF PERSONNEL INVOLVED IN THE SURVEY

ENUMERATORS

1. Jainaba Jallow	2. Fatou Faye
3. Awa Giggo	4. Ndey Binta Bojang
5. Amie Giggo	6. Fatou Fadera
7. Fatou Camara	8. Bintou Badjie
9. Siga Kolly	10. Amie Bahoum
11. Ramatoulie Bojang	12. Abi Jabang
13. Fatou Jobarteh	14. Omar Jabai
15. Aji Njie	16. Dobally Jobe
17. Amie Bojang	18. Ousainou Mbye
19. Mariama Koteh	20. Mustapha Fofana
21. Antoinette Mendy	22. Baba Conateh
23. Nyara Jammeh	24. Bakary Bojang
25. Binta Touray	26. Saiga Joof
27. Penda Bah	28. Alasana Bojang
29. Sarjo Gitteh	30. Mariama Jatta
31. Mbye Baboucarr Jallow	32. Famara Nyabally
33. Famara Janneh	34. Ebrima Konjira
35. Maimuna Darboe	

FIELD EDITORS

1. Ousman Cham
2. Alagi Conteh
3. Kalilu Njie
4. Modou Gaye
5. Lamin Barrow
6. Ousman Janneh
7. Fabakary Jawneh

SUPERVISORS

1. Gorghi Fye
2. Alieu Bahoum
3. Alieu Saho
4. Baba Suwareh
5. Baboucarr Samba
6. Amadou Chorr
7. Baboucarr Daffeh

DRIVERS

1. Karamo Conteh
2. Amadou Sanyang
3. Joseph Sanneh
4. Demba Jatta
5. Faburama Darboe
6. Bakary Samateh
7. Buya Jammeh
8. Momodou Touray
9. Fakebba Tabally
10. Sambou Darboe

COORDINATORS

1. Alieu Sarr
2. Momodou Fatajo
3. Alieu Ndow

ACCOUNTANT

Omar Jobe

CODING SUPERVISORS

1. Sedia Bayo
2. Wally Ndow

CODERS

1. Pa Mbowe
2. Pa Edi Ndow
3. Salieu Badjan
4. Alieu Sonko
5. Binta Manneh
6. Baboucarr Jallow
7. Amie Njie
8. Mawiya Ayoub

TRAINERS - DATA COLLECTION PERSONNEL

1. Alieu Sarr
2. Edrissa Ceesay
3. Lolley Jallow
4. Momodou Phall
5. Momodou Fatajo
6. Baboucarr Boye
7. Nyakassi Sanyang
8. Abba Sanyang

STORAGE CLERKS

1. Musa Dumbuya
2. Karamo Marenah

DATA PROCESSING PERSONNEL

Programmers

1. Edrissa Ceesay
2. Lolley Jallow

Data Entry Supervisors

3. Sainabou Jasseh
4. Ebou Jawo

DATA ENTRY SUPERVISORS

1. Mam Demba Senghore	2. Aminata Hydara
3. Lolley Jobe	4. Yama Jaw
5. Oumie Jobe	6. Fatoumata Gassama
7. Amat Sowe	8. Jabou Sanno
9. Yusufa Jatta	10. Fatou Secka
11. Baboucarr Jallow	12. Sainabou Jobe
13. Haji Tunkara	14. Salimata Janneh
15. Lalah Manneh	16. Abie Faye
17. Amie Bojang	18. Mariama Conteh
19 .Naffie Wadda	20. Awa Njie Saidy
21. Isata Rahman	22. Haddy Darboe
23. Jainaba Bayo	24. Pa Mbowe
25. Saffie Sowe	26. Natoma Gassama
27. Nogoi Secka	28. Agie Sima
29. Sana Fofana	30. Abdou Kadirr Touray
31. Isha Secka	32. Ya Kumba John
33. Awa Coker	34. Pa Salieu Badjan
35. Mariama Nyandu	36. Ebrima Kuyateh

APPENDIX C: ESTIMATES OF SAMPLING ERRORS

The sample of respondents selected in The Gambia 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 all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey results.

The following sampling error measures are presented in this appendix for each of the selected indicators:

- Standard error *(se)*: Sampling errors are usually measured in terms of standard errors for particular indicators (means, proportions etc). Standard error is the square root of the variance. The Taylor linearization method is used for the estimation of standard errors.
- Coefficient of variation *(se/r)* is the ratio of the standard error to the value of the indicator
- 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. The square root of the design effect *(deft)* is used to show the efficiency of the sample design. A *deft* value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a *deft* value above 1.0 indicates the 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. For any given statistic calculated from the survey, the value of that statistics will fall within a range of plus or minus two times the standard error ($p + 2.se$ or $p - 2.se$) of the statistic in 95 per cent of all possible samples of identical size and design.

For the calculation of sampling errors from the MICS data, the SPSS Version 14 Complex Samples module has been used. The results are shown in the tables that follow. In addition to the sampling error measures described above, the tables also include weighted and unweighted counts of denominators for each indicator.

Sampling errors are calculated for indicators of primary interest, for the national total, for the regions, and for the urban and rural areas. Three of the selected indicators are based on households, eight are based on household members, 13 are based on women, and 15 are based on children under 5. All indicators presented here are in the form of proportions. Table SE 1-SE 12 shows the list of indicators for which sampling errors are calculated, including the base population (denominator) for each indicator. Tables SE 2 to SE 12 show the calculated sampling errors.

Table SE.1: Indicators selected for sampling error calculations

List of indicators selected for sampling error calculations, and base populations (denominators) for each indicator, The Gambia, 2006

MICS Indicator		Base Population
	HOUSEHOLDS	
30	Household availability of insecticide treated nets	All households
41	Iodized salt consumption	All households
74	Child discipline	Children aged 2-14 years selected
	HOUSEHOLD MEMBERS	
11	Use of improved drinking water sources	All household members
12	Use of improved sanitation facilities	All household members
55	Net primary school attendance rate	Children of primary school age
56	Net secondary school attendance rate	Children of secondary school age
59	Primary completion rate	Children of primary school completion age
71	Child labour	Children aged 5-14 years
75	Prevalence of orphans	Children aged under 18
	WOMEN	
4	Skilled attendant at delivery	Women aged 15-49 years with a live birth in the last 2 years
20	Antenatal care	Women aged 15-49 years with a live birth in the last 2 years
60	Adult literacy	Women aged 15-24 years
63	Prevalence of female genital mutilation/cutting (FGM/C)	Women aged 15-49 years
67	Marriage before age 18	Women aged 20-49 years
70	Polygyny	Women aged 15-49 years currently married or in union
82	Comprehensive knowledge about HIV prevention among young people	Women aged 15-24 years
83	Condom use with non-regular partners	Women aged 15-24 years that had a non-marital, non-cohabiting partner in the last 12 months
84	Age at first sex among young people	Women aged 15-24 years
86	Attitude towards people with HIV/AIDS	Women aged 15-49 years
88	Women who have been tested for HIV	Women aged 15-49 years
89	Knowledge of mother- to-child transmission of HIV	Women aged 15-49 years
	UNDER-5s	
6	Underweight prevalence	Children under age 5
25	Tuberculosis immunization coverage	Children aged 12-23 months
26	Polio immunization coverage	Children aged 12-23 months
27	Immunization coverage for DPT	Children aged 12-23 months
28	Measles immunization coverage	Children aged 12-23 months
31	Fully immunized children	Children aged 12-23 months
-	Acute respiratory infection in last two weeks	Children under age 5
22	Antibiotic treatment of suspected pneumonia	Children under age 5 with suspected pneumonia in the last 2 weeks
-	Diarrhoea in last two weeks	Children under age 5
35	Received ORT or increased fluids and continued feeding	Children under age 5 with diarrhoea in the last 2 weeks
37	Under-fives sleeping under insecticide treated nets	Children under age 5
-	Fever in last two weeks	Children under age 5
39	Antimalarial treatment	Children under age 5 with fever in the last 2 weeks
46	Support for learning	Children under age 5
62	Birth registration	Children under age 5

Table SE.2: Sampling errors: The Gambia

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, The Gambia, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
HOUSEHOLDS										
Household availability of ITNs	CH.10	0.495	0.009	0.019	2.041	1.429	6071	6071	0.477	0.513
Iodized salt consumption	NU.5	0.071	0.005	0.071	2.145	1.465	5512	5524	0.061	0.081
Child discipline	CP.4	0.842	0.006	0.007	1.386	1.177	4709	4736	0.830	0.855
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.851	0.013	0.015	7.977	2.824	44877	45721	0.825	0.877
Use of improved sanitation facilities	EN.5	0.842	0.008	0.010	2.999	1.732	44877	45721	0.826	0.858
Net primary school attendance rate	ED.3	0.609	0.012	0.020	4.971	2.230	7787	7967	0.585	0.633
Net secondary school attendance rate	ED.4	0.365	0.011	0.031	3.803	1.950	6642	6774	0.342	0.388
Primary completion rate	ED.6	0.736	0.015	0.020	1.526	1.235	1311	1338	0.706	0.765
Child labour	CP.2	0.247	0.005	0.022	2.161	1.470	13409	13729	0.236	0.258
Prevalence of orphans	HA.10	0.087	0.003	0.037	3.018	1.737	22859	23379	0.080	0.093
WOMEN										
Skilled attendant at delivery	RH.5	0.568	0.012	0.020	1.675	1.294	3070	3093	0.545	0.591
Antenatal care	RH.3	0.978	0.002	0.002	0.791	0.889	3070	3093	0.973	0.982
Adult literacy	ED.8	0.431	0.012	0.027	2.382	1.543	4306	4290	0.407	0.454
Prevalence of female genital mutilation/cutting (FGM/C)	CP.7	0.783	0.011	0.014	6.962	2.639	9982	9982	0.761	0.805
Marriage before age 18	CP.5	0.487	0.008	0.016	1.785	1.336	7700	7705	0.472	0.502
Polygyny	CP.5	0.436	0.008	0.019	1.839	1.356	6839	6904	0.419	0.452
Comprehensive knowledge about HIV prevention among young people	HA.3	0.393	0.009	0.023	1.490	1.221	4290	4306	0.374	0.411
Condom use with non-regular partners	HA.9	0.543	0.024	0.044	0.675	0.822	310	297	0.495	0.590
Age at first sex among young people	HA.8	0.039	0.005	0.124	1.442	1.201	2282	2277	0.030	0.049
Attitude towards people with HIV/AIDS	HA.5	0.163	0.005	0.030	1.783	1.335	9907	9906	0.154	0.173
Women who have been tested for HIV	HA.6	0.136	0.005	0.035	1.951	1.397	9982	9982	0.127	0.146
Knowledge of mother- to-child transmission of HIV	HA.4	0.667	0.006	0.008	1.437	1.199	9982	9982	0.656	0.678

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
UNDER-5s										
Underweight prevalence	NU.1	0.203	0.006	0.028	1.277	1.130	6390	6390	0.192	0.214
Tuberculosis immunization coverage	CH.2	0.987	0.003	0.003	0.732	0.856	1486	1481	0.982	0.992
Polio immunization coverage	CH.2	0.870	0.008	0.009	0.855	0.925	1486	1481	0.854	0.886
Immunization coverage for DPT	CH.2	0.863	0.010	0.011	1.132	1.064	1486	1481	0.844	0.882
Measles immunization coverage	CH.2	0.920	0.008	0.008	1.177	1.085	1486	1481	0.904	0.935
Fully immunized children	CH.2	0.742	0.012	0.016	1.062	1.031	1486	1481	0.718	0.765
Acute respiratory infection in last two weeks	CH.6	0.056	0.003	0.056	1.231	1.110	6543	6543	0.050	0.062
Antibiotic treatment of suspected pneumonia	CH.7	0.613	0.028	0.045	1.170	1.082	366	362	0.558	0.669
Diarrhoea in last two weeks	CH.4	0.191	0.006	0.030	1.385	1.177	6543	6543	0.180	0.203
Received ORT or increased fluids and continued feeding	CH.5	0.379	0.018	0.048	1.773	1.331	1251	1260	0.343	0.416
Under-fives sleeping under insecticide treated nets	CH.11	0.490	0.013	0.026	4.263	2.065	6543	6543	0.465	0.516
Fever in last two weeks	CH.12	0.084	0.004	0.047	1.299	1.140	6543	6543	0.076	0.092
Antimalarial treatment	CH.12	0.524	0.021	0.040	0.968	0.984	549	538	0.481	0.566
Support for learning	CD.1	0.469	0.008	0.017	1.612	1.270	6543	6543	0.454	0.485
Birth registration	CP.1	0.551	0.011	0.020	3.047	1.746	6543	6543	0.529	0.572

Table SE.3: Sampling errors: Urban

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, The Gambia, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
HOUSEHOLDS										
Household availability of ITNs	CH.10	0.340	0.012	0.037	1.989	1.410	2930	2890	0.315	0.364
Iodized salt consumption	NU.5	0.061	0.008	0.129	2.676	1.636	2527	2498	0.045	0.076
Child discipline	CP.4	0.844	0.009	0.010	1.142	1.069	2010	1988	0.826	0.861
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.912	0.010	0.012	3.952	1.988	17448	17303	0.891	0.933
Use of improved sanitation facilities	EN.5	0.933	0.008	0.009	3.137	1.771	17448	17303	0.917	0.950
Net primary school attendance rate	ED.3	0.736	0.011	0.015	1.531	1.237	2572	2563	0.714	0.757
Net secondary school attendance rate	ED.4	0.524	0.013	0.025	1.750	1.323	2579	2574	0.498	0.550
Primary completion rate	ED.6	0.843	0.019	0.023	1.310	1.144	462	460	0.805	0.882
Child labour	CP.2	0.169	0.008	0.045	1.848	1.359	4482	4480	0.154	0.184
Prevalence of orphans	HA.10	0.086	0.005	0.057	2.458	1.568	7993	7956	0.076	0.096
WOMEN										
Skilled attendant at delivery	RH.5	0.830	0.012	0.015	1.100	1.049	1037	1020	0.806	0.855
Antenatal care	RH.3	0.975	0.005	0.005	0.842	0.918	1037	1020	0.966	0.984
Adult literacy	ED.8	0.584	0.014	0.025	1.586	1.259	1906	1877	0.555	0.613
Prevalence of female genital mutilation/cutting (FGM/C)	CP.7	0.722	0.013	0.019	3.779	1.944	4251	4189	0.695	0.749
Marriage before age 18	CP.5	0.359	0.011	0.030	1.597	1.264	3255	3204	0.337	0.380
Polygyny	CP.5	0.335	0.011	0.031	1.213	1.101	2471	2438	0.314	0.356
Comprehensive knowledge about HIV prevention among young people	HA.3	0.424	0.014	0.034	1.557	1.248	1877	1906	0.396	0.453
Condom use with non-regular partners	HA.9	0.538	0.031	0.057	0.695	0.834	190	183	0.477	0.600
Age at first sex among young people	HA.8	0.020	0.005	0.256	1.294	1.137	996	985	0.010	0.030
Attitude towards people with HIV/AIDS	HA.5	0.185	0.009	0.048	2.182	1.477	4210	4149	0.167	0.203
Women who have been tested for HIV	HA.6	0.166	0.008	0.048	1.932	1.390	4251	4189	0.150	0.182
Knowledge of mother- to-child transmission of HIV	HA.4	0.586	0.010	0.017	1.732	1.316	4251	4189	0.566	0.606

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
UNDER-5s										
Underweight prevalence	NU.1	0.147	0.008	0.053	1.072	1.035	2272	2178	0.132	0.163
Tuberculosis immunization coverage	CH.2	0.973	0.006	0.006	0.623	0.789	496	474	0.962	0.985
Polio immunization coverage	CH.2	0.838	0.014	0.017	0.716	0.846	496	474	0.809	0.866
Immunization coverage for DPT	CH.2	0.859	0.017	0.019	1.087	1.043	496	474	0.826	0.892
Measles immunization coverage	CH.2	0.899	0.015	0.017	1.188	1.090	496	474	0.869	0.930
Fully immunized children	CH.2	0.705	0.020	0.029	0.949	0.974	496	474	0.664	0.746
Acute respiratory infection in last two weeks	CH.6	0.055	0.006	0.100	1.289	1.136	2303	2202	0.044	0.067
Antibiotic treatment of suspected pneumonia	CH.7	0.597	0.042	0.070	0.869	0.932	128	120	0.513	0.681
Diarrhoea in last two weeks	CH.4	0.157	0.009	0.060	1.467	1.211	2303	2202	0.138	0.176
Received ORT or increased fluids and continued feeding	CH.5	0.319	0.027	0.084	1.144	1.070	361	344	0.265	0.373
Under-fives sleeping under insecticide treated nets	CH.11	0.382	0.016	0.043	2.527	1.590	2202	2303	0.349	0.415
Fever in last two weeks	CH.12	0.095	0.007	0.071	1.169	1.081	2303	2202	0.081	0.108
Antimalarial treatment	CH.12	0.537	0.034	0.064	0.950	0.974	218	201	0.468	0.605
Support for learning	CD.1	0.481	0.013	0.027	1.539	1.241	2303	2202	0.455	0.508
Birth registration	CP.1	0.571	0.014	0.025	1.857	1.363	2303	2202	0.542	0.600

Table SE.4: Sampling errors: Rural

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, The Gambia, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
HOUSEHOLDS										
Household availability of ITNs	CH.10	0.640	0.014	0.021	2.521	1.588	3141	3181	0.613	0.667
Iodized salt consumption	NU.5	0.080	0.007	0.083	1.799	1.341	2985	3026	0.067	0.094
Child discipline	CP.4	0.841	0.009	0.010	1.566	1.251	2699	2748	0.824	0.859
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.813	0.020	0.024	7.967	2.823	27429	28418	0.774	0.852
Use of improved sanitation facilities	EN.5	0.784	0.012	0.016	2.773	1.665	27429	28418	0.760	0.808
Net primary school attendance rate	ED.3	0.546	0.016	0.030	5.822	2.413	5215	5404	0.514	0.579
Net secondary school attendance rate	ED.4	0.264	0.014	0.053	4.275	2.068	4064	4200	0.236	0.293
Primary completion rate	ED.6	0.677	0.020	0.030	1.626	1.275	848	878	0.637	0.717
Child labour	CP.2	0.286	0.007	0.025	2.364	1.537	8928	9249	0.272	0.301
Prevalence of orphans	HA.10	0.087	0.004	0.048	3.314	1.820	14865	15423	0.079	0.095
WOMEN										
Skilled attendant at delivery	RH.5	0.434	0.015	0.035	1.922	1.386	2033	2073	0.404	0.464
Antenatal care	RH.3	0.979	0.003	0.003	0.755	0.869	2033	2073	0.973	0.984
Adult literacy	ED.8	0.309	0.015	0.049	2.591	1.610	2400	2413	0.278	0.339
Prevalence of female genital mutilation/cutting (FGM/C)	CP.7	0.828	0.016	0.019	10.377	3.221	5731	5793	0.796	0.860
Marriage before age 18	CP.5	0.581	0.009	0.016	1.648	1.284	4444	4501	0.562	0.600
Polygyny	CP.5	0.493	0.010	0.021	1.928	1.389	4368	4466	0.472	0.513
Comprehensive knowledge about HIV prevention among young people	HA.3	0.368	0.011	0.031	1.339	1.157	2413	2400	0.345	0.390
Condom use with non-regular partners	HA.9	0.550	0.037	0.068	0.641	0.801	120	114	0.475	0.625
Age at first sex among young people	HA.8	0.055	0.008	0.141	1.478	1.216	1286	1292	0.039	0.070
Attitude towards people with HIV/AIDS	HA.5	0.147	0.005	0.037	1.362	1.167	5697	5757	0.136	0.158
Women who have been tested for HIV	HA.6	0.114	0.006	0.050	1.852	1.361	5731	5793	0.103	0.126
Knowledge of mother-to-child transmission of HIV	HA.4	0.727	0.007	0.009	1.235	1.111	5731	5793	0.714	0.740

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
UNDER-5s										
Underweight prevalence	NU.1	0.234	0.008	0.032	1.333	1.155	4119	4212	0.219	0.249
Tuberculosis immunization coverage	CH.2	0.993	0.002	0.002	0.921	0.960	990	1007	0.988	0.998
Polio immunization coverage	CH.2	0.886	0.010	0.011	0.939	0.969	990	1007	0.867	0.906
Immunization coverage for DPT	CH.2	0.864	0.012	0.013	1.151	1.073	990	1007	0.841	0.888
Measles immunization coverage	CH.2	0.930	0.009	0.009	1.163	1.078	990	1007	0.913	0.947
Fully immunized children	CH.2	0.760	0.014	0.019	1.133	1.065	990	1007	0.732	0.789
Acute respiratory infection in last two weeks	CH.6	0.056	0.004	0.068	1.193	1.092	4240	4341	0.048	0.064
Antibiotic treatment of suspected pneumonia	CH.7	0.622	0.036	0.057	1.300	1.140	238	242	0.551	0.694
Diarrhoea in last two weeks	CH.4	0.210	0.007	0.034	1.309	1.144	4240	4341	0.196	0.224
Received ORT or increased fluids and continued feeding	CH.5	0.404	0.023	0.056	1.961	1.400	890	916	0.358	0.449
Under-fives sleeping under insecticide treated nets	CH.11	0.549	0.018	0.033	5.597	2.366	4341	4240	0.513	0.584
Fever in last two weeks	CH.12	0.078	0.005	0.060	1.322	1.150	4240	4341	0.069	0.087
Antimalarial treatment	CH.12	0.515	0.026	0.051	0.918	0.958	331	337	0.463	0.568
Support for learning	CD.1	0.463	0.010	0.021	1.690	1.300	4240	4341	0.443	0.483
Birth registration	CP.1	0.539	0.015	0.027	3.743	1.935	4240	4341	0.510	0.569

Table SE.5: Sampling errors: Banjul

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, The Gambia, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
HOUSEHOLDS										
Household availability of ITNs	CH.10	0.286	0.040	0.142	2.129	1.459	308	266	0.205	0.367
Iodized salt consumption	NU.5	0.015	0.011	0.749	1.699	1.303	230	198	0.000	0.038
Child discipline	CP.4	0.927	0.018	0.020	0.744	0.862	175	151	0.891	0.964
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.808	0.041	0.050	2.805	1.675	1507	1300	0.727	0.889
Use of improved sanitation facilities	EN.5	0.966	0.015	0.015	1.718	1.311	1507	1300	0.937	0.995
Net primary school attendance rate	ED.3	0.770	0.029	0.037	0.744	0.863	187	161	0.713	0.828
Net secondary school attendance rate	ED.4	0.560	0.048	0.085	1.545	1.243	1948	168	0.464	0.655
Primary completion rate	ED.6	0.913	0.063	0.068	1.083	1.041	27	23	0.788	1.000
Child labour	CP.2	0.115	0.022	0.192	1.291	1.136	313	270	0.071	0.159
Prevalence of orphans	HA.10	0.084	0.022	0.263	3.318	1.821	608	524	0.040	0.128
WOMEN										
Skilled attendant at delivery	RH.5	0.947	0.016	0.017	0.398	0.631	75	76	0.915	0.980
Antenatal care	RH.3	1.000	0.000	0.000	.	.	75	76	1.000	1.000
Adult literacy	ED.8	0.652	0.051	0.079	1.796	1.340	154	155	0.549	0.755
Prevalence of female genital mutilation/cutting (FGM/C)	CP.7	0.448	0.036	0.081	1.731	1.316	324	326	0.375	0.520
Marriage before age 18	CP.5	0.299	0.025	0.084	0.723	0.851	242	244	0.249	0.349
Polygyny	CP.5	0.159	0.028	0.178	1.016	1.008	169	170	0.102	0.216
Comprehensive knowledge about HIV prevention among young people	HA.3	0.374	0.042	0.111	1.136	1.066	155	154	0.291	0.457
Condom use with non-regular partners	HA.9	0.538	0.006	0.011	0.002	0.041	13	13	0.527	0.550
Age at first sex among young people	HA.8	0.000	0.000	.	.	.	81	82	0.000	0.000
Attitude towards people with HIV/AIDS	HA.5	0.131	0.009	0.067	0.219	0.468	318	320	0.114	0.149
Women who have been tested for HIV	HA.6	0.092	0.018	0.191	1.198	1.094	324	326	0.057	0.127
Knowledge of mother- to-child transmission of HIV	HA.4	0.543	0.037	0.068	1.779	1.334	324	326	0.469	0.617

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
UNDER-5s										
Underweight prevalence	NU.1	0.175	0.024	0.137	0.631	0.795	196	160	0.127	0.223
Tuberculosis immunization coverage	CH.2	0.977	0.001	0.001	0.001	0.033	53	43	0.975	0.978
Polio immunization coverage	CH.2	0.860	0.041	0.047	0.575	0.758	53	43	0.779	0.942
Immunization coverage for DPT	CH.2	0.930	0.032	0.034	0.655	0.809	53	43	0.867	0.994
Measles immunization coverage	CH.2	0.907	0.052	0.057	1.351	1.162	53	43	0.803	1.000
Fully immunized children	CH.2	0.767	0.062	0.081	0.905	0.951	53	43	0.643	0.891
Acute respiratory infection in last two weeks	CH.6	0.006	0.006	0.942	0.887	0.942	196	160	0.000	0.018
Antibiotic treatment of suspected pneumonia	CH.7	0.000	0.000	.	.	.	1	1	0.000	0.000
Diarrhoea in last two weeks	CH.4	0.144	0.029	0.200	1.067	1.033	196	160	0.086	0.201
Received ORT or increased fluids and continued feeding	CH.5	0.435	0.170	0.392	2.598	1.612	28	23	0.094	0.775
Under-fives sleeping under insecticide treated nets	CH.11	0.425	0.057	0.135	2.127	1.458	196	160	0.311	0.539
Fever in last two weeks	CH.12	0.156	0.028	0.180	0.955	0.977	196	160	0.100	0.213
Antimalarial treatment	CH.12	0.280	0.117	0.416	1.619	1.272	31	25	0.047	0.513
Support for learning	CD.1	0.256	0.032	0.125	0.849	0.922	196	160	0.192	0.320
Birth registration	CP.1	0.769	0.032	0.041	0.892	0.945	196	160	0.706	0.832

Table SE.6: Sampling errors: Kanifing

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, The Gambia, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
HOUSEHOLDS										
Household availability of ITNs	CH.10	0.286	0.040	0.142	2.129	1.459	308	266	0.205	0.367
Iodized salt consumption	NU.5	0.015	0.011	0.749	1.699	1.303	230	198	0.000	0.038
Child discipline	CP.4	0.927	0.018	0.020	0.744	0.862	175	151	0.891	0.964
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.808	0.041	0.050	2.805	1.675	1507	1300	0.727	0.889
Use of improved sanitation facilities	EN.5	0.966	0.015	0.015	1.718	1.311	1507	1300	0.937	0.995
Net primary school attendance rate	ED.3	0.770	0.029	0.037	0.744	0.863	187	161	0.713	0.828
Net secondary school attendance rate	ED.4	0.560	0.048	0.085	1.545	1.243	195	168	0.464	0.655
Primary completion rate	ED.6	0.913	0.063	0.068	1.083	1.041	27	23	0.788	1.000
Child labour	CP.2	0.115	0.022	0.192	1.291	1.136	313	270	0.071	0.159
Prevalence of orphans	HA.10	0.084	0.022	0.263	3.318	1.821	608	524	0.040	0.128
WOMEN										
Skilled attendant at delivery	RH.5	0.947	0.016	0.017	0.398	0.631	75	76	0.915	0.980
Antenatal care	RH.3	1.000	0.000	0.000	.	.	75	76	1.000	1.000
Adult literacy	ED.8	0.652	0.051	0.079	1.796	1.340	154	155	0.549	0.755
Prevalence of female genital mutilation/cutting (FGM/C)	CP.7	0.448	0.036	0.081	1.731	1.316	324	326	0.375	0.520
Marriage before age 18	CP.5	0.299	0.025	0.084	0.723	0.851	242	244	0.249	0.349
Polygyny	CP.5	0.159	0.028	0.178	1.016	1.008	169	170	0.102	0.216
Comprehensive knowledge about HIV prevention among young people	HA.3	0.374	0.042	0.111	1.136	1.066	154	155	0.291	0.457
Condom use with non-regular partners	HA.9	0.538	0.006	0.011	0.002	0.041	13	13	0.527	0.550
Age at first sex among young people	HA.8	0.000	0.000	.	.	.	81	82	0.000	0.000
Attitude towards people with HIV/AIDS	HA.5	0.131	0.009	0.067	0.219	0.468	318	320	0.114	0.149
Women who have been tested for HIV	HA.6	0.092	0.018	0.191	1.198	1.094	324	326	0.057	0.127
Knowledge of mother- to-child transmission of HIV	HA.4	0.543	0.037	0.068	1.779	1.334	324	326	0.469	0.617

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
UNDER-5s										
Underweight prevalence	NU.1	0.175	0.024	0.137	0.631	0.795	196	160	0.127	0.223
Tuberculosis immunization coverage	CH.2	0.977	0.001	0.001	0.001	0.033	53	43	0.975	0.978
Polio immunization coverage	CH.2	0.860	0.041	0.047	0.575	0.758	53	43	0.779	0.942
Immunization coverage for DPT	CH.2	0.930	0.032	0.034	0.655	0.809	53	43	0.867	0.994
Measles immunization coverage	CH.2	0.907	0.052	0.057	1.351	1.162	53	43	0.803	1.000
Fully immunized children	CH.2	0.767	0.062	0.081	0.905	0.951	53	43	0.643	0.891
Acute respiratory infection in last two weeks	CH.6	0.006	0.006	0.942	0.887	0.942	196	160	0.000	0.018
Antibiotic treatment of suspected pneumonia	CH.7	0.000	0.000	.	.	.	1	1	0.000	0.000
Diarrhoea in last two weeks	CH.4	0.144	0.029	0.200	1.067	1.033	196	160	0.086	0.201
Received ORT or increased fluids and continued feeding	CH.5	0.435	0.170	0.392	2.598	1.612	28	23	0.094	0.775
Under-fives sleeping under insecticide treated nets	CH.11	0.425	0.057	0.135	2.127	1.458	196	160	0.311	0.539
Fever in last two weeks	CH.12	0.156	0.028	0.180	0.955	0.977	196	160	0.100	0.213
Antimalarial treatment	CH.12	0.280	0.117	0.416	1.619	1.272	31	25	0.047	0.513
Support for learning	CD.1	0.256	0.032	0.125	0.849	0.922	196	160	0.192	0.320
Birth registration	CP.1	0.769	0.032	0.041	0.892	0.945	196	160	0.706	0.832

Table SE.7: Sampling errors: Brikama

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, The Gambia, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
HOUSEHOLDS										
Household availability of ITNs	CH.10	0.562	0.019	0.035	2.525	1.589	1652	1646	0.523	0.601
Iodized salt consumption	NU.5	0.016	0.004	0.273	1.833	1.354	1530	1519	0.007	0.025
Child discipline	CP.4	0.782	0.017	0.022	2.140	1.463	1278	1265	0.748	0.816
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.790	0.021	0.027	4.396	2.097	11132	11048	0.748	0.832
Use of improved sanitation facilities	EN.5	0.940	0.009	0.009	2.336	1.528	11132	11048	0.923	0.958
Net primary school attendance rate	ED.3	0.719	0.016	0.022	2.382	1.544	1938	1915	0.687	0.751
Net secondary school attendance rate	ED.4	0.433	0.017	0.039	2.019	1.421	1724	1718	0.399	0.467
Primary completion rate	ED.6	0.834	0.025	0.030	1.389	1.179	317	315	0.784	0.883
Child labour	CP.2	0.208	0.011	0.052	2.392	1.547	3436	3398	0.187	0.230
Prevalence of orphans	HA.10	0.096	0.006	0.061	2.224	1.491	5645	5583	0.084	0.108
WOMEN										
Skilled attendant at delivery	RH.5	0.653	0.020	0.030	1.168	1.081	750	695	0.613	0.692
Antenatal care	RH.3	0.985	0.004	0.004	0.837	0.915	750	695	0.976	0.993
Adult literacy	ED.8	0.525	0.018	0.034	1.364	1.168	1154	1083	0.489	0.560
Prevalence of female genital mutilation/cutting (FGM/C)	CP.7	0.870	0.016	0.018	5.153	2.270	2549	2387	0.838	0.901
Marriage before age 18	CP.5	0.431	0.016	0.037	1.915	1.384	1930	1804	0.398	0.463
Polygyny	CP.5	0.372	0.017	0.044	1.810	1.346	1661	1548	0.339	0.405
Comprehensive knowledge about HIV prevention among young people	HA.3	0.494	0.016	0.033	1.138	1.067	1154	1083	0.462	0.527
Condom use with non-regular partners	HA.9	0.480	0.044	0.092	0.607	0.779	87	79	0.392	0.569
Age at first sex among young people	HA.8	0.042	0.011	0.253	1.639	1.280	619	583	0.021	0.064
Attitude towards people with HIV/AIDS	HA.5	0.142	0.010	0.070	1.943	1.394	2545	2384	0.122	0.162
Women who have been tested for HIV	HA.6	0.188	0.011	0.057	1.823	1.350	2549	2387	0.167	0.210
Knowledge of mother- to-child transmission of HIV	HA.4	0.775	0.011	0.014	1.525	1.235	2549	2387	0.754	0.796

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
UNDER-5s										
Underweight prevalence	NU.1	0.168	0.012	0.070	1.355	1.164	1413	1365	0.144	0.191
Tuberculosis immunization coverage	CH.2	0.980	0.006	0.006	0.633	0.796	347	336	0.968	0.993
Polio immunization coverage	CH.2	0.834	0.021	0.025	1.068	1.033	347	336	0.792	0.876
Immunization coverage for DPT	CH.2	0.887	0.018	0.020	1.055	1.027	347	336	0.851	0.922
Measles immunization coverage	CH.2	0.915	0.017	0.019	1.241	1.114	347	336	0.881	0.949
Fully immunized children	CH.2	0.725	0.027	0.037	1.218	1.104	347	336	0.672	0.779
Acute respiratory infection in last two weeks	CH.6	0.044	0.005	0.120	0.899	0.948	1425	1376	0.033	0.054
Antibiotic treatment of suspected pneumonia	CH.7	0.636	0.039	0.061	0.378	0.615	62	59	0.558	0.714
Diarrhoea in last two weeks	CH.4	0.155	0.011	0.068	1.166	1.080	1425	1376	0.134	0.176
Received ORT or increased fluids and continued feeding	CH.5	0.404	0.028	0.070	0.691	0.831	221	211	0.348	0.460
Under-fives sleeping under insecticide treated nets	CH.11	0.623	0.021	0.034	2.660	1.631	1425	1376	0.580	0.666
Fever in last two weeks	CH.12	0.077	0.010	0.124	1.767	1.329	1425	1376	0.058	0.096
Antimalarial treatment	CH.12	0.650	0.039	0.061	0.701	0.837	110	104	0.571	0.728
Support for learning	CD.1	0.442	0.018	0.041	1.806	1.344	1425	1376	0.406	0.478
Birth registration	CP.1	0.558	0.026	0.047	3.829	1.957	1425	1376	0.506	0.611

Table SE.8: Sampling errors: Mansakonko

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, The Gambia, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
HOUSEHOLDS										
Household availability of ITNs	CH.10	0.764	0.030	0.039	1.784	1.336	3572	361	0.704	0.824
Iodized salt consumption	NU.5	0.023	0.007	0.316	0.787	0.887	328	331	0.009	0.038
Child discipline	CP.4	0.878	0.017	0.019	0.831	0.912	304	307	0.844	0.912
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.826	0.086	0.104	18.655	4.319	2965	2977	0.654	0.999
Use of improved sanitation facilities	EN.5	0.655	0.030	0.046	1.432	1.197	2965	2977	0.595	0.715
Net primary school attendance rate	ED.3	0.548	0.077	0.141	15.550	3.943	648	647	0.394	0.703
Net secondary school attendance rate	ED.4	0.272	0.066	0.243	10.699	3.271	487	488	0.140	0.404
Primary completion rate	ED.6	0.857	0.052	0.061	2.337	1.529	105	105	0.752	0.962
Child labour	CP.2	0.324	0.027	0.083	3.545	1.883	1064	1064	0.270	0.378
Prevalence of orphans	HA.10	0.128	0.013	0.101	2.551	1.597	1701	1704	0.102	0.153
WOMEN										
Skilled attendant at delivery	RH.5	0.465	0.055	0.118	2.137	1.462	167	179	0.356	0.574
Antenatal care	RH.3	0.972	0.009	0.009	0.479	0.692	167	179	0.955	0.989
Adult literacy	ED.8	0.363	0.074	0.203	5.257	2.293	207	225	0.216	0.511
Prevalence of female genital mutilation/cutting (FGM/C)	CP.7	0.959	0.016	0.017	3.798	1.949	531	573	0.926	0.991
Marriage before age 18	CP.5	0.583	0.030	0.052	1.634	1.278	407	439	0.522	0.643
Polygyny	CP.5	0.514	0.025	0.048	1.017	1.008	390	420	0.464	0.563
Comprehensive knowledge about HIV prevention among young people	HA.3	0.319	0.045	0.142	2.125	1.458	207	255	0.228	0.409
Condom use with non-regular partners	HA.9	0.854	0.072	0.084	0.533	0.730	12	14	0.711	0.997
Age at first sex among young people	HA.8	0.039	0.033	0.855	3.911	1.978	124	134	0.000	0.105
Attitude towards people with HIV/AIDS	HA.5	0.220	0.026	0.120	2.320	1.523	527	569	0.167	0.273
Women who have been tested for HIV	HA.6	0.072	0.012	0.170	1.287	1.134	531	573	0.048	0.097
Knowledge of mother- to-child transmission of HIV	HA.4	0.727	0.012	0.017	0.438	0.661	531	573	0.702	0.751

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
UNDER-5s										
Underweight prevalence	NU.1	0.270	0.022	0.081	0.970	0.985	404	397	0.226	0.313
Tuberculosis immunization coverage	CH.2	1.000	0.000	0.000	.	.	85	83	1.000	1.000
Polio immunization coverage	CH.2	0.903	0.030	0.033	0.839	0.916	85	83	0.843	0.963
Immunization coverage for DPT	CH.2	0.903	0.030	0.033	0.839	0.916	85	83	0.843	0.963
Measles immunization coverage	CH.2	0.977	0.016	0.017	0.966	0.983	85	83	0.944	1.000
Fully immunized children	CH.2	0.867	0.033	0.038	0.760	0.872	85	83	0.802	0.932
Acute respiratory infection in last two weeks	CH.6	0.040	0.010	0.251	1.055	1.027	406	399	0.020	0.061
Antibiotic treatment of suspected pneumonia	CH.7	0.507	0.148	0.292	1.313	1.146	16	16	0.212	0.803
Diarrhoea in last two weeks	CH.4	0.132	0.032	0.244	3.590	1.895	406	399	0.068	0.196
Received ORT or increased fluids and continued feeding	CH.5	0.285	0.081	0.284	1.672	1.293	54	53	0.123	0.446
Under-fives sleeping under insecticide treated nets	CH.11	0.666	0.061	0.092	6.733	2.595	406	399	0.543	0.788
Fever in last two weeks	CH.12	0.034	0.009	0.267	1.005	1.003	406	399	0.016	0.053
Antimalarial treatment	CH.12	0.790	0.093	0.117	0.675	0.821	14	14	0.605	0.976
Support for learning	CD.1	0.463	0.031	0.067	1.548	1.244	406	399	0.401	0.526
Birth registration	CP.1	0.864	0.019	0.022	1.227	1.108	406	399	0.826	0.902

Table SE.9: Sampling errors: Kerewan

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, The Gambia, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
HOUSEHOLDS										
Household availability of ITNs	CH.10	0.569	0.031	0.055	2.978	1.726	718	754	0.507	0.632
Iodized salt consumption	NU.5	0.024	0.007	0.306	1.667	1.291	697	732	0.009	0.038
Child discipline	CP.4	0.842	0.013	0.015	0.820	0.905	624	656	0.817	0.868
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.891	0.015	0.017	1.839	1.356	5139	5414	0.860	0.922
Use of improved sanitation facilities	EN.5	0.862	0.015	0.018	1.464	1.210	5139	5414	0.832	0.893
Net primary school atten dance rate	ED.3	0.494	0.040	0.080	6.552	2.560	995	1050	0.415	0.573
Net secondary school attendance rate	ED.4	0.279	0.037	0.133	5.187	2.277	724	762	0.205	0.353
Primary completion rate	ED.6	0.584	0.050	0.086	1.785	1.336	163	172	0.483	0.685
Child labour	CP.2	0.361	0.020	0.055	3.065	1.751	1718	1812	0.321	0.400
Prevalence of orphans	HA.10	0.045	0.004	0.081	0.922	0.960	2818	2972	0.038	0.052
WOMEN										
Skilled attendant at delivery	RH.5	0.446	0.032	0.072	1.697	1.303	377	406	0.382	0.510
Antenatal care	RH.3	0.958	0.010	0.010	0.915	0.956	377	406	0.939	0.977
Adult literacy	ED.8	0.295	0.042	0.144	3.473	1.864	375	404	0.210	0.379
Prevalence of female genital mutilation/cutting (FGM/C)	CP.7	0.608	0.058	0.095	15.255	3.906	1012	1090	0.493	0.724
Marriage before age 18	CP.5	0.476	0.022	0.046	1.661	1.289	813	876	0.432	0.520
Polygyny	CP.5	0.489	0.028	0.058	2.759	1.661	803	865	0.433	0.546
Comprehensive knowledge about HIV prevention among young people	HA.3	0.473	0.030	0.063	1.437	1.199	375	404	0.413	0.532
Condom use with non-regular partners	HA.9	0.737	0.055	0.074	0.279	0.529	18	19	0.627	0.847
Age at first sex among young people	HA.8	0.051	0.015	0.294	0.994	0.997	199	214	0.021	0.082
Attitude towards people with HIV/AIDS	HA.5	0.134	0.014	0.108	1.948	1.396	1012	1090	0.105	0.163
Women who have been tested for HIV	HA.6	0.139	0.011	0.075	1.003	1.002	1012	1090	0.118	0.160
Knowledge of mother- to-child transmission of HIV	HA.4	0.780	0.016	0.021	1.715	1.309	1012	1090	0.747	0.813

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
UNDER-5s										
Underweight prevalence	NU.1	0.237	0.015	0.064	1.101	1.049	823	853	0.207	0.268
Tuberculosis immunization coverage	CH.2	0.990	0.007	0.007	0.888	0.943	191	198	0.977	1.000
Polio immunization coverage	CH.2	0.843	0.023	0.027	0.787	0.887	191	198	0.797	0.889
Immunization coverage for DPT	CH.2	0.773	0.044	0.057	2.144	1.464	191	198	0.686	0.860
Measles immunization coverage	CH.2	0.919	0.020	0.022	1.112	1.055	191	198	0.878	0.960
Fully immunized children	CH.2	0.677	0.040	0.058	1.409	1.187	191	198	0.598	0.756
Acute respiratory infection in last two weeks	CH.6	0.064	0.007	0.108	0.691	0.831	826	856	0.050	0.078
Antibiotic treatment of suspected pneumonia	CH.7	0.728	0.048	0.066	0.625	0.790	53	55	0.632	0.823
Diarrhoea in last two weeks	CH.4	0.204	0.014	0.070	1.080	1.039	826	856	0.176	0.233
Received ORT or increased fluids and continued feeding	CH.5	0.251	0.040	0.159	1.474	1.214	169	175	0.171	0.331
Under-fives sleeping under insecticide treated nets	CH.11	0.540	0.039	0.072	5.239	2.289	826	856	0.462	0.618
Fever in last two weeks	CH.12	0.097	0.010	0.102	0.953	0.976	826	856	0.077	0.117
Antimalarial treatment	CH.12	0.520	0.055	0.106	1.003	1.002	80	83	0.409	0.630
Support for learning	CD.1	0.889	0.025	0.029	5.612	2.369	826	856	0.838	0.940
Birth registration	CP.1	0.480	0.024	0.050	1.976	1.406	826	856	0.432	0.528

Table SE.10: Sampling errors: Kuntaur

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, The Gambia, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
HOUSEHOLDS										
Household availability of ITNs	CH.10	0.666	0.028	0.042	0.932	0.965	306	264	0.666	0.028
Iodized salt consumption	NU.5	0.169	0.034	0.199	1.995	1.413	287	250	0.102	0.236
Child discipline	CP.4	0.974	0.006	0.006	0.378	0.615	285	247	0.962	0.987
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.834	0.069	0.083	9.009	3.002	3028	2652	0.696	0.972
Use of improved sanitation facilities	EN.5	0.771	0.068	0.088	6.946	2.636	3028	2652	0.635	0.908
Net primary school attendance rate	ED.3	0.412	0.055	0.134	6.640	2.577	608	532	0.301	0.522
Net secondary school attendance rate	ED.4	0.279	0.037	0.133	5.187	2.277	724	762	0.205	0.353
Primary completion rate	ED.6	0.578	0.075	0.130	2.104	1.451	105	92	0.428	0.728
Child labour	CP.2	0.256	0.020	0.079	1.871	1.368	994	872	0.216	0.297
Prevalence of orphans	HA.10	0.073	0.013	0.181	3.799	1.949	1676	1476	0.047	0.100
WOMEN										
Skilled attendant at delivery	RH.5	0.284	0.047	0.166	2.351	1.533	232	216	0.190	0.378
Antenatal care	RH.3	0.963	0.007	0.007	0.285	0.534	232	216	0.949	0.977
Adult literacy	ED.8	0.162	0.042	0.256	2.761	1.661	235	218	0.079	0.245
Prevalence of female genital mutilation/cutting (FGM/C)	CP.7	0.687	0.066	0.095	10.083	3.175	547	506	0.556	0.818
Marriage before age 18	CP.5	0.735	0.035	0.048	2.429	1.559	416	385	0.664	0.805
Polygyny	CP.5	0.525	0.013	0.025	0.289	0.537	444	412	0.499	0.552
Comprehensive knowledge about HIV prevention among young people	HA.3	0.325	0.026	0.080	0.674	0.821	235	218	0.273	0.377
Condom use with non-regular partners	HA.9	0.500	0.000	0.000	0.000	0.000	6	6	0.500	0.500
Age at first sex among young people	HA.8	0.090	0.021	0.239	0.677	0.823	131	121	0.047	0.133
Attitude towards people with HIV/AIDS	HA.5	0.247	0.025	0.103	1.737	1.318	541	500	0.196	0.298
Women who have been tested for HIV	HA.6	0.057	0.017	0.292	2.613	1.616	547	506	0.024	0.091
Knowledge of mother- to-child transmission of HIV	HA.4	0.569	0.011	0.019	0.249	0.499	547	506	0.547	0.591

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
UNDER-5s										
Underweight prevalence	NU.1	0.273	0.029	0.105	1.626	1.275	461	395	0.216	0.331
Tuberculosis immunization coverage	CH.2	1.000	0.000	0.000	.	.	127	110	1.000	1.000
Polio immunization coverage	CH.2	0.946	0.016	0.017	0.550	0.741	127	110	0.914	0.978
Immunization coverage for DPT	CH.2	0.928	0.016	0.017	0.425	0.652	127	110	0.895	0.960
Measles immunization coverage	CH.2	0.964	0.018	0.019	1.008	1.004	127	110	0.928	1.000
Fully immunized children	CH.2	0.837	0.036	0.043	1.018	1.009	127	110	0.766	0.909
Acute respiratory infection in last two weeks	CH.6	0.088	0.018	0.206	1.766	1.329	502	431	0.052	0.125
Antibiotic treatment of suspected pneumonia	CH.7	0.429	0.131	0.307	2.612	1.616	44	38	0.166	0.692
Diarrhoea in last two weeks	CH.4	0.319	0.024	0.077	1.184	1.088	502	431	0.270	0.368
Received ORT or increased fluids and continued feeding	CH.5	0.391	0.076	0.193	3.313	1.820	160	139	0.240	0.542
Under-fives sleeping under insecticide treated nets	CH.11	0.568	0.076	0.134	10.181	3.191	502	431	0.416	0.721
Fever in last two weeks	CH.12	0.112	0.011	0.093	0.475	0.690	502	431	0.091	0.133
Antimalarial treatment	CH.12	0.439	0.051	0.117	0.493	0.702	56	47	0.337	0.542
Support for learning	CD.1	0.368	0.016	0.043	0.466	0.683	502	431	0.336	0.400
Birth registration	CP.1	0.525	0.045	0.086	3.512	1.874	502	431	0.435	0.615

Table SE.11: Sampling errors: Janjangbureh

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, The Gambia, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
HOUSEHOLDS										
Household availability of ITNs	CH.10	0.677	0.038	0.056	2.754	1.660	370	417	0.601	0.753
Iodized salt consumption	NU.5	0.103	0.017	0.168	1.302	1.141	357	402	0.069	0.138
Child discipline	CP.4	0.772	0.025	0.032	1.254	1.120	327	368	0.723	0.821
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.817	0.039	0.047	4.182	2.045	3861	4321	0.739	0.894
Use of improved sanitation facilities	EN.5	0.307	0.041	0.134	3.326	1.824	3861	4321	0.225	0.390
Net primary school attendance rate	ED.3	0.580	0.037	0.064	4.441	2.107	705	788	0.506	0.654
Net secondary school attendance rate	ED.4	0.253	0.030	0.118	3.083	1.756	580	651	0.193	0.313
Primary completion rate	ED.6	0.797	0.041	0.052	1.307	1.143	111	124	0.714	0.880
Child labour	CP.2	0.325	0.015	0.047	1.442	1.201	1201	1343	0.294	0.355
Prevalence of orphans	HA.10	0.072	0.010	0.142	3.699	1.923	2132	2384	0.051	0.092
WOMEN										
Skilled attendant at delivery	RH.5	0.348	0.034	0.099	1.754	1.324	313	336	0.279	0.417
Antenatal care	RH.3	0.988	0.006	0.006	0.984	0.992	313	336	0.976	1.000
Adult literacy	ED.8	0.271	0.034	0.124	2.222	1.490	364	391	0.204	0.338
Prevalence of female genital mutilation/cutting (FGM/C)	CP.7	0.772	0.048	0.063	12.803	3.578	891	958	0.675	0.869
Marriage before age 18	CP.5	0.688	0.017	0.024	0.959	0.979	684	736	0.654	0.721
Polygyny	CP.5	0.536	0.018	0.034	1.013	1.006	696	748	0.499	0.573
Comprehensive knowledge about HIV prevention among young people	HA.3	0.256	0.028	0.109	1.577	1.256	364	391	0.200	0.311
Condom use with non-regular partners	HA.9	0.733	0.158	0.216	1.786	1.336	14	15	0.417	1.000
Age at first sex among young people	HA.8	0.041	0.013	0.317	0.937	0.968	206	222	0.015	0.066
Attitude towards people with HIV/AIDS	HA.5	0.149	0.016	0.110	2.023	1.422	884	951	0.116	0.182
Women who have been tested for HIV	HA.6	0.078	0.008	0.105	0.893	0.945	891	958	0.062	0.095
Knowledge of mother- to-child transmission of HIV	HA.4	0.737	0.016	0.022	1.255	1.120	891	958	0.705	0.769

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
UNDER-5s										
Underweight prevalence	NU.1	0.261	0.014	0.053	0.748	0.865	682	753	0.233	0.289
Tuberculosis immunization coverage	CH.2	1.000	0.000	0.000	.	.	150	165	1.000	1.000
Polio immunization coverage	CH.2	0.921	0.026	0.028	1.461	1.209	150	165	0.870	0.972
Immunization coverage for DPT	CH.2	0.915	0.016	0.018	0.555	0.745	150	165	0.882	0.947
Measles immunization coverage	CH.2	0.927	0.024	0.026	1.435	1.198	150	165	0.878	0.976
Fully immunized children	CH.2	0.812	0.038	0.047	1.560	1.249	150	165	0.735	0.888
Acute respiratory infection in last two weeks	CH.6	0.065	0.010	0.157	1.282	1.132	682	753	0.044	0.085
Antibiotic treatment of suspected pneumonia	CH.7	0.772	0.069	0.090	1.318	1.148	44	49	0.633	0.911
Diarrhoea in last two weeks	CH.4	0.211	0.017	0.081	1.314	1.146	682	753	0.177	0.245
Received ORT or increased fluids and continued feeding	CH.5	0.384	0.038	0.098	0.946	0.973	144	159	0.308	0.459
Under-fives sleeping under insecticide treated nets	CH.11	0.568	0.076	0.134	10.181	3.191	502	431	0.416	0.721
Fever in last two weeks	CH.12	0.065	0.012	0.184	1.761	1.327	682	753	0.041	0.089
Antimalarial treatment	CH.12	0.692	0.065	0.094	0.950	0.975	44	49	0.563	0.822
Support for learning	CD.1	0.304	0.013	0.041	0.566	0.752	682	753	0.279	0.329
Birth registration	CP.1	0.622	0.035	0.056	3.936	1.984	682	753	0.551	0.692

Table SE.12: Sampling errors: Basse

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, The Gambia, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
HOUSEHOLDS										
Household availability of ITNs	CH.10	0.585	0.027	0.047	1.615	1.271	483	526	0.531	0.640
Iodized salt consumption	NU.5	0.425	0.051	0.120	5.292	2.300	452	496	0.323	0.527
Child discipline	CP.4	0.949	0.010	0.010	0.960	0.980	425	480	0.929	0.969
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.876	0.055	0.062	14.335	3.786	5861	6870	0.767	0.985
Use of improved sanitation facilities	EN.5	0.864	0.030	0.035	4.077	2.019	5861	6870	0.804	0.925
Net primary school attendance rate	ED.3	0.465	0.025	0.055	3.300	1.816	1070	1273	0.414	0.515
Net secondary school attendance rate	ED.4	0.147	0.020	0.140	3.341	1.828	859	1000	0.106	0.187
Primary completion rate	ED.6	0.474	0.042	0.088	1.429	1.195	172	204	0.390	0.558
Child labour	CP.2	0.318	0.014	0.043	1.879	1.371	1836	2183	0.291	0.346
Prevalence of orphans	HA.10	0.103	0.009	0.085	3.082	1.755	3146	3713	0.085	0.120
WOMEN										
Skilled attendant at delivery	RH.5	0.342	0.034	0.100	2.708	1.645	463	525	0.274	0.410
Antenatal care	RH.3	0.989	0.005	0.005	1.274	1.129	463	525	0.979	0.999
Adult literacy	ED.8	0.132	0.024	0.184	3.124	1.768	548	608	0.084	0.181
Prevalence of female genital mutilation/cutting (FGM/C)	CP.7	0.990	0.004	0.004	2.183	1.478	1258	1411	0.983	0.998
Marriage before age 18	CP.5	0.748	0.015	0.020	1.311	1.145	988	1110	0.718	0.778
Polygyny	CP.5	0.569	0.022	0.038	2.288	1.513	1064	1207	0.525	0.612
Comprehensive knowledge about HIV prevention among young people	HA.3	0.222	0.016	0.071	0.882	0.939	608	548	0.190	0.254
Condom use with non-regular partners	HA.9	0.790	0.070	0.088	0.588	0.767	24	21	0.651	0.930
Age at first sex among young people	HA.8	0.056	0.017	0.300	1.591	1.261	270	301	0.022	0.089
Attitude towards people with HIV/AIDS	HA.5	0.159	0.007	0.045	0.531	0.729	1244	1394	0.145	0.173
Women who have been tested for HIV	HA.6	0.036	0.006	0.172	1.562	1.250	1258	1411	0.024	0.049
Knowledge of mother- to-child transmission of HIV	HA.4	0.672	0.015	0.023	1.505	1.227	1258	1411	0.641	0.703

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
UNDER-5s										
Underweight prevalence	NU.1	0.235	0.018	0.076	1.879	1.371	914	1052	0.200	0.271
Tuberculosis immunization coverage	CH.2	0.988	0.007	0.007	0.926	0.962	214	245	0.975	1.000
Polio immunization coverage	CH.2	0.927	0.015	0.016	0.833	0.912	214	245	0.896	0.957
Immunization coverage for DPT	CH.2	0.819	0.016	0.019	0.396	0.629	214	245	0.788	0.850
Measles immunization coverage	CH.2	0.931	0.013	0.014	0.679	0.824	214	245	0.904	0.957
Fully immunized children	CH.2	0.745	0.018	0.024	0.398	0.631	214	245	0.710	0.780
Acute respiratory infection in last two weeks	CH.6	0.055	0.009	0.154	1.597	1.264	999	1143	0.038	0.073
Antibiotic treatment of suspected pneumonia	CH.7	0.612	0.060	0.098	0.887	0.942	55	60	0.492	0.731
Diarrhoea in last two weeks	CH.4	0.238	0.019	0.080	2.256	1.502	999	1143	0.200	0.276
Received ORT or increased fluids and continued feeding	CH.5	0.533	0.042	0.079	1.952	1.397	238	275	0.449	0.618
Under-fives sleeping under insecticide treated nets	CH.11	0.350	0.040	0.114	8.026	2.833	999	1143	0.270	0.430
Fever in last two weeks	CH.12	0.079	0.010	0.125	1.515	1.231	999	1143	0.059	0.098
Antimalarial treatment	CH.12	0.326	0.064	0.196	1.625	1.275	79	88	0.198	0.454
Support for learning	CD.1	0.346	0.013	0.039	0.919	0.959	999	1143	0.319	0.373
Birth registration	CP.1	0.394	0.029	0.073	3.932	1.983	999	1143	0.337	0.451

APPENDIX D: DATA QUALITY TABLES

Table DQ.1: Age distibution of household population

Single-year age distribution of household population by sex (weighted), The Gambia, 2005/2006

	Males		Females			Males		Females	
	Number	Per cent	Number	Per cent		Number	Per cent	Number	Per cent
0	761	3.4	817	3.6	41	98	.4	102	.4
1	755	3.4	717	3.1	42	150	.7	145	.6
2	706	3.2	642	2.8	43	113	.5	102	.4
3	638	2.9	583	2.6	44	83	.4	69	.3
4	446	2.0	414	1.8	45	335	1.5	242	1.1
5	842	3.8	807	3.5	46	131	.6	105	.5
6	719	3.3	723	3.2	47	95	.4	58	.3
7	736	3.3	724	3.2	48	113	.5	78	.3
8	743	3.4	736	3.2	49	89	.4	64	.3
9	558	2.5	546	2.4	50	299	1.4	485	2.1
10	689	3.1	744	3.3	51	44	.2	134	.6
11	513	2.3	487	2.1	52	97	.4	211	.9
12	631	2.9	680	3.0	53	94	.4	129	.6
13	554	2.5	678	3.0	54	50	.2	89	.4
14	482	2.2	817	3.6	55	191	.9	217	1.0
15	661	3.0	439	1.9	56	98	.4	116	.5
16	508	2.3	465	2.0	57	77	.3	44	.2
17	443	2.0	455	2.0	58	99	.4	70	.3
18	570	2.6	571	2.5	59	48	.2	38	.2
19	336	1.5	378	1.7	60	322	1.5	279	1.2
20	585	2.7	689	3.0	61	31	.1	12	.1
21	268	1.2	311	1.4	62	51	.2	42	.2
22	313	1.4	344	1.5	63	48	.2	39	.2
23	279	1.3	342	1.5	64	33	.1	22	.1
24	304	1.4	359	1.6	65	161	.7	114	.5
25	467	2.1	576	2.5	66	33	.2	24	.1
26	273	1.2	361	1.6	67	47	.2	20	.1
27	246	1.1	314	1.4	68	57	.3	29	.1
28	289	1.3	399	1.8	69	39	.2	9	.0
29	208	.9	285	1.2	70	164	.7	154	.7
30	536	2.4	605	2.7	71	10	.0	7	.0
31	111	.5	156	.7	72	21	.1	12	.1
32	233	1.1	243	1.1	73	26	.1	12	.1
33	173	.8	202	.9	74	14	.1	7	.0
34	151	.7	156	.7	75	75	.3	71	.3
35	419	1.9	372	1.6	76	17	.1	10	.0
36	191	.9	203	.9	77	10	.0	2	.0
37	172	.8	157	.7	78	20	.1	15	.1
38	218	1.0	198	.9	79	6	.0	2	.0
39	147	.7	135	.6	80+	175	.8	172	.8
40	504	2.3	413	1.8	DK/ Missing	32	.1	18	.1
					Total	22072	100.0	22805	100.0

Table DQ.2: Age distribution of eligible and interviewed women

Household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by five-year age group, The Gambia, 2005/2006

	Household population of women aged 10-54	Interviewed women aged 15-49		Percentage of eligible women interviewed
	Number	Number	Per cent	
Age				
10-14	3407	.	.	.
15-19	2307	2246	22.	97.4
20-24	2044	1987	20.2	97.2
25-29	1935	1887	19.2	97.5
30-34	1361	1330	13.5	97.7
35-39	1065	1030	10.5	96.7
40-44	830	813	8.3	97.9
45-49	546	531	5.4	97.4
50-54	1048	na	Na	na
15-49	10088	9823	100.0	97.4

na: not applicable
Note: Weights for both household population of women and interviewed women are household weights.
Age is based on the household schedule.

Table DQ.3: Age distribution of eligible and interviewed under-5s

Household population of children aged 0-4, children whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caretakers were interviewed (weighted), by five-year age group, The Gambia, 2005/2006

	Household population of children aged 0-7	Interviewed children aged 0-4		Percentage of eligible women interviewed
	Number	Number	Per cent	
Age				
0	1578	1558	24.4	98.7
1	1472	1448	22.7	98.4
2	1348	1330	20.8	98.7
3	1221	1202	18.8	98.5
4	860	842	13.2	97.9
5	1648	na	Na	na
6	1442	na	Na	na
7	1460	na	Na	na
0-4	6479	6382	100.0	98.5

na: not applicable
Note: Weights for both household population of children and interviewed children are household weights.
Age is based on the household schedule.

Table DQ.4: Age distribution of under-5 children

Age distribution of under-5 children by 3-month groups (weighted), The Gambia, 2005/2006

	Males		Females		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Age in months						
0-2	180	5.4	190	6.0	370	5.7
3-5	230	6.9	252	7.9	483	7.4
6-8	153	4.6	157	4.9	309	4.7
9-11	188	5.6	197	6.2	385	5.9
12-14	235	7.0	229	7.2	464	7.1
15-17	218	6.5	207	6.5	426	6.5
18-20	135	4.0	130	4.1	265	4.0
21-23	169	5.1	163	5.1	332	5.1
24-26	223	6.7	191	6.0	414	6.3
27-29	218	6.5	183	5.7	400	6.1
30-32	122	3.6	117	3.7	239	3.7
33-35	159	4.8	157	4.9	317	4.8
36-38	218	6.5	218	6.8	436	6.7
39-41	174	5.2	142	4.4	315	4.8
42-44	110	3.3	94	2.9	204	3.1
45-47	147	4.4	145	4.5	292	4.5
48-50	179	5.4	168	5.2	347	5.3
51-53	119	3.6	109	3.4	228	3.5
54-56	78	2.3	69	2.1	147	2.2
57-59	93	2.8	79	2.5	172	2.6
Total	3346	100.0	3197	100.0	6543	100.0

Table DQ.5: Heaping on ages and periods

Age and period ratios at boundaries of eligibility by type of information collected (weighted), The Gambia, 2005/2006

	Age and period ratios*			Eligibility boundary (lower-upper)	Module or questionnaire
	Males	Females	Total		
Age in household questionnaire					
1	1.02	.99	1.00		
2	1.01	.99	1.00	Lower	Child discipline and child disability
3	1.07	1.07	1.07		
4	.69	.69	.69	Upper	Under-5 questionnaire
5	1.26	1.24	1.25	Lower	Child labour and education
6	.94	.96	.95		
8	1.09	1.10	1.10		
9	.84	.81	.82	Upper	Child disability
10	1.17	1.26	1.22		
13	1.00	.94	.96		
14	.85	1.27	1.07	Upper	Child labour and child discipline
15	1.20	.76	.98	Lower	Women's questionnaire
16	.94	1.03	.98		
17	.87	.91	.89	Upper	Orphaned and vulnerable children
18	.99	.97	.98		
23	.93	.98	.96		
24	.87	.84	.85	Upper	Education
25	1.34	1.33	1.34		
48	1.14	1.17	1.15		
49	.53	.30	.41	Upper	Women's questionnaire
50	2.08	2.13	2.11		
Age in women's questionnaire					
23	na	.97	na		
24	na	.86	na	Upper	Sexual behaviour
25	na	1.32	na		
Months since last birth in women's questionnaire					
6-11	na	.87	na		
12-17	na	1.22	na		
18-23	na	.84	na	Upper	Tetanus toxoid and maternal and child health
24-29	na	1.18	na		
30-35	na	.80	na		

*** Age or period ratios are calculated as $x / ((x_{n-1} + x_n + x_{n+})) / 3)$, where x is age or period.**

na: not applicable

Table DQ.6: Completeness of reporting

Percentage of observations missing information for selected questions and indicators (weighted), The Gambia, 2005/2006

Questionnaire and Subject	Reference group	Per cent with missing information*	Number of cases
Household			
Salt testing	All households surveyed	.7	6071
Women			
Date of Birth	All women aged 15-49		
Month only		26.6	9982
Month and year missing		.0	9982
Date of first birth	All women aged 15-49 with at least one live birth		
Month only		20.7	6739
Month and year missing		20.6	6739
Completed years since first birth	All women aged 15-49 with at least one live birth	.0	1393
Date of last birth	All women aged 15-49 with at least one live birth		
Month only		10.8	6739
Month and year missing		1.0	6739
Date of first marriage/union	All ever married women aged 15-49		
Month only		16.7	7311
Month and year missing		51.7	7311
Age at first marriage/union	All ever married women aged 15-49	3.9	7311
Age at first intercourse	All women age 15-24 who have ever had sex	.4	4306
Time since last intercourse	All women age 15-24 who have ever had sex	.5	2208
Under-5			
Date of Birth	All under five children surveyed		
Month only		.1	6543
Month and year missing		.0	6543
Anthropometry	All under five children surveyed		
Height		1.8	6543
Weight		2.3	6543
Height or Weight		2.3	6543

*** Includes "Don't know" responses**

Table DQ.7: 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 interviewed for the under-5 questionnaire (weighted), The Gambia, 2005/2006

	Mother in the household				Mother not in the household			Total	Number of children aged 0-4 years
	Mother interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed		
Age									
0	98.6	.0	.0	.1	1.3	.0	.0	100.0	1578
1	97.1	.1	.0	.2	2.7	.0	.0	100.0	1472
2	91.4	.0	.0	.1	8.4	.1	.0	100.0	1348
3	87.9	.1	.1	.8	10.9	.2	.0	100.0	1221
4	88.0	.0	.0	.3	11.6	.0	.1	100.0	860
Total	93.3	.0	.0	.3	6.3	.1	.0	100.0	6479

Table DQ.8: School attendance by single age

Distribution of household population aged 5-24 by educational level and grade attended in the current year (weighted), The Gambia, 2005/2006

		Primary school						Secondary school								
	Preschool	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 1	Grade 2	Grade 3	Grade 4	Higher	Non-standard curriculum	Don't know	Not attending school	Number
Age																
5	26.7	1.3	.8	.1	.1	.0	.0	.0	.0	.0	.0	.0	1.3	.0	66.2	1648
6	28.7	4.2	3.3	.6	.1	.1	.0	.0	.0	.0	.1	.0	3.0	.0	55.2	1442
7	22.0	7.4	14.4	3.0	.7	.3	.0	.0	.1	.0	.0	.0	4.4	.0	38.2	1460
8	12.0	6.4	24.9	8.5	2.3	.6	.3	.0	.1	.0	.1	.0	4.0	.0	30.6	1479
9	2.8	2.3	23.5	22.8	10.2	1.5	.4	.1	.1	.0	.0	.0	3.9	.0	22.2	1104
10	2.0	.9	11.4	18.4	18.5	5.5	1.8	.2	.2	.1	.0	.1	4.5	.0	26.0	1434
11	.7	.7	5.3	12.5	19.4	17.1	6.4	1.0	.2	.1	.1	.1	3.8	.0	20.9	1000
12	.2	.1	2.3	8.3	14.4	16.3	15.7	3.2	1.7	.5	.1	.1	3.9	.1	23.8	1311
13	.5	.1	1.5	4.3	7.2	10.5	21.3	9.2	4.6	1.2	.4	.2	4.4	.0	25.4	1232
14	.3	.1	1.0	.9	2.8	7.0	17.7	10.1	12.4	4.6	1.1	.1	2.7	.0	29.8	1299
15	.0	.0	.3	.6	2.5	4.3	9.2	7.2	15.4	14.2	3.2	.8	4.1	.0	31.6	1100
16	.2	.0	.2	.0	.9	1.8	5.8	3.0	10.7	19.5	10.4	3.3	3.4	.0	35.0	973
17	.0	.0	.0	.1	.7	1.0	2.2	1.7	7.5	13.6	9.9	9.3	2.7	.0	42.5	898
18	.0	.0	.0	.1	.4	.4	1.4	.8	4.1	8.8	8.1	8.4	1.6	.0	54.8	1140
19	.0	.0	.1	.1	.1	.1	.6	.2	2.1	4.4	6.9	7.9	2.1	.0	61.7	714
20	.0	.1	.0	.0	.1	.2	.6	.2	1.0	2.6	2.4	3.8	.7	.0	80.0	1274
21	.0	.0	.0	.0	.7	.0	.6	.1	1.2	2.7	1.8	2.3	1.4	.0	80.1	578
22	.0	.0	.0	.1	.0	.0	.0	.0	.8	.9	2.3	1.6	.7	.0	86.8	657
23	.0	.1	.0	.0	.0	.2	.0	.0	.2	1.0	1.0	1.1	1.1	.0	91.0	620
24	.0	.0	.0	.0	.0	.0	.0	.1	.0	.6	.6	1.2	1.3	.0	92.4	663

Table DQ.9: Sex ratio at birth among children ever born and living

Sex ratio at birth among children ever born, children living, and deceased children, by age of women (weighted), The Gambia, 2005/2006

	Children Ever Born			Children Living			Children Deceased			Number of women
	Number of sons ever born	Number of daughters ever born	Sex ratio	Number of sons living	Number of daughters living	Sex ratio	Number of deceased sons	Number of deceased daughters	Sex ratio	
Age										
15-19	225	198	1.13	205	186	1.11	19	13	1.52	2282
20-24	1150	1089	1.06	1026	975	1.05	124	115	1.08	2023
25-29	2458	2358	1.04	2137	2111	1.01	321	247	1.30	1915
30-34	2814	2739	1.03	2442	2400	1.02	372	338	1.10	1352
35-39	2855	2625	1.09	2455	2259	1.09	400	366	1.09	1047
40-44	2710	2442	1.11	2232	2044	1.09	478	398	1.20	822
45-49	1861	1713	1.09	1473	1351	1.09	389	362	1.07	540
Total	14072	13165	1.07	11969	11327	1.06	2103	1838	1.14	9982

Note: Sex ratios are calculated as number of males/ number of females

Table DQ.10: Distribution of women by time since last birth

Distribution of women aged 15 - 49 with at least one live birth by months since last (weighted), The Gambia, 2005/2006

	Months since last birth				
	Number	Per cent		Number	Per cent
0	76	1.9	16	156	4.0
1	142	3.6	17	128	3.2
2	149	3.8	18	118	3.0
3	169	4.3	19	81	2.1
4	176	4.5	20	68	1.7
5	164	4.1	21	83	2.1
6	136	3.5	22	98	2.5
7	103	2.6	23	116	2.9
8	91	2.3	24	106	2.7
9	109	2.8	25	97	2.5
10	135	3.4	26	92	2.3
11	139	3.5	27	102	2.6
12	149	3.8	28	106	2.7
13	139	3.5	29	79	2.0
14	145	3.7	30	65	1.6
15	157	4.0	<= -1	5	.1
			Total	3948	100.0

APPENDIX E: MICS INDICATOR: NUMERATORS AND DENOMINATORS

	INDICATOR	NUMERATOR	DENOMINATOR
1	Under-5 mortality rate	Probability of dying by exact age 5 years	
2	Infant mortality rate	Probability of dying by exact age 1 year	
3	Skilled attendant at delivery	Number of women aged 15-49 with a birth in the 2 years preceding the survey who were attended during childbirth by skilled health personnel	Total number of women surveyed aged 15-49 with a birth in the 2 years preceding the survey
4	Underweight prevalence	Number of children under age five who fall below minus two standard deviations from the median weight for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age fivewho were weighed
5	Stunting prevalence	Number of children under age five who fall below minus two standard deviations from the median height for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five measured
6	Wasting prevalence	Number of children under age five who fall below minus two standard deviations from the median weight for height of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five weighed and measured
7	Low-birthweight infants	Number of last live births in the 2 years preceding the survey weighing below 2,500 grams	Total number of last live births in the 2 years preceding the survey
8	Infants weighed at birth	Number of last live births in the 2 years preceding the survey who were weighed at birth	Total number of last live births in the 2 years preceding the survey
9	Use of improved drinking water sources	Number of household members living in households using improved sources of drinking water	Total number of household members in households surveyed
10	Use of improved sanitation facilities	Number of household members using improved sanitation facilities	Total number of household members in households surveyed
11	Water treatment	Number of household members using water that has been treated	Total number of household members in households surveyed
12	Disposal of child's faeces	Number of children under age three whose (last) stools were disposed of safely	Total number of children under age three surveyed
13	Exclusive breastfeeding rate	Number of infants aged 0-5 months who are exclusively breastfed	Total number of infants aged 0-5 months surveyed
14	Continued breastfeeding rate	Number of infants aged 12-15 months, and 20-23 months, that are currently breastfeeding	Total number of children aged 12-15 months and 20-23 months surveyed
15	Timely complementary feeding rate	Number of infants aged 6-9 months who are receiving breastmilk and complementary foods	Total number of infants aged 6-9 months surveyed
16	Frequency of complementary feeding	Number of infants aged 6-11 months who receive breastmilk and complementary food at least the minimum recommended number of times per day (two times per day for infants aged 6-8 months, three times per day for infants aged 9-11 months)	Total number of infants aged 6-11 months surveyed

	INDICATOR	NUMERATOR	DENOMINATOR
17	Adequately fed infants	Number of infants aged 0-11 months who are appropriately fed: infants aged 0-5 months that are exclusively breastfed and infants aged 6-11 months that are breastfed and ate solid or semi-solid foods the appropriate number of times (see above) yesterday	Total number of infants aged 0-11 months surveyed
18	Antenatal care	Number of women aged 15-49 who were attended to at least once during pregnancy in the 2 years preceding the survey by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
19	Antibiotic treatment of suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks receiving antibiotics	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
20	Care-seeking for suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks who are taken to an appropriate health provider	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
21	Solid fuel	Number of residents in households who use solid fuel (wood, charcoal, crop residues and dung) as the primary source of domestic energy to cook	Total number of residents in households surveyed
22	Tuberculosis immunization coverage	Number of children aged 12-23 months receiving BCG vaccine before their first birthday	Total number of children aged 12-23 months surveyed
23	Polio immunization coverage	Number of children aged 12-23 months receiving OPV3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed
24	Immunization coverage for diphtheria, pertussis and tetanus (DPT)	Number of children aged 12-23 months receiving DPT3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed
25	Measles immunization coverage	Number of children aged 12-23 months receiving measles vaccine before their first birthday	Total number of children aged 12-23 months surveyed
26	Hepatitis B immunization coverage	Number of children aged 12-23 months immunized against hepatitis before their first birthday	Total number of children aged 12-23 months surveyed
27	Yellow fever immunization coverage	Number of children aged 12-23 months immunized against yellow fever before their first birthday	Total number of children aged 12-23 months surveyed
28	Fully immunized children	Number of children aged 12-23 months receiving DPT1-3, OPV-1-3, BCG and measles vaccines before their first birthday	Total number of children aged 12-23 months surveyed
29	Neonatal tetanus protection	Number of mothers with live births in the previous year who were given at least two doses of tetanus toxoid (TT) vaccine within the appropriate interval prior to giving birth	Total number of women surveyed aged 15-49 years with a birth in the year preceding the survey
30	Use of oral rehydration therapy (ORT)	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received oral rehydration salts and/or an appropriate household solution	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
31	Home management of diarrhoea	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks who received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
32	Received ORT or increased fluids and continued feeding	Number of children aged 0-59 months with diarrhoea who received ORT (oral rehydration salts or an appropriate household solution) or received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
33	Household availability of insecticide-treated nets (ITNs)	Number of households with at least one mosquito net, either permanently treated or treated within the previous year	Total number of households surveyed

	INDICATOR	NUMERATOR	DENOMINATOR
34	Under-5s sleeping under insecticide- treated nets	Number of children aged 0-59 months who slept under an insecticide-treated mosquito net the previous night	Total number of children aged 0-59 months surveyed
35	Under-5s sleeping under mosquito nets	Number of children aged 0-59 months who slept under a mosquito net the previous night	Total number of children aged 0-59 months surveyed
36	Antimalarial treatment (under- 5)	Number of children aged 0-59 months reported to have had fever in the previous 2 weeks who were treated with an appropriate antimalarial within 24 hours of onset	Total number of children aged 0-59 months reported to have had fever in the previous 2 weeks
37	Intermittent preventive malaria treatment (pregnant women)	Number of women receiving appropriate intermittent medication to prevent malaria (defined as at least 2 doses of SP/Fansidar) during the last pregnancy, leading to a live birth within the 2 years preceding the survey	Total number of women who have had a live birth within the 2 years preceding the survey
38	Iodized salt consumption	Number of households with salt testing 15 parts per million or more of iodine/iodate	Total number of households surveyed
39	Vitamin A supplementation (Under-5s)	Number of children aged 6-59 months receiving at least one high-dose Vitamin A supplement in the previous 6 months	Total number of children aged 6-59 months surveyed
40	Vitamin A supplementation (post-partum mothers)	Number of women with a live birth in the 2 years preceding the survey who received a high-dose Vitamin A supplement within 8 weeks after birth	Total number of women who had a live birth in the 2 years preceding the survey
41	Content of antenatal care	Number of women with a live birth in the 2 years preceding the survey who received antenatal care during the last pregnancy	Total number of women with a live birth in the 2 years preceding the survey
42	Timely initiation of breastfeeding	Number of women with a live birth in the 2 years preceding the survey who put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the 2 years preceding the survey
43	Support for learning	Number of children aged 0-59 months living in households in which an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months surveyed
44	Father's support for learning	Number of children aged 0-59 months whose father has engaged in one or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months
45	Support for learning: children's books	Number of households with three or more children's books	Total number of households surveyed
46	Support for learning: non-children's books	Number of households with three or more non-children's books	Total number of households surveyed
47	Support for learning: materials for play	Number of households with three or more materials intended for play	Total number of households surveyed
48	Non-adult care	Number of children aged 0-59 months left alone or in the care of another child younger than 10 years of age in the past week	Total number of children aged 0-59 months surveyed
49	Pre-school attendance	Number of children aged 36-59 months who attend some form of early childhood education programme	Total number of children aged 36-59 months surveyed
50	School readiness	Number of children in first grade who attended some form of pre-school the previous year	Total number of children in the first grade surveyed
51	Net intake rate in primary education	Number of children of school entry age who are currently attending first grade	Total number of children of primary school entry age surveyed

	INDICATOR	NUMERATOR	DENOMINATOR
52	Net primary school attendance rate	Number of children of primary school age currently attending primary or secondary school	Total number of children of primary school age surveyed
53	Net secondary school attendance rate	Number of children of secondary school age currently attending secondary school or higher	Total number of children of secondary school age surveyed
54	Children reaching Grade 5	Proportion of children entering the first grade of primary school who eventually reach grade five	Total number of children that were in the last grade of primary school during the previous school year surveyed
55	Transition rate to secondary school	Number of children who were in the last grade of primary school during the previous school year who attend secondary school	Total number of children of primary school completion age (age appropriate to final grade of primary school) surveyed
56	Primary completion rate	Number of children (of any age) attending the last grade of primary school (excluding repeaters)	Total number of women aged 15-24 surveyed
57	Adult literacy rate	Number of women aged 15-24 who are able to read a short simple statement about everyday life	Proportion of boys in primary and secondary education
58	Gender parity index	Proportion of girls in primary and secondary education	Total number of children aged 0-59 months surveyed
59	Birth registration	Number of children aged 0-59 months whose births are reported registered	Total number of women aged 15-49 surveyed
60	Prevalence of female genital mutilation/cutting (FGM/C)	Number of women aged 15-49 who reported undergoing any form of genital mutilation/cutting	Total number of women aged 15-49 surveyed
61	Prevalence of extreme form of FGM/C	Number of women aged 15-49 who reported undergoing an extreme form of genital mutilation/cutting (such as infibulation)	Total number of women aged 15-49 surveyed who have at least one living daughter
62	Prevalence of FGM/C among daughters	Number of women aged 15-49 who reported that at least one daughter had undergone female genital mutilation/cutting	Total number of women aged 15-49 surveyed
63	Approval for FGM/C	Number of women aged 15-49 favouring the continuation of female genital mutilation/cutting	Total number of women aged 15-49 and 20-49 surveyed, by age groups
64	Marriage before age 15 and age 18	Number of women who were first married or in union by the exact age of 15 and the exact age of 18, by age groups	Total number of women aged 15-19 surveyed
65	Young women aged 15-19 currently married or in union	Number of women aged 15-19 years currently married or in union	Total number of women aged 15-19 and 20-24 years surveyed that are currently married or in union
66	Spousal age difference	Number of women married/in union aged 15-19 years and 20-24 years with a difference in age of 10 or more years between them and their current spouse	Total number of women aged 15-19 and 20-24 years surveyed that are currently married or in union
67	Polygyny	Number of women in a polygynous union	Total number of women aged 15-49 surveyed who are currently married or in union
68	Child labour	Number of children aged 5-14 who are involved in child labour	Total number of children aged 5-14 surveyed
69	Labourer students	Number of children aged 5-14 involved in child labour activities who attend school	Total number of children aged 5-14 involved in child labour activities
70	Student labourers	Number of children aged 5-14 attending school who are involved in child labour activities	Total number of children aged 5-14 attending school

	INDICATOR	NUMERATOR	DENOMINATOR
71	Child discipline	Number of children aged 2-14 who (1) experience only non-violent aggression, (2) experience psychological aggression as punishment, (3) experience minor physical punishment, (4) experience severe physical punishment	Total number of children aged 2-14 selected and surveyed
72	Prevalence of orphans	Number of children under age 18 with at least one dead parent	Total number of children under age 18 surveyed
73	Prevalence of vulnerable children	Number of children under age 18 who have a chronically ill parent, who live in a household where an adult aged 18-59 has died in the past year, or who live in a household where an adult aged 18-59 has been chronically ill in the past year	Total number of children under age 18 surveyed
74	School attendance of orphans versus non-orphans	Proportion of double orphans (both mother and father dead) aged 10-14 attending school	Proportion of children aged 10-14, both of whose parents are alive, who are living with at least one parent and are attending school
75	Children's living arrangements	Number of children aged 0-17 not living with a biological parent	Total number of children aged 0-17 surveyed
76	Malnutrition among children orphaned and made vulnerable by HIV/AIDS	Proportion of orphaned or vulnerable children under age five who are moderately or severely underweight, of all orphaned and vulnerable children under age five who are weighed	Proportion of children not classified as orphaned or vulnerable under age five who are moderately or severely underweight, of all children not classified as orphaned or vulnerable under age five who are weighed
77	Early sex among children orphaned and made vulnerable by HIV/AIDS	Proportion of orphaned and vulnerable children aged 15-17 who had sex before age 15, of all orphaned and vulnerable children aged 15-17 surveyed	Proportion of children not classified as orphaned or vulnerable aged 15-17 who had sex before age 15, of all children not classified as
78	External support to children orphaned and made vulnerable by HIV/AIDS	Number of orphaned and vulnerable children under age 18 whose households received free basic external support in caring for the child	orphaned or vulnerable aged 15-17 surveyed Number of orphaned and vulnerable children under age 18 surveyed
79	Comprehensive knowledge of HIV prevention among young people	Number of women aged 15-24 who correctly identify two ways of avoiding HIV infection and reject three common misconceptions of HIV transmission	Total number of women aged 15-24 years surveyed
80	Condom use with non-regular partners	Number of women aged 15-24 years reporting the use of a condom during sexual intercourse with their last non-marital, non-cohabiting sex partner in the previous 12 months	Total number of women aged 15-24 surveyed who had a non-marital, non-cohabiting partner in the previous 12 months
81	Age at first sex among young people	Number of women aged 15-24 who have had sex before age 15	Total number of women aged 15-24 surveyed
82	Higher risk sex in the last year	Number of sexually active women aged 15-24 who have had sex with a non-marital, non-cohabitating partner in the previous 12 months	Total number of women aged 15-24 who were sexually active in the previous 12 months
83	Attitude towards people with HIV/AIDS	Number of women expressing acceptance on all four questions about people with HIV or AIDS	Total number of women surveyed
84	Women who know where to be tested for HIV	Number of women who state knowledge of a place to be tested	Total number of women surveyed
85	Women who have been tested for HIV	Number of women who report being tested for HIV	Total number of women surveyed
86	Knowledge of mother-to-child transmission of HIV	Number of women who correctly identify all three means of vertical transmission	Total number of women surveyed

	INDICATOR	NUMERATOR	DENOMINATOR
87	Counselling coverage for the prevention of mother-to-child transmission of HIV	Number of women who gave birth in the previous 24 months and received antenatal care reporting that they received counselling on HIV/AIDS during this care	Total number of women who gave birth in the previous 24 months surveyed
88	Testing coverage for the prevention of mother-to-child transmission of HIV	Number of women who gave birth in the previous 24 months and received antenatal care reporting that they received the results of an HIV test during this care	Total number of women who gave birth in the previous 24 months surveyed
89	Age-mixing among sexual partners	Number of women aged 15-24 who had sex in the past 12 months with a partner who was 10 or more years older than they were	Total number of sexually active women aged 15-24 surveyed
90	Security of tenure	Number of household members living in urban households who lack formal documentation for their residence or who feel at risk of eviction	Number of urban household members in households surveyed
91	Durability of housing	Number of household members living in urban dwellings that are not considered durable	Number of urban household members in households surveyed
92	Slum household	Number of household members living in urban slums	Number of household members in urban households surveyed
93	Source of supplies	Number of children (or households) for whom supplies were obtained from public providers, presented separately for each type of supply: insecticide-treated mosquito nets, oral rehydration salts, antibiotics and antimalarials	Total number of children (or households) for whom supplies were obtained
94	Cost of supplies	Median cost of supplies obtained, presented separately for each type of supply and whether sourced from public or private providers: insecticide-treated mosquito nets, oral rehydration salts, antibiotics and antimalarials.	Total number of children (or households) for whom supplies were obtained
95	Attitudes towards domestic violence	Number of women who consider that a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	Total number of women surveyed

APPENDIX F: QUESTIONNAIRES

Household Questionnaire

We are from various government departments (Central Statistics Dept., DoSH, DOSE, etc.). We are working on a project concerned with family health and education. I would like to talk to you about this. The interview will take about 1hr.30 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified. During this time I would like to speak with all mothers or others who take care of children in the household.
May I start now? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL	**HH**
HH1. Enumeration area number: ___ ___ ___	HH2. Household number: ___ ___
HH3. Interviewer name and number: Name _____ ___ ___	HH4. Supervisor name and number: Name _____ ___ ___
HH5. Day/Month/Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___	
HH6. Area: Urban.....1 Rural.....2	HH7. Region: LGA: ..... District: ..... Settlement: ..... PHC/NON PHC: .....
HH 8. Name of head of household:	
After all questionnaires for the household have been completed, fill in the following information:	
HH9. Result of HH interview: Completed..... 1 Not at home.....2 Refused.....3 HH not found/destroyed.....4 Other (*specify*) 6	HH10. Respondent to HH questionnaire: Name: _____ Line No: ___ ___ ___ HH11. Total number of household members: ___ ___ ___
HH12. No. of women eligible for interview: ___ ___	HH13. No. of women questionnaires completed: ___ ___
HH14. No. of children under age 5: ___ ___	HH15. No. of under-5 questionnaires completed: ___ ___
Interviewer/supervisor notes: Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.	
HH16. Data entry clerk:	

HOUSEHOLD LISTING FORM

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? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). *If yes, complete listing.*

Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used ☐

					Eligible for:			*If age 18-59 years*	*For children age 0-17 years ask HL9-HL12A*						
					WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW								
HL1. Line No.	HL2. Name	HL3. What is the relation-ship of (NAME) to the head of the house-hold?	HL4. Is (NAME) male or female? 1 MALE 2 FEM.	HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in com-pleted years 98=DK*	HL6. Circle Line no. If woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL8A. HAS (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL9. IS (name's) NATU-RAL MOTHER ALIVE? 1 YES 2 NO ⇨ HL11 8 DK ⇨ HL11	HL10. *If alive:* DOES (NAME)S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? *Record Line no. of mother or 00 for 'no'*	HL10A. *If mother does not live in household:* HAS *(name's)* MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	HL10AA. IF NO WHO IS THE ALTERNATIVE CARETAKER? 1 PATERNAL RELATIVE 2 MATERNAL RELATIVE 3 OTHER (SPECIFY)	HL11. IS (name's) NATURAL FATHER ALIVE? 1 YES 2 NO ↘ NEXT LINE 8 DK ↘ NEXT LINE	HL12. *If alive:* DOES (NAME)S NATURAL FATHER LIVE IN THIS HOUSE-HOLD? *Record Line no. of father or 00 for 'no'*	HL12A. *If father does not live in household:* HAS (name's) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	MOTHER	Y N D K	Y N DK	MOTHER	Y N D K	MOTHER	Y N D K	FATHER	Y N D K
01		0 1	1 2	__ __	01	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8
02			1 2	__ __	02	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8
03			1 2	__ __	03	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8
04			1 2	__ __	04	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8
05			1 2	__ __	05	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8
06			1 2	__ __	06	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8
07			1 2	__ __	07	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8
08			1 2	__ __	08	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8
09			1 2	__ __	09	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8
10			1 2	__ __	10	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8
11			1 2	__ __	11	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8
12			1 2	__ __	12	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8
13			1 2	__ __	13	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8
14			1 2	__ __	14	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8
15			1 2	__ __	15	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8

Are there any other persons living here - even if they are not members of your family or do not have parents living in this household? INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert child's name and complete form. Then, complete the totals below

					Women 15-49	Children 5-14	Under-5s	Very Sick (=1)	Mothers Dead (=2)		Mothers Very Sick (=1)		Fathers Dead (=2		Fathers Very Sick (=1)
Totals					__ __	__ __	__ __	__ __	__ __		__ __			__ __	

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

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the 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 the Questionnaire for Children Under Five.

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	03 = Son or Daughter	05 = Grandchild	07 = Parent-In-Law	09 = Brother or Sister-In-Law	11 = Niece/Nephew By Blood	13 = Other Relative	15 = Not Related
02 = Wife or Husband	04 = Son or Daughter In-Law	06 = Parent	08 = Brother or Sister	10 = Uncle/Aunt	12 = Niece/Nephew By Marriage	14 = Adopted/Foster/Stepchild	98 = Don't Know

EDUCATION MODULE — ED

For household members age 5 and above — *FOR HOUSEHOLD MEMBERS AGE 5-24 YEARS*

ED1. *Line No*	ED1A. NAME	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL *(name)* ATTENDED? WHAT IS THE HIGHEST GRADE *(name)* COMPLETED AT THIS LEVEL?	ED3AA IS (NAME) CURRENTLY ATTENDING SCHOOL?	ED4. DURING THE *(2005-2006)* SCHOOL YEAR, DID *(name)* ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED5. SINCE LAST *(day of the week)*, HOW MANY DAYS DID *(name)* ATTEND SCHOOL?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS *(name)* ATTENDING?	ED7. DID *(name)* ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS *(2004-2005)?*	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?	ED9. WHAT WAS THE REASON FOR (NAME) NOT ATTENDING SCHOOL PRE-SCHOOL PREVIOUS SCHOOL YEAR?
		1 YES ⇨ ED3 2 NO ⇘ NEXT LINE	LEVEL: 0 PRE-SCHOOL 10 DAYCARE CENTRES 1 PRIMARY 11 MADRASSA PRIMARY 2 SECONDARY (UPPER BASIC/JUNIOR/SENIOR) 12 MADRASSA SECONDARY 3 HIGHER (TERTIARY, UNIVERSITY, COLLEGE) 4 VOCATIONAL 6 NON-STANDARD CURRICULUM 98 DK GRADE: 98 DK *If less than 1 grade, enter 00*	1 YES 2 NO (IF AGE IS LESS THAN 5 OR MORE THAN 24 YEARS ⇘ next line)	1 YES 2 NO ⇨ ED7	*Insert number of days in space below*	LEVEL: 0 PRE-SCHOOL 10 DAYCARE CENTRES 1 PRIMARY 11 MADRASSA PRIMARY 2 SECONDARY (UPPER BASIC/JUNIOR/SENIOR) 12 MADRASSA SECONDARY 3 HIGHER (TERTIARY, UNIVERSITY, COLLEGE) 4 VOCATIONAL 6 NON-STANDARD CURRICULUM 98 DK GRADE: 98 DK	1 YES ⇨ ED8 2 NO ⇨ ED9 8 DK ⇘ NEXT LINE	LEVEL: 0 PRE-SCHOOL 10 DAYCARE CENTRES 1 PRIMARY 11 MADRASSA PRIMARY 2 SECONDARY (UPPER BASIC/JUNIOR/SENIOR) 12 MADRASSA SECONDARY 3 HIGHER (TERTIARY, UNIVERSITY, COLLEGE) 4 VOCATIONAL 6 NON-STANDARD CURRICULUM 98 DK GRADE: 98 DK	1. FINANCIAL 2. PREGNANCY 3. MARRIAGE 4. WORK FOR PAY 5. DOMESTIC WORK (UNPAID) 6. OTHERS-(SPECIFY)

LINE		YES	NO	LEVEL	GRADE		YES	NO	DAYS	LEVEL	GRADE	Y	N	DK	LEVEL	GRADE	
01		1	2 ⇨ NEXT LINE		___ ___		1	2	___		___ ___	1	2	8		___ ___	
02		1	2 ⇨ NEXT LINE		___ ___		1	2	___		___ ___	1	2	8		___ ___	
03		1	2 ⇨ NEXT LINE		___ ___		1	2	___		___ ___	1	2	8		___ ___	
04		1	2 ⇨ NEXT LINE		___ ___		1	2	___		___ ___	1	2	8		___ ___	
05		1	2 ⇨ NEXT LINE		___ ___		1	2	___		___ ___	1	2	8		___ ___	
06		1	2 ⇨ NEXT LINE		___ ___		1	2	___		___ ___	1	2	8		___ ___	
07		1	2 ⇨ NEXT LINE		___ ___		1	2	___		___ ___	1	2	8		___ ___	
08		1	2 ⇨ NEXT LINE		___ ___		1	2	___		___ ___	1	2	8		___ ___	
09		1	2 ⇨ NEXT LINE		___ ___		1	2	___		___ ___	1	2	8		___ ___	
10		1	2 ⇨ NEXT LINE		___ ___		1	2	___		___ ___	1	2	8		___ ___	
11		1	2 ⇨ NEXT LINE		___ ___		1	2	___		___ ___	1	2	8		___ ___	
12		1	2 ⇨ NEXT LINE		___ ___		1	2	___		___ ___	1	2	8		___ ___	
13		1	2 ⇨ NEXT LINE		___ ___		1	2	___		___ ___	1	2	8		___ ___	
14		1	2 ⇨ NEXT LINE		___ ___		1	2	___		___ ___	1	2	8		___ ___	
15		1	2 ⇨ NEXT LINE		___ ___		1	2	___		___ ___	1	2	8		___ ___	

WATER AND SANITATION MODULE — WS

WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling ... 11 Piped into yard or plot ... 12 Public tap/standpipe ... 13 Tubewell/borehole with pump ... 21 Dug well Protected well ... 31 Unprotected well ... 32 Rainwater collection ... 51 Tanker-truck ... 61 Cart with small tank/drum ... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ... 81 Bottled water ... 91 Other *(specify)* _____ ... 96	11 ⇨ WS5 12 ⇨ WS5 ⇨ WS3 96 ⇨ WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HAND-WASHING?	Piped water Piped into dwelling ... 11 Piped into yard or plot ... 12 Public tap/standpipe ... 13 Tubewell/borehole with hand pump ... 21 Dug well Protected well ... 31 Unprotected well ... 32 Rainwater collection ... 51 Tanker-truck ... 61 Cart with small tank/drum ... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ... 81 Other *(specify)* _____ ... 96	11 ⇨ WS5 12 ⇨ WS5
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes ... ___ Water on premises ... 995 DK ... 998	995 ⇨ WS5
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? *Probe:* IS THIS PERSON UNDER AGE 15? WHAT SEX? *Circle code that best describes this person.*	Adult woman ... 1 Adult man ... 2 Female child (under 15) ... 3 Male child (under 15) ... 4 DK ... 8	
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes ... 1 No ... 2 DK ... 8	2 ⇨ WS7 8 ⇨ WS7
WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK? ANYTHING ELSE? *Record all items mentioned.*	Boil ... A Add bleach/chlorine ... B Strain it through a cloth ... C Use water filter (ceramic, sand, composite, etc.) ... D Solar disinfection ... E Let it stand and settle ... F Other (specify) ... X DK ... Z	
WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? *If "flush" or "pour flush," probe:* WHERE DOES IT FLUSH TO? *If necessary, ask permission to observe the facility*	Flush / pour flush Flush to piped sewer system ... 11 Flush to septic tank ... 12 Flush to pit (latrine) ... 13 Flush to somewhere else ... 14 Flush to unknown place/not sure/DK where ... 15 Ventilated Improved Pit latrine (VIP) ... 21 Pit latrine with slab ... 22 Pit latrine without slab / open pit ... 23 Bucket ... 41 No facilities or bush or field ... 95 Other *(specify)* _____ ... 96	95 ⇨ WS7CC

WS7AA. IS THIS FACILITY LOCATED WITHIN YOUR DWELLING, OR YARD OR COMPOUND?	Yes, in dwelling/yard/compound..... 1 No, outside dwelling/yard/compound..... 2 DK 8	⇨WS7CC
WS7BB. HOW FAR IS YOUR HOUSE/RESIDENCE FROM THE NEAREST TOILET FACILTY?	Less than 30 metres..... 1 30 - 50 metres..... 2 51 - 100 metres..... 3 Greater than 100metres..... 4	
WS7CC. HOW FAR IS YOUR HOUSE/RESIDENCE FROM THE NEAREST REFUSE DISPOSAL SITE?	Less than 30metres..... 1 30 - 50 metres..... 2 51 - 100 metres..... 3 Greater than 100metres..... 4	
WS7DD. HOW FAR IS YOUR KITCHEN/COOKING PLACE FROM THE NEAREST TOILET FACILTY?	Less than 30metres..... 1 30 - 50 metres..... 2 51 - 100 metres..... 3 Greater than 100metres..... 4	
WS7EE. HOW FAR IS YOUR KITCHEN/COOKING PLACE FROM THE NEAREST DISPOSAL SITE?	Less than 30metres..... 1 30 - 50 metres..... 2 51 - 100 metres..... 3 Greater than 100metres..... 4	
WS7FF. WHAT HAPPENS WITH THE STOOLS OF YOUNG CHILDREN (0-3 YEARS) WHEN THEY DO NOT USE THE LATRINE OR TOILET FACILITY?	Children always use toilet or latrine..... 1 Thrown into toilet or latrine..... 2 Thrown outside the yard..... 3 Buried in the yard..... 4 Not disposed of or left on the ground..... 5 Other (specify)..... 6 No young children in household..... 8	1⇨ WS 8 8⇨ WS 8
WS7GG DO YOU USE SOAP AFTER TOI LET OR WHEN YOU ROMOVE WASTE/FAECES FROM CHILDREN?	Yes..... 1 No..... 2	
WS8. DO YOU SHARE YOUR TOILET FACILITY WITH OTHER HOUSE-HOLDS?	Yes..... 1 No..... 2	2⇨ NEXT MODULE
WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?	No. of households (if less than 10)..... 0 ___ Ten or more households..... 10 DK..... 98	

HOUSEHOLD CHARACTERISTICS MODULE — HC

HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Islam ..... 1 Christianity ..... 2 Other religion *(specify)* _____ 6 No religion 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	*Mandinka* ..... 1 *Wollof* ..... 2 *Jola* ..... 3 *Fula* ..... 4 *Serer* ..... 5 Other language *(specify)* _____ 6	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	*Mandinka* ..... 1 *Wollof* ..... 2 *Jola* ..... 3 *Fula* ..... 4 *Serer* ..... 5 Other language *(specify)* 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms ..... __ __	
HC3. Main material of the dwelling floor. *Record observation.*	Natural floor Earth/sand ..... 11 Dung ..... 12 Rudimentary floor Wood planks ..... 21 Palm/bamboo ..... 22 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles ..... 33 Cement ..... 34 Carpet ..... 35 Other *(specify)* _____ 96	
HC4. Main material of the roof. *Record observation.*	Natural roofing No Roof ..... 11 Thatch/palm leaf ..... 12 Rudimentary Roofing Rustic mat ..... 21 Palm/bamboo ..... 22 Wood planks ..... 23 Finished roofing Metal/corrugated iron ..... 31 Wood ..... 32 Calamine/cement fiber ..... 33 Ceramic tiles ..... 34 Cement ..... 35 Other *(specify)* _____ 96	
HC5. Main material of the walls. *Record observation.*	Natural walls No walls ..... 11 Cane/palm/trunks ..... 12 Dirt ..... 13 Rudimentary walls Bamboo/ krinting with mud/cement ..... 21 Stone with mud ..... 22 Plywood ..... 24 Carton ..... 25 Reused wood ..... 26 Finished walls Cement ..... 31 Stone with lime/cement ..... 32 Bricks ..... 33 Cement blocks ..... 34 Other *(specify)* _____ 96	

HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity ..... 01 Liquid Propane Gas (LPG) ..... 02 Natural gas ..... 03 Biogas ..... 04 Kerosene ..... 05 Coal / Lignite ..... 06 Charcoal ..... 07 Wood ..... 08 Straw/shrubs/grass ..... 09 Animal dung ..... 10 Agricultural crop residue ..... 11 Other *(specify)* _____ 96	01 ⇨ HC8 02 ⇨ HC8 03 ⇨ HC8 04 ⇨ HC8
HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE? *Probe for type.*	Open fire ..... 1 Open stove ..... 2 Closed stove ..... 3 Other *(specify)* _____ 6	3 ⇨ HC8 6 ⇨ HC8
HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?	Yes ..... 1 No 2	
HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	In the house ..... 1 In a separate building ..... 2 Outdoors ..... 3 Other *(specify)* _____ 6	
HC9. DOES YOUR HOUSEHOLD HAVE:	Yes No	
ELECTRICITY?	Electricity 1 2	
A RADIO?	Radio 1 2	
A TELEVISION?	Television 1 2	
A MOBILE TELEPHONE?	Mobile Telephone 1 2	
A NON-MOBILE TELEPHONE?	Non-Mobile Telephone 1 2	
A REFRIGERATOR?	Refrigerator 1 2	
AN ELECTRICAL GENERATOR?	Electrical Generator 1 2	
A VIDEO PLAYER?	Video 1 2	
A FAN?	Fan 1 2	
A CASSETTE OR VIDEO PLAYER?	Cassette or Video player 1 2	
A SOFA?	Sofa 1 2	
A CUPBOARD?	Cupboard 1 2	
AN AIR CONDITIONER?	Air conditioner 1 2	
HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:	Yes No	
A WATCH?	Watch 1 2	
A BICYCLE?	Bicycle 1 2	
A MOTORCYCLE OR SCOOTER?	Motorcycle/Scooter 1 2	
AN ANIMAL-DRAWN CART?	Animal drawn-cart 1 2	
A CAR OR TRUCK?	Car/Truck 1 2	
A BOAT WITH A MOTOR?	Boat with motor 1 2	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes ..... 1 No 2	2 ⇨ HC13
HC12. HOW MANY HECTARES OF AGRI CULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? If more than 97, record '97'. If unknown, record '98'.	Hectares ..... ___ ___	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OR FARM ANIMALS?	Yes ..... 1 No 2	2 ⇨ NEXT MODULE
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSE-HOLD HAVE?		
CATTLE?	Cattle ..... ___ ___	
MILK COWS OR BULLS?	Milk cows or bulls ..... ___ ___	
HORSES, DONKEYS, OR MULES?	Horses, donkeys, or mules ..... ___ ___	
GOATS?	Goats ..... ___ ___	
SHEEP?	Sheep ..... ___ ___	
CHICKENS?	Chickens ..... ___ ___	
If none, record '00'. *If more than 97, record '97'.* *If unknown, record '98'.*		

SECURITY OF TENURE MODULE		ST
HC15A. DO YOU OR SOMEONE IN THIS HOUSEHOLD OWN THIS DWELLING, OR DO YOU RENT THIS DWELLING?	Own ..... 1 Rent ..... 2 Rent free/squatter/other 3	2⇨HC15D 3⇨HC15D
HC15B. DO YOU OR SOMEONE IN THIS HOUSEHOLD HAVE A TITLE DEED FOR THIS DWELLING?	Yes ..... 1 No 2	1⇨HC15F
HC15C. WHAT KIND OF DOCUMENT DO YOU HAVE FOR THE OWNERSHIP OF THIS DWELLING? ANYTHING ELSE? Record all items mentioned.	Certificate of occupation (or adjudication certificate) ..... A Property tax certification ..... B Utility bills ..... C Other *(specify)* ..... X None/No document ..... Y	⇨HC15F
HC15D. DO YOU HAVE A WRITTEN RENTAL CONTRACT FOR THIS DWELLING?	Yes ..... 1 No 2	1⇨HC15F
HC15E. DO YOU HAVE ANY DOCUMENTATION OR AGREEMENT FOR THE RENTAL OF THIS DWELLING? *If Yes,* WHAT KIND OF DOCUMENT OR AGREEMENT DO YOU HAVE FOR THE RENTAL OF THIS DWELLING? ANYTHING ELSE? Record all items mentioned.	Informal agreement (written) ..... A Verbal agreement (no document) ..... B Occupied rent free With knowledge of owner ..... C Without knowledge of owner ..... D Other *(specify)* ..... X None/No document ..... Y	
HC15F. DO YOU FEEL SECURE FROM EVICTION FROM THIS DWELLING? HC15G. HAVE YOU BEEN EVICTED FROM YOUR HOME AT ANY TIME DURING THE PAST 5 YEARS? HC15H. Dwelling located in or near: Observe, and circle all items that describe the location of dwelling.	Yes ..... 1 No ..... 2 DK ..... 8 Yes ..... 1 No ..... 2 Landslide area ..... A Flood-prone area ..... B River bank ..... C Steep hill ..... D Garbage mountain/pile ..... E Industrial pollution area ..... F Railroad ..... G Power plant ..... H Flyover ..... I None of the above ..... Y	
HC15I. Condition of dwelling: Record observation. Record all that apply.	Cracks/openings in walls ..... A No windows ..... B Windows with broken glass/no glass ..... C Visible holes in the roof ..... D Incomplete roof ..... E Insecure door ..... F None of the above ..... Y	
HC15J. Dwelling surroundings: Record observation. Record all that apply.	Very narrow passage between houses instead of road ..... A Too many power cables connecting to neighborhood's main distribution post ..... B None of the above ..... Y	

SECURITY OF TENURE MODULE — ST

TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes ... 1 No ... 2	2 ⇨ NEXT MODULE
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE? *If 7 or more nets, record '7'.*	Number of nets ... ____ ____	
TN2AA. HOW MANY BEDS DO YOU HAVE IN THE HOUSEHOLD?	Number of nets ... ____	
TN2BB. HOW MANY OF THESE BEDS HAVE NETS?	Number of beds with nets ... ____ ____	
TN2CC. DO YOU SLEEP UNDER A TREATED NET?	Yes ... 1 No ... 2	
TN3. IS THE NET (ARE ANY OF THE NETS) ANY OF THE FOLLOWING TYPES? *If the respondent does not know the type of the net, explain to him/her the type of nets available.*	Long Lasting Net (LLN) ... 1 Pre-Treated with Insecticides ... 2 Not Treated with Insecticide ... 3 Type of Net Not Known ... 8	
TN3A. WHERE DID YOU GET THE *(name of net highest in the list of nets available in the household, in TN3)* MOSQUITO NET?	Public sector Govt. hospital ... 11 Govt. health centre ... 12 Govt. health post ... 13 Village health worker ... 14 Mobile/outreach clinic ... 15 Other public *(specify)* ... 16 Private medical sector Private hospital/clinic ... 21 Private physician ... 22 Private pharmacy ... 23 Mobile clinic ... 24 Other private Medical *(specify)* ... 26 Other source Relative or friend ... 31 Shop ... 32 Traditional practitioner ... 33 Other *(specify)* ... 96 DK ... 98	
TN3B. HOW MUCH DID YOU PAY FOR THE *(name of net highest in the list of nets available in the household, in TN3)* MOSQUITO NET?	Dalasis ... __ __ __ Free ... 9996 DK ... 9998	

TN4. ***Check TN3 for brand of net(s). Go through the above list in order until one box is checked and follow instructions:***
1. ☐ Long-lasting treated net mentioned?⇨ Go to Next Module
2. ☐ Pre-treated net mentioned?⇨ Go to TN6
3. ☐ Other net mentioned?⇨ Continue with TN5

TN5. WHEN YOU GOT THE (MOST RECENT) NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes..... 1 No..... 2 DK/not sure..... 8	
TN6. HOW MANY MONTHS AGO WAS THE NET OBTAINED? *If less than 1 month ago, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.*	Months ago..... __ __ More than 24 months ago..... 95 Not sure..... 98	
TN7. SINCE YOU GOT THE NET HAS IT EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES?	Yes..... 1 No..... 2 DK/not sure..... 8	2⇨NEXT MODULE 28⇨NEXT MODULE
TN8. HOW LONG AGO WAS THE MOST RECENT SOAKING/DIPPING DONE? *If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.*	Months ago..... __ __ More than 24 months ago..... 95 Not sure..... 98	

CHILD LABOUR MODULE — CL

CL1. LINE NO.	CL2. NAME	CL3. DURING THE PAST WEEK, DID (NAME) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? IF YES: FOR PAY IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇨ TO CL5	CL3AA IF YES (IN CL3), WHAT TYPE OF WORK? *record answer as reported.*	CL3BB WHY IS THE CHILD WORKING? 1. SUPPORT FAMILY 2. EDUACTION 6. OTHER (SPECIFY) 8. DK	CL4. *If yes:* SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? ***If more than one job, include all hours at all jobs.*** *Record response then ⇨ CL.6*

LINE NO.	NAME	YES PAID	YES UNPAID	NO			NO. OF HOURS
01		1	2	3			___ ___
02		1	2	3			___ ___
03		1	2	3			___ ___
04		1	2	3			___ ___
05		1	2	3			___ ___
06		1	2	3			___ ___
07		1	2	3			___ ___
08		1	2	3			___ ___
09		1	2	3			___ ___
10		1	2	3			___ ___
11		1	2	3			___ ___
12		1	2	3			___ ___
13		1	2	3			___ ___
14		1	2	3			___ ___
15		1	2	3			___ ___

CL1. LINE NO.	CL5 AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSE-HOLD? *If yes:* FOR PAY IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	CL6. DURING THE PAST WEEK, DID *(name)* HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIRE-WOOD, COOKING, WASHING, CLEANING , FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇨ TO CL8	CL7. *If yes:* SINCE LAST *(day of the week),* ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET, COOKING OR LAUNDRY?) 1 YES 2 NO ↘ NEXT LINE	CL4. *If yes:* SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?

LINE NO.	YES PAID	YES UNPAID	NO	YES	NO	NO. OF HOURS	YES	NO	NO. OF HOURS
01	1	2	3	1	2	___ ___	1	2	___ ___
02	1	2	3	1	2	___ ___	1	2	___ ___
03	1	2	3	1	2	___ ___	1	2	___ ___
04	1	2	3	1	2	___ ___	1	2	___ ___
05	1	2	3	1	2	___ ___	1	2	___ ___
06	1	2	3	1	2	___ ___	1	2	___ ___
07	1	2	3	1	2	___ ___	1	2	___ ___
08	1	2	3	1	2	___ ___	1	2	___ ___
09	1	2	3	1	2	___ ___	1	2	___ ___
10	1	2	3	1	2	___ ___	1	2	___ ___
11	1	2	3	1	2	___ ___	1	2	___ ___
12	1	2	3	1	2	___ ___	1	2	___ ___
13	1	2	3	1	2	___ ___	1	2	___ ___
14	1	2	3	1	2	___ ___	1	2	___ ___
15	1	2	3	1	2	___ ___	1	2	___ ___

CHILD DISCIPLINE MODULE CD

Table 1: Children aged 12 - 14 years eligible for child discipline questions
Review the household listing and list each of the children aged 2-14 years below in order according to their line number (HL1). Do not include other household members outside of the age range 2-14 years. Record the line number, name, sex, age, and the line number of the mother or caretaker for each child. Then record the total number of children aged 2-14 in the box provided (CD7).

CD1. Rank No.	CD2. Line no. from HL1.	CD3. Name from HL2.	CD4. Sex from HL4.	CD5. Age from HL5.	CD6. Line no. of mother/ caretaker from HL7 or HL8
LINE	LINE	NAME	M F	AGE	MOTHER
01	__ __		1 2	__ __	__ __
02	__ __		1 2	__ __	__ __
03	__ __		1 2	__ __	__ __
04	__ __		1 2	__ __	__ __
05	__ __		1 2	__ __	__ __
06	__ __		1 2	__ __	__ __
07	__ __		1 2	__ __	__ __
08	__ __		1 2	__ __	__ __
CD7.	TOTAL CHILDREN AGED 2-14 YEARS				__ __

If there is only one child aged 2-14 years in the household, then skip table 2 and go to CD11 to administer child discipline questions for that child.
Table 2: Selection of random child for child discipline questions
Use this table to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household. Look for the last digit of the household number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible children (2-14) in CD7 above. This is the number of the column you should go to. Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

CD8.	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD							
Last digit of the household number	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD9. Record the rank number of the selected child from table 2 above	Rank number of child.....__ __

Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the line number in CD6).

CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.	Name _____ Line number ..... ____ ____	
CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH OR 2 - 3 MONTHS.		
CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).	Yes..... 1 No..... 2	
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.	Yes..... 1 No..... 2	
CD12C. SHOOK HIM/HER.	Yes..... 1 No..... 2	
CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes..... 1 No..... 2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes..... 1 No..... 2	
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes..... 1 No..... 2	
CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes..... 1 No..... 2	
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes..... 1 No..... 2	
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes..... 1 No..... 2	
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes..... 1 No..... 2	
CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes..... 1 No..... 2	
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (name) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes..... 1 No..... 2 Don't know/no opinion.....8	

SALT IODIZATION MODULE — SI

SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?

Once you have examined the salt, circle number that corresponds to test outcome

Not iodized 0 PPM 1
Less than 15 PPM..... 2
15 PPM or more.....3

No salt in home.....6
Salt not tested.....7

SI2. *Does any eligible woman age 15-49 reside in the household?*
Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.

☐ *Yes.* ⇨ *Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.*

☐ *No.* ⇨ *Continue.*

SI3. *Does any child under the age of 5 reside in the household?*
Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

☐ *Yes.* ⇨ *Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to caretaker of the first eligible child.*

☐ *No.* ⇨ *End the interview by thanking the respondent for his/her cooperation.*
Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.

Questionnaire on Children Under Five

UNDER-5 CHILD INFORMATION PANEL — UF

This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5).
A separate questionnaire should be used for each eligible child.
Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.

UF1. Enumeration Area Number: __ __ __	UF2. Household number: __ __ __
UF3. Child's Name: _____	UF4. Child's Line Number: __ __ __
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caregiver's Number: __ __ __
UF7. Interviewer name and number: _____ __ __ __	UF8. Day/Month/Year of interview: __ __ / __ __ / __ __ __ __
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed..... 1 Not at home..... 2 Refused..... 3 Partly completed..... 4 Incapacitated..... 5 Other (specify)..... 6

Repeat greeting if not already read to this respondent:
WE ARE FROM VARIOUS GOVERNMENT DEPARTMENTS (CENTRAL STATISTICS DEPT., DOSH, ETC.). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.

UF10. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (name). IN WHAT MONTH AND YEAR WAS (name) BORN? *Probe:* WHAT IS HIS/HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.	Date of birth: Day..... __ __ DK day..... 98 Month..... __ __ DK month..... 98 Year..... __ __ __ __ DK year..... 9998
UF11. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	Age in completed years..... __

BIRTH REGISTRATION AND EARLY LEARNING MODULE — BR

BR1. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen.....1 Yes, not seen..... 2 No3 DK..... 8	1⇨BR5
BR2. HAS (name's) BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes..... 1 No2 DK..... 8	1⇨BR4AA 8⇨BR4
BR3. WHY IS (name's) BIRTH NOT REGISTERED?	Costs too much..... 1 Must travel too far..... 2 Did not know it should be registered..... 3 Did not want to pay fine..... 4 Does not know where to register..... 5 Other (specify)..... 6 DK..... 8	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes..... 1 No2	
BR4AA. DO YOU KNOW WHERE TO REGISTER YOUR CHILD?	Yes..... 1 No2 DK..... 8	 2 ⇨BR5 8 ⇨BR5
BR4BB. WHERE WAS *(name)* REGISTERED?	Health Center..... 1 Medical & Health Headquarters..... 2 DK..... 8	

BR5. *Check age of child in UF11: Child is 3 or 4 years old?*

☐ ***Yes.*** ⇨ ***Continue with BR6***

☐ ***No.*** ⇨ ***Go to BR8***

BR6. DOES *(name)* ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes..... 1 No2 DK..... 8	 2⇨BR8 8⇨BR8
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID *(name)* ATTEND?	No. Of hours..... __ __	

BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH *(name)*:

If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?

Circle all that apply.

		Mother	Father	Other	No one	
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH *(name)*?	Books	A	B	X	Y	
BR8B. TELL STORIES TO *(name)*?	Stories	A	B	X	Y	
BR8C. SING SONGS WITH *(name)*?	Songs	A	B	X	Y	
BR8D. TAKE (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A	B	X	Y	
BR8E. PLAY WITH *(name)*?	Play with	A	B	X	Y	
BR8F. SPEND TIME WITH *(name)* NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A	B	X	Y	

CHILD DEVELOPMENT	CE
CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME. WHAT DOES (name) PLAY WITH? DOES HE/SHE PLAY WITH	
HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS OR POTS?	Household objects (bowls, plates, cups, pots) ..... A
OBJECTS AND MATERIALS FOUND OUTSIDE THE LIVING QUARTERS, SUCH AS STICKS, ROCKS, ANIMALS, SHELLS, OR LEAVES?	Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves) ..... B
HOMEMADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS MADE AT HOME?	Homemade toys (Dolls, cars and other toys made at home) C
TOYS THAT CAME FROM A STORE?	Toys that came from a store..... D
If the respondent says "YES" to any of the prompted categories, then probe to learn specifically what the child plays with to ascertain the response **Code Y if child does not play with any of the items mentioned.**	No playthings mentioned..... Y
CE4. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN WITH OTHERS. SINCE LAST (day of the week) HOW MANY TIMES WAS (name) LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)? **If 'none' enter 00**	Number of times ___ ___
CE4AA. SINCE LAST (day of the week) HOW MANY TIMES WAS (name) LEFT IN THE CARE OF ANOTHER PERSON MORE THAN 10 YRS OLD, GRAND PARENT, OR MAID? *(If response is 00, skip to CE5)*	Number of times for > 10yrs ___ ___ Number of times for grandparent___ ___ Number of times for maid ___ ___
CE4BB 1. WHAT DO THEY DO WITH THEM? Story telling Feeding Riddles OTHER (SPECIFY)	Story telling.....A Feeding.....B Riddles.....C Other (Specify).....X
CE5. IN THE PAST WEEK, HOW MANY TIMES WAS *(name)* LEFT ALONE? **If 'none' enter 00**	Number of times ___ ___

VITAMIN A MODULE — VA

VA1. HAS (name) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? **Show capsule or dispenser for different doses - 100,000 IU for those 6-11 months old, 200,000 IU for those 12-59 months old.**	Yes ..... 1 No ..... 2 DK 8	2 ⇨ VA4AA 8 ⇨ VA4AA
VA2. HOW MANY MONTHS AGO DID (name) TAKE THE LAST DOSE? (please verify from infant welfare card) VA3. WHERE DID (name) GET THIS LAST DOSE?	Months ago ..... __ __ DK ..... 98 On routine visit to health facility ..... 1 Sick child visit to health facility ..... 2 National Immunization Day campaign ..... 3 Nutrition Surveillance Program ..... 4 Other *(specify)* _____ 6 DK 8	
VA4AA. DOES YOUR CHILD HAVE ANY PROBLEMS SEEING IN THE DAY TIME?	Yes ..... 1 No ..... 2 DK 8	
VA5AA. DOES YOUR CHILD HAVE ANY PROBLEMS SEEING IN THE NIGHT TIME?	Yes ..... 1 No ..... 2 DK 8	2 ⇨ NEXT MODULE ⇨ NEXT MODULE
VA6AA. IS THIS PROBLEM DIFFERENT FROM OTHER CHILDREN IN YOUR COMMUNITY?	Yes ..... 1 No ..... 2 DK 8	
VA7AA. DOES YOUR CHILD HAVE NIGHT BLINDNESS? *(USE LOCAL TERM FOR NIGHT BLINDNESS)*	Yes ..... 1 No ..... 2 DK 8	

GO TO NEXT MODULE ⇨

BREASTFEEDING MODULE		BF
BF1. HAS (name) EVER BEEN BREASTFED?	Yes..... 1 No2 DK..... 8	 2 ⇨ BF3 8 ⇨ BF3
BF1AA. FOR HOW LONG HAS (name) BEEN BREASTFED?	Months	
BF1BB. DID YOU GIVE (name) THE FIRST MILK THAT COMES OUT OF THE BREAST (COLOSTRUM)?	Yes..... 1 No2	
BF1CC. IS THE BREAST MILK THE ONLY SOURCE OF FOOD?	Yes..... 1 No2	1 ⇨ BF2
BF1DD. IF NO, WHEN DID (name) START OTHER FOODS?	Age in months	
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes..... 1 No2 DK..... 8	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE? BF3B. PLAIN WATER? BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION? BF3D. ORAL REHYDRATION SOLUTION (ORS)? BF3E. INFANT FORMULA? BF3F. TINNED, POWDERED OR FRESH MILK? BF3G. ANY OTHER LIQUIDS? BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	Y N DK A. Vitamin supplements.....1 2 8 B. Plain water.....1 2 8 C. Sweetened water or juice.....1 2 8 D. ORS.....1 2 8 E. Infant formula.....1 2 8 F. Milk.....1 2 8 G. Other liquids.....1 2 8 H. Solid or semi-solid food.....1 2 8	
BF3JJ. WHAT WERE THE REASONS FOR NOT BREASTFEEDING? *(Skip this question if answer to BF1 is yes = 1)*	Less or no milk in mother's breast.....1 Orphan.....2 Preferred formula.....3 Mother ill or sick.....4 Child refuse.....5 Other (specify).....6	
BF4. Check BF3H: Child received solid or semi-solid (mushy) food? ☐ **Yes. ⇨ Continue with BF5** ☐ **No or DK. ⇨ Go to Next Module**		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID *(name)* EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS? **If 7 or more times, record '7'.**	No. of times..... ____ Don't know..... 8	

CARE OF ILLNESS MODULE — CA

CA1. HAS (name) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (day of the week) OF THE WEEK BEFORE LAST? **Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.**	Yes ..... 1 No ..... 2 DK 8	 2 ⇨ CA5 8 ⇨ CA5
CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (name) DRINK ANY OF THE FOLLOWING: **Read each item aloud and record response before proceeding to the next item.**	Yes No DK	
CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED *(local name for ORS packet solution)*?	A. Fluid from ORS packet 1 2 8	
CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID?	B. Recommended homemade fluid 1 2 8	
CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	C. Pre-packaged ORS fluid 1 2 8	
CA2AA. DID YOU SEEK ADVICE OR TREATMENT FOR THE DIARRHOEA OUTSIDE THE HOME?	Yes ..... 1 No ..... 2 DK 8	 2 ⇨ CA3 8 ⇨ CA3
CA2BB. HOW LONG AFTER THE ONSET OF DIARRHOEA DID YOU SEEK HELP?	Same day ..... 1 1 - 2 days ..... 2 3 days and after 3	
CA3. DURING (name's) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?	Much less or none ..... 1 About the same (or somewhat less) ..... 2 More ..... 3 DK 8	
CA4. DURING (name's) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL? If "less," probe: MUCH LESS OR A LITTLE LESS?	None ..... 1 Much less ..... 2 Somewhat less ..... 3 About the same ..... 4 More ..... 5 DK 8	

CA4A. Check CA2A: ORS packet used?

☐ **Yes. ⇨ Continue with CA4B**
☐ **No. ⇨ Go to CA5**

CA4B. WHERE DID YOU GET THE *(local name for ORS packet from CA2A)*?	Public sector Govt. hospital 11 Govt. health center 12 Govt. health post 13 Village health worker 14 Mobile/outreach clinic 15 Other public (specify) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private Medical (specify) 26 Other source Relative or friend 31 Shop 32 Traditional practitioner 33 Other (specify) 96 DK 98	

CA4C. HOW MUCH DID YOU PAY FOR THE (local name for ORS packet from CA2A)?	Local currency ____ ____ ____ ____ Free 9996 DK 9998	
CA5. HAS *(name)* HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE *(day of the week)* OF THE WEEK BEFORE LAST?	Yes..... 1 No.....2 DK..... 8	 2 ⇨ CA12 8 ⇨ CA12
CA6. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	Yes..... 1 No.....2 DK..... 8	 2 ⇨ CA12 8 ⇨ CA12
CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Problem in chest.....1 Blocked nose.....2 Both.....3 Other *(specify)* 6 DK..... 8	 2 ⇨ CA12 6 ⇨ CA12
CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes..... 1 No.....2 DK..... 8	 2 ⇨ CA10 8 ⇨ CA10
CAA8. HOW LONG AFTER THE ONSET OF ILLNESS DID YOU SEEK HELP?	Same day.....1 1 - 2 days.....2 3 days and after.....3	
CA9. FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE? **Circle all providers mentioned, but do NOT prompt with any suggestions.** **If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.** _____ **(Name of place)**	Public sector Govt. hospital..... A Govt. health centre..... B Govt. health post..... C Village health worker..... D Mobile/outreach clinic..... E Other public *(specify)* H Private medical sector Private hospital/clinic..... I Private physician..... J Private pharmacy ..... K Mobile clinic ..... L Other private medical *(specify)* _____ O Other source Relative or friend.....P Shop .....Q Traditional practitioner .....R Other *(specify)* _____ X	
CA10. WAS *(name)* GIVEN MEDICINE TO TREAT THIS ILLNESS?	Yes..... 1 No.....2 DK..... 8	 2 ⇨ CA12 8 ⇨ CA12
CA11. WHAT MEDICINE WAS *(name)* GIVEN? Circle all medicines given. (Check clinic card for details of prescription)	Antibiotic..... A Paracetamol/Panadol/Acetaminophen.....P Aspirin.....Q Ibupropfen..... R Other *(specify)* X DK..... Z	

***CA11A.* Check CA11: Antibiotic given?**

☐ **Yes. ⇨ Continue with CA11B**

☐ **No. ⇨ Go to CA12**

CA11B. WHERE DID YOU GET THE ANTIBIOTIC?	Public sector Govt. hospital 11 Govt. health center 12 Govt. health post 13 Village health worker 14 Mobile/outreach clinic 15 Other public (*specify*) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private Medical (*specify*) 26 Other source Relative or friend 31 Shop 32 Traditional practitioner 33 Other (*specify*) _____ 96 DK 98	
CA11C. HOW MUCH DID YOU PAY FOR THE ANTIBIOTIC?	Local currency _ _ _ _ _ Free 9996 DK 9998	

***CA11A.* Check CA11: Antibiotic given?**

☐ **Yes. ⇨ Continue with CA11B**

☐ **No. ⇨ Go to CA12**

CA13. THE LAST TIME (name) 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 (*specify*) _____ 96 DK 98	
Ask the following question (CA14) only once for each caretaker. CA14. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY? **Keep asking for more signs or symptoms until the 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 difficult breathing E Child has blood in stool F Child is drinking poorly G Not able to eat H Vomits everything eaten I Unconscious J Convulsion K Other (*specify*) _____ X Other (*specify*) _____ Y Other (*specify*) _____ Z	

MALARIA MODULE FOR UNDER-5S — ML

ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE (day of the week) OF THE WEEK BEFORE LAST, HAS (name) BEEN ILL WITH A FEVER?	Yes..... 1 No..... 2 DK..... 8	 2 ⇨ ML10 8 ⇨ ML10
ML2. WAS (name) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes..... 1 No..... 2 DK..... 8	 2 ⇨ ML6 8 ⇨ ML6
ML3. DID (name) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes..... 1 No..... 2 DK..... 8	 2 ⇨ ML5 8 ⇨ ML5
ML4. WHAT MEDICINE DID (name) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY? Circle all medicines mentioned.	Anti-malarials: SP/Fansidar.....A Chloroquine.....B Amodiaquine.....C Quinine.....D Artemisinin-based combinations.....E Other anti-malarial *(specify)*_____ H Other medications: Paracetamol/Panadol/Acetaminophen.....P Aspirin.....Q Ibuprofen.....R Other *(specify)* _____ X DK.....Z	
ML5. WAS (name) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes..... 1 No..... 2 DK..... 8	1 ⇨ ML7 2 ⇨ ML8 8 ⇨ ML8
ML6. WAS (name) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes..... 1 No..... 2 DK..... 8	 2 ⇨ ML8 8 ⇨ ML8
ML7. WHAT MEDICINE WAS (name) GIVEN? Circle all medicines given. Ask to see the medication if type is not known. If type of medication is still not determined, show typical anti-malarials to respondent.	Anti-malarials: SP/Fansidar.....A Chloroquine.....B Amodiaquine.....C Quinine.....D Artemisinin-based combinations.....E Other anti-malarial *(specify)*_____ H Other medications: Paracetamol/Panadol/Acetaminophen.....P Aspirin.....Q Ibuprofen.....R Other *(specify)* _____ X DK.....Z	

ML8. *Check ML4 and ML7: Anti-malarial mentioned (codes A - H)?*
☐ ***Yes.*** ⇨ ***Continue with ML9***

☐ ***No.*** ⇨ ***Go to ML10***

ML9. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from ML4 or ML7)? *If multiple anti-malarials mentioned in ML4 or ML7, name all anti-malarial medicines mentioned.* *Record the code for the day on which the first anti-malarial was given.*	Same day ..... 0 Next day ..... 1 2 days after the fever..... 2 3 days after the fever..... 3 4 or more days after the fever..... 4 DK..... 8	

ML9A. WHERE DID YOU GET THE (name of anti-malarial from ML4 or ML7)? **If more than one anti-malarial is mentioned in ML4 or ML7, refer to the first anti-malarial given for the fever (the anti-malarial given on the day recorded in ML9).**	Public sector Govt. hospital 11 Govt. health center 12 Govt. health post 13 Village health worker 14 Mobile/outreach clinic 15 Other public *(specify)* 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private Medical *(specify)*.....26 Other source Relative or friend 31 Shop 32 Traditional practitioner 33 Other *(specify)* 96 DK.....98	
ML9B. HOW MUCH DID YOU PAY FOR THE *(name of anti-malarial from ML4 or ML7)*? **Refer to the same anti-malarial as in ML9A above**	Local currency ___ ___ ___ ___ Free 9996 DK 9998	
ML10. DID (name) SLEEP UNDER A MOSQUITO NET LAST NIGHT?	Yes..... 1 No.....2 DK..... 8	2 ⇨ NEXT MODULE 8 ⇨ NEXT MODULE
ML11. HOW LONG AGO DID YOUR HOUSEHOLD OBTAIN THE MOSQUITO NET? ***If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.***	Months ago.....__ __ More than 24 months ago.....95 Not sure.....98	
ML12. WAS THE NET ONE OF THE FOLLOWING TYPES? ***If the respondent does not know the type of the net, explain to him/her the type of nets available.***	Long Lasting Net (LLN).....1 Pre-Treated with Insecticides.....2 Not Treated with Insecticide.....3 Don't Know.....8	⇨ NEXT MODULE ⇨ NEXT MODULE ⇨ ML14
ML13. WHEN YOU GOT THAT NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes..... 1 No.....2 DK/not sur..... 8	
ML14. SINCE YOU GOT THE MOSQUITO NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES OR BUGS?	Yes..... 1 No.....2 DK..... 8	2 ⇨ NEXT MODULE 8 ⇨ NEXT MODULE
ML15. HOW LONG AGO WAS THE NET LAST SOAKED OR DIPPED? ***If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.***	Months ago.....__ __ More than 24 months ago.....95 DK.....98	

IMMUNIZATION MODULE — IM

If an immunization card is available, copy the dates in IM2-IM8 for each type of immunization or vitamin A dose recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.

IM1. IS THERE A VACCINATION CARD FOR (name)?		Yes, seen..... 1 Yes, not seen..... 2 No3	 2 ⇨ IM10 3 ⇨ IM10
(a)Copy dates for each vaccination from the card. (b)Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization DAY / MONTH / YEAR	
IM2.BCG	BCG		
IM3A.POLIO AT BIRTH	OPV0		
IM3B.POLIO 1	OPV1		
IM3C.POLIO 2	OPV2		
IM3D.POLIO 3	OPV3		
IM3EE.POLIO 4	OPV4		
IM3FF.POLIO 5	OPV5		
IM4A.DPT1/HIB1	DPT1		
IM4B.DPT2/HIB2	DPT2		
IM4C.DPT3/HIB3	DPT3		
IM4EE.DPT4 (BOOSTER)	DPT4		
IM5A.HEPB1	H1		
IM5B.HEPB2	H2		
IM5C.HEPB3	H3		
IM6.MEASLES MEASLES			
IM7.YELLOW FEVER	YF		
IM8A.VITAMIN A (1)	VITA1		
IM8B.VITAMIN A (2)	VITA2		
IM9. IN ADDITION TO THE VACCINATIONS AND VITAMIN A CAPSULES SHOWN ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS - INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? **Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, Hepatitis B 1-3, Measles, Yellow Fever vaccine(s), or Vitamin A supplements.**		Yes..... 1 **(Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.)** No 2 DK..... 8	1 ⇨ IM19 2 ⇨ IM19 8 ⇨ IM19
IM10. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?		Yes..... 1 No2 DK..... 8	 2 ⇨ IM19 8 ⇨ IM19

IM11. HAS (name) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS - THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?	Yes..... 1 No 2 DK..... 8	
IM12. HAS (name) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES - THAT IS, POLIO?	Yes..... 1 No 2 DK..... 8	 2 ⇨ IM15 8 ⇨ IM15
IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN - JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?	Just after birth (within two weeks..... 1 Later..... 2	
IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times..... __ __	
IM15. HAS (name) EVER BEEN GIVEN "DPT VACCINATION INJECTIONS" - THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS - TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes..... 1 No 2 DK..... 8	 2 ⇨ IM17 8 ⇨ IM17
IM16. HOW MANY TIMES? IM17. HAS (name) EVER BEEN GIVEN "MEASLES VACCINATION INJECTIONS" OR MMR - THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	No. of times..... __ __ Yes..... 1 No 2 DK..... 8	
IM18. HAS (name) EVER BEEN GIVEN "YELLOW FEVER VACCINATION INJECTIONS" - THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? (SOMETIMES GIVEN AT THE SAME TIME AS MEASLES)	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: IM19A. *NOVEMBER AND DECEMBER/POLIO 2005* *IM19B. DECEMBER 2000 MEASLES* *IM19C. 2001 MENNIGITIS*	Y N DK *NOV.& DEC./POLIO 2005*..... 1 2 8 *DECEMBER 2000 MEASLES*..... 1 2 8 *2001 MENINGITIS*..... 1 2 8	

IM20. ***Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.***

☐ ***Yes.*** ⇨ ***End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.***

☐ ***No.*** ⇨ ***End the interview with this respondent by thanking him/her for his/her cooperation.***

If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.

ANTHROPOMETRY MODULE — 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. Child's weight.	Kilograms (kg).....__ __ . __	
AN2. Child's length or height.		
Check age of child in UF11: ☐ Child under 2 years old. ⇨ Measure length (lying down). ☐ Child age 2 or more years. ⇨ Measure height (standing up).	Length (cm) Lying down.....1 __ __ __ . __ Height (cm) Standing up.....2 __ __ __ . __	
AN3. Measurer's identification code.	Measurer code.....__ __	
AN4. Result of measurement.	Measured.....1 Not present.....2 Refused.....3 Other *(specify)* _____ 6	

***AN5.* Is there another child in the household who is eligible for measurement?**

☐ **Yes. ⇨ Record measurements for next child.**

☐ **No. ⇨ End the interview with this household by thanking all participants for their cooperation.**

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.

Questionnaire for Individual Women

WOMEN'S INFORMATION PANEL — WM

This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing).
Fill in one form for each eligible woman
Fill in the EAr and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.

WM1. Enumeration Area Number: __ __ __	WM2. Household number: __ __ __
WM3. Woman's Name: _____	WM4. Woman's Line Number: __ __ __
WM5. Interviewer name and number: _____	WM6. Day/Month/Year of interview: __ __ / __ __ / __ __ __ __
WM7. Result of women's interview: _____ __ __ __	Completed..... 1 Not at home..... 2 Refused..... 3 Partly completed..... 4 Incapacitated..... 5 Other (specify)..... 6

Repeat greeting if not already read to this woman: WE ARE FROM VARIOUS GOVERNMENT DEPARTMENTS (CENTRAL STATISTICS DEPT., DOSH, WOMEN'S BUREAU, DEPT. OF COMMUNITY DEVELOPMENT ETC.).
. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month..... __ __ DK month.....98 Year..... __ __ __ __ DK year.....9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age in completed years..... __ __	

WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes..... 1 No2	2 ⇨ MW14
WM10AA. WHAT TYPE OF SCHOOL DID YOU ATTEND?	Formal school (Western).....1 Madrassa (Formal).....2 Adult literacy class in local languages.....3	
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY, OR HIGHER?	0 PRE-SCHOOL 10 DAYCARE CENTRES 1 PRIMARY 11 MADRASSA PRIMARY 2 SECONDARY (UPPER BASIC/JUNIOR/SENIOR) 12 MADRASSA SECONDARY 3 HIGHER (TERTIARY, UNIVERSITY, COLLEGE) 4 VOCATIONAL 6 NON-STANDARD CURRICULUM 98 DK	
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade.....___ ___	

WM13. ***Check WM11:***

☐ ***Secondary or higher.*** ⇨ ***Go to Next Module***

☐ ***Primary or non-standard curriculum.*** ⇨ ***Continue with WM14***

WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. *Show sentences to respondent.* *If respondent cannot read whole sentence, probe:* CAN YOU READ PART OF THE SENTENCE TO ME? Example sentences for literacy test: *1. The child is reading a book.* *2. The rains came late this year.* *3. Parents must care for their children.* *4. Farming is hard work.*	Cannot read at all.....1 Able to read only parts of sentence.....2 Able to read whole sentence.....3 No sentence in Required language _____ 4 *(specify language)* Blind/mute, visually/speech impaired.....5	

REHYDRATION SOLUTIONS MODULE		RS
This module is to be administered to mother's/Caretaker's of children under- five		
RS1AA. HAVE YOU EVER SEEN THIS ORS PACKET BEFORE?	Yes.....1 No.....2	2 ⇨ RS5AA
RS2AA. IF YES, CAN YOU TELL ME ITS PREPARATION?	Correct.....1 Incorrect.....2	
RS3AA. WAS ORS AVAILABLE WHEN YOU NEEDED IT?	Always.....1 Sometimes.....2 Rarely.....3 Never.....4	2 ⇨ RS5AA
RS4AA. WHERE DID YOU USUALLY GET IT? (Inform respondent that you will ask details about the source under the under five module)	VHW.....1 MCH.....2 HC/Hospital.....3 Pharmacy.....4 Other(specify).....5	
RS5AA. TELL ME HOW TO PREPARE SSS?	Correct.....1 Incorrect.....2	
RS6AA. WHAT DO YOU THINK IS THE USE/BENEFIT OF ORS/SSS?	Replaces loss fluid.....1 Stop/cure diarrhoea.....2 Other (specify).....3 DK.....9	

CHILD MORTALITY MODULE — CM

This module is to be administered to all women age 15-49.
All questions refer only to LIVE births.

CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? If "No" probe by asking: 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?	Yes.....1 No2	2 ⇨ MARRIAGE/ UNION MODULE
CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER. ***Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.***	Date of first birth Day.....__ __ DK day.....98 Month..... __ __ DK month.....98 Year .....__ __ __ __ DK year.....9998	⇨ CM3 ÚCM2B
CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth.....__ __	
CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes.....1 No2	2 ⇨ CM5
CM4. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU?	Sons at home.....__ __ Daughters at home..... __ __	
CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes.....1 No2	2 ⇨ CM7
CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?	Sons elsewhere..... __ __ Daughters elsewhere..... __ __	
CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?	Yes.....1 No2	2 ⇨ CM9
CM8. HOW MANY BOYS HAVE DIED?	Boys dead..... __ __	
HOW MANY GIRLS HAVE DIED?	Girls dead..... __ __	
CM9. Sum answers to CM4, CM6, and CM8.	Sum __ __	

CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (total number) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

☐ ***Yes.*** ⇨ ***Go to CM11***

☐ ***No.*** ⇨ ***Check responses and make corrections before proceeding to CM11***

CM11. OF THESE (total number) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? If day is not known, enter '98' in space for day.	Date of last birth Day/Month/Year..... __ __/__ __/__ __ __ __	

CM12. ***Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2005)?***

If child has died, take special care when referring to this child by name in the following modules.

☐ ***No live birth in last 2 years.*** ⇨ ***Go to MARRIAGE/UNION module.***

☐ ***Yes, live birth in last 2 years.*** ⇨ ***Continue with CM13***

Name of child_____

CM13. AT THE TIME YOU BECAME PREGNANT WITH (name), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?	Then.....1 Later..... 2 No more..... 3	

TETANUS TOXOID (TT) MODULE — TT

This module is to be administered to all women with a live birth in the 2 years preceding date of interview. If the woman has had no life births during the 2 years preceding the interview, you should leave this module blank and skip to the next module.

TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? If a card is presented, use it to assist with answers to the following questions.	Yes (card seen).....1 Yes (card not seen).....2 No3 DK..... 8	
TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes .....1 No2 DK..... 8	 2 ⇨ TT5 8 ⇨ TT5
TT3. If yes: HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?	No. of times.....__ __ DK..... 98	 98 ⇨ TT5

TT4. How many TT doses during last pregnancy were reported in TT3?

☐ ***At least two TT injections during last pregnancy. ⇨ Go to Next Module***

☐ ***Fewer than two TT injections during last pregnancy. ⇨ Continue with TT5***

TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes.....1 No 2 DK..... 8	 2 ⇨ NEXT MODULE 8 ⇨ NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times.....__ __	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY? ***Skip to next module only if year of injection is given. Otherwise, continue with TT8.***	Month.....__ __ DK month.....98 Year .....__ __ __ __ DK year.....9998	 ⇨ NEXT MODULE ⇩TT8
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago.....__ __	

MATERNAL AND NEWBORN HEALTH MODULE — MN

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.
Check child mortality module CM12 and record name of last-born child here _____.
Use this child's name in the following questions, where indicated.

MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF NAME], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS? ***Show 200,000 IU capsule or dispenser.*** ***Blue (100,000 IU)*** ***Red (200,000 IU)***	Yes ..... 1 No 2 DK 8	
MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY? If yes: WHOM DID YOU SEE? ANYONE ELSE? *Probe for the type of person seen and circle all answers given.*	Health professional: Doctor ..... A Nurse/midwife ..... B Auxiliary midwife ..... C Other person Traditional birth attendant ..... F Community health worker ..... G Relative/friend ..... H Other *(specify)* _____ X No one ..... Y	Y ⇨ MN6A
MN2AA. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times ____ ____ Don't know 98	
MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE? MN3A. WERE YOU WEIGHED? MN3B. WAS YOUR BLOOD PRESSURE MEASURED? MN3C. DID YOU GIVE A URINE SAMPLE? MN3D. DID YOU GIVE A BLOOD SAMPLE?	Yes / No Weight ..... 1 / 2 Blood pressure ..... 1 / 2 Urine sample ..... 1 / 2 Blood sample ..... 1 / 2	
MN3AA. DURING THIS PREGNANCY, WERE YOU GIVEN ANY IRON TABLETS OR IRON SYRUP?	Yes ..... 1 No 2 DK 8	2 ⇨ MN4 8 ⇨ MN4
MN3BB. DURING THE WHOLE PREGNANCY FOR HOW MANY DAYS DID YOU TAKE THE TABLET OR SYRUP? *If answer is not numeric, probe for approximate number of days.*	Number of days [ ] [ ] DK 98	
MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?	Yes ..... 1 No 2 DK 8	
MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?	Yes ..... 1 No 2 DK 8	2 ⇨ MN6A 8 ⇨ MN6A
MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No 2 DK 8	
MN6A. DURING THIS PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?	Yes ..... 1 No 2 DK 8	2 ⇨ MN6E 8 ⇨ MN6E
MN6B. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? *Circle all medicines taken. If type of medicine is not determined, show typical antimalarial to respondent.*	SP/Fansidar ..... A Chloroquine ..... B Other *(specify)* _____ X DK ..... Z	

MN6C. Check MN6B for medicine taken:

☐ **SP/Fansidar taken. ⇨ Continue with MN6D**

☐ **SP/Fansidar not taken. ⇨ Go to MN6E**

MN6D. HOW MANY TIMES DID YOU TAKE SP/FANSIDAR DURING THIS PREGNANCY TO PREVENT MALARIA?	Number of times.....___ ___	
MN6E. DURING YOUR LAST PREGNANCY DID YOU SLEEP UNDER A MOSQUITO NET	Yes .....1 No2 DK..... 8	 2 ⇨ MN7 8 ⇨ MN7
MN6F. HOW OFTEN DID YOU USE THE MOSQUITO NET?	Throughout the Pregnancy.....1 Occasionally.....2 Don't Know..... 8	
MN6G. WAS THE NET ONE OF THE FOLLOWING TYPES? *If the respondent does not know the type of the net, explain to him/her the types of nets available.*	Long Lasting Net (LLN).....1 Pre-Treated with Insecticides.....2 Not Treated with Insecticide.....3 Don't Know..... 8	
MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD *(or name)*? ANYONE ELSE? *Probe for the type of person assisting and circle all answers given.*	Health professional: Doctor..... A Nurse/midwife..... B Auxiliary midwife..... C Other person Traditional birth attendant..... F Community health worker..... G Relative/friend..... H Other *(specify)* _____ X No one..... Y	
MN8. WHERE DID YOU GIVE BIRTH TO *(name)*? *If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.* (Name of place)	Home Your home.....11 Other home.....12 Public sector Govt. hospital..... 21 Govt. clinic/health center..... 22 Other public *(specify)* _____26 Private Medical Sector Private hospital..... 31 Private clinic..... 32 Private maternity home..... 33 Other private medical *(specify)* _____ 36 Other *(specify)* _____ 96	
MN9. WHEN YOUR LAST CHILD (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large.....1 Larger than average..... 2 Average..... 3 Smaller than average..... 4 Very small..... 5 DK..... 8	
MN10. WAS (name) WEIGHED AT BIRTH?	Yes .....1 No2 DK..... 8	 2 ⇨ MN12 8 ⇨ MN12
MN11. HOW MUCH DID *(name)* WEIGH? *Record weight from health card, if available.*	MN11A. From card (kilograms) __ . __ __ __ MN11B. From recall (kilograms) __ . __ __ __ DK..... 99998	
MN12. DID YOU EVER BREASTFEED *(name)*?	Yes 1 No2	 2 ⇨ NEXT MODULE
MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT *(name)* TO THE BREAST? *If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.*	Immediately..... 000 Hours.....1 __ __ *Or* Days..... 2 __ __ Don't know/remember..... 998	
MN13AA. FOR HOW LONG DID YOU FEED *(name)* WITH ONLY BREAST MILK?	Circle appropriate month(s): 0 1 2 3 4 5 6 +	

MARRIAGE/UNION MODULE		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married ..... 1 Yes, living with a man ..... 2 No, not in union 3	3 ⇨ MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years ..... __ __ DK 98	
MA2A. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES?	Yes ..... 1 No 2	2 ⇨ MA5
MA2B. HOW MANY OTHER WIVES DOES HE HAVE?	Number ..... __ __ DK 98	⇨ MA5 98 ⇨ MA5
MA3. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN?	Yes, formerly married ..... 1 Yes, formerly lived with a man ..... 2 No 3	⇨ NEXT MODULE
MA4. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated 3	
MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once 2	
MA6. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Month ..... __ __ DK month ..... 98 Year ..... __ __ __ __ DK year 9998	

MA7. Check MA6:

☐ ***Both month and year of marriage/union known?*** ⇨ ***Go to Next Module***

☐ ***Either month or year of marriage/union not known?*** ⇨ ***Continue with MA8***

MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years ..... __ __ DK 98	

FEMALE GENITAL CUTTING MODULE — FG

FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes.....1 No 2	1 ⇨ FG3
FG2. IN A NUMBER OF COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	Yes.....1 No 2	2 ⇨ NEXT MODULE
FG3. HAVE YOU YOURSELF BEEN CIRCUMCISED?	Yes.....1 No 2	2 ⇨ FG8
FG7. WHO CIRCUMCISED YOU?	Traditional persons Traditional 'circumciser'..... 11 Traditional birth attendant.....12 Other traditional *(specify)* _____16 Health professional Doctor..... 21 Nurse/midwife ..... 22 Other health professional *(specify)* _____ 26 DK..... 98	

FG8. ***The following questions apply only to women who have at least one living daughter. Check CM4 and CM6, Child Mortality Module: Woman has living daughter?***

☐ ***Yes ⇨ Continue with FG9***

☐ ***No ⇨ Go to FG16***

FG9. HAVE ANY OF YOUR DAUGHTERS BEEN CIRCUMCISED? IF YES, HOW MANY?	Number of daughters circumcised: ..... __ __ No daughters circumcised..... 00	00 ⇨ FG16
FG10. TO WHICH OF YOUR DAUGHTERS DID THIS HAPPEN MOST RECENTLY? *Record the daughter's name.*	Name of daughter:_____	
FG15. WHO DID THE CIRCUMCISION?	Traditional persons Traditional 'circumciser'..... 11 Traditional birth attendant.....12 Other traditional *(specify)*_____16 Health professional Doctor..... 21 Nurse/midwife ..... 22 Other health professional *(specify)*_____26 DK..... 98	
FG16. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued.....1 Discontinued.....2 Depends..... 3 DK..... 8	
FG16AA. IN THIS HOUSEHOLD HOW MANY FEMALES HAVE BEEN CIRCUMCISED?	Number of circumcised females	
FG 16BB. WOULD YOU LIKE YOUR DAUGHTER TO BE CIRCUMCISED?	Yes.....1 No	

ATTITUDES TOWARDS DOMESTIC VIOLENCE — DV

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

	Yes	No	DK
DV1A. IF SHE GOES OUT WITH OUT TELLING HIM?	1	2	8
DV1B. IF SHE NEGLECTS THE CHILDREN?	1	2	8
DV1C. IF SHE ARGUES WITH HIM?	1	2	8
DV1D. IF SHE REFUSES SEX WITH HIM?	1	2	8
DV1E. IF SHE BURNS THE FOOD?	1	2	8

QUESTIONS DV2AA AND 3AA SHOULD BE ADMINISTERED TO WOMEN WHO ARE MARRIED OR ARE LIVING WITH A PARTNER ONLY.

CHECK MARRIAGE UNION MODULE (MA1) FOR CONFIRMATION. IF THE RESPONSE IS 3 IN MA1, END THE INTERVIEW AND GO TO THE NEXT MODULE.

DV2AA. HAVE YOU EVER BEEN HIT OR BEATEN BY YOUR HUSBAND/PARTNER FOR ANY OF THE REASONS ABOVE?	Yes.....1 No 2 DK..... 8	 ⇨ NEXT MODULE ⇨ NEXT MODULE
DV3AA. HOW MANY TIMES HAVE YOU BEEN HIT OR BEATEN BY YOUR HUSBAND/PARTNER IN THE LAST 12 MONTHS?	No. of times beaten _____ _____ DK..... 98	

SEXUAL BEHAVIOUR MODULE — SB

CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.

SB0. ***Check WM9: Age of respondent is between 15 and 24?***

☐ ***Age 25-49 ⇨ Go to Next Module***

☐ ***Age 15-24 ⇨ Continue with SB1***

SB1. NOW I NEED TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME FAMILY LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU FIRST HAD SEXUAL INTERCOURSE (IF EVER)?	Never had intercourse..... 00 Age in years..... ___ ___ First time when started living with (first) husband/partner..... 95	00 ⇨ NEXT MODULE
SB2. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? ***Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.***	Days ago..... 1 ___ ___ Weeks ago..... 2 ___ ___ Months ago..... 3 ___ ___ Years ago..... 4 ___ ___	4 ⇨ NEXT MODULE
SB3. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WAS A CONDOM USED?	Yes..... 1 No 2	
SB4. WHAT IS YOUR RELATIONSHIP TO THE MAN WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? ***If man is 'boyfriend' or 'fiancée', ask:*** WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? ***If 'yes', circle 1 .If 'no', circle 2.***	Spouse / cohabiting partner..... 1 Man is boyfriend / fiancée..... 2 Other friend..... 3 Casual acquaintance..... 4 Other *(specify)* _____ 6	1 ⇨ SB6
SB5. HOW OLD IS THIS PERSON? ***If response is DK, probe:*** ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner..... ___ ___ DK..... 98	
SB6. HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes..... 1 No 2	2 ⇨ NEXT MODULE
SB7. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER MAN, WAS A CONDOM USED?	Yes..... 1 No 2	
SB8. WHAT IS YOUR RELATIONSHIP TO THIS MAN? ***If man is 'boyfriend' or 'fiancée', ask:*** WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? ***If 'yes', circle 1. If 'no', circle 2.***	Spouse / cohabiting partner..... 1 Man is boyfriend / fiancée..... 2 Other friend..... 3 Casual acquaintance..... 4 Other *(specify)* _____ 6	1 ⇨ SB10
SB9. HOW OLD IS THIS PERSON? If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner..... ___ ___ DK..... 98	
SB10. OTHER THAN THESE TWO MEN, HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes..... 1 No 2	2 ⇨ NEXT MODULE
SB11. IN TOTAL, WITH HOW MANY DIFFERENT MEN HAVE YOU HAD SEX IN THE LAST 12 MONTHS?	No. of partners..... ___ ___	

HIV/AIDS MODULE — HA

HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes.....1 No 2	2 ⇨ NEXT MODULE
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?	Yes.....1 No 2 DK..... 8	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes.....1 No 2 DK..... 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes.....1 No 2 DK..... 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes.....1 No 2 DK..... 8	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes.....1 No 2 DK..... 8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes.....1 No 2 DK..... 8	
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes.....1 No 2 DK..... 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes.....1 No 2 DK..... 8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?		
	Yes No DK	
HA9A. DURING PREGNANCY?	During pregnancy 1 2 8	
HA9B. DURING DELIVERY?	During delivery 1 2 8	
HA9C. BY BREASTFEEDING?	By breastfeeding 1 2 8	
HA10. IF A TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD HE/SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes.....1 No 2 DK/not sure/depends.....8	
HA10AA. DID YOUR PARTNER USE A CONDOM WHEN YOU LAST HAD SEX?	Yes..... 1 NO..... 2 Never had sex..... 3 DK..... .8	
HA10CC. NAME THREE WAYS OF HIV PREVENTION	.... DK..... 8	
HA10BB. NAME THREE WAYS OF HIV TRANSMISSION	.... DK..... 8	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes.....1 No 2 DK/not sure/depends.....8	
HA12. IF A MEMBER OF YOUR FAMILY BECOMES INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes.....1 No 2 DK/not sure/depends.....8	

HA12. IF A MEMBER OF YOUR FAMILY BECOMES INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes.....1 No 2 DK/not sure/depends.....8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes.....1 No 2 DK/not sure/depends.....8	

HA14. ***Check MN5: Tested for HIV during antenatal care?***

☐ ***Yes.*** ⇨ ***Go to HA18A***

☐ ***No.*** ⇨ ***Continue with HA15***

HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes.....1 No 2	2 ⇨ HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes.....1 No 2	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test 1 Offered and accepted 2 Required 3	1 ⇨ END INTERVIEW 2 ⇨ END INTERVIWE 3 ⇨ END INTERVIEW
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes.....1 No 2	
HA18A. If tested for HIV during antenatal care: OTHER THAN AT THE ANTE-NATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes.....1 No 2	

19. Is the woman a caretaker of any children under five years of age?

☐ ***Yes.*** ⇨ ***GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE***
and administer one questionnaire for each child under five for whom she is the caretaker

☐ ***No.*** ⇨ ***CONTINUE WITH Q.20***

20. Does another eligible woman reside in the household?

☐ ***Yes.*** ⇨ ***End the current interview by thanking the woman for her cooperation and GO TO QUESTIONNAIRE FOR INDIVIDUAL WOMEN To administer the questionnaire to the next eligible woman***

☐ ***No.*** ⇨ ***End the interview with this woman by thanking her for her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page***

Follow instructions in your Interviewer's Manual

APPENDIX G: URBAN DEFINITION AND SETTLEMENTS, 2003 POPULATION AND HOUSING CENSUS

The characteristics which distinguish urban from rural areas vary from country to country. As a result of this variation, there is no universal definition for rural and urban. Until recently, there existed no standard criteria for defining urban settlements in The Gambia. Institutions have, over the years, identified urban areas based on their own criteria, the most common being population size, the type of economic activity and the level of infrastructural development. In the 1983 census, Banjul and Kanifing were treated as urban areas for the purpose of presentation of some tables.

2.1 Criteria for Urban Areas

With rapid population growth of large settlements, mainly due to the movement of people from the villages, a felt need was expressed from many quarters for the adoption of a standard definition of urban areas. In response to this need, the Central Statistics Department proposed that a scientific approach be taken to adopt a national definition for urban areas. The Department in collaboration with the Department of Physical Planning and other ministries and departments concerned identified settlements as urban if they satisfied most of the following criteria:

(i) Commercial importance
(ii) Institutional importance
(iii) Majority of population should be non-agricultural in occupation
(iv) Population should be 5,000 and above
(v) Density should be high
(vi) Some degree of infrastructural facilities should be available

Based on the above criteria, the following settlements have been considered as urban settlements for the purpose of the 2003 Population and Housing Census:

1. BANJUL	2. KOLOLI
3. ABUKO	4. KOTU
5. BAKAU WASULUNG	6. LATRI KUNDA GERMAN
7. BAKAU NEW TOWN	8. LATRI KUNDA SABIJI
9. BAKOTEH	10. MANJAI KUNDA
11. BUNDUNNKA KUNDA	12. NEW JESHWANG
13. DIPPA KUNDA	14. OLD JESHWANG
15. EBOE TOWN	16. SERE KUNDA
17. FAJI KUNDA	18. TALINDING KUNJANG
19. BANJULNDING	20. TUJERENG
21. BIJILO	22. BRIKAMA
23. BRUFUT	24. BRIKAMA WELLINGARA
25. BRUFUT BEACH	26. MEDINA SALANDING
27. BRUSUBI	28. SIBANORR
29. DARANKA	30. BWIAM
31. KEREWAN	32. MANSA KONKO CAMP
33. KER SERINGE NGAGA	34. PAKALINDING
35. KOLOLI BEACH	36. SOMA
37. KUNKUJANG KEITA	38. BARRA
39. LAMIN	40. ESSAU
41. BRUFUT MADINA	42. KEREWAN
43. NEMA KUNKU	44. FARAFENNI
45. SINCHU ALAGIE	46. JIGIMARR
47. SINCHU BALIA	48. KAUR JANNEH KUNDA
49. SINCHU SORIE	50. KAUR TOURAY KUNDA
51. SUKUTA	52. KAUR WHARF TOWN
53. SUKUTA SANCHABA	54. BANSANG
55. TRANKILL	56. ALLUNKHARI
57. WELLINGARA	58. BASSE NDING
59. GUNJUR	60. BASSE SANTO SU
61. SANYANG	62. GIROBA KUNDA
63. TANJEH	64. KABA KAMMA
65. BANSANG HOSPITAL AND QUARTER	66. KOBA KUNDA
67. BRIKAMA BA	68. MANNEH KUNDA
69. BRIKAMA NDING	70. MANSAJANG KUNDA
71. DASILAMEH	72. SARE SAMBA TAKO
73. JANJANGBUREH	

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