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Council of Ministers
Planning Commission
The Central Statistical Organisation**

**United Nations Children's Fund
(UNICEF)**

**Multiple Indicator Cluster Survey
for the Year 2000
(Detailed Report)**

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Appreciation

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Executive Summary

The 2000 Iraq Multiple Indicator Cluster Survey (MICS) is a nationally representative survey of households, women, and children. The main objectives of the survey are to provide up-to-date information for assessing the situation of children and women in Iraq at the end of the decade, to furnish data needed for monitoring progress toward goals established at the World Summit for Children and as a basis for future action and to contribute to the improvement of data and monitoring systems in Iraq and to strengthen technical expertise in the design, implementation and analysis of such systems.

Education

- 76.3 percent of children of primary school age in Iraq (7-12) are attending primary school. In urban areas, 83.3 percent of children attend school, while in rural areas 61.0 percent attend. In the rural areas, female attendance rate is 49.2 percent which is lower than that of the male attendance rate 72.1 percent. In the urban areas these two rates are closer to each other being 87.4 percent and 80.0 percent for males and females respectively. Generally speaking, there are slight differences between the primary school attendance rates of the different ages, except age 12 where there is a marked decline.
- Around 88.3 percent of children who enter the first grade of primary school eventually reach grade five.
- There are noticeable disparities between the sexes in the achievement of grade five. 92.2 percent of male children who enter grade one reach five compared to 83.6 percent of female children.

Water and Sanitation

- 83.3 percent of the population has access to safe drinking water – 97.5 percent in urban areas and 51.5 percent in rural areas. Results of the survey indicate that most of the urban inhabitants (90.5 percent) use flush toilets connected to sewage systems or septic tanks, while only 37.9 percent of the rural population use similar toilets. 28.2 percent of the rural inhabitants still resort to traditional pit latrines.

Child Malnutrition

- 15.9 percent of children under age five in Iraq are underweight or too thin for their age. 22.1 percent of children are stunted or too short for their age and 5.9 percent are wasted or too thin for their height.
- Children whose mothers have secondary or higher education are the least likely to be underweight and stunted compared to children of mothers with less education.

Breastfeeding

- Approximately 17.1 percent of children aged under four months are exclusively breastfed, a level considerably lower than recommended. At age 6-9 months, 51.0 percent of children are

receiving breast milk and solid or semi-solid foods. By age 20-23 months, 27.0 percent are continuing to breastfeed.

Salt Iodization

- 40 percent only of households in Iraq have adequately iodized salt. The percentage of households with adequately iodized salt ranges from 42.7 percent in urban households to 33.4 percent in rural.

Vitamin A Supplementation

- Within the six months prior to the MICS, 12.7 percent of children aged 6-59 months received a high dose Vitamin A supplement. Approximately 13.8 percent did receive a high dose of Vitamin A supplement prior to the last 6 months before the survey, while 56.1 percent of these children did not receive any this dose prior to the survey.
- According to the survey's results, educational level of the mother does not seem to have a significant influence on children's intake of vitamin A supplement.
- The age pattern of Vitamin A supplementation shows that supplementation in the last six months preceding the survey rises from 15.4 percent among children aged 6-11 months to 22.9 percent among children aged 12-23 months and then declines steadily with age to 10 percent among the children aged 24-35 months.

Low Birth weight

- 12.3 percent of babies weigh less than 2500 grams at birth
- Low birth weight does not vary much between urban and rural areas or by mother's education.

Immunization Coverage

- 91.7 percent 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 85.5 percent. The percentage declines for subsequent doses of DPT to 78.1 percent for the second dose, and 68.9 percent for the third dose.
- Similarly, 73 percent of children received the zero dose of Polio which then increases to 93.5 percent for dose one, and then declines to 89.5 percent for the second dose and 81.8 percent for the third dose.
- The coverage for measles vaccine turned out to be 78.2 percent.
- 60.7 percent of children received all the above-mentioned vaccines.

Diarrhea

- 26.5 percent of children with diarrhea received were treated with ORS or RHF.
- Only 20.5 percent of children with diarrhea received increased fluids and continued eating as recommended.

Acute Respiratory Infection

- 6.9 percent of under five children had an acute respiratory infection in the two weeks prior to the survey. Approximately 76.1 percent of these children were taken to a health provider.

IMCI Initiative

- Among under five children, who were reported to have had diarrhea or some other illness in the two weeks preceding the MICS, 16.1 percent received increased fluids and continued eating as recommended under the IMCI programmed.
- 49.1 percent of mothers know at least two of the signs that a child should be taken immediately to a health facility.

Malaria

- In the areas of Iraq with the highest level of malaria risk, 7.4 percent of under five children slept under a bednet the night prior to the survey interview. However, only about two percent of the bednets used are impregnated with insecticide.
- Approximately 64 percent of children with a fever in the two weeks prior to the MICS interview were given Paracetamol to treat the fever.
- Children with fever in urban areas are 20 percent compared to 15.2 in rural areas .

HIV/AIDS

- 49.9 percent of women aged 15-49 have ever heard of AIDS.
- The percentage is higher in urban areas (59.5 percent) than in rural areas (25.5 percent).
- 36.6 percent of total women interviewed believe that AIDS can be prevented compared to 45.5 percent of the urban women and only 13.0 percent of rural women.
- There is only slight variation between the different age groups in knowledge about the disease except for the youngest and oldest age groups where knowledge is markedly less.
- 81 percent of those with at least secondary education have heard of the disease have, and 70 percent of those with at least secondary education believe that infection with AIDS can be avoided. These two percentages are significantly higher than the similar percentages for the lower educational levels.
- 50.6 percent believe that AIDS is transmitted through sexual relations, 26.6percent through the intake of infected blood; and 11.8 percent cited infected medical equipment as the cause.

Contraception

- Current use of contraception was reported by 43.5 percent of married or in union women. The most popular method is the IUD which is used by 10.7 percent of married women followed by sterilization pills , which accounts for 9.2 percent of married women.

Prenatal Care

- 57.3 percent of women with recent births in Iraq are protected against neonatal tetanus. The vast majority of these women received two or more doses of tetanus toxoid within the last three years.
- Overall, protection against tetanus was 63.2 percent.
- 76.1 percent of women in Iraq receive some type of prenatal care from skilled personnel (doctor, nurse, midwife) and 82.0 in urban areas compared to 67.1 percent in rural areas who receive antenatal care.

Assistance at Delivery

- A doctor, nurse, or midwife delivered about 72.1 percent of births occurring in the year prior to the MICS survey. This percentage is highest in urban areas (79 percent) and (60.2 percent) in rural .

Birth Registration

- The births of 98.1 percent of children under five years in Iraq have been registered. 98.7 percent in urban areas and 97.2 percent in the rural.
There are no significant variations in birth registration across sex, age, or education categories.

Orphanhood and Living Arrangements of Children

- Overall, 94.8 percent of children aged 0-14 are living with both parents. Children who are not living with mother only and father dead comprise 2.7 percent and children who have one or both parents dead amount to 3.5 percent of all children aged 0-14.

Child Labor

- 14.0 percent of children aged 5-14 years are currently working.
- 34.8 percent of children engage in domestic tasks (such as cooking, fetching water, and caring for other children) for less than four hours a days while 3.2 percent spend more than four hours a day on such tasks.

A. Introduction

Background of the Survey

The Central Statistical Organisation produced the preliminary report of the Multiple Indicator Cluster Survey MICS 2000 in February 2001 in co-ordination with the United Nations Children's Fund (UNICEF). That report incorporated sixteen tables covering all key findings of the survey.

MICS 2000 provides a large set of detailed results, thus acquiring special significance in displaying the situation of women and children in Iraq under the sanctions imposed on the country. This report, the second in the MICS series, includes 40 tables. These tables provide a profile of the main characteristics of the sample's households, women and children and cover indicators on education, nutritional, water and sanitation, immunization, vitamin supplements, child health and morbidity, as well as indicators on family planning, antenatal health and child labour.

The survey provides data on the above-mentioned indicators disaggregated by rural/urban and sex, as well as by a certain number of other key characteristics, such as number of household members, child age and mother's/women's educational background.

Survey Objectives

The 2000 Multiple Indicator Cluster Survey of Iraq has as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in Iraq at the end of the decade and for looking forward to the next decade;
- To furnish data needed for monitoring progress toward goals established in 1990 at the World Summit for Children and as a basis for future action;
- To contribute to the improvement of data and monitoring systems in Iraq and to strengthen technical expertise in the design, implementation, and analysis of such systems.

B. Survey Methodology

Sample Design

The sample of the Iraqi MICS was designed to be representative of the whole country and for rural and urban areas¹, and covered all the 18 governorates of Iraq. Sample size was set the sample size at 13,430 households. The sample size was initially distributed equally among the 18 governorates with the exception of Baghdad where the rural percentage was increased from 10 percent to 25 percent, due to the relatively small size of its rural population. Thus, each governorate was allocated an equal sample size of 740 households except Baghdad with a sample size of 850 households. The sample was to be distributed to clusters of equal size. It was decided to work on a cluster size of 10 households.

¹ All frames used defined urban areas as any administrative setup lying within the municipality boarder. Areas other than that are considered rural

Before selecting the sample of each one of the 18 governorates -through three stages stratified random sampling method- the sample of each governorate was distributed among its Qada'as², and among the rural and urban areas of each Qada'a, in proportion to the size of population. Accordingly, the number of household (clusters) of the urban and of the rural areas of each governorate was determined. The sampling process was done in three stages and as follows:

First stage: *Mahalas/Villages* in each Qada'a were listed with the measure of population size in each Mahala/Village. A number of Mahallas and Villages were selected according to probability proportionate to size sampling.

Second stage: Each selected Mahala in the urban area, and village in the rural area, was divided into segments with a population of approximately 500 each. One segment or more was selected according to probability proportionate to size sampling method. Then each segment was divided into blocks or *Majals* with 25-30 households in urban area and 20-25 households in rural areas. One *Majal* was then selected by simple random sampling.

Third stage: Within each selected *Majal* an update of existing household listing was carried out and a cluster of 10 households was selected by systematic random sampling.

Questionnaires

The questionnaire is based on the MICS model questionnaire provided by UNICEF, which contains modules on households, women aged (15-49), and children under 5. The questionnaire used is based on the Arabic translation of the English core questionnaire, provided by the MENARO, with some revisions and adaptations. The child Mortality module was excluded, the HIV module was revised to suit local conditions, the optional modules on child disability and night blindness were included, and additional questions on breast feeding, water and sanitation, and maternal and newborn health were incorporated in the relevant modules. (*See Appendix C*)

The Arabic version was reviewed closely and repeatedly to ensure its consistency with the original version on the one hand and its suitability with the local terminology/vocabulary on the other. To detect problem areas and minimise misinterpretations, the endorsed questionnaire was pre-tested in August 2000. Based on the results of the pre-test, modifications were made as deemed necessary.

Training

Training was given special prominence in the conduct of the survey. It was believed that the preparation and implementation of a detailed and comprehensive training plan was a necessary prerequisite for the proper understanding and comprehension of the technical details of sample design and selection, as well as the instructions for filling the questionnaire. The overall training activity undertaken in preparation for the conduct of the survey can be summarised as follows:

² All sampling frames made use of the administrative set-up present in the last population census conducted in 1997. Each governorate is divided into districts (Qada'a) Each Qada'a is divided into sub-districts (Nahiya). These are further divided into Quarters (Mahala) in urban areas and (Village) in rural areas. The Primary Sampling Unit is Mahala in urban area and Village in rural area.

- Number of implemented training workshops : 15
- Number of training days: 50
- Number of trainees:
 - 10 Central Supervisors
 - 39 Local Supervisors
 - 54 Local Editors
 - 162 Fieldworkers
 - 44 Central Desk Editor
 - 6 Central Desk Reviewer
 - 13 Data Entry (Computer) Reviewer
 - 53 Data Entry Clerks
 - Total Number of Trainees 381

The workshops were conducted at the training centre in CSO. The training workshops that were concerned with the conduct of interviews or with the editing and review of questionnaires involved the conduct of pilot survey.

In addition to the above workshops, the central supervisors carried out one refresher workshop in each governorate for all staff involved in the survey in the governorate concerned. These refresher workshops were implemented two days before the start of the fieldwork.

Fieldwork and processing

The fieldwork lasted 26 days. To ensure timely and efficient conduct, detailed workplan was drawn for carrying it out. The basic framework of this plan was the following:

- Each member of the National Steering Committee was designated/appointed as a central supervisor for 2-3 governorates.
- The director of the statistical office of each governorate was appointed as local supervisor of the fieldwork in the governorate concerned with the head of care unit of the directorate of health of the governorate as an aid in supervision.
- In each governorate 4 teams carried out the fieldwork. Each team had one female doctor or health personnel from the directorate of health of the governorate and a statistician from the statistical office of the governorate.
- In each governorate a committee of 3 was formed to do the local editing. The committee's members belonged to the following bodies of the governorate;
 - The General Directorate for Education
 - General Commission for Water and Sewerage
 - Statistical Office

The table below gives the number of staff, by type of work performed, who were involved in the fieldwork

Type of Work	Total Number
Central Supervisor	10
Local Supervisor	39
Fieldworker	162
Local Editor	54

One vehicle was provided for each central supervisor, and for each single fieldteam. Thus a total of 86 vehicles was provided for the fieldwork. The provided transport ensured the arrival of the field teams to the selected clusters on time and contributed to the timely execution of work.

Office Work

As a complement to fieldwork, a plan for desk/office work was also prepared. This plan can be summarised as follows:

- The conduct of local editing by the local office editing teams in the governorates.
- Editing of work at the local/governorate level by the central supervisors.
- Editing of the work by the central office editing teams at the centre at CSO premises.
- Return of the questionnaire with mistakes or data gaps to the field so that it can be filled again correctly.
- Reviewing the edited questionnaires once again by central office reviewing teams as a prelude to computer entry.
- Entry of data by the data entry clerks trained for that purpose.
- Editing of entry operations by data entry (Computer) reviewers, making the corrections whenever possible.
- Cleaning and verification of data entry operations in accordance with the stages set in the data entry programme (EPI-Info)
- Final editing and cleaning of files by the central supervisors of the data processing work. And the cleaning of files after completion of data entry.
- Merging of files and the preparation of the required tables and reports.

These activities were continuously followed up and evaluated by the consultant commissioned by UNICEF for the survey.

C. Sample Characteristics and Data Quality

Response Rate

Of the 13,430 households selected for the sample, 13,114 were reached. Of these, 13,011 were successfully interviewed yielding a household response rate of 99.2 per cent countrywide, 99.3 per cent response rate for the urban areas, and 99.2 per cent for the rural areas. In the interviewed households of the sample, 23,079 eligible women (age 15-49) were identified. Of these, 22,994 women were successfully interviewed, giving a rate of 1.77 eligible woman per interviewed household. Thus giving an eligible women response rate of 99.6 per cent countrywide, 99.6 per cent in urban areas, and 99.7 percent in rural areas. In addition, the sample contained 14,744 children, of whom 14,676 were interviewed (i.e. at the rate of 1.13 child per household selected). The response rate of children was 99.5 per cent for the whole country, 99.6 per cent and 99.5 per cent for the urban areas and rural areas respectively (Table 1).

Data processing

For data entry, CSO for the first time applied the software package (EPI Info). Senior staffs were trained to supervise operation of this package. In the year 2000, two data analysts participated in a workshop held in Syria for training on this software. However, the data entry and processing programmes, which were developed by the consultative team supervising the survey globally, have been adapted to comply with the modifications made to the questionnaire and the tabulation plan. These modifications were reviewed carefully and thoroughly by the international consultant hired by UNICEF for the survey. The modified programme was put to trial through the pre-test. Intensive training on supervision of data entry and processing was then provided for 13 programmers and system analysts of CSO's computer department. 53 of CSO staff were trained on data entry. They worked in two shifts (morning and evening) for around 30 days. During this period, editing and validation were carried out according to the methodology set in the EPI-Info software.

All entries of the questionnaires verified/audited both logically and computationally. Afterwards, files on households, women and children were merged.

General and detailed tabulations of the survey results were developed after verification of the processes of review, evaluation, merging files, weighing of data according to the procedure described below and conformity of figures of indicators across all tabulations.

Weighing of Data

Since the sampling fractions, i.e. ratio of sample size to population size, varies from one governorate to another, it was necessary -when calculating averages of more than one statistical strata- to weigh households and persons covered by the survey in each governorate with weights that are inversely proportional to the sampling fractions. Because of this procedure all the indicators cited in this report are weighted indicators that have taken into account the relative significance of the population size of each governorate (or stratum).

Age Distribution and Characteristics of the Household Population

A. Household's characteristics

Table (2) presents the percentage distribution of households in the sample by a number of major characteristics at the level of the urban and rural areas. Of the weighted number of respondent households, 71.8 percent are urban households, and 28.2% are rural. The percentage of households who have less than 4 members of the total respondent households is 12.3 per cent, while households who have between six and seven members represent 24.6 per cent.

Table (3) shows that percentage of households, in rural areas, with more than seven members is higher than those households in urban areas. This confirms that the average size of household in rural areas is bigger than the average size of the household in urban areas. Table (4) indicates that 81.5 per cent of the interviewed households contain at least one child under the age of fifteen years countrywide; with 80 per cent in urban areas and 85.3 per cent in rural areas. This table also shows that households having at least one child under five years of age represent 56.7 per cent countrywide in comparison with 52.7 per cent in urban areas and 66.9 per cent in rural areas. Percentage of households that have at least one female aged between 15-49 years is 94.3 per cent, which is close to the same percentages found in both urban and rural areas.

B. Characteristics of Eligible women (15-49) Years of Age

Table (5) shows that the weighted number of eligible women interviewed was 22980, of which 71.7 per cent were in the urban areas and 28.3 per cent were in the rural areas. Women aged between 15-19 years comprise the largest percentage across age groups. This percentage declines steadily across age groups as it is noted that 8.2 per cent of women are of the age group 45-49, which is the last age group of eligible women in this questionnaire.

Approximately 51.4 per cent of the female respondents in the sample are married, while 4.9 per cent of the respondent women were previously married (divorced, widowed or separated) and 43.8 per cent were never married.

Of the total number of respondent women, the percentage of uneducated women (never attended school) reached 26 per cent. Those who have completed primary/elementary education form 38 per cent, those who have completed intermediate and higher education form 34.7 percent, while those women who received non-formal standard education form 1.3 per cent.

III. Characteristics of Eligible Children (Children Under 5)

There is slight difference between the proportions of female and male under 5 children covered by the survey (as shown in Table 6); 50.4 per cent of these children are males and 49.6 per cent are females. Approximately 63.6 per cent of interviewed children under age 5 live in the urban areas, compared to 36.4 per cent in the rural. When comparing the proportional distribution of under 5 children and that of eligible women between rural and urban areas, one will observe that the proportion of under fives living in the rural areas is greater than that of eligible women living in the same areas by 8.1 percentage points. Given the fact that the response rates for rural and urban areas are very close to each other, the aforementioned phenomenon can be attributed to the higher fertility rate of rural females.

Review of the age structure of children under five years of age covered by the survey shows that 9.5 per cent of these children are under 6 months of age, and 11.3 per cent of them belong to the age group 6-11 months. The proportions of the age groups (12-23) months, (24-35) months, (36-47), (48-59) months show slight disparities from each other; all of them roam around 20 per cent with slight variations.

IV. Results

1st. Education

Early Childhood Education

Despite the fact that the primary school enrolment age in Iraq is 6 years, there are regular education programmes for those children below the age of 6 years, such as nurseries and kindergartens. The percentage of children aged 36-59 months attending these programmes amounts to 3.7 per cent with 3.8 per cent males and 3.6 per cent females (Table 7). The percentage in urban areas is 5.2 per cent, against 0.9 per cent in rural areas. The table also indicates that 5 per cent of the children aged (48-59 months) have enrolled in nurseries and kindergartens compared to 2.6 per cent for younger children. It is to be noted that most of the children who joined these programmes have mothers with education levels above intermediate education.

Basic Education

Universal access to basic education and the achievement of primary education is considered as one of the most important goals of the World Summit for Children. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazards of work at an early age and from discrimination between the sexes. It also enhances the capacities/capabilities, i.e. it empowers, the citizens of the country, and of both sexes, in strengthening the process of development and construction.

Table (8) shows that the 88.3 per cent of children enter the first grade of primary school and eventually reach grade five, with 92.2 per cent for male children and 83.6 for females. This percentage is slightly higher in urban areas 89.8 per cent than that in rural 83.5 per cent.

Overall, 76.3 per cent of children of primary school age (7-12 years) in Iraq are attending primary school (Table 9-A). In urban areas, 83.8 per cent of children attend school while in rural areas 61 per cent attend. In the rural areas, female attendance rate (49.2 per cent) is lower than that of the male attendance rate (72.4 per cent). In the urban areas these two rates are closer to each other being 87.4 per cent and 80 per cent for males and females respectively.

Generally speaking there are slight differences between the primary school attendance rates of the different ages, except age 12 where there is a marked decline as shown in Table (9-A).

Whereas, Table (10) reflects greater decline in primary education enrolment indicators for children in primary school age than those shown in preceding tables. This is because indicators in Table (10) refer to children of all ages eligible for primary education level.

Table (11) shows percentages of children in primary school age who were registered. It is noted that 88.9 per cent of children aged 7-12 years were registered in primary education in urban areas against 71.3 per cent in rural areas. There is little difference between the male and female percentages in registration in primary school in urban areas.

Literacy

Table (12) indicates that the percentage of literate population from 15 years of age and above in Iraq is 73.5 per cent. This rate in urban areas is clearly higher (78.9 per cent) than in rural areas (59.6 per cent). Literacy declines with increasing age as it reaches its lowest rate among the population aged 65 years and above with a literacy percentage rate of 18 per cent.

2nd. Water and Sanitation

Use of Drinking Water

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a source of epidemiological diseases such as trachoma, cholera, and typhoid. Drinking water can also be tainted with chemical and physical contaminants with harmful effects on human health. This adds to the importance of accessibility to drinking water, particularly for women and children, who bear the primary responsibility for carrying water from their sources, often for long distances from their residence.

Table (13) shows that 83.3 per cent of Iraq's population have access to sources of safe drinking water. Majority of urban areas population with access to these sources of water form 97.5 per cent against 51.5 per cent only in the rural areas. The relatively low access in rural areas to safe drinking water is primarily due to the inability to construct new projects for potable water and or the establishment of water compact units because of the imposed sanctions. This is reflected in the fact that only 27.1 per cent of rural residential areas/units are linked to the public water network, compared to 89 per cent in the urban areas, while 7.1 per cent of the rural inhabitants use public taps compared to 2.1 per cent only of the urban people, as shown in Table (13).

Use of Sanitation

As for excreta disposal, Table (14) shows that 92.5 per cent of the population of Iraq use sanitary means of excreta disposal (*Sanitary means of excreta disposal* include: flush toilets connected to sewage systems or septic tanks, other flush toilets, improved pit latrines, and traditional pit latrines). This percentage is 99.1 in urban areas and 77.8 per cent in rural.

Results of the survey indicate that most of the urban inhabitants at a 90.5 per cent use flush toilets connected to sewage systems or septic tanks, while only 37.9 per cent of the rural population use similar toilets as 28.2 per cent of the rural inhabitants still resort to the traditional pit latrines.

3rd. Child Malnutrition

Nutritional Status

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

To evaluate and assess the nutritional status of the child, UNICEF and the World Health Organisation recommend the use of simple numerical measures to compare the children's nutritional status between countries and within the same country in accordance with standard classification. There are three major measures to evaluate the nutritional status of children as follows:

- Malnutrition Indicator

This measure is based on classifying the chronic and acute malnutrition by comparing the weight of children under five years with their ages (there are standard tabulations for this purpose).

Percentage of children whose weight for age is more than two standard deviations (-2 SD) below the median of the reference population is considered the *moderate or severe underweight rate*, while the percentage of those children whose weight for age is more than three standard deviations (-3 SD) below the median represents the *severe underweight rate*.

- Stunting Indicator

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*. 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.

- Wasting Indicator

If weight is measured in comparison with height (weight for height), then the child's weight that is more than two standard deviations below the median of the reference population reflects that the child suffers from *moderate or severe wasting*. While those whose weight falls more than three standard deviations below the median are *severely wasted*.

Table (15) displays malnutrition indicators, summarised in the following:

- 15.9 per cent of Iraqi children suffer from moderate or severe malnutrition; and 2 per cent of them suffer from severe malnutrition.
- 22.1 per cent are moderately or severely stunted with 6.4 per cent of them are severely stunted.
- 5.9 per cent of children are moderately or severely wasted, with 1.2 per cent of those children are severely wasted.
- All indicators of malnutrition (underweight, stunting and wasting) are higher in the rural areas than in the urban for both moderate and severe cases.
- Malnutrition indicators for males and females are generally close to each other.

- Underweight has decreased slightly since 1996 when it was 23.4 per cent. But stunting indicator is still on the high side. Given the fact that stunting is influenced by long run under-nourishment, the level of the stunting indicator highlights and reflects the harsh effects of the unjust sanctions that has lasted for quiet a long period. Stunting indicator is not easily influenced by the relative improvement in feeding patterns, as is the case for the underweight indicator.
- All three indicators of nutrition status vary inversely with the educational level of mother. Children of mothers with at least intermediate education have lower rates of malnutrition.

Breastfeeding

Breastfeeding for the first few years of life provides children with immunity against many diseases. It also provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon after birth, which can contribute to growth faltering and micronutrient malnutrition and is unsafe if clean water is not readily available. The World Summit for Children states that children should be exclusively breastfed for the first four months during the first year of life, and that breastfeeding should continue with complementary food, until the end of the second year of life. Many countries have adopted the recommendation of exclusive breastfeeding for the first six months.

Table (16) gives the relative distribution of children by breastfeeding status. Despite the fact that the number of children in the different age groups involved does not allow making detailed comparisons between children of various age groups, unless when extreme caution is exercised, it is possible to draw a number of conclusions. It is clear that 17.1 per cent of children aged (0-3) months are exclusively breast-fed, 51 per cent of children aged (6-9) months are receiving breastmilk with complementary feeding, 58.6 per cent of children aged (12-15) months continue to be breastfed while taking other foods, but the percentage decreases to 27 for children aged (20-23) months. Data, however, do not show any noticeable effect of level of mother's education on breastfeeding practice. This phenomenon can be partly attributed to the positive long-standing tradition in Iraqi society of giving special care to infants, and is also affected by the presence of the mother at home near her child especially during infancy, whether the mother is a housewife, or a civil servant enjoying her six-month fully paid maternity leave and six-month partially paid maternity leave.

Table (17) shows that the percentage of children who do not depend on breastfeeding increases with age during the first three years of life. Percentage of children who are not breastfed during the first month is 3.7 per cent, while during the second and third months of age the percentage reaches 8.1. The table shows that 42.4 per cent of children aged (14-15) months are not breastfed, and when the children reach the age of 2 years, 83.9 per cent of those children are not breastfed. This rate increases to 96.9 per cent for children aged between 34 and 35 months.

The percentage of exclusive breastfeeding (i.e. children who receive only breast milk) during the first month of age is 23.8 per cent. While in the second the third months of life, the percentage of breastfeeding is 11.9, then this percentage drops dramatically for the rest of age groups of children. It is noted from the rest of the tabulation that reliance on liquids, solid and semi-solid food increases with the child's age.

Salt Iodization

Deficiency of iodine in the diet is the world's single greatest cause of preventable mental retardation and can lower the average intelligence quotient (IQ) of a population.

Salt iodization is an effective, low-cost way of preventing iodine deficiency disorders (IDD). *Adequately iodized salt* contains 15 ppm (parts per million) of iodine or more. In MICS, interviewers tested household salt for iodine levels by means of a testing kit. It was found out that during the survey period, as in Table (18), only 40 per cent of households use iodised salt with (15 PPM) or more, 42.7 per cent urban households and 33.4 per cent rural.

Salt distributed to households through the ration is iodised. Yet the quantities given do not meet the actual requirements of households for iodised salt. The 1988 household budget survey showed that average monthly per capita consumption of salt was 331 gms, while what is provided through the ration is only 150 gms per capita. So the food ration provides only 45 per cent of actual households' needs and the other (55 per cent) has to be purchased from the local market, which is either totally lacking in iodine or contains less than (15PPM). Therefore the quantity of salt provided by the food ration is completely iodised and form 40 per cent as per the survey's results which is quite close to the distributed amount. It is also probable that irregularity in the distribution of iodised salt during the survey period accounted for the low rates.

Vitamin A Supplementation

Vitamin A deficiency (VAD) impairs children's immune systems, increasing their chances of dying of common childhood diseases and undermines the health of pregnant and lactating women. It can also cause eye damage and blindness in children. Yet it can be easily prevented by vitamin A supplementation or food fortification. UNICEF and WHO recommend that all countries with an under five mortality rate exceeding 70 per 1000 live births, or where vitamin A deficiency is a public health problem, should put in place a programme for control of vitamin A deficiency. Based on UNICEF/WHO guidelines, the Iraqi Ministry of Health recommends that children aged 6-12 months be given one dose Vitamin A capsule of 100,000 IU every six months, and children older than one year be given one high dose of 200,000 IU every six months.

Table (19) shows that 12.7 per cent of children aged 6-59 months received a high dosage of Vitamin A supplement during the last six months (prior to the conduct of MICS). Approximately 13.8 per cent did not receive the supplement in the last 6 months but did receive one prior to that time. The table also indicates that 6.7 per cent of children received a Vitamin A supplement at some time in the past but their mothers/caretakers were unable to specify when.

It is observed that Vitamin A supplementation coverage in the urban areas is slightly higher than in the rural areas. This small difference in coverage reflects the serious efforts made by the concerned health institutions to ensure the availability of vitamin A supplement to the remotest rural areas of the country in spite of the resource limitations arising from the sanctions imposed on the country. According to the survey's results, educational status/level of the mother does not seem to have a significant influence on children's intake of vitamin A supplement. This fact confirms the effectiveness of the social awareness campaigns during immunisation carried out by the ministry of health and the supporting bodies.

The age pattern of Vitamin A supplementation shows that supplementation in the last six months preceding the survey rises from 15.4 per cent among children aged 6-11 months to 22.9 per cent among children aged 12-23 months and then declines steadily with age to 10 per cent among the children aged 24-35 months.

Table (20) shows that 21.6 per cent of women, who gave birth to a child during the last six months prior to the survey, received a Vitamin A supplement before the new-born child reaches 6 weeks of age. Women who received Vitamin A supplement in urban areas is higher than in rural areas, 23.2 and 18.7 per cent respectively, while 2.6 per cent of women are not certain whether they received a supplement or not. The educational level of the women does not seem to have any significant or influence on the rates of Vitamin A supplementation.

Low birth weight

Table (21) indicates that 12.3 per cent of infants are estimated to weigh less than 2500 grams at birth. However, the table indicates that low birth weight does not vary much between urban and rural areas or by mother's education. In addition, 35.5 per cent of live births were weighed at birth.

4th. Child Health

Immunization Coverage

According to UNICEF and WHO guidelines, a child should receive, through a national immunisation programme, a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12 months. In MICS, mothers were asked to provide vaccination cards for children under the age of five. Interviewers copied vaccination information from the cards onto the MICS questionnaire.

Table (22) shows that 91.7 per cent of children aged (12-23) months received a BCG vaccination at any time prior to the survey according to the vaccination cards or the mother's report/memory. The results show that the first, second and third doses of DPT were given to 85.5 per cent, 78.1 per cent and 68.9 per cent of children respectively. Similarly, percentages of children who received the zero dose, first, second and third doses of polio were 73, 93.5, 89.5 and 81.8 per cent. The coverage for measles vaccination turned out to be 78.1 per cent. The survey also showed that 60.7 per cent of children received all the above-mentioned vaccines.

Table (23) is concerned with children (12-23) months of age that have received vaccinations before their first birthday and who have properly dated vaccination cards. This table indicates that 98.7 per cent of these children received a BCG vaccination and the coverage with the first, second and third dose of DPT was 97.5 per cent, 96.2 per cent and 92.7 per cent respectively. The consecutive four doses of Polio vaccine were received by 99.2 per cent, 97.6 per cent, 96.1 per cent and 92.5 per cent of children (12-23) months of age, while only 78.1 per cent of these children were vaccinated against measles. As a result the percentage of children with vaccination cards who had all the recommended vaccinations by their first birthday was at 70.3 per cent.

Table (24) shows the percentage of children aged 12-23 months currently vaccinated against childhood diseases. According to the figures of this table, male and female children are vaccinated at roughly the same rate. Urban children are more likely to be vaccinated than rural children. The table also highlights the fact that mothers' education has a positive effect on vaccination coverage, i.e. vaccination coverage varies proportionately with mother's education. The table also indicates that 61 per cent of children have health vaccination cards.

Diarrhoea

Table (25) shows that 21.3 per cent of under five children had diarrhoea in the two weeks preceding the survey. Diarrhoea prevalence has no significant difference between male and female children and urban and rural, though it is slightly higher in urban than in rural areas. The peak of diarrhoea prevalence occurs in the weaning period, among children age 6-11 months. This rate declines with the baby advancing in age over the next four years. Table (25) also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhoea as 37.5 per cent of children received breast milk while they had diarrhoea, 49.3 per cent of the children received gruel and 26.5 per cent of children received ORS.

Table (26) shows that 29 per cent children with diarrhoea had liquids in quantities above the norm. This percentage is higher in urban areas (31.4 per cent) than in rural areas (23.8 per cent). This table also indicates that 29 per cent of children's consumption of food diminishes largely during the diarrhoeal episodes whereas the nutrition system of 70.3 per cent falters during the episode of diarrhoea with minor difference between urban and rural areas and males and females. Overall, children in early ages are more affected than others when they receive less food during diarrhoea.

Acute respiratory infection

Table (27) shows that 6.9 per cent of under-five children had an acute respiratory infection in the two weeks prior to the survey. Of these, 18.9 per cent received medical counsel from a hospital, 35.9 per cent from a health centre, 9.3 per cent from a public health clinic and 21.5 per cent from a private doctor. The table also shows that 7.8 per cent of the children with ARI were males against 5.0 per cent females. The incidence rates do not vary much between rural and urban areas and these incidences usually occur in children aged 6-23 months old.

Table (28) shows that 38.9 per cent were reported to have been ill in the two weeks preceding the survey. Of these, 22.5 per cent drank more liquids during the illness and 75.4 per cent drank equal amounts of liquids or less than usual. The same table shows that 72.7 per cent of the children continued eating (i.e., ate somewhat less, the same, or more than usual amount of food), whereas 26.8 per cent of children declined food or ate less.

Table (29) indicates that mothers or caretakers of children were able to name some ailment symptoms. 7.3 per cent of mothers were able to identify child's inability to drink or breastfeed, 77.4 per cent of mothers were able to identify if the child developed a fever and that 30.2 per cent of mothers mentioned breathing difficulty. Overall, 49.1 per cent of mothers or caretakers know at least two signs of ailment that require medical care. However no significant differences exist in the other disaggregation used in the table for these indicators.

Malaria

Table (30) shows that 7.4 per cent of under-five children sleep under bednet. This percentage in rural areas (8.3 per cent) is higher than in urban areas (6.9 per cent). The table indicates that infants less than 6 months of age form the largest group of under fives sleeping under a bednet (24 per cent). It is also found that 97.9 per cent of the bednets are not treated with insecticide.

Table (31) shows that 18.2 per cent of under five children were suffering from fever and 64 per cent of them were treated with Paracetamol. Overall, children suffering from fever in urban areas are 20 per cent compared to 15.2 per cent in rural areas. The table also points out that 1.3 per cent received an appropriate anti-malarial drug.

5th. HIV/AIDS

AIDS Knowledge

Iraq is considered as an AIDS free country. Nonetheless, it was considered appropriate and relevant to incorporate in Iraq's questionnaire a limited number of questions on this subject to measure the level and degree of knowledge of this disease and of the means of its transmission.

One of the most important strategies for reducing the rate of HIV/AIDS infection is the promotion of accurate knowledge of how AIDS is transmitted and how to prevent transmission. Among women aged 15-49 in Iraq, 49.9 per cent have ever heard of AIDS (Table 32). This percentage is higher in urban areas (59.5 per cent) than in rural areas (25.5 per cent). 36.3 per cent of total interviewed women believe that AIDS can be prevented compared to 45.5 per cent of the urban women and only 13 per cent of rural women. There is only slight variation between the different age groups in knowledge about the disease except for the youngest and oldest age groups where knowledge is markedly less.

The survey's results show a marked influence of educational level on awareness of AIDS. 81 per cent of those who have heard of the disease have at least secondary education, and nearly 70 per cent of those believe that infection with AIDS can be avoided. These two percentages are significantly higher than the similar percentages for the lower educational levels.

Table (33) expresses knowledge about means of transmission of the disease. 50.6 per cent believe that AIDS is transmitted through sexual relations, 26.6 per cent through the intake of infected blood; and 11.8 per cent cited infected medical equipment as the cause.

Educational level is the only classification criterion that yields marked variations between different groups. Women with at least secondary education have cited that sexual relations, intake of infected blood and medical equipment are the primary means for the transmission of the virus.

6th. Reproductive Health

Contraception

Table (34) indicates that 43.5 per cent of married couples use contraception methods, and that 25.4 per cent of them were reported to have been using modern methods in comparison with 18.1 per

cent that use traditional methods. The most popular method is IUD (10.7 per cent). The next most popular method is the contraceptive pills (9.2 per cent).

Prenatal Care

Table (35) points out that 57.3 per cent of mothers, who gave birth to children during the 12 months that preceded the survey, were given at least two doses of Tetanus Toxoid (TT) injections over the past three years. Yet only 5.5 per cent of mothers received at least 3 doses over the past 10 years. Overall immunization coverage rate against TT was 63.2 per cent. This rate is greatly affected by the surrounding environment and mother's educational background.

Table (36) shows that 76.4 per cent of women aged 15-45 years who gave birth to babies in the year prior to the MICS survey have received antenatal medical care from doctors, whereas 22.4 per cent of women did not receive any kind of health care during that period. Rates of women in urban areas seen by doctors during pregnancy are significantly higher than those in rural areas. This indicator is also affected by mothers' educational level.

Assistance at Delivery

The care provided to the mother at delivery by medically trained attendants is quite essential to achieve safe delivery both to the mother and child as a result of the use of technically sound procedures. This also reduces the probability of any complication and improves accurate treatment of any health problems that may occur. Skilled assistance at delivery is defined as assistance provided by a doctor, nurse, midwife or auxiliary midwife.

Table (37) shows that the percentage of women who gave birth to babies in the year prior to the MICS survey and who were receiving health care from skilled personnel countrywide is 72.1 per cent countrywide; with 79 per cent in urban areas and 60.2 per cent in rural areas. The percentage of mothers with intermediate education who received health care from skilled persons is 84.7 per cent, higher than the percentage of women of other educational levels.

During the year prior to this survey, the highest percentage of births delivered with assistance of a nurse or trained midwife was 37 per cent, followed by the percentage of deliveries assisted by doctors at 28.2 per cent. It is also observed that traditional midwives assisted in 24.2 per cent of the deliveries. The latter type of assistance is still widely resorted to in the rural areas where the percentage rises to 34.5 per cent.

7th. Child Rights

Birth Registration

Birth registration is a fundamental means of supporting the respect of child's rights and the interest in his care and future. The survey results, as per Table (38), show that countrywide birth registration of children aged (0-59) months at the official bureaux is very high at 98.1 per cent, with 98.7 per cent in the urban areas and 97.2 per cent on the rural.

The high birth registration reflects the respect that Iraqi people have for the laws, rules and regulations of their country. The fact that birth registration is equally high in the rural areas as in the

urban highlights the keenness of the rural inhabitants to overcome the difficulties and problems associated with going to the registration offices given the fact that these offices are normally far from their residence as they are usually located in the urban areas. The survey shows no significant variations in birth registration among the educational levels of mothers or the different age groups of under five children. Low birth registration is usually connected with many reasons particularly the fact that registration requires travel for long distances.

Orphanhood and living arrangements of children

Table (39) shows that 94.8 per cent of the children are living with their biological parents and that 2.7 per cent are living with their mothers only as their fathers are deceased. Other cases do not lead to a significant indicator. The aforementioned table also shows that 3.5 per cent of children have one or both parents dead.

Child Labour

Table (40) shows that currently 14.0 per cent of children aged 5-14 years old go to work. The highest rate is found in rural areas, 27.8 per cent, in comparison with 7.1 per cent in urban areas. Child labour rates are higher at ages between 10 years and above (21.8 per cent) against 6.9 per cent for younger ages.

	Urban	Rural	
Sampled households	8,141	5,289	13430
Occupied households	8,024	5090	13114
Completed households	7,964	5047	13011
Household response rate	99.3	99.2	99.2
Eligible women	13,998	9081	23079
Interviewed women	13,943	9051	22994
Women response rate	99.6	99.7	99.6
Children under 5	7,799	6945	14744
Interviewed children under 5	7,764	6912	14676
Child response rate	99.6	99.5	99.5

* MICS -2000

Table 2: Percent distribution of households by background characteristics

		Percent	Number	Unweighted
Area	Urban	71.8	9,338	7,964
	Rural	28.2	3,673	5,047
Number of HH Members	1	1.2	150	147
	2-3	11.1	1,443	1,301
	4-5	21.7	2,819	2,514
	6-7	24.6	3,204	3,146
	8-9	19.4	2,523	2,658
	10+	22.1	2,872	3,245
Total		100.0	13,011	13,011

* MICS -2000

		Urban	Rural	
Number of HH Members	1	1.1	1.3	1.2
	2-3	11.6	9.7	11.1
	4-5	23.6	16.7	21.7
	6-7	25.7	22.0	24.6
	8-9	19.0	20.4	19.4
	10+	19.0	29.9	22.1
Total		100.0	100.0	100.0
Number		9,338	3,673	13,011
Unweighted		7,964	5,047	13,011

* MICS 2000

Table 4: Percent distribution of households by background characteristics

	Area		Total
	Urban	Rural	
At least one child age < 15	80.0	85.3	81.5
At least one child age < 5	52.7	66.9	56.7
At least one women age 15-49	94.2	94.5	94.3
Number	9,338	3,667	13,005
Unweighted	7,964	5,037	13,001

* MICS 2000

		t		Unweighted
Area	Urban	71.7	16,471	13,944
	Rural	28.3	6,509	9,026
Age	15-19	23.6	5,429	5,592
	20-24	20.7	4,756	4,719
	25-29	16.2	3,715	3,693
	30-34	13.1	3,015	3,029
	35-39	10.8	2,475	2,410
	40-44	7.4	1,702	1,677
	45-49	8.2	1,887	1,847
	Marital status	Currently married	51.4	11,803
Formerly married		4.9	1,119	1,107
Never married		43.8	10,053	9,957
Ever given birth	Yes	50.1	11,522	11,665
	No	49.9	11,453	11,301
Women's education level	None	26.0	5,971	7,028
	Primary	38.0	8,729	9,077
	Secondary+	34.7	7,971	6,530
	Non-standard curriculum	1.3	303	329
	Missing/DK	0.0	6	6
	Total		100.0	22,980

* MICS 2000

Sex	Male	50.4	7,339	7,382
	Female	49.6	7,215	7,180
Area	Urban	63.6	9,262	7,740
	Rural	36.4	5,292	6,822
Age	<6 months	9.5	1,378	1,325
	6-11 months	11.3	1,646	1,665
	12-23 months	20.4	2,962	3,006
	24-35 months	18.8	2,735	2,759
	36-47 months	21.7	3,152	3,129
	48-59 months	18.4	2,677	2,673
Mother's education level	None	31.8	4,622	5,265
	Primary	41.1	5,984	5,848
	Secondary +	25.3	3,683	3,161
	Non-standard curriculum	1.8	259	283
	Missing/DK	0.0	5	5
	Total	100.0	14,554	14,562

* MICS 2000

Sex	Male	3.8	3,015
	Female	3.6	2,815
Area	Urban	5.2	3,740
	Rural	0.9	2,089
Age	36-47 months	2.6	3,152
	48-59 months	5.0	2,677
Mother's education level	None	1.2	1,967
	Primary	2.4	2,268
	Secondary	8.8	1,463
	Non Standard curriculum	6.2	131
	Missing /DK	.0	1
	Total	3.7	5,830

* MICS 2000

		grade 1 reaching grade 2	grade 2 reaching grade 3	in grade 3 reaching grade 4	grade 4 reaching grade 5	grade 5 of those who enter grade 1
Sex	Male	98.4	99.2	98.1	96.3	92.2
	Female	97.2	96.6	95.3	93.4	83.6
Area	Urban	97.7	98.6	97.2	95.9	89.8
	Rural	98.3	96.7	95.7	91.7	83.5
Total		97.9	98.1	96.9	95.0	88.3

* MICS 2000

		Male		Female		Missing			
		Attending Primary School		Attending Primary School		Attending Primary School			
		Percentage	Number	Percentage	Number	Percentage	Number		
Area	Urban	87.4	5,543	80.0	5,249	100.0	1	83.8	10,793
	Rural	72.4	2,686	49.2	2,587	.	0	61.0	5,273
Age	7	71.9	1,436	67.4	1,320	0.0	0	69.8	2,756
	8	85.1	1,431	74.7	1,226	.	0	80.3	2,756
	9	87.8	1,356	77.7	1,361	.	0	82.6	2,748
	10	88.3	1,599	75.9	1,361	.	0	82.6	2,960
	11	87.1	1,262	69.9	1,276	.	0	78.5	2,537
	12	73.3	1,146	52.2	1,260	100.0	1	62.3	2,407
Total (7-12)		82.5	8,230	69.8	7,836	100.0	1	76.3	16,066

* MICS 2000

Table 9-B: Percentage of children of primary school age (6-11 years) enrolled in primary schools

		Sex				Total	
		Male		Female		(6-11) years of age	
		Attending Primary School		Attending Primary School			
		Percentage	Number	Percentage	Number	Percentage	Number
Area	Urban	78.4	5,640	72.5	5,268	75.6	10,908
	Rural	61.8	2,845	44.9	2,666	53.6	5,510
Age	6	16.1	1,401	15.0	1,358	15.6	2,759
	7	71.9	1,436	67.4	1,320	69.8	2,756
	8	85.1	1,431	74.7	1,226	80.3	2,657
	9	87.8	1,356	77.7	1,392	82.6	2,748
	10	88.3	1,599	75.9	1,361	82.6	2,960
	11	87.1	1,262	69.9	1,276	78.5	2,537
Total (6-11)		72.8	8,485	63.2	7,933	68.2	16,418

* MICS 2000

		Percentage	Number
Area	Urban	66.0	14,182
	Rural	45.7	7,331
Age	7	69.9	2,670
	8	80.3	2,659
	9	82.6	2,747
	10	82.6	2,959
	11	78.4	2,536
	12	62.2	2,405
Total		59.1	21,493

* MICS 2000

Table 11: Percentage of children of primary school age enrolled in primary education

		Sex						Total (7-12)	
		Male		Female		Missing			
		Enrollment at primary School		Enrollment at primary School		Enrollment at primary School			
		Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number
Area	Urban	91.0	5,543	86.8	5,249	0.0	1	88.9	10,793
	Rural	79.8	2,686	62.5	2,587	.	0	71.3	5,273
Age	7	82.8	1,436	76.4	1,320	.	0	79.7	2,756
	8	89.4	1,431	80.6	1,226	.	0	85.3	2,657
	9	91.1	1,356	82.5	1,392	.	0	86.7	2,748
	10	92.4	1,599	83.8	1,361	.	0	88.4	2,960
	11	90.1	1,262	81.3	1,276	.	0	85.6	2,537
	12	75.8	1,146	67.3	1,260	.	1	71.3	2,407
Highest school grade	0	75.0	471	75.7	434	0.0	1	75.2	906
	1	94.9	1,372	92.0	1,219		0	93.5	2,591
	2	98.9	1,631	98.7	1,296		0	98.8	2,928
	3	99.5	1,496	99.4	1,260		0	99.5	2,756
	4	99.9	1,347	99.9	1,126		0	99.9	2,473
	5	99.3	772	100.0	742		0	99.7	1,514
	6	96.0	331	95.2	336		0	95.6	667
	Don't know	.	0.0	0.0	1		0	0.0	1
	Total (7-12)	96.9	7,419	96.2	6,416		1	96.5	13,837

* MICS 2000

Table 12: Percentage of literate population aged 15 years and above

		Total		
		Literate Percentage	Not known	Number
Area	Urban	78.9	0.6	38,836
	Rural	59.6	1.1	15,256
Age	15-24	84.5	0.4	20,596
	25-34	84.8	0.4	13,211
	35-44	74.4	0.7	7,671
	45-54	55.8	1.2	6,233
	55-64	42.2	1.7	3,322
	65+	18.0	3.3	3,059
Total		73.5	0.8	54,092

* MICS 2000

Table 13: Percentage of the population using improved drinking water sources

		Main Source of Water			Total	Total with safe drinking water	Number of persons
		Pond, river or stream	Tanker truck Vendor	Other			
Area	Urban	0.9	1.2	0.3	100.0	97.5	64,844
	Rural	29.6	9.2	3.2	100.0	51.5	29,037
Total		9.8	3.7	1.2	100.0	83.3	93,881

Continued Table 13:

		Main Source of Water								
		HH directly linked to the water network	Piped into yard or plot	Public tap	Tube-well/Bore-hole with pump	Protected dug well	Protected spring	Bottled water	Unprotected dug well	Unprotected Spring
Area	Urban	89.0	5.8	2.1	0.3	0.3	0.0	0.0	0.0	0.0
	Rural	27.1	6.7	7.1	5.2	4.0	1.5	0.1	5.2	1.3
Total		69.8	6.1	3.6	1.8	1.5	0.5	0.0	1.6	0.4

* MICS 2000

Table 14: Percentage of the population using sanitary means of excreta disposal

		Type of Toilet Facility							Total	Total with sanitary means of excreta disposal	Total Number of persons	
		Flush to sewage system/ Septic tank	Pour flush latrine	Improved pit latrine	Traditional pit latrine	Open pit	Bucket	Others				No facilities/ bush/ field
Area	Urban	90.5	3.4	0.9	4.2	0.6	0.0	0.1	0.2	100.0	99.1	64,844
	Rural	37.9	2.6	9.1	28.2	4.7	0.0	0.5	17.0	100.0	77.8	29,037
	Total	74.2	3.2	3.5	11.6	1.9	0.0	0.2	5.4	100.0	92.5	93,881

* MICS 2000

Table 15: Percentage of under-five children who are severely or moderately malnourished

		Weight for age -2 SD	Weight for age -3 SD	Height for age -2 SD	Height for age -3 SD	Weight for Height -2 SD	Weight for Height -3 SD	Number of children
Sex	Male	16.1	1.6	22.2	6.0	6.1	1.3	6,914
	Female	15.6	2.5	22.1	6.7	5.7	1.0	6,798
Area	Urban	14.9	1.8	19.8	5.3	5.7	1.0	8,795
	Rural	17.5	2.5	26.3	8.3	6.2	1.5	4,917
Age	<6 months	6.1	0.9	8.3	2.3	6.2	2.0	1,181
	6-11 months	15.4	2.2	12.6	3.3	7.9	2.8	1,564
	12-23 months	17.9	2.7	26.2	9.0	7.9	1.3	2,774
	24-35 months	17.7	2.5	21.6	5.6	5.9	0.9	2,628
	36-47 months	16.1	1.7	24.3	7.7	4.4	0.6	3,016
	48-59 months	16.3	1.7	28.1	6.5	4.1	0.6	2,547
Mother's education level	None	16.6	2.3	26.7	8.0	5.5	0.9	4,297
	Primary	16.7	2.2	22.1	6.2	6.2	1.4	5,659
	Secondary +	13.8	1.4	16.5	4.8	5.7	1.1	3,501
	Non-standard curriculum	13.2	4.8	23.4	4.3	8.7	1.7	252
	Missing/DK	0.0	0.0	17.0	17.0	0.0	0.0	4
Total		15.9	2.0	22.1	6.4	5.9	1.2	13,712

* MICS 2000

Table 16: Percent of living children by breastfeeding status

		Exclusive breastfeeding rate		Complementary feeding rate		Continued breastfeeding rate		Continued breastfeeding rate	
		Children 0-3 months	Number of children	Children 6-9 months	Number of children	Children 12-15 months	Number of children	Children 20-23 months	Number of children
Sex	Male	17.8	426	53.6	593	61.5	457	26.8	537
	Female	16.4	443	48.2	540	56.1	502	27.3	530
Area	Urban	13.1	566	50.0	718	57.3	582	26.2	653
	Rural	24.6	303	52.9	415	60.8	377	28.4	414
	None	21.2	250	47.5	326	61.6	328	32.1	334
Mother's education level	Primary	17.7	398	54.7	491	59.4	400	25.5	456
	Secondary	11.1	214	48.7	297	54.1	226	23.5	259
	Non-standard curriculum	26.8	6	58.1	18	24.2	6	25.1	18
	Missing/DK	0.0	1	0.0	1	.	0	.	0
Total		17.1	869	51.0	1,133	58.6	959	27.0	1,067

* MICS 2000

Table 17: Percent distribution of children by breastfeeding status

		Breastfeeding status percentage					Total	
		Not breastfeeding	Exclusively breastfed	Breast milk and water Only	Breast milk and liquids only	Breast milk and solid/mushy Food	Percent Total	Number of children
Age (Month)	0-1	3.7	23.8	40.8	30.1	1.6	100.0	365
	2-3	8.1	11.9	37.4	35.3	7.2	100.0	459
	4-5	15.2	4.1	18.5	26.7	35.4	100.0	482
	6-7	14.6	2.1	9.8	18.7	54.9	100.0	458
	8-9	29.5	0.5	5.9	11.5	52.7	100.0	621
	10-11	24.6	0.6	5.8	12.1	56.9	100.0	490
	12-13	34.6	0.7	2.6	9.8	52.2	100.0	432
	14-15	42.4	0.5	1.7	6.5	48.9	100.0	475
	16-17	42.9	0.3	4.3	7.5	45.0	100.0	426
	18-19	59.8	0.4	0.5	4.7	34.6	100.0	472
	20-21	68.0	0.3	0.2	3.2	28.3	100.0	546
	22-23	76.0	0.3	0.9	2.9	19.9	100.0	452
	24-25	83.9	0.0	0.1	0.7	15.3	100.0	416
	26-27	88.4	0.0	0.1	0.5	11.0	100.0	389
	28-29	93.6	0.0	0.0	0.3	6.1	100.0	434
	30-31	92.6	0.0	0.1	0.9	6.4	100.0	482
32-33	94.0	0.0	0.0	2.0	4.0	100.0	509	
34-35	96.9	0.0	0.0	0.0	3.1	100.0	395	

* MICS 2000

Table 18: Percentage of households adequately consuming iodised salt

		Percent of households in which consumption of salt was not tested	Percent of households in which consumption of salt was tested	Result of test		Number of households interviewed
				Iodine <15 PPM	Iodine >15 PPM	
Area	Urban	0.2	99.8	57.3	42.7	9,338
	Rural	0.2	99.7	66.6	33.4	3,673
Total		0.2	99.7	60.0	40.0	13,011

* MICS 2000

Table 19: Percent distribution of children aged 6-59 months by their reception of a high dose of Vitamin-A Supplement in the last 6 months preceding the survey

		Received Vitamin-A within last 6 months	Received Vitamin-A prior to last 6 months	Received Vitamin-A but not sure when	Not sure if received Vitamin-A	Not received Vitamin-A	Percent Total	Number of children
Sex	Male	12.2	14.3	6.9	10.5	56.0	100.0	6,677
	Female	13.1	13.2	6.6	10.9	56.2	100.0	6,497
Area	Urban	13.6	15.2	7.2	10.4	53.6	100.0	8,353
	Rural	11.1	11.3	5.9	11.3	60.5	100.0	4,822
Age	6-11 months	15.4	1.1	1.7	6.3	75.5	100.0	1,646
	12-23 months	22.9	9.6	5.2	9.0	53.3	100.0	2,961
	24-35 months	10.0	19.4	7.1	9.2	54.3	100.0	2,735
	36-47 months	7.8	16.9	8.3	13.3	53.7	100.0	3,152
	48-59 months	8.1	16.8	9.4	13.7	52.0	100.0	2,677
Mother's education level	None	12.8	11.9	7.0	11.0	57.3	100.0	4,243
	Primary	12.2	12.8	6.6	12.2	56.2	100.0	5,346
	Secondary +	13.0	17.7	6.6	8.0	54.7	100.0	3,333
	Non-standard curriculum	15.1	12.5	8.6	10.6	53.1	100.0	247
	Missing/DK	0.0	14.7	0.0	0.0	85.3	100.0	5
Total		12.7	13.8	6.7	10.1	56.1	100.0	13,175

* MICS 2000

Table 20: Percentage of women with a birth in the last 12 months by whether they received a high dose of Vitamin-A supplement before the Infant reached 8 weeks old

		Received Vitamin-A Supplement	Not sure if received	Number of women
Area	Urban	23.2	2.0	1,863
	Rural	18.7	3.6	1,072
Woman's education level	None	22.2	3.0	833
	Primary	21.7	2.5	1,306
	Secondary +	20.5	2.3	757
	Non-standard curriculum	23.7	3.7	37
	Missing/DK	66.0	0.0	2
Total		21.6	2.6	2,935

* MICS 2000

Table 21: Percentage of live births in the last 12 months (before the survey) that weighed below 2,500 grams at birth

		Percent of live births below 2,500 grams	Percent of live births weighed at birth	Number of live births
Area	Urban	12.9	43.3	1,863
	Rural	11.3	22.0	1,072
Woman's education level	None	10.8	22.3	833
	Primary	12.7	33.1	1,306
	Secondary +	13.1	54.7	757
	Non-standard curriculum	10.9	23.0	37
	Missing/DK	29.1	34.0	2
Total		12.3	35.5	2,935

* MICS 2000

Table 22: Percentage of children aged (12-23) months immunised against childhood diseases at any time before the survey

Vaccination type	Data Sources	Percentage of children vaccinated
BCG	Vaccination Card	58.0
	Mother's report	33.7
	Not vaccinated	8.4
DPT 1	Vaccination Card	57.2
	Mother's report	28.3
	Not vaccinated	14.5
DPT 2	Vaccination Card	52.8
	Mother's report	25.3
	Not vaccinated	22.0
DPT 3	Vaccination Card	47.8
	Mother's report	21.1
	Not vaccinated	31.1
Polio 0	Vaccination Card	54.7
	Mother's report	18.3
	Not vaccinated	27.0
Polio 1	Vaccination Card	56.8
	Mother's report	36.7
	Not vaccinated	6.5
Polio 2	Vaccination Card	52.1
	Mother's report	37.4
	Not vaccinated	10.6
Polio 3	Vaccination Card	46.7
	Mother's report	35.1
	Not vaccinated	18.2
Measles	Vaccination Card	50.4
	Mother's report	27.7
	Not vaccinated	21.8
All	Vaccination Card	40.7
	Mother's report	20.0
	Not vaccinated	39.3
None	Vaccination Card	0.0
	Mother's report	2.6
	Had some vaccinations	97.4
Number of Children		2,961.5

* MICS 2000

Table 23: Percentage of children aged (12-23) months immunized against childhood diseases before the first birthday with a fully-dated vaccination card

Vaccination type	Percentage of children vaccinated
BCG	98.7
DPT 1	97.5
DPT 2	96.2
DPT 3	92.7
Polio 0	99.2
Polio 1	97.6
Polio 2	96.1
Polio 3	92.5
Measles	78.1
All vaccinations	70.3
No vaccinations	0.1

* MICS 2000

Table 24: Percentage of children age 12-23 months currently vaccinated against childhood diseases

		BCG	DPT1	DPT2	DPT3	Polio 0	Polio 1	Polio 2	Polio3	Measles	All	None	% with Health card	Number of children
Sex	Male	91.3	85.1	78.3	68.9	71.8	94.2	90.2	83.5	77.0	60.2	2.4	61.3	1,444
	Female	92.0	85.9	77.8	68.8	74.1	92.9	88.7	80.2	79.2	61.1	2.8	60.7	1,518
Area	Urban	94.3	90.1	83.6	76.5	79.9	95.5	91.4	85.1	85.0	68.2	1.5	69.8	1,830
	Rural	87.4	78.1	69.0	56.6	61.8	90.3	86.1	76.6	67.0	48.6	4.5	46.7	1,132
Mother's education level	None	87.6	77.4	66.3	55.2	62.1	89.6	83.9	73.2	68.5	46.5	4.7	49.9	928
	Primary	91.4	86.2	78.9	69.5	74.2	94.5	90.4	83.4	78.0	61.1	2.1	61.3	1,236
	Secondary +	96.9	94.0	90.5	84.1	84.5	96.5	94.2	89.2	89.7	76.7	1.1	74.0	756
	Non-standard curriculum	94.9	91.4	88.5	77.3	71.7	98.2	95.3	93.7	86.9	72.3	0.0	58.8	41
	Total	91.6	85.5	78.0	68.9	73.0	93.5	89.4	81.8	78.2	60.7	2.6	61.0	2,962

Table 25: Percentage of under-five children with diarrhoea in the last two weeks (before the survey) and were treated with ORS or ORT

		Had diarrhoea in last two weeks	Number of children Under 5	Breast milk	Gruel	Local Acceptable liquids	ORS packet	Other milk or Infant formula	Water with feeding	Any other treatment	No treatment	Number of children with diarrhoea
Sex	Male	21.9	7,339	35.9	50.0	58.7	26.1	57.6	77.2	99.2	0.8	1,608
	Female	20.9	7,215	39.3	48.4	56.2	27.0	53.7	74.6	99.1	0.9	1,494
Area	Urban	22.7	9,262	38.0	48.5	58.1	25.6	57.2	75.3	99.3	0.7	2,101
	Rural	18.9	5,292	36.5	50.8	56.2	28.4	52.7	77.2	98.7	1.3	1,000
Age	< 6 months	20.4	1,378	75.4	19.8	17.2	23.9	49.7	38.3	98.5	1.5	282
	6-11 months	36.7	1,646	0.1	8.1	50.1	30.3	52.3	65.2	99.9	0.1	604
	12-23 months	32.5	2,962	44.8	54.5	60.6	27.7	57.4	82.9	99.4	0.6	963
	24-35 months	19.9	2,735	11.6	51.7	66.5	26.7	60.9	85.2	98.8	1.2	545
	36-47 months	13.3	3,152	5.1	55.5	69.5	20.9	54.4	83.8	98.7	1.6	420
	48-59 months	10.8	2,677	3.9	49.4	67.5	25.0	55.8	83.0	98.9	1.1	288
Mother's Education level	None	21.1	4,622	37.3	48.9	55.6	31.4	52.3	74.2	98.2	1.8	976
	Primary	22.4	5,984	39.4	47.1	54.9	23.3	55.5	76.2	99.4	0.6	1,33
	Secondary +	19.8	3,683	35.1	53.0	63.8	26.4	61.2	78.0	99.8	0.2	731
	Non-standard curriculum	21.8	259	28.7	57.1	72.1	22.3	50.7	74.1	100.0	.	57
	Missing/DK	0.0	5	0.0	0
Total		21.3	14,554	37.5	49.3	57.5	26.5	55.8	75.9	99.1	0.9	3,101

* MICS 2000

Table 26: Percentage of under-five children with diarrhoea in the last two weeks (before the survey) who took increased fluids and Continued to feed during the episode

		Had diarrhoea In last two weeks	Number of children Under 5	Drinking during Diarrhoea			Total	Eating during diarrhoea			Total	Received Increased Fluids and Continued Eating	Number of Children with diarrhoea
				More than norm	Same/ Less than norm	Missing /DK		Some What Less/ Same/ More	Much Less/ None	Missing /DK			
Sex	Male	21.9	7,339	30.7	66.3	2.9	100.0	70.0	29.7	0.3	100.0	21.3	1,608
	Female	20.7	7,215	27.1	69.5	3.4	100.0	70.6	28.1	1.3	100.0	19.6	1,494
Area	Urban	22.7	9,262	31.4	65.6	3.0	100.0	70.5	28.6	0.9	100.0	23.0	2,101
	Rural	18.9	5,292	23.8	72.7	3.5	100.0	69.8	29.7	0.4	100.0	15.2	1,000
Age	< 6 months	20.4	1,378	18.7	76.6	4.7	100.0	58.4	39.8	1.8	100.0	11.8	282
	6-11 months	36.7	1,646	29.1	68.6	2.3	100.0	64.8	34.8	0.3	100.0	21.3	604
	12-23 months	32.5	2,962	31.6	65.1	3.2	100.0	70.3	28.9	0.8	100.0	21.2	963
	24-35 months	19.9	2,735	27.7	69.7	2.6	100.0	77.9	21.7	0.4	100.0	20.9	545
	36-47 months	13.3	3,152	28.6	67.4	4.0	100.0	72.4	26.4	1.2	100.0	19.6	420
	48-59 months	10.8	2,677	32.9	64.1	3.0	100.0	75.8	23.6	0.6	100.0	25.6	288
Mother's Education Level	None	21.1	4,622	22.9	73.4	3.8	100.0	69.2	29.8	1.0	100.0	16.6	976
	Primary	22.4	5,984	29.5	67.6	2.8	100.0	70.1	29.5	0.4	100.0	19.5	1,337
	Secondary +	19.8	3,683	34.8	62.3	3.0	100.0	72.3	26.6	1.1	100.0	26.1	731
	Non-standard curriculum	21.8	259	48.1	49.8	2.2	100.0	67.3	32.7	0.0	100.0	38.4	57
	Missing/DK	0.0	5	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	.	0
Total		21.3	14,554	29.0	67.9	3.1	100.0	70.3	29.0	0.8	100.0	20.5	3,101

* MICS 2000

Table 27: Percentage of under-five children with acute respiratory infection in the last two weeks and methods of treatment

		Had acute Respiratory Infection	Number Of Children Under 5	Hospital	Health Centre	Dispensary	Village Health Worker	MCH Clinic	Mobile/ Out-reach Clinic	Private Physician	Traditional Healer	Other	Any Appropriate Provider	Number of children with ARI
Sex	Male	7.8	7,339	18.9	34.0	10.0	3.5	0.0	0.1	22.7	0.0	1.9	74.9	576
	Female	5.9	7,215	19.0	38.5	8.3	2.1	0.0	0.0	19.9	0.0	1.8	77.8	426
Area	Urban	6.8	9,262	20.9	34.9	12.5	2.0	0.0	0.0	22.2	0.0	2.1	80.5	633
	Rural	7.0	5,292	15.6	37.7	3.6	4.5	0.0	0.0	20.3	0.0	1.5	86.6	368
Age	< 6 months	5.2	1,378	22.8	38.9	8.6	3.0	0.0	0.2	24.8	0.0	2.8	87.1	71
	6-11 months	9.7	1,646	14.1	48.9	4.4	3.1	0.0	0.0	25.8	0.0	2.4	79.8	159
	12-23 months	8.5	2,962	16.3	32.2	14.0	3.6	0.0	0.0	24.3	0.0	0.3	75.4	253
	24-35 months	7.6	2,735	24.1	33.8	9.5	4.3	0.0	0.3	19.8	0.0	0.7	81.4	207
	36-47 months	5.6	3,152	17.8	33.5	10.6	1.7	0.0	0.0	15.3	0.0	5.1	66.9	176
	48-59 months	5.0	2,677	20.9	32.6	4.4	0.8	0.0	0.0	20.0	0.0	1.6	71.4	135
Mother's Education Level	None	7.0	4,622	14.1	39.7	6.6	2.0	0.0	0.2	18.9	0.0	2.2	68.8	325
	Primary	7.3	5,984	21.9	33.9	8.7	4.1	0.0	0.0	24.2	0.0	2.2	79.0	438
	Secondary +	6.1	3,683	18.4	35.1	14.8	1.9	0.0	0.0	20.7	0.0	1.0	80.6	224
	Non-standard curriculum	5.2	259	47.9	26.9	0.0	5.0	0.0	0.0	8.2	0.0	0.0	84.9	13
	Missing/DK	0.0	5
Total		6.9	14,554	18.9	35.9	9.3	2.9	0.0	0.1	21.5	0.0	1.9	76.1	1,001

* MICS 2000

Table 28: Percentage of children 0-59 moths of age reported ill during the last two weeks who received increased fluids and continued with feeding

		Reported illness in last two weeks	Number of children Under 5	Drinking during Illness			Total	Eating during illness			Total	Received Increased Fluids and Continued Eating	Number of sick Children
				More than norm	Same/ Less	Missing /DK		Some-what Less/ Same/ More	Much Less/ None	Missing /DK			
Sex	Male	40.1	7,339	23.8	74.2	2.1	100.0	71.9	27.8	0.3	100.0	16.5	2,946
	Female	37.7	7,215	21.1	76.7	2.3	100.0	73.6	25.6	0.8	100.0	15.7	2,717
Area	Urban	42.1	9,262	23.8	74.2	2.0	100.0	72.6	26.8	0.6	100.0	17.4	3,901
	Rural	33.3	5,292	19.5	78.0	2.5	100.0	72.9	26.7	0.4	100.0	13.3	1,762
Age	< 6 months	36.0	1,378	13.5	82.3	4.2	100.0	59.6	38.4	2.0	100.0	9.0	496
	6-11 months	53.7	1,646	22.5	75.8	1.6	100.0	67.0	32.7	0.3	100.0	16.8	884
	12-23 months	50.0	2,962	27.2	70.7	2.1	100.0	72.9	26.6	0.5	100.0	19.2	1,480
	24-35 months	39.0	2,735	22.8	75.6	1.6	100.0	75.6	24.1	0.3	100.0	15.6	1,068
	36-47 months	32.4	3,152	19.6	78.1	2.3	100.0	76.6	22.9	0.6	100.0	14.5	1,020
	48-59 months	26.7	2,677	22.4	75.5	2.2	100.0	78.5	21.2	0.2	100.0	16.8	718
Mother's Education Level	None	35.6	4,622	18.6	78.6	2.8	100.0	72.2	27.1	0.7	100.0	13.4	1,645
	Primary	40.2	5,984	21.7	76.2	2.0	100.0	71.3	28.3	0.4	100.0	14.4	2,406
	Secondary +	41.0	3,683	26.2	72.2	1.6	100.0	75.2	24.1	0.6	100.0	20.2	1,512
	Non-standard curriculum	0.0	259	46.6	50.3	3.1	100.0	76.2	23.8	0.0	100.0	39.8	101
	Missing/DK	38.8	5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL		38.9	14,554	22.5	75.4	2.2	100.0	72.7	26.8	0.5	100.0	16.1	5,663

* MICS 2000

Table 29: Percentage of caretakers of children 0-59 months who know at least 2 signs of sickness for seeking medical treatment

		Not able to drink/breast feed	Becomes Sicker	Develops a fever	Has fast Breathing	Has difficulty in Breathing	Has blood in stool	Is drinking poorly	Knows at Least two Signs	Number of Caretakers
Area Mother's Education Level	Urban	6.7	22.1	76.8	15.5	31.7	12.3	1.2	47.6	9,262
	Rural	8.3	26.8	78.4	14.4	27.7	11.7	1.2	51.8	5,292
	None	7.5	26.7	78.1	14.7	27.7	12.2	1.2	50.4	4,622
	Primary	7.6	25.0	76.6	14.3	29.8	11.6	0.9	48.5	5,984
	Secondary +	6.7	18.8	77.5	17.0	33.7	12.9	1.5	48.7	3,683
	Non-Standard curriculum	4.2	18.6	80.7	13.1	36.0	8.4	2.2	47.3	259
	Missing/DK	24.8	0.0	100.0	0.0	12.8	0.0	0.0	37.6	5
Total		7.3	23.8	77.4	15.1	30.2	12.1	1.2	49.1	14,554

* MICS 2000

Table 30: Percentage of 0-59 months of age who slept under an insecticide-impregnated bednet in the previous night of the survey

		Slept under a bednet			Number of Children	Bednet treated with insecticide			Number of children who Slept under a bednet
		Yes	No	DK/Missing		Yes	No	DK/Missing	
Sex	Male	7.3	92.6	0.1	7,336	1.5	97.8	0.7	533
	Female	7.5	92.4	0.1	7,212	1.2	98.0	0.8	536
Area	Urban	6.9	93.1	0.1	9,257	1.5	98.3	0.2	631
	Rural	8.3	91.6	0.1	5,291	1.2	97.4	1.5	439
Age	< 6 months	24.0	75.9	0.1	1,378	1.8	97.6	0.7	326
	6-11 months	15.2	84.8	0.0	1,646	0.6	98.3	1.1	249
	12-23 months	8.6	91.3	0.1	2,961	0.7	99.0	0.3	255
	24-35 months	2.8	97.1	0.1	2,735	1.1	98.9	0.0	76
	36-47 months	3.2	96.8	0.1	3,149	2.7	97.3	0.0	101
	48-59 months	2.4	97.6	0.0	2,676	3.0	93.5	3.5	63
Total		7.4	92.5	0.1	14,544	1.4	97.9	0.7	1,069

* MICS 2000

Table 31: Percentage of children 0-59 months of age who were ill with fever in the last two weeks (before the survey) who received Anti-malarial drugs

		Had a fever in last two Weeks	Number of Children Under-5	Medication taken by child								Number Of Children With high fever
				Paraceta-mol	Chloro-quine	Fansidar	Quinine	Bremaquine	Other	Don't Know	Other appropriate anti-malarial Drug	
Sex	Male	19.2	7,339	64.1	0.8	0.2	0.0	0.2	33.3	2.7	1.1	1,407
	Female	17.3	7,215	63.9	1.1	0.3	0.0	0.1	32.8	4.3	1.5	1,249
Area	Urban	20.0	9,262	65.8	0.8	0.3	0.0	0.1	33.1	2.7	1.1	1,851
	Rural	15.2	5,292	59.7	1.1	0.2	0.0	0.4	33.0	5.0	1.7	805
Age	< 6 months	16.1	1,378	66.6	0.0	0.6	0.0	0.0	35.4	2.5	0.6	222
	6-11 months	25.1	1,646	65.9	0.7	0.3	0.0	0.5	36.0	3.2	1.5	413
	12-23 months	23.1	2,962	63.3	0.9	0.4	0.0	0.0	35.2	4.9	1.1	683
	24-35 months	18.8	2,735	62.0	1.2	0.0	0.0	0.3	31.8	3.0	1.5	514
	36-47 months	15.1	3,152	67.1	1.7	0.3	0.0	0.3	31.1	2.7	2.0	477
	48-59 months	13.0	2,677	59.8	0.6	0.0	0.0	0.0	28.1	2.9	0.6	347
Mother's Education Level	None	16.8	4,622	52.2	0.2	0.7	0.0	0.6	25.5	7.5	3.1	777
	Primary	19.4	5,984	66.7	0.3	0.0	0.0	0.1	35.9	1.9	0.3	1,162
	Secondary +	17.9	3,683	73.7	0.4	0.2	0.0	0.0	37.3	0.5	0.7	659
	Non-standard curriculum	22.3	259	54.7	2.2	0.0	0.0	0.0	27.7	12.2	2.0	58
	Missing/DK	0.0	5	.	.	.	0.0	.	0.0	.	.	0
Total		18.2	14,554	64.0	0.9	0.3	0.0	0.2	33.0	3.4	1.3	2,656

* MICS 2000

Table 32: Percentage of Women aged (15-49) who have knowledge about AIDS

Characteristics		Heard of AIDS	The extent of women's involvement in the possibility of avoiding AIDS	Number of Women
Area	Urban	59.5	45.5	16,471
	Rural	25.5	13.0	6,509
Age	15-19 years	40.4	27.4	5,429
	20-24 years	53.2	37.9	4,756
	25-29 years	57.5	43.4	3,715
	30-34 years	55.3	41.3	3,015
	35-39 years	53.4	41.0	2,475
	40-44 years	50.4	37.8	1,702
	45-49 years	39.9	28.2	1,887
Mother's Education Level	None	19.9	9.4	5,971
	Primary	42.3	24.4	8,729
	Secondary +	81.0	69.8	7,971
	Non-standard curriculum	40.9	25.1	303
	Missing/DK	10.6	10.6	6
Total		49.9	36.3	22,980

* MICS 2000

Table 33: Percentage of women aged 15-49 who know the means of infection with AIDS according to the mode of infection

Characteristics		Mode of Infection							Total	Number of Women	
		Sexual Intercourse	Taking infected blood	From mother to child during pregnancy	From mother to child during breastfeeding	Mosquito bites	Mother is infected by polluted tools	Do not know			DK/ Missing
Area	Urban	49.8	27.3	2.4	0.6	0.4	12.3	7.1	0.1	100.0	7,487
	Rural	58.1	20.5	0.6	0.4	0.9	7.0	12.4	0.2	100.0	849
Mother's Education Level	None	62.9	11.8	0.7	0.0	1.3	4.0	18.9	0.4	100.0	560
	Primary	59.6	16.7	0.8	0.2	0.7	7.0	14.7	0.2	100.0	2,134
	Secondary +	45.7	32.0	2.9	0.7	0.2	14.5	3.8	0.1	100.0	5,566
	Non-standard curriculum	65.6	16.6	0.0	0.0	0.0	5.0	12.7	0.0	100.0	76
	Missing/DK	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1
Total		50.6	26.6	2.2	0.5	0.4	11.8	7.7	0.1	100.0	8,336

Table 34: Percentage of married or in union women aged 15-49 who are using (or whose partner is using) a contraceptive method

		Current method								
		No method	Female Sterilisation	Male Sterilisation	Pill	IUD	Injection	Condom	Female Condom	Diaphragm/foam/Jelly
Area	Urban	50.8	3.9	0.1	11.0	12.5	1.4	1.0	0.0	0.1
	Rural	69.6	2.3	0.0	5.1	6.4	1.0	0.2	0.0	0.0
Age	15-19 months	83.5	0.0	0.1	7.0	5.0	1.2	0.3	0.0	0.0
	20-24 months	71.0	0.0	0.0	2.7	2.1	0.9	0.1	0.1	0.0
	25-49 months	51.8	4.3	0.1	10.1	12.4	1.3	0.9	0.0	0.1
Mother's Education Level	None	65.1	4.4	0.0	6.5	8.2	1.0	0.1	0.0	0.0
	Primary	56.3	2.6	0.0	9.6	9.9	1.9	0.5	0.0	0.0
	Secondary +	46.6	2.9	0.0	11.9	14.7	0.8	1.7	0.0	0.0
	Non-standard curriculum	57.1	6.7	0.0	9.0	8.8	1.2	0.2	0.0	0.8
	Missing/DK	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total		56.5	3.4	0.1	9.2	10.7	1.3	0.7	0.0	0.0

Continued Table 34:

		Used Method				Total	Any new method	Any traditional method	Any method	Number of Married women covered by the survey
		Breastfeeding	External Ejaculation	Others						
Area	Urban	7.5	2.4	8.8	0.6	100.0	29.9	19.3	49.2	8,265
	Rural	11.1	0.8	3.3	0.2	100.0	15.0	15.4	30.4	3,538
Age	15-19 months	6.6	1.2	2.7	0.0	100.0	5.9	10.6	16.5	641
	20-24 months	10.4	0.3	4.7	0.2	100.0	13.5	15.5	29.0	1,825
	25-49 months	8.4	2.2	8.0	0.6	100.0	29.1	19.2	48.2	9,337
Mother's Education Level	None	8.6	0.7	4.1	0.9	100.0	20.6	14.3	34.9	3,818
	Primary	10.6	1.7	6.6	0.2	100.0	24.5	19.1	43.7	4,380
	Secondary +	6.1	3.6	11.2	0.5	100.0	32.0	21.3	53.4	3,353
	Non-standard curriculum	5.9	0.8	9.1	0.3	100.0	26.8	16.1	42.9	428
	Missing/DK	0.0	0.0	0.0	0.0	100.0	0.0	0.0	0.0	4
Total		8.6	1.9	7.2	0.5	100.0	25.4	18.1	43.5	11,803

* MICS 2000

Table 35: Percentage of mothers with a birth in the last 12 months (before the survey) protected against neonatal tetanus

		Received at Least 2 doses, Within Last 3 years	Received at Least 3 doses, within last 10 years	Received at Least 5 doses, in lifetime	Protected Against tetanus	Number of Mothers
Area	Urban	62.6	6.5	0.5	69.5	1,863
	Rural	48.2	4.0	0.2	52.3	1,072
Woman's Education Level	None	44.8	3.7	0.5	49.1	833
	Primary	55.9	5.5	0.3	61.6	1,306
	Secondary +	73.6	7.8	0.3	81.7	575
	Non-standard curriculum	58.8	2.9	0.0	61.7	37
	Missing/DK	34.0	0.0	0.0	34.0	2
Total		57.3	5.5	0.4	63.2	2,935

* MICS 2000

Table 36: Percentage distribution of women aged 15-49 with a birth in the 12 months (before the survey) by type of personnel delivering antenatal care

		Antenatal care provider						Total	Any skilled Personnel	Number of Women
		Doctor	Nurse/ Midwife	Auxiliary Midwife	Traditional Birth attendant	Other/ Missing	No antenatal Care received			
Area	Urban	81.7	0.3	0.0	0.1	0.8	17.0	100.0	81.5	1,863
	Rural	67.0	0.1	0.0	0.2	0.9	31.7	100.0	66.2	1,072
Woman's Education Level	None	64.8	0.5	0.1	0.3	0.9	33.7	100.0	64.4	833
	Primary	76.5	0.1	0.0	0.0	0.3	23.1	100.0	75.7	1,306
	Secondary +	89.1	0.3	0.0	0.1	1.6	8.9	100.0	88.9	757
	Non- standard curriculum	73.9	0.0	0.0	0.0	3.7	22.4	100.0	73.9	37
	Missing/DK	34.0	0.0	0.0	0.0	0.0	66.0	100.0	34.0	2
Total		76.4	0.3	0.0	0.1	0.8	22.4	100.0	75.9	2,935

* MICS 2000

Table 37: Percent distribution of women aged 15-49 with a birth in the last 12 months (before the survey) by type of personnel assisting at delivery

		Person assisting at delivery							Total	Any skilled Personnel	Number of Women
		Doctor	Nurse/Midwife	Auxiliary Midwife	Traditional Birth attendant	Relative/friend	Other/Missing	No assistance Received			
Area	Urban	31.6	40.5	6.9	18.3	1.7	0.8	0.2	100.0	79.0	1,863
	Rural	22.3	31.0	6.9	34.5	4.1	0.8	0.4	100.0	60.2	1,072
Woman's Education Level	None	21.5	32.9	6.5	33.7	3.9	0.9	0.5	100.0	60.9	833
	Primary	24.7	39.3	8.3	24.5	2.9	0.2	0.2	100.0	72.3	1,306
	Secondary +	41.5	38.0	5.3	12.8	0.7	1.6	0.2	100.0	84.7	757
	Non-standard curriculum	28.7	30.0	0.0	35.6	2.0	3.7	0.0	100.0	58.7	37
	Missing/DK	34.0	66.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	2
	Total	28.2	37.0	6.9	24.2	2.6	0.8	0.3	100.0	72.1	2,935

* MICS 2000

Table 38: Percent distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration

		Registration status										Number of Children
		Births Registered	DK if birth registered	Costs too much	Must travel Too far	Didn't know It should be registered	Late & Didn't want to pay fine	Doesn't know Where to register	Other	All Cases	Total	
Sex	Male	98.1	0.1	0.1	0.3	0.0	0.0	0.0	0.5	0.8	100.0	7,339
	Female	98.1	0.1	0.2	0.1	0.1	0.0	0.0	0.5	0.9	100.0	7,215
Area	Urban	98.7	0.1	0.1	0.1	0.0	0.0	0.0	0.4	0.5	100.0	9,262
	Rural	97.2	0.1	0.2	0.3	0.0	0.0	0.0	0.7	1.6	100.0	5,292
Age	<6 months	92.0	0.2	0.2	0.6	0.3	0.1	0.1	3.7	28	100.0	1,378
	6-11 months	98.2	0.0	0.3	0.2	0.3	0.1	0.0	0.2	1.1	100.0	1,646
	12-23 months	98.3	0.1	0.0	0.3	0.0	0.0	0.0	0.3	0.9	100.0	2,962
	24-35 months	98.8	0.2	0.1	0.1	0.0	0.0	0.0	0.2	0.7	100.0	2,735
	36-47 months	99.0	0.1	0.2	0.1	0.0	0.0	0.0	0.1	0.5	100.0	3,152
	48-59 months	99.3	0.2	0.1	0.0	0.1	0.0	0.0	0.1	0.3	100.0	2,677
Mother's education level	None	97.3	0.2	0.2	0.3	0.1	0.0	0.0	0.6	1.3	100.0	4,622
	Primary	98.1	0.1	0.1	0.3	0.0	0.0	0.0	0.6	0.9	100.0	5,984
	Secondary +	99.1	0.1	0.1	0.1	0.0	0.0	0.0	0.3	0.3	100.0	3,683
	Non formal education	99.7	0.0	0.0	0.1	0.0	0.0	0.0	0.2	0.1	100.0	259
	Unknown or lost data	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	5
Total		98.1	0.1	0.1	0.0	0.0	0.0	0.0	0.5	0.9	100.0	14,554

* MICS 2000

Table 39: Percentage of children 0-14 years of age in households not living with a biological parent

		Living arrangement								
		Living with both Parents	Living with neither: only father alive	Living with neither: only mother alive	Living with neither: both are alive	Living with neither: both are dead	Living with mother only: father alive	Living with mother only: father dead	Living with father only: mother alive	Living with father only: mother dead
Sex	Male	94.9	0.0	0.1	0.2	0.1	1.1	2.5	0.4	0.7
	Female	94.7	0.0	0.1	0.2	0.1	1.2	2.8	0.3	0.6
Area	Urban	94.6	0.0	0.1	0.3	0.1	1.2	2.7	0.3	0.7
	Rural	95.1	0.0	0.2	0.1	0.1	1.1	2.6	0.3	0.5
Age	0-4 years	79.9	0.0	0.0	0.1	0.0	0.8	0.7	0.2	0.3
	5-9 years	95.0	0.0	0.1	0.3	0.0	1.4	2.1	0.4	0.6
	10-14 years	91.1	0.0	0.1	0.3	0.2	1.2	5.4	0.4	1.0
Total		94.8	0.0	0.1	0.2	0.1	1.1	2.7	0.3	0.6

Continued Table 39:

		Cannot specify living place	Total	Do not live with either parent	One or both parents are dead	Number of Children
Sex	Male	0.1	100.0	0.4	3.3	20,202
	Female	0.1	100.0	0.4	3.6	19,546
Area	Urban	0.1	100.0	0.4	3.5	25,987
	Rural	0.1	100.0	0.4	3.4	13,763
Age	0-4 years	0.0	100.0	0.1	1.0	13,538
	5-9 years	0.0	100.0	0.4	2.8	13,587
	10-14 years	0.1	100.0	0.7	6.8	12,624
Total		0.1	100.0	0.4	3.5	39,749

* MICS 2000

Table 40: Percentage of children 5-14 years of age who are currently working

		Working with Pay	Working without Pay	Domestic Work: <4 hours/day	Domestic Work: > 4 or more Hours/day	Currently working	Number of Children
Sex	Male	2.4	0.7	21.1	0.5	14.9	13,387
	Female	0.1	0.3	49.2	5.9	13.1	12,823
Area	Urban	1.4	0.3	34.6	2.2	7.1	17,411
	Rural	1.0	0.3	35.3	5.0	27.8	8,800
Age	5-9 years	0.2	0.4	24.6	0.7	6.9	13,587
	10-14 years	2.4	0.6	45.8	5.8	21.8	12,624
Total		1.3	0.5	34.8	3.2	14.0	26,211

* MICS 2000

Appendix A Sample Design

The sample of the Iraqi MICS was designed to be representative of the whole country and for rural and urban areas¹, and covered all the 18 governorates of Iraq. CSO professionals did the national sample size calculations. These calculations set the sample size at 13,430 households. The sample size was initially distributed equally among the 18 governorates with the exception of Baghdad where the rural percentage was increased from 10 percent to 25 percent. Thus, each governorate was allocated an equal sample size of 740 households except Baghdad with a sample size of 850 households. The sample was to be distributed to clusters of equal size. It was decided to work on a cluster size of 10 households.

Before selecting the sample of each one of the 18 governorates -through three stages stratified random sampling method- the sample of each governorate was distributed among its Qada'as², and among the rural and urban areas of each Qada'a, in proportion to the size of population. Accordingly, the number of household (clusters) of the urban and of the rural areas of each governorate was determined. The sampling process was done in three stages and as follows:

First stage: *Mahalas/Villages* in each Qada'a were listed with the measure of population size in each Mahala/Village. A number of Mahallas and Villages were selected according to probability proportionate to size sampling.

Second stage: Each selected Mahala in the urban area, and village in the rural area, was divided into segments with a population of approximately 500 each. One segment or more was selected according to probability proportionate to size sampling method. Then each segment was divided into blocks or *Majals* with 25-30 households in urban area and 20-25 households in rural areas. One *Majal* was then selected by simple random sampling.

Third stage: Within each selected *Majal* an update of existing household listing was carried out and a cluster of 10 households was selected by systematic random sampling.

¹ All frames used defined urban areas as any administrative setup lying within the municipality boarder. Areas other than that are considered rural

² All sampling frames made use of the administrative set-up present in the last population census conducted in 1997. Each governorate is divided into districts (Qada'a) Each Qada'a is divided into sub-districts (Nahiya). These are further divided into Quarters (Mahala) in urban areas and (Village) in rural areas. The Primary Sampling Unit is Mahala in urban area and Village in rural area.

Appendix B

List of Personnel Involved in the Iraq MICS

The Steering Committee on the Multiple Indicator Cluster Survey of the year 2000

Mr. Adnan Shehab Hamad	Director General of the Central Statistical Organisation	Chairperson
Mr. Behnam Elias Butrus	Director General of Technical Affairs Department	Member
Mr. Abdulla Hasan Mathi	Acting Director General of Administrative & Financial Affairs	Member
Dr. Mahdi Mohsen Ismail	Director of Training and Statistical Research Centre	Member
Ms. Huda Hadawi Mohammed	Director of Industrial Statistics	Member
Ms. Suham Mohammed Abdul Hameed	Director of Educational and Social Statistics	Member
Mr. Amer Abdul Karim Ibrahim	Representative of the Ministry of Foreign Affairs	Member
Dr. Khawla Najj Salman	Representative of the Ministry of Health	Member
Dr. Nayera Al-Awqati	Representative of the Ministry of Health	Member
Ms. Assima Majeed Hassani	Representative of the Ministry of Education	Member

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Appendix C

Questionnaires

**END-DECADE
MULTIPLE INDICATOR CLUSTER SURVEY**

UNITED NATIONS CHILDREN'S FUND

NOVEMBER 1999

END-DECADE MULTIPLE INDICATOR CLUSTER SURVEY MODEL QUESTIONNAIRE

FLOW OF MODULES

Note:

'Age' refers to 'age at last birthday' and a dash (-) denotes 'up to and including age X'.

The survey's questionnaire consists of three questionnaires, each of which contains a number of modules

Household questionnaire

Household information panel

Household listing form (all residents) and orphanhood questions (birth to 14)

Education module: educational attainment (age 5 or over), school attendance (age 5-17)

Child labour module (age 5-14*)

Water and sanitation module (all households)

Salt iodization module (all households)

* Upper limit beyond age 14 may be set by individual country

Questionnaire for individual women (women of reproductive age, 15-49)

Women's information panel (all eligible women, 15-49)

Child mortality module (all eligible women)

Tetanus toxoid module (all mothers with last birth within last year)

Maternal and newborn health module (all mothers with last birth within last year)

Contraceptive use module (currently married women, 15-49)

HIV/AIDS module (all women, 15-49)

Questionnaire for children under five

Birth registration and early learning module

Vitamin A module

Breastfeeding module

Care of illness module

Malaria module (for high-risk areas)

Immunization module

Anthropometry module

DESIGN FEATURES

Changes in font are used to indicate the various components of the questionnaire. General instructions to the interviewer are provided in simple font. Arrows point out to movements to the specific location specified after the arrow in question.

Interviewer must form a clear idea about the economic and social status of the household before the visits so that she/he can deal with the household in an appropriate manner.

HOUSEHOLD QUESTIONNAIRE

WE ARE FROM THE CENTRAL STATISTICAL ORGANISATION. 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 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.

DO YOU ALLOW US NOW TO CONDUCT THE INTERVIEW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL **	
1. Cluster number: _____	2. Household number in cluster: _____
1.1 Names of Interviewing Team:	
1. _____	2. _____
3. Day/Month/Year of interview: _____/_____/_____	4. Number of Interviewing team: _____
5. Name of head of household: _____	
6. Area: Urban1 Rural2	7. Address:** Governorate Qada'a Nahiyah..... Mahala (or District) Street (or Zukak/alley) (or Village) Number of Dwelling in the Census
8A. Type of dwelling: House(Villa).....1 Flat (Apartment)2 Hut or Mud Hut3 Tent or Hair House.....4 Caravan.....5 Other(specify)5 Not Applicable.....8	8B. Material used in the construction of the dwelling's walls Brick.....1 Stone.....2 Block.....3 Prefab.....4 Mud or Mud with Straw.....5 Other(specify)6 Not Applicable.....8
	9. Number of rooms in dwelling:** _____
10. Result of HH interview: Completed1 Refused.....2 Not at home.....3 HH not found/destroyed4 Other (specify)5	
11. No. of women eligible for interview: _____	12. No. of women interviews completed: _____
13. No. of children under age 5:	14. No. of child interviews completed:

— —	— —
15. Data entry clerk:	
<i>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.</i>	

**** This section to be adapted for country-specific use.**

Cluster no. _____ Household no. _____

HOUSEHOLD LISTING FORM

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HH
 (Use survey definition of HH member). List the first name in line 01. List adult HH members first, then list children. Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask and record answers to questions as described in Instructions for Interviewers.
 Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used

Eligible for:

				WOMEN'S MODULES	CHILD LABOUR MODULE	CHILD HEALTH MODULES	For persons age 15 or over ask Qs. 8 and 9				For children under age 15 years ask Qs. 10-13			
1. Line no.	2. Name	3. IS (name) MALE OR FEMALE ?	4. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in completed years 99=DK*	5. Circle Line no. if woman is age 15-49	6. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	7. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	8. CAN HE/SHE READ A LETTER OR NEWSPAPER EASILY, WITH DIFFICULTY OR NOT AT ALL? 1 EASILY 2 DIFFICULT 3 NOT AT ALL 9 DK	9. WHAT IS THE MARITAL STATUS OF (name)?** 1 CURRENTLY MARRIED/ IN UNION 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	10. IS (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO 9 DK	11. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSE- HOLD? 1 YES 2 NO	12. IS (name's) NATURAL FATHER ALIVE? 1 YES 2 NO 9 DK	13. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSE- HOLD? 1 YES 2 NO		
LINE	NAME	M F	AGE	15-49	MOTHER	MOTHER	E D N DK	M W D S N	Y N DK	Y N	Y N DK	Y N		
01		1 2	___	01	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2		
02		1 2	___	02	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2		
03		1 2	___	03	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2		
04		1 2	___	04	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2		
05		1 2	___	05	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2		
06		1 2	___	06	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2		
07		1 2	___	07	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2		

ARE THERE ANY OTHER CHILDREN LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD?

INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert child's name and complete form.

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

EDUCATION MODULE

If interview takes place between two school years, use alternative wording found in Appendix 1.

For persons **age 5 or over** ask Qs. 15 and 16

For children **age 5 through 17 years**, continue on, asking Qs. 18-22 (Note: Kindly omit Qs. 17 & 19)

Q.5

14. Line no.	15. HAS (name) EVER ATTENDED SCHOOL? 1 YES → Q.16 2 NO ↘ NEXT LINE	16. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? LEVEL: 1 PRIMARY 2 SECONDARY 3 HIGHER 4 NON-STANDARD CURRICULUM 9 DK GRADE: 99 DK <i>If less than 1 grade, enter 00.</i>	17. Is (name) CURRENTLY ATTENDING SCHOOL? 1 YES → Q.19 2 NO	18. DURING THE CURRENT SCHOOL YEAR, DID (name) ATTEND SCHOOL AT ANY TIME? 1 YES 2 NO → Q.21	19. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL? <i>Insert number of days in space below.</i>	20. WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? LEVEL: 1 PRESCHOOL 2 PRIMARY 3 SECONDARY 4 NON-STANDARD CURRICULUM 9 DK GRADE: 99 DK	21. DID (name) ATTEND SCHOOL LAST YEAR? 1 YES 2 NO ↘ NEXT LINE 9 DK ↘ NEXT LINE	22. WHICH LEVEL AND GRADE DID (name) ATTEND LAST YEAR? LEVEL: 1 PRESCHOOL 2 PRIMARY 3 SECONDARY 4 NON-STANDARD CURRICULUM 9 DK GRADE: 99 DK
LINE	Y NO	LEVEL GRADE	YES NO	YES NO	DAYS	LEVEL GRADE	Y N DK	LEVEL GRADE
01	1 2 → NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____
02	1 2 → NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____
03	1 2 → NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____
04	1 2 → NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____
05	1 2 → NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____
06	1 2 → NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____
07	1 2 → NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____

Now for each woman age 15-49 years, write her name and line number at the top of each page in the Women's Questionnaire.

For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker at the top of each page in the Children's Questionnaire.

You should now have a separate questionnaire for each eligible woman and child in the household.

WATER AND SANITATION MODULE		
<p><i>This module is to be administered once for each household visited. Record only one response for each question. If more than one response is given, record the most usual source or facility.</i></p>		
<p>1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD ?</p>	<p>Piped into dwelling01 Piped into yard or plot02 Public tap.....03 Tubewell/borehole with pump04 Protected dug well05 Protected spring06 Rainwater collection07 Bottled water08 Unprotected dug well.....09 Unprotected spring.....10 Pond, river or stream11 Tanker-truck, vendor12 Other (<i>specify</i>)13 No answer or DK99</p>	
<p>2. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p>	<p>No. of minutes _____ Water on premises888 DK999</p>	
<p>3. WHAT KIND OF TOILET FACILITY DOES YOUR HOUSEHOLD USE?</p>	<p>Flush to sewage system or septic tank 1 Pour flush latrine (water seal type) 2 Improved pit latrine (e.g., VIP) 3 Traditional pit latrine 4 Open pit..... 5 Bucket..... 6 Other (<i>specify</i>) 7 No facilities or bush or field 8</p>	<p>8⇒Q.5</p>
<p>4. IS THIS FACILITY LOCATED WITHIN YOUR DWELLING, OR YARD OR COMPOUND? **</p>	<p>Yes, in dwelling/yard/compound..... 1 No, outside dwelling/yard/compound 2 DK 9</p>	
<p>5. WHAT HAPPENS WITH THE STOOLS OF YOUNG CHILDREN (0-3 YEARS) WHEN THEY DO NOT USE THE LATRINE OR TOILET FACILITY?</p>	<p>Children always use toilet or latrine 1 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 (<i>specify</i>) 6 No young children in household 8</p>	
<p>5A. WHAT IS THE SEWAGE DISPOSAL FACILITY USED BY THE HOUSEHOLD?</p>	<p>Household sewage network connected to a public sewage network and treatment plant.....1 Domestic network but with unhygienic sewage disposal to open areas or stormsewers.....2 Domestic network connected connected to</p>	<p>3⇒Q.5B</p>

	septic tank.....3 Pit latrine. Wash water disposed of to open areas or to storm sewers.....4	
5B. STATUS OF DOMESTIC NETWORK CONNECTED TO SEPTICTANK.	Working properly. Septic tank emptied in due time.....1 Non-functional. Sewage is disposed of to streets and open areas.....2 Non-functional. Sewage is disposed of to storm sewers.....3	

GO TO NEXT MODULE ⇨

Cluster no. ___ ___ Household no. ___ ___

SALT IODIZATION MODULE	
<p>1. 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?</p> <p><i>Once you have examined the salt, circle number that corresponds to test outcome.</i></p> <p>Categories correspond to test kit recommended by UNICEF to be used in all MICS surveys.</p>	<p>Not iodized 0 PPM (no colour) 1 Less than 15 PPM (weak colour) 2 15 PPM or more (strong colour)..... 3</p> <p>No salt in home 8 Salt not tested 9</p>

GO TO WOMEN'S QUESTIONNAIRE ⇨

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

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL		
<i>This module is to be administered to all women age 15 through 49 (see column 5 of HH listing). Fill in one form for each eligible woman.</i>		
1. Woman's line number (from HH listing).	Line number.....__ __	
2. Woman's name.	Name _____	
3A. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month/Year__ __ / ____ __	
	DK date of birth999999	DK⇒ 3B
<i>Or:</i>	<i>Or:</i>	
3B. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years)__ __	

GO TO NEXT MODULE ⇒

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

CHILD BIRTH MODULE		
<p><i>This module is to be administered to all women age 15-49. All questions refer only to LIVE births.</i></p>		
<p>1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE . HAVE YOU EVER GIVEN BIRTH?</p> <p>MAKE SURE TO REMIND THE WOMAN THAT YOU MEAN TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</p>	<p>Yes 1 No..... 2</p>	<p>2⇒ CONTRA- CEPTIVE USE MODULE</p>
<p>2A. 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 IS THE CHILD OF A MAN OTHER THAN YOUR CURRENT PARTNER</p> <p><i>Or:</i> 2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Date of first birth Day/Month/Year _ _ / _ _ / _ _ _ _ _ _</p> <p>DK date of first birth99999999</p> <p><i>Or:</i> Completed years since first birth _ _</p>	<p>DK⇒2B</p>
<p>3A. WHAT IS THE NUMBER OF LIVE BIRTHS YOU HAVE HAD DURING YOUR LIFE ? (I.E CHILDREN WHO ARE STILL ALIVE OR WHO HAVE DECEASED)</p>	<p>Number of Males ___ _ Number of Females ___ _ Total ___ _</p>	
<p>11. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p>	<p>Date of last birth Day/Month/Year _ _ / _ _ / _ _ _ _ _ _</p>	
<p><i>Did the woman's last birth occur within the last year, that is, since (insert date)?</i></p> <p><input type="checkbox"/> Yes, live birth in last year. ⇒ GO TO TETANUS TOXOID MODULE</p> <p><input type="checkbox"/> No live birth in last year. ⇒ GO TO CONTRACEPTIVE USE MODULE</p>		

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

TETANUS TOXOID (TT) MODULE		
<i>This module is to be administered to all women with a live birth in the year preceding date of interview.</i>		
1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) 1 Yes (card not seen) 2 No..... 3 DK 9	
2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes 1 No..... 2 DK 9	2⇒Q.4 9⇒Q.4
3. <i>If yes:</i> HOW MANY DOSES OF TETANUS TOXOID (ANTI-TETANUS INJECTIONS) DID YOU RECEIVE DURING YOUR LAST PREGNANCY?	No. of doses ___ DK 99	
<i>How many TT doses were reported during last pregnancy in Q.3?</i>		
<input type="checkbox"/> <i>At least two TT injections during last pregnancy. ⇒ GO TO MATERNAL AND NEWBORN HEALTH MODULE</i>		
<input type="checkbox"/> <i>Fewer than two TT injections during last pregnancy. ⇒ CONTINUE WITH Q.4</i>		
4. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION (<i>additional probes</i>) AT ANY TIME BEFORE YOUR LAST PREGNANCY, INCLUDING DURING A PREVIOUS PREGNANCY OR BETWEEN PREGNANCIES?	Yes 1 No..... 2 DK 9	2⇒Q.7 9⇒Q.7
5. <i>If yes:</i> HOW MANY DOSES DID YOU RECEIVE?	No. of doses ___	
6A. WHEN WAS THE LAST DOSE RECEIVED?	Date of last dose Month/Year ___ / _____ DK date 999999	DK⇒6B
<i>Or:</i> 6B. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST DOSE?	Years ago..... ___	
7. <i>Add responses to Q.3 and Q.5 to obtain total number of doses in lifetime.</i>	Total no. of doses ___	

GO TO MATERNAL AND NEWBORN HEALTH MODULE⇒

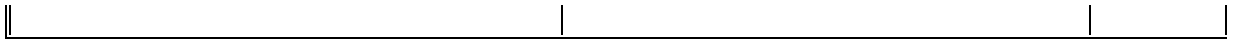
Cluster no. _____ Household no. _____ Woman line no. _____

MATERNAL AND NEWBORN HEALTH MODULE		
<i>This module is to be administered to all women with a live birth in the year preceding date of interview.</i>		
Use Q.7 and Q.8 only in countries where a local term for night blindness exists.		
1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH, DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS? <i>Show 200,000 IU capsule or dispenser.</i>	Yes 1 No..... 2 DK 9	
2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY ? <i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i> <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor 1 Government doctor in a health centre...11 Private doctor.....12 Nurse/midwife 2 Auxiliary midwife 3 Other person Traditional birth attendant 4 Other (<i>specify</i>) 6 No one 0	No of visits ⇒ Q.B2 ⇒ Q.A2
2A. IF THE ANSWER IS NO, I.E. DID NOT SEE ANYONE WHAT ARE THE REASONS FOR NOT SEEING ANYONE (MORE THAN ONE ANSWER CAN BE GIVEN)	Did not feel the need to see anyone.....1 Not convinced by the assistance..... 2 Financially not capable to see anyone.....3 Difficulty in getting to the health care center.....4 Non-availability of medicaments.....5 DK.....9	⇒ Q.3
2B IN WHICH MONTH DURING YOUR LAST PREGNANCY, DID THE FIRST VISIT TO A HEALTH CARE CENTRE, OR ANY OTHER PUBLIC/GOVERNMENTAL HEALTH INSTITUTION TAKE PLACE ?	In month..... DK.....9	
2C IN WHICH MONTH DURING YOUR LAST PREGNANCY DID THE LAST VISIT TO A HEALTH CARE CENTRE, OR ANY OTHER PUBLIC/GOVERNMENTAL HEALTH INSTITUTION TAKE PLACE ?	In month..... DK.....9	
3. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>or name</i>)? ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i>	Health professional: Doctor 1 Nurse/midwife 2 Auxiliary midwife 3 Other person Traditional birth attendant 4 Relative/friend 5 Other (<i>specify</i>) 6 No one 0	
3A WHERE DID THE DELIVERY TAKE PLACE ?	In hospital.....1 At home.....2 At midwife's house.....3 Other.....4	
4. WHEN YOUR LAST CHILD (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE,	Very large..... 1 Larger than average 2	

AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Average 3 Smaller than average..... 4 Very small 5 DK 9	
5. WAS (<i>name</i>) WEIGHED AT BIRTH?	Yes 1 No..... 2 DK 9	2⇒Q.7 9⇒Q.7
6. HOW MUCH DID (<i>name</i>) WEIGH? <i>Record weight from health card, if available.</i>	From card.....1 (grams) __ , __ __ __ From recall2 (grams) __ , __ __ __ DK99999	
7. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU HAVE DIFFICULTY WITH YOUR VISION DURING THE DAYLIGHT ?	Yes 1 No..... 2 DK 9	
8. DURING THAT PREGNANCY, DID YOU SUFFER FROM NIGHT BLINDNESS (<i>insert local term</i>)?	Yes 1 No..... 2 DK 9	

GO TO NEXT MODULE ⇒

CONTRACEPTIVE USE MODULE		
<p><i>Ask Q.1 for all women age 15-49 and then follow the skip instruction carefully.</i> <i>Questions on pregnancy and contraception are to be asked only of women who are currently married or in union.</i></p>		
<p>1. ARE YOU CURRENTLY MARRIED OR LIVING WITH A MAN?</p>	<p>Yes 1</p> <p>No, widowed, divorced, separated 2</p> <p>No, never married..... 3</p>	<p>2⇒NEXT MODULE</p> <p>3⇒NEXT MODULE</p>
<p>2. NOW I AM GOING TO CHANGE TOPICS. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH. I KNOW THIS IS A DIFFICULT SUBJECT TO TALK ABOUT, BUT IT IS IMPORTANT THAT WE OBTAIN THIS INFORMATION. OF COURSE, ALL THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. YOU WILL NEVER BE IDENTIFIED WITH THE ANSWERS TO THESE QUESTIONS.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant..... 1</p> <p>No..... 2</p> <p>Unsure or DK 3</p>	<p>1⇒NEXT MODULE</p>
<p>3. SOME COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY . ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>1⇒Q.4</p>
<p>A3. IF THE ANSWER IS NO, WHAT IS THE REASON? (MORE THAN ONE ANSWER CAN BE GIVEN/MARKED)</p>	<p>Desire to have children.....1</p> <p>Health reasons.....2</p> <p>Religious causes/reasons.....3</p> <p>Husband not convinced.....4</p> <p>Wife not convinced.....5</p> <p>High price of contraceptives.....6</p> <p>Other.....7</p> <p>DK.....9</p>	<p>⇒ NEXT MODULE AFTER FINISHING THIS Q.</p>
<p>4. WHICH METHOD ARE YOU USING ?</p> <p><i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization01</p> <p>Male sterilization02</p> <p>Pill03</p> <p>IUD.....04</p> <p>Injections.....05</p> <p>Implants06</p> <p>Condom07</p> <p>Female condom08</p> <p>Diaphragm09</p> <p>Foam/jelly.....10</p> <p>Lactational amenorrhoea method (LAM)11</p> <p>Periodic abstinence12</p> <p>Withdrawal13</p> <p>Other (<i>specify</i>)14</p>	



GO TO NEXT MODULE , I.E. HIV MODULE ⇒

HIV/AIDS MODULE		
<p><i>This module is to be administered to all women age 15-49. See Instructions for Interviewers for further discussion of these questions.</i></p>		
<p>1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT WHAT YOU KNOW ABOUT SERIOUS ILLNESS , IN PARTICULAR, ABOUT HIV AND AIDS.</p> <p>HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒Q.18</p>
<p>2. IS THERE ANYTHING A PERSON CAN DO TO AVOID GETTING HIV, THE VIRUS THAT CAUSES AIDS?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 9</p>	<p>2⇒Q.8</p> <p>9⇒Q.8</p>
<p>2A. HOW DOES THE INFECTION TAKE PLACE?</p> <p>(MORE THAN ONE ANSWER CAN BE GIVEN/MARKED)</p>	<p>Sexual relation.....1</p> <p>Transfer of infected blood.....2</p> <p>From mother to child during pregnancy.....3</p> <p>From mother to child through breastfeeding.4</p> <p>Mosquito bites.....5</p> <p>Exposed to Infected medical equipment.....6</p> <p>DK.....9</p>	

<p>18. Is the woman a caretaker of any children under five years of age?</p> <p><input type="checkbox"/> Yes. ⇒ GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE and administer one questionnaire for each child under five for whom she is the caretaker.</p> <p><input type="checkbox"/> No. ⇒ CONTINUE WITH Q.19</p>
<p>19. Does another eligible woman reside in the household?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p>

PS: USE THE LETTERS Y OR N WHEN ANSWERING YES OR NO

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

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

A separate form should be used for each eligible child.

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

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

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

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

GO TO NEXT MODULE ⇒

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

VITAMIN A MODULE		
Further optional questions are found in Appendix Two.		
1. HAS (<i>name</i>) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE ? <i>Show capsule or dispenser.</i>	Yes	1
	No.....	2
	DK	9
		2⇒NEXT MODULE
		9⇒NEXT MODULE
2. HOW MANY MONTHS AGO DID (<i>name</i>) TAKE THE LAST DOSE?	Months ago	__ __
	DK	99
3. WHERE DID (<i>name</i>) GET THIS LAST DOSE?	On routine visit to health centre.....	1
	Sick child visit to health centre	2
	National Immunization Day campaign.....	3
	Other (<i>specify</i>)	4
	DK	9

GO TO NEXT MODULE ⇒

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

BREASTFEEDING MODULE		
1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes 1 No..... 2 DK 9	2⇒Q.4 9⇒Q.4
A1. AFTER HOW MANY HOURS AFTER BIRTH DID BREASTFEEDING START ?	No. of hours..... DK.....99	
B1. DID (<i>NAME</i>) TAKE COLUSTROM?	Yes 1 No..... 2 DK 9	
C1. TO WHAT AGE (IN MONTHS) WAS EXCLUSIVE BREASTFEEDING MAINTAINED/USED?	Age (in months).....	
2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No..... 2 DK 9	2⇒Q.4 9⇒Q.4
3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING :		
<i>Read each item aloud and record response before proceeding to the next item.</i>		Y N DK
3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE ?	A. Vitamin supplements.....	1 2 9
3B. PLAIN WATER?	B. Plain water	1 2 9
3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice	1 2 9
3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS.....	1 2 9
3E. TINNED, POWDERED OR FRESH MILK OR INFANT FORMULA ?	E. Milk.....	1 2 9
3F. ANY OTHER LIQUIDS?	F. Other liquids (<i>specify</i>)	1 2 9
3G. SOLID OR SEMI-SOLID (MUSHY) FOOD?	G. Mushy food	1 2 9
4. SINCE THIS TIME YESTERDAY , HAS (<i>name</i>) BEEN GIVEN ANYTHING TO DRINK FROM A BOTTLE WITH A NIPPLE OR TEAT ?	Yes 1 No..... 2 DK 9	

GO TO NEXT MODULE ⇒

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

CARE OF ILLNESS MODULE		
<p>1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST ?</p> <p><i>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</i></p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 9</p>	<p>1⇒Q.3</p>
<p>2. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD ANY OTHER ILLNESS , SUCH AS COUGH OR FEVER, OR ANY OTHER HEALTH PROBLEM ?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 9</p>	<p>1⇒Q.4</p> <p>2⇒Q.11</p> <p>9⇒Q.11</p>
<p>3. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>3A. BREAST MILK ?</p> <p>3B. CEREAL-BASED GRUEL OR GRUEL MADE FROM ROOTS OR SOUP?</p> <p>3C. other locally-defined acceptable home fluids (e.g., SSS, yogurt drink)?</p> <p>3D. ORS PACKET SOLUTION?</p> <p>3E. OTHER MILK OR INFANT FORMULA?</p> <p>3F. WATER WITH FEEDING DURING SOME PART OF THE DAY?</p> <p>3G. WATER ALONE?</p> <p>3H. defined “unacceptable” fluids (e.g., cola, etc. (insert local names))</p> <p>3I. NOTHING</p>	<p style="text-align: right;">Y N DK</p> <p>A. Breast milk 1 2 9</p> <p>B. Gruel 1 2 9</p> <p>C. Other acceptable..... 1 2 9</p> <p>D. ORS packet..... 1 2 9</p> <p>E. Other milk..... 1 2 9</p> <p>F. Water with feeding 1 2 9</p> <p>G. Water alone 1 2 9</p> <p>H. Unacceptable fluids 1 2 9</p> <p>I. Nothing 1 2 9</p>	<p>1⇒Q.5</p>
<p>4. DURING (<i>name’s</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL ?</p>	<p>Much less or none 1</p> <p>About the same (or somewhat less) 2</p> <p>More 3</p> <p>DK 9</p>	
<p>5. DURING (<i>name’s</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL ?</p> <p><i>If “less”, probe:</i></p> <p>MUCH LESS OR A LITTLE LESS?</p>	<p>None..... 1</p> <p>Much less 2</p> <p>Somewhat less 3</p> <p>About the same..... 4</p> <p>More 5</p> <p>DK 9</p>	
<p>6. HAS (<i>name</i>) HAD AN ILLNESS WITHA COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 9</p>	<p>2⇒Q.11</p> <p>9⇒Q.11</p>

<p>7. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE /SHE BREATHE FASTER THAN USUAL WITH SHORT , QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p> <p>8. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCK ED NOSE?</p>	<p>Yes 1 No..... 2 DK 9</p> <p>Blocked nose..... 1 Problem in chest 2 Both 3</p> <p>Other (<i>specify</i>) 4 DK 9</p>	<p>2⇒Q.11 9⇒Q.11 1⇒Q.11 4⇒Q.11</p>
<p>9. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>	<p>Yes 1 No..... 2 DK 9</p>	<p>2⇒Q.11 9⇒Q.11</p>
<p>10. FROM WHERE DID YOU SEEK CARE ? ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p>	<p>Hospital01 Health centre02 Dispensary03 Village health worker.....04 MCH clinic.....05 Mobile/outreach clinic.....06 Private physician07 Traditional healer08 Pharmacy or drug seller.....09 Relative or friend10</p> <p>Other (<i>specify</i>) 11</p>	
<p><i>Ask this question (Q.11) only once for each caretaker.</i></p> <p>11. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p><i>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.</i></p>	<p>Child not able to drink or breastfeed01 Child becomes sicker02 Child develops a fever03 Child has fast breathing.....04 Child has difficult breathing05 Child has blood in stool06 Child is drinking poorly.....07</p> <p>Other (<i>specify</i>)08 Other (<i>specify</i>)09 Other (<i>specify</i>)10</p>	

GO TO NEXT MODULE ⇒

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

MALARIA MODULE		
<i>This module is for use in countries or regions at high risk of malaria. See manual for definition.</i>		
1. IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST, HAS (<i>name</i>) BEEN ILL WITH A FEVER?	Yes 1 No..... 2 DK 9	2⇒Q.8 9⇒Q.8
2. WAS (<i>name</i>) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes 1 No..... 2 DK 9	2⇒Q.6 9⇒Q.6
3. DID (<i>name</i>) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes 1 No..... 2 DK 9	2⇒Q.5 9⇒Q.5
4. WHAT MEDICINE DID (<i>name</i>) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY? <i>Circle all medicines mentioned.</i>	Paracetamol 1 Chloroquine 2 Fansidar 3 Kenin..... 4 Premaquin..... 5 Other (<i>specify</i>) 4 DK 9	
5. WAS (<i>name</i>) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes 1 No..... 2 DK 9	1⇒Q.7 2⇒Q.8 9⇒Q.8
6. WAS (<i>name</i>) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes 1 No..... 2 DK 9	2⇒Q.8 9⇒Q.8
7. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Circle all medicines given before visiting a health facility or if no visit was made to a health facility.</i>	Paracetamol 1 Chloroquine 2 Fansidar 3 Kenin..... 4 Premaquin..... 5 Other (<i>specify</i>) 4 DK 9	
7A. WAS MOSQUITO NETS SPRAYED WITHIN THE DWELLING UNIT?	Yes 1 No..... 2 DK 9	
8A. WAS ALL THE DOORS AND WINDOWS PROTECTED AGAINST MOSQUITO ENTRY?	Yes 1 No..... 2 DK 9	
8. DID (<i>name</i>) SLEEP UNDER A BEDNET LAST NIGHT?	Yes 1 No..... 2	2⇒NEXT

		MODULE
	DK 9	9⇒NEXT MODULE
9. WAS THE BEDNET TREATED WITH MOSQUITO INSECTICIDES?	Yes 1 No..... 2 DK 9	2⇒NEXT MODULE 9⇒NEXT MODULE
10. WHEN WAS THE LAST TIME THE THE BEDNET WVAS TREATED WITH MOSQUITO INSECTICIDE?	No of months that passed..... ____ ____ DK99	

Go to the immunisation module

<p>9. WAS THIS BEDNET EVER TREATED WITH A PRODUCT TO KILL MOSQ UITOS?</p>	<p>Yes 1 No..... 2 DK 9</p>	<p>2⇒NEXT MODULE 9⇒NEXT MODULE</p>
<p>10. WHEN WAS THE BEDNET LAST TREATED?</p>	<p>Months ago _ _ DK99</p>	

GO TO NEXT MODULE ⇒

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

IMMUNIZATION MODULE			
<i>If an immunization card is available, copy the dates in Qs.2-5 for each type of immunization recorded on the card. Qs.7-15 are for recording vaccinations that are not recorded on the card. Qs.7-15 will only be asked when a card is not available.</i>			
1. IS THERE A VACCINATION RECORD FOR (<i>name</i>)?		Yes, seen..... 1 Yes, not seen 2 No..... 3	2⇒Q.7 3⇒Q.7
(a) Copy dates of all vaccinations from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization	
		DAY	MONTH
		YEAR	
2. BCG	BCG		
3A. OPV0	OPV0		
3B. OPV1	OPV1		
3C. OPV2	OPV2		
3D. OPV3	OPV3		
4A. DPT1	DPT1		
4B. DPT2	DPT2		
4C. DPT3	DPT3		
5. MEASLES	MEASLES		
6. IN ADDITION TO THE VACCINATIONS SHOWN ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS - INCLUDING VACCINATIONS RECEIVED IN A NATIONAL IMMUNIZATION DAY?		Yes 1 No..... 2 DK 9	1⇒Q.15 2⇒Q.15 9⇒Q.15
<i>Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, and/or Measles vaccine(s). Go to Q.15 after you finish.</i>			
7. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A NATIONAL IMMUNIZATION DAY CAMPAIGN?		Yes 1 No..... 2 DK 9	2⇒Q.15 9⇒Q.15
8. HAS (<i>name</i>) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE LEFT SHOULDER THAT CAUSED A SCAR?		Yes 1 No..... 2 DK 9	

8A. CHECK THE LEFT SHOULDER (WHICH IS THE NORMAL LOCATION OF THE BCG INJECTION) TO IDENTIFY THE SCAR?	Scar existing.....1 Scar not existing.....2 Not sure of the scar's existence.....3	⇒ Q.9
8B. GIVE THE REASON FOR NOT HAVING THE VACCINATION	Vaccine not available1 Difficulty in getting to the health facility.....2 Not convinced of the usefulness of the vaccine.....3 DK.....9	
9. 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 9	2⇒Q.12 9⇒Q.12
10. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH OR LATER?	Just after birth 1 Later 2	
11. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times _ _	
12. HAS (name) EVER BEEN GIVEN "VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes 1 No..... 2 DK 9	2⇒Q.14 9⇒Q.14
13. HOW MANY TIMES?	No. of times _ _	
14. HAS (name) EVER BEEN GIVEN "VACCINATION INJECTIONS" – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes 1 No..... 2 DK 9	
15. PLEASE TELL ME IF (name) HAS PARTICIPATED IN ANY OF THE FOLLOWING NATIONAL IMMUNIZATION DAYS: A) 1ST POLIO CAMPAIGN 4/10/1999- 8/10/1999 B) 2 nd Polio Campaign 4/11/1999-8/11/1999 C) 3 rd Polio Campaign 28/3/2000-1/4/2000 D) 4 th Polio Campaign 25/4/2000-29/4/2000 <i>Insert date and type of vaccination given in one of the national immunisation campaigns.</i>	Y N DK Campaign A 1 2 9 Campaign B 1 2 9 Campaign C 1 2 9 Campaign D 1 2 9	

GO TO NEXT MODULE ⇒

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

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

CLUSTER CONTROL SHEET

District Name _____

Cluster Number _____

Interviewer Number _____

Date _____

HH No.	Name of Head of HH	Number of Eligible		Interviews Completed		Notes
		Women	Children	Women	Children	
Total:						

Notes: (continue on reverse side, as needed)