Gilgit-Baltistan

Final Report

Monitoring the situation of children and women

Multiple Indicator Cluster Survey

2016-17

Planning & Development Department
Government of Gilgit-Baltistan

United Nations Children's Fund

MICS

Title page picture is taken by Muhammad Nasir (Supervisor, Gilgit team) with the permission from her mother, at Gilgit district, Gilgit-Baltistan.

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Multiple Indicator Cluster Survey 2016-17

Final Report

September, 2017

Government of Gilgit-Baltistan

unicef
for every child

The Multiple Indicator Cluster Survey (MICS) Gilgit-Baltistan, [Pakistan] was carried out during 2016-17 by Planning & Development Department of Government of Gilgit-Baltistan in collaboration with United Nations Children's Fund (UNICEF). It was conducted as part of the 5th global round of MICS. Major funding was provided by Government of the Gilgit-Baltistan through Annual Development Programme 2016-17 and the technical support was provided by the UNICEF.

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

The major objective of this report is to facilitate the data users to review the GB-MICS, 2016-17 results swiftly. The report contains detailed information on all survey findings by various demographic, social, economic and cultural characteristics. For more information please visit www.gilgitbaltistan.gov.pk or www.mics.unicef.org

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SUMMARY TABLE OF SURVEY IMPLEMENTATION AND THE SURVEY POPULATION, GILGIT-BALTISTAN MICS, 2016-17

SURVEY IMPLEMENTATION

Sample frame used	1998 census	**Questionnaires**	Household
			Women (age 15-49)
Updated	2012		Children under five
Interviewer training	September-October, 2016	**Fieldwork**	October 2016 to February 2017

Survey sample

Households		Children under five	
Sampled	6,460	Eligible	7,005
Occupied	6,236	Mothers/caretakers interviewed	6,637
Interviewed	6,213	Response rate (Percent)	94.7
Response rate (Percent)	99.6		
Women			
Eligible for interviews	11,452		
Interviewed	10,744		
Response rate (Percent)	93.8		

SURVEY POPULATION

Average household size	7.7	**Percentage of population living in**	
Percentage of population under:		Urban areas	17.5
Age 5	15.6	Rural areas	82.5
Age 18	48.5		
Percentage of ever married women age 15-49 years with at least one live birth in the last 2 years	25.2	Gilgit division	42.1
		Baltistan division	35.0
		Diamer division	23.0

HOUSING CHARACTERISTICS

Percentage of households with	
Electricity	98.0
Finished floor[1]	79.1
Finished roofing[2]	62.5
Finished walls[3]	79.4
Mean number of persons per room used for sleeping	4.0

HOUSEHOLD OR PERSONAL ASSETS

Percentage of households that own	
A television	49.3
A refrigerator	22.7
Agricultural land	87.2
Farm animals/livestock	86.6
Percentage of households where at least a member has or owns a:	
Mobile phone	92.0
Car or Van	13.6
Bank account[4]	60.1

[1] Includes: Tiles/marble, cement, carpet (including desi chatai), polished wood etc.
[2] Includes: metal/T-iron (Including GI sheets), wooden beam/bricks, cement etc.)
[3] Includes: cement, bricks, stone with lime/cement/sand, cement blocks etc.)
[4] In addition to account in the branches of scheduled banks, also accounts in post offices, national saving centres, Village Organizations (VOs) and Women Organizations (WO) (established by AKRSP)

SUMMARY TABLE OF FINDINGS[5]

Multiple Indicator Cluster Survey (MICS) and Millennium Development Goals (MDGs)/ Sustainable Development Goals (SDGs) Indicators*, Gilgit-Baltistan MICS, 2016-17

Indicator #		Indicator	Description	Value[A]
MICS	MDG/SDG			
CHILD MORTALITY				
Early Childhood Mortality				
1.2	4.2 / 3.2.1	Infant mortality rate	Probability of dying between birth and the first birthday	73.5
1.5	4.1 / ----	Under-five mortality rate	Probability of dying between birth and the fifth birthday	91.8

[A] Indicator values are per 1,000 live births and rates refer to January, 2015. The East Model was assumed to approximate the age pattern of mortality in Gilgit-Baltistan, Pakistan and calculations are based on the Time Since First Birth (TSFB) version of the indirect children ever born/children surviving method.

Indicator #		Indicator	Description	Value
MICS	MDG/SDG			
NUTRITION				
Nutritional Status				
2.1a 2.1b	1.8 / ----	Underweight prevalence (a) Moderate and severe (b) Severe	Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for age of the WHO standard	 19.4 5.6
2.2a 2.2b	---- / 2.2.1	Stunting prevalence (a) Moderate and severe (b) Severe	Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median height for age of the WHO standard	 46.2 22.2
2.3a 2.3b	---- / 2.2.2	Wasting prevalence (a) Moderate and severe (b) Severe	Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for height of the WHO standard	 3.8 1.1
2.4	---- / 2.2.2	Overweight prevalence	Percentage of children under age 5 who are above two standard deviations of the median weight for height of the WHO standard	2.9
Breastfeeding and Infant Feeding				
2.5		Children ever breastfed	Percentage of women with a live birth in the last 2 years who breastfed their last live-born child at any time	97.9
2.6		Early initiation of breastfeeding	Percentage of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth	35.0
2.7		Exclusive breastfeeding under 6 months	Percentage of infants under 6 months of age who are exclusively breastfed	63.0
2.8		Predominant breastfeeding under 6 months	Percentage of infants under 6 months of age who received breast milk as the predominant source of nourishment during the previous day	69.1
2.9		Continued breastfeeding at 1 year	Percentage of children age 12-15 months who received breast milk during the previous day	80.7
2.10		Continued breastfeeding at 2 years	Percentage of children age 20-23 months who received breast milk during the previous day	50.8

* This survey is a part of MICS5 program which had MDGs focus, but as it was one of the last surveys to go to field as part of 5th round and overlaped with SDGs era, therefore, SDGs indicators included in this report

[5] See Appendix E for a detailed description of MICS indicators

Indicator #		Indicator	Description	Value
MICS	MDG/SDG			
2.11		Median duration of breastfeeding	The age in months when 50 percent of children age 0-35 months did not receive breast milk during the previous day	21.4 months
2.12		Age-appropriate breastfeeding	Percentage of children age 0-23 months appropriately fed during the previous day	66.2
2.13		Introduction of solid, semi-solid or soft foods	Percentage of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	60.0
2.14		Milk feeding frequency for non-breastfed children	Percentage of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	60.8
2.15		Minimum meal frequency	Percentage of children age 6-23 months who received solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum number of times or more during the previous day	69.9
2.16		Minimum dietary diversity	Percentage of children age 6–23 months who received foods from 4 or more food groups during the previous day	26.7
2.17a 2.17b		Minimum acceptable diet	(a) Percentage of breastfed children age 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day (b) Percentage of non-breastfed children age 6–23 months who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day	21.2 17.1
2.18		Bottle feeding	Percentage of children age 0-23 months who were fed with a bottle during the previous day	27.5
Salt Iodization				
2.19		Iodized salt consumption	Percentage of households with salt testing 15 parts per million or more of iodate	68.4
Low-Birth Weight				
2.20		Low-birth weight infants	Percentage of most recent live births in the last 2 years weighing below 2,500 grams at birth	30.5
2.21		Infants weighed at birth	Percentage of most recent live births in the last 2 years who were weighed at birth	22.7
Vitamin A				
2.S1		Vitamin A supplementation	Percentage of children age 6-59 months who received at least one high-dose vitamin A supplement in the 6 months preceding the survey	76.9
CHILD HEALTH				
Vaccinations				
3.1		Tuberculosis immunization coverage	Percentage of children age 12-23 months who received BCG vaccine by their first birthday	73 .3
3.2		Polio immunization coverage	Percentage of children age 12-23 months who received the third dose of OPV vaccine (OPV3) by their first birthday	70.9

Indicator #		Indicator	Description	Value
MICS	MDG/SDG			
3.3 3.5 3.6		Diphtheria, pertussis and tetanus (DPT), hepatitis B (HepB) and haemophilus influenza type B (Hib) (**PENTA**) immunization coverage	Percentage of children age 12-23 months who received the third dose of PENTA vaccine (diphtheria, pertussis, tetanus, hepatitis B and haemophilus influenza B) by their first birthday	56.0
3.4	4.3 / ----	Measles immunization coverage	Percentage of children age 12-23 months who received measles vaccine by their first birthday	52.2
3.8	---- / 3.b.1	Full immunization coverage	Percentage of children age 12-23 months who received all vaccinations recommended in the national immunization schedule by their first birthday	38.7
Tetanus Toxoid				
3.9		Neonatal tetanus protection	Percentage of women age 15-49 years with a live birth in the last 2 years who were given at least two doses of tetanus toxoid vaccine within the appropriate interval prior to the most recent birth	52.2
Diarrhoea				
-		Children with diarrhoea	Percentage of children under age 5 with diarrhoea in the last 2 weeks	22.3
3.10		Care-seeking for diarrhoea	Percentage of children under age 5 with diarrhoea in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	53.6
3.11		Diarrhoea treatment with oral rehydration salts (ORS) and zinc	Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORS and zinc	8.9
3.12		Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding	Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORT (ORS packet, pre-packaged ORS fluid, recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	46.3
Acute Respiratory Infection (ARI) Symptoms				
-		Children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks	17.1
3.13		Care-seeking for children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	64.7
3.14		Antibiotic treatment for children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks who received antibiotics	39.7
Solid Fuel Use				
3.15		Use of solid fuels for cooking	Percentage of household members in households that use solid fuels as the primary source of domestic energy to cook	84.8
Malaria / Fever				
--		Children with fever[6]	Percentage of children under age 5 with fever in the last 2 weeks	38.6

[6] Field work has been conducted from October-2016 to Feb. 2017 (in severe cold weather), therefore, it is possible to effect the fever prevalence among children

Indicator #		Indicator	Description	Value
MICS	MDG/SDG			
3.20		Care-seeking for fever	Percentage of children under age 5 with fever in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	64.7
3.21		Malaria diagnostics usage	Percentage of children under age 5 with fever in the last 2 weeks who had a finger or heel stick for malaria testing	5.5
3.22	6.8 / ----	Anti-malarial treatment of children under age 5	Percentage of children under age 5 with fever in the last 2 weeks who received any antimalarial treatment	0.1
3.23		Treatment with Artemisinin-based Combination Therapy (ACT) among children who received anti-malarial treatment	Percentage of children under age 5 with fever in the last 2 weeks who received ACT (or other first-line treatment according to national policy)	(*)
3.25		Intermittent preventive treatment for malaria during pregnancy	Percentage of women age 15-49 years who received three or more doses of SP/Fansidar, at least one of which was received during an ANC visit, to prevent malaria during their last pregnancy that led to a live birth in the last 2 years	0.0
*Indicator denominator based on fewer than 25 unweighted cases				
WATER AND SANITATION				
4.1	7.8 / 6.1.1	Use of improved drinking water sources[7]	Percentage of household members using improved sources of drinking water	79.0
4.2		Water treatment	Percentage of household members in households using unimproved drinking water who use an appropriate treatment method	3.2
4.3	7.9 / 6.2.1	Use of improved sanitation[8] (Not shared)	Percentage of household members using improved sanitation facilities which are not shared	86.0
4.4		Safe disposal of child's faeces	Percentage of children age 0-2 years whose last stools were disposed of safely	50.4
4.5		Place for handwashing	Percentage of households with a specific place for hand washing where water and soap or other cleansing agent are present	53.2
4.6	---- / 6.2.1	Availability of soap or other cleansing agent	Percentage of households with soap or other cleansing agent available anywhere in the household	85.5
REPRODUCTIVE HEALTH				
Contraception and Unmet Need				
-		Total fertility rate	Total fertility rate[A] for women age 15-49 years	4.6
5.1	5.4 / 3.7.2	Adolescent birth rate	Age-specific fertility rate[A] for women age 15-19 years	46.9
5.2		Early childbearing	Percentage of ever married women age 20-24 years who had at least one live birth before age 18	19.3
5.3	5.3 / ----	Contraceptive prevalence rate	Percentage of women age 15-49 years currently married who are using a (modern or traditional) contraceptive method	38.1

[7] Improved water sources includes: piped water (in dwelling, compound, at the neighbor, public tap/standpipe or coming from river), tube well, protected well, protected spring.
[8] Improved sanitation includes: flush (sewer system, septic tank, pit latrine, etc.), Ventilated Improved Pit latrine, pit latrine with slab and composting toilets

Indicator #		Indicator	Description	Value
MICS	MDG/SDG			
5.4	5.6 / 3.7.1	Unmet need	Percentage of women age 15-49 years who are currently married who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	23.8

[A] The age-specific fertility rate is defined as the number of live births to women in a specific age group during a specified period, divided by the average number of women in that age group during the same period, expressed per 1,000 women. The age-specific fertility rate for women age 15-19 years is also termed as the adolescent birth rate.

The total fertility rate (TFR) is calculated by summing the age-specific fertility rates calculated for each of the 5-year age groups of women, from age 15 through to age 49. The TFR denotes the average number of children to which a woman will have given birth by the end of her reproductive years (by age 50) if current fertility rates prevailed.

Maternal and Newborn Health				
5.5a 5.5b	5.5 / ----	Antenatal care coverage	Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth (a) at least once by skilled health personnel (b) at least four times by any provider	 72.5 27.9
5.6		Content of antenatal care	Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples during the last pregnancy that led to a live birth	49.1
5.S1		Content of antenatal care (All four)	Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured, weight measured and gave urine and blood samples during the last pregnancy that led to a live birth	32.6
5.7	5.2 / 3.1.2	Skilled attendant at delivery	Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth	62.0
5.8		Institutional deliveries	Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered in a health facility	60.3
5.9		Caesarean section	Percentage of women age 15-49 years whose most recent live birth in the last 2 years was delivered by caesarean section	7.9
Post-Natal Health Checks				
5.10		Post-partum stay in health facility	Percentage of women age 15-49 years who stayed in the health facility for 12 hours or more after the delivery of their most recent live birth in the last 2 years	25.4
5.11		Post-natal health check for the newborn	Percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	47.5
5.12		Post-natal health check for the mother	Percentage of women age 15-49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth in the last 2 years	44.4
5.S2		Care provided by Lady Health Worker (LHW)	Number of ever married women aged 15–49 years who have given birth in the previous 2 years and were visited by a Lady Health Worker (LHW) in the last month	33.8

Indicator #		Indicator	Description	Value
MICS	MDG/SDG			
CHILD DEVELOPMENT				
6.1		Attendance to early childhood education	Percentage of children age 36-59 months who are attending an early childhood education programme	14.2
6.2		Support for learning	Percentage of children age 36-59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the last 3 days	31.5
6.3		Father's support for learning	Percentage of children age 36-59 months whose biological father has engaged in four or more activities to promote learning and school readiness in the last 3 days	2.3
6.4		Mother's support for learning	Percentage of children age 36-59 months whose biological mother has engaged in four or more activities to promote learning and school readiness in the last 3 days	6.9
6.5		Availability of children's books	Percentage of children under age 5 who have three or more children's books	6.3
6.6		Availability of playthings	Percentage of children under age 5 who play with two or more types of playthings	63.8
6.7		Inadequate care	Percentage of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the last week	26.5
6.8	---- / 4.2.1	Early child development index	Percentage of children age 36-59 months who are developmentally on track in at least three of the following four domains: literacy-numeracy, physical, social-emotional, and learning	62.5
LITERACY AND EDUCATION				
7.1	2.3 / ----	Literacy rate among young women	Percentage of young women age 15-24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education	66.9
7.S1		Literacy rate 10+ *(Reported)*	Percentage of household members age 10 years or older where it is reported that they are able to both read & write with understanding in any language excluding quranic reading, if this was the only response	53.1
7.S2		Literacy rate 15+ *(Reported)*	Percentage of household members age 15 years or older where it is reported that they are able to both read & write with understanding in any language excluding quranic reading, if this was the only response	50.4
7.S3		Literacy rate 15-24 Years *(Reported)*	Percentage of household members age 15-24 years where it is reported that they are able to both read & write with understanding in any language excluding quranic reading, if this was the only response	74.0
7.2		School readiness	Percentage of children in first grade of primary school who attended preschool during the previous school year	87.8
7.3		Net intake rate in primary education	Percentage of children of school-entry age who enter the first grade of primary school	12.0
7.4	2.1 / ----	Primary school net attendance ratio (adjusted)	Percentage of children of primary school age currently attending primary or secondary school	49.4

Indicator #		Indicator	Description	Value
MICS	MDG/SDG			
7.S4		Primary school gross attendance ratio (adjusted)	Percentage of children of all age currently attending primary or secondary school	91.1
7.5		Secondary school net attendance ratio (adjusted)	Percentage of children of secondary school age currently attending secondary school or higher	34.8
7.6	2.2 / ----	Children reaching last grade of primary	Percentage of children entering the first grade of primary school who eventually reach last grade	93.4
7.7		Primary completion rate	Number of children attending the last grade of primary school (excluding repeaters) divided by number of children of primary school completion age (age appropriate to final grade of primary school)	89.3
7.8		Transition rate to secondary school	Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year divided by number of children attending the last grade of primary school during the previous school year	87.8
7.9	3.1 / 4.5.1	Gender parity index (primary school)	Primary school net attendance ratio (adjusted) for girls divided by primary school net attendance ratio (adjusted) for boys	0.86
7.10	3.1 / ----	Gender parity index (secondary school)	Secondary school net attendance ratio (adjusted) for girls divided by secondary school net attendance ratio (adjusted) for boys	0.78
7.S5		Government school attendance rate (primary)	Percentage of children aged 5-9 years attending Government primary schools	55.8
CHILD PROTECTION				
Birth Registration				
8.1	---- / 16.9.1	Birth registration	Percentage of children under age 5 whose births are reported registered	18.6
Child Labour				
8.2	---- / 8.7.1	Child labour	Percentage of children age 5-17 years who are involved in child labour	44.9
Child Discipline				
8.3	---- / 16.2.1	Violent discipline	Percentage of children age 1-14 years who experienced psychological aggression or physical punishment during the last one month	84.6
Early Marriage				
8.4	---- / 5.3.1	Marriage before age 15	Percentage of women age 15-49 years who were first married before age 15	13.1
8.5	---- / 5.3.1	Marriage before age 18	Percentage of women age 20-49 years who were first married before age 18	42.6
8.6		Women age 15-19 years currently married	Percentage of women age 15-19 years who are married	13.0
8.7		Polygyny	Percentage of women age 15-49 years who are in a polygynous marriage[9]	3.8

[9] Husband has more than one wife at the same time

Indicator #		Indicator	Description	Value
MICS	MDG/SDG			
8.8a 8.8b		Spousal age difference	Percentage of young women who are married and whose spouse is 10 or more years older, (a) among women age 15-19 years, (b) among women age 20-24 years	 12.3 11.8
Attitudes Towards Domestic Violence				
8.12		Attitudes towards domestic violence	Percentage of women age 15-49 years who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	78.1
Children's Living Arrangements				
8.13		Children's living arrangements	Percentage of children age 0-17 years living with neither biological parent	3.4
8.14		Prevalence of children with one or both parents dead	Percentage of children age 0-17 years with one or both biological parents dead	4.5
8.15		Children with at least one parent living abroad	Percentage of children 0-17 years with at least one biological parent living abroad	1.1
HIV/AIDS				
HIV/AIDS Knowledge and Attitudes				
-		Have heard of AIDS	Percentage of women age 15-49 years who have heard of AIDS	14.3
9.1		Knowledge about HIV prevention among all women	Percentage of young women age 15-49 years who correctly identify ways of preventing the sexual transmission of HIV, and who reject major misconceptions about HIV transmission	1.4
9.2		Knowledge of mother-to-child transmission of HIV	Percentage of women age 15-49 years who correctly identify all three means of mother-to-child transmission of HIV	6.7
9.3		Accepting attitudes towards people living with HIV	Percentage of women age 15-49 years expressing accepting attitudes on all four questions toward people living with HIV	12.9
HIV Testing				
9.4		Women who know where to be tested for HIV	Percentage of women age 15-49 years who state knowledge of a place to be tested for HIV	3.7
9.5		Women who have been tested for HIV and know the results	Percentage of women age 15-49 years who have been tested for HIV in the last 12 months and who know their results	0.1
9.7		HIV counselling during antenatal care	Percentage of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they received counselling on HIV during antenatal care	0.3
9.8		HIV testing during antenatal care	Percentage of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they were offered and accepted an HIV test during antenatal care and received their results	0.1

Indicator #		Indicator	Description	Value
MICS	MDG/SDG			
Orphans				
9.16	6.4 / ----	Ratio of school attendance of orphans to school attendance of non-orphans	Proportion attending school among children age 10-14 years who have lost both parents divided by proportion attending school among children age 10-14 years whose parents are alive and who are living with one or both parents	(0.6)*
*Indicator denominator based on 25-49 unweighted cases				
ACCESS TO MASS MEDIA				
Access to Mass Media				
10.1		Exposure to mass media	Percentage of women age 15-49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	1.5
Use of Information/Communication Technology				
10.2		Use of computers	Percentage of women age 15-24 years who used a computer during the last 12 months	20.9
10.3	---- / 5.b.1	Use of internet	Percentage of women age 15-24 years who used the internet during the last 12 months	9.9
SUBJECTIVE WELL-BEING				
11.1		Life satisfaction	Percentage of young women age 15-24 years who are very or somewhat satisfied with their life, overall	90.5
11.2		Happiness	Percentage of young women age 15-24 years who are very or somewhat happy	88.1
11.3		Perception of a better life	Percentage of young women age 15-24 years whose life improved during the last one year, and who expect that their life will be better after one year	63.6
TOBACCO USE				
12.1	---- / 3.a.1	Tobacco use	Percentage of women age 15-49 years who smoked cigarettes, or used smoked or smokeless tobacco products at any time during the last one month	2.7
12.2		Smoking before age 15	Percentage of women age 15-49 years who smoked a whole cigarette before age 15	0.6
POVERTY				
13.1	---- /1.2.2	Mutidimensional Poverty	Proportion of men, women and children of all ages living in poverty in all its dimensions, by selected measures of multidimensional poverty	0.179

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LIST OF ABBREVIATIONS

ACT	Artemisinin-based Combination therapy
AKHSP	Aga Khan Health Service Pakistan
AKRSP	Aga Khan Rural Support Program
ANC	Antenatal Care
ARI	Acute Respiratory Infection
ASFR	Age specific fertility rate
BCG	Bacillus Calmette–Guérin
BHU	Basic Health Unit
CBR	Crude birth rate
CD	Child Development
CM	Child Mortality
CMW	Community midwife
CP	Contraceptive prevalence rate
CRC	Convention on the Rights of the Child
CSPro	Census and survey programming
DPT	Diphtheria, Tetanus and Pertussis
ECD	Early Childhood Development
ECDI	Early Child Development Index
ED	Education
EPI	Expanded Program on Immunization
GAIN	Global Alliance for Improved Nutrition
GAPPD	Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea
GB	Gilgit-Baltistan
GFR	Gross fertility rate
GMAP	Global Malaria Action Plan
HH	Households
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IDD	Iodine Deficiency Disorders
IMR	Infant mortality rate
IPT	Intermittent Preventive Treatment
IQ	Intelligence quotient
IUCD	Intrauterine Contraceptive Device
JMP	Joint Monitoring Programme
LHV	Lady Health Visitor
LHW	Lady Health Worker
MCV1	Measles-Containing Vaccine
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MMR	Maternal mortality rate
MPI	Multidimensional Poverty Index
NU	Nutrition
ODK	Open Data Kit
OPHI	Oxford Poverty & Human Development Initiative
ORS	Oral Rehydration Therapy
P&DD	Planning and Development Department
PDHS	Pakistan Demographic Health Surveys
PNC	Post-natal care
RH	Reproductive Health
RHC	Rural Health Centre
SBA	Skilled birth attendant
SDGs	Sustainable Development Goals
SO2	Sulphur Dioxide
SPSS	Statistical Packages for Social Sciences
STIs	Sexually Transmitted Infections

SW	Subjective wellbeing
TBA	Traditional Birth attendant
TFR	Total Fertility Rate
ToT	Training of Trainers
UN	United Nations
UNDP	United Nations Development Programme
UNGASS	UN General Assembly Special Session
UNICEF	United Nations International Fund for Children Education
USI	Universal Salt Iodization
VOs	Village organizations
WHO	World Health Organization
WOs	Women organizations
WS	Water and Sanitation

FOREWORD

Realizing the need for reliable data in Gilgit-Baltistan (GB), the Planning and Development Department, GB, initiated the 'Establishment of Statistical Bureau in P&DD/MICS and Collection of Available Secondary Data from Line Departments, Gilgit-Baltistan (GB)' project in 2016-17 with the purpose of conducting the first ever MICS in GB and establishing the Bureau of Statistics, the government's data collecting body.

The Gilgit-Baltistan - Multiple Indicator Cluster Survey (GB-MICS), 2016-17 is a district-based survey covering 121 socio-economic indicators. The results of GB-MICS 2016-17 will enable the government to measure progress made on key social indicators. The overall objective of the GB-MICS was to collect high-quality data on households' characteristics, child mortality, nutrition, child health, reproductive health, child development, education, water and sanitation and poverty status.

In the absence of Bureau of Statistics in GB, conducting the MICS was seen as a huge challenge. In addition, lack of technical human resource, natural factors such as difficult climatic conditions and terrain were also key impediments to conducting the survey. Despite these challenges, the MICS was initiated in October 2016 with data collection being successfully completed in February 2017. Despite the magnitude of this undertaking, the survey has been completed within the stipulated time period, which is exemplary. The success of this endeavor is attributable, largely, to attending to the minutest details and daily monitoring through a dashboard by the Secretary P&D who would then share the updated progress, and issues, with all stakeholders through whatsup groups.

Conducting the MICS has been instrumental as it facilitates the collection of statistically sound and internationally comparable data essential for developing evidence-based policies and programmes and for monitoring progress towards global, national and provincial goals. By generating data on key indicators for children and women, this survey provides benchmark for a number of indicators at district-level and created a culture for using data for planning purposes.

Undoubtedly, GB faces enormous development challenges, however it has significant potential for improvements. I believe that small population of GB is its biggest strength. This against the richness of GB's existing social capital will allow us to significantly develop the region. I firmly believe that all stakeholders will join hands in targeting the weaker indicators and helping GB excel even further.

I would like to convey my deep appreciation to the entire team of the Planning & Development Department, GB, for conducting this survey and preparing the report under the supervision of Secretary P&DD, Mr. Babar Aman Babar (PAS), which I feel will provide a valuable source for planning and decision making. I also acknowledge and appreciate technical support provided by UNICEF for making this survey a success.

Dr. KAZIM NIAZ
Chief Secretary
Government of Gilgit-Baltistan

ACKNOWLEDGEMENTS

GB-MICS is the first ever survey conducted in the territory of Gilgit-Baltistan, Pakistan, highlighting the state of children and women against over 120 indicators, and has thus produced credible and diverse data on a comprehensive set of socioeconomic indicators: a pre-requisite for any effective planning and governance.

The Gilgit-Baltistan Multiple Indicator Cluster Survey (GB-MICS), 2016-17, from its inception to its completion, has been a collaborative and consultative effort involving a number of stakeholders. The survey was primarily funded through the GB Annual Development Programme and implemented by the Planning & Development Department (P&DD). The Pakistan Bureau of Statistics (PBS) provided the sample design, selection of sampling points; and, most importantly, they provided fresh household listings. Meanwhile, UNICEF provided technical assistance and support for the implementation of the project. The Professional Development Centre, North (PDCN) provided a very favorable environment for conducting Trainings for Trainers and main training for field staff. A Technical Advisory Committee, constituted exclusively for reviewing the GB-MICS implementation, provided support in the finalization of survey indicators and research tools.

The field work and working environment were unfavourable due to harsh weather and difficult terrain. It has been successfully completed due to exemplary teamwork spirit, quick decision making and monitoring on the part of survey core team, technical monitors and quality control teams. The enthusiasm and motivation of field teams was observed throughout the field work. The teams displayed extraordinary sense of responsibility even while toiling in the most difficult and snow bound terrain.

The district functionaries, administrative departments and law enforcement agencies deserve applause for their vigilance and their role in ensuring the safety and security of MICS teams. I appreciate their efforts. The role of Deputy Commissioners, especially DC Diamer, was truly exceptional.

The efforts of the Chairman Steering committee/Chief Secretary, deserve appreciation as without his guidance and support this survey would not have been completed successfully. I would like to commend the pledge of incumbent Chief Minister, Hafiz Hafeez-ur-Rehman and Chief Secretary, Dr. Kazim Niaz, to realign MICS indicators with policies and strategies. We hope that with the collective support of Chief Minister and the Chief Secretary, the P&DD, will not only sensitize all stakeholders to use this data in future planning and strategy development, but will also redouble the efforts to improve results in weak performing indicators. I also extend my gratitude to the former Chief Secretary, Mr Tahir Hussain and my predecessor, Mr. Hanif Channa for providing sincere leadership, encouragement and support in the initial phases of this project.

I congratulate all officials of P&DD, Mr. Muhammad Nazir Khan, Deputy Chief and his team, who in addition to their routine office work, extended full support towards this important endeavor. Finally, and most importantly, the UNICEF representative Ms. Cristian Munduate, Chief (Planning, Monitoring, Evaluation & Reporting) Ms. Janette Shaheen Hussain and focal person, Mr. Faateh, and all other concerned UNICEF staff played the most pivotal role in the successful completion of MICS within the given time frame, who always remained available to support the survey technically; and, building capacity of P&D staff in order to enable them to conduct MICS surveys in future on their own.

BABAR AMAN BABAR (PAS)
Secretary P&DD/Project Director-MICS
Government of Gilgit-Baltistan

EXECUTIVE SUMMARY

The Gilgit-Baltistan Multiple Indicator Cluster Survey (GB-MICS) 2016-17 was designed to estimate the situation of children and women against 121 key development indicators. The MICS Survey is a unique source of information which will serve as a baseline for researchers, policy makers, and individuals to use the evidence based data for decision making. The GB-MICS, conducted between October 2016 and February 2017, is one of the largest surveys conducted in Gilgit-Baltistan with a sample size of 6,460 households. The survey forms part of the fifth global round of Multiple Indicator Clusters Surveys programme.

GB-MICS, 2016-17 has been implemented by the Planning and Development Department with technical support from UNICEF, while the sampling frame and fresh household listings were provided by the Pakistan Bureau of Statistics.

This report contains district level disaggregated data and findings of the GB-MICS, 2016-17. The key findings of the survey are:

Early Childhood Mortality

The results of the GB-MICS, 2016-17 reveals somewhat discouraging data on both infant and under five mortality. The infant mortality rate (IMR) has increased slightly from 71.0 per 1000 live births (data from PDHS 2012) to 73.5 per 1000 live births in 2016-17. Under five mortality has also increased with almost three percentage points from 89 per 1000 live births (data from PDHS 2012) to 91.8 per 1000 live births; the highest rate being for the age cohort of 20-24 months. Geographic disaggregation shows that IMR and under five mortality rate are highest in Baltistan and Diamer divisions. The data also indicates that mothers with no education/pre-school education, and those in the poorest wealth quintiles have a negative effect on both IMR and under five mortality rates. Possible explanations for the data, including the slightly upward trends, are non-availability of adequate health services despite presence of health facilities, limited accessibility to health services due to harsh geographical terrain and climate, limited affordability, and poor quality of care. During data collection it was observed that the "continuum of care" towards health seeking behaviour and knowledge about danger signs in new-born care is very limited and this could contribute to growing mortality rates.

Nutritional Status

About two out of ten children under the age of five in GB are underweight (19.4%) while 5.6 percent are severely underweight. Almost half of children under five (46.2%) are stunted or short for their age and just over one in five (22.2%) children are severely stunted. The results also show that 3.8 percent of the children are wasted or thin for their height and only 2.9 percent of children are overweight or too heavy for their height. These indicators could be linked to the lack of knowledge amongst women on good nutritional practices for their children, compromising children's and their own health by doing taxing domestic chores, non-availability of a balanced diet, and non-availability of essential health services. In 2016-17, the Government of Gilgit-Baltistan with the technical support of UNICEF initiated a dedicated program on nutrition called 'scaling up nutrition (SUN)' to address the mother and child nutritional challenges in GB.

Child Health

Immunization from vaccine-preventable diseases is key to reducing child deaths. According to UNICEF and WHO guidelines, a child should receive a BCG vaccination for protection against tuberculosis; three doses of DPT containing vaccine to protect against diphtheria, pertussis, and tetanus; and three doses of polio vaccine and a first dose of measles vaccination before a child's first birthday for

protection from polio and measles respectively. The GB-MICS, 2016-17 results reveal that about 38.7 percent of children aged 12-23 months had received all the recommended vaccinations by 12 months of age which reflects a considerable decline compared to the PDHS 2012-13 result of 47.0 percent for the same indicator. This may be attributed to shortage of vaccines and decrease in trust in vaccines due to the traditional myths and believes etc. At the same time, a slight increase has been witnessed in measles vaccine coverage (52.2%) as compared to PDHS 2012 (51.0%).

It is believed that collaboration between the private sector and government is instrumental to increase the proportion of fully vaccinated children. For instance; the Aga Khan Health Service Pakistan (AKHSP) is working in primary health in district Hunza, Nagar, Ghizer and some parts of district Gilgit. The proportion of fully vaccination in AKHSP intervention area is higher than in non-AKHSP intervention areas. In addition to private sector involvement, the high vaccination rates are also linked to mothers' education and wealth quintiles.

Water and Sanitation

GB-MICS 2016-17 shows that 79.0 per cent of the population has access to improved sources of drinking water and only 3.2 percent household members in households using unimproved drinking water who use an appropriate treatment method. The results also show that 86.0 per cent of surveyed household members are using improved sanitation facilities which are not shared, whereas 50.4 per cent of them safely dispose-off faeces of children aged 0-2 years. Moreover, 53.2 percent of the households had a specific place for hand washing with water and soap or other cleansing agents present. Around 63 per cent of surveyed households used piped water that was available inside their homes or courtyards.

Reproductive Health

The total Fertility Rate in GB is 4.6 children per women. The survey showed that 38.1 per cent of ever married women are using a contraceptive method and 32.1 percent are using a modern method. The most common contraceptive method is IUD insertion which is currently used by 9.1 percent of ever married women. The proportion of contraception usage is highest in district Ghizer (62.9%) followed by district Hunza (59.6%) while the lowest is in district Diamer (12.7%).

Maternal and New-born Health

The results indicate that almost 72.5 percent of women aged 15-49 years who delivered a live birth in the last 2 years during their last pregnancy received antenatal care at least once by skilled health personnel whereas 27.9 percent have received ANC at least four times by any provider.

Literacy and Education

About seven out of ten young women aged 15-24 are literate. School readiness data from the survey reveals that 87.8 per cent of children in first grade of primary school attended preschool during the previous school year. Meanwhile, 91.1 per cent children of primary school age are currently enrolled for primary education and 89.3 per cent of all children have completed primary education. About 86 girls are attending primary school for every 100 boys attending. However, the ratio widens at the secondary school level for which 75 girls are attending for every 100 boys. It was also observed that only just over half of the surveyed children (55.8%) are attending government schools at primary level.

Child Protection

In GB, only 18.1 per cent of children age under 5 are registered. About 45 percent of children aged 5-17 years are involved in child labour. Meanwhile, 85 percent of children aged 1-14 years had

experienced psychological aggression or physical punishment as a way of discipline in the past month. Further, one out of four children (24.7%) received a severe form of physical punishment.

Early Marriages

The survey revealed that 13 per cent of young women aged 15-19 years are currently married while the percentage of girls marrying before 15 years of age is 13.1 per cent. The data shows that 12.3 per cent of the young women of 15-19 years have an age difference of 10 years with their spouses whereas 11.8 per cent of women between 20-24 years have an age difference more than 10 years with their spouses.

Access to Mass Media and ICT

Only 1.5 per cent of women aged 15-49 years read a newspaper or magazine, listen to the radio, and watch television at least once a week. The most prevalent media source is television (50.6%). About 72 per cent of women between 15-49 years of age have access to any form of media in Gilgit district while the percentage is lower for other districts, for instance in Diamer only 18.4 percent women have access to any media. The level of education for women and the wealth quintile have strong correlation with access to media.

MAP OF THE GILGIT-BALTISTAN

I. INTRODUCTION

Background

This report is based on the Gilgit-Baltistan Multiple Indicator Cluster Survey (GB-MICS), conducted in 2016-17 by the Planning and Development Department Government of Gilgit-Baltistan (P&DD, GB) with technical support from UNICEF. The survey provides statistically sound and internationally comparable data essential for developing evidence-based policies and programmes, and for monitoring progress toward national goals and global commitments. Among these global commitments are those emanating from the World Fit for Children Declaration and Plan of Action, the goals of the United Nations General Assembly Special Session on HIV/AIDS, the Education for All Declaration, the Millennium Development Goals (MDGs) and now SDGs.

A Commitment to Action: National and International Reporting Responsibilities

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

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

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

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

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

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

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

The GB-MICS results will be critically important for final MDG reporting in 2015, and are expected to form part of the baseline data for the post-2017 era.

GB-MICS is expected to contribute to the evidence base of several other important initiatives, including Committing to Child Survival: A Promise Renewed, a global movement to end child deaths from preventable causes, and the accountability framework proposed by the Commission on Information and Accountability for the Global Strategy for Women's and Children's Health.

Survey Objectives

The GB-MICS has as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in Gilgit-Baltistan, particularly at district level;
- To generate data for the critical assessment of the progress made in various areas, and to put additional efforts in those areas that require more attention;
- To furnish data needed for monitoring progress toward goals established in the Millennium Declaration and other internationally agreed upon goals, as a basis for future action;
- To collect disaggregated data for the identification of disparities, to allow for evidence based policy-making aimed at social inclusion of the most vulnerable;
- To contribute to the generation of baseline data for the post-2017 agenda;
- To validate data from other sources and the results of focused interventions.

This final report presents the results of the indicators and topics covered in the survey. The overall GB level results presented in this report were published in July, 2017 as part of the key findings report. The discussion for each chapter in this report is based on tables within the text that contain provincial, divisional and district level results.

The report is divided into 15 chapters, focusing on different aspects of the survey. The first three chapters explain about the survey objective, methodology (sample design, questionnaires, training and fieldwork) and sample coverage, characteristics of the households, asset ownership, and wealth quintiles. The remaining 12 chapters discuss the findings on child mortality, nutrition, child health, water and sanitation, reproductive health, early child development, literacy and education, child protection, HIV/AIDS knowledge, Hepatitis B and C, access to mass media, use of information/communication technology and tobacco use.

II. Sample and Survey Methodology

Sample Design

The sample for the Gilgit-Baltistan Multiple Indicator Cluster Survey was designed to provide estimates for a large number of indicators on the situation of children and women at provincial level, for urban and rural areas, for the three divisions namely Gilgit, Baltistan and Diamer and the 10 districts of GB. The districts within each region are as follows:

Gilgit Division:	District Gilgit, Ghizer, Hunza and Nagar
Diamer Division:	District Diamer and Astore
Baltistan Division:	District Skardu, Ghanche, Kharmang and Shigar

The urban and rural areas within each district were identified as the main sampling strata and the sample was selected in two stages. Within each stratum, a specified number of census enumeration areas was selected systematically with probability proportional to size for a total sample of 323 enumeration areas (called clusters). After a household listing was carried out within the selected enumeration areas, a systematic sample of 20 households was selected in each EA, resulting in a total sample of 6,460 households for the whole of Gilgit-Baltistan. Seventeen of the selected enumeration areas were not visited for different reasons such as due to inaccessible, falling in cantonment and resistance from the communities during the fieldwork and all these seventeen clusters were replaced by the Pakistan Bureau of Statistics and Planning and Development Department Gilgit-Baltistan. The sample was stratified by district, urban and rural areas, and is not self-weighting. For reporting provincial, divisional and district level results, sample weights are used. A more detailed description of the sample design can be found in Appendix A, Sample Design.

Questionnaires

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

The Household Questionnaire included the following modules:

1. List of Household Members
2. Education
3. Child Labour
4. Child Discipline
5. Household Characteristics
6. Water and Sanitation
7. Handwashing
8. Salt Iodization

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

1. Woman's Background
2. Access to Mass Media and Use of Information/Communication Technology
3. Marriage
4. Fertility
5. Desire for Last Birth
6. Maternal and New Born Health
7. Post-natal Health Checks
8. Illness Symptoms
9. Visit from Lady Health Worker[10]
10. Contraception
11. Unmet Need
12. Attitudes Toward Domestic Violence
13. HIV/AIDS
14. Subjective wellbeing
15. Tobacco Use

The Questionnaire for children under-five was administered to mothers (or caretakers) of children under 5 years of age[11] living in the households. Normally, the questionnaire was administered to mothers of under-5 children; in cases when the mother was not listed in the household roster, a primary caretaker for the child was identified and interviewed. The questionnaire included the following modules:

1. Age
2. Birth Registration
3. Early Childhood Development
4. Breastfeeding and Dietary Intake
5. Immunization
6. Care of Illness
7. Anthropometry

The questionnaires are based on the MICS5 model questionnaire[12]. From the MICS5 model English version, the questionnaires were customised and translated into Urdu and were pilot-tested during ToT in district Gilgit and district Nagar in June, 2016 and pre-test was conducted in September during main training and those clusters were not selected for the survey during the main survey. Based on the results of the pre-test, modifications were made to the wording and translation of the questionnaires.

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

[10] *Visit from Lady Health Worker module is a survey specific module that includes questions on services provided by lady health workers.*

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

[12] *The model MICS5 questionnaires can be found at* http://mics.unicef.org/tools

Training and Fieldwork

After completion of the series of consultative meeting, the P&DD recruited master trainers and organized 15 days ToT (Training for trainers) in July 2016. The main purpose of the ToT was reviewing and finalization of the customized questionnaires and pilot testing it into the field. The P&DD dedicated its 5 young and energetic officers for MICS survey to cater for the absence of statistical cell at P&DD and also develop in-house human resources for future similar assignments. During the ToT, all the three questionnaires were critically reviewed through a local context lens. Additional topics such as effective communication skills, contextual field experience and challenges and selection of sampled households were very briefly inculcated to the participants. Lectures delivered from experts such as Nutrition, Antenatal Care (ANC), Post Natal Care (PNC), Growth Monitoring and Child Health to give background concepts to the trainees.

During September, 2016, the main training was organized in Gilgit and more than 100 trainees were trained. These interviewers were selected after a hiring competitive process. Out of these 100 candidates 70 were selected for the main field work and the remaining 30 were kept as a backup in case of dropouts. The training contents comprised of; Introduction of MICS, a detailed description of the questionnaires; interviewing techniques; selection of households and maintaining cluster control sheets. The methodology of the training consisted of classroom lectures, quizes and tests, mock interviews and two field visits. Finally, the team supervisors and field editors trained on management of field activities, editing of completed questionnaires, maintaining cluster and interviewer control sheets.

For the field survey 10 teams (1 team for each district) was formed. One team comprised of 7 members including 1 supervisor, 1 male interviewer, 3 female interviewers, 1 measurer and 1 field editor. In addition to this, four technical monitors (the P&DD officers) and six quality controllers (two teams) were deployed into the field who visited each district teams on rotation basis.

The field work began in October, 2016. During the data collection, close communication and coordination maintained all the times between the MICS secretariat and field team during field work. At the field level, the field supervisor including field editors were the first monitoring layer with each team who are responsible to ensure data quality, efficient team building, revisits to households and spot checks. The next layer was the Technical Monitors and Quality Controllers. The Technical Monitors & Quality Controllers made spot checks, held debriefing sessions and support the field team. Similarly, all the field activities were monitored by MICS secretariat and progress report submitted to Secretary Planning and Chief Secretary on daily basis through online monitoring system (a dashboard on field work especially designed for this purpose). After every week, field check tables were produced and the debriefing sessions were held with the Core Team, Technical Monitors and Quality Controllers.

Data Processing

Data were entered using the CSPro software, Version 5.0. The data were entered on 6 desktop computers and carried out by 6 data entry operators and 1 questionnaire administratorand 4 secondary editors. For quality assurance purposes, all questionnaires were double-entered and internal consistency checks were performed. Procedures and standard programs developed under the global MICS programme and adapted to the GB-MICS questionnaire were used throughout. Data

processing began simultaneously with data collection in October, 2016 and was completed in March 2017. Data were analysed using the Statistical Package for Social Sciences (SPSS) software, Version 22. Model syntax and tabulation plans developed for MICS5 were customized and used for this purpose.

III. Sample Coverage and the Characteristics of Households and Respondents

Sample Coverage

Of the 6,460 households selected for the sample, 6,236 were found to be occupied. Of these, 6,213 were successfully interviewed for a household response rate of 99.6 percent. Despite issues of harsh weather, blockage of roads and walking by feet in the snow covered hilly areas for hours the field team worked with full devotion and dedication, which led the high response rate.

In the interviewed households, 11,452 women (age 15-49 years) were identified. Of these, 10,744 were successfully interviewed, yielding a response rate of 93.8 percent within the interviewed households.

There were 7,005 children under age five listed in the household questionnaires. Questionnaires were completed for 6,637 of these children, which corresponds to a response rate of 94.7 percent within interviewed households.

Overall response rates of 93.5 percent and 94.4 percent are calculated for the individual interviews of women and under-5s, respectively (Table HH.1).

Response rates were higher in rural than urban areas. Across divisions, response rates were lowest in Diamer division. However, for the women and children under 5 the response rate is lowest in district Gilgit having the highest urban enumeration areas in MICS GB. The reasons for low response rate were due to illiteracy and less exposure to survey interviews. The latter meant that a higher proportion of households were reluctant to providing responses as compared to other districts. In the case of district Gilgit, some women and children were not at home during the time of data collection despite several follow ups. It is significant to note that for district Diamir the response rate is higher than anticipated during the start of the survey, but good planning and dedicated efforts at all tiers, with continuous monitoring and support, led to achieve a very good response rate.

Table HH.1: Results of household, women's and under-5 interviews

Number of households, women and children under 5 by results of the household, women's and under-5's interviews, and household and women's and under-5's response rates, Gilgit-Baltistan, 2016-17

		Area of residence		Division				Districts								
	Total	Urban	Rural	Gilgit	Baltistan	Diamer	Astore	Diamer	Ghanche	Ghizer	Gilgit	Hunza	Kharmang	Nagar	Shigar	Skardu
Households																
Sampled	6,460	880	5,580	2,520	2,700	1,240	620	620	720	600	640	640	660	640	660	660
Occupied	6,236	866	5,370	2,424	2,616	1,196	609	587	711	594	615	594	603	621	656	646
Interviewed	6,213	861	5,352	2,416	2,607	1,190	605	585	708	591	611	594	601	620	652	646
Household response rate	99.6	99.4	99.7	99.7	99.7	99.5	99.3	99.7	99.6	99.5	99.3	100.0	99.7	99.8	99.4	100.0
Women																
Eligible	11,452	1,693	9,759	4,449	4,815	2,188	1,079	1,109	1,260	1,165	1,130	873	1,020	1,281	1,263	1,272
Interviewed	10,744	1,574	9,170	4,124	4,550	2,070	1,027	1,043	1,223	1,093	1,003	812	964	1,216	1,181	1,182
Women's response rate	93.8	93.0	94.0	92.7	94.5	94.6	95.2	94.0	97.1	93.8	88.8	93.0	94.5	94.9	93.5	92.9
Women's overall response rate	93.5	92.4	93.6	92.4	94.2	94.1	94.6	93.7	96.7	93.3	88.2	93.0	94.2	94.8	92.9	92.9
Children under 5																
Eligible	7,005	941	6,064	2,109	3,081	1,815	739	1,076	758	541	666	285	621	617	933	769
Mothers/caretakers interviewed	6,637	884	5,753	1,969	2,924	1,744	725	1,019	740	505	603	265	592	596	882	710
Under-5's response rate	94.7	93.9	94.9	93.4	94.9	96.1	98.1	94.7	97.6	93.3	90.5	93.0	95.3	96.6	94.5	92.3
Under-5's overall response rate	94.4	93.4	94.6	93.1	94.6	95.6	97.5	94.4	97.2	92.9	90.0	93.0	95.0	96.4	94.0	92.3

Characteristics of Households

The weighted age and sex distribution of the survey population is provided in Table HH.2. The distribution is also used to produce the population pyramid in Figure HH.1. In the 6,213 households successfully interviewed in the survey, 47,983 household members were listed. Of these, 23,098 were males, and 24,886 were females.

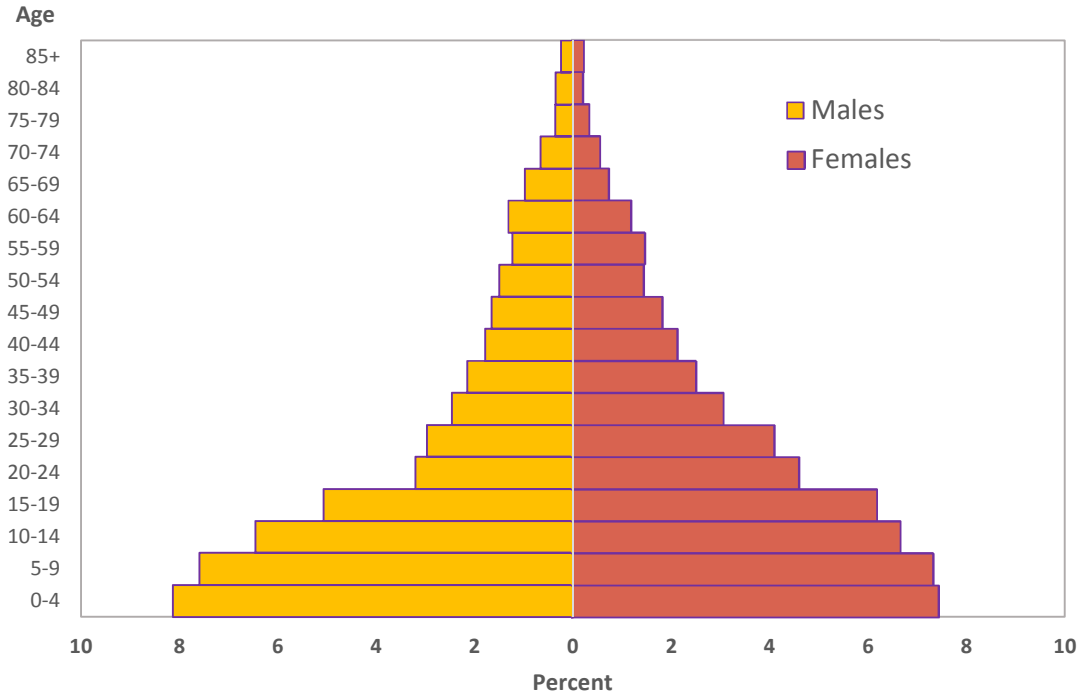
Table HH.2: Household age distribution by sex

Percent and frequency distribution of the household population by five-year age groups, dependency age groups, and by child (age 0-17 years) and adult populations (age 18 or more), by sex, Gilgit-Baltistan, 2016-17

	Total		Males		Females	
	Number	Percent	Number	Percent	Number	Percent
Total	47,983	100.0	23,098	100.0	24,886	100.0
Age						
0-4	7,467	15.6	3,902	16.9	3,565	14.3
5-9	7,156	14.9	3,645	15.8	3,511	14.1
10-14	6,292	13.1	3,098	13.4	3,194	12.8
15-19	5,396	11.2	2,431	10.5	2,964	11.9
20-24	3,743	7.8	1,538	6.7	2,205	8.9
25-29	3,387	7.1	1,426	6.2	1,962	7.9
30-34	2,650	5.5	1,182	5.1	1,468	5.9
35-39	2,230	4.6	1,031	4.5	1,199	4.8
40-44	1,875	3.9	858	3.7	1,017	4.1
45-49	1,669	3.5	796	3.4	873	3.5
50-54	1,409	2.9	718	3.1	691	2.8
55-59	1,293	2.7	592	2.6	701	2.8
60-64	1,196	2.5	631	2.7	565	2.3
65-69	819	1.7	469	2.0	350	1.4
70-74	581	1.2	317	1.4	264	1.1
75-79	331	0.7	174	0.8	158	0.6
80-84	267	0.6	171	0.7	96	0.4
85+	222	0.5	118	0.5	104	0.4
Missing/DK	1	0.0	1	0.0	-	-
Dependency age groups						
0-14	20,915	43.6	10,645	46.1	10,270	41.3
15-64	24,847	51.8	11,203	48.5	13,643	54.8
65+	2,221	4.6	1,248	5.4	973	3.9
Missing/DK	1	0.0	1	0.0	-	-
Child and adult populations						
Children age 0-17 years	24,299	50.6	12,221	52.9	12,078	48.5
Adults age 18+ years	23,683	49.4	10,875	47.1	12,808	51.5
Missing/DK	1	0.0	1	0.0	-	-

Table HH.2 shows that 43.6 percent of the population is under 15 years and 4.6 percent is age 65 or over, showing a high dependent population. Children age less than 18 constitute 50.6 percent of the population and 49.4 percent of the population is 18 years or older.

Figure HH.1: Age and sex distribution of household population, Gilgit-Baltistan MICS, 2016-17



Tables HH.3, HH.4 and HH.5 provide basic information on the households, female respondents age 15-49 years and children under-5. Both unweighted and weighted numbers are presented. Such information is essential for the interpretation of findings presented later in the report and provides background information on the representativeness of the survey sample. The remaining tables in this report are presented only with weighted numbers.[13]

Table HH.3 provides basic background information on the households, including area, sex of the household head, number of household members, education of household head, division and district. These background characteristics are used in subsequent tables in this report; the figures in the table are also intended to show the numbers of observations by major categories of analysis in the report.

The weighted and unweighted total number of households is equal, since sample weights were normalized. The table also shows the weighted mean household size estimated by the survey.

The data shows that 13.2 percent of the households are headed by females in GB. A majority of the households (82.5%) are in rural areas compared with 17.5 percent in urban areas. Most households (42%) are found in Gilgit division, followed by Baltistan division (35%) and Diamer division (23%). Regarding household size, 57.9 percent of the households in GB have more than 6 members and 24.4 percent of the households have 10 members or more. The average household size is 7.7 members. Forty seven percent of the household heads have only pre-school or no education.

[13] *See Appendix A: Sample Design, for more details on sample weights.*

Table HH.3: Household composition

Percent and frequency distribution of households by selected characteristics, Gilgit-Baltistan, 2016-17

	Weighted percent	Number of households	
		Weighted	Unweighted
Total	100.0	6,213	6,213
Area of residence			
Urban	17.5	1,090	861
Rural	82.5	5,123	5,352
Sex of household head			
Male	86.8	5,395	5,301
Female	13.2	818	912
Number of household members			
1	0.6	36	47
2	2.8	173	203
3	4.1	257	314
4	8.9	552	582
5	11.9	742	798
6	13.8	857	883
7	12.5	777	800
8	12.0	747	696
9	9.0	558	524
10+	24.4	1,513	1,366
Education of household head			
None/pre-school	46.5	2,890	3,013
Primary	17.2	1,067	1,035
Middle	10.4	645	635
Secondary	10.2	632	621
Higher	15.6	969	900
Missing/DK	0.2	10	9
At least one child age < 5 years	64.5	6,213	6,213
At least one child age 0-17 years	92.9	6,213	6,213
At least one woman age 15-49 years	96.4	6,213	6,213
Mean household size	7.7	6,213	6,213
Division			
Gilgit	42.1	2,614	2,416
Baltistan	35.0	2,172	2,607
Diamer	23.0	1,428	1,190
District			
Astore	6.9	428	605
Diamer	16.1	999	585
Ghanche	10.3	638	708
Ghizer	12.8	794	591
Gilgit	19.0	1,179	611
Hunza	4.5	279	594
Kharmang	3.9	243	601
Nagar	5.8	361	620
Shigar	4.5	281	652
Skardu	16.3	1,010	646

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

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

Table HH.4: Women's background characteristics

Percent and frequency distribution of women age 15-49 years by selected background characteristics, Gilgit-Baltistan, 2016-17

	Weighted percent	Number of women	
		Weighted	Unweighted
Total	100.0	10,744	10,744
Area of residence			
Urban	18.3	1,969	1,574
Rural	81.7	8,775	9,170
Age			
15-19	25.7	2,765	2,695
20-24	18.3	1,964	1,955
25-29	16.3	1,754	1,823
30-34	12.6	1,357	1,361
35-39	10.6	1,143	1,132
40-44	8.9	955	971
45-49	7.5	805	807
Marital status			
Currently married	63.1	6,783	6,750
Widowed	1.6	171	176
Divorced	0.8	85	84
Separated	0.2	20	18
Never married	34.3	3,684	3,716
Motherhood and recent births			
Never gave birth	40.7	4,373	4,361
Ever gave birth	59.3	6,371	6,383
Gave birth in last two years	25.2	2,705	2,601
No birth in last two years	34.1	3,666	3,782
Women's Education			
None/pre-school	46.8	5,027	4,877
Primary	11.2	1,200	1,234
Middle	10.7	1,153	1,214
Secondary	15.2	1,635	1,681
Higher	16.1	1,725	1,735
Missing/DK	0.0	4	3
Wealth index quintile			
Poorest	18.2	1,952	2,131
Second	19.2	2,059	2,244
Middle	20.9	2,242	2,316
Fourth	21.1	2,269	2,251
Richest	20.7	2,222	1,802
Usual language spoken in the household			
Sheena	46.9	5,044	3,895
Balti	30.2	3,241	4,120
Brushaski	12.9	1,390	1,834
Other languages	10.0	1,069	895
Division			
Gilgit	42.0	4,512	4,124
Baltistan	34.9	3,747	4,550
Diamer	23.1	2,485	2,070
District			
Astore	6.6	706	1,027
Diamer	16.6	1,779	1,043
Ghanche	9.6	1,036	1,223
Ghizer	13.5	1,456	1,093
Gilgit	18.3	1,968	1,003
Hunza	3.6	389	812
Kharmang	3.5	377	964
Nagar	6.5	699	1,216
Shigar	4.7	502	1,181
Skardu	17.0	1,832	1,182

Table HH.4 provides background characteristics of female respondents, age 15-49 years. The table includes information on the distribution of women according to, area, age, marital status, motherhood

status, women's education[14], wealth index quintile[15,16], usual language spoken in the households, division and districts.. The results show that 18.3 percent of women respondents live in urban areas whereas, 81.7 percent women lives in rural areas. At division level, the distribution of women by division shows that a high proportion of women live in Gilgit (42%) followed by Baltistan (35%) and Diamer (23%).

Reflecting the young population, the age distribution shows that 25.7 percent of the women are in the 15-19 age group compared to 7.5 percent in the 45-49 age group. The data further show that 63.1 percent of women are currently married while 34.3 percent have never been married. Forty seven percent of the women have only pre-school or no education, while 16 percent have higher than secondary education. Eighteen percent of women live in households in the poorest wealth quintile and 21.1 percent in the fourth quintile.

In addition, 59.3 percent of the women have ever given birth and 25.2 percent of the women gave birth in the two years preceding the survey.

Similarly, background characteristics of children under 5 are presented in Table HH.5. These include the distribution of children by several characteristics such as: sex, division and area, age in months, respondent type, mothers (or caretaker's) education and wealth.

[14] *Throughout this report, unless otherwise stated, "education" refers to highest educational level ever attended by the respondent when it is used as a background variable.*

[15] *The wealth index is a composite indicator of wealth. To construct the wealth index, principal components analysis is performed by using information on the ownership of consumer goods, dwelling characteristics, water and sanitation, and other characteristics that are related to the household's wealth, to generate weights (factor scores) for each of the items used. First, initial factor scores are calculated for the total sample. Then, separate factor scores are calculated for households in urban and rural areas. Finally, the urban and rural factor scores are regressed on the initial factor scores to obtain the combined, final factor scores for the total sample. This is carried out to minimize the urban bias in the wealth index values.*

Each household in the total sample is then assigned a wealth score based on the assets owned by that household and on the final factor scores obtained as described above. The survey household population is then ranked according to the wealth score of the household they are living in, and is finally divided into 5 equal parts (quintiles) from lowest (poorest) to highest (richest).

The wealth index is assumed to capture the underlying long-term wealth through information on the household assets, and is intended to produce a ranking of households by wealth, from poorest to richest. The wealth index does not provide information on absolute poverty, current income or expenditure levels. The wealth scores calculated are applicable for only the particular data set they are based on.

Further information on the construction of the wealth index can be found in Filmer, D. and Pritchett, L., 2001. "Estimating wealth effects without expenditure data – or tears: An application to educational enrolments in states of India". Demography 38(1): 115-132. Rutstein, S.O. and Johnson, K., 2004. The DHS Wealth Index. DHS Comparative Reports No. 6. Calverton, Maryland: ORC Macro and Rutstein, S.O., 2008. The DHS Wealth Index: Approaches for Rural and Urban Areas. DHS Working Papers No. 60. Calverton, Maryland: Macro International Inc.

[16] *When describing survey results by wealth quintiles, appropriate terminology is used when referring to individual household members, such as for instance "women in the richest household population", which is used interchangeably with "women in the wealthiest survey population" and similar*

Table HH.5: Under-5's background characteristics

Percent and frequency distribution of children under five years of age by selected characteristics, Gilgit-Baltistan, 2016-17

	Weighted percent	Number of under-5 children	
		Weighted	Unweighted
Total	100.0	6,637	6,637
Area of residence			
Urban	16.5	1,097	884
Rural	83.5	5,540	5,753
Sex			
Male	52.3	3,472	3,447
Female	47.7	3,165	3,190
Age			
0-5 months	9.3	617	599
6-11 months	10.5	697	685
12-23 months	19.6	1,299	1,323
24-35 months	19.9	1,322	1,317
36-47 months	20.1	1,333	1,303
48-59 months	20.6	1,368	1,410
Respondent to the under-5 questionnaire			
Mother	98.6	6,543	6,543
Other primary caretaker	1.4	94	94
Mother's education [a]			
None/pre-school	60.5	4,015	3,879
Primary	9.7	646	685
Middle	7.6	507	533
Secondary	10.6	702	716
Higher	11.5	764	822
Missing/ DK	0.0	3	2
Wealth index quintile			
Poorest	22.4	1,489	1,644
Second	21.4	1,419	1,499
Middle	20.5	1,363	1,370
Fourth	18.1	1,204	1,180
Richest	17.5	1,161	944
Usual language spoken in the household			
Sheena	54.6	3,490	2,703
Balti	31.1	1,988	2,681
Brushaski	8.5	546	736
Other languages	5.7	367	302
Division			
Gilgit	34.3	2,278	1,969
Baltistan	33.7	2,239	2,924
Diamer	31.9	2,120	1,744
District			
Astore	7.0	465	725
Diamer	24.9	1,655	1,019
Ghanche	9.1	605	740
Ghizer	9.6	634	505
Gilgit	17.8	1,184	603
Hunza	1.9	127	265
Kharmang	3.3	221	592
Nagar	5.0	334	596
Shigar	5.4	357	882
Skardu	15.9	1,055	710

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

Table HH.5 shows that 83.5 percent of the children under 5 are living in rural areas while 16.5 percent live in urban areas. Similarly, 52.3 percent of children under 5 are male and 47.7 percent are female. The child's natural mother was interviewed in almost all cases (98.6%). Sixty one percent of the interviewed mothers for children under five have either no education at all or pre-school education.

Twenty two percent of children live in households in the poorest wealth quintile and this proportion falls to one in six (17.5%) in the richest quintile. Fifty five percent of the under five children belongs to households where Sheena is being spoken following by Balti (31.1%) and Brushaski (8.5%). Thirty four percent of child under five belongs from Gilgit division whereas the district wise status shows that the highest proportion (24.9%) of children under five are from district Diamer, Gilgit (17.8%), Skardu (15.9 %) and the least is in district Hunza (1.9%).

Housing characteristics, asset ownership, and wealth quintiles

Tables HH.6, HH.7 and HH.8 provide further details on household level characteristics. Table HH.6 presents characteristics of housing, disaggregated by area and division, distributed by whether the dwelling has electricity, the main materials of the flooring, roof, and exterior walls, as well as the number of rooms used for sleeping.

The majority of households in Gilgit-Baltistan (98.0%) have access to electricity. The proportion is higher in urban areas (99.9%) than rural areas (97.6%). Nearly all households (99.6%) in Gilgit division have electricity. Whereas the lowest percentage of households having electricity is in Diamer division (94.3%).

Information collected on flooring for households shows that 79.1 percent of households have a finished floor. There is wide variation by division; the highest proportion of households having finished floor is in Gilgit division (94.9%) as compared to lowest in Diamer division (65.1%). In Diamer division 34.7 percent households have natural floor followed by 30.6 percent in Baltistan division and 4.5 percent in Gilgit division. There is a large variation among divisions having rudimentary roofing and finished roofing. The prevalence of rudimentary roofing is highest in Baltistan division (73.0%) and lowest in Gilgit division (14.6%) . Most households also have finished roofing and exterior walls.

Overall, 29.7 percent of the households in GB use one room for sleeping and a further 39.5 percent use two rooms for sleeping. On average, there are 4.0 persons sleeping in a room at provincial level. The division wise status shows that 5.1 persons sleep in one room in Diamer division followed by 3.8 persons in Gilgit division and 3.7 percent in Baltistan division. In rural households, 4.2 persons are sleeping in one room as compared to 3.4 persons in urban areas.

Table HH.6: Housing characteristics

Percent distribution of households by selected housing characteristics, according to area of residence and regions, Gilgit-Baltistan, 2016-17

		Area		Division		
	Total	Urban	Rural	Gilgit	Baltistan	Diamer
Electricity						
Yes	98.0	99.9	97.6	99.6	98.3	94.3
No	2.0	0.1	2.4	0.4	1.7	5.7
Missing/DK	0.0	0.0	0.0	0.0	0.0	0.0
Flooring						
Natural floor	20.6	14.6	21.9	4.5	30.6	34.7
Finished floor	79.1	85.0	77.8	94.9	69.2	65.1
Other	0.3	0.4	0.3	0.5	0.1	0.3
Missing/DK	0.0	0.0	0.0	0.0	0.0	0.0
Roof						
Natural roofing	0.1	0.0	0.1	0.0	0.0	0.2
Rudimentary roofing	35.6	28.0	37.2	14.6	73.0	16.9
Finished roofing	62.5	70.2	60.9	85.2	21.9	82.7
Other	1.9	1.8	1.9	0.1	5.1	0.1
Missing/DK	0.0	0.0	0.0	0.0	0.0	0.1
Exterior walls						
Natural walls	0.9	0.5	1.0	0.7	0.8	1.4
Rudimentary walls	17.8	3.3	20.9	14.7	13.2	30.4
Finished walls	79.4	96.1	75.8	84.1	83.5	64.5
Other	1.9	0.1	2.2	0.5	2.4	3.6
Missing/DK	0.1	0.0	0.1	0.1	0.0	0.1
Rooms used for sleeping						
1	29.7	16.0	32.7	29.2	25.6	37.0
2	39.5	37.9	39.9	38.7	40.0	40.3
3 or more	30.7	46.2	27.4	32.0	34.4	22.6
Missing/DK	0.1	0.0	0.1	0.1	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	6,213	1,090	5,123	2,614	2,172	1,428
Mean number of persons per room used for sleeping	4.0	3.4	4.2	3.8	3.7	5.1

In Table HH.7, households are distributed according to ownership of assets by households and by individual household members. This also includes ownership of dwelling.

Fourteen percent of households own radio while 49.3 percent own a television. Most households also own a washing machine (30.6%), refrigerator (22.7%) and a computer (20.9%). Ownership of these assets is consiuderably high in urban areas compared to the rural areas. For example 68.8 percent household owns televisions in urban areas versus 45.1 percent in rural areas; 55.7 percent own refrigerator in urban areas compared to 15.7 percent in rural areas; 39.8 percent owns computer in urban areas compared to 16.9 percent in rural areas. Similarly, 60.4 percent owns washing machine/dryer in urban areas compared to 24.3 percent in rural areas. The region wise data depicts that 60.3 percent of the households owns television in Gilgit division, 58.5 percent in Baltistan and 14.9 percent own television in Diamer division.

Agricultural land ownership of households is higher in Gilgit-Baltistan compared to the national level estimates in Pakistan. Eighty seven percent households own agricultural land and 86.6 percent of the households own a farm animal or livestock. This is higher than national level results from Pakistan DHS 2012-13 showing that 30.8 percent of households own agricultural land and 46.1 percent of households own a farm animal or livestock. The prevalence of ownership of farm animals/livestock's varies significantly among urban (64.1%) and rural (91.4%) areas.

Information collected on ownership of assets by household members shows that 92.0 percent of households have at least one household member who owns a mobile phone; 56.3 percent own a watch. Twenty five percent of households in GB have a motorcycle or scooter owned by at least one member of the households. Similarly, 13.6 percent of the household owns a car or van. The division level data shows that possessing a car or van is highest in Diamer division (16.7%), 15.3 percent in Gilgit division and the least (9.5%) is in Baltistan division.

Sixty percent of the households in GB have at least one household member who has a bank account. The proportion is higher in urban areas (79.0%) than rural areas (56.1%).

Table HH.7 shows that, 88.7 percent are owned by a household member and 11.3 percent of dwellings are not owned and 6.0 percent living in rented houses. Ownership of dwelling is more common in rural (92.7%) than urban areas (69.9%). While renting is more common in urban areas than the rural areas (21.7% and 2.6% respectively).

Table HH.7: Household and personal assets

Percentage of households by ownership of selected household and personal assets, and percent distribution by ownership of dwelling, according to area of residence and regions, Gilgit-Baltistan, 2016-17

		Area		Division		
	Total	Urban	Rural	Gilgit	Baltistan	Diamer
Percentage of households that own a						
Radio	13.8	14.5	13.6	13.7	12.1	16.5
Television	49.3	68.8	45.1	60.3	58.5	14.9
Non-mobile telephone	7.6	10.8	7.0	7.3	8.0	7.6
Refrigerator	22.7	55.7	15.7	30.7	14.5	20.8
Computer	20.9	39.8	16.9	30.9	18.3	6.7
Washing machine/ Dryer	30.6	60.4	24.3	47.8	15.6	21.9
Air conditioner	0.8	2.7	0.4	1.0	0.2	1.4
Percentage of households that own						
Agricultural land	87.2	71.7	90.5	83.2	92.8	86.0
Farm animals/Livestock	86.6	64.1	91.4	80.6	90.1	92.3
Percentage of households where at least one member owns or has a						
Watch	56.3	64.0	54.7	56.2	43.1	76.8
Mobile telephone	92.0	98.4	90.6	95.9	87.9	91.0
Bicycle	5.6	12.6	4.1	6.2	7.7	1.3
Motorcycle or scooter	24.6	39.8	21.4	28.2	22.7	21.1
Animal-drawn cart	1.4	0.1	1.7	1.3	1.3	1.8
Bus or truck	0.2	0.6	0.1	0.1	0.2	0.5
Boat with a motor	0.0	0.1	0.0	0.0	0.1	0.0
Car / van	13.6	26.6	10.8	15.3	9.5	16.7
Bank account	60.1	79.0	56.1	68.6	54.0	53.8
Ownership of dwelling						
Owned by a household member	88.7	69.9	92.7	86.8	90.5	89.2
Not owned	11.3	30.1	7.3	13.2	9.5	10.8
Rented	6.0	21.7	2.6	8.6	5.1	2.5
Other	5.4	8.5	4.7	4.6	4.5	8.3
Missing/DK	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	6,213	1,090	5,123	2,614	2,172	1,428

Table HH.8 shows how the household populations in areas, divisions and districts are distributed according to household wealth quintiles.

The data show that 60.5 percent of the urban population is in the richest quintile compared with 11.1 percent in rural areas. Whereas, 23.9 percent of the rural population falls in the poorest quintile compared with only 2.2 percent in urban areas. In Gilgit division, 35.2 percent households fall in the richest quintile against 3.1 percent households living in poorest quintile.

Amongst the districts, the highest households of Gilgit district are living in the richest quintile (53.5%) followed by 30.2 percent in Hunza district as compared to least in Ghanche (1.1%). Similarly, district Shigar, Ghanche, Diamer and Kharmang have highest proportion of population living in households in the poorest quintiles (44.7%, 36.4%, 36.3% and 32.0% respectively).

Table HH.8: Wealth quintiles

Percent distribution of the household population by wealth index quintiles, according to area of residence and regions, Gilgit-Baltistan, 2016-17

	Wealth index quintiles						
	Poorest	Second	Middle	Fourth	Richest	Total	Number of household members
Total	20.0	20.0	20.0	20.0	20.0	100.0	47,983
Area							
Urban	2.2	5.2	12.1	20.0	60.5	100.0	8,632
Rural	23.9	23.2	21.7	20.0	11.1	100.0	39,351
Division							
Gilgit	3.1	10.1	20.4	31.2	35.2	100.0	18,895
Baltistan	30.4	28.4	20.6	12.6	8.0	100.0	16,457
Diamer	31.8	23.8	18.6	13.0	12.8	100.0	12,632
District							
Astore	18.5	27.7	27.2	19.1	7.4	100.0	3,193
Diamer	36.3	22.5	15.6	10.9	14.7	100.0	9,438
Ghanche	36.4	41.7	15.6	5.2	1.1	100.0	4,435
Ghizer	5.5	15.9	25.6	34.0	19.0	100.0	5,750
Gilgit	1.1	6.0	13.2	26.2	53.5	100.0	8,845
Hunza	0.1	4.8	18.0	46.9	30.2	100.0	1,487
Kharmang	32.0	23.0	25.0	15.8	4.1	100.0	1,611
Nagar	5.8	14.1	33.8	32.6	13.6	100.0	2,813
Shigar	44.7	32.4	17.1	4.6	1.3	100.0	2,381
Skardu	22.5	21.0	23.5	18.4	14.6	100.0	8,029

In table HH9 households are distributed to area, education of household head, wealth index, usual spoken language, division and district to marital status of population age 10 years or above.

More than half of the women above 10 years of age are married and a slightly less than half are unmarried (51.2% and 43.8% respectively).

There is less variation in marital status between urban and rural inhabitants. However, the data further shows that there is inverse proportion between currently married and never married in rural and urban areas.

Table HH.9: Marital status of population age 10 years or above

Percentage of households members age 10 years or above by Marital status, Gilgit-Baltistan, 2016-17

	Marital Status						Total number of household members aged 10 years and above
	Currently married	Widowed	Divorced	Separated	Never married	Missing	
Total	51.2	4.3	0.5	0.0	43.8	0.2	33,360
Area of residence							
Urban	48.8	3.9	0.5	0.0	46.7	0.1	6,246
Rural	51.8	4.3	0.5	0.0	43.2	0.2	27,115
Education of household head							
None/pre-school	51.3	4.7	0.6	0.1	43.0	0.2	16,131
Primary	51.0	3.3	0.5	0.0	45.2	0.0	5,751
Middle	51.2	4.2	0.2	0.0	44.1	0.3	3,289
Secondary	52.6	4.1	0.3	0.0	43.0	0.0	3,325
Higher	50.1	4.1	0.3	0.0	45.4	0.1	4,810
Missing/DK	(60.3)	(2.7)	(0.0)	(0.0)	(36.9)	(0.0)	54
Wealth index quintile							
Poorest	52.8	5.3	0.7	0.1	40.9	0.2	6,257
Second	51.8	3.8	0.5	0.1	43.5	0.3	6,420
Middle	50.5	3.8	0.5	0.0	45.1	0.1	6,684
Fourth	50.2	4.5	0.5	0.0	44.7	0.1	6,923
Richest	51.0	3.9	0.2	0.0	44.7	0.1	7,077
Usual language spoken in the household							
Sheena	50.7	3.7	0.4	0.0	44.9	0.2	15,984
Balti	53.1	4.8	0.7	0.1	41.3	0.1	9,919
Brushaski	47.5	5.2	0.3	0.0	46.7	0.1	4,044
Other languages	56.0	3.1	0.1	0.1	40.5	0.2	1,473
Division							
Gilgit	49.4	4.5	0.3	0.0	45.5	0.2	13,856
Baltistan	52.4	4.7	0.7	0.1	42.1	0.1	11,468
Diamer	52.8	3.1	0.5	0.0	43.4	0.2	8,037
District							
Astore	46.9	3.9	0.2	0.0	49.0	0.0	2,149
Diamer	55.0	2.8	0.7	0.0	41.3	0.2	5,888
Ghanche	54.1	5.8	1.2	0.1	38.6	0.2	3,071
Ghizer	50.8	4.2	0.3	0.0	44.4	0.2	4,323
Gilgit	49.6	4.0	0.3	0.1	45.7	0.4	6,248
Hunza	51.0	6.8	0.6	0.1	41.5	0.0	1,186
Kharmang	56.7	5.6	0.5	0.1	37.0	0.1	1,122
Nagar	44.7	5.6	0.2	0.0	49.5	0.0	2,099
Shigar	54.0	5.5	0.7	0.3	39.4	0.0	1,585
Skardu	50.1	3.7	0.4	0.0	45.8	0.0	5,690

( ) Figures that are based on 25-49 unweighted cases

IV. CHILD MORTALITY

One of the overarching goals of the Millennium Development Goals (MDGs) is the reduction of infant and under-five mortality. Specifically, the MDGs call for the reduction in under-five mortality by two-thirds between 1990 and 2015. Monitoring progress towards this goal is an important but difficult objective.

The infant mortality rate is the probability of dying before the first birthday, while the under-five mortality rate is the probability of dying before the fifth birthday.

In GB-MICS, an indirect method, known as the Brass method[17], was used. Robust estimates of the aforementioned indicators are produced by this indirect method, and are comparable with those obtained by applying direct methods.

The data used by the indirect methods are: the mean number of children ever born for five-year time-since-first-birth groups of women age 15 to 49 years, and the proportion of these children who are dead, also for five-year time-since-first-birth groups of women (Table CM.1). The technique converts the proportions dead among children of women in each time-since-first-birth group into probabilities of dying by taking into account the approximate length of exposure of children to the risk of dying, assuming a particular model age pattern of mortality. Based on previous information on mortality in Pakistan, the East model life table was selected as most appropriate.

Table CM.1: Children ever born, children surviving and proportion dead

Mean and total numbers of children ever born, children surviving and proportion dead by age of women, Gilgit-Baltistan, 2016-17

	Children ever born		Children surviving			
	Mean	Total	Mean	Total	Proportion dead	Number of women age 15-49 years
Total	4.2	24,040	3.8	21,601	0.1	5,728
Time since first birth						
0-4	1.6	2,298	1.5	2,133	0.1	1,423
5-9	3.3	4,250	3.0	3,906	0.1	1,296
10-14	4.7	5,229	4.3	4,738	0.1	1,106
15-19	6.1	6,688	5.5	5,999	0.1	1,099
20-24	6.9	5,575	6.0	4,825	0.1	804

Table CM.2 provides estimates of infant and under-five mortality rates derived from proportion dead among children of women in various time-since-first-birth groups from 0-4 to 20-24 months. This table provides estimates of infant and under-5 mortality rates for various points in time prior to the survey. These estimates are later used in Figure CM.2 to compare the trend indicated by these rates with those from other data sources.

[17] *United Nations, 1983. Manual X: Indirect Techniques for Demographic Estimation (United Nations publication, Sales No. E.83.XIII.2). United Nations, 1990a. QFIVE, United Nations Program for Child Mortality Estimation. New York, UN Pop Division. United Nations, 1990b. Step-by-step Guide to the Estimation of Child Mortality. New York, UN. International Union for the Scientific Study of Population, 2013. Tools for Demographic Estimation. Paris, UNFPA.*

Table CM.2: Infant and under-5 mortality rates by age groups of women

Indirect estimates of infant and under-5 mortality rates by age of women, and reference dates for estimates, East model, Gilgit-Baltistan, 2016-17

	Reference date	Infant mortality rate	Under-5 mortality rate
Time since first birth			
0-4	2015.0	73.5	91.8
5-9	2012.6	71.0	88.4
10-14	2010.0	76.0	95.3
15-19	2007.2	79.2	99.9
20-24	2003.9	94.3	121.6

To obtain the most recent single estimates of the two indicators by background characteristics, estimates from time since first birth groups 0-4 and 5-9 are averaged and presented in Table CM.3.

The infant mortality rate in GB is estimated at 73.5 deaths per thousand live births, while the probability of dying under age 5 (U5MR) is around 91.8 per thousand live births. Probability of dying among males is higher than females. The infant mortality rate for males is 90.3 deaths per thousand live births compared with 57.1 deaths per thousand for females. The infant and under five mortality rates are prominent in urban and rural areas being the mortality rates for both infant and under-five are double in rural than the urban area of GB. Infant mortality rate in rural areas is 79.7 deaths per thousand live births compared with 40.3 deaths per thousand live births in urban areas whereas the under-five mortality rate in rural areas is 100.7 and 40 in urban areas.

There are also differences in infant and under-5 mortality in terms of mother's educational levels and wealth quintiles. Under-5 mortality for children whose mothers have primary education is high (109.1 deaths per thousand live births), 99.3 deaths per thousand live births having pre-school or no education of mothers and the rates is less for children whose mothers have higher than primary education. More than half of the infant and under-five mortality rates are children having mother with no education, pre and primary education.

Both the infant and under-five mortality rates have prominent relationship with the wealth quintiles. The data shows that as the wealth quintiles increases, both the infant and under-five mortality rate decreases. The infant mortality rate is highest amongst the poorest (116.4 deaths per 1000 live births) and declines from second wealth quintiles (96.5 deaths per 1000 live births) to the richest (37.9 deaths per 1000 live births). Information on usual language spoken in households shows that infant (91.8 deaths per 1000 live births) and under-five (118.1deaths per 1000 live births) mortality is highest in households speak other languages and the least is with Brushaski language for both infant (45.5 deaths per 1000 live births) and under-five mortality rates (53.7 deaths per 1000 live births).

At division level, both infant and under-five mortality rates are less than half of the infant and under-five mortalities in Diamer and Baltistan division as compared to Gilgit division. The data shows that the infant mortality rates are lowest in Gilgit division at 40.5 deaths per thousand live births and highest in Diamer division at 95.1 per thousand live births. The under-five mortality rate is also highest in Diamer division (122.9 deaths per 1000 live births), 118.1 in Baltistan division and lowest in 47.3 in Gilgit division.

At the district level, the infant mortality rate is highest in district Kharmang (132 deaths per 1000 live births), Diamer (103 deaths per 1000 live births) and Shigar (102 deaths per 1000 live births) as compared to the lowest infant mortality rates are in district Gilgit (45.9 deaths per 1000 live births), Hunza (44 deaths per 1000 live births) and Ghizer (10 deaths per 1000 live births). Similar trend of under-five mortalities are for the same districts.

Table CM.3: Infant and under-5 mortality rates by background characteristics

Indirect estimates of infant and under-five mortality rates by selected background characteristics, Time Since First Birth (TSFB) version, (by using East Model), Gilgit-Baltistan, 2016-17

	Infant mortality rate[1]	Under-five mortality rate[2]
Total	73.5	91.8
Area of residence		
Urban	40.3	47.0
Rural	79.7	100.7
Sex		
Male	90.3	112.4
Female	57.1	70.3
Mother's education		
None/pre-school	99.3	128.9
Primary	109.1	143.0
Middle	39.2	45.6
Secondary	37.1	43.0
Higher	40.9	47.7
Wealth index quintile		
Poorest	116.4	153.4
Second	96.5	124.8
Middle	63.3	77.7
Fourth	54.1	65.2
Richest	35.9	41.5
Usual language spoken in the household		
Sheena	65.4	80.6
Balti	91.0	117.0
Brushaski	45.5	53.7
Other languages	91.8	118.1
Division		
Gilgit	40.5	47.3
Baltistan	91.8	118.1
Diamer	95.1	122.9
District		
Astore	70.3	87.3
Diamer	103.1	134.4
Ghanche	72.8	90.9
Ghizer	10.9	12.2
Gilgit	45.9	54.2
Hunza	44.0	51.7
Kharmang	132.2	176.0
Nagar	67.2	83.1
Shigar	102.0	132.8
Skardu	91.0	116.9

[1] MICS indicator 1.2; MDG indicator 4.2 - Infant mortality rate

[2] MICS indicator 1.5; MDG indicator 4.1 - Under-five mortality rate

Rates refer to January, 2015. The East Model was assumed to approximate the age pattern of mortality in Gilgit-Baltistan, Pakistan and calculations are based on the Time Since First Birth (TSFB) version of the indirect children ever born/children surviving method.

Figure CM.1: Under-5 mortality rates by area and division, Gilgit-Baltistan MICS, 2016-17

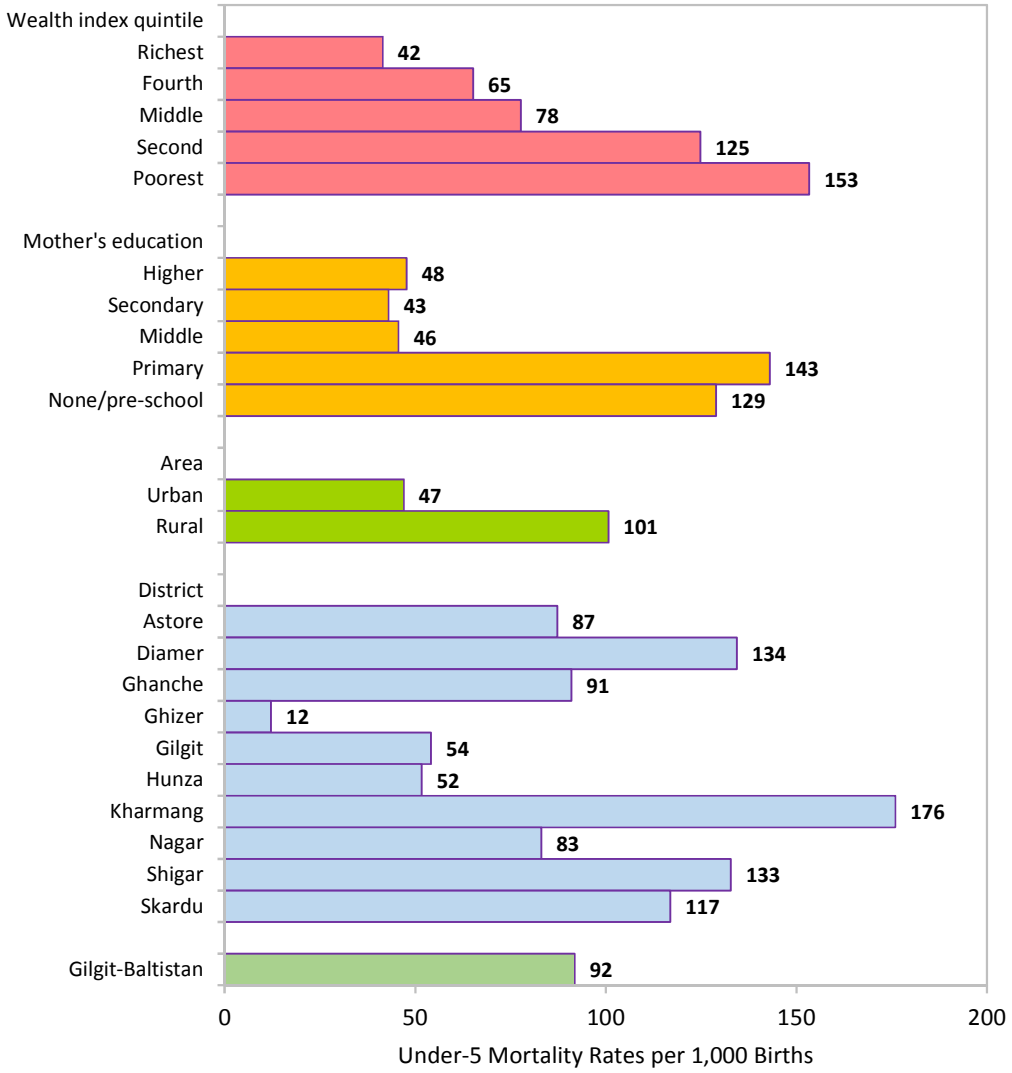
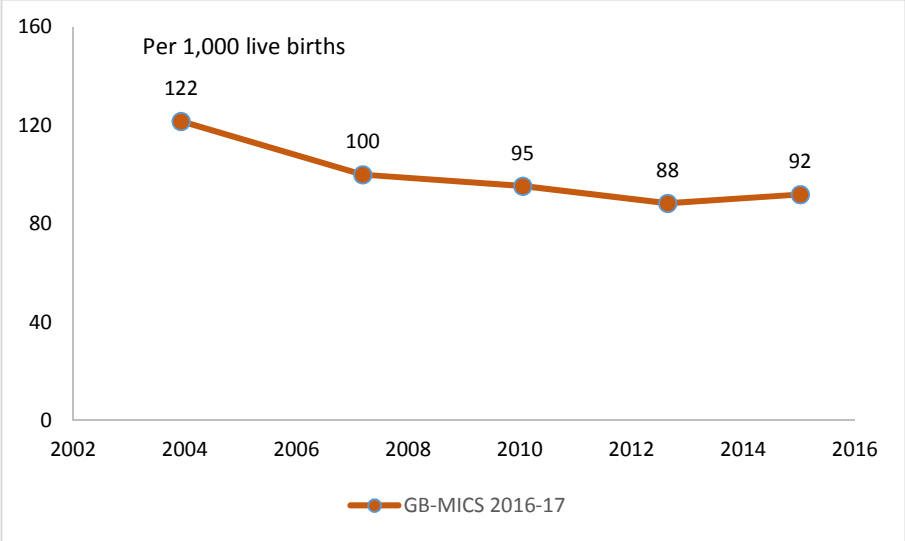


Figure CM.2 shows under-5 mortality rates from GB-MICS are obtained from Table CM.2. The MICS estimates indicate a decline in mortality during 2004-2016. The U5MR estimate (104 per thousand live births) from MICS, which is the most recent, is about 12 percent higher than the estimate from PDHS conducted about 4-years before MICS (2012-13). It should be noted that the PDHS uses a direct method of mortality estimation. However, MICS results are considerably higher than those indicated by PDHS 2012-13.

Figure CM.2: Trend in under-5 mortality rate, 2004-2016, Gilgit-Baltistan MICS, 2016-17



V. NUTRITION

Low Birth Weight

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

In the developing world, low birth weight shoots primarily from the mother's poor health and nutrition. Three factors have most impact:

the mother's poor nutritional status before conception,

short stature (due mostly to under nutrition and infections during her childhood), and

poor nutrition during pregnancy,

Inadequate weight gain during pregnancy is particularly important since it accounts for a large proportion of foetal growth retardation. Moreover, diseases such as diarrhoea and malaria, which are common in many developing countries, can significantly impair foetal growth if the mother becomes infected while pregnant.

In developing countries like Pakistan, teenagers who give birth when their own bodies have yet to finish growing, run a higher risk of bearing low birth weight babies.

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

Because many infants are not weighed at birth and those who are weighed may be a biased sample of all births, the reported birth weights usually cannot be used to estimate the prevalence of low birth weight among all children. Therefore, the percentage of births weighing below 2500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's size at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's weight or the weight as recorded on a health card if the child was weighed at birth.[18]

[18] *For a detailed description of the methodology, see Boerma, J. T., Weinstein, K. I., Rutstein, S.O., and Sommerfelt, A. E. , 1996. Source of Data on Birth Weight in Developing Countries in "Bulletin of the World Health Organization",*

Table NU.1: Low birth weight infants

Percentage of last live-born children in the last two years that are estimated to have weighed below 2,500 grams at birth and percentage of live births weighed at birth, Gilgit-Baltistan, 2016-17

	Percent distribution of births by mother's assessment of size at birth						Percentage of live births:		Number of last live-born children in the last two years
	Very small	Smaller than average	Average	Larger than average or very large	DK	Total	Below 2,500 grams[1]	Weighed at birth[2]	
Total	16.1	19.0	50.3	13.7	1.0	100.0	30.5	22.7	2,705
Area of residence									
Urban	11.5	21.5	50.0	15.9	1.2	100.0	27.9	31.0	462
Rural	17.1	18.5	50.3	13.2	0.9	100.0	31.0	21.0	2,244
Mother's age at birth									
Less than 20 years	19.9	19.2	47.0	12.7	1.3	100.0	33.8	19.2	246
20-34 years	16.0	18.6	50.2	14.1	1.0	100.0	30.2	24.1	2,004
35-49 ywears	14.6	20.4	52.3	12.4	0.4	100.0	30.1	18.5	455
Birth order									
1	19.6	19.6	48.0	11.0	1.8	100.0	33.9	34.3	511
2-3	15.3	19.8	50.9	13.1	0.7	100.0	30.3	27.4	925
4-5	15.5	16.7	50.6	16.7	0.4	100.0	28.5	17.2	608
6+	15.2	19.3	50.8	13.6	1.1	100.0	29.9	12.3	662
Mother's education[a]									
None/pre-school	16.4	20.8	49.0	12.9	0.9	100.0	31.9	10.1	1,526
Primary	17.7	15.6	53.5	13.0	0.2	100.0	29.7	20.7	298
Middle	17.9	18.2	42.0	19.9	2.0	100.0	31.0	29.3	216
Secondary	16.2	18.7	51.7	12.6	0.8	100.0	30.4	35.6	303
Higher	12.7	14.6	56.7	14.6	1.4	100.0	24.9	63.0	361
Wealth index quintile									
Poorest	22.9	17.8	49.7	9.0	0.6	100.0	35.8	4.4	566
Second	21.0	17.0	50.3	10.7	1.1	100.0	33.5	11.3	589
Middle	14.1	20.5	50.8	13.7	1.0	100.0	29.8	23.6	565
Fourth	14.2	21.5	47.3	16.1	0.9	100.0	30.1	35.1	493
Richest	6.9	18.5	53.3	20.0	1.2	100.0	22.0	44.2	492
Usual language spoken in the household									
Sheena	8.8	20.9	52.5	17.3	0.5	100.0	25.3	20.8	1,439
Balti	33.0	13.1	44.7	8.0	1.2	100.0	41.5	8.1	796
Brushaski	11.0	19.4	54.7	12.0	3.0	100.0	26.7	63.3	232
Other languages	8.7	26.6	51.3	12.1	1.3	100.0	28.9	43.5	239
Division									
Gilgit	10.9	23.3	45.4	19.1	1.3	100.0	28.4	49.7	966
Baltistan	33.5	12.7	45.5	7.7	0.7	100.0	41.6	7.9	873
Diamer	4.6	20.5	60.6	13.6	0.8	100.0	21.6	7.7	866
District									
Astore	12.4	24.6	50.0	12.9	0.0	100.0	30.8	10.5	189
Diamer	2.4	19.3	63.5	13.8	1.0	100.0	19.1	6.9	677
Ghanche	26.6	8.3	59.3	3.9	1.9	100.0	33.7	9.1	240
Ghizer	12.2	23.6	47.9	12.0	4.4	100.0	30.2	73.2	260
Gilgit	9.9	24.0	42.0	24.1	0.0	100.0	27.7	34.4	516
Hunza	5.9	17.7	63.8	11.7	1.0	100.0	21.1	92.9	49
Kharmang	22.8	41.5	28.1	6.8	0.8	100.0	50.1	7.5	96
Nagar	13.5	22.6	46.5	16.8	0.6	100.0	30.4	46.7	140
Shigar	45.8	9.5	34.3	9.7	0.7	100.0	49.7	3.9	143
Skardu	35.8	9.4	45.3	9.5	0.0	100.0	41.3	8.7	394

[1] **MICS indicator 2.20 - Low-birthweight infants**
[2] **MICS indicator 2.21 - Infants weighed at birth**
(*) Figures that are based on fewer than 25 unweighted cases
[a] Total includes 1 unweighted case of mother's education missing

In Gilgit-Baltistan, about 23 percent of births were weighed at birth with big prevalence differences across districts; only 4 percent births were weighed in Shigar district compared to 93 percent in Hunza district. Approximately 31 percent of infants are estimated to weigh less than 2,500 grams at birth (Table NU.1). Among divisions, Diamer had the lowest proportion of low birth weight babies (22%)

and the highest proportion was in Baltistan division (42%). The prevalence of low birth weight does not vary considerably by area of residence but mothers having higher education levels had lowest proportion of birth weight babies (25%).

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.

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

In a well-nourished population, there is a reference distribution of height and weight for children under age five. Under-nourishment in a population can be gauged by comparing children to a reference population. The reference population used in this report is based on the WHO growth standards[19]. Each of the three nutritional status indicators – weight-for-age, height-for-age, and weight-for-height – can be expressed in standard deviation units (z-scores) from the median of the reference population.

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

Height-for-age is a measure of linear growth. Children whose height-for-age is more than two standard deviations below the median height of the reference population are considered short for their age and are classified as *moderately or severely stunted.* Those whose height-for-age is more than three standard deviations below the median are classified as *severely stunted.* Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.

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

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

In MICS5, weights and heights of all children under 5 years of age were measured using the anthropometric equipment recommended[20] by UNICEF. Findings in this section are based on the

[19] *http://www.who.int/childgrowth/standards/technical_report*

[20] *MICS Supply Procurement Instructions: http://mics.unicef.org/tools#survey-design*

results of these measurements. Table NU.2 shows percentages of children classified into each of the above described categories and mean z-scores for all three anthropometric indicators.

Children whose full birth date (month and year) were not obtained, and children whose measurements were outside a plausible range are excluded from Table NU.2. Children are excluded from one or more of the anthropometric indicators when their weights and heights have not been measured, whichever applicable. For example, if a child has been weighed but his/her height has not been measured, the child is included in underweight calculations, but not in the calculations for stunting and wasting. Percentages of children by age and reasons for exclusion are shown in the data quality Tables DQ.12, DQ.13, and DQ.14 in Appendix – D. These tables show that due to incomplete dates of birth, implausible measurements, and/or missing weight and/or height, 1.7 percent of children have been excluded from calculations of the weight-for-age, 3.0 percent from the height-for-age, and 2.5 percent for the weight-for-height.

Percentage of interviews completed for eligible children is shown in Table DQ.3. The completeness of reporting of both year and month is 99 percent for interviews conducted for children under 5 (Table DQ.5). There was no heaping in the weight measurements, however, a slight heaping was observed in the height measurements where interviewers preferred the digits two (DQ.15).

In Gilgit-Baltistan, almost one in five children under the age of five are moderately or severely underweight (19%) and 6 percent are classified as severely underweight (Table NU.2). Overall, 46 percent of children are moderately or severely stunted or too short for their age and 4 percent of children are moderately or severely wasted or too thin for their height, whereas less than 3 percent are overweight or too heavy for their height.

Boys have a slightly higher rate of underweight, stunting, and wasting than girls. Children in rural areas have higher rate of underweight and stunting compared to in urban areas. Among divisions, Diamer has the highest rates of underweight and stunting. It also has the highest rates of moderate and sevre wasting which is more than four times the rate of Gilgit and Baltistan division. All three anthropometric indicators are found to be better in Gilgit division. Underweight, stunting and wasting indicators are inversely correlated with mother's education and wealth. Among women with higher education, 25 percent of children are stunted, 8 percent are underweight and 1 percent are wasted compared to more than 54 percent for stunting and 25 percent underweight among children whose mother have pre-school or no education. More than half of the children living in the poorest households are stunted (62%) whereas proportion of underweight children living in the poorest households also witnessed higher prevalence (31%) compared to 26 percent and 7 percent of children living in the richest households that are stunted and underweight. The age pattern shows that a higher percentage of children age 18-59 months are undernourished as prevalence of underweight and stunting is higher in this age cohort in comparison to children who are younger (Figure NU.1).

Figure NU.1: Underweight, stunted, wasted and overweight children under age 5 (moderate and severe), Gilgit-Baltistan MICS, 2016-17

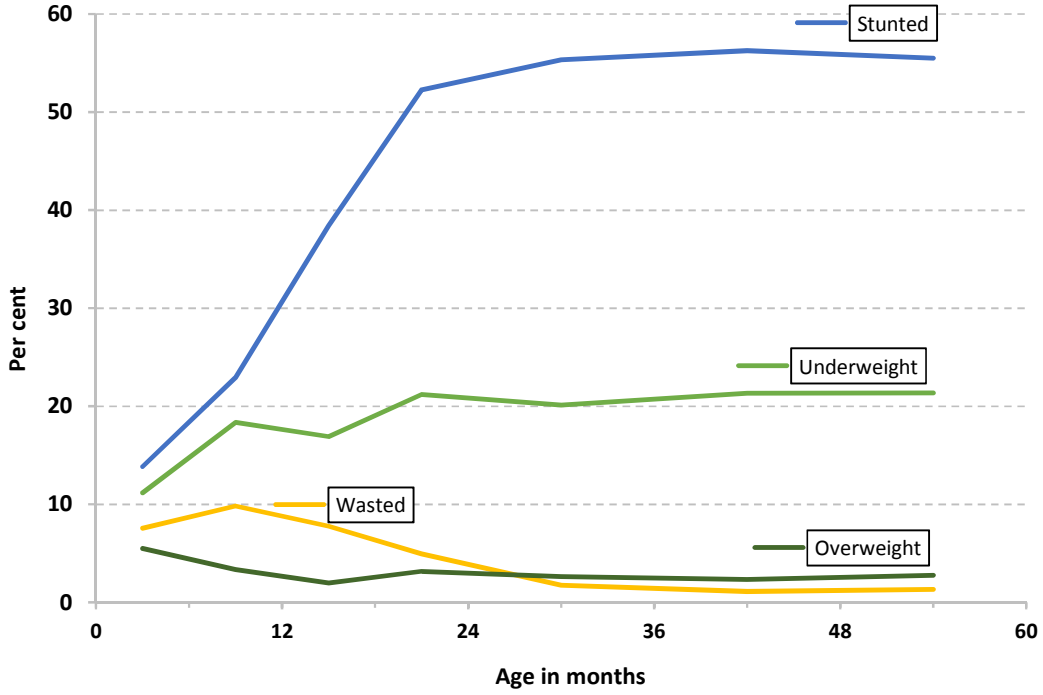


Table NU.2: Nutritional status of children

Percentage of children under age 5 by nutritional status according to three anthropometric indices: weight for age, height for age, and weight for height, Gilgit-Baltistan, 2016-17

	Weight for age				Height for age				Weight for height				
	Underweight				Stunted				Wasted		Overweight		
	Percent below		Mean Z-Score (SD)	Number of children under age 5	Percent below		Mean Z-Score (SD)	Number of children under age 5	Percent below		Percent above	Mean Z-Score (SD)	Number of children under age 5
	- 2 SD[1]	- 3 SD[2]			- 2 SD[3]	- 3 SD[4]			- 2 SD[5]	- 3 SD[6]	+ 2 SD[7]		
Total	19.4	5.6	-1.1	6,521	46.2	22.2	-1.9	6,441	3.8	1.1	2.9	0.0	6,470
Area of residence													
Urban	12.0	2.8	-0.8	1,082	37.6	14.6	-1.6	1,074	2.1	0.5	3.9	0.2	1,076
Rural	20.9	6.1	-1.1	5,439	48.0	23.7	-1.9	5,367	4.2	1.2	2.7	0.0	5,394
Sex													
Male	20.4	6.4	-1.1	3,408	47.6	22.9	-1.9	3,359	4.6	1.3	3.1	0.0	3,370
Female	18.3	4.6	-1.0	3,113	44.8	21.3	-1.8	3,082	3.0	0.8	2.8	0.1	3,100
Age													
0-5 months	11.2	2.6	-0.5	610	13.8	6.1	-0.5	610	7.6	2.3	5.5	-0.2	603
6-11 months	18.4	6.3	-0.9	691	22.9	8.7	-1.1	682	9.8	2.6	3.3	-0.2	684
12-17 months	16.9	4.5	-0.9	636	38.4	16.5	-1.6	629	7.8	2.2	2.0	-0.2	631
18-23 months	21.2	7.6	-1.1	654	52.3	24.5	-2.1	643	4.9	1.1	3.2	-0.1	647
24-35 months	20.1	5.9	-1.1	1,299	55.3	27.3	-2.2	1,284	1.8	0.9	2.6	0.1	1,292
36-47 months	21.3	5.6	-1.2	1,299	56.3	28.4	-2.2	1,281	1.1	0.1	2.3	0.2	1,294
48-59 months	21.4	5.8	-1.3	1,333	55.5	27.1	-2.2	1,312	1.3	0.4	2.8	0.2	1,320
Mother's education													
None/pre-school	25.1	8.0	-1.3	3,930	54.3	28.4	-2.1	3,865	4.9	1.5	2.6	0.0	3,892
Primary	16.9	2.8	-0.9	642	46.8	20.1	-1.8	639	3.1	1.0	2.9	0.1	641
Middle	10.5	2.1	-0.8	500	37.1	12.2	-1.5	498	1.9	0.4	2.4	0.2	498
Secondary	8.0	1.4	-0.6	690	30.4	10.8	-1.4	687	2.8	0.1	3.6	0.2	688
Higher	8.2	1.5	-0.5	757	25.1	8.7	-1.2	749	1.1	0.4	4.7	0.2	748
Wealth index quintile													
Poorest	31.1	11.4	-1.5	1,458	62.2	36.7	-2.4	1,432	6.2	2.0	2.2	-0.1	1,439
Second	23.4	6.9	-1.2	1,395	52.8	26.6	-2.0	1,367	4.5	1.9	3.1	0.0	1,382
Middle	17.5	3.3	-1.0	1,335	45.9	20.6	-1.8	1,325	3.6	0.7	3.1	0.0	1,334
Fourth	14.2	2.8	-0.9	1,186	38.8	15.2	-1.7	1,178	2.3	0.3	2.2	0.1	1,175
Richest	7.3	2.0	-0.5	1,147	26.3	7.6	-1.2	1,139	2.0	0.2	4.3	0.2	1,140
Usual language spoken in the household													
Sheena	20.3	6.5	-1.1	3,425	44.6	21.9	-1.8	3,372	5.1	1.7	2.5	-0.1	3,394
Balti	18.5	4.1	-1.1	1,957	53.3	26.4	-2.1	1,940	1.9	0.3	3.8	0.2	1,946
Brushaski	10.1	2.2	-0.7	543	33.2	10.6	-1.5	535	1.7	0.2	3.2	0.2	542
Other languages	25.4	8.2	-1.2	597	44.3	20.1	-1.9	594	4.9	1.1	2.4	-0.2	588

Table NU.2: Nutritional status of children

Percentage of children under age 5 by nutritional status according to three anthropometric indices: weight for age, height for age, and weight for height, Gilgit-Baltistan, 2016-17

	Weight for age				Height for age				Weight for height				
	Underweight				Stunted				Wasted		Overweight		
	Percent below		Mean Z-Score (SD)	Number of children under age 5	Percent below		Mean Z-Score (SD)	Number of children under age 5	Percent below		Percent above	Mean Z-Score (SD)	Number of children under age 5
	- 2 SD[1]	- 3 SD[2]			- 2 SD[3]	- 3 SD[4]			- 2 SD[5]	- 3 SD[6]	+ 2 SD[7]		
Total	19.4	5.6	-1.1	6,521	46.2	22.2	-1.9	6,441	3.8	1.1	2.9	0.0	6,470
Division													
Gilgit	11.8	2.7	-0.7	2,246	34.5	12.7	-1.5	2,226	1.7	0.2	2.8	0.2	2,233
Baltistan	19.0	4.1	-1.1	2,202	53.6	27.6	-2.1	2,181	1.6	0.3	3.4	0.2	2,188
Diamer	28.1	10.3	-1.4	2,073	51.2	26.7	-2.0	2,033	8.5	2.8	2.5	-0.3	2,048
District													
Astore	13.6	3.1	-0.8	452	33.8	11.5	-1.3	449	4.3	0.9	1.7	-0.1	449
Diamer	32.1	12.3	-1.5	1,622	56.1	31.0	-2.1	1,584	9.7	3.4	2.8	-0.3	1,599
Ghanche	13.6	3.0	-0.9	598	52.3	24.3	-2.0	590	0.9	0.4	4.4	0.4	594
Ghizer	15.9	3.3	-0.9	630	43.9	15.9	-1.8	622	1.5	0.6	3.2	0.1	620
Gilgit	10.7	2.6	-0.7	1,160	29.9	11.9	-1.4	1,150	2.0	0.1	2.7	0.1	1,156
Hunza	5.2	0.4	-0.5	125	19.0	5.1	-1.1	124	0.3	0.0	2.6	0.1	124
Kharmang	27.8	6.7	-1.5	213	65.5	32.6	-2.5	207	1.9	0.6	2.8	0.0	209
Nagar	10.2	2.3	-0.7	332	38.4	12.2	-1.6	331	1.7	0.1	2.8	0.3	333
Shigar	19.9	3.9	-1.2	353	61.3	32.8	-2.4	351	0.8	0.0	3.3	0.3	353
Skardu	19.9	4.4	-1.1	1,038	49.4	26.8	-2.0	1,033	2.3	0.3	3.0	0.1	1,033

[1] **MICS indicator 2.1a and MDG indicator 1.8 - Underweight prevalence (moderate and severe)**
[2] **MICS indicator 2.1b - Underweight prevalence (severe)**
[3] **MICS indicator 2.2a - Stunting prevalence (moderate and severe)**
[4] **MICS indicator 2.2b - Stunting prevalence (severe)**
[5] **MICS indicator 2.3a - Wasting prevalence (moderate and severe)**
[6] **MICS indicator 2.3b - Wasting prevalence (severe)**
[7] **MICS indicator 2.4 - Overweight prevalence**

Breastfeeding and Infant and Young Child Feeding

Proper feeding of infants and young children can increase their chances of survival. It can also promote optimal growth and development, especially in the critical window from birth to 2 years of age. Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers don't start to breastfeed early enough, do not breastfeed exclusively for the recommended 6 months or stop breastfeeding too soon. There are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and can be unsafe if hygienic conditions, including safe drinking water, are not readily available. Studies have shown that, in addition to continued breastfeeding, consumption of appropriate, adequate and safe solid, semi-solid and soft foods from the age of 6 months onwards leads to better health and growth outcomes, with potential to reduce stunting during the first two years of life.[21]

UNICEF and WHO recommend that infants be breastfed within one hour of birth, breastfed exclusively for the first six months of life and continue to be breastfed up to 2 years of age and beyond.[22] Starting at 6 months, breastfeeding should be combined with safe, age-appropriate feeding of solid, semi-solid and soft foods.[23] A summary of key guiding principles[24, 25] for feeding 6-23 month olds is provided in the table on next page along with proximate measures for these guidelines.

The guiding principles for which proximate measures and indicators exist, are:
continued breastfeeding;
appropriate frequency of meals (but not energy density); and
appropriate nutrient content of food.

Feeding frequency is used as proxy for energy intake, requiring children to receive a minimum number of meals/snacks (and milk feeds for non-breastfed children) for their age. Dietary diversity is used to ascertain the adequacy of the nutrient content of the food (not including iron) consumed. For dietary diversity, seven food groups were created for which a child consuming at least four of these is considered to have a better quality diet. In most populations, consumption of at least four food groups means that the child has a high likelihood of consuming at least one animal-source food and at least one fruit or vegetable, in addition to a staple food (grain, root or tuber).[26]

These three dimensions of child feeding are combined into an assessment of the children who received appropriate feeding, using the indicator of "minimum acceptable diet". To have a minimum acceptable diet in the previous day, a child must have received:
the appropriate number of meals/snacks/milk feeds;
food items from at least 4 food groups; and
breastmilk or at least 2 milk feeds (for non-breastfed children).

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[21] *Bhuta Z. et al. (2013). Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? The Lancet June 6, 2013.*
[22] *WHO (2003). Implementing the Global Strategy for Infant and Young Child Feeding. Meeting Report Geneva, 3-5 February 2003.*
[23] *WHO (2003). Global Strategy for Infant and Young Child Feeding.*
[24] *PAHO (2003). Guiding principles for complementary feeding of the breastfed child.*
[25] *WHO (2005). Guiding principles for feeding non-breastfed children 6-24 months of age*
[26] *WHO (2008). Indicators for assessing infant and young child feeding practices. Part 1: Definitions.*

Table	Guiding Principle (age 6-23 months)	Proximate measures
NU.4	Continue frequent, on-demand breastfeeding for two years and beyond	Breastfed in the last 24 hours
NU.6	Appropriate frequency and energy density of meals	**Breastfed children** Depending on age, two or three meals/snacks provided in the last 24 hours **Non-breastfed children** Four meals/snacks and/or milk feeds provided in the last 24 hours
NU.6	Appropriate nutrient content of food	Four food groups[27] eaten in the last 24 hours
na	Appropriate amount of food	No standard indicator exists
na	Appropriate consistency of food	No standard indicator exists
na	Use of vitamin-mineral supplements or fortified products for infant and mother	No standard indicator exists
NU.9	Practice good hygiene and proper food handling	While it was not possible to develop indicators to fully capture programme guidance, one standard indicator does cover part of the principle: Not feeding with a bottle with a nipple
na	Practice responsive feeding, applying the principles of psycho-social care	No standard indicator exists

Table NU.3 is based on mothers' report of what their last-born child, born in the last two years, was fed in the first few days of life. It indicates the proportion who were ever breastfed, those who were first breastfed within one hour and one day of birth, and those who received a prelacteal feed.[28] Although a very important step is management of lactation and establishment of a physical and emotional relationship between the baby and the mother, In Gilgit-Baltistan, only 35 percent of babies are breastfed for the first time within one hour of birth, while 90 percent of newborns start breastfeeding within one day of birth. By district, 95 percent of babies in Shigar district were breastfed within one day of birth compared to 82 percent of babies in Kharmang. The data also show that 28 percent of newborns receive prelacteal feed. The findings are presented in Figure NU.2 by district and area of residence.

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

[28] *Prelacteal feed refers to the provision any liquid or food, other than breastmilk, to a newborn during the period when breastmilk flow is generally being established (estimated here as the first 3 days of life).*

Table NU.3: Initial breastfeeding

Percentage of last live-born children in the last two years who were ever breastfed, breastfed within one hour of birth and within one day of birth, and percentage who received a prelacteal feed, Gilgit-Baltistan, 2016-17

	Percentage who were ever breastfed[1]	Percentage who were first breastfed:		Percentage who received a prelacteal feed	Number of last live-born children in the last two years
		Within one hour of birth[2]	Within one day of birth		
Total	97.9	35.0	89.5	28.0	2,705
Area of residence					
Urban	97.3	29.4	89.5	39.1	462
Rural	98.0	36.2	89.4	25.7	2,244
Months since last birth					
0-11 months	98.3	36.2	89.1	29.8	1,390
12-23 months	97.4	33.8	89.8	26.1	1,315
Assistance at delivery					
Skilled attendant	98.4	31.3	88.0	31.4	1,678
Traditional birth attendant	97.5	34.3	95.2	22.2	133
Relative/Friend	98.4	43.9	92.8	23.3	857
Other/Missing	(61.8)	(3.1)	(60.2)	(6.3)	38
Place of delivery					
Home	98.4	41.2	92.9	22.7	1,041
Health facility	98.4	31.6	88.2	31.6	1,630
Public	98.2	27.1	86.3	36.1	1,272
Private	99.1	47.3	94.9	15.7	359
Other/DK/Missing	(56.6)	(13.6)	(45.1)	(15.9)	34
Mother's education[a]					
None/pre-school	97.8	40.2	91.6	26.3	1,526
Primary	97.1	28.3	85.3	28.6	298
Middle	98.9	30.2	90.6	30.1	216
Secondary	97.8	24.1	88.0	28.7	303
Higher	98.2	31.2	84.2	32.6	361
Wealth index quintile					
Poorest	98.0	38.7	92.6	21.5	566
Second	96.8	34.3	87.9	21.0	589
Middle	98.9	30.9	88.8	27.1	565
Fourth	96.8	38.2	88.3	30.7	493
Richest	98.9	33.3	89.7	42.2	492
Usual language spoken in the household					
Sheena	98.0	42.3	90.8	35.5	1,439
Balti	98.3	15.5	89.4	15.0	796
Brushaski	96.9	36.8	83.9	28.1	232
Other languages	96.3	54.8	86.9	26.4	239
Division					
Gilgit	97.9	44.1	89.1	32.3	966
Baltistan	98.2	15.2	89.7	13.9	873
Diamer	97.5	45.0	89.6	37.4	866
District					
Astore	98.4	23.0	82.7	32.7	189
Diamer	97.2	51.1	91.5	38.7	677
Ghanche	97.8	13.3	89.5	15.2	240
Ghizer	95.2	63.3	88.7	7.8	260
Gilgit	99.0	36.2	90.0	45.0	516
Hunza	97.4	70.3	90.3	33.8	49
Kharmang	95.9	6.3	81.8	19.5	96
Nagar	99.2	28.0	86.0	30.7	140
Shigar	98.5	21.0	94.9	20.7	143
Skardu	98.8	16.4	89.9	9.4	394

[1] **MICS indicator 2.5 - Children ever breastfed**

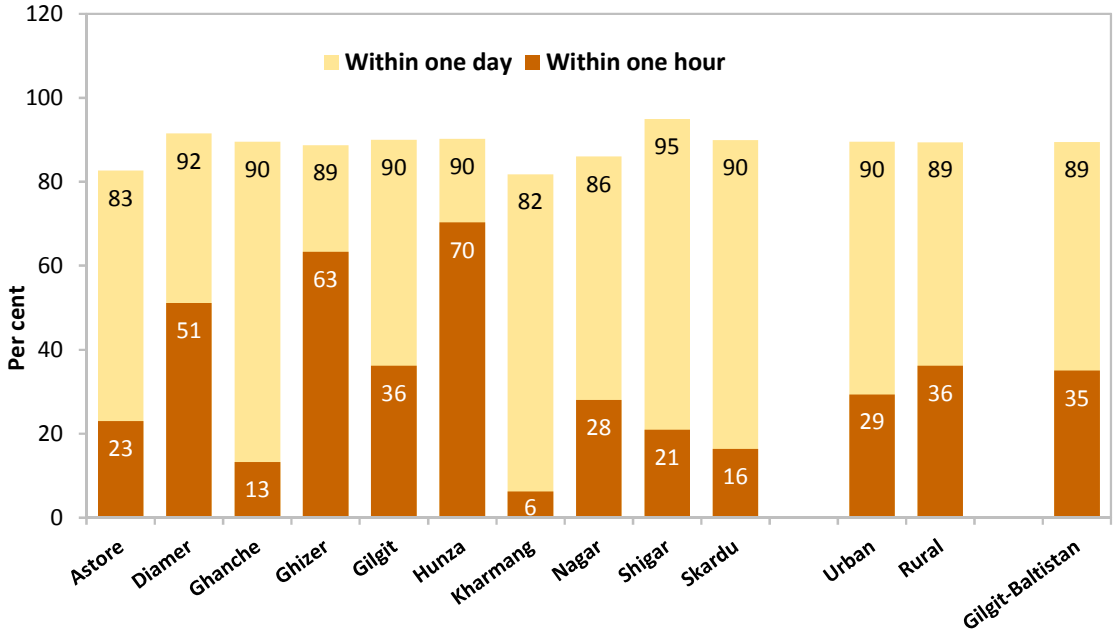
[2] **MICS indicator 2.6 - Early initiation of breastfeeding**

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 1 unweighted case of mother's education missing

Figure NU.2: Initiation of breastfeeding, Gilgit-Baltistan MICS, 2016-17



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

In Table NU.4, breastfeeding status is presented for both *Exclusively breastfed* and *Predominantly breastfed;* referring to infant's age less than 6 months who are breastfed, distinguished by *the former* only allowing vitamins, mineral supplements, and medicine and *the latter* allowing also plain water and non-milk liquids. The table also shows continued breastfeeding of children at 12-15 and 20-23 months of age.

In Gilgit-Baltistan, approximately 63 percent of children age less than six months are exclusively breastfed. With 69 percent predominantly breastfed, it is evident that water-based liquids are replacing feeding of breastmilk to the greatest degree. By age 12-15 months, 81 percent of children are breastfed, and by age 20-23 months, 51 percent continue to be breastfed.

Exclusive breastfeeding for children age less than six months is slightly higher in urban areas than rural areas. In Baltistan division, fewer children (56%) are exclusively breastfed compared to children in the other divisions. Predominant breastfeeding ranges from 62 percent in Baltistan division to 78 percent in Diamer division.

Table NU.4: Breast feeding

Percentage of living children according to breastfeeding status at selected age groups, Gilgit-Baltistan, 2016-17

	Children age 0-3 months				Children age 0-5 months				Children age 12-15 months		Children age 20-23 months	
	Percent ever breastfed	Percent exclusively breastfed[1]	Percent predominantly breastfed[2]	Number of children	Percent ever breastfed	Percent exclusively breastfed[1]	Percent predominantly breastfed[2]	Number of children	Percent breastfed (Continued breastfeeding at 1 year)[3]	Number of children	Percent breastfed (Continued breastfeeding at 2 years)[4]	Number of children
Total	99.7	71.4	76.0	389	99.8	63.0	69.1	617	80.7	412	50.8	449
Area of residence												
Urban	100.0	75.8	77.6	61	100.0	69.3	72.6	90	76.5	80	52.4	75
Rural	99.7	70.6	75.7	328	99.8	62.0	68.6	527	81.8	332	50.5	374
Sex												
Male	99.4	73.0	76.9	191	99.6	60.0	67.5	304	84.0	220	50.9	245
Female	100.0	69.9	75.2	198	100.0	66.0	70.8	312	77.0	192	50.7	204
Mother's education[a]												
None/pre-school	100.0	76.7	83.3	220	100.0	70.4	77.9	334	81.6	242	50.8	277
Primary	(100.0)	(70.0)	(72.8)	46	100.0	66.2	67.9	71	(72.4)	33	(20.6)	36
Middle	(100.0)	(75.7)	(78.0)	30	100.0	61.4	64.3	45	(71.7)	40	(63.0)	36
Secondary	(100.0)	(52.9)	(54.3)	53	100.0	44.8	50.8	84	92.2	48	(49.0)	35
Higher	(97.3)	(65.2)	(66.9)	40	98.7	49.9	55.9	82	80.0	48	61.6	66
Wealth index quintile												
Poorest	100.0	78.7	84.7	81	100.0	70.7	78.3	126	83.3	80	55.6	102
Second	98.7	75.0	84.1	85	99.2	70.3	78.1	131	73.9	90	43.3	88
Middle	100.0	63.0	65.1	97	100.0	58.1	60.1	137	80.6	87	49.9	108
Fourth	100.0	69.2	74.1	67	100.0	62.3	71.1	105	85.7	83	47.6	69
Richest	(100.0)	(72.7)	(72.7)	60	100.0	53.2	58.3	117	80.9	72	56.8	83
Usual language spoken in the household												
Sheena	100.0	76.6	81.5	233	100.0	66.3	73.6	354	80.3	234	49.1	267
Balti	99.0	61.4	66.1	113	99.4	55.3	60.7	179	78.8	119	51.9	109
Brushaski	(100.0)	(65.1)	(65.1)	24	100.0	61.3	62.8	50	91.4	34	51.9	39
Other languages	(*)	(*)	(*)	14	(100.0)	(82.5)	(88.2)	24	(*)	7	(48.6)	21
Division												
Gilgit	100.0	74.4	74.4	125	100.0	63.7	68.2	220	82.7	142	57.3	159
Baltistan	99.1	59.7	67.6	127	99.5	55.5	61.6	203	78.2	128	51.9	129
Diamer	100.0	79.6	85.3	137	100.0	70.3	78.1	193	81.0	143	43.5	161
District												
Astore	100.0	65.8	81.9	32	100.0	51.8	71.7	49	(84.8)	28	(55.8)	26
Diamer	100.0	83.8	86.4	104	100.0	76.6	80.4	144	80.1	115	41.1	135
Ghanche	(100.0)	(77.7)	(80.2)	30	100.0	74.3	77.7	44	(77.1)	39	(61.2)	34
Ghizer	(100.0)	(84.9)	(84.9)	30	(100.0)	(82.0)	(83.2)	46	(90.6)	33	(77.8)	47
Gilgit	(100.0)	(74.9)	(74.9)	73	100.0	59.3	65.8	133	(76.0)	83	(46.5)	80
Hunza	(*)	(*)	(*)	6	(*)	(*)	(*)	11	(*)	8	(*)	8
Kharmang	(100.0)	(63.8)	(69.2)	13	100.0	57.8	65.1	20	(90.1)	19	(58.2)	12
Nagar	(100.0)	(53.2)	(53.2)	16	100.0	53.9	55.4	30	(95.7)	18	(53.6)	25
Shigar	(100.0)	(75.4)	(77.6)	18	100.0	61.9	66.5	28	85.2	22	47.2	29

Table NU.4: Breast feeding

Percentage of living children according to breastfeeding status at selected age groups, Gilgit-Baltistan, 2016-17

	Children age 0-3 months				Children age 0-5 months				Children age 12-15 months		Children age 20-23 months	
	Percent ever breastfed	Percent exclusively breastfed[1]	Percent predominantly breastfed[2]	Number of children	Percent ever breastfed	Percent exclusively breastfed[1]	Percent predominantly breastfed[2]	Number of children	Percent breastfed (Continued breastfeeding at 1 year)[3]	Number of children	Percent breastfed (Continued breastfeeding at 2 years)[4]	Number of children
Total	99.7	71.4	76.0	389	99.8	63.0	69.1	617	80.7	412	50.8	449
Skardu	(98.3)	(46.2)	(58.7)	66	99.0	45.9	53.3	111	(71.4)	48	(47.2)	54

[1] **MICS indicator 2.7 - Exclusive breastfeeding under 6 months**
[2] **MICS indicator 2.8 - Predominant breastfeeding under 6 months**
[3] **MICS indicator 2.9 - Continued breastfeeding at 1 year**
[4] **MICS indicator 2.10 - Continued breastfeeding at 2 years**
( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases
[a] Total includes 1 unweighted case of mother's education missing

Figure NU.3 shows the detailed pattern of breastfeeding by the child's age in months. At the earliest ages, the majority of children are exclusively breastfed anyhow considerable proportion of babies also received other milk formula with breastfed even at the early age of 0-1 months. About 52 percent of children are receiving breastmilk at age 2 years.

Figure NU.3: Infant feeding patterns by age, Gilgit-Baltistan MICS, 2016-17

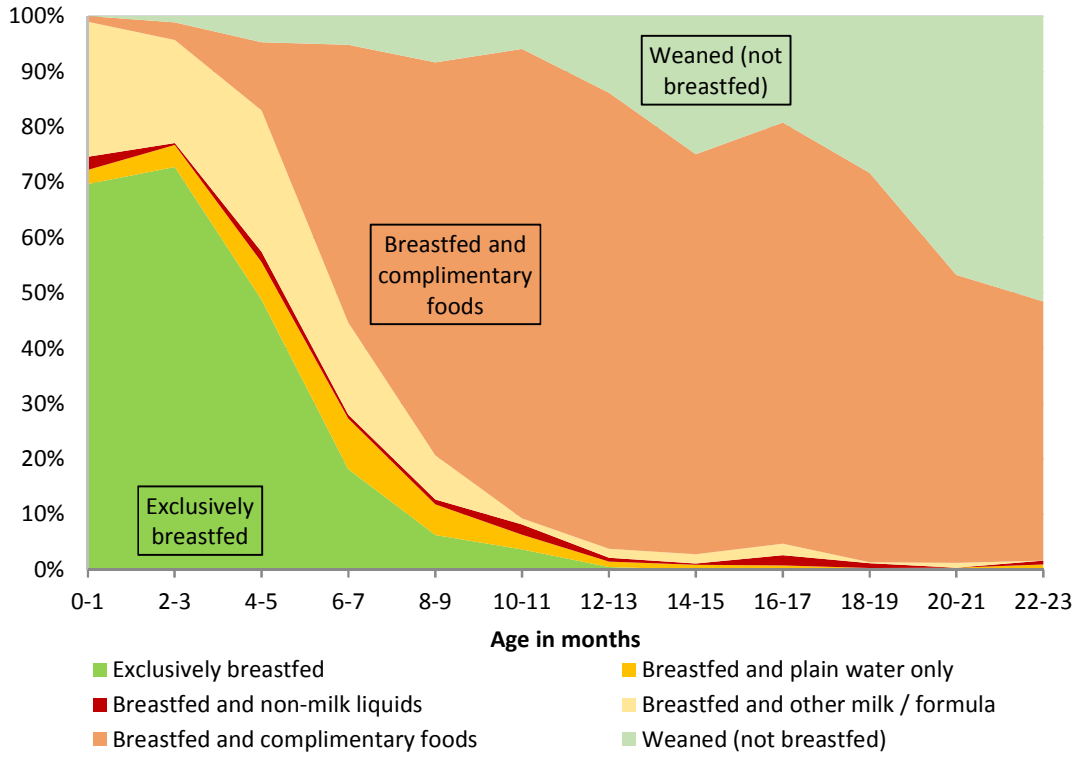


Table NU.5 shows the median duration of breastfeeding by selected background characteristics. Among children under age 3, the median duration is 21.4 months for any breastfeeding, 4.1 months for exclusive breastfeeding, and 4.9 months for predominant breastfeeding. There is no difference in median duration for any breastfeeding while slight differentials are observed for exclusive and predominant breastfeeding.

Table NU.5: Duration of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children age 0-35 months, Gilgit-Baltistan, 2016-17

	Median duration (in months) of:			Number of children age 0-35 months
	Any breastfeeding[1]	Exclusive breastfeeding	Predominant breastfeeding	
Median (Total)	21.4	4.1	4.9	3,936
Area of residence				
Urban	21.5	4.2	4.4	648
Rural	21.4	4.0	5.0	3,288
Sex				
Male	21.7	3.5	4.4	2,042
Female	21.0	4.9	5.3	1,894
Mother's education				
None/pre-school	21.5	4.8	5.5	2,285
Primary	18.7	3.9	4.3	386
Middle	22.3	3.9	5.1	322
Secondary	21.4	0.6	1.6	447
Higher	22.6	2.5	3.3	495
Wealth index quintile				
Poorest	21.5	4.6	5.2	839
Second	21.2	4.7	5.6	840
Middle	21.7	3.9	4.5	837
Fourth	21.1	4.1	5.2	727
Richest	21.6	2.9	3.4	693
Usual language spoken in the household				
Sheena	21.2	4.3	5.1	2,103
Balti	21.4	3.5	4.7	1,147
Brushaski	21.2	3.7	3.9	326
Other languages	21.9	4.1	4.3	360
Division				
Gilgit	22.3	4.0	4.6	1,377
Baltistan	21.4	3.5	4.7	1,278
Diamer	20.6	4.5	5.2	1,281
District				
Astore	21.2	2.7	4.6	280
Diamer	20.5	4.9	5.2	1,000
Ghanche	21.9	4.3	4.9	348
Ghizer	23.3	4.6	5.0	372
Gilgit	20.6	3.7	4.7	745
Hunza	22.4	4.3	4.6	71
Kharmang	21.5	3.6	4.8	136
Nagar	21.2	3.0	3.2	189
Shigar	20.5	3.3	3.9	206
Skardu	21.3	0.5	2.8	589
Mean	20.4	4.0	5.0	3,936

[1] **MICS indicator 2.11 - Duration of breastfeeding**

The age-appropriateness of breastfeeding of children under age 24 months is provided in Table NU.6. Different criteria of feeding are used depending on the age of the child. For infants age 0-5 months, exclusive breastfeeding is considered as age-appropriate feeding, while children age 6-23 months are considered to be appropriately fed if they are receiving breastmilk and solid, semi-solid or soft food. As a result of feeding patterns, only 67 percent of children of age 6-23 months are being appropriately breastfed and age-appropriate breastfeeding among all children age 0-23 months, drops to 66 percent. At divisional level, age-appropriate breastfeeding among all children age 0-23 months ranges from 62 percent in Baltistan to 69 percent in Gilgit. A slight variation across districts is also observed.

Table NU.6: Age-appropriate breastfeeding

Percentage of children age 0-23 months who were appropriately breastfed during the previous day, Gilgit-Baltistan, 2016-17

	Children age 0-5 months		Children age 6-23 months		Children age 0-23 months	
	Percent exclusively breastfed[1]	Number of children	Percent currently breastfeeding and receiving solid, semi-solid or soft foods	Number of children	Percent appropriately breastfed[2]	Number of children
Total	63.0	617	67.2	1,997	66.2	2,613
Area of residence						
Urban	69.3	90	69.8	357	69.7	446
Rural	62.0	527	66.7	1,640	65.5	2,167
Sex						
Male	60.0	304	68.9	1,067	66.9	1,372
Female	66.0	312	65.3	929	65.5	1,242
Mother's education[a]						
None/pre-school	70.4	334	65.5	1,155	66.6	1,490
Primary	66.2	71	56.1	194	58.8	265
Middle	61.4	45	68.7	177	67.2	221
Secondary	44.8	84	81.5	211	71.1	295
Higher	49.9	82	70.8	259	65.8	341
Wealth index quintile						
Poorest	70.7	126	64.5	421	65.9	547
Second	70.3	131	63.1	418	64.8	548
Middle	58.1	137	68.7	425	66.1	562
Fourth	62.3	105	69.9	371	68.2	476
Richest	53.2	117	70.7	362	66.4	479
Usual language spoken in the household						
Sheena	66.3	354	69.8	1,061	68.9	1,415
Balti	55.3	179	63.5	572	61.6	751
Brushaski	61.3	50	63.2	180	62.8	229
Other languages	82.5	24	60.2	102	64.4	126
Division						
Gilgit	63.7	220	70.5	708	68.9	928
Baltistan	55.5	203	64.1	620	61.9	824
Diamer	70.3	193	66.7	669	67.5	862
District						
Astore	51.8	49	59.0	130	57.0	179
Diamer	76.6	144	68.5	539	70.2	683
Ghanche	74.3	44	67.0	185	68.4	229
Ghizer	82.0	46	77.9	197	78.7	243
Gilgit	59.3	133	68.5	367	66.1	501
Hunza	67.8	11	69.5	37	69.1	48
Kharmang	57.8	20	66.5	68	64.5	88
Nagar	53.9	30	64.0	106	61.8	136
Shigar	61.9	28	63.3	104	63.0	133
Skardu	45.9	111	61.7	263	57.0	374

[1] **MICS indicator 2.7 - Exclusive breastfeeding under 6 months**
[2] **MICS indicator 2.12 - Age-appropriate breastfeeding**
[a] Total includes 1 unweighted case of mother's education missing

In Gilgit-Baltistan, 60 percent of infants age 6-8 months received solid, semi-solid, or soft foods at least once during the previous day (Table NU.7). The proportion is higher (69%) in urban areas compared to 58 percent in rural areas. Similarly, mother living in household with higher wealth are more like give their children solid, semi-solid or soft food.

Table NU.7: Introduction of solid, semi-solid, or soft foods

Percentage of infants age 6-8 months who received solid, semi-solid, or soft foods during the previous day, Gilgit-Baltistan, 2016-17

	Currently breastfeeding		Currently not breastfeeding		All	
	Percent receiving solid, semi-solid or soft foods	Number of children age 6-8 months	Percent receiving solid, semi-solid or soft foods	Number of children age 6-8 months	Percent receiving solid, semi-solid or soft foods[1]	Number of children age 6-8 months
Total	60.1	332	(*)	20	60.0	352
Area of residence						
Urban	69.4	63	(*)	4	71.1	66
Rural	57.9	269	(*)	17	57.4	285
Sex						
Male	62.2	193	(*)	12	61.0	204
Female	57.2	139	(*)	8	58.7	147
Mother's education						
None/pre-school	53.6	192	(*)	11	54.0	203
Primary	(58.7)	36	(*)	6	(54.5)	42
Middle	(56.9)	30	(*)	1	(58.1)	31
Secondary	(84.0)	36	(*)	0	(84.2)	37
Higher	(74.5)	37	(*)	2	(75.7)	39
Wealth index quintile						
Poorest	52.8	77	(*)	6	50.8	83
Second	54.9	66	(*)	5	56.4	71
Middle	65.0	62	(*)	2	66.2	64
Fourth	54.5	62	(*)	1	55.0	63
Richest	74.7	65	(*)	6	73.3	71
Usual language spoken in the household						
Sheena	65.2	166	(*)	8	65.1	174
Balti	51.6	91	(*)	6	53.7	98
Brushaski	(61.6)	30	(*)	2	(63.6)	32
Other languages	(51.0)	28	(*)	4	(43.9)	32
Division						
Gilgit	66.6	116	(*)	10	65.8	126
Baltistan	52.3	93	(*)	5	53.6	97
Diamer	59.9	122	(*)	6	59.2	128
District						
Astore	(48.9)	28	(*)	1	(48.0)	28
Diamer	63.1	95	(*)	5	62.3	100
Ghanche	(55.1)	28	(*)	2	(54.3)	29
Ghizer	(64.3)	44	(*)	2	(61.9)	46
Gilgit	(*)	48	(*)	7	(70.1)	56
Hunza	(*)	5	(*)	0	(*)	5
Kharmang	(41.2)	11	(*)	0	(41.2)	11
Nagar	(57.5)	19	(*)	0	(58.5)	19
Shigar	(57.9)	19	(*)	0	(58.9)	19
Skardu	(50.6)	35	(*)	2	(53.9)	38

[1] **MICS indicator 2.13 - Introduction of solid, semi-solid or soft foods**

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Overall, 70 percent of the children age 6-23 months are receiving solid, semi-solid and soft foods the minimum number of times (Table NU.8). A slightly higher proportion of children in urban areas (79%) were achieving the minimum meal frequency compared to children in rural areas (68%). The proportion of children (27%), receiving the minimum dietary diversity or foods from at least 4 food groups, was much lower than that for minimum meal frequency indicating the need to focus on improving diet quality and nutrients intake among this vulnerable group. A higher proportion of older (18-23 month) children (43%) were achieving the minimum dietary diversity compared to younger (6-8 month old) children (4%). The overall assessment using the indicator of minimum acceptable diet revealed that only 20 percent of children are benefitting from a diet sufficient in both diversity and

frequency. The proportion is slightly higher in urban areas (29%) compared to rural areas (18%). Children living in the richest households, those whose mothers have higher education and from Gilgit division are most likely to receive as recommended the minimum meal frequency, minimum dietary diversity, and minimum acceptable diet.

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

Percentage of children age 6-23 months who received appropriate liquids and solid, semi-solid, or soft foods the minimum number of times or more during the previous day, by breastfeeding status, Gilgit-Baltistan, 2016-17

	Currently breastfeeding				Currently not breastfeeding					All			
	Percent of children who received:			Number of children age 6-23 months	Percent of children who received:				Number of children age 6-23 months	Percent of children who received:			Number of children age 6-23 months
	Minimum dietary diversity[a]	Minimum meal frequency[b]	Minimum acceptable diet[1, c]		Minimum dietary diversity[a]	Minimum meal frequency[b]	Minimum acceptable diet[2, c]	At least 2 milk feeds[3]		Minimum dietary diversity[4, a]	Minimum meal frequency[5, b]	Minimum acceptable diet[c]	
Total	22.5	65.6	21.2	1,547	41.1	84.7	17.1	60.8	449	26.7	69.9	20.3	1,997
Area of residence													
Urban	31.3	76.5	30.8	270	51.1	87.6	25.5	65.2	86	36.1	79.2	29.5	357
Rural	20.7	63.3	19.2	1,277	38.7	84.0	15.1	59.7	363	24.7	67.9	18.3	1,640
Sex													
Male	21.7	64.2	20.6	847	46.8	87.1	19.4	63.9	221	26.9	69.0	20.3	1,067
Female	23.5	67.3	22.0	701	35.6	82.3	14.9	57.7	229	26.5	71.0	20.2	929
Age													
6-8 months	3.7	51.7	3.7	332	(*)	(*)	(*)	(*)	20	3.9	52.4	3.5	352
9-11 months	11.9	51.9	10.9	320	(11.1)	(85.7)	(0.0)	(85.9)	25	11.8	54.3	10.1	345
12-17 months	29.5	72.2	28.5	517	37.0	86.3	14.4	65.1	123	31.0	74.9	25.8	640
18-23 months	38.4	80.4	35.4	379	48.0	85.3	21.0	56.4	280	42.5	82.5	29.3	659
Mother's education[d]													
None/pre-school	16.8	59.1	15.8	903	33.8	78.3	7.1	50.0	252	20.5	63.3	13.9	1,155
Primary	19.2	66.4	19.2	129	32.4	89.3	13.4	63.1	64	23.6	74.0	17.3	194
Middle	18.5	73.3	15.5	137	(55.1)	(93.0)	(21.4)	(82.9)	39	26.6	77.7	16.8	177
Secondary	31.5	75.6	30.3	181	(46.6)	(100.0)	(30.6)	(67.6)	30	33.6	79.1	30.4	211
Higher	45.5	80.5	42.9	197	66.9	92.9	50.9	84.0	62	50.7	83.5	44.8	259
Wealth index quintile													
Poorest	8.3	49.4	7.4	331	25.5	73.3	7.8	53.4	90	12.0	54.5	7.5	421
Second	14.4	59.3	13.0	313	30.2	83.5	8.9	49.5	104	18.3	65.3	12.0	418
Middle	24.1	70.6	22.3	327	37.3	81.6	7.1	54.5	97	27.2	73.1	18.8	425
Fourth	30.6	70.9	29.0	301	55.2	94.8	25.7	77.6	70	35.3	75.4	28.3	371
Richest	38.2	80.5	37.4	274	62.8	93.0	40.5	75.3	88	44.1	83.5	38.2	362
Usual language spoken in the household													
Sheena	26.9	67.3	24.7	816	44.0	79.8	17.7	55.4	245	30.9	70.2	23.1	1,061
Balti	10.6	57.9	10.6	448	24.8	89.4	5.2	65.0	123	13.6	64.7	9.4	572
Brushaski	31.9	73.1	30.5	132	59.6	97.0	31.0	71.1	47	39.2	79.4	30.7	180
Other languages	18.1	63.7	18.1	81	(*)	(*)	(*)	(*)	21	21.2	66.5	18.7	102
Division													
Gilgit	36.1	79.4	35.1	549	56.8	93.6	32.6	71.3	158	40.8	82.6	34.6	708
Baltistan	12.2	60.2	12.2	483	25.5	89.9	6.5	64.6	137	15.2	66.8	11.0	620
Diamir	17.6	56.0	14.8	515	38.7	70.9	10.6	46.5	154	22.5	59.4	13.8	669

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

Percentage of children age 6-23 months who received appropriate liquids and solid, semi-solid, or soft foods the minimum number of times or more during the previous day, by breastfeeding status, Gilgit-Baltistan, 2016-17

	Currently breastfeeding				Currently not breastfeeding					All			
	Percent of children who received:			Number of children age 6-23 months	Percent of children who received:				Number of children age 6-23 months	Percent of children who received:			Number of children age 6-23 months
	Minimum dietary diversity[a]	Minimum meal frequency[b]	Minimum acceptable diet[1, c]		Minimum dietary diversity[a]	Minimum meal frequency[b]	Minimum acceptable diet[2, c]	At least 2 milk feeds[3]		Minimum dietary diversity[4, a]	Minimum meal frequency[5, b]	Minimum acceptable diet[c]	
Total	22.5	65.6	21.2	1,547	41.1	84.7	17.1	60.8	449	26.7	69.9	20.3	1,997
District													
Astore	21.0	48.3	20.2	102	(37.0)	(71.8)	(11.7)	(47.2)	28	24.5	53.3	18.4	130
Diamer	16.8	57.9	13.5	413	39.1	70.7	10.3	46.3	126	22.0	60.8	12.7	539
Ghanche	8.3	55.5	8.3	144	(18.2)	(86.9)	(5.4)	(63.0)	41	10.5	62.4	7.7	185
Ghizer	28.6	77.9	26.6	172	(*)	(*)	(*)	(*)	25	31.0	79.3	27.9	197
Gilgit	42.1	82.0	41.7	268	(55.4)	(92.5)	(31.2)	(68.5)	99	45.7	84.8	38.9	367
Hunza	57.2	82.2	54.2	28	(*)	(*)	(*)	(*)	9	65.4	86.6	54.8	37
Kharmang	3.3	39.3	3.3	58	(*)	(*)	(*)	(*)	10	5.3	45.6	3.3	68
Nagar	24.7	73.0	24.7	80	(59.2)	(100.0)	(24.9)	(62.4)	25	33.0	79.5	24.8	106
Shigar	5.4	55.5	5.4	79	24.4	88.0	6.4	46.4	25	10.0	63.4	5.6	104
Skardu	20.4	71.4	20.4	202	(32.2)	(93.8)	(7.9)	(74.3)	61	23.1	76.6	17.5	263

[1] MICS indicator 2.17a - Minimum acceptable diet (breastfed)
[2] MICS indicator 2.17b - Minimum acceptable diet (non-breastfed)
[3] MICS indicator 2.14 - Milk feeding frequency for non-breastfed children
[4] MICS indicator 2.16 - Minimum dietary diversity
[5] MICS indicator 2.15 - Minimum meal frequency

[a] Minimum dietary diversity is defined as receiving foods from at least 4 of 7 food groups: 1) Grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables.
[b] Minimum meal frequency among currently breastfeeding children is defined as children who also received solid, semi-solid, or soft foods 2 times or more daily for children age 6-8 months and 3 times or more daily for children age 9-23 months. For non-breastfeeding children age 6-23 months it is defined as receiving solid, semi-solid or soft foods, or milk feeds, at least 4 times.
[c] The minimum acceptable diet for breastfed children age 6-23 months is defined as receiving the minimum dietary diversity and the minimum meal frequency, while it for non-breastfed children further requires at least 2 milk feedings and that the minimum dietary diversity is achieved without counting milk feeds.
( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases
[d] Total includes 1 unweighted case of mother's education missing

The continued practice of bottle-feeding is a matter of concern because of the possible contamination due to unsafe water and lack of hygiene in preparation. Table NU.9 shows that 28 percent of children under 2 years in Gilgit-Baltistan are fed using a bottle with a nipple. More than one-third (36%) of the children under 2 years are bottle fed in Baltistan division compared to 19 percent in Diamer division. The practice of bottle feeding ranges 13 percent in Ghizer district to 41 percent in Skardu district. Urabn areas have a higher rate of bootle feeding compared to rural areas (35% and 26% respectively). Bottle feeding has a positive relation with education of the mother and household wealth. Evidently, bottle feeding is 21 percent for children whose mother have pre-school or no education compared to 39 percent of children whose mothers have higher education. The data further show that 25 percent of children age less than six months are fed using a bottle with a nipple even though the children are expected to be exclusively breastfed at that age.

Table NU.9: Bottle feeding

Percentage of children age 0-23 months who were fed with a bottle with a nipple during the previous day, Gilgit-Baltistan, 2016-17

	Percentage of children age 0-23 months fed with a bottle with a nipple[1]	Number of children age 0-23 months
Total	27.5	2,613
Area of residence		
Urban	34.8	446
Rural	26.0	2,167
Sex		
Male	28.5	1,372
Female	26.4	1,242
Age		
0-5 months	25.1	617
6-11 months	29.4	697
12-23 months	27.6	1,299
Mother's education[a]		
None/pre-school	21.0	1,490
Primary	31.5	265
Middle	36.8	221
Secondary	35.5	295
Higher	39.4	341
Wealth index quintile		
Poorest	19.9	547
Second	23.4	548
Middle	29.6	562
Fourth	30.4	476
Richest	35.5	479
Usual language spoken in the household		
Sheena	23.4	1,415
Balti	36.1	751
Brushaski	27.8	229
Other languages	27.3	126
Division		
Gilgit	28.6	928
Baltistan	35.6	824
Diamer	18.6	862
District		
Astore	20.6	179
Diamer	18.1	683
Ghanche	33.0	229
Ghizer	12.6	243
Gilgit	35.8	501
Hunza	37.8	48
Kharmang	25.4	88
Nagar	27.3	136
Shigar	31.0	133
Skardu	41.2	374

[1] **MICS indicator 2.18 - Bottle feeding**

[a] Total includes 1 unweighted case of mother's education missing

Salt Iodization

Iodine Deficiency Disorders (IDD) is the world's leading cause of preventable mental retardation and impaired psychomotor development in young children. In its most extreme form, iodine deficiency causes cretinism. It also increases the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated with goitre. The IDD takes its greatest toll in impaired mental growth and development, contributing in turn to poor school performance, reduced intellectual ability, and impaired work performance. The indicator is the percentage of households consuming adequately iodized salt ($\geq$15 parts per million). In Pakistan iodine deficiency disorders have been recognized as a public health problem for nearly 50 years. Various surveys have reflected that Pakistan is a country with more than half of the population estimated to be at risk for IDD (Iodine Deficiency Disorders). The situation is worse especially in the northern districts of Pakistan which is considered to be one of the most severely endemic areas in the world for IDD.

A National IDD Control Program was initiated in 1989 with a focus on elimination of IDD through Universal Salt Iodization (USI). The Program has been implemented by Government of Pakistan with the support for national USI partners including UNICEF, the Micronutrient Initiative and GAIN (Global Alliance for Improved Nutrition). The Program is being implemented in all provinces with the objective to improve the availability and accessibility of adequately iodized salt to the entire population including the most vulnerable.

Table NU.10: Iodized salt consumption

Percent distribution of households by consumption of iodized salt, Gilgit-Baltistan, 2016-17

	Percentage of households in which salt was tested	Number of households	Percent of households with: Salt test result: No salt	Not iodized 0 PPM	>0 and <15 PPM	15+ PPM[1]	Total	Number of households in which salt was tested or with no salt
Total	99.4	6,213	0.3	20.4	10.9	68.4	100.0	6,197
Area of residence								
Urban	99.6	1,090	0.3	11.9	10.4	77.5	100.0	1,088
Rural	99.4	5,123	0.3	22.2	11.0	66.5	100.0	5,108
Education of household head								
None/pre-school	99.3	2,890	0.4	27.6	11.6	60.4	100.0	2,882
Primary	99.5	1,067	0.2	17.4	12.1	70.2	100.0	1,063
Middle	99.2	645	0.1	15.0	11.7	73.1	100.0	641
Secondary	99.6	632	0.4	14.0	10.8	74.8	100.0	632
Higher	99.7	969	0.3	9.8	7.0	82.9	100.0	969
Wealth index quintile								
Poorest	98.8	1,254	0.8	42.2	13.5	43.5	100.0	1,248
Second	99.7	1,235	0.1	27.0	14.3	58.6	100.0	1,233
Middle	99.2	1,223	0.3	15.5	9.9	74.2	100.0	1,218
Fourth	99.5	1,283	0.2	9.9	8.7	81.2	100.0	1,279
Richest	99.8	1,218	0.2	7.2	8.0	84.5	100.0	1,218
Usual language spoken in the household								
Sheena	99.7	2,925	0.1	17.2	9.4	73.3	100.0	2,919
Balti	99.3	1,897	0.5	28.8	14.7	56.0	100.0	1,892
Brushaski	99.2	755	0.7	13.3	8.2	77.8	100.0	755
Other languages	98.8	636	0.3	18.3	9.8	71.7	100.0	630
Division								
Gilgit	99.2	2,614	0.4	10.4	8.0	81.2	100.0	2,602
Baltistan	99.3	2,172	0.4	28.0	15.0	56.6	100.0	2,167
Diamer	100.0	1,428	0.0	27.0	9.9	63.0	100.0	1,428
District								
Astore	99.9	428	0.1	25.3	7.2	67.3	100.0	428
Diamer	100.0	999	0.0	27.7	11.1	61.2	100.0	999
Ghanche	99.4	638	0.4	54.1	11.6	33.9	100.0	636
Ghizer	99.1	794	0.2	7.2	4.8	87.8	100.0	789
Gilgit	99.2	1,179	0.3	9.8	10.2	79.8	100.0	1,173
Hunza	99.0	279	1.0	4.4	5.4	89.3	100.0	279
Kharmang	99.9	243	0.0	33.5	23.5	43.0	100.0	243
Nagar	99.2	361	0.7	24.4	10.1	64.8	100.0	361
Shigar	98.4	281	0.5	18.2	21.8	59.5	100.0	278
Skardu	99.4	1,010	0.6	12.9	13.2	73.4	100.0	1,010

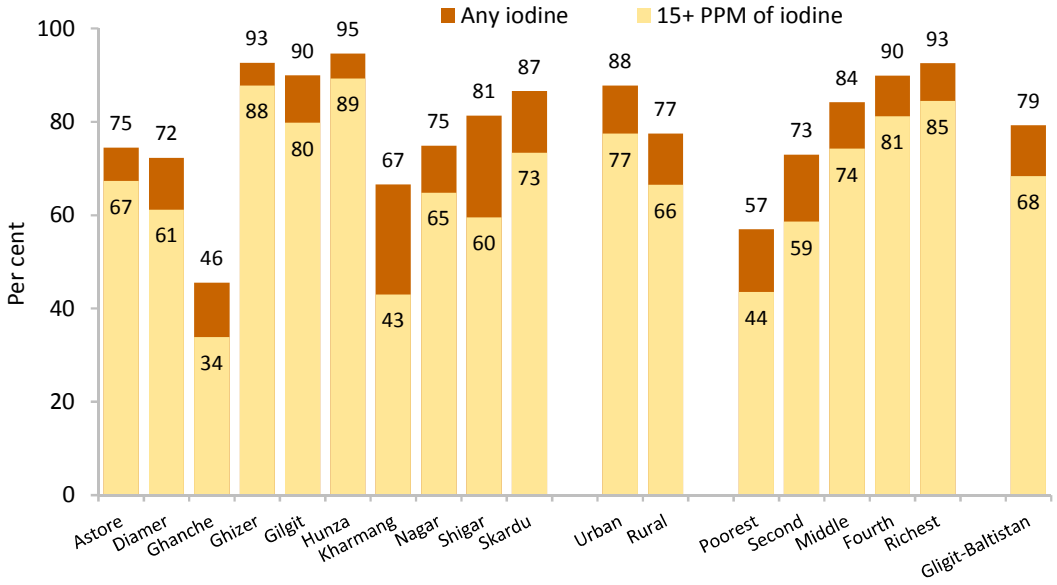
[1] **MICS indicator 2.19 - Iodized salt consumption**

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 9 unweighted cases of household head's education missing

In 99 percent of households, salt used for cooking was tested for iodine content by using salt test kits to test the presence of potassium iodate content in the salt. Table NU.10 shows that there are almost no household without salt. These households are, however, included in the denominator of the indicator. In 68 percent of households, salt is found to contain 15 parts per million (ppm) or more of iodine. Use of iodized salt was lowest in Baltistan division (57%) and highest in Gilgit division (81%). More urban households (78%) were found to be using adequately iodized salt compared to 67 percent in rural areas. Similarly, 85 percent of richest households are using adequately iodized salt compared to 44 percent of poorest households. The consumption of adequately iodized salt is graphically presented in Figure NU.4.

Figure NU.4: Consumption of iodized salt, Gilgit-Baltistan MICS, 2016-17



Children's Vitamin A Supplementation

Vitamin A is essential for eye health and proper functioning of the immune system. It is found in foods such as milk, liver, eggs, red and orange fruits, red palm oil and green leafy vegetables, although the amount of vitamin A readily available to the body from these sources varies widely. In developing areas of the world, where vitamin A is largely consumed in the form of fruits and vegetables, daily per capita intake is often insufficient to meet dietary requirements. Inadequate intakes are further compromised by increased requirements for vitamin as children grow or during periods of illness, as well as increased losses during common childhood infections. As a result, vitamin A deficiency is quite prevalent in developing world and particularly in countries with highest burden of under-five deaths.

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

For countries where vitamin A deficiency is common, current international recommendations call for high-dose supplementation every 4–6 months for all children aged 6–59 months living in affected areas. Providing young children with two high-dose vitamin A capsules a year is a safe, cost-effective, efficient strategy for eliminating vitamin A deficiency and improving child survival. Giving vitamin A to new mothers helps protect their children during the first months of life and helps to replenish the mother's own stores of vitamin A which are depleted during pregnancy and lactation. Under Pakistan's National Health Policy 2001, vitamin A supplements are to be provided annually to all children aged 6-59 months on National

Immunisation Days through the Expanded Programme on Immunization (EPI) network. This survey uses as an indicator the percentage of children 6–35 months of age who receive at least one high-dose of vitamin A supplement in the preceding 6 months.

GB-MICS, 2016-17 finds that about 77 percent of children aged 6–59 months in Gilgit-Baltistan received at least one dose of vitamin A supplement during the 6 months period prior to the interview (Table NU.11). Children age 6–11 months have least coverage (70%) compared to older children age 24-35 months who have highest coverage (79%). Among divisions, nine in ten children (89%) in Baltistan division received Vitamin A dose during the last 6 months compared to only six in ten children in Diamer division (64%). The results also varies across districts ranges from 59 percent in Diamer district to 96 percent equally in Kharmang and Shigar district.

Table NU.11: Children's vitamin A supplementation

Percent distribution of children age 6-59 months by receipt of a high dose vitamin A supplement in the last 6 months, Gilgit-Baltistan, 2016-17

	Percentage of children who received Vitamin A during the last 6 months[1]	Number of children age 6-59 months
Total	76.9	5,876
Area of residence		
Urban	85.0	988
Rural	75.2	4,888
Sex		
Male	76.0	3,075
Female	77.8	2,801
Age		
6-11 months	70.0	697
12-23 months	77.1	1,299
24-35 months	79.1	1,322
36-47 months	77.4	1,333
48-59 months	77.5	1,224
Mother's education		
None/pre-school	73.3	3,573
Primary	78.4	562
Middle	83.9	458
Secondary	85.0	611
Higher	82.3	670
Wealth index quintile		
Poorest	66.1	1,327
Second	76.4	1,244
Middle	79.1	1,203
Fourth	82.2	1,072
Richest	83.1	1,029
Usual language spoken in the household		
Sheena	72.0	3,070
Balti	90.0	1,756
Brushaski	81.1	489
Other languages	60.2	328
Division		
Gilgit	76.8	2,023
Baltistan	88.8	1,978
Diamer	64.4	1,875
District		
Astore	83.6	409
Diamer	59.0	1,466
Ghanche	86.9	540
Ghizer	63.9	579
Gilgit	79.4	1,034
Hunza	91.2	113
Kharmang	96.1	199
Nagar	87.0	298
Shigar	96.1	318
Skardu	85.9	920

[1] **MICS indicator 2.S1 - Vitamin A supplementation**

[a] Total includes 2 unweighted cases of mother's education missing

VI. CHILD HEALTH

Vaccinations

The Millennium Development Goal (MDG) 4 was to reduce child mortality by two thirds between 1990 and 2015. Immunization plays a key part in this goal. In addition, the Global Vaccine Action Plan (GVAP) was endorsed by the 194 Member States of the World Health Assembly in May 2012 to achieve the Decade of Vaccines vision by delivering universal access to immunization. Immunization has saved the lives of millions of children in the four decades since the launch of the Expanded Programme on Immunization (EPI) in 1974. Worldwide there are still millions of children not reached by routine immunization and as a result, vaccine-preventable diseases cause more than 2 million deaths every year.

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT containing vaccine to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a first dose of measles vaccination before a child's first birthday (N.B., due to the epidemiology of disease in a country, the first dose of measles vaccine may be recommended at 12 months or later).

The vaccination schedule followed by the Pakistan Expanded Program on Immunization (EPI) provides all the above mentioned vaccinations. This includes polio at birth, three doses of pentavalent vaccine comprising of antigens against diphtheria, pertussis, tetanus, hepatitis B and haemophilus influenza type b (Hib), three doses of pneumococcal conjugate vaccine and one does of measles during the first year of life followed by second dose of measles at the age of 12-15 months. Taking into consideration this vaccination schedule, the estimates for full immunization coverage from the GB-MICS are based on children age 12-23 months.

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

Table CH.1: Vaccinations in the first years of life

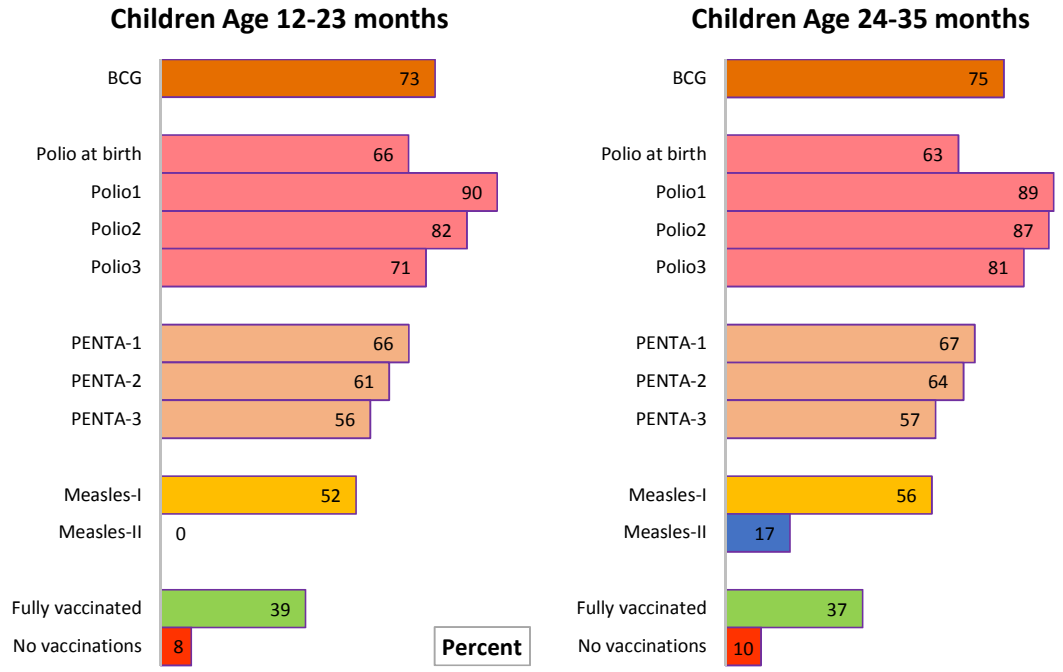
Percentage of children age 12-23 months and 24-35 months vaccinated against vaccine preventable childhood diseases at any time before the survey and by their first birthday, Gilgit-Baltistan, 2016-17

	Children age 12-23 months:				Children age 24-35 months:			
	Vaccinated at any time before the survey according to:			Vaccinated by 12 months of age[a]	Vaccinated at any time before the survey according to:			Vaccinated by 12 months of age
	Vaccination card	Mother's report	Either		Vaccination card	Mother's report	Either	
Antigen								
BCG[1]	39.3	34.2	73.5	73.3	22.2	54.0	76.2	75.3
Polio								
At birth	37.3	29.1	66.5	66.2	21.5	42.3	63.8	63.0
1	38.4	52.0	90.4	89.9	21.2	69.1	90.3	88.7
2	36.8	47.1	83.9	81.8	20.9	68.4	89.3	87.4
3[2]	34.4	38.7	73.1	70.9	19.9	63.6	83.5	80.6
DPT / PENTA								
1	38.7	27.9	66.6	66.3	21.7	46.9	68.6	67.4
2	37.2	25.5	62.7	61.1	21.4	44.4	65.8	64.4
3[3,4,5]	34.8	22.9	57.8	56.0	20.3	38.8	59.1	56.7
Measles								
1[6]	32.0	24.8	56.8	52.2	18.7	45.6	64.3	55.8
2	16.5	1.6	18.0	0.0	15.4	2.7	18.1	17.5
Fully vaccinated[7, b]	31.7	12.8	44.6	38.7	19.7	25.0	44.7	37.1
No vaccinations	0.0	8.2	8.2	8.2	0.0	9.2	9.2	9.6
Number of children	1,299	1,299	1,299	1,299	1,322	1,322	1,322	1,322

[1] **MICS indicator 3.1 - Tuberculosis immunization coverage**
[2] **MICS indicator 3.2 - Polio immunization coverage**
[3] **MICS indicator 3.3 - Diphtheria, pertussis and tetanus (DPT) immunization coverage**
[4] **MICS indicator 3.5 - Hepatitis B immunization coverage**
[5] **MICS indicator 3.6 - Haemophilus influenzae type B (Hib) immunization coverage**
[6] **MICS indicator 3.4; MDG indicator 4.3 - Measles immunization coverage**
[7] **MICS indicator 3.8 - Full immunization coverage**
[a] All MICS indicators refer to results in this column
[b] Includes: BCG, Polio3, PENTA3, and Measles-1 (MCV1) as per the vaccination schedule in Gilgit-Baltistan

The percentage of children age 12-23 months and 24-35 months who have received each of the specific vaccinations by source of information (vaccination records at health facilities or vaccination card and mother's recall) is shown in Table CH.1 and Figure CH.1. The denominators for the table are comprised of children age 12-23 months and 24-35 months so that only children who are old enough to be fully vaccinated are counted. In the first three columns in each panel of the table, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card or the vaccination records at health facilities or the mother's report. In the last column in each panel, only those children who were vaccinated before their first birthday, as recommended, are included. For children without vaccination cards or records, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards or records.

Figure CH.1: Vaccinations by age 12 months, Gilgit-Baltistan MICS, 2016-17



The results show that 73.3 percent of children age 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT/pentavalent vaccine was given to 66.3 percent. The percentage declines to 61.1 percent for the second dose of pentavalent vaccine, and 56.0 percent for the third dose. Similarly, 89.9 percent of children received Polio 1 by age 12 months and this declines to 70.9 percent by the third dose. The coverage for the first dose of measles vaccine by 12 months is lower than most of the other vaccines at 52.2 percent. As a result, the percentage of children who had all the recommended vaccinations by their first birthday is low at only 38.7 percent.

Table CH.2: Vaccinations by background characteristics

Percentage of children age 12-23 months currently vaccinated against vaccine preventable childhood diseases, Gilgit-Baltistan, 2016-17

	Percentage of children age 12-23 months who received:											Percentage with vaccination card seen	Number of children age 12-23 months	Percentage of children age 24-35 months who received:			Percentage with vaccination card seen	Number of children age 24-35 months
		Polio				PENTA												
	BCG	At birth	1	2	3	1	2	3	Measles-1 (MCV1)	Full[a]	None			Measles 2	Full[a]	None		
Total	73.5	66.5	90.4	83.9	73.1	66.6	62.7	57.8	56.8	44.6	8.2	39.9	1,299	18.1	44.7	9.2	22.2	1,322
Area of residence																		
Urban	76.5	74.8	95.0	90.0	81.9	70.6	65.3	61.8	59.0	49.5	4.4	43.2	234	19.7	52.1	6.5	23.5	201
Rural	72.9	64.6	89.4	82.6	71.2	65.7	62.1	56.9	56.3	43.5	9.1	39.2	1,065	17.8	43.3	9.6	21.9	1,121
Sex																		
Male	75.9	67.5	91.3	84.8	72.6	68.3	64.7	59.1	57.1	43.4	7.8	40.9	694	17.4	45.7	9.2	21.7	671
Female	70.8	65.3	89.3	82.9	73.7	64.5	60.4	56.2	56.3	45.9	8.7	38.8	606	18.8	43.6	9.1	22.6	652
Mother's education[b]																		
None/pre-school	63.0	54.8	88.0	78.2	63.7	52.9	48.5	43.1	43.7	31.7	10.9	32.0	759	10.3	30.0	13.1	14.0	795
Primary	81.1	66.6	92.0	89.4	86.1	76.4	69.9	66.4	64.7	46.3	3.6	40.8	118	26.9	60.8	4.7	29.5	121
Middle	80.4	80.9	92.4	87.5	78.4	81.7	76.9	71.3	67.2	55.0	7.6	46.1	113	26.1	57.7	3.3	30.2	100
Secondary	92.5	87.7	93.7	91.8	86.0	90.5	89.2	82.5	77.5	67.3	5.3	53.5	133	31.0	72.6	0.0	37.6	151
Higher	94.9	91.5	95.8	96.6	92.7	91.0	89.9	87.7	84.8	75.6	2.5	59.5	176	33.5	71.5	5.1	37.8	154
Wealth index quintile																		
Poorest	60.0	48.2	83.7	69.5	53.9	49.0	44.8	36.3	38.3	22.5	14.8	26.2	269	7.1	24.8	13.2	10.2	292
Second	68.9	59.9	87.1	83.3	70.2	61.7	58.5	53.1	50.1	39.2	10.4	33.8	276	13.4	38.8	10.4	19.9	291
Middle	74.2	67.2	92.3	85.0	75.8	68.4	62.7	58.9	58.8	46.0	6.8	42.9	282	22.6	50.4	8.3	26.2	275
Fourth	80.2	75.6	91.6	87.5	79.1	72.9	68.8	65.2	63.5	53.1	7.0	42.3	239	23.6	59.1	7.0	27.2	250
Richest	86.8	85.1	98.3	96.2	89.2	83.5	81.5	78.5	76.0	65.8	1.1	56.8	234	27.2	55.2	5.6	30.6	214
Usual language spoken in the household																		
Sheena	58.9	54.5	86.3	76.7	64.1	47.7	43.4	40.8	38.9	31.1	12.5	29.1	699	11.9	28.6	13.9	15.2	688
Balti	93.8	78.9	96.6	94.5	85.2	92.0	87.4	76.0	78.1	58.1	1.6	48.4	374	16.9	61.9	4.2	19.4	396
Brushaski	95.7	93.0	93.5	93.3	85.6	92.3	91.9	91.6	85.4	74.7	3.9	68.3	118	50.7	78.3	0.8	60.5	97
Other languages	73.5	71.6	91.9	83.5	75.7	72.3	69.7	66.8	65.1	52.3	8.1	49.1	109	29.1	51.6	5.4	37.4	142
Division																		
Gilgit	84.6	86.6	90.0	87.7	82.4	82.8	78.9	77.5	73.9	65.7	8.8	57.0	462	33.1	62.4	9.2	39.3	449
Baltistan	93.1	79.6	96.6	94.0	85.5	92.1	86.7	75.4	76.9	57.9	2.0	49.9	422	15.2	58.5	4.5	17.8	455
Diamer	41.3	30.8	84.5	69.5	50.4	22.0	19.6	17.2	15.4	7.6	14.0	10.8	416	5.1	10.3	14.1	8.5	419
District																		
Astore	62.7	60.2	83.9	80.5	74.3	52.0	46.7	40.6	40.4	22.4	13.1	35.9	77	10.4	28.7	16.9	17.4	101
Diamer	36.5	24.1	84.6	66.9	44.9	14.9	13.2	11.6	9.2	4.2	14.2	5.1	339	3.4	4.4	13.3	5.7	318
Ghanche	93.6	76.4	98.4	98.4	89.3	92.9	88.7	77.7	76.4	55.2	1.1	42.1	129	11.9	50.7	3.6	13.9	118
Ghizer	97.4	96.7	96.3	97.4	89.0	96.3	97.4	95.8	93.5	84.8	2.6	81.2	121	50.2	76.1	0.6	60.1	129

Table CH.2: Vaccinations by background characteristics

Percentage of children age 12-23 months currently vaccinated against vaccine preventable childhood diseases, Gilgit-Baltistan, 2016-17

	Percentage of children age 12-23 months who received:											Percentage with vaccination card seen	Number of children age 12-23 months	Percentage of children age 24-35 months who received:			Percentage with vaccination card seen	Number of children age 24-35 months
		Polio				PENTA			Measles-1 (MCV1)	Full[a]	None			Measles 2	Full[a]	None		
	BCG	At birth	1	2	3	1	2	3										
Total	73.5	66.5	90.4	83.9	73.1	66.6	62.7	57.8	56.8	44.6	8.2	39.9	1,299	18.1	44.7	9.2	22.2	1,322
Gilgit	73.3	79.6	85.0	80.4	78.3	71.1	64.4	63.3	59.2	52.6	14.1	42.3	243	18.3	50.5	16.3	21.9	244
Hunza	100.0	98.4	100.0	100.0	97.4	100.0	97.1	97.1	98.8	94.2	0.0	86.8	30	59.8	77.2	0.0	63.6	23
Kharmang	100.0	91.0	100.0	97.9	96.4	100.0	100.0	91.6	93.8	78.5	0.0	54.9	45	26.9	77.5	0.0	29.4	48
Nagar	94.7	88.4	91.9	91.2	78.4	92.7	90.0	86.9	80.4	65.5	4.6	53.2	67	48.0	77.4	1.5	58.2	53
Shigar	95.5	79.1	95.8	94.2	90.2	93.7	90.2	81.8	80.5	62.4	3.1	45.8	69	13.9	60.8	5.5	19.1	73
Skardu	90.0	79.2	94.8	89.8	78.1	88.9	80.5	67.3	71.4	52.8	2.7	55.7	178	14.8	57.6	5.6	16.9	215

[a] Includes: BCG, Polio3, PENTA3 and Measles-1 (MCV1) as per the vaccination schedule in Gilgit-Baltistan

[b] Total includes 1 unweighted case of mother's education missing

Table CH.2 shows that 44.6 percent of children age 12-23 months received all the recommended vaccines according to the vaccination schedule in GB. At district level the percentage of fully recommended vaccines availed by 24-35 age groups starts form 4.4 percent in Diamer to 77.5 percent in district Kharmang. None of the children of Hunza district between 12-23 months of age group remained out of BCG vaccines, polio and Penta 1 at birth. There is ignorable gender differentials in terms of full vaccination coverage. The wealth quintiles is positively associated with the BCG, polio and pentavalent vaccines. Also, there are slightly differences between urban and rural areas.

Neonatal Tetanus Protection

One of the MDGs is to reduce by three quarters the maternal mortality ratio, with one strategy to eliminate maternal tetanus. Following on the 42nd and 44th World Health Assembly calls for elimination of neonatal tetanus, the global community continues to work to reduce the incidence of neonatal tetanus to less than 1 case of neonatal tetanus per 1,000 live births in every district by 2015.

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

Received at least two doses of tetanus toxoid vaccine, the last within the previous 3 years;
Received at least 3 doses, the last within the previous 5 years;
Received at least 4 doses, the last within the previous 10 years;
Received 5 or more doses anytime during her life.[29]

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

Table CH.3 shows the protection status from tetanus of women who have had a live birth within the last 2 years. More than half of women (52.2%) in GB who had a live birth in the two years before the survey are protected against tetanus. Furthermore, 41.7 percent of women received at least two doses of tetanus toxoid during the last pregnancy.

Protection against tetanus is notably higher among women in Baltistan division (72.1%) than the rest of the divisions. Educational attainment and household wealth are strongly associated with protection against tetanus. For example, only 37.8 percent of women in the poorest wealth quintile are protected against tetanus compared with 63.3 percent of women in the richest wealth quintile. Similarly, protection against tetanus is higher among women with higher education (75.9%) than those with only pre-school or no education (39.9%). Women in urban areas (56.7%) are also more likely to be protected against tetanus than their rural counterparts (51.2%).

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

Table CH.3: Neonatal tetanus protection

Percentage of women age 15-49 years with a live birth in the last 2 years protected against neonatal tetanus, Gilgit-Baltistan, 2016-17

	Percentage of women who received at least 2 doses during last pregnancy	Percentage of women who did not receive two or more doses during last pregnancy but received:					Number of women with a live birth in the last 2 years
		2 doses, the last within prior 3 years	3 doses, the last within prior 5 years	4 doses, the last within prior 10 years	5 or more doses during lifetime	Protected against tetanus[1]	
Total	41.7	6.8	1.6	1.3	0.8	52.2	2,705
Area of residence							
Urban	47.1	6.6	1.4	1.1	0.5	56.7	462
Rural	40.6	6.8	1.6	1.4	0.9	51.2	2,244
Mother's education[a]							
None/pre-school	31.6	6.4	1.2	0.5	0.2	39.9	1,526
Primary	49.7	7.4	1.4	0.4	1.4	60.3	298
Middle	47.3	6.2	2.2	1.8	0.0	57.5	216
Secondary	59.7	7.2	1.5	3.7	2.0	74.1	303
Higher	59.4	8.0	3.0	3.3	2.3	75.9	361
Wealth index quintile							
Poorest	31.9	5.4	0.2	0.3	0.0	37.8	566
Second	40.6	5.5	1.7	0.5	0.1	48.4	589
Middle	45.8	8.4	1.1	1.2	0.2	56.7	565
Fourth	43.3	7.1	2.3	3.0	1.1	56.8	493
Richest	47.9	7.6	2.9	2.0	3.0	63.3	492
Usual language spoken in the household							
Sheena	29.2	5.3	1.6	1.6	1.0	38.8	1,439
Balti	62.8	8.8	1.0	0.4	0.4	73.4	796
Brushaski	45.7	11.0	4.2	2.8	1.8	65.4	232
Other languages	42.3	4.6	1.2	1.3	0.0	49.3	239
Division							
Gilgit	43.3	7.4	3.0	2.8	2.1	58.7	966
Baltistan	62.7	8.4	0.6	0.4	0.1	72.1	873
Diamer	18.7	4.4	1.0	0.6	0.0	24.7	866
District							
Astore	31.1	7.0	2.1	2.9	0.0	43.2	189
Diamer	15.2	3.6	0.7	0.0	0.0	19.6	677
Ghanche	57.6	7.5	0.2	1.0	0.3	66.5	240
Ghizer	42.6	7.7	2.1	4.8	0.8	58.0	260
Gilgit	40.5	6.1	3.4	1.5	3.2	54.8	516
Hunza	52.5	13.0	9.3	10.2	2.5	87.5	49
Kharmang	80.5	4.6	0.5	0.0	0.0	85.6	96
Nagar	51.7	10.0	0.8	1.1	0.5	64.2	140
Shigar	59.4	6.6	0.6	0.6	0.3	67.5	143
Skardu	62.6	10.5	0.9	0.0	0.0	74.0	394

[1] **MICS indicator 3.9 - Neonatal tetanus protection**

[a] Total includes 1 unweighted case of mother's education missing

Care of Illness

A key strategy for accelerating progress toward MDG 4 is to tackle the diseases that are the leading killers of children under 5. Diarrhoea and pneumonia are two such diseases. The Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD) aims to end preventable pneumonia and diarrhoea death by reducing mortality from pneumonia to 3 deaths per 1000 live births and mortality from diarrhoea to 1 death per 1000 live births by 2025. Malaria is also a major killer of children under 5, killing about 1200 children every day. The Global Malaria Action Plan (GMAP) aims to reduce malaria deaths to near zero by 2015

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

The definition of a case of diarrhoea or fever, in this survey, was the mother's or caretaker's report that the child had such symptoms over the specified period; no other evidence were sought beside the opinion of the mother. A child was considered to have had an episode of ARI if the mother or caretaker reported that the child had, over the specified period, an illness with a cough with rapid or difficult breathing, and whose symptoms were perceived to be due to a problem in the chest or both a problem in the chest and a blocked nose. While this approach is reasonable in the context of a MICS survey, these basically simple case definitions must be kept in mind when interpreting the results, as well as the potential for reporting and recall biases. Further, diarrhoea, fever and ARI are not only seasonal but are also characterized by the often rapid spread of localized outbreaks from one area to another at different points in time. The timing of the survey and the location of the teams might thus considerably affect the results, which must consequently be interpreted with caution. For these reasons, although the period-prevalence over a two-week time window is reported, these data should not be used to assess the epidemiological characteristics of these diseases but rather to obtain denominators for the indicators related to use of health services and treatment.

Overall, 22.3 percent of under five children were reported to have had diarrhoea in the two weeks preceding the survey, 17.1 percent symptoms of ARI, and 38.6 percent had an episode of fever (Table CH.4). There is no clear variation in sex and area of the under five children. Diarrhoea is negatively associated with age of children under five. At divisional level, the fever is reported highest in Gilgit region (44.3%) compared and least in Diamer division (31.7%). The wealth quintiles appears no relationship with diarrhoea, ARI and fever.

Table CH.4: Reported disease episodes

Percentage of children age 0-59 months for whom the mother/caretaker reported an episode of diarrhoea, symptoms of acute respiratory infection (ARI), and/or fever in the last two weeks, Gilgit-Baltistan, 2016-17

	Percentage of children who in the last two weeks had:			
	An episode of diarrhea	Symptoms of ARI	An episode of fever	Number of children age 0-59 months
Total	22.3	17.1	38.6	6,637
Area of residence				
Urban	18.4	12.7	38.9	1,097
Rural	23.1	18.0	38.5	5,540
Sex				
Male	23.1	17.6	39.2	3,472
Female	21.5	16.6	37.9	3,165
Age				
0-11 months	25.0	17.8	42.2	1,314
12-23 months	29.2	16.4	41.8	1,299
24-35 months	24.4	17.2	40.0	1,322
36-47 months	17.6	18.3	36.3	1,333
48-59 months	15.8	15.9	32.8	1,368
Mother's education[a]				
None/pre-school	24.1	17.8	35.8	4,015
Primary	26.2	19.2	45.6	646
Middle	17.7	18.7	48.1	507
Secondary	19.1	15.3	40.7	702
Higher	15.8	12.5	39.0	764
Wealth index quintile				
Poorest	27.5	18.8	37.7	1,489
Second	26.1	19.0	35.7	1,419
Middle	19.7	17.9	39.9	1,363
Fourth	19.4	16.5	40.7	1,204
Richest	17.0	12.4	39.5	1,161
Usual language spoken in the household				
Sheena	22.6	13.9	37.2	3,490
Balti	23.4	25.9	41.1	1,988
Brushaski	22.9	17.1	44.3	546
Other languages	16.7	6.9	33.2	612
Division				
Gilgit	19.7	16.4	44.3	2,278
Baltistan	22.7	24.5	39.3	2,239
Diamer	24.6	10.1	31.7	2,120
District				
Astore	21.7	22.1	50.5	465
Diamer	25.5	6.7	26.4	1,655
Ghanche	18.9	20.2	35.8	605
Ghizer	9.3	8.1	30.8	634
Gilgit	23.3	19.1	49.7	1,184
Hunza	13.3	18.3	37.7	127
Kharmang	11.8	9.8	22.0	221
Nagar	29.2	21.8	53.5	334
Shigar	21.0	34.9	47.7	357
Skardu	27.8	26.6	42.0	1,055

[a] Total includes 2 unweighted cases of mother's education missing

Table CH.5: Care-seeking during diarrhea

Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought, by source of advice or treatment, Gilgit-Baltistan, 2016-17

	Percentage of children with diarrhoea for whom:								
			Advice or treatment was sought from:						
			Health facilities or providers						
	An episode of diarrhoea	Number of children age 0-59 months	Public	Private	Community health provider[a]	Other source	A health facility or provider[1, b]	No advice or treatment sought	Number of children age 0-59 months with diarrhoea in the last two weeks
Total	22.3	6,637	36.6	19.7	1.0	7.4	53.6	39.0	1,481
Area of residence									
Urban	18.4	1,097	30.3	34.8	0.3	4.1	59.1	36.2	202
Rural	23.1	5,540	37.5	17.3	1.1	8.0	52.8	39.4	1,279
Sex									
Male	23.1	3,472	39.4	19.5	1.0	6.2	56.3	37.5	801
Female	21.5	3,165	33.2	20.0	1.0	8.9	50.4	40.8	680
Age									
0-11 months	25.0	1,314	36.0	21.8	0.4	6.4	55.3	39.9	328
12-23 months	29.2	1,299	33.5	23.2	0.8	6.9	53.4	38.0	380
24-35 months	24.4	1,322	36.2	15.8	0.8	9.2	50.0	41.8	322
36-47 months	17.6	1,333	36.9	19.6	2.3	5.4	55.2	38.9	234
48-59 months	15.8	1,368	42.8	16.4	1.0	9.5	55.2	35.2	216
Mother's education[c]									
None/pre-school	24.1	4,015	39.4	16.1	1.1	8.2	52.4	39.0	966
Primary	26.2	646	34.4	21.7	0.5	7.0	53.7	39.4	169
Middle	17.7	507	36.5	23.1	0.0	7.4	57.5	38.2	90
Secondary	19.1	702	25.6	31.8	1.1	4.4	56.7	40.2	134
Higher	15.8	764	28.9	29.9	1.0	5.3	56.7	37.7	121
Wealth index quintile									
Poorest	27.5	1,489	39.3	12.1	2.0	9.9	49.5	40.6	410
Second	26.1	1,419	39.7	17.4	1.3	10.4	54.8	34.3	370
Middle	19.7	1,363	42.3	21.5	0.3	5.9	60.4	34.1	269
Fourth	19.4	1,204	28.7	22.2	0.4	4.5	47.8	48.6	234
Richest	17.0	1,161	26.3	34.6	0.1	2.4	57.5	39.8	198
Usual language spoken in the household									
Sheena	22.6	3,490	32.3	19.9	0.4	9.1	49.8	40.5	789
Balti	23.4	1,988	42.5	17.6	1.2	4.5	57.6	38.9	465
Brushaski	22.9	546	46.8	27.0	3.2	6.0	68.3	28.3	125
Other languages	16.7	612	30.3	18.5	1.6	10.2	47.0	41.0	102
Division									
Gilgit	19.7	2,278	30.4	33.5	0.9	3.8	60.6	36.4	449
Baltistan	22.7	2,239	40.2	17.0	1.2	5.8	54.7	40.3	509
Diamer	24.6	2,120	38.3	10.6	0.9	12.2	46.6	39.9	522
District									
Astore	21.7	465	36.7	14.5	0.6	3.2	48.5	48.1	101
Diamer	25.5	1,655	38.6	9.6	0.9	14.3	46.1	38.0	422
Ghanche	18.9	605	59.0	18.2	4.3	7.1	72.1	24.4	114
Ghizer	9.3	634	35.5	45.3	0.0	4.8	74.0	21.0	59
Gilgit	23.3	1,184	24.0	34.8	0.0	3.0	56.0	41.0	276
Hunza	13.3	127	(16.5)	(52.8)	(1.5)	(4.5)	(69.3)	(27.7)	17
Kharmang	11.8	221	47.1	10.2	2.6	12.8	57.3	29.9	26
Nagar	29.2	334	47.9	19.0	3.8	5.5	64.0	34.4	97
Shigar	21.0	357	57.6	14.6	0.5	3.2	70.1	27.8	75
Skardu	27.8	1,055	27.8	17.7	0.0	5.4	43.7	50.7	293

[1] **MICS indicator 3.10 - Care-seeking for diarrhoea**

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

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

( ) Figures that are based on 25-49 unweighted cases

[c] Total includes 2 unweighted cases of mother's education missing

Table CH.6: Feeding practices during diarrhea

Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea, Gilgit-Baltistan, 2016-17

			Drinking practices during diarrhoea							Eating practices during diarrhoea							
			Child was given to drink:							Child was given to eat:							
	Had diarrhoea in last two weeks	Number of children age 0-59 months	Much less	Somewhat less	About the same	More	Nothing	Missing / DK	Total	Much less	Somewhat less	About the same	More	Nothing	Missing/ DK	Total	Number of children aged 0-59 months with diarrhoea
Total	22.3	6,637	8.3	29.8	52.1	7.6	2.1	0.0	100.0	11.1	30.6	47.2	2.9	8.2	0.0	100.0	1,481
Area of residence																	
Urban	18.4	1,097	2.6	30.2	58.2	6.8	2.3	0.0	100.0	6.4	33.0	53.9	2.9	3.7	0.0	100.0	202
Rural	23.1	5,540	9.3	29.8	51.2	7.7	2.1	0.0	100.0	11.8	30.2	46.1	2.9	8.9	0.0	100.0	1,279
Sex																	
Male	23.1	3,472	9.3	30.7	50.9	7.4	1.6	0.0	100.0	10.9	31.7	46.6	2.1	8.6	0.0	100.0	801
Female	21.5	3,165	7.2	28.7	53.6	7.8	2.7	0.0	100.0	11.3	29.2	47.8	3.9	7.8	0.0	100.0	680
Age																	
0-11 months	25.0	1,314	5.5	25.0	60.0	4.3	5.1	0.0	100.0	8.2	20.3	38.9	0.2	32.5	0.0	100.0	328
12-23 months	29.2	1,299	9.0	27.8	51.9	9.6	1.7	0.0	100.0	12.8	31.1	49.3	4.3	2.5	0.0	100.0	380
24-35 months	24.4	1,322	8.5	33.3	47.8	9.0	1.3	0.1	100.0	11.0	35.0	49.5	3.3	1.0	0.1	100.0	322
36-47 months	17.6	1,333	8.2	31.7	53.4	5.9	0.8	0.0	100.0	11.1	31.1	55.0	2.1	0.7	0.0	100.0	234
48-59 months	15.8	1,368	11.5	33.4	45.7	8.7	0.8	0.0	100.0	12.8	38.1	43.8	4.9	0.4	0.0	100.0	216
Mother's education[a]																	
None/pre-school	24.1	4,015	8.7	29.8	53.5	5.5	2.4	0.0	100.0	10.6	30.4	49.3	2.5	7.1	0.0	100.0	966
Primary	26.2	646	9.0	31.7	51.0	7.9	0.5	0.0	100.0	11.0	35.3	37.8	2.4	13.5	0.0	100.0	169
Middle	17.7	507	10.3	20.6	56.1	9.4	3.6	0.0	100.0	11.0	24.0	50.9	4.6	9.5	0.0	100.0	90
Secondary	19.1	702	5.6	37.2	47.1	7.8	2.1	0.2	100.0	14.3	36.9	43.6	1.4	3.6	0.2	100.0	134
Higher	15.8	764	5.9	26.2	45.3	21.8	0.8	0.0	100.0	11.7	23.1	44.3	7.1	13.8	0.0	100.0	121
Wealth index quintile																	
Poorest	27.5	1,489	10.1	28.5	51.8	5.7	3.9	0.1	100.0	13.7	28.6	49.9	3.0	4.6	0.1	100.0	410
Second	26.1	1,419	13.1	28.7	49.2	7.6	1.4	0.0	100.0	13.3	30.0	45.7	3.3	7.8	0.0	100.0	370
Middle	19.7	1,363	7.4	30.0	52.2	8.8	1.6	0.0	100.0	12.4	32.8	43.4	2.2	9.2	0.0	100.0	269
Fourth	19.4	1,204	3.5	36.1	52.3	6.8	1.3	0.0	100.0	5.5	33.8	45.0	2.7	13.0	0.0	100.0	234
Richest	17.0	1,161	2.9	26.9	58.1	10.8	1.3	0.0	100.0	6.4	29.2	51.8	3.1	9.5	0.0	100.0	198
Usual language spoken in the household																	
Sheena	22.6	3,490	3.3	29.9	60.5	4.9	1.4	0.0	100.0	5.2	30.3	55.7	2.7	6.1	0.0	100.0	789
Balti	23.4	1,988	17.9	28.0	42.5	8.0	3.5	0.1	100.0	19.9	30.8	36.5	2.5	10.2	0.1	100.0	465
Brushaski	22.9	546	7.0	32.5	32.8	25.5	2.2	0.0	100.0	16.7	29.7	31.3	7.3	15.0	0.0	100.0	125
Other languages	16.7	612	5.2	34.1	55.0	4.6	1.1	0.0	100.0	9.5	33.2	48.9	0.9	7.5	0.0	100.0	102

Table CH.6: Feeding practices during diarrhea

Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea, Gilgit-Baltistan, 2016-17

			Drinking practices during diarrhoea							Eating practices during diarrhoea							
			Child was given to drink:							Child was given to eat:							
	Had diarrhoea in last two weeks	Number of children age 0-59 months	Much less	Somewhat less	About the same	More	Nothing	Missing / DK	Total	Much less	Somewhat less	About the same	More	Nothing	Missing/ DK	Total	Number of children aged 0-59 months with diarrhoea
Total	22.3	6,637	8.3	29.8	52.1	7.6	2.1	0.0	100.0	11.1	30.6	47.2	2.9	8.2	0.0	100.0	1,481
Division																	
Gilgit	19.7	2,278	5.9	33.8	48.4	10.6	1.4	0.0	100.0	9.6	32.0	42.5	4.0	11.9	0.0	100.0	449
Baltistan	22.7	2,239	16.5	29.8	42.3	7.5	3.8	0.1	100.0	18.0	32.2	36.4	2.9	10.5	0.1	100.0	509
Diamer	24.6	2,120	2.5	26.4	65.0	5.1	1.1	0.0	100.0	5.7	27.8	61.7	1.9	2.9	0.0	100.0	522
District																	
Astore	21.7	465	0.4	49.6	32.2	15.4	2.4	0.0	100.0	4.4	55.9	24.0	2.8	12.9	0.0	100.0	101
Diamer	25.5	1,655	3.0	20.8	72.8	2.6	0.8	0.0	100.0	6.0	21.1	70.7	1.7	0.5	0.0	100.0	422
Ghanche	18.9	605	58.7	23.5	15.8	0.7	1.4	0.0	100.0	53.4	30.4	14.7	0.0	1.5	0.0	100.0	114
Ghizer	9.3	634	13.8	21.9	49.4	10.5	4.3	0.0	100.0	13.0	22.4	48.6	4.7	11.2	0.0	100.0	59
Gilgit	23.3	1,184	3.0	35.8	55.4	5.0	0.9	0.0	100.0	4.7	33.8	47.5	2.8	11.1	0.0	100.0	276
Hunza	13.3	127	(10.7)	(26.8)	(43.2)	(19.3)	(0.0)	(0.0)	100.0	(18.8)	(29.2)	(41.5)	(0.0)	(10.5)	(0.0)	100.0	17
Kharmang	11.8	221	13.1	40.7	25.4	11.6	8.0	1.3	100.0	26.8	34.6	28.6	0.0	8.7	1.3	100.0	26
Nagar	29.2	334	8.4	36.7	28.8	24.8	1.2	0.0	100.0	19.8	33.2	24.6	7.7	14.7	0.0	100.0	97
Shigar	21.0	357	14.6	45.9	23.0	8.0	8.5	0.0	100.0	17.6	48.5	25.4	0.6	7.9	0.0	100.0	75
Skardu	27.8	1,055	0.8	27.2	59.2	9.7	3.1	0.0	100.0	3.5	28.5	48.3	4.9	14.8	0.0	100.0	293

( ) Figures that are based on 25-49 unweighted cases

[a] Total includes 2 unweighted cases of mother's education missing

Table CH.6 provides statistics on drinking and feeding practices during diarrhoea. For 7.6 percent of under-five children with diarrhoea, they were given more than usual to drink while 52.1 percent were given the same or less to drink. About 29.8 percent were given somewhat less, same or more (continued feeding) to eat, but 8.3 percent were given much less or almost nothing to eat.

Eating and drinking patterns during diarrhoea varied by education of the mother. Children born to mothers with higher education are four times more likely (21.8%) to receive more liquid during diarrhoea episode as compared with children born to mothers with no education (5.5%).

Table CH.7 shows the percentage of children receiving ORS, various types of recommended homemade fluids and zinc during the episode of diarrhoea. Since children may have been given more than one type of liquid, the percentages do not necessarily add to 100. The data show that 49.1 percent received fluids from any ORS source (ORS packets and pre-pack ORS fluids) and 19.9 percent received recommended homemade fluids. Additionally, 13.1 percent received zinc in one form or another. For 57.1 percent of children with diarrhoea, they received one or more of the recommended home treatments (i.e. were treated with ORS or any recommended homemade fluid). Furthermore, 8.9 percent received both ORS and zinc.

Table CH.7: Oral rehydration solutions, recommended homemade fluids, and zinc

Percentage of children age 0-59 months with diarrhoea in the last two weeks, and treatment with oral rehydration salts (ORS), recommended homemade fluids, and zinc, Gilgit-Baltistan, 2016-17

	Percentage of children with diarrhoea who received:											
	Oral rehydration salts (ORS)			Recommended homemade fluids				Zinc				
	Fluid from packet	Pre-packaged fluid	Any ORS	Homemade fluid (Boiled water, sugar & salt)	Others	Any recommended homemade fluid	ORS or any recommended homemade fluid	Tablet	Syrup	Any zinc	ORS and zinc[1]	Number of children aged 0-59 months with diarrhoea
Total	37.3	14.9	49.1	13.0	8.6	19.9	57.1	0.3	12.8	13.1	8.9	1,481
Area of residence												
Urban	36.1	28.3	59.4	6.5	7.0	13.5	64.4	0.0	17.1	17.1	15.1	202
Rural	37.5	12.7	47.5	14.0	8.8	20.9	56.0	0.4	12.2	12.5	7.9	1,279
Sex												
Male	38.3	16.2	50.8	14.5	9.4	21.9	59.2	0.3	13.2	13.5	9.4	801
Female	36.0	13.3	47.1	11.2	7.6	17.5	54.7	0.4	12.4	12.7	8.2	680
Age												
0-11 months	25.3	13.5	37.6	7.5	5.5	12.1	43.0	0.1	10.3	10.4	6.6	328
12-23 months	42.1	15.2	53.4	11.2	9.9	20.0	61.2	0.1	15.9	16.0	10.6	380
24-35 months	42.8	13.4	53.7	15.1	9.3	21.9	62.5	0.5	15.4	15.8	10.7	322
36-47 months	37.3	18.9	52.9	15.4	7.6	22.4	62.4	0.2	11.1	11.3	8.1	234
48-59 months	38.7	14.1	48.3	18.6	10.9	25.9	57.7	0.9	9.3	10.2	7.4	216
Mother's education												
None/pre-school	40.2	10.7	48.3	12.4	7.0	17.8	54.7	0.2	9.2	9.4	5.9	966
Primary	31.8	17.1	45.0	14.7	9.8	22.9	58.4	0.7	12.0	12.7	8.1	169
Middle	34.3	21.6	52.7	20.1	7.3	24.5	58.3	0.0	15.8	15.8	12.2	90
Secondary	28.9	24.8	50.5	9.1	12.2	19.0	58.2	0.3	22.5	22.8	16.3	134
Higher	33.2	29.2	57.3	14.0	16.6	29.9	72.2	0.7	30.2	30.9	23.0	121
Wealth index quintile												
Poorest	40.5	9.5	48.8	14.2	6.7	18.9	56.3	0.6	10.9	11.4	7.3	410
Second	43.2	10.9	51.1	17.5	8.5	23.7	59.8	0.1	9.9	10.1	5.6	370
Middle	34.2	15.5	46.6	13.9	10.0	22.0	55.6	0.7	18.1	18.9	11.7	269
Fourth	33.4	17.9	46.7	6.7	10.9	16.8	53.5	0.0	13.4	13.4	10.0	234
Richest	28.3	28.9	52.3	8.1	7.9	15.7	60.2	0.0	14.4	14.4	13.0	198
Usual language spoken in the household												
Sheena	39.9	14.2	51.7	12.2	5.9	17.4	59.5	0.1	10.9	11.1	8.1	789
Balti	28.7	15.0	40.0	17.9	8.7	22.9	50.7	0.7	17.1	17.7	9.9	465
Brushaski	44.8	21.4	61.7	8.0	26.9	33.4	65.9	0.6	13.7	14.4	12.5	125
Other languages	47.4	11.1	55.1	2.9	6.1	9.1	57.5	0.0	6.7	6.7	5.6	102

Table CH.7: Oral rehydration solutions, recommended homemade fluids, and zinc

Percentage of children age 0-59 months with diarrhoea in the last two weeks, and treatment with oral rehydration salts (ORS), recommended homemade fluids, and zinc, Gilgit-Baltistan, 2016-17

	Percentage of children with diarrhoea who received:											
	Oral rehydration salts (ORS)			Recommended homemade fluids				Zinc				
	Fluid from packet	Pre-packaged fluid	Any ORS	Homemade fluid (Boiled water, sugar & salt)	Others	Any recommended homemade fluid	ORS or any recommended homemade fluid	Tablet	Syrup	Any zinc	ORS and zinc[1]	Number of children aged 0-59 months with diarrhoea
Total	37.3	14.9	49.1	13.0	8.6	19.9	57.1	0.3	12.8	13.1	8.9	1,481
Division												
Gilgit	33.8	20.6	52.0	7.1	12.4	19.1	58.7	0.2	13.1	13.2	10.8	449
Baltistan	28.8	15.7	40.9	17.9	7.5	22.0	50.6	0.6	16.3	16.9	9.7	509
Diamer	48.5	9.1	54.6	13.2	6.3	18.5	62.2	0.2	9.2	9.4	6.3	522
District												
Astore	39.9	22.4	58.2	41.5	10.7	47.0	76.6	1.0	18.8	19.8	14.2	101
Diamer	50.6	5.9	53.7	6.5	5.2	11.7	58.7	0.0	6.9	6.9	4.5	422
Ghanche	35.1	20.2	48.2	35.5	17.7	43.5	64.0	0.0	14.4	14.4	10.9	114
Ghizer	65.1	5.6	70.6	12.9	12.9	25.8	76.8	0.0	4.5	4.5	4.5	59
Gilgit	23.4	24.7	46.4	6.9	6.0	12.9	54.0	0.0	14.3	14.3	11.4	276
Hunza	(49.4)	(22.4)	(63.4)	(12.1)	(19.1)	(31.1)	(68.8)	(0.0)	(34.0)	(34.0)	(31.2)	17
Kharmang	37.8	1.0	38.8	7.2	7.3	13.1	45.8	0.0	3.6	3.6	3.6	26
Nagar	41.4	17.8	54.6	3.2	29.0	30.4	59.1	0.8	11.1	11.9	9.5	97
Shigar	29.2	18.4	47.0	15.0	1.6	15.0	54.3	2.5	63.9	65.9	31.4	75
Skardu	25.5	14.5	36.8	12.7	5.1	16.2	44.8	0.4	6.0	6.4	4.3	293

[1] **MICS indicator 3.11 - Diarrhoea treatment with oral rehydration salts (ORS) and zinc**

( ) Figures that are based on 25-49 unweighted cases

Figure CH.2: Children under-5 with diarrhoea who received ORS or recommended homemade liquids, Gilgit-Baltistan MICS, 2016-17

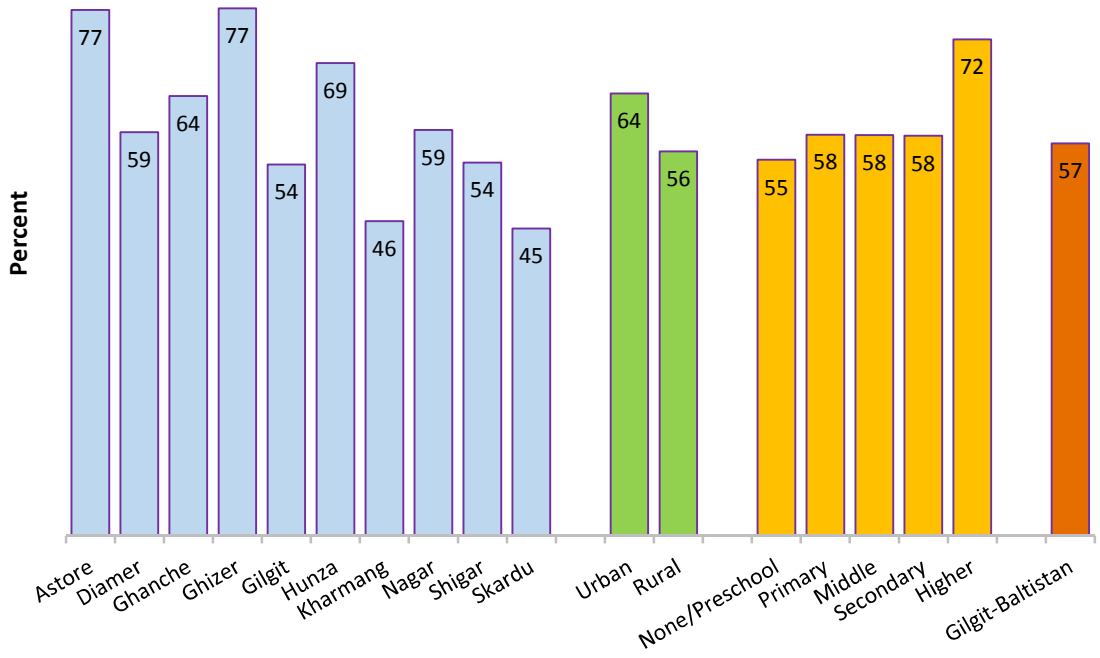


Table CH.8 provides the proportion of children age 0-59 months with diarrhoea in the last two weeks who received oral rehydration therapy with continued feeding, and the percentage of children with diarrhoea who received other treatments. Overall, about half of children with diarrhoea (51.5%) received ORS or increased fluids, 56.5 percent received ORT (ORS or recommended homemade fluids or increased fluids). Combining the information in Table CH.6 with that of Table CH.7 on oral rehydration therapy, it is observed that 46.3 percent of children received ORT and, at the same time, feeding was continued, as is the recommendation. The results also show that more urban children (55.9%) received ORT with continued feeding than rural children (44.8%). The data further shows that the practice of giving children with diarrhoea ORT with continued feeding has no clear differentials by mother's education.

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

Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given oral rehydration therapy with continued feeding and percentage who were given other treatments, Gilgit-Baltistan, 2016-17

	Children with diarrhoea who were given:															
					Other treatments											
					Pill or syrup				Injection							
	Zinc	ORS or increased fluids	ORT (ORS or recommended homemade fluids or increased fluids)	ORT with continued feeding[1]	Anti- biotic	Anti-motility	Other	Unknown	Anti- biotic	Non-antibiotic	Unknown	Intra-venous	Home remedy, herbal medicine	Other	Not given any treatment or drug	Number of children age 0-59 months with diarrhoea in the last two weeks
Total	13.1	51.5	56.5	46.3	9.3	19.1	0.6	2.8	3.7	0.3	0.5	0.2	4.8	6.3	21.4	1,481
Area of residence																
Urban	17.1	60.0	61.7	55.9	8.0	23.0	1.2	3.5	1.6	0.5	1.3	0.0	2.6	8.7	17.1	202
Rural	12.5	50.1	55.6	44.8	9.5	18.5	0.5	2.7	4.1	0.2	0.3	0.2	5.2	5.9	22.1	1,279
Sex																
Male	13.5	53.3	59.2	48.1	8.8	17.2	0.7	2.9	4.1	0.5	0.1	0.1	4.4	6.5	20.0	801
Female	12.7	49.3	53.3	44.2	9.9	21.3	0.6	2.6	3.3	0.0	0.9	0.3	5.3	6.1	23.1	680
Age																
0-11 months	10.4	39.1	42.9	27.9	7.2	19.6	0.7	3.2	1.3	0.9	0.6	0.7	3.6	3.5	34.2	328
12-23 months	16.0	55.5	58.7	49.0	8.0	25.8	0.6	3.0	3.9	0.0	0.2	0.0	5.7	6.9	16.1	380
24-35 months	15.8	56.8	61.8	54.2	10.3	15.4	0.7	3.6	4.6	0.0	0.0	0.1	4.5	4.3	19.8	322
36-47 months	11.3	54.9	62.1	53.5	11.8	17.1	0.2	2.3	5.0	0.0	1.1	0.0	6.4	8.4	15.9	234
48-59 months	10.2	51.6	59.1	49.9	10.6	14.2	0.9	1.2	4.5	0.5	0.8	0.0	3.9	10.2	19.8	216
Mother's education																
None/pre-school	9.4	50.0	54.6	46.3	8.7	21.2	0.4	3.1	3.3	0.4	0.5	0.0	3.7	5.2	23.1	966
Primary	12.7	49.3	58.6	45.2	15.2	16.5	1.4	3.5	4.5	0.0	0.8	0.0	8.6	14.1	13.4	169
Middle	15.8	57.0	60.8	49.8	10.0	20.9	0.7	0.0	5.3	0.0	0.7	2.6	9.6	5.1	13.1	90
Secondary	22.8	52.5	55.5	45.8	7.1	12.8	0.8	3.1	3.0	0.0	0.0	0.0	4.9	5.3	27.3	134
Higher	30.9	61.0	66.3	46.1	7.6	11.3	0.9	0.8	5.8	0.0	0.0	0.0	4.4	5.9	18.5	121
Wealth index quintile																
Poorest	11.4	50.9	56.7	47.8	9.6	15.1	0.7	2.8	5.6	0.0	0.6	0.0	5.7	4.8	23.6	410
Second	10.1	53.5	59.5	49.8	12.5	16.1	0.1	2.0	5.1	0.0	0.4	0.5	4.5	8.4	18.9	370
Middle	18.9	49.1	54.8	39.1	7.7	22.0	0.9	6.0	2.0	1.4	0.6	0.1	4.8	2.7	20.8	269
Fourth	13.4	48.7	51.2	44.2	6.2	27.5	0.6	2.0	1.8	0.0	0.7	0.3	4.5	5.7	20.7	234
Richest	14.4	55.5	58.7	48.9	8.6	19.0	1.2	0.9	1.8	0.0	0.0	0.0	3.9	11.1	23.2	198
Usual language spoken in the household																
Sheena	11.1	53.0	57.9	52.2	2.5	22.3	0.9	2.8	1.2	0.1	0.5	0.0	5.6	7.2	22.0	789
Balti	17.7	43.7	51.3	35.3	23.9	9.1	0.0	2.9	9.6	0.0	0.5	0.4	3.8	4.9	19.7	465
Brushaski	14.4	67.1	67.1	46.1	3.8	35.7	0.8	1.4	1.0	2.3	0.5	0.8	2.4	4.3	21.3	125

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

Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given oral rehydration therapy with continued feeding and percentage who were given other treatments, Gilgit-Baltistan, 2016-17

	Children with diarrhoea who were given:															Number of children age 0-59 months with diarrhoea in the last two weeks
					Other treatments											
					Pill or syrup				Injection							
	Zinc	ORS or increased fluids	ORT (ORS or recommended homemade fluids or increased fluids)	ORT with continued feeding[1]	Anti- biotic	Anti-motility	Other	Unknown	Anti- biotic	Non-antibiotic	Unknown	Intra-venous	Home remedy, herbal medicine	Other	Not given any treatment or drug	
Total	13.1	51.5	56.5	46.3	9.3	19.1	0.6	2.8	3.7	0.3	0.5	0.2	4.8	6.3	21.4	1,481
Other languages	6.7	55.6	55.6	51.0	2.7	19.3	1.2	4.4	0.0	0.0	0.0	0.0	6.5	8.1	25.1	102
Division																
Gilgit	13.2	54.2	56.0	44.6	2.2	23.2	0.9	5.7	1.8	0.9	0.5	0.2	5.3	5.2	23.4	449
Baltistan	16.9	43.9	51.1	36.7	24.2	7.8	0.0	2.7	9.3	0.0	0.5	0.3	4.0	4.7	21.6	509
Diamer	9.4	56.5	62.1	57.1	0.9	26.5	1.0	0.4	0.0	0.0	0.5	0.0	5.2	8.8	19.5	522
District																
Astore	19.8	62.6	76.5	64.8	0.0	2.0	0.5	0.5	0.0	0.0	0.0	0.0	10.5	2.8	17.2	101
Diamer	6.9	55.1	58.7	55.2	1.1	32.3	1.1	0.4	0.0	0.0	0.6	0.0	4.0	10.3	20.1	422
Ghanche	14.4	48.2	62.2	25.2	4.2	32.9	0.0	0.0	2.2	0.0	0.7	0.0	1.2	4.1	15.7	114
Ghizer	4.5	70.6	70.6	57.6	0.0	16.4	0.0	16.9	2.1	0.0	0.0	0.0	1.1	0.0	23.5	59
Gilgit	14.3	47.3	50.1	42.8	1.4	15.2	0.8	5.6	2.5	0.4	0.6	0.0	7.6	6.6	24.4	276
Hunza	(34.0)	(69.2)	(69.2)	(51.0)	(21.7)	(5.8)	(7.8)	(2.2)	(0.0)	(0.0)	(3.9)	(3.9)	(0.0)	(19.2)	(14.0)	17
Kharmang	3.6	47.3	49.2	36.5	2.4	5.6	0.0	0.0	0.0	0.0	0.0	0.0	2.3	3.0	41.8	26
Nagar	11.9	61.5	61.5	40.9	2.5	52.9	0.4	0.0	0.0	2.9	0.0	0.4	2.1	1.9	22.3	97
Shigar	65.9	49.8	56.6	43.5	0.0	1.1	0.0	0.0	0.5	0.0	0.0	0.0	4.8	1.2	12.6	75
Skardu	6.4	40.4	45.5	39.5	40.1	0.0	0.0	4.6	15.1	0.0	0.5	0.6	5.0	5.9	24.4	293

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

( ) Figures that are based on 25-49 unweighted cases

Figure CH.3: Children under-5 with diarrhoea receiving oral rehydration therapy (ORT) and continued feeding, Gilgit-Baltistan MICS, 2016-17

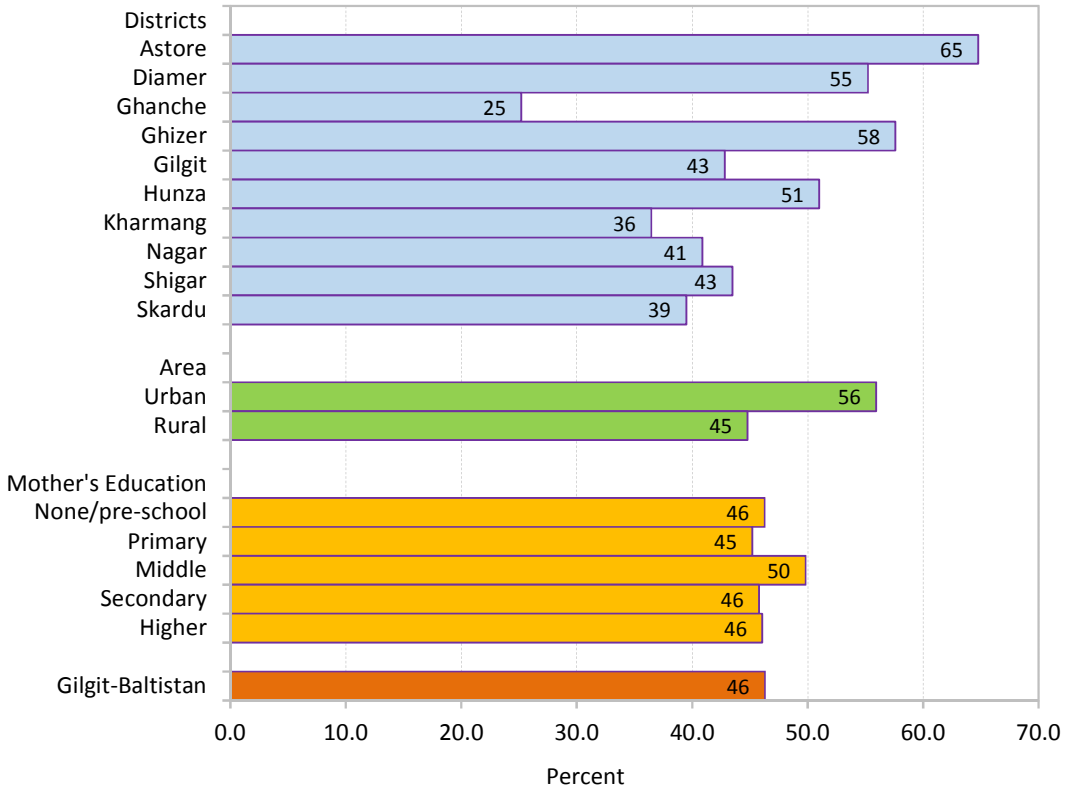


Table CH.9: Source of ORS and zinc

Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given ORS, and percentage given zinc, by the source of ORS and zinc, Gilgit-Baltistan, 2016-17

	Percentage of children who were given as treatment for diarrhoea:		Number of children age 0-59 months with diarrhoea in the last two weeks	Percentage of children for whom the source of ORS was:					Number of children age 0-59 months who were given ORS as treatment for diarrhoea in the last two weeks	Percentage of children for whom the source of zinc was:					Number of children age 0-59 months who were given zinc as treatment for diarrhoea in the last two weeks
				Health facilities or providers						Health facilities or providers					
	ORS	zinc		Public	Private	Community health provider[a]	Other	A health facility or provider[b]		Public	Private	Community health provider[a]	Other	A health facility or provider[b]	
Total	49.1	13.1	1,481	34.2	45.6	2.5	20.2	79.8	727	37.9	51.7	7.7	10.2	89.6	194
Area of residence															
Urban	59.4	17.1	202	18.1	65.9	1.6	15.9	84.1	120	(13.3)	(84.7)	(10.0)	(2.0)	(98.0)	34
Rural	47.5	12.5	1,279	37.4	41.5	2.7	21.1	78.9	607	43.2	44.6	7.2	12.0	87.8	160
Sex															
Male	50.8	13.5	801	32.7	46.0	2.1	21.3	78.7	407	35.2	54.8	7.9	9.7	90.0	108
Female	47.1	12.7	680	36.1	45.0	3.0	18.9	81.1	320	41.2	47.9	7.3	10.9	89.1	87
Age															
0-11 months	37.6	10.4	328	26.5	56.5	1.5	17.0	83.0	123	(27.8)	(68.4)	(2.2)	(3.8)	(96.2)	34
12-23 months	53.4	16.0	380	29.1	50.8	2.7	20.1	79.9	203	34.2	57.2	7.1	8.6	91.4	61
24-35 months	53.7	15.8	322	34.6	42.0	2.6	23.4	76.6	173	41.9	45.7	9.5	11.8	87.5	51
36-47 months	52.9	11.3	234	37.0	44.2	3.7	18.8	81.2	124	(44.7)	(45.7)	(15.6)	(9.5)	(90.5)	26
48-59 months	48.3	10.2	216	49.3	29.9	1.8	20.8	79.2	104	(46.3)	(31.9)	(3.7)	(21.8)	(78.2)	22
Mother's education															
None/pre-school	48.3	9.4	966	37.6	37.8	2.6	24.6	75.4	467	48.3	36.5	6.2	15.2	84.8	91
Primary	45.0	12.7	169	26.9	58.5	1.2	14.7	85.3	76	(43.0)	(41.7)	(3.0)	(15.2)	(84.8)	22
Middle	52.7	15.8	90	41.0	38.7	3.3	20.3	79.7	47	(*)	(*)	(*)	(*)	(*)	14
Secondary	50.5	22.8	134	24.0	63.5	3.9	12.5	87.5	68	(24.7)	(70.7)	(8.9)	(3.5)	(95.4)	31
Higher	57.3	30.9	121	24.3	70.8	1.7	5.0	95.0	69	(24.6)	(72.1)	(9.8)	(3.3)	(96.7)	37
Wealth index quintile															
Poorest	48.8	11.4	410	37.9	29.4	3.7	32.7	67.3	200	44.3	34.2	8.4	21.6	78.4	47
Second	51.1	10.1	370	41.7	38.4	0.8	19.9	80.1	189	39.8	41.9	5.9	18.3	81.7	37
Middle	46.6	18.9	269	37.3	48.2	4.3	14.5	85.5	125	47.1	49.2	6.8	3.7	96.3	51
Fourth	46.7	13.4	234	32.3	53.1	2.5	14.6	85.4	109	(40.6)	(58.2)	(11.8)	(1.3)	(98.7)	31
Richest	52.3	14.4	198	11.5	78.9	1.2	9.7	90.3	103	(5.5)	(90.9)	(5.5)	(2.4)	(96.4)	28
Usual language spoken in the household															
Sheena	51.7	11.1	789	24.4	52.1	2.1	23.5	76.5	408	35.6	64.0	6.2	0.0	99.6	87
Balti	40.0	17.7	465	49.9	33.4	2.3	16.7	83.3	186	40.5	37.3	9.0	22.2	77.8	82
Brushaski	61.7	14.4	125	49.3	44.4	2.8	6.3	93.7	77	(42.3)	(55.5)	(11.4)	(2.2)	(97.8)	18
Other languages	55.1	6.7	102	(32.7)	(39.6)	(5.7)	(27.8)	(72.2)	56	(*)	(*)	(*)	(*)	(*)	7
Division															
Gilgit	52.0	13.2	449	27.0	66.3	1.8	6.7	93.3	234	17.1	81.7	5.6	0.7	98.8	60
Baltistan	40.9	16.9	509	46.7	33.3	2.4	20.0	80.0	208	43.7	35.8	8.7	20.5	79.5	86
Diamer	54.6	9.4	522	30.9	37.5	3.2	31.5	68.5	285	53.0	43.2	8.3	3.8	96.2	49
District															
Astore	58.2	19.8	101	34.7	62.9	2.1	2.3	97.7	59	(31.4)	(68.6)	(6.9)	(0.0)	(100.0)	20
Diamer	53.7	6.9	422	30.0	30.9	3.4	39.1	60.9	227	(*)	(*)	(*)	(*)	(*)	29
Ghanche	48.2	14.4	114	68.8	24.8	7.3	6.5	93.5	55	(*)	(*)	(*)	(*)	(*)	17

Table CH.9: Source of ORS and zinc

Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given ORS, and percentage given zinc, by the source of ORS and zinc, Gilgit-Baltistan, 2016-17

	Percentage of children who were given as treatment for diarrhoea:		Number of children age 0-59 months with diarrhoea in the last two weeks	Percentage of children for whom the source of ORS was:					Number of children age 0-59 months who were given ORS as treatment for diarrhoea in the last two weeks	Percentage of children for whom the source of zinc was:					Number of children age 0-59 months who were given zinc as treatment for diarrhoea in the last two weeks
				Health facilities or providers						Health facilities or providers					
	ORS	zinc		Public	Private	Community health provider[a]	Other	A health facility or provider[b]		Public	Private	Community health provider[a]	Other	A health facility or provider[b]	
Total	49.1	13.1	1,481	34.2	45.6	2.5	20.2	79.8	727	37.9	51.7	7.7	10.2	89.6	194
Ghizer	70.6	4.5	59	(33.7)	(61.0)	(3.0)	(5.4)	(94.6)	42	(*)	(*)	(*)	(*)	(*)	3
Gilgit	46.4	14.3	276	12.8	79.4	1.0	7.8	92.2	128	(3.3)	(96.7)	(3.3)	(0.0)	(100.0)	40
Hunza	(63.4)	(34.0)	17	(*)	(*)	(*)	(*)	(*)	11	(*)	(*)	(*)	(*)	(*)	6
Kharmang	38.8	3.6	26	(70.7)	(15.3)	(10.3)	(14.0)	(86.0)	10	(*)	(*)	(*)	(*)	(*)	1
Nagar	54.6	11.9	97	58.9	34.4	0.7	6.7	93.3	53	(51.4)	(42.3)	(3.4)	(3.4)	(93.6)	12
Shigar	47.0	65.9	75	35.8	40.7	0.0	23.5	76.5	35	20.3	46.7	0.8	33.0	67.0	50
Skardu	36.8	6.4	293	36.8	37.0	0.0	26.2	73.8	108	(*)	(*)	(*)	(*)	(*)	19

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

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

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Acute Respiratory Infections

Symptoms of ARI are collected during the GB-MICS to capture pneumonia disease, the leading cause of death in children under five. Once diagnosed, pneumonia is treated effectively with antibiotics. Studies have shown a limitation in the survey approach of measuring pneumonia because many of the suspected cases identified through surveys are in fact, not true pneumonia.[30] While this limitation does not affect the level and patterns of care-seeking for suspected pneumonia, it limits the validity of the level of treatment of pneumonia with antibiotics, as reported through household surveys. The treatment indicator described in this report must therefore be taken with caution, keeping in mind that the accurate level is likely higher.

Table CH.10 presents the percentage of children with symptoms of ARI in the two weeks preceding the survey for whom care was sought, by source of care and the percentage who received antibiotics. Overall, 64.7 percent of children age 0-59 months with symptoms of ARI were taken to a qualified provider. For most of the children (25.6%) with ARI symptoms in GB, advice or treatment was sought from a private source. Out of all children with ARI, 30.3 percent did not receive any treatment.

At division level, seeking advice or treatment for ARI symptoms in children from a qualified provider varied, being lowest (75.5%) in Gilgit division and highest (48.7%) in Diamer division.

Table CH.10 also presents the use of antibiotics for the treatment of children under 5 years with symptoms of ARI by sex, age, division, area, and socioeconomic factors. In GB, 91.0 percent of under-5 children with symptoms of ARI received antibiotics during the two weeks prior to the survey. At division level, use of antibiotics in children with ARI ranged from 83.6 percent in Baltistan division to 97.1 percent in Diamer division. The table also shows that antibiotic treatment of ARI symptoms is lower among children in the poorest households.

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

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

Percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought, by source of advice or treatment, and percentage of children with symptoms who were given antibiotics, Gilgit-Baltistan, 2016-17

	Percentage of children with symptoms of ARI for whom: Advice or treatment was sought from: Health facilities or providers								Percentage of children with symptoms of ARI for whom the source of antibiotics was: Health facilities or providers					
	Public	Private	Community health provider[a]	Other source	A health facility or provider[1, b]	No advice or treatment sought	Percentage of children with symptoms of ARI in the last two weeks who were given antibiotics[2]	Number of children age 0-59 months with symptoms of ARI in the last two weeks	Public	Private	Community health provider[a]	Other source	A health facility or provider[c]	Number of children with symptoms of ARI in the last two weeks who were given antibiotics
Total	41.3	25.6	1.0	4.8	64.7	30.3	39.7	1,136	15.0	76.0	0.8	8.7	91.0	451
Area of residence														
Urban	37.6	30.1	1.0	3.4	64.8	32.6	43.0	140	(9.0)	(84.0)	(2.4)	(7.0)	(93.0)	60
Rural	41.8	25.0	1.0	5.0	64.7	30.0	39.2	996	15.9	74.8	0.5	8.9	90.7	391
Sex														
Male	41.6	26.1	1.2	4.5	64.7	30.6	37.6	611	13.7	76.7	0.7	9.2	90.4	230
Female	41.1	25.0	0.8	5.2	64.6	30.0	42.1	525	16.3	75.3	0.8	8.0	91.6	221
Age														
0-11 months	45.0	25.8	0.4	2.7	69.0	28.9	37.6	233	11.0	84.2	0.4	4.8	95.2	88
12-23 months	37.7	26.7	1.3	2.8	62.8	33.8	41.0	214	17.1	76.9	0.0	6.0	94.0	88
24-35 months	44.4	23.8	0.7	5.0	64.0	29.5	41.3	228	16.6	74.5	1.3	8.0	91.2	94
36-47 months	40.5	27.7	0.8	6.1	66.2	28.0	40.1	244	19.5	70.2	1.5	10.3	89.7	98
48-59 months	38.6	23.9	2.0	7.4	60.9	31.9	38.2	218	9.6	75.0	0.5	14.4	84.6	83
Mother's education[d]														
None/pre-school	43.2	19.7	1.2	6.1	61.6	32.3	36.3	713	17.0	72.2	0.5	10.2	89.2	259
Primary	34.5	39.0	0.0	4.1	69.4	24.5	43.4	124	17.5	72.3	0.0	10.2	89.8	54
Middle	35.0	31.3	0.3	2.4	60.6	35.0	49.2	95	14.9	82.3	0.7	2.8	97.2	47
Secondary	39.9	31.3	0.7	1.0	70.5	28.9	34.0	107	4.4	84.9	1.1	10.7	89.3	36
Higher	44.7	40.7	2.0	2.9	80.1	19.5	57.4	95	9.9	86.6	2.6	3.5	96.5	55
Wealth index quintile														
Poorest	40.7	17.8	0.1	4.5	56.7	36.4	28.8	280	27.7	58.4	0.0	13.9	86.1	81
Second	46.8	20.8	1.3	7.7	65.0	28.3	41.0	269	11.0	74.2	0.4	13.3	85.2	110
Middle	42.1	26.3	1.9	5.3	65.6	28.9	38.6	245	22.6	73.0	0.9	4.4	95.6	94
Fourth	38.1	36.4	0.6	1.0	72.4	27.1	47.1	199	8.9	88.8	0.4	2.3	97.7	94
Richest	35.4	33.6	1.2	4.3	67.4	29.3	49.6	144	4.6	85.8	2.4	9.6	90.4	71
Usual language spoken in the household														
Sheena	37.1	27.2	0.3	6.3	63.2	30.6	43.5	486	18.0	76.7	0.0	4.5	94.7	211
Balti	45.5	22.3	1.0	4.0	64.2	30.6	36.5	515	9.7	75.2	1.6	15.2	84.8	188
Brushaski	45.7	35.7	4.7	3.4	79.4	20.6	36.7	93	24.0	73.1	1.2	2.9	97.1	34
Other languages	(30.0)	(25.6)	(1.1)	(0.0)	(54.4)	(45.6)	(40.2)	42	(*)	(*)	(*)	(*)	(*)	17
Division														
Gilgit	36.9	40.1	1.3	2.1	75.5	23.3	47.1	373	12.7	83.7	0.2	3.6	96.4	175
Baltistan	44.9	22.0	1.0	5.9	63.6	29.7	35.5	549	10.2	73.4	1.5	16.4	83.6	195
Diamer	40.1	9.7	0.6	6.7	48.7	44.3	37.4	215	31.5	65.6	0.0	0.8	97.1	80

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

Percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought, by source of advice or treatment, and percentage of children with symptoms who were given antibiotics, Gilgit-Baltistan, 2016-17

	Percentage of children with symptoms of ARI for whom: Advice or treatment was sought from: Health facilities or providers						Percentage of children with symptoms of ARI in the last two weeks who were given antibiotics[2]	Number of children age 0-59 months with symptoms of ARI in the last two weeks	Percentage of children with symptoms of ARI for whom the source of antibiotics was: Health facilities or providers					Number of children with symptoms of ARI in the last two weeks who were given antibiotics
	Public	Private	Community health provider[a]	Other source	A health facility or provider[1, b]	No advice or treatment sought			Public	Private	Community health provider[a]	Other source	A health facility or provider[c]	
Total	41.3	25.6	1.0	4.8	64.7	30.3	39.7	1,136	15.0	76.0	0.8	8.7	91.0	451
District														
Astore	39.6	13.8	1.3	2.1	51.4	46.0	57.8	103	17.8	79.5	0.0	0.0	97.2	60
Diamer	40.5	5.8	0.0	10.9	46.3	42.8	18.5	111	(*)	(*)	(*)	(*)	(*)	21
Ghanche	59.1	19.8	2.6	1.3	72.6	20.8	20.5	122	(9.6)	(86.8)	(3.3)	(3.5)	(96.5)	25
Ghizer	(30.6)	(48.5)	(0.0)	(0.0)	(79.1)	(20.9)	(37.0)	51	(*)	(*)	(*)	(*)	(*)	19
Gilgit	32.1	41.1	0.0	2.0	72.3	25.7	50.4	225	3.4	92.1	0.0	4.5	95.5	114
Hunza	32.4	64.4	2.0	0.0	87.2	12.8	78.7	23	(17.6)	(82.4)	(0.0)	(0.0)	(100.0)	18
Kharmang	49.7	27.1	1.4	13.0	75.2	11.8	48.1	22	(24.5)	(56.9)	(3.0)	(18.6)	(81.4)	10
Nagar	57.5	23.3	6.0	4.4	79.3	20.7	33.9	73	44.6	50.1	1.6	5.4	94.6	25
Shigar	53.9	17.5	0.3	1.9	69.5	29.1	52.6	125	12.8	71.6	0.7	15.6	84.4	66
Skardu	34.3	24.6	0.5	9.1	56.1	35.2	33.5	280	7.0	72.9	1.5	20.1	79.9	94

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

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

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

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

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

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

[d] Total includes 1 unweighted case of mother's education missing

Mothers' knowledge of danger signs is an important determinant of care-seeking behaviour. In the MICS, mothers or caretakers were asked to report symptoms that would cause them to take a child under-five for care immediately at a health facility. Issues related to knowledge of danger signs of pneumonia are presented in Table CH.11. Overall, 21.8 percent of women know at least one of the two danger signs of pneumonia – fast and/or difficult breathing. The most commonly identified symptom for taking a child to a health facility is when a child develops a fever (83.9%). Just under two thirds of mothers (59.0 %) also thought that a child becomes sicker and 58.2 percent having too many or frequent stools is cause to take a child immediately to a health facility. Almost ten percent of mothers identified fast breathing and 15.1 percent difficult breathing as symptoms for taking children immediately to a health care provider.

The district wise data shows that the most common prevalent knowledge is highest about when children have fever followed by motion and then become sicker.

Table CH.11: Knowledge of the two danger signs of pneumonia

Percentage of women age 15-49 years who are mothers or caretakers of children under age 5 by symptoms that would cause them to take a child under age 5 immediately to a health facility, and percentage of mothers who recognize fast or difficult breathing as signs for seeking care immediately, Gilgit-Baltistan, 2016-17

	Percentage of mothers/caretakers who think that a child should be taken immediately to a health facility if the child:									Mothers/caretakers who recognize at least one of the two danger signs of pneumonia (fast and/or difficult breathing)	Number of mothers / caretakers of children age 0-59 months
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficult breathing	Has blood in stool	Is drinking poorly	Suffered from lose motion	Has other symptoms		
Total	5.5	59.0	83.9	9.6	15.1	5.0	3.6	58.2	68.6	21.8	4,454
Area of residence											
Urban	3.0	52.6	85.0	6.3	14.3	2.6	2.8	52.2	69.6	18.3	748
Rural	6.1	60.3	83.7	10.2	15.3	5.5	3.8	59.5	68.5	22.5	3,706
Mother's education											
None/pre-school	4.6	63.9	83.8	9.3	14.9	5.6	3.8	59.8	68.0	21.2	2,566
Primary	4.2	59.7	84.0	9.8	16.3	2.7	3.6	61.7	70.4	22.8	485
Middle	6.3	55.9	82.6	10.2	13.9	5.3	3.4	57.3	69.3	21.1	346
Secondary	7.5	46.5	84.2	9.4	16.7	4.3	2.4	56.1	69.3	23.8	496
Higher	9.0	49.0	85.0	10.4	14.9	4.9	3.9	50.7	69.1	22.1	560
Wealth index quintile											
Poorest	4.7	63.4	83.6	7.2	13.9	5.5	4.2	61.1	69.6	19.6	953
Second	6.0	65.6	80.7	11.2	17.7	5.1	5.8	60.4	66.1	25.0	943
Middle	6.9	60.7	82.1	11.2	18.8	6.4	2.8	62.0	67.6	25.9	904
Fourth	5.9	58.0	86.7	10.3	12.2	4.2	3.1	56.4	68.7	19.7	839
Richest	4.2	45.2	87.3	8.0	12.5	3.8	1.8	50.0	71.6	18.1	816
Usual language spoken in the household											
Sheena	4.2	57.7	85.3	11.0	12.7	4.8	1.8	55.4	64.0	20.4	2,206
Balti	5.2	61.0	81.8	7.4	21.9	4.4	6.5	67.6	76.5	26.3	1,398
Brushaski	10.5	53.6	87.4	12.0	10.2	8.9	3.9	48.8	67.9	19.3	415
Other languages	8.4	64.0	80.4	7.3	10.7	4.6	2.9	51.6	67.9	16.3	436
Division											
Gilgit	7.2	51.3	86.4	7.8	9.4	4.4	1.9	44.2	68.6	15.3	1,636
Baltistan	4.9	59.6	81.5	7.1	22.3	4.1	5.8	68.2	75.7	26.7	1,576
Diamer	4.1	68.4	83.6	15.1	13.6	7.1	3.0	64.0	59.7	24.0	1,241
District											
Astore	2.9	58.3	65.1	42.2	33.8	13.6	2.8	62.7	22.6	58.8	287
Diamer	4.4	71.4	89.2	6.9	7.6	5.2	3.0	64.4	70.9	13.6	954
Ghanche	7.3	71.9	82.1	5.1	9.2	0.2	8.4	70.9	72.5	13.5	429
Ghizer	18.8	77.1	82.6	10.7	11.5	9.2	2.8	43.5	54.6	20.6	483
Gilgit	0.9	34.9	85.9	5.0	7.8	1.5	0.3	36.6	74.8	10.7	810
Hunza	11.6	39.9	84.4	8.4	8.9	6.5	3.6	58.5	81.7	16.7	105

Table CH.11: Knowledge of the two danger signs of pneumonia

Percentage of women age 15-49 years who are mothers or caretakers of children under age 5 by symptoms that would cause them to take a child under age 5 immediately to a health facility, and percentage of mothers who recognize fast or difficult breathing as signs for seeking care immediately, Gilgit-Baltistan, 2016-17

	Percentage of mothers/caretakers who think that a child should be taken immediately to a health facility if the child:									Mothers/caretakers who recognize at least one of the two danger signs of pneumonia (fast and/or difficult breathing)	Number of mothers / caretakers of children age 0-59 months
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficult breathing	Has blood in stool	Is drinking poorly	Suffered from lose motion	Has other symptoms		
Total	5.5	59.0	83.9	9.6	15.1	5.0	3.6	58.2	68.6	21.8	4,454
Kharmang	3.0	78.3	90.2	10.8	18.4	5.4	2.6	80.5	49.9	23.1	166
Nagar	3.6	59.7	97.0	11.1	10.8	3.3	4.7	65.6	70.2	19.7	239
Shigar	10.2	74.7	94.3	13.2	27.6	17.7	17.8	67.8	87.9	35.5	250
Skardu	2.1	42.9	74.8	5.4	29.0	1.5	1.0	64.0	79.2	32.2	731

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 2 unweighted cases of mother's education missing

Solid Fuel Use

More than 3 billion people around the world rely on solid fuels for their basic energy needs, including cooking and heating. Solid fuels include biomass fuels, such as wood, charcoal, crops or other agricultural waste, dung, shrubs and straw, and coal. Cooking and heating with solid fuels leads to high levels of indoor smoke which contains a complex mix of health-damaging pollutants. The main problem with the use of solid fuels is their incomplete combustion, which produces toxic elements such as carbon monoxide, polyromantic hydrocarbons, and sulphur dioxide (SO_2), among others. Use of solid fuels increases the risks of incurring acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, asthma, or cataracts, and may contribute to low birth weight of babies born to pregnant women exposed to smoke. The primary indicator for monitoring use of solid fuels is the proportion of the population using solid fuels as the primary source of domestic energy for cooking, shown in Table CH.12.

Overall, 84.8 percent of household members in GB use solid fuels for cooking, consisting mainly of wood (81.0%) followed by Liquefied Petroleum Gas (LPG) (13.7%).

Use of solid fuels is low in urban areas (56.3%), but very high in rural areas, where they are used by 91.1 percent of household members. Use of solid fuel is highest in households with women having no education/preschool background (92.7%) and falls in the poorest wealth quintiles (98.7%). Similarly, the use of solid fuels varies widely across districts ranging from 62.0 percent in Gilgit district to 97.8 percent in Shigar district.

Table CH.12: Solid fuel use

Percent distribution of household members according to type of cooking fuel mainly used by the household, and percentage of household members living in households using solid fuels for cooking, Gilgit-Baltistan, 2016-17

	Percentage of household members in households using:															
						Solid fuels										
	Electricity	Liquefied Petroleum Gas (LPG)	Natural Gas	Biogas	Kerosene	Coal/ Lignite	Char-coal	Wood	Straw/ Shrubs/ Grass	Animal dung	Agricultural crop residue	Other fuel	No food cooked in the household	Total	Solid fuels for cooking[1]	Number of household members
Total	0.9	13.7	-	0.1	0.3	0.2	0.1	81.0	1.4	2.1	-	0.1	0.0	100.0	84.8	47,983
Area of residence																
Urban	0.4	42.6	-	0.0	0.4	0.7	0.3	54.8	0.1	0.4	-	0.1	0.1	100.0	56.3	8,632
Rural	1.0	7.4	-	0.1	0.3	0.1	0.1	86.7	1.7	2.4	-	0.1	0.0	100.0	91.1	39,351
Education of household head																
None/pre-school	0.9	6.1	-	0.0	0.2	0.1	0.1	87.3	2.0	3.1	-	0.1	0.1	100.0	92.7	23,203
Primary	0.9	11.0	-	0.3	0.3	0.2	0.2	83.5	1.6	1.7	-	0.1	0.1	100.0	87.3	8,166
Middle	0.6	15.5	-	0.0	0.2	0.0	0.2	81.6	0.6	1.2	-	0.0	0.0	100.0	83.7	4,802
Secondary	0.9	22.1	-	0.0	0.5	0.8	0.0	73.5	1.0	1.0	-	0.2	0.0	100.0	76.3	4,968
Higher	0.9	35.7	-	0.2	0.8	0.2	0.0	61.3	0.4	0.4	-	0.0	0.0	100.0	62.4	6,760
Missing/ DK	0.0	32.9	-	0.0	5.7	0.0	0.0	61.4	0.0	0.0	-	0.0	0.0	100.0	61.4	85
Wealth index quintile																
Poorest	0.7	0.2	-	0.0	0.0	0.0	0.1	85.7	5.7	7.2	-	0.1	0.1	100.0	98.7	9,598
Second	0.4	1.5	-	0.0	0.4	0.0	0.2	93.2	1.4	2.7	-	0.1	0.0	100.0	97.5	9,596
Middle	1.4	5.9	-	0.3	0.4	0.2	0.2	90.9	0.1	0.4	-	0.1	0.1	100.0	91.9	9,595
Fourth	1.1	11.6	-	0.1	0.4	0.1	0.1	86.4	0.0	0.1	-	0.1	0.0	100.0	86.7	9,601
Richest	0.7	49.5	-	0.0	0.5	0.8	0.0	48.6	0.0	0.0	-	0.0	0.0	100.0	49.4	9,593
Usual language spoken in the household																
Sheena	0.4	14.8	-	0.0	0.0	0.3	0.2	83.9	0.2	0.2	-	0.1	0.0	100.0	84.7	23,650
Balti	2.0	10.9	-	0.0	0.8	0.0	0.0	75.8	4.3	6.0	-	0.1	0.0	100.0	86.1	14,270
Brushaski	0.7	13.8	-	0.6	0.2	0.0	0.2	82.9	0.1	1.4	-	0.0	0.1	100.0	84.6	5,277
Other languages	0.2	17.0	-	0.0	0.5	1.0	0.2	79.4	0.8	0.7	-	0.0	0.3	100.0	81.9	4,787
Division																
Gilgit	0.5	21.6	-	0.2	0.0	0.6	0.1	76.5	0.0	0.5	-	0.1	0.0	100.0	77.7	18,895
Baltistan	2.0	11.7	-	0.0	0.9	0.0	0.1	76.0	3.8	5.3	-	0.1	0.0	100.0	85.3	16,457
Diamer	0.1	4.7	-	0.1	0.0	0.0	0.2	94.1	0.5	0.2	-	0.0	0.1	100.0	95.0	12,632
District																
Astore	0.3	10.5	-	0.2	0.1	0.0	0.3	87.5	0.1	0.9	-	0.1	0.0	100.0	88.8	3,193
Diamer	0.0	2.7	-	0.0	0.0	0.0	0.2	96.3	0.6	0.0	-	0.0	0.1	100.0	97.1	9,438
Ghanche	0.1	0.9	-	0.0	1.8	0.0	0.0	80.3	3.0	13.5	-	0.1	0.0	100.0	96.9	4,435

Table CH.12: Solid fuel use

Percent distribution of household members according to type of cooking fuel mainly used by the household, and percentage of household members living in households using solid fuels for cooking, Gilgit-Baltistan, 2016-17

	Percentage of household members in households using:																
						Solid fuels											
	Electricity	Liquefied Petroleum Gas (LPG)	Natural Gas	Biogas	Kerosene	Coal/ Lignite	Char-coal	Wood	Straw/ Shrubs/ Grass	Animal dung	Agricultural crop residue	Other fuel	No food cooked in the household	Total	Solid fuels for cooking[1]	Number of household members
Total	0.9	13.7	-	0.1	0.3	0.2	0.1	81.0	1.4	2.1	-	0.1	0.0	100.0	84.8	47,983
Ghizer	0.2	6.8	-	0.0	0.0	0.0	0.1	92.3	0.0	0.5	-	0.0	0.1	100.0	92.9	5,750
Gilgit	0.5	37.3	-	0.0	0.0	1.2	0.0	60.8	0.0	0.0	-	0.1	0.1	100.0	62.0	8,845
Hunza	0.5	13.0	-	0.0	0.0	0.0	0.0	86.4	0.0	0.0	-	0.1	0.0	100.0	86.4	1,487
Kharmang	17.5	0.8	-	0.0	0.5	0.0	0.0	76.1	1.6	2.9	-	0.6	0.0	100.0	80.6	1,611
Nagar	0.6	7.2	-	1.1	0.0	0.1	0.3	88.3	0.2	2.2	-	0.0	0.0	100.0	91.1	2,813
Shigar	0.3	1.8	-	0.0	0.0	0.0	0.1	76.4	12.3	8.9	-	0.1	0.0	100.0	97.8	2,381
Skardu	0.4	22.7	-	0.0	0.8	0.0	0.1	73.5	2.2	0.2	-	0.0	0.0	100.0	76.1	8,029

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

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

Percent distribution of household members in households using solid fuels by place of cooking, Gilgit-Baltistan, 2016-17

	Place of cooking:							Number of household members in households using solid fuels for cooking
	In the house							
	In a separate room used as kitchen	Elsewhere in the house	In a separate building	Outdoors	Other place	Missing	Total	
Total	51.5	48.1	0.1	0.1	0.3	0.0	100.0	40,709
Area of residence								
Urban	68.2	31.6	0.0	0.1	0.0	0.0	100.0	4,863
Rural	49.2	50.4	0.1	0.1	0.3	0.0	100.0	35,846
Education of household head								
None/pre-school	48.0	51.4	0.0	0.1	0.5	0.0	100.0	21,506
Primary	58.3	41.6	0.1	0.0	0.1	0.0	100.0	7,128
Middle	50.3	49.6	0.1	0.0	0.1	0.0	100.0	4,017
Secondary	56.5	43.2	0.3	0.0	0.0	0.0	100.0	3,790
Higher	54.3	45.7	0.0	0.0	0.0	0.0	100.0	4,216
Missing/ DK	(42.8)	(57.2)	(0.0)	(0.0)	(0.0)	(0.0)	100.0	52
Wealth index quintile								
Poorest	47.8	50.9	0.1	0.2	0.9	0.0	100.0	9,476
Second	54.7	44.9	0.0	0.0	0.3	0.0	100.0	9,358
Middle	52.8	47.1	0.1	0.1	0.0	0.0	100.0	8,819
Fourth	47.9	52.0	0.0	0.0	0.0	0.0	100.0	8,322
Richest	56.1	43.8	0.0	0.1	0.0	0.0	100.0	4,734
Usual language spoken in the household								
Sheena	32.6	66.8	0.1	0.1	0.4	0.0	100.0	20,033
Balti	93.5	6.1	0.0	0.0	0.3	0.0	100.0	12,287
Brushaski	34.6	65.1	0.1	0.2	0.0	0.0	100.0	4,466
Other languages	35.1	64.9	0.0	0.0	0.0	0.0	100.0	3,922
Division								
Gilgit	38.5	61.3	0.0	0.1	0.1	0.0	100.0	14,673
Baltistan	92.2	7.3	0.0	0.1	0.3	0.0	100.0	14,033
Diamer	19.6	79.7	0.2	0.0	0.5	0.0	100.0	12,002
District								
Astore	26.8	72.4	0.8	0.0	0.0	0.0	100.0	2,835
Diamer	17.4	81.9	0.0	0.0	0.7	0.0	100.0	9,167
Ghanche	100.0	0.0	0.0	0.0	0.0	0.0	100.0	4,296
Ghizer	43.6	56.4	0.0	0.0	0.0	0.0	100.0	5,343
Gilgit	42.1	57.6	0.0	0.1	0.2	0.0	100.0	5,484
Hunza	13.5	86.0	0.2	0.4	0.0	0.0	100.0	1,285
Kharmang	48.5	51.5	0.0	0.0	0.0	0.0	100.0	1,298
Nagar	32.6	67.2	0.0	0.2	0.0	0.0	100.0	2,562
Shigar	90.8	7.3	0.1	0.0	1.8	0.1	100.0	2,328
Skardu	96.6	3.2	0.0	0.2	0.0	0.0	100.0	6,110

( ) Figures that are based on 25-49 unweighted cases

Solid fuel use by place of cooking is presented in Table CH.13. The presence and extent of indoor pollution are dependent on cooking practices, places used for cooking, as well as types of fuel used. According to the GB-MICS, 51.5 percent of households cook in a separate room used as a kitchen. The percentage of households that have food cooked within the dwelling unit varies widely between urban and rural areas (68.2% and 49.2% respectively). At district level, the lowest is prevalence is in district Hunza (13.1%) as compared to 100 percent in Ghanche district.

Table CH.14 provides information on care-seeking behaviour during an episode of fever in the past two weeks. As shown in Table CH.14, advice was sought from a health facility or a health care provider for 64.7 percent of children with fever; these services were provided mainly by the public sector (37.3%). However, no advice or treatment was sought in 31.9 percent of the cases.

Across district, the least prevalence is in district Kharmang (16.2%) to the highest proportion in district Astore (45.4%) children with fever sought treatment or advice from a health facility or provider.

Table CH.14: Care-seeking during fever

Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought, by source of advice or treatment, Gilgit-Baltistan, 2016-17

	Percentage of children for whom: Advice or treatment was sought from:						
	Health facilities or providers						
	Public	Private	Community health provider[a]	Other source	A health facility or provider[1, b]	No advice or treatment sought	Number of children with fever in last two weeks
Total	37.3	27.6	0.8	4.7	64.7	31.9	2,560
Area of residence							
Urban	34.0	36.4	0.2	3.0	67.2	30.7	426
Rural	37.9	25.8	0.9	5.0	64.2	32.2	2,134
Sex							
Male	37.2	28.2	0.9	4.5	65.0	32.0	1,360
Female	37.3	26.9	0.7	4.8	64.4	31.8	1,201
Age							
0-11 months	38.7	29.6	0.5	4.3	67.5	30.0	554
12-23 months	33.2	28.7	0.9	5.0	61.8	34.4	544
24-35 months	38.0	26.7	1.0	5.2	64.8	31.2	529
36-47 months	37.1	26.7	0.5	4.0	64.2	32.7	484
48-59 months	39.7	25.7	1.2	4.8	65.1	31.6	449
Mother's education[c]							
None/pre-school	40.8	20.6	1.1	6.9	62.3	32.7	1,437
Primary	34.7	29.1	0.6	2.4	63.0	35.5	295
Middle	36.2	27.7	0.1	1.2	62.3	36.7	244
Secondary	30.8	40.4	0.9	2.0	70.5	27.9	285
Higher	29.9	47.8	0.2	1.3	74.9	24.5	298
Wealth index quintile							
Poorest	41.4	14.5	0.9	9.0	58.2	34.9	561
Second	41.6	20.1	0.8	4.8	62.2	34.9	507
Middle	39.4	27.5	1.5	4.5	65.8	30.7	544
Fourth	35.4	37.8	0.5	1.2	71.5	27.8	490
Richest	27.0	41.2	0.2	3.1	66.9	30.9	458
Usual language spoken in the household							
Sheena	34.2	27.3	0.3	6.1	61.4	33.8	1,298
Balti	44.5	21.6	1.0	3.2	65.6	32.3	818
Brushaski	38.3	37.9	2.5	2.3	74.6	24.6	242
Other languages	26.5	41.5	1.2	4.4	70.5	27.6	203
Division							
Gilgit	32.5	42.6	0.9	1.3	73.9	25.4	1,010
Baltistan	44.1	21.1	1.0	4.6	64.6	32.0	879
Diamer	35.6	13.5	0.5	9.8	51.0	41.8	672
District							
Astore	37.9	16.4	1.4	1.1	53.7	45.4	235
Diamer	34.3	12.0	0.0	14.4	49.6	39.8	437
Ghanche	53.6	21.4	3.4	0.8	74.3	25.1	216
Ghizer	28.2	52.6	0.6	0.0	80.8	19.2	195
Gilgit	29.3	44.5	0.0	1.3	72.7	26.4	588
Hunza	26.6	61.8	3.3	0.0	81.8	18.2	48
Kharmang	51.7	17.6	1.3	15.2	77.5	16.2	49
Nagar	49.2	20.7	3.5	3.1	68.3	30.6	179
Shigar	53.5	15.0	0.2	3.5	68.1	31.1	171
Skardu	35.0	23.6	0.0	5.7	57.0	37.4	443

[1] **MICS indicator 3.20 - Care-seeking for fever**

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

[b] Includes all public and private health facilities and providers as well as shops

[c] Total includes 1 unweighted case of mother's education missing

Table CH.15: Treatment of children with fever

Percentage of children age 0-59 months who had a fever in the last two weeks, by type of medicine given for the illness, Gilgit-Baltistan, 2016-17

	Children with a fever in the last two weeks who were given:													
	Anti-malarials						Other medications							
	SP/ Fansidar	Chloroquine	Amodia-quine	Quinine	Artemisinin-based Combination Therapy (ACT)	Other anti-malarial	Antibiotic pill or syrup	Antibiotic injection	Paracetamol/ Panadol/ Acetaminophen	Aspirin	Ibuprofen	Other	Missing/DK	Number of children with fever in last two weeks
Total	0.0	0.0	0.0	0.0	0.0	0.1	30.1	2.9	77.3	0.7	9.6	22.2	0.8	2,560
Area of residence														
Urban	0.0	0.0	0.0	0.0	0.0	0.0	34.4	2.2	80.5	0.7	10.7	24.2	1.4	426
Rural	0.0	0.0	0.0	0.0	0.0	0.1	29.3	3.1	76.6	0.7	9.4	21.9	0.7	2,134
Sex														
Male	0.0	0.0	0.0	0.1	0.0	0.0	29.8	2.1	77.5	0.9	10.6	23.9	0.3	1,360
Female	0.0	0.0	0.0	0.0	0.0	0.2	30.5	3.9	77.0	0.5	8.5	20.4	1.4	1,201
Age														
0-11 months	0.0	0.0	0.0	0.0	0.0	0.3	26.9	5.1	77.7	0.4	7.1	24.6	0.4	554
12-23 months	0.0	0.0	0.0	0.0	0.0	0.0	26.4	1.9	77.6	0.0	7.1	23.4	1.4	544
24-35 months	0.0	0.0	0.0	0.0	0.0	0.0	31.3	3.3	77.5	1.1	12.5	23.6	0.6	529
36-47 months	0.0	0.0	0.0	0.0	0.0	0.0	34.7	1.8	76.2	1.2	10.5	19.0	0.8	484
48-59 months	0.0	0.0	0.0	0.2	0.0	0.0	32.3	2.3	77.2	0.8	11.4	19.8	1.0	449
Mother's education[a]														
None/pre-school	0.0	0.0	0.0	0.0	0.0	0.1	26.1	3.5	75.8	0.8	9.3	20.6	1.1	1,437
Primary	0.0	0.0	0.0	0.0	0.0	0.0	31.4	1.5	74.3	0.3	8.6	24.3	0.7	295
Middle	0.0	0.0	0.0	0.4	0.0	0.0	38.6	2.4	83.2	1.1	6.3	13.4	0.5	244
Secondary	0.0	0.0	0.0	0.0	0.0	0.0	31.4	2.0	84.3	0.0	10.7	28.4	0.6	285
Higher	0.0	0.0	0.0	0.0	0.0	0.0	40.2	3.2	75.9	1.0	14.0	29.4	0.1	298
Wealth index quintile														
Poorest	0.0	0.0	0.0	0.0	0.0	0.3	19.4	2.4	72.1	0.4	9.8	17.6	0.7	561
Second	0.0	0.0	0.0	0.0	0.0	0.0	26.4	2.3	76.4	0.6	5.6	18.1	0.3	507
Middle	0.0	0.0	0.0	0.2	0.0	0.0	32.0	2.9	81.6	1.4	11.0	20.2	1.5	544
Fourth	0.0	0.0	0.0	0.0	0.0	0.0	36.1	4.4	77.1	1.0	8.6	27.6	1.4	490
Richest	0.0	0.0	0.0	0.0	0.0	0.0	38.7	2.7	79.6	0.1	13.3	29.2	0.2	458
Usual language spoken in the household														
Sheena	0.0	0.0	0.0	0.0	0.0	0.1	32.1	4.1	79.3	0.8	8.5	24.5	1.1	1,298
Balti	0.0	0.0	0.0	0.0	0.0	0.0	29.0	1.2	77.7	0.4	8.0	14.5	0.6	818
Brushaski	0.0	0.0	0.0	0.0	0.0	0.0	29.7	2.3	63.4	0.7	18.3	36.8	0.6	242

Table CH.15: Treatment of children with fever

Percentage of children age 0-59 months who had a fever in the last two weeks, by type of medicine given for the illness, Gilgit-Baltistan, 2016-17

	Children with a fever in the last two weeks who were given:													
	Anti-malarials						Other medications							
	SP/ Fansidar	Chloroquine	Amodia-quine	Quinine	Artemisinin-based Combination Therapy (ACT)	Other anti-malarial	Antibiotic pill or syrup	Antibiotic injection	Paracetamol/ Panadol/ Acetaminophen	Aspirin	Ibuprofen	Other	Missing/DK	Number of children with fever in last two weeks
Total	0.0	0.0	0.0	0.0	0.0	0.1	30.1	2.9	77.3	0.7	9.6	22.2	0.8	2,560
Other languages	0.0	0.0	0.0	0.4	0.0	0.0	22.5	2.8	79.0	1.1	12.8	21.5	0.2	203
Division														
Gilgit	0.0	0.0	0.0	0.1	0.0	0.0	37.4	3.4	76.9	0.2	10.5	33.6	1.0	1,010
Baltistan	0.0	0.0	0.0	0.0	0.0	0.0	28.5	1.2	77.3	0.6	9.2	14.8	0.9	879
Diamer	0.0	0.0	0.0	0.0	0.0	0.3	21.3	4.5	77.7	1.5	8.9	14.9	0.5	672
District														
Astore	0.0	0.0	0.0	0.0	0.0	0.0	42.9	3.6	86.0	0.0	3.8	2.0	0.8	235
Diamer	0.0	0.0	0.0	0.0	0.0	0.4	9.7	5.0	73.2	2.3	11.7	21.8	0.3	437
Ghanche	0.0	0.0	0.0	0.0	0.0	0.0	12.1	0.4	66.8	0.0	4.0	21.2	1.1	216
Ghizer	0.0	0.0	0.0	0.4	0.0	0.0	38.2	0.6	89.4	0.7	8.1	6.4	0.0	195
Gilgit	0.0	0.0	0.0	0.0	0.0	0.0	38.7	4.4	79.1	0.0	7.5	41.1	1.4	588
Hunza	0.0	0.0	0.0	0.0	0.0	0.0	61.7	2.0	56.3	0.0	12.2	49.0	2.9	48
Kharmang	0.0	0.0	0.0	0.0	0.0	0.0	33.8	1.4	79.1	5.0	12.1	11.4	3.8	49
Nagar	0.0	0.0	0.0	0.0	0.0	0.0	25.6	3.5	61.6	0.4	22.4	34.8	0.5	179
Shigar	0.0	0.0	0.0	0.0	0.0	0.0	41.1	3.6	84.5	0.3	7.0	18.0	0.0	171
Skardu	0.0	0.0	0.0	0.0	0.0	0.0	31.0	0.6	79.5	0.5	12.2	10.7	0.8	443

[a] Total includes 1 unweighted case of mother's education missing

Mothers were asked to report all of the medicines given to a child to treat the fever, including both medicines given at home and medicines given or prescribed at a health facility. Artemisinin-based Combination therapy (ACT) is the recommended first line antimalarial recommended by the World Health Organization and use in country.

Less than 1 percent of children with fever in the last two weeks were treated with an artemisinin-based combination therapy (ACT) and about the same proportion received an antimalarial. Use of antibiotic is not uncommon for children with fever, as 30.1 percent of children were given antibiotic pill or syrup. Almost Eight in ten children (77.3%) received Paracetamol, Panadol or Acetaminophen while Ibuprofen was used in 9.6 percent of cases.

As shown in table CH.16, overall, 5.5 percent of children with a fever in the previous two weeks had blood taken from a finger or heel for testing. Almost ignorable proportion of the children (0.1%), with a fever in the previous 2 weeks were treated with any antimalarial drug.

Table CH.16: Diagnostics and anti-malarial treatment of children

Percentage of children age 0-59 months who had a fever in the last two weeks who had a finger or heel stick for malaria testing, who were given Artemisinin-combination Treatment (ACT) and any anti-malarial drugs, and percentage who were given ACT among those who were given anti-malarial drugs, Gilgit-Baltistan, 2016-17

	Percentage of children who:							
		Were given:						
	Had blood taken from a finger or heel for testing[1]	Artemisinin-combination Treatment (ACT)	ACT the same or next day	Any antimalarial drugs[2]	Any antimalarial drugs same or next day	Number of children age 0-59 months with fever in the last two weeks	Treatment with Artemisinin-based Combination Therapy (ACT) among children who received anti-malarial treatment[3]	Number of children age 0-59 months with fever in the last two weeks who were given any antimalarial drugs
Total	5.5	0.0	0.0	0.1	0.0	2,560	(*)	3
Area of residence								
Urban	8.1	0.0	0.0	0.0	0.0	426	(*)	0
Rural	5.0	0.0	0.0	0.1	0.0	2,134	(*)	3
Sex								
Male	5.8	0.0	0.0	0.1	0.1	1,360	(*)	1
Female	5.1	0.0	0.0	0.2	0.0	1,201	(*)	2
Age								
0-11 months	7.6	0.0	0.0	0.3	0.0	554	(*)	2
12-23 months	4.6	0.0	0.0	0.0	0.0	544	(*)	0
24-35 months	5.7	0.0	0.0	0.0	0.0	529	(*)	0
36-47 months	5.5	0.0	0.0	0.0	0.0	484	(*)	0
48-59 months	3.8	0.0	0.0	0.2	0.2	449	(*)	1
Mother's education[a]								
None/pre-school	3.8	0.0	0.0	0.1	0.0	1,437	(*)	2
Primary	3.9	0.0	0.0	0.0	0.0	295	(*)	0
Middle	7.7	0.0	0.0	0.4	0.4	244	(*)	1
Secondary	7.8	0.0	0.0	0.0	0.0	285	(*)	0
Higher	11.3	0.0	0.0	0.0	0.0	298	(*)	0
Wealth index quintile								
Poorest	2.7	0.0	0.0	0.3	0.0	561	(*)	2
Second	3.5	0.0	0.0	0.0	0.0	507	(*)	0
Middle	4.6	0.0	0.0	0.2	0.2	544	(*)	1
Fourth	8.3	0.0	0.0	0.0	0.0	490	(*)	0
Richest	9.1	0.0	0.0	0.0	0.0	458	(*)	0
Usual language spoken in the household								
Sheena	7.2	0.0	0.0	0.1	0.0	1,298	(*)	2
Balti	2.0	0.0	0.0	0.0	0.0	818	(*)	0
Brushaski	7.9	0.0	0.0	0.0	0.0	242	(*)	0
Other languages	5.6	0.0	0.0	0.4	0.4	203	(*)	1

Table CH.16: Diagnostics and anti-malarial treatment of children

Percentage of children age 0-59 months who had a fever in the last two weeks who had a finger or heel stick for malaria testing, who were given Artemisinin-combination Treatment (ACT) and any anti-malarial drugs, and percentage who were given ACT among those who were given anti-malarial drugs, Gilgit-Baltistan, 2016-17

	Percentage of children who:							
		Were given:						
	Had blood taken from a finger or heel for testing[1]	Artemisinin-combination Treatment (ACT)	ACT the same or next day	Any antimalarial drugs[2]	Any antimalarial drugs same or next day	Number of children age 0-59 months with fever in the last two weeks	Treatment with Artemisinin-based Combination Therapy (ACT) among children who received anti-malarial treatment[3]	Number of children age 0-59 months with fever in the last two weeks who were given any antimalarial drugs
Total	5.5	0.0	0.0	0.1	0.0	2,560	(*)	3
Division								
Gilgit	8.9	0.0	0.0	0.1	0.1	1,010	(*)	1
Baltistan	2.0	0.0	0.0	0.0	0.0	879	(*)	0
Diamer	5.0	0.0	0.0	0.3	0.0	672	(*)	2
District								
Astore	1.3	0.0	0.0	0.0	0.0	235	(*)	0
Diamer	7.0	0.0	0.0	0.4	0.0	437	(*)	2
Ghanche	2.2	0.0	0.0	0.0	0.0	216	(*)	0
Ghizer	7.3	0.0	0.0	0.4	0.4	195	(*)	1
Gilgit	9.1	0.0	0.0	0.0	0.0	588	(*)	0
Hunza	21.7	0.0	0.0	0.0	0.0	48	(*)	0
Kharmang	0.7	0.0	0.0	0.0	0.0	49	(*)	0
Nagar	6.3	0.0	0.0	0.0	0.0	179	(*)	0
Shigar	0.2	0.0	0.0	0.0	0.0	171	(*)	0
Skardu	2.7	0.0	0.0	0.0	0.0	443	(*)	0

[1] **MICS indicator 3.21 - Malaria diagnostics usage**

[2] **MICS indicator 3.22; MDG indicator 6.8 - Anti-malarial treatment of children under age 5**

[3] **MICS indicator 3.23 - Treatment with Artemisinin-based Combination Therapy (ACT) among children who received anti-malarial treatment**

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 1 unweighted cases of mother's education missing

Table CH.17: Intermittent preventive treatment for malaria

Percentage of women age 15-49 years who had a live birth during the two years preceding the survey and who received intermittent preventive treatment (IPT) for malaria during pregnancy at any antenatal care visit, Gilgit-Baltistan, 2016-17

	Percentage of women who received antenatal care (ANC)	Number of women with a live birth in the last two years	Percentage of pregnant women: Who took any medicine to prevent malaria at any ANC visit during pregnancy	who took SP/Fansidar at least once during an ANC visit and in total took: At least once	Two or more times	Three or more times[1]	Four or more times	Number of women with a live birth in the last two years and who received antenatal care
Total	72.5	2,705	1.1	0.2	0.1	0.0	0.0	1,961
Area of residence								
Urban	87.2	462	0.7	0.0	0.0	0.0	0.0	402
Rural	69.5	2,244	1.2	0.2	0.1	0.0	0.0	1,559
Mother's education[a]								
None/pre-school	58.8	1,526	1.2	0.1	0.0	0.0	0.0	898
Primary	81.8	298	0.9	0.2	0.2	0.0	0.0	244
Middle	89.8	216	2.4	0.6	0.6	0.2	0.0	194
Secondary	91.9	303	1.1	0.3	0.0	0.0	0.0	279
Higher	95.7	361	0.4	0.0	0.0	0.0	0.0	346
Wealth index quintile								
Poorest	48.6	566	2.1	0.0	0.0	0.0	0.0	275
Second	65.2	589	2.0	0.8	0.3	0.0	0.0	384
Middle	75.9	565	1.2	0.0	0.0	0.0	0.0	429
Fourth	84.2	493	0.9	0.1	0.1	0.1	0.0	415
Richest	93.0	492	0.0	0.0	0.0	0.0	0.0	457
Usual language spoken in the household								
Sheena	67.8	1,439	0.9	0.1	0.1	0.0	0.0	976
Balti	75.9	796	1.4	0.3	0.0	0.0	0.0	605
Brushaski	91.0	232	2.1	0.4	0.4	0.0	0.0	211
Other languages	71.1	239	0.2	0.2	0.2	0.2	0.0	170
Division								
Gilgit	91.1	966	1.1	0.2	0.2	0.0	0.0	880
Baltistan	72.4	873	1.3	0.3	0.0	0.0	0.0	632
Diamer	51.9	866	1.0	0.0	0.0	0.0	0.0	449
District								
Astore	74.8	189	1.5	0.0	0.0	0.0	0.0	142
Diamer	45.4	677	0.7	0.0	0.0	0.0	0.0	308
Ghanche	83.1	240	4.1	0.8	0.0	0.0	0.0	200
Ghizer	91.2	260	0.0	0.0	0.0	0.0	0.0	237
Gilgit	92.3	516	0.9	0.0	0.0	0.0	0.0	476
Hunza	99.0	49	4.6	0.7	0.7	0.7	0.0	49
Kharmang	57.8	96	0.0	0.0	0.0	0.0	0.0	55
Nagar	83.4	140	2.6	1.1	1.1	0.0	0.0	117
Shigar	74.2	143	0.0	0.0	0.0	0.0	0.0	106
Skardu	68.7	394	0.0	0.0	0.0	0.0	0.0	271

[1] **MICS indicator 3.25 - Intermittent preventive treatment for malaria**

[a] Total includes 1 unweighted case of mother's education missing

Table CH.17 presents the proportion of pregnant women who received intermittent preventive treatment (IPT) for malaria during pregnancy at any antenatal care visit. The data shows that women who took any medicine to prevent malaria at any ANC during pregnancy is only 1.1 percent out of the 72.5 percent women who took their ANCs. At the district level the highest proportion of women is in district Hunza (4.6%) followed by 4.1 percent in district Ghanche and none of the women took any medicine to prevent from malaria in district Shigar, Ghizer, Kharmang and Skardu.

VII. WATER AND SANITATION

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant determinant of diseases such as cholera, typhoid, and schistosomiasis. Drinking water can be contaminated with chemical and physical contaminants with harmful effects on human health. In addition to preventing disease, improved access to drinking water may be particularly important for women and children, especially in rural areas, who bear the primary responsibility for carrying water, often for long distances.[31]

Inadequate disposal of human excreta and personal hygiene are associated with a range of diseases including diarrhoeal diseases and polio and are important determinants of stunting. Improved sanitation can reduce diarrhoeal disease by more than a third[32], and can substantially lessen the adverse health impacts of other disorders among millions of children in many countries.

The MDG target 7.C was to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. For more details on water and sanitation and to access some reference documents, please visit data.unicef.org[33] or the website of the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation[34].

Use of Improved Water Sources

The distribution of the population by main source of drinking water is shown in Table WS.1. The population using *improved sources* of drinking water is that using any of the following types of supply: piped water (into dwelling, compound, yard or plot, to neighbour, public tap/standpipe), tube well/borehole, protected well, protected spring, and rainwater collection. Bottled water is considered as an improved water source only if the household is using an improved water source for handwashing and cooking.

[31] WHO/UNICEF. 2012. *Progress on Drinking water and Sanitation: 2012 update*.

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

[33] http://data.unicef.org/water-sanitation

[34] http:// www.wssinfo.org

Table WS.1: Use of improved water sources

Percent distribution of household population according to main source of drinking water and percentage of household population using improved drinking water sources, Gilgit-Baltistan, 2016-17

	Main source of drinking water																				
	Improved sources											Unimproved sources									
	Piped water				Borehole																
	Into dwelling	Into yard/plot	To neigh-bour	Public tap/ stand-pipe	Tube-well/ bore-hole	Hand pump (tap)	Motorized pump (dunky / turbine)	Pro-tected well	Pro-tected spring	Rain-water collection	Bottled water[a]	Unpro-tected well	Unpro-tected spring	Tanker truck	Cart with small tank/ drum	Surface water (river, stream, dam, lake, pond, canal, irrigation channel)	Bottled water[a]	Other	Total	Percentage using improved sources of drinking water[1]	Number of household members
Total	25.8	37.1	5.8	5.8	-	0.3	0.4	1.7	1.4	0.1	0.5	0.8	2.2	0.2	0.3	17.3	-	0.2	100.0	79.0	47,983
Area of residence																					
Urban	49.9	31.1	4.6	3.7	-	0.2	0.1	3.1	1.6	0.0	1.1	0.4	0.6	0.4	0.4	2.7	-	0.1	100.0	95.4	8,632
Rural	20.6	38.4	6.1	6.3	-	0.3	0.5	1.4	1.4	0.1	0.3	0.9	2.6	0.1	0.3	20.4	-	0.2	100.0	75.5	39,351
Education of household head																					
None/pre-school	20.4	34.2	6.7	6.8	-	0.1	0.3	1.8	1.8	0.1	0.0	0.9	2.8	0.1	0.4	23.2	-	0.2	100.0	72.4	23,203
Primary	26.3	40.0	6.0	6.0	-	0.5	0.1	2.0	1.1	0.0	0.2	0.9	2.0	0.3	0.0	14.2	-	0.3	100.0	82.3	8,166
Middle	24.8	42.3	8.5	5.5	-	0.2	0.1	1.5	0.6	0.0	0.0	0.8	1.7	0.4	1.1	12.2	-	0.3	100.0	83.5	4,802
Secondary	30.2	46.3	2.8	3.5	-	0.3	0.0	1.4	0.4	0.5	1.8	0.5	2.0	0.0	0.1	10.2	-	0.1	100.0	87.2	4,968
Higher	41.5	33.4	2.9	4.3	-	0.7	1.6	1.2	2.1	0.0	1.6	0.8	1.0	0.1	0.0	8.8	-	0.0	100.0	89.3	6,760
Missing/ DK	38.6	6.2	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	55.2		0.0	100.0	44.8	85
Wealth index quintile																					
Poorest	4.6	5.4	7.3	19.3	-	0.5	0.4	1.1	2.7	0.3	0.0	2.0	6.0	0.0	0.2	49.5	-	0.6	100.0	41.7	9,598
Second	23.7	26.1	11.0	6.3	-	0.7	0.4	2.3	1.3	0.0	0.0	0.9	3.2	0.0	0.5	23.4	-	0.1	100.0	71.8	9,596
Middle	26.7	49.3	5.8	1.8	-	0.1	0.8	2.2	1.6	0.0	0.0	0.5	1.0	0.2	0.3	9.4	-	0.3	100.0	88.3	9,595
Fourth	27.8	61.2	4.5	0.3	-	0.0	0.4	0.8	0.4	0.2	0.0	0.7	0.5	0.3	0.1	2.8	-	0.0	100.0	95.6	9,601
Richest	46.5	43.6	0.5	1.4	-	0.2	0.1	2.1	1.2	0.0	2.3	0.0	0.3	0.3	0.4	1.2	-	0.0	100.0	97.8	9,593
Usual language spoken in the household																					
Sheena	21.6	38.7	4.3	2.9	-	0.2	0.2	2.1	1.8	0.2	0.2	0.9	2.0	0.3	0.4	24.2	-	0.1	100.0	72.1	23,650
Balti	39.8	20.5	8.8	13.9	-	0.7	1.0	0.9	0.8	0.0	0.3	0.9	3.3	0.0	0.1	8.8	-	0.2	100.0	86.7	14,270
Brushaski	16.9	61.6	6.3	2.1	-	0.0	0.0	2.0	0.7	0.0	1.0	0.5	0.9	0.1	0.6	6.8	-	0.6	100.0	90.5	5,277
Other languages	15.1	51.9	4.0	0.4	-	0.2	0.0	1.8	2.4	0.0	1.9	0.6	1.7	0.1	0.3	19.5	-	0.1	100.0	77.7	4,787
Division																					
Gilgit	17.6	61.3	4.1	1.4	-	0.1	0.2	2.6	0.9	0.0	1.1	0.5	0.5	0.4	0.8	8.2	-	0.3	100.0	89.3	18,895
Baltistan	37.6	22.0	8.5	13.0	-	0.8	1.0	0.7	0.9	0.0	0.1	0.9	3.4	0.0	0.1	10.7	-	0.2	100.0	84.7	16,457
Diamer	22.8	20.5	4.9	3.2	-	0.0	0.0	1.5	2.9	0.4	0.0	1.2	3.2	0.0	0.0	39.3	-	0.1	100.0	56.2	12,632

Table WS.1: Use of improved water sources

Percent distribution of household population according to main source of drinking water and percentage of household population using improved drinking water sources, Gilgit-Baltistan, 2016-17

	Main source of drinking water																				
	Improved sources											Unimproved sources									
	Piped water				Borehole																
	Into dwelling	Into yard/plot	To neigh-bour	Public tap/ stand-pipe	Tube-well/ bore-hole	Hand pump (tap)	Motorized pump (dunky / turbine)	Pro-tected well	Pro-tected spring	Rain-water collection	Bottled water[a]	Unpro-tected well	Unpro-tected spring	Tanker truck	Cart with small tank/ drum	Surface water (river, stream, dam, lake, pond, canal, irrigation channel)	Bottled water[a]	Other	Total	Percentage using improved sources of drinking water[1]	Number of household members
Total	25.8	37.1	5.8	5.8	-	0.3	0.4	1.7	1.4	0.1	0.5	0.8	2.2	0.2	0.3	17.3	-	0.2	100.0	79.0	47,983
District																					
Astore	40.3	24.2	7.6	8.0	-	0.0	0.0	1.0	1.5	0.0	0.0	0.7	7.2	0.0	0.0	9.4	-	0.0	100.0	82.6	3,193
Diamer	16.9	19.3	4.0	1.5	-	0.0	0.0	1.7	3.4	0.5	0.0	1.4	1.8	0.0	0.0	49.3	-	0.1	100.0	47.3	9,438
Ghanche	54.8	5.0	7.5	22.4	-	0.4	0.0	0.0	1.9	0.2	0.0	0.0	0.8	0.0	0.0	6.6	-	0.3	100.0	92.3	4,435
Ghizer	6.4	75.3	2.9	1.1	-	0.0	0.2	1.8	1.6	0.0	0.0	0.1	1.1	0.0	0.2	9.3	-	0.0	100.0	89.3	5,750
Gilgit	27.2	47.0	4.1	1.8	-	0.2	0.3	3.6	0.6	0.0	2.2	0.5	0.1	0.8	1.4	10.0	-	0.2	100.0	87.1	8,845
Hunza	21.1	70.7	2.0	0.5	-	0.0	0.0	1.5	0.4	0.0	0.4	1.1	0.0	0.0	0.0	2.1	-	0.3	100.0	96.5	1,487
Kharmang	30.4	13.0	15.3	12.9	-	0.0	0.0	0.0	2.0	0.0	0.0	0.1	11.3	0.0	0.0	14.9	-	0.1	100.0	73.6	1,611
Nagar	8.5	72.9	7.8	1.0	-	0.0	0.0	1.8	0.9	0.0	0.0	0.8	0.9	0.1	0.4	3.9	-	1.1	100.0	92.8	2,813
Shigar	22.5	22.4	5.1	21.3	-	0.2	0.3	5.1	1.0	0.0	0.1	2.7	0.7	0.0	0.4	17.7	-	0.4	100.0	78.1	2,381
Skardu	34.1	33.1	8.7	5.4	-	1.3	1.9	0.0	0.1	0.0	0.2	0.9	4.0	0.0	0.0	10.1	-	0.1	100.0	84.8	8,029

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

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

In Gilgit-Baltistan, 79 percent of the population uses an improved source of drinking water; 95 percent in urban areas and 76 percent in rural areas. At division level, it ranges from 56 percent in Diamer division to 89 percent in Gilgit division. Significant variation also exist among districts. The data witnessed that highest prevalence of improved source of drinking water is in 97 percent in Hunza district compared to lowest in Diamer district (47%).

The most common drinking water source is piped water into yard/plot (37%) followed by piped water into dwelling (26%). The source of drinking water for the population varies by division. The most common source of drinking water in Gilgit division is piped water into yard/plot (61%), in Baltistan division is piped water into dwelling (37%) and in Diamer division is surface water (river, stream, dam, lake, pond, canal, irrigation channel) 39 percent. The significant variation is also observed across districts. For example, 75 percent of the population in Ghizer district uses piped water into yard/plot as main source of drinking water whereas, 49 percent of the population in Diamer district preferred surface water (river, stream, dam, lake, pond, canal, irrigation channel) as main source of drinking water. The main water sources are depicted in Figure WS.1.

Figure WS.1: Percent distribution of household members by source of drinking water, Gilgit-Baltistan MICS, 2016-17

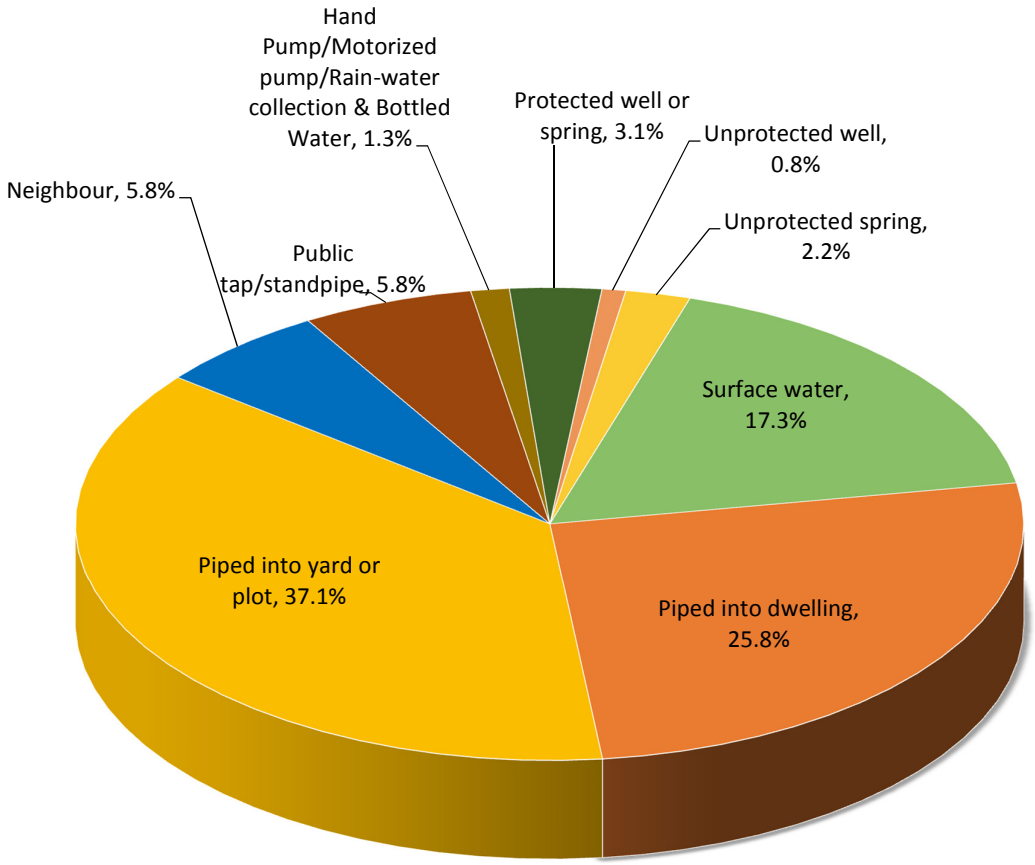


Table WS.2: Household water treatment

Percentage of household population by drinking water treatment method used in the household, and for household members living in households where an unimproved drinking water source is used, the percentage who are using an appropriate treatment method, Gilgit-Baltistan, 2016-17

	Water treatment method used in the household											
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Solar dis-infection	Let it stand and settle	Other	Missing/DK	Number of household members	Percentage of household members in households using unimproved drinking water sources and using an appropriate water treatment method[1]	Number of household members in households using unimproved drinking water sources
Total	91.7	5.8	0.2	1.7	0.7	0.1	0.9	0.0	0.0	47,983	3.2	10,056
Area of residence												
Urban	82.8	11.7	0.5	3.2	2.4	0.0	1.0	0.1	0.0	8,632	9.8	396
Rural	93.6	4.6	0.2	1.4	0.3	0.1	0.9	0.0	0.0	39,351	2.9	9,660
Main source of drinking water												
Improved	90.8	6.6	0.3	1.7	0.8	0.1	0.9	0.1	0.0	37,927	na	na
Unimproved	95.0	3.0	0.2	1.7	0.2	0.0	0.9	0.0	0.0	10,056	3.2	10,056
Education of household head												
None/pre-school	96.0	2.5	0.1	1.0	0.1	0.0	0.4	0.0	0.0	23,203	1.7	6,413
Primary	91.9	5.8	0.2	2.5	0.4	0.1	1.6	0.0	0.0	8,166	4.4	1,446
Middle	90.0	7.1	0.1	2.0	1.0	0.5	1.2	0.0	0.0	4,802	0.7	792
Secondary	87.8	9.2	0.7	4.0	0.8	0.0	0.8	0.0	0.0	4,968	2.1	637
Higher	80.8	14.0	0.5	1.5	2.4	0.1	1.7	0.2	0.0	6,760	17.6	721
Missing/ DK	72.0	12.9	0.0	0.0	15.2	0.0	0.0	0.0	0.0	85	(0.0)	47
Wealth index quintile												
Poorest	98.6	0.4	0.0	0.8	0.0	0.0	0.2	0.0	0.0	9,598	0.4	5,595
Second	96.8	1.8	0.2	1.6	0.0	0.0	0.6	0.0	0.0	9,596	3.4	2,703
Middle	95.6	3.0	0.1	1.3	0.0	0.1	0.7	0.1	0.0	9,595	4.6	1,126
Fourth	90.2	7.9	0.0	1.6	0.1	0.0	1.2	0.0	0.0	9,601	26.4	423
Richest	77.3	16.1	0.9	3.3	3.2	0.2	1.7	0.1	0.0	9,593	20.6	210
Usual language spoken in the household												
Sheena	92.2	5.9	0.2	1.5	0.3	0.0	0.8	0.1	0.0	23,650	2.9	6,589
Balti	94.9	2.6	0.0	1.5	0.8	0.0	0.5	0.0	0.0	14,270	0.8	1,901
Brushaski	84.4	13.2	1.5	2.9	1.0	0.6	1.5	0.0	0.0	5,277	14.9	500
Other languages	87.9	7.2	0.0	2.4	1.5	0.0	2.1	0.2	0.0	4,787	3.2	1,067
Division												
Gilgit	84.7	11.5	0.6	2.7	0.8	0.2	2.0	0.1	0.0	18,895	13.7	2,015
Baltistan	94.3	3.2	0.0	1.7	1.0	0.0	0.3	0.0	0.0	16,457	1.5	2,511
Diamer	98.8	0.8	0.0	0.4	0.0	0.0	0.0	0.0	0.0	12,632	0.1	5,530
District												
Astore	96.1	2.3	0.2	1.5	0.0	0.0	0.0	0.0	0.0	3,193	1.1	555
Diamer	99.7	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9,438	0.0	4,975
Ghanche	99.0	0.7	0.0	0.1	0.1	0.0	0.0	0.0	0.0	4,435	0.0	343
Ghizer	95.3	3.3	0.4	0.9	0.0	0.0	1.0	0.1	0.0	5,750	7.2	616
Gilgit	76.7	17.0	0.9	4.3	1.6	0.2	2.7	0.1	0.0	8,845	18.0	1,145
Hunza	77.8	18.5	0.1	0.8	0.2	0.4	3.8	0.1	0.0	1,487	20.4	51
Kharmang	83.8	7.6	0.0	8.0	0.9	0.0	0.0	0.0	0.0	1,611	5.8	425
Nagar	91.8	7.3	0.3	2.0	0.3	0.2	0.7	0.0	0.0	2,813	7.4	202
Shigar	96.0	0.4	0.0	1.7	0.0	0.0	2.1	0.0	0.0	2,381	0.0	522
Skardu	93.3	4.4	0.0	1.3	1.8	0.0	0.0	0.0	0.0	8,029	1.0	1,221

[1] **MICS indicator 4.2 - Water treatment**

na: not applicable

( ) Figures that are based on 25-49 unweighted cases

Use of water treatment by households is presented in Table WS.2. Households were asked about ways they may be treating water at home to make it safer to drink. Boiling water, adding bleach or chlorine, using a water filter, and using solar disinfection are considered as effective treatment of drinking water. The table shows water treatment by all household members and the percentage of those living in households using unimproved water sources but using appropriate water treatment methods. Out of those household members who are using unimproved drinking water sources, only 3 percent are found using an appropriate water treatment. About 6 percent of the population boils the water and about 2 percent strain through a cloth.

There are notable differences in the use of appropriate water treatment method at division level, with almost zero percent of household members in Diamer division using an appropriate method rising to 14 percent of household members in Gligit division. The proportion of the population using unimproved drinking water sources and using an appropriate treatment method is higher in urban areas, among those with a household head that is more educated and in richer households.

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

The availability of water on premises is associated with greater use, better family hygiene and better health outcomes. In Gilgit-Baltistan, 71 percent of the household population have drinking water source on premises. For a water collection round trip of 30 minutes or more, it has been observed that households carry progressively less water and are likely to compromise on the minimal basic drinking water needs of the household.[35] For 13 percent of the household population, it takes the household more than 30 minutes or more to get to the water source and bring water. In rural areas a higher percentage of household members live in households that spend this amount of time in collecting water compared to those in urban areas.

[35] Cairncross, S and Cliff, JL. 1987. *Water use and Health in Mueda, Mozambique*. Transactions of the Royal Society of Tropical Medicine and Hygiene 81: 51-4.

Table WS.3: Time to source of drinking water

Percent distribution of household population according to time to go to source of drinking water, get water and return, for users of improved and unimproved drinking water sources, Gilgit-Baltistan, 2016-17

	Time to source of drinking water								
	Users of improved drinking water sources			Users of unimproved drinking water sources					
	Water on premises	Less than 30 minutes	30 minutes or more	Water on premises	Less than 30 minutes	30 minutes or more	Missing/DK	Total	Number of household members
Total	70.8	5.6	2.6	1.5	8.7	10.7	0.1	100.0	47,983
Area of residence									
Urban	88.7	4.3	2.5	0.4	1.3	2.7	0.2	100.0	8,632
Rural	66.9	5.9	2.6	1.7	10.3	12.5	0.0	100.0	39,351
Education of household head									
None/pre-school	62.5	6.9	2.9	1.5	9.5	16.6	0.0	100.0	23,203
Primary	74.5	5.7	2.0	1.9	9.2	6.5	0.2	100.0	8,166
Middle	77.1	4.2	2.2	0.8	10.8	4.9	0.0	100.0	4,802
Secondary	82.0	3.3	1.9	0.9	5.5	6.3	0.1	100.0	4,968
Higher	82.5	3.9	2.9	1.6	5.7	3.4	0.0	100.0	6,760
Missing/ DK	44.8	0.0	0.0	0.0	55.2	0.0	0.0	100.0	85
Wealth index quintile									
Poorest	18.7	16.8	6.3	2.3	22.0	33.9	0.1	100.0	9,598
Second	62.3	6.8	2.8	2.5	12.4	13.2	0.0	100.0	9,596
Middle	84.6	2.2	1.4	0.7	7.5	3.5	0.0	100.0	9,595
Fourth	94.4	0.7	0.5	1.1	1.3	1.8	0.2	100.0	9,601
Richest	94.2	1.6	2.0	0.6	0.4	1.3	0.0	100.0	9,593
Usual language spoken in the household									
Sheena	66.0	3.4	2.7	1.0	11.2	15.6	0.1	100.0	23,650
Balti	71.6	12.0	3.1	1.8	6.1	5.3	0.1	100.0	14,270
Brushaski	87.6	2.2	0.7	2.1	2.8	4.6	0.0	100.0	5,277
Other languages	73.8	1.4	2.5	1.9	10.6	9.8	0.0	100.0	4,787
Division									
Gilgit	86.1	1.7	1.5	1.8	4.4	4.4	0.1	100.0	18,895
Baltistan	70.4	11.2	3.1	1.7	6.1	7.4	0.1	100.0	16,457
Diamer	48.4	4.3	3.5	0.6	18.5	24.6	0.0	100.0	12,632
District									
Astore	72.8	5.8	4.0	0.3	6.3	10.7	0.1	100.0	3,193
Diamer	40.2	3.8	3.3	0.8	22.7	29.3	0.0	100.0	9,438
Ghanche	67.7	20.0	4.5	1.0	5.9	0.7	0.2	100.0	4,435
Ghizer	86.1	1.4	1.7	1.5	3.4	5.8	0.0	100.0	5,750
Gilgit	83.1	2.1	1.9	1.8	6.4	4.6	0.2	100.0	8,845
Hunza	95.5	0.2	0.8	2.0	0.5	1.0	0.0	100.0	1,487
Kharmang	60.3	8.0	5.4	0.7	8.3	17.4	0.0	100.0	1,611
Nagar	90.6	1.6	0.6	2.4	2.2	2.6	0.0	100.0	2,813
Shigar	52.2	22.8	3.1	2.7	12.4	6.8	0.0	100.0	2,381
Skardu	79.4	3.5	1.9	2.0	3.9	9.4	0.0	100.0	8,029

Table WS.4 shows that in Gilgit-Baltistan, for more than three in four households (77%), an adult women usually collects drinking water when the source is not on the premises. Female child under age 15 collect water in 11 percent of cases, while for the rest of the households, adult men or male children under age 15 collect water (11%). In rural areas, an adult female usually collects drinking water (81%) in contrast to urban areas where less proportion of adult males (42%) collect the water.

Table WS.4: Person collecting water

Percentage of households without drinking water on premises, and percent distribution of households without drinking water on premises according to the person usually collecting drinking water used in the household, Gilgit-Baltistan, 2016-17

	Percentage of households without drinking water on premises	Number of households	Person usually collecting drinking water						Number of households without drinking water on premises
			Adult woman (age 15+ years)	Adult man (age 15+ years)	Female child (under 15)	Male child (under 15)	DK / Missing	Total	
Total	26.4	6,213	77.6	7.9	11.3	2.6	0.6	100.0	1,639
Area of residence									
Urban	12.3	1,090	41.8	35.0	10.4	12.8	0.0	100.0	134
Rural	29.4	5,123	80.8	5.5	11.4	1.7	0.7	100.0	1,505
Education of household head[a]									
None/pre-school	35.1	2,890	81.4	4.9	11.6	1.6	0.5	100.0	1,014
Primary	22.6	1,067	80.5	6.2	10.2	2.5	0.6	100.0	241
Middle	21.1	645	61.8	16.5	16.9	2.7	2.1	100.0	136
Secondary	17.2	632	71.4	15.8	6.7	6.1	0.0	100.0	109
Higher	13.9	969	63.8	18.3	9.3	7.9	0.7	100.0	135
Wealth index quintile									
Poorest	76.1	1,254	83.0	2.9	12.8	1.0	0.3	100.0	954
Second	31.4	1,235	82.8	6.1	8.7	1.8	0.6	100.0	388
Middle	14.0	1,223	69.0	11.1	12.6	4.4	2.9	100.0	171
Fourth	4.4	1,283	(59.7)	(18.9)	(8.3)	(13.1)	(0.0)	100.0	57
Richest	5.7	1,218	(9.5)	(70.0)	(3.8)	(16.8)	(0.0)	100.0	69
Usual language spoken in the household									
Sheena	31.4	2,925	76.4	7.8	12.2	2.9	0.7	100.0	919
Balti	26.8	1,897	83.2	4.9	10.2	1.2	0.4	100.0	508
Brushaski	9.4	755	72.6	14.7	8.1	4.5	0.0	100.0	71
Other languages	22.2	636	67.8	15.7	10.6	4.8	1.0	100.0	141
Division									
Gilgit	11.8	2,614	57.2	25.2	8.6	8.3	0.7	100.0	309
Baltistan	27.9	2,172	83.6	4.9	10.1	1.0	0.4	100.0	607
Diamer	50.7	1,428	81.2	3.0	13.4	1.6	0.8	100.0	723
District									
Astore	27.6	428	90.9	1.0	6.8	1.2	0.0	100.0	118
Diamer	60.5	999	79.3	3.3	14.7	1.6	1.0	100.0	605
Ghanche	31.9	638	84.6	4.8	9.3	0.4	0.9	100.0	203
Ghizer	11.6	794	72.5	18.2	6.6	2.7	0.0	100.0	92
Gilgit	15.7	1,179	47.0	30.4	9.0	12.5	1.1	100.0	185
Hunza	2.2	279	(*)	(*)	(*)	(*)	(*)	100.0	6
Kharmang	38.1	243	89.3	1.6	8.4	0.3	0.4	100.0	93
Nagar	7.0	361	(73.6)	(13.4)	(13.1)	(0.0)	(0.0)	100.0	25
Shigar	46.8	281	87.2	4.2	6.9	1.7	0.0	100.0	131
Skardu	17.7	1,010	76.9	7.2	14.3	1.6	0.0	100.0	179

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 9 unweighted cases of household head's education missing

Use of Improved Sanitation

An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Improved sanitation facilities for excreta disposal include flush or pour flush to a piped sewer system, septic tank, or pit latrine; ventilated improved pit latrine, pit latrine with slab, and use of a composting toilet. The data on the use of improved sanitation facilities in Gilgit-Baltistan are provided in Table WS.5.

In Gilgit-Baltistan, Eighty nine percent of the population is living in households using improved sanitation facilities (Table WS.5), with a higher proportion in urban areas (99%) compared to rural areas (87%). Across divisions, use of improved sanitation facilities is most common in Baltistan division (99%) and least common in Diamer division (68%). By districts; 100 percent population of Ghanche district uses improved sanitation facility as against lowest in Diamer district (63%). The table indicates that use of improved sanitation facilities is strongly associated with wealth. Only 63 percent of the population living in the poorest households is using improved sanitation compared to 100 percent of the population living in the richest households.

In Gilgit-Baltistan, 10 percent of the population has no access to toilet facilities. In rural areas, the percentage of the population practicing open defecation is 12 percent in contrast to only 1 percent of the population in urban areas. The population with no access to facilities is even higher among the population living in poorest households (35%), those in Diamer division (31%) and Diamer district (37%).

Table WS.5: Types of sanitation facilities

Percent distribution of household population according to type of toilet facility used by the household, Gilgit-Baltistan, 2016-17

	Type of toilet facility used by household														
	Improved sanitation facility							Unimproved sanitation facility							
	Flush/Pour flush to:														
	Piped sewer system	Septic tank	Pit latrine	Unknown place/not sure/DK where	Ventilated improved pit latrine	Pit latrine with slab	Compos-ting toilet	Flush/Pour flush to somewhere else	Pit latrine without slab/ open pit	Bucket	Other	DK/ Missing	Open defecation (no facility, bush, field)	Total	Number of household members
Total	2.3	56.8	7.3	-	0.2	0.2	22.5	0.1	1.0	-	0.1	0.0	9.6	100.0	47,983
Area of residence															
Urban	3.1	82.2	5.7	-	0.0	0.0	8.1	0.1	0.0	-	0.0	0.0	0.7	100.0	8,632
Rural	2.1	51.2	7.6	-	0.2	0.2	25.7	0.2	1.2	-	0.1	0.0	11.6	100.0	39,351
Education of household head															
None/pre-school	1.3	47.8	7.1	-	0.2	0.2	26.5	0.1	1.2	-	0.1	0.0	15.4	100.0	23,203
Primary	2.6	58.5	7.0	-	0.1	0.0	26.0	0.0	1.1	-	0.0	0.0	4.6	100.0	8,166
Middle	1.9	63.0	9.4	-	0.2	0.1	18.0	0.8	0.9	-	0.2	0.0	5.6	100.0	4,802
Secondary	4.4	65.5	8.5	-	0.1	0.0	17.5	0.1	0.7	-	0.0	0.0	3.2	100.0	4,968
Higher	3.7	74.9	5.5	-	0.1	0.3	12.0	0.1	0.4	-	0.0	0.0	3.2	100.0	6,760
Missing/ DK	2.5	42.3	26.3	-	0.0	0.0	0.0	0.0	0.0	-	0.0	0.0	28.9	100.0	85
Wealth index quintile															
Poorest	0.0	9.5	4.3	-	0.6	0.0	49.0	0.1	1.0	-	0.1	0.0	35.4	100.0	9,598
Second	1.0	34.1	8.7	-	0.2	0.2	41.2	0.3	2.4	-	0.1	0.0	11.9	100.0	9,596
Middle	1.6	65.4	12.2	-	0.0	0.5	18.1	0.4	1.1	-	0.1	0.0	0.6	100.0	9,595
Fourth	4.2	82.0	9.4	-	0.0	0.0	3.7	0.0	0.4	-	0.0	0.0	0.1	100.0	9,601
Richest	4.5	92.9	1.9	-	0.0	0.1	0.7	0.0	0.0	-	0.0	0.1	0.0	100.0	9,593
Usual language spoken in the household															
Sheena	0.8	69.4	9.6	-	0.1	0.1	3.6	0.3	1.5	-	0.0	0.0	14.4	100.0	23,650
Balti	1.3	29.4	2.2	-	0.1	0.0	65.8	0.0	0.3	-	0.0	0.0	1.0	100.0	14,270
Brushaski	12.7	68.8	5.4	-	0.2	0.1	9.0	0.0	0.6	-	0.3	0.1	3.0	100.0	5,277
Other languages	0.7	62.6	13.0	-	0.4	1.0	2.0	0.0	1.2	-	0.1	0.0	19.0	100.0	4,787
Division															
Gilgit	4.6	78.8	8.4	-	0.0	0.3	3.0	0.1	1.9	-	0.1	0.0	2.7	100.0	18,895
Baltistan	0.8	33.3	1.9	-	0.2	0.0	62.2	0.0	0.6	-	0.0	0.0	0.9	100.0	16,457
Diamer	0.6	54.3	12.7	-	0.3	0.1	0.0	0.4	0.2	-	0.1	0.0	31.3	100.0	12,632
District															
Astore	0.3	80.1	2.7	-	1.1	0.2	0.0	0.4	0.0	-	0.0	0.1	15.1	100.0	3,193
Diamer	0.8	45.6	16.1	-	0.0	0.0	0.0	0.4	0.3	-	0.1	0.0	36.7	100.0	9,438
Ghanche	0.0	0.0	5.4	-	0.4	0.1	94.1	0.0	0.0	-	0.0	0.0	0.0	100.0	4,435
Ghizer	0.1	65.4	26.9	-	0.0	0.9	0.0	0.4	0.0	-	0.0	0.0	6.5	100.0	5,750
Gilgit	2.2	92.1	0.2	-	0.0	0.0	0.2	0.0	3.8	-	0.0	0.0	1.4	100.0	8,845

Table WS.5: Types of sanitation facilities

Percent distribution of household population according to type of toilet facility used by the household, Gilgit-Baltistan, 2016-17

	Type of toilet facility used by household														
	Improved sanitation facility							Unimproved sanitation facility							
	Flush/Pour flush to:														
	Piped sewer system	Septic tank	Pit latrine	Unknown place/not sure/DK where	Ventilated improved pit latrine	Pit latrine with slab	Compos-ting toilet	Flush/Pour flush to somewhere else	Pit latrine without slab/ open pit	Bucket	Other	DK/ Missing	Open defecation (no facility, bush, field)	Total	Number of household members
Total	2.3	56.8	7.3	-	0.2	0.2	22.5	0.1	1.0	-	0.1	0.0	9.6	100.0	47,983
Hunza	38.0	58.3	0.0	-	0.0	0.6	2.1	0.0	0.0	-	0.3	0.4	0.3	100.0	1,487
Kharmang	0.0	40.1	0.0	-	1.1	0.0	57.9	0.0	0.0	-	0.1	0.0	0.8	100.0	1,611
Nagar	3.7	75.0	0.8	-	0.3	0.1	18.5	0.0	0.5	-	0.5	0.0	0.5	100.0	2,813
Shigar	0.0	3.6	2.9	-	0.0	0.1	92.9	0.0	0.5	-	0.0	0.0	0.0	100.0	2,381
Skardu	1.7	59.2	0.0	-	0.0	0.0	36.4	0.0	1.0	-	0.0	0.0	1.7	100.0	8,029

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

Table WS.6 shows that 86 percent of the household population is using an improved sanitation facility which is not shared. Only 3 percent of households use an improved sanitation facility that is public or shared with other households. The population living in the poorest households is less likely to use the improved sanitation that is not shared compared to the population residing in the richer households. Figure WS.2 presents the distribution of the survey population by use and sharing of sanitation facilities.

Figure WS.2: Percent distribution of household members by use and sharing of sanitation facilities, Gilgit-Baltistan MICS, 2016-17

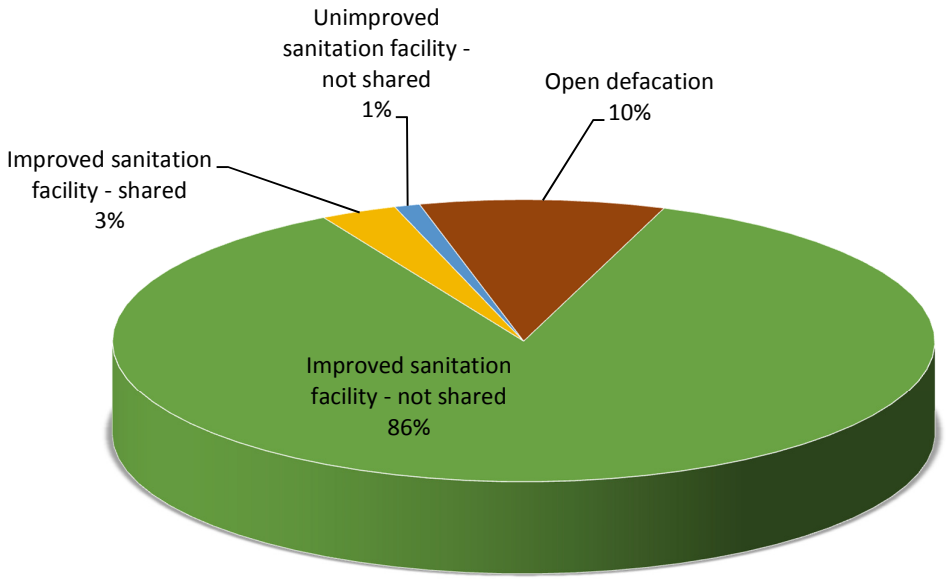


Table WS.6: Use and sharing of sanitation facilities

Percent distribution of household population by use of private and public sanitation facilities and use of shared facilities, by users of improved and unimproved sanitation facilities, Gilgit-Baltistan, 2016-17

	Users of improved sanitation facilities					Users of unimproved sanitation facilities							
			Shared by					Shared by					
	Not shared[1]	Public facility	5 households or less	More than 5 households	Missing/ DK	Not shared	Public facility	5 households or less	More than 5 households	Missing/DK	Open defecation (no facility, bush, field)	Total	Number of household members
Total	86.0	0.1	2.7	0.3	0.1	1.0	0.0	0.1	0.0	0.0	9.6	100.0	47,983
Area of residence													
Urban	97.3	0.0	1.5	0.2	0.2	0.0	0.0	0.1	0.0	0.0	0.7	100.0	8,632
Rural	83.5	0.2	2.9	0.3	0.1	1.2	0.0	0.2	0.0	0.0	11.6	100.0	39,351
Education of household head													
None/pre-school	79.7	0.2	2.8	0.4	0.0	1.1	0.0	0.3	0.0	0.0	15.4	100.0	23,203
Primary	91.3	0.0	2.7	0.3	0.0	1.1	0.0	0.0	0.0	0.0	4.6	100.0	8,166
Middle	88.2	0.1	3.4	0.4	0.5	1.7	0.0	0.0	0.1	0.1	5.6	100.0	4,802
Secondary	92.2	0.0	3.6	0.1	0.1	0.7	0.0	0.1	0.0	0.0	3.2	100.0	4,968
Higher	95.1	0.1	1.1	0.1	0.0	0.4	0.0	0.1	0.0	0.0	3.2	100.0	6,760
Missing/ DK	71.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	28.9	100.0	85
Wealth index quintile													
Poorest	55.9	0.3	6.0	1.1	0.0	0.8	0.0	0.3	0.1	0.0	35.4	100.0	9,598
Second	80.7	0.2	4.0	0.3	0.1	2.2	0.1	0.4	0.0	0.1	11.9	100.0	9,596
Middle	94.8	0.1	2.5	0.1	0.3	1.5	0.0	0.0	0.0	0.0	0.6	100.0	9,595
Fourth	98.6	0.0	0.8	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.1	100.0	9,601
Richest	99.9	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	100.0	9,593
Usual language spoken in the household													
Sheena	80.8	0.0	2.8	0.1	0.1	1.6	0.0	0.2	0.0	0.0	14.4	100.0	23,650
Balti	94.3	0.4	3.6	0.4	0.1	0.2	0.0	0.0	0.0	0.0	1.0	100.0	14,270
Brushaski	93.9	0.0	1.0	1.1	0.1	0.7	0.1	0.0	0.1	0.0	3.0	100.0	5,277
Other languages	78.3	0.0	1.3	0.1	0.0	1.0	0.0	0.3	0.0	0.0	19.0	100.0	4,787
Division													
Gilgit	93.0	0.0	1.7	0.3	0.1	1.8	0.0	0.2	0.0	0.0	2.7	100.0	18,895
Baltistan	93.7	0.4	4.0	0.4	0.1	0.5	0.0	0.0	0.0	0.0	0.9	100.0	16,457
Diamer	65.5	0.0	2.4	0.2	0.0	0.5	0.0	0.2	0.0	0.1	31.3	100.0	12,632
District													
Astore	78.6	0.0	5.5	0.4	0.0	0.1	0.0	0.4	0.0	0.0	15.1	100.0	3,193
Diamer	61.1	0.0	1.3	0.1	0.0	0.6	0.0	0.1	0.0	0.1	36.7	100.0	9,438
Ghanche	98.6	0.2	1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	4,435
Ghizer	92.6	0.0	0.6	0.0	0.0	0.0	0.0	0.4	0.0	0.0	6.5	100.0	5,750
Gilgit	92.1	0.0	2.4	0.1	0.2	3.7	0.0	0.1	0.0	0.0	1.4	100.0	8,845
Hunza	98.8	0.0	0.2	0.0	0.0	0.4	0.0	0.3	0.0	0.0	0.3	100.0	1,487
Kharmang	91.4	1.4	6.3	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.8	100.0	1,611

Table WS.6: Use and sharing of sanitation facilities

Percent distribution of household population by use of private and public sanitation facilities and use of shared facilities, by users of improved and unimproved sanitation facilities, Gilgit-Baltistan, 2016-17

	Users of improved sanitation facilities					Users of unimproved sanitation facilities							
			Shared by					Shared by					
	Not shared[1]	Public facility	5 households or less	More than 5 households	Missing/ DK	Not shared	Public facility	5 households or less	More than 5 households	Missing/DK	Open defecation (no facility, bush, field)	Total	Number of household members
Total	86.0	0.1	2.7	0.3	0.1	1.0	0.0	0.1	0.0	0.0	9.6	100.0	47,983
Nagar	93.6	0.0	2.6	2.1	0.1	0.5	0.2	0.1	0.3	0.0	0.5	100.0	2,813
Shigar	94.3	0.3	4.9	0.0	0.0	0.3	0.2	0.0	0.0	0.0	0.0	100.0	2,381
Skardu	91.2	0.3	4.8	0.8	0.2	0.9	0.0	0.1	0.0	0.0	1.7	100.0	8,029

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

Having access to both an improved drinking water source and an improved sanitation facility brings the largest public health benefits to a household.[36] In its 2008 report[37], the JMP developed a new way of presenting the access figures, by disaggregating and refining the data on drinking-water and sanitation and reflecting them in "ladder" format. This ladder allows a disaggregated analysis of trends in a three rung ladder for drinking-water and a four-rung ladder for sanitation. For sanitation, this gives an understanding of the proportion with no sanitation facilities at all – who revert to open defecation, of those reliant on technologies defined by JMP as "unimproved," of those sharing sanitation facilities of otherwise acceptable technology, and those using "improved" sanitation facilities.

Table WS.7 presents the percentages of household population by these drinking water and sanitation ladders. The table also shows the percentage of household members using both improved sources of drinking water[38] and an improved sanitary means of excreta disposal. Overall, 73 percent of the population is using both improved drinking water and improved sanitation. At divisional level, access to an improved drinking water source and improved sanitation facility is highest in Gilgit division (85%) and lowest in Diamer division (46%). More variation is observed among districts; results revealed lowest prevalence of both improved drinking water and improved sanitation in Diamer district (39%) as against highest in Hunza district (95%). The population in urban areas is more likely to use improved drinking water sources and improved sanitation than in rural areas (93% and 69% respectively). There are also notable differences across wealth quintiles ranging from 30 percent of population living in the poorest households to 98 percent of population living in the richest households. The results are presented by area of residence and wealth quintiles in Figure WS.3.

[36] Wolf, J et al. 2014. *Systematic review: Assessing the impact of drinking water and sanitation on diarrhoeal disease in low- and middle-income settings: systematic review and meta-regression*. Tropical Medicine and International Health 2014.
DfID. 2013. *Water, Sanitation and Hygiene: Evidence Paper*. DfID:
http://r4d.dfid.gov.uk/pdf/outputs/sanitation/WASH-evidence-paper-april2013.pdf

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

[38] Those indicating bottled water as the main source of drinking water are distributed according to the water source used for other purposes such as cooking and handwashing.

Figure WS.3: Use of improved drinking water sources and improved sanitation facilities by household members, Gilgit-Baltistan MICS, 2016-17

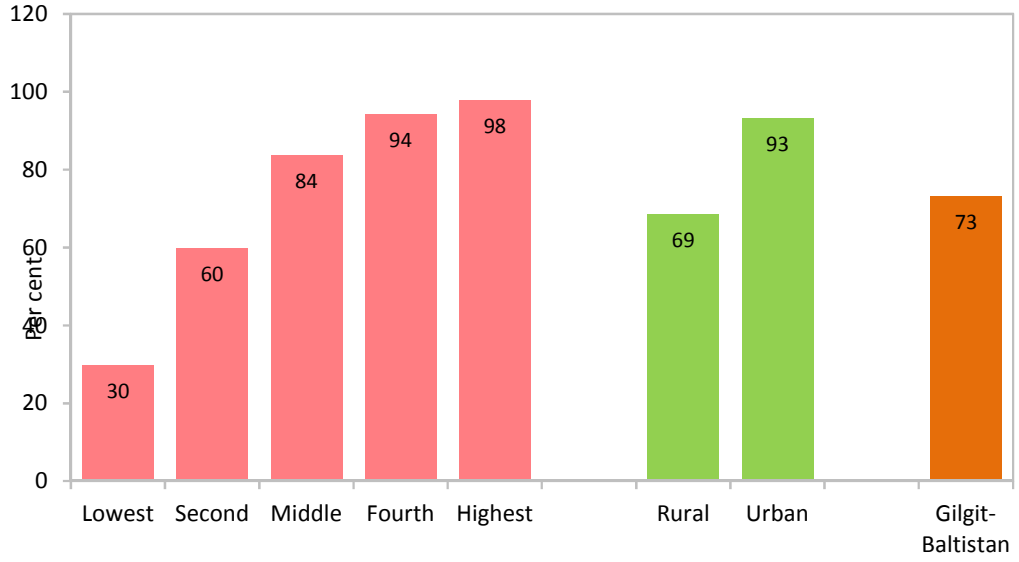


Table WS.7: Drinking water and sanitation ladders

Percentage of household population by drinking water and sanitation ladders, Gilgit-Baltistan, 2016-17

	Percentage of household population using:										
	Improved drinking water[1 a]					Unimproved sanitation					
	Piped into dwelling, plot or yard	Other improved	Unimproved drinking water	Total	Improved sanitation[2]	Shared improved facilities	Unimproved facilities	Open defecation	Total	Improved drinking water sources and improved sanitation	Number of household members
Total	63.4	15.6	21.0	100.0	86.0	3.2	1.2	9.6	100.0	73.1	47,983
Area of residence											
Urban	82.0	13.4	4.6	100.0	97.3	1.9	0.1	0.7	100.0	93.3	8,632
Rural	59.3	16.1	24.5	100.0	83.5	3.5	1.5	11.6	100.0	68.6	39,351
Education of household head											
None/pre-school	54.7	17.7	27.6	100.0	79.7	3.4	1.4	15.4	100.0	64.4	23,203
Primary	66.6	15.7	17.7	100.0	91.3	2.9	1.1	4.6	100.0	77.7	8,166
Middle	67.1	16.4	16.5	100.0	88.2	4.3	1.9	5.6	100.0	77.5	4,802
Secondary	78.2	9.0	12.8	100.0	92.2	3.9	0.8	3.2	100.0	83.1	4,968
Higher	76.5	12.9	10.7	100.0	95.1	1.3	0.5	3.2	100.0	87.0	6,760
Missing/ DK	44.8	0.0	55.2	100.0	71.1	0.0	0.0	28.9	100.0	44.8	85
Wealth index quintile											
Poorest	10.0	31.7	58.3	100.0	55.9	7.5	1.3	35.4	100.0	29.7	9,598
Second	49.8	22.1	28.2	100.0	80.7	4.7	2.8	11.9	100.0	59.9	9,596
Middle	76.0	12.2	11.7	100.0	94.8	3.0	1.6	0.6	100.0	83.7	9,595
Fourth	89.0	6.6	4.4	100.0	98.6	0.8	0.4	0.1	100.0	94.2	9,601
Richest	92.3	5.5	2.2	100.0	99.9	0.0	0.1	0.0	100.0	97.8	9,593
Usual language spoken in the household											
Sheena	60.4	11.7	27.9	100.0	80.8	3.0	1.8	14.4	100.0	64.7	23,650
Balti	60.6	26.1	13.3	100.0	94.3	4.5	0.3	1.0	100.0	82.8	14,270
Brushaski	79.5	11.0	9.5	100.0	93.9	2.2	1.0	3.0	100.0	86.8	5,277
Other languages	68.9	8.8	22.3	100.0	78.3	1.4	1.3	19.0	100.0	70.0	4,787
Division											
Gilgit	80.0	9.3	10.7	100.0	93.0	2.1	2.1	2.7	100.0	84.5	18,895
Baltistan	59.8	25.0	15.3	100.0	93.7	4.9	0.6	0.9	100.0	80.7	16,457
Diamer	43.4	12.9	43.8	100.0	65.5	2.5	0.7	31.3	100.0	46.0	12,632
District											
Astore	64.5	18.1	17.4	100.0	78.6	5.9	0.5	15.1	100.0	68.0	3,193
Diamer	36.2	11.1	52.7	100.0	61.1	1.4	0.8	36.7	100.0	38.5	9,438
Ghanche	59.8	32.5	7.7	100.0	98.6	1.4	0.0	0.0	100.0	91.1	4,435
Ghizer	81.7	7.6	10.7	100.0	92.6	0.6	0.4	6.5	100.0	85.2	5,750
Gilgit	76.4	10.6	12.9	100.0	92.1	2.6	3.8	1.4	100.0	81.2	8,845
Hunza	92.0	4.5	3.5	100.0	98.8	0.2	0.7	0.3	100.0	95.4	1,487

Table WS.7: Drinking water and sanitation ladders

Percentage of household population by drinking water and sanitation ladders, Gilgit-Baltistan, 2016-17

	Percentage of household population using:										
	Improved drinking water[1 a]					Unimproved sanitation					
	Piped into dwelling, plot or yard	Other improved	Unimproved drinking water	Total	Improved sanitation[2]	Shared improved facilities	Unimproved facilities	Open defecation	Total	Improved drinking water sources and improved sanitation	Number of household members
Total	63.4	15.6	21.0	100.0	86.0	3.2	1.2	9.6	100.0	73.1	47,983
Kharmang	43.4	30.2	26.4	100.0	91.4	7.7	0.1	0.8	100.0	69.3	1,611
Nagar	81.5	11.4	7.2	100.0	93.6	4.8	1.0	0.5	100.0	87.9	2,813
Shigar	45.0	33.0	21.9	100.0	94.3	5.2	0.5	0.0	100.0	74.1	2,381
Skardu	67.4	17.4	15.2	100.0	91.2	6.1	1.0	1.7	100.0	79.1	8,029

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

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

Table WS.8: Disposal of child's faeces

Percent distribution of children age 0-2 years according to place of disposal of child's faeces, and the percentage of children age 0-2 years whose stools were disposed of safely the last time the child passed stools, Gilgit-Baltistan, 2016-17

	Place of disposal of child's faeces										
	Child used toilet/ latrine	Put/rinsed into toilet or latrine	Put /rinsed into drain or ditch	Thrown into garbage (solid waste)	Buried	Left in the open	Other	DK / Missing	Total	Percentage of children whose last stools were disposed of safely[1]	Number of children age 0-2 years
Total	21.1	29.3	14.0	15.8	3.9	11.5	3.5	0.7	100.0	50.4	3,959
Area of residence											
Urban	21.1	31.3	7.4	28.6	2.2	7.2	1.8	0.5	100.0	52.4	654
Rural	21.1	28.9	15.4	13.2	4.3	12.4	3.9	0.8	100.0	50.0	3,305
Type of sanitation facility used by household members											
Improved	24.1	31.7	12.1	15.6	4.2	7.9	3.7	0.8	100.0	55.7	3,433
Unimproved	(10.1)	(16.2)	(15.6)	(12.8)	(0.8)	(23.5)	(20.9)	(0.0)	100.0	(26.4)	55
Open defecation	0.9	13.7	28.2	17.2	2.3	36.6	0.4	0.8	100.0	14.5	471
Mother's education[a]											
None/pre-school	16.7	29.8	17.4	12.7	4.0	15.5	2.9	1.0	100.0	46.5	2,294
Primary	24.3	32.3	12.8	13.6	5.1	7.2	4.4	0.4	100.0	56.6	391
Middle	26.2	31.3	8.9	17.0	2.9	8.9	4.8	0.0	100.0	57.4	322
Secondary	24.9	31.0	6.7	19.9	4.0	6.6	6.3	0.6	100.0	55.9	448
Higher	32.0	22.1	9.5	26.9	3.6	2.9	2.3	0.6	100.0	54.1	504
Wealth index quintile											
Poorest	11.8	28.3	21.8	9.7	4.1	20.8	2.9	0.6	100.0	40.1	843
Second	19.4	30.9	16.2	9.8	5.0	15.2	2.8	0.8	100.0	50.3	842
Middle	24.8	34.2	12.2	10.8	4.7	8.6	4.1	0.7	100.0	59.0	841
Fourth	24.6	28.2	11.9	18.1	4.9	5.8	5.3	1.2	100.0	52.8	731
Richest	26.3	24.0	6.7	33.7	0.7	5.4	2.6	0.5	100.0	50.3	703
Usual language spoken in the household											
Sheena	15.4	25.7	17.2	19.1	2.1	15.5	3.7	1.1	100.0	41.2	2,120
Balti	26.1	42.7	10.1	7.5	6.0	3.6	3.6	0.4	100.0	68.8	1,151
Brushaski	30.8	19.7	11.5	20.0	10.5	3.4	4.0	0.1	100.0	50.5	327
Other languages	12.9	17.5	13.1	17.8	2.2	33.7	2.0	0.8	100.0	30.4	205
Division											
Gilgit	32.2	18.8	6.9	23.4	3.6	8.2	6.2	0.8	100.0	51.0	1,386
Baltistan	24.8	42.3	10.4	6.9	7.4	3.8	3.8	0.6	100.0	67.1	1,282
Diamer	5.5	27.7	25.4	16.4	1.0	22.8	0.5	0.8	100.0	33.2	1,290
District											
Astore	7.6	52.0	16.3	5.3	1.4	17.3	0.0	0.2	100.0	59.6	283
Diamer	4.9	20.8	27.9	19.5	0.8	24.3	0.6	1.0	100.0	25.8	1,007
Ghanche	24.1	59.9	7.8	0.5	0.0	7.3	0.2	0.2	100.0	84.0	349
Ghizer	41.2	19.1	8.6	16.1	2.1	11.0	1.1	0.8	100.0	60.3	375
Gilgit	29.3	18.1	3.9	28.4	0.3	9.1	9.9	1.0	100.0	47.4	751
Hunza	41.4	23.7	9.5	10.9	6.9	1.3	6.2	0.0	100.0	65.1	71
Kharmang	49.2	8.6	18.2	3.4	3.5	4.0	11.3	1.7	100.0	57.8	136
Nagar	22.1	19.5	14.2	22.5	18.3	1.4	1.3	0.6	100.0	41.6	189
Shigar	28.0	43.9	14.1	4.7	2.2	0.0	6.4	0.6	100.0	71.9	207
Skardu	18.4	39.2	8.8	12.3	14.4	3.1	3.2	0.5	100.0	57.7	590

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

( ) Figures that are based on 25-49 unweighted cases

[a] Total includes 1 unweighted case of mother's education missing

Safe disposal of a child's faeces is disposing of the stool, by the child using a toilet or by rinsing it into a toilet or latrine. Putting disposable diapers with solid waste, a very common practice throughout the world has thus far been classified as an inadequate means of disposal of child faeces for concerns about poor disposal of solid waste itself. This classification is currently under review.

Disposal of faeces of children 0-2 years of age is presented in Table WS.8. The stools of 50 percent of the children age 0-2 years were disposed of safely. The most commonly method of children's stool disposal is putting or rinsing into toilet or latrine (29%), 21 percent of children used toilet or latrine

and for 16 percent of children, stool was thrown into garbage. Safe disposal of child's faeces is more common in urban (52%) compared to rural areas (50%). At divisional level, safe disposal of child's faeces is highest in Baltistan division (67%) compared to lowest in Diamer division (33%).

Handwashing

Handwashing with water and soap is the most cost effective health intervention to reduce both the incidence of diarrhoea and pneumonia in children under five[39]. It is most effective when done using water and soap after visiting a toilet or cleaning a child, before eating or handling food and, before feeding a child. Monitoring correct handwashing behaviour at these critical times is challenging. A reliable alternative to observations or self-reported behaviour is assessing the likelihood that correct handwashing behaviour takes place by asking if a household has a specific place where people wash their hands and, if yes, observing whether water and soap (or other local cleansing materials) are available at this place[40].

In Gilgit-Baltistan, a specific place for handwashing is observed in 88 percent of the households while only less than 11 percent of households could not indicate a specific place where household members usually wash their hands (Table WS.9). Among households where a place for handwashing is observed, 53 percent had both water and soap (or another cleansing agent) present at the specific place. In 21 percent of the households, only water is available at the specific place, while in almost 3 percent of the households, the place has soap but no water. The remaining 12 percent of households have neither water nor soap available at the specific place for handwashing.

Among divisions, 67 percent of households in Gilgit division have water and soap available at a place for handwashing compared to 39 percent of households in Baltistan division. There are also notable differences by wealth quintile. Percentage of households in the highest wealth quintile having water and soap available at a place for handwashing is more than eight times high compared to households in the lowest wealth quintile (86% and 10% respectively).

Results presented in Table WS.10 show that 3 percent of the households were not able or refused to show any soap present in the household, whereas another 11 percent did not have any soap in the households, leaving the remaining 86 percent of households, in which either the soap was observed or shown to the interviewer.

[39] Cairncross, S and Valdmanis, V. 2006. *Water supply, sanitation and hygiene promotion* Chapter 41 in *Disease Control Priorities in Developing Countries*. 2nd Edition, Edt. Jameson et al. The World Bank.

[40] Ram, P et al. editors. 2008. *Use of a novel method to detect reactivity to structured observation for measurement of handwashing behavior*. American Society of Tropical Medicine and Hygiene.

Table WS.9: Water and soap at place for handwashing

Percentage of households where place for handwashing was observed, percentage with no specific place for handwashing, and percent distribution of households by availability of water and soap at specific place for handwashing, Gilgit-Baltistan, 2016-17

	Percentage of households :			Place for handwashing observed										
				Water is available and:			Water is not available and:							
					No soap:			No soap:						
	Where place for handwas-hing was observed	With no specific place for handwas-hing in the dwelling, yard, or plot	Number of households	Soap present	Ash, mud, or sand present	No other cleansing agent present	Soap present	Ash, mud, or sand present	No other cleansing agent present	With portable wash basin	No specific place for handwashing in the dwelling, yard, or plot	Total	Percentage of households with a specific place for handwashing where water and soap or other cleansing agent are present[1]	Number of households where place for handwashing was observed or with no specific place for handwashing (including portable wash basin)
Total	87.7	11.1	6,213	52.9	0.3	21.0	2.9	0.0	11.6	6.2	5.0	100.0	53.2	6,138
Area of residence														
Urban	97.9	0.9	1,090	78.2	0.0	16.3	2.0	0.0	2.6	0.2	0.7	100.0	78.2	1,076
Rural	85.5	13.3	5,123	47.5	0.4	22.0	3.1	0.1	13.5	7.5	6.0	100.0	47.9	5,062
Education of household head[a]														
None/pre-school	82.6	16.1	2,890	41.6	0.2	22.9	3.1	0.1	15.8	9.5	6.8	100.0	41.9	2,851
Primary	89.8	8.4	1,067	53.8	0.8	24.1	3.4	0.0	9.4	3.8	4.8	100.0	54.6	1,047
Middle	91.2	7.8	645	59.5	0.5	17.0	3.1	0.1	11.8	3.3	4.6	100.0	60.0	639
Secondary	91.4	7.4	632	62.8	0.1	20.7	2.5	0.0	6.5	3.8	3.7	100.0	62.9	625
Higher	95.8	4.0	969	74.0	0.1	15.4	1.8	0.0	4.8	2.5	1.4	100.0	74.1	967
Wealth index quintile														
Poorest	62.3	35.1	1,254	10.0	0.1	15.3	4.5	0.1	33.9	18.9	17.1	100.0	10.1	1,221
Second	85.1	13.4	1,235	38.9	0.2	27.2	5.2	0.0	14.8	8.2	5.5	100.0	39.2	1,217
Middle	94.0	5.0	1,223	58.5	0.4	29.1	1.8	0.0	5.1	3.6	1.5	100.0	58.9	1,211
Fourth	98.2	1.4	1,283	70.8	0.6	21.1	2.4	0.0	3.7	0.5	0.9	100.0	71.4	1,278
Richest	98.9	0.6	1,218	85.6	0.3	12.6	0.4	0.0	0.6	0.3	0.3	100.0	85.8	1,212
Usual language spoken in the household														
Sheena	86.7	12.4	2,925	56.7	0.4	19.3	2.7	0.1	8.3	11.0	1.6	100.0	57.1	2,899
Balti	87.1	12.5	1,897	40.0	0.0	23.7	3.7	0.0	20.1	0.1	12.4	100.0	40.0	1,890
Brushaski	91.8	4.0	755	63.0	0.9	24.8	1.3	0.1	5.6	1.9	2.3	100.0	63.9	724
Other languages	88.6	9.8	636	62.5	0.0	16.8	2.9	0.0	7.9	7.8	2.2	100.0	62.5	626
Division														
Gilgit	96.1	2.5	2,614	66.8	0.6	22.1	2.2	0.0	5.7	1.0	1.6	100.0	67.4	2,577
Baltistan	88.1	11.6	2,172	38.9	0.0	23.5	3.8	0.0	22.2	0.1	11.5	100.0	38.9	2,164
Diamer	71.6	26.3	1,428	48.9	0.3	15.3	2.6	0.1	6.0	25.4	1.5	100.0	49.2	1,397

Table WS.9: Water and soap at place for handwashing

Percentage of households where place for handwashing was observed, percentage with no specific place for handwashing, and percent distribution of households by availability of water and soap at specific place for handwashing, Gilgit-Baltistan, 2016-17

	Percentage of households :			Place for handwashing observed										
				Water is available and:			Water is not available and:							
					No soap:			No soap:						
	Where place for handwas-hing was observed	With no specific place for handwas-hing in the dwelling, yard, or plot	Number of households	Soap present	Ash, mud, or sand present	No other cleansing agent present	Soap present	Ash, mud, or sand present	No other cleansing agent present	With portable wash basin	No specific place for handwashing in the dwelling, yard, or plot	Total	Percentage of households with a specific place for handwashing where water and soap or other cleansing agent are present[1]	Number of households where place for handwashing was observed or with no specific place for handwashing (including portable wash basin)
Total	87.7	11.1	6,213	52.9	0.3	21.0	2.9	0.0	11.6	6.2	5.0	100.0	53.2	6,138
District														
Astore	94.5	4.5	428	70.6	0.0	14.1	3.8	0.0	7.0	0.0	4.5	100.0	70.6	424
Diamer	61.7	35.6	999	39.4	0.4	15.8	2.1	0.2	5.5	36.5	0.1	100.0	39.8	973
Ghanche	97.3	2.3	638	48.1	0.0	18.7	6.9	0.0	23.9	0.0	2.3	100.0	48.1	635
Ghizer	93.0	7.0	794	73.3	0.0	11.9	2.3	0.0	5.5	3.0	3.9	100.0	73.3	794
Gilgit	99.5	0.1	1,179	65.7	0.8	25.0	2.5	0.0	5.8	0.0	0.1	100.0	66.5	1,174
Hunza	99.4	0.2	279	80.4	1.4	14.3	1.7	0.4	1.6	0.0	0.2	100.0	81.8	278
Kharmang	99.7	0.3	243	38.0	0.0	21.3	3.8	0.0	36.6	0.0	0.3	100.0	38.0	243
Nagar	89.0	2.5	361	43.5	0.6	42.7	1.2	0.0	9.2	0.5	2.3	100.0	44.1	331
Shigar	66.7	31.6	281	23.1	0.0	19.1	4.0	0.0	21.7	0.9	31.3	100.0	23.1	276
Skardu	85.4	14.6	1,010	37.6	0.0	28.3	1.8	0.0	17.7	0.0	14.6	100.0	37.6	1,010

[1] **MICS indicator 4.5 - Place for handwashing**

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 9 unweighted cases of householdhead's education missing

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

Percent distribution of households by availability of soap or other cleansing agent in the dwelling, Gilgit-Baltistan, 2016-17

	Place for handwashing observed					Place for handwashing not observed						
		Soap or other cleansing agent not observed at place for handwashing										
	Soap or other cleansing agent observed	Soap or other cleansing agent shown	No soap or other cleansing agent in household	Not able/Does not want to show soap or other cleansing agent	Missing	Soap or other cleansing agent shown	No soap or other cleansing agent in household	Not able/Does not want to show soap or other cleansing agent	Missing	Total	Percentage of households with soap or other cleansing agent anywhere in the dwelling[1]	Number of households
Total	55.4	21.4	8.0	2.6	0.2	8.7	3.1	0.5	0.1	100.0	85.5	6,213
Area of residence												
Urban	79.2	14.5	3.2	1.0	0.0	1.5	0.5	0.1	0.0	100.0	95.2	1,090
Rural	50.4	22.9	9.0	3.0	0.3	10.2	3.7	0.5	0.1	100.0	83.5	5,123
Education of household head[a]												
None/pre-school	44.4	23.2	11.6	3.1	0.2	11.3	5.3	0.8	0.1	100.0	79.0	2,890
Primary	56.9	22.5	6.9	3.1	0.2	8.5	1.3	0.3	0.2	100.0	87.9	1,067
Middle	62.6	21.4	4.8	2.2	0.2	7.0	1.6	0.2	0.0	100.0	90.9	645
Secondary	64.5	20.2	3.7	2.5	0.5	6.7	1.7	0.1	0.0	100.0	91.5	632
Higher	75.7	15.8	3.1	1.0	0.1	3.6	0.5	0.2	0.0	100.0	95.1	969
Wealth index quintile												
Poorest	14.3	24.8	20.6	2.3	0.2	23.5	12.6	1.4	0.3	100.0	62.7	1,254
Second	43.7	25.9	11.6	3.6	0.3	11.4	2.7	0.8	0.0	100.0	81.0	1,235
Middle	60.1	25.5	3.9	4.0	0.5	5.7	0.2	0.1	0.0	100.0	91.2	1,223
Fourth	73.5	19.6	2.7	2.1	0.1	1.6	0.2	0.0	0.0	100.0	94.8	1,283
Richest	85.8	11.3	0.7	1.1	0.0	1.0	0.0	0.1	0.0	100.0	98.1	1,218
Usual language spoken in the household												
Sheena	59.3	17.3	7.2	2.7	0.1	9.8	3.1	0.4	0.1	100.0	86.4	2,925
Balti	43.5	30.7	11.0	1.8	0.1	9.2	3.3	0.4	0.0	100.0	83.5	1,897
Brushaski	62.7	19.5	5.3	3.8	0.5	5.2	1.9	1.1	0.0	100.0	87.3	755
Other languages	64.3	14.8	5.3	3.3	0.8	6.3	4.6	0.5	0.0	100.0	85.4	636
Division												
Gilgit	68.7	18.6	4.2	4.3	0.3	2.6	0.9	0.5	0.0	100.0	89.8	2,614
Baltistan	42.6	33.2	10.5	1.7	0.1	8.6	3.0	0.3	0.0	100.0	84.4	2,172
Diamer	50.8	8.7	10.8	1.0	0.3	20.0	7.5	0.7	0.3	100.0	79.5	1,428
District												
Astore	73.6	13.0	5.3	2.6	0.0	3.8	0.8	0.9	0.0	100.0	90.5	428
Diamer	41.0	6.8	13.2	0.3	0.4	26.9	10.3	0.7	0.4	100.0	74.7	999
Ghanche	54.8	16.9	23.8	1.6	0.1	1.0	1.7	0.0	0.0	100.0	72.8	638

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

Percent distribution of households by availability of soap or other cleansing agent in the dwelling, Gilgit-Baltistan, 2016-17

	Place for handwashing observed					Place for handwashing not observed						
		Soap or other cleansing agent not observed at place for handwashing										
	Soap or other cleansing agent observed	Soap or other cleansing agent shown	No soap or other cleansing agent in household	Not able/Does not want to show soap or other cleansing agent	Missing	Soap or other cleansing agent shown	No soap or other cleansing agent in household	Not able/Does not want to show soap or other cleansing agent	Missing	Total	Percentage of households with soap or other cleansing agent anywhere in the dwelling[1]	Number of households
Total	55.4	21.4	8.0	2.6	0.2	8.7	3.1	0.5	0.1	100.0	85.5	6,213
Ghizer	75.6	14.2	0.5	1.9	0.9	5.2	1.5	0.3	0.0	100.0	95.0	794
Gilgit	68.8	19.9	5.4	5.4	0.0	0.2	0.2	0.1	0.0	100.0	88.9	1,179
Hunza	83.5	11.0	1.5	3.1	0.3	0.6	0.0	0.0	0.0	100.0	95.1	279
Kharmang	41.8	51.8	3.5	2.4	0.2	0.3	0.0	0.0	0.0	100.0	93.9	243
Nagar	41.5	29.9	11.0	6.6	0.0	6.0	2.6	2.4	0.0	100.0	77.4	361
Shigar	26.6	38.1	1.7	0.3	0.0	26.2	6.5	0.6	0.0	100.0	90.9	281
Skardu	39.4	37.6	6.3	2.0	0.1	10.5	3.6	0.5	0.0	100.0	87.6	1,010

[1] **MICS indicator 4.6 - Availability of soap or other cleansing agent**

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 9 unweighted cases of household head's education missing

VIII. REPRODUCTIVE HEALTH

These chapter presents information on several reproductive health topics which include family planning, assistance during delivery, antenatal and post-natal care. In GB-MICS, information on fertility and reproductive health was collected from women who have ever been married, therefore all tables in this chapter are presented for ever-married women only.

Fertility

Measures of current fertility are presented in Table RH.1 for the one year period preceding the survey. In MICS, age specific and total fertility rates are calculated by using information on the date of last birth of each woman and are based on the one-year period (1-12 months) preceding the survey. Rates are underestimated by a very small margin due to absence of information on multiple births (twins, triplets, etc.) and on women who may have had multiple deliveries during the one year period preceding the survey. The total fertility rate (TFR) is calculated by summing the age-specific fertility rates calculated for each of the 5-year age groups of women, from age 15 through to age 49. The total fertility rate (TFR) is a synthetic measure that denotes the number of live births a woman would have if she were subject to the current age-specific fertility rates throughout her reproductive years (15-49 years). The general fertility rate (GFR) is the number of live births occurring during the specified period per 1,000 women age 15-49. The crude birth rate (CBR) is the number of live births per 1,000 population during the specified period.

Table RH.1: Fertility rates

Adolescent birth rate, age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the one-year / three-year period preceding the survey, by area, Gilgit-Baltistan, 2016-17

	Rural	Urban	Total
Age			
15-19[1]	45.8	47.1	46.9
20-24	175.1	223.2	214.2
25-29	233.2	244.2	242.2
30-34	208.4	190.8	193.6
35-39	148.5	140.8	142.2
40-44	56.7	65.9	63.9
45-49	9.2	29.8	26.0
TFR[a]	4.4	4.7	4.6
GFR[b]	127.7	141.1	138.6
CBR[c]	32.4	34.3	33.9

[1] MICS indicator 5.1; MDG indicator 5.4 - Adolescent birth rate

[a] TFR: Total fertility rate expressed per woman age 15-49

[b] GFR: General fertility rate expressed per 1,000 women age 15-49

[c] CBR: Crude birth rate expressed per 1,000 population

Table RH.1 shows current fertility for women that have ever been married in Gilgit-Baltistan at the provincial level and by urban-rural area. The TFR for the one year preceding the GB-MICS is 4.6 births per woman. Fertility is slightly higher in urban areas (4.7 births per woman) than in rural areas (4.4 births per woman). As the ASFRs show, the pattern of higher urban fertility is prevalent from 20 years to 39 year of age. These results are shown in Figure RH.1 as well.

Figure RH.1: Age-specific fertility rates by area, Gilgit-Baltistan MICS, 2016-17

The urban-rural fertility gap narrows for women in the 15-19 age group: 47.1 births per 1,000 women in urban areas versus 45.8 births per 1,000 women in rural areas. The overall age pattern of fertility, as reflected in the ASFRs, indicates that childbearing begins reasonably high in early ages. Fertility rises to 214 births per 1,000 among ever-married women age 20-24 and peaks to 242 births per 1,000 among ever-married women age 25-29, followed by 193 births per 1000 among ever-married women age 30-34 and then declines thereafter.

Table RH.2 shows adolescent birth rates and total fertility rates. The adolescent birth rate (age-specific fertility rate for women age 15-19) is defined as the number of births to women age 15-19 years during the one year period preceding the survey, divided by the average number of women age 15-19 (number of women-years lived between ages 15 through 19, inclusive) during the same period, expressed per 1,000 women.

There is no rural-urban variation in fertility but Adolescent fertility for urban is 46 births per 1,000 among ever-married women compared to 47 births per 1,000 among ever-married women in rural areas of GB. Adolescent fertility rate is most prevalent for women with no education/preschool and then decline with incline in education of women. Table RH. 2 show that Adolescent fertility rate decreases from 90 births per 1,000 among ever-married women to 24 births per 1,000 among ever-married women with higher education. TFR is highest for women with poor wealth quintile and lowest for women with riches wealth quintile status. Amongst the languages, TFR is highest (5.6) where Sheena language is spoken and lowest in Brushaski speaking language (3.2). The results also show that

on average the Adolescent fertility rate is more than half in Diamer division (64.8) compared to Gilgit (43.5) and Baltistan (37.7) division. Similarly, high fertility is also strongly associated with women living in households in the lower wealth quintiles. As anticipated the district wise data shows that TFR is highest in Diamer district (7.6) followed by district Astore (6.0), Gilgit (5.0) and the least is in district Hunza (1.6).

Table RH.2: Adolescent birth rate and total fertility rate

Adolescent birth rates and total fertility rates for the one-year period preceding the survey, Gilgit-Baltistan, 2016-17

	Adolescent birth rate[1] (Age-specific fertility rate for women age 15-19)	Total fertility rate
Total	46.9	4.6
Area of residence		
Urban	45.8	4.4
Rural	47.1	4.7
Women's Education		
None/preschool	89.5	5.5
Primary	46.3	4.6
Middle	28.1	4.4
Secondary	34.4	3.6
Higher	24.1	3.1
Wealth index quintile		
Poorest	64.1	5.6
Second	59.5	5.0
Middle	34.3	4.8
Fourth	38.7	4.2
Richest	39.8	3.9
Usual language spoken in the household		
Sheena	52.1	5.6
Balti	46.7	4.2
Brushaski	24.2	3.2
Other languages	48.6	3.7
Division		
Gilgit	43.5	3.9
Baltistan	37.7	3.9
Diamer	64.8	7.2
District		
Astore	27.9	6.0
Diamer	78.6	7.6
Ghanche	59.4	3.5
Ghizer	28.7	2.9
Gilgit	63.8	5.0
Hunza	6.5	1.6
Kharmang	50.1	4.4
Nagar	33.2	4.5
Shigar	49.2	4.5
Skardu	22.3	3.9

[1] **MICS indicator 5.1; MDG indicator 5.4 - Adolescent birth rate**

Table RH.3 presents some early childbearing41 indicators for ever-married women age 15-19 and 20-24 while Table RH.4 presents the trends for early childbearing.

Table RH.3: Early childbearing

Percentage of ever married women age 15-19 years who have had a live birth, are pregnant with the first child, have begun childbearing, and who have had a live birth before age 15, and percentage of ever-married women age 20-24 years who have had a live birth before age 18, Multiple Indicator Cluster Survey (MICS) Gilgit-Baltistan, 2016-17

	Percentage of women age 15-19 years who:						
	Have had a live birth	Are pregnant with first child	Have begun childbearing	Have had a live birth before age 15	Number of ever married women age 15-19	Percentage of women age 20-24 who have had a live birth before age 18[1]	Number of ever married women age 20-24
Total	46.6	15.1	61.7	1.9	368	19.3	1,150
Area of residence							
Urban	(38.8)	(12.0)	(50.8)	(0.0)	62	15.8	196
Rural	48.1	15.8	63.9	2.3	306	20.0	954
Women's Education[a]							
None/preschool	50.1	15.9	66.0	1.3	177	28.5	455
Primary	(51.8)	(13.8)	(65.5)	(8.8)	55	26.1	131
Middle	(36.3)	(6.2)	(42.5)	(0.0)	46	12.1	119
Secondary	41.1	19.8	60.9	0.0	69	16.8	212
Higher	(*)	(*)	(*)	(*)	21	3.2	232
Wealth index quintile							
Poorest	47.0	14.4	61.4	0.0	110	28.8	233
Second	52.5	23.4	75.9	3.0	86	24.6	228
Middle	42.4	21.5	63.9	3.3	56	20.6	253
Fourth	48.6	2.9	51.5	4.2	57	13.5	232
Richest	(39.2)	(10.1)	(49.4)	(0.7)	60	7.4	204
Usual language spoken in the household							
Sheena	45.9	14.7	60.6	0.9	200	20.5	512
Balti	46.8	14.5	61.3	4.9	109	19.8	408
Brushaski	(40.8)	(18.2)	(59.0)	(0.0)	21	9.5	119
Other languages	(52.1)	(17.4)	(69.6)	(0.0)	39	22.5	111
Division							
Gilgit	49.2	14.2	63.4	0.4	114	16.8	405
Baltistan	43.6	13.9	57.5	4.6	116	19.9	439
Diamer	46.9	16.9	63.7	1.0	138	21.6	305
District							
Astore	(*)	(*)	(*)	(*)	12	10.8	42
Diamer	48.4	17.7	66.1	1.1	126	23.4	263
Ghanche	46.5	23.7	70.2	5.4	44	18.2	116
Ghizer	(*)	(*)	(*)	(*)	28	16.6	125
Gilgit	(47.3)	(11.9)	(59.2)	(0.0)	71	18.3	194
Hunza	(*)	(*)	(*)	(*)	1	(4.3)	22
Kharmang	(36.4)	(24.3)	(60.7)	(0.0)	9	13.4	52
Nagar	(66.6)	(9.4)	(76.1)	(2.9)	15	17.1	65
Shigar	49.6	7.3	56.9	5.6	22	33.7	62
Skardu	(38.8)	(4.4)	(43.2)	(4.4)	40	18.3	209

[1] **MICS indicator 5.2 - Early childbearing**

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 2 unweighted cases of women's education missing

As shown in Table RH.3, 46.6 percent of ever married women age 15-19 have already had a birth, 15.1 percent are pregnant with their first child, and 1.9 percent have had a live birth before age 15. The

41 Childbearing is the process of giving birth to children. While early childbearing is defined as having had live births before specific young ages, for the purposes of Table RH.3, women age 15-19 years who have begun childbearing includes those who have had a live birth as well as those who have not had a live birth but are pregnant with their first child.

table also presents that 19.3 percent of women age 20-24 have had a live birth before age 18. Similarly, 61.7 percent of ever-married adolescents have begun childbearing in GB.

The data shows that there is a slight variation in rural urban status of proportion of ever-married women age 15-19 that have begun childbearing. 63.9 percent of the ever-married women age 15-19 belongs to rural and 50.8 percent belongs to urban areas. Table RH.3 further depicts that women with no/preschool or primary education have the higher proportion amongst; have had live births (50.1% and 51.8%), pregnant with first child (15.9%) and Have begun childbearing (66.0%) which declines with getting higher education.

Table RH.4: Trends in early childbearing

Percentage of ever married women who have had a live birth, by age 15 and 18, by area and age group, Gilgit-Baltistan, 2016-17

	Rural				Urban				All			
	Percentage of ever married women with a live birth before age 15	Number of ever married women age 15-49 years	Percentage of ever married women with a live birth before age 18	Number of ever married women age 20-49 years	Percentage of ever married women with a live birth before age 15	Number of ever married women age 15-49 years	Percentage of ever married women with a live birth before age 18	Number of ever married women age 20-49 years	Percentage of ever married women with a live birth before age 15	Number of ever married women age 15-49 years	Percentage of ever married women with a live birth before age 18	Number of ever married women age 20-49 years
Total	2.6	1,259	19.6	1,197	3.5	5,800	20.3	5,494	3.3	7,060	20.2	6,691
Age												
15-19	(0.0)	62	na	na	2.3	306	na	na	1.9	368	na	na
20-24	3.5	196	15.8	196	2.8	954	20.0	954	2.9	1,150	19.3	1,150
25-29	2.9	251	18.2	251	3.8	1,198	21.1	1,198	3.7	1,449	20.6	1,449
30-34	2.0	208	16.7	208	4.1	1,054	21.2	1,054	3.8	1,262	20.4	1,262
35-39	3.0	194	19.4	194	3.4	903	20.7	903	3.3	1,097	20.5	1,097
40-44	3.1	200	19.2	200	3.8	737	20.3	737	3.6	937	20.1	937
45-49	1.5	147	31.7	147	3.0	649	17.5	649	2.8	796	20.1	796

na: not applicable
( ) Figures that are based on 25-49 unweighted cases

Table RH.4 suggests that early childbearing has gradually declined over the last 10 years in rural areas. The results show that 31.7 percent of ever-married women age 45-49 had a live birth before age of 18 and this declines to 15.8 percent among ever-married women age 20-24.

Contraception

Appropriate family planning is important to the health of women and children by: 1) preventing pregnancies that are too early or too late; 2) extending the period between births; and 3) limiting the total number of children. Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many is critical.

Table RH. 5 shows that current use of any contraception was reported by 38 percent of women currently married[42] whereas 32.1 percent of the currently married women in GB reported using a

[42] All references to "married women" in this chapter include married women only.

modern method of contraception. The most prominent contraceptive practice among currently married women is the IUD insertion (9.1%) followed by injectable (7.9%) and pills (5.7%).

The next most popular method is male condom, which accounts for 4.1 percent of married women. Sixty two percent of the currently women do not use any method of contraception.

The urban-rural data shows that there is a greater variation of contraception practices that ranges from 0.1 percent (female condom) to 46.9 percent (any method). IUD insertion (10.6%), male condom (7.3%) and female sterilization (7.2%) are the most prominent contraceptive practices in urban areas whereas IUD insertion (10.6%), injectable (8.3%) and pills (5.6%) are most common practice in rural areas.

Around 50 percent of the currently women from age 30 years to 49 years use any method of family planning and amongst these age group IUCD followed by injectable are the most preferred contraceptive practices Only 10.8 percent of women age 15-19 married currently use a method of contraception compared with 19.5 percent of 20-24 year olds.

Number of living children, woman's education level and wealth status are strongly associated with contraceptive prevalence. Women having two or more children uses any method of contraception that constitute 32.0 percent for women having two children and then suddenly rises from 45.6 percent for women having 3 children and 49.1 percent for women having 4 or more children. The percentage of married women using any method of contraception rises from 34.2 percent among those with pre-school or no education to 47.3 percent among those with higher education. The types of methods using for contraception varies with women's education. The data shows that women with preschool or no education have limited option to avail the contraceptive methods than with the educated ones. For instance women with preschool or no education uses IUD insertion (9.1%), injectable (7.7%) and female sterilization (5.4%) whereas women with primary and above education background uses contraception practices such as female sterilization, IUD insertion, injectable, pills, male condoms, withdrawals and Periodic abstinence. The data further shows that use of contraceptives methods are strongly associated with the education and the wealth quintiles.

Contraceptive prevalence ranges from 15.7 percent in Diamer division to 52.1 percent in Gilgit division. The findings by division and area are depicted in Figure RH.2. Adolescents are far less likely to use contraception than older women. As anticipate the district wise results shows that contraceptive prevalence is highest in district Ghizer (62.9%), Hunza (59.6%) and Gilgit (46.5%). The main reasons is that the Aga Khan Health Service (Pakistan) has also strong presence in these district including Nagar district working dedicatedly with the support of government health department on mother and child health and family planning. The least usage of contraception is in district Diamer contributing only 12.7 percent.

Table RH.5: Use of contraception

Percentage of women age 15-49 years currently married who are using (or whose husband is using) a contraceptive method, Gilgit-Baltistan, 2016-17

	Percent of women currently married who are using (or whose husband is using):																	
	No method	Female sterili-zation	Male sterili-zation	IUD	Injectables	Implants	Pill	Male condom	Female condom	Diaphragm	Periodic abstinence	Withdrawal	Other	Missing	Any modern method	Any tradi-tional method	Any method[1]	Number of women age 15-49 years currently married
Total	61.9	4.4	0.3	9.1	7.9	0.1	5.7	4.1	0.0	0.4	1.4	4.5	0.1	0.1	32.1	5.9	38.1	6,783
Area of residence																		
Urban	53.1	7.2	0.4	10.6	6.4	0.2	6.1	7.3	0.1	0.5	2.4	5.9	0.0	0.0	38.7	8.3	46.9	1,217
Rural	63.9	3.8	0.2	8.8	8.3	0.1	5.6	3.5	0.0	0.4	1.1	4.2	0.1	0.1	30.6	5.4	36.1	5,566
Age																		
15-19	89.2	0.0	0.0	1.5	0.9	0.0	2.9	2.4	0.0	0.0	0.0	3.1	0.0	0.0	7.7	3.1	10.8	359
20-24	80.5	0.0	0.0	3.4	4.3	0.0	3.1	4.6	0.0	0.0	1.4	2.7	0.0	0.0	15.5	4.0	19.5	1,112
25-29	68.1	0.5	0.1	9.1	7.3	0.1	4.7	4.6	0.0	0.1	1.3	4.1	0.0	0.1	26.5	5.3	31.9	1,412
30-34	57.5	2.4	0.0	12.1	9.5	0.1	6.9	3.5	0.2	0.1	1.3	6.1	0.1	0.0	34.9	7.6	42.5	1,224
35-39	49.4	6.3	0.4	10.9	11.5	0.2	7.3	5.8	0.0	0.6	1.2	6.2	0.2	0.0	43.0	7.6	50.6	1,063
40-44	46.2	10.6	0.8	12.6	10.1	0.0	7.3	4.8	0.0	0.8	2.3	4.3	0.2	0.0	47.0	6.8	53.8	878
45-49	53.2	14.1	0.7	9.6	7.7	0.2	6.3	1.3	0.0	1.5	1.4	3.6	0.1	0.4	41.3	5.1	46.8	735
Number of living children																		
0	97.1	0.0	0.0	0.0	0.0	0.0	0.4	1.2	0.0	0.1	0.1	1.2	0.0	0.0	1.7	1.2	2.9	700
1	78.8	0.4	0.0	1.8	3.9	0.0	3.6	5.7	0.0	0.0	1.6	4.2	0.0	0.0	15.3	5.9	21.2	825
2	68.0	0.4	0.2	6.7	6.9	0.1	5.5	5.6	0.0	0.2	0.9	5.5	0.0	0.0	25.6	6.4	32.0	934
3	54.4	3.7	0.4	13.3	9.8	0.0	6.7	5.7	0.0	0.3	1.6	3.9	0.1	0.0	40.0	5.6	45.6	1,021
4+	50.9	7.7	0.3	12.3	10.3	0.1	7.0	3.5	0.1	0.6	1.6	5.1	0.2	0.1	42.0	6.9	49.1	3,303
Women's Education[a]																		
None/preschool	65.8	5.4	0.4	9.1	7.7	0.0	5.3	1.5	0.0	0.5	1.0	2.9	0.2	0.1	30.0	4.1	34.2	3,969
Primary	59.4	3.6	0.1	10.0	12.1	0.2	5.2	2.6	0.1	0.0	1.5	5.0	0.1	0.0	34.0	6.6	40.6	741
Middle	59.8	3.7	0.0	9.9	6.6	0.2	8.0	5.5	0.0	0.0	1.2	5.1	0.0	0.0	33.9	6.3	40.2	490
Secondary	55.8	3.1	0.0	8.6	8.3	0.0	5.8	8.3	0.2	0.4	2.9	6.7	0.0	0.1	34.6	9.5	44.2	734
Higher	52.7	2.3	0.1	8.6	5.7	0.2	6.1	13.3	0.0	0.4	1.5	9.0	0.0	0.0	36.7	10.5	47.3	848
Wealth index quintile																		
Poorest	77.1	2.4	0.3	7.9	5.1	0.0	3.8	1.3	0.0	0.4	0.5	1.0	0.2	0.0	21.2	1.7	22.9	1,294
Second	68.9	2.8	0.1	9.1	8.4	0.1	5.4	1.7	0.0	0.2	0.9	2.0	0.1	0.2	27.9	3.0	31.1	1,357
Middle	59.9	4.7	0.1	11.9	9.3	0.0	6.1	2.2	0.0	0.3	1.5	3.8	0.1	0.1	34.6	5.4	40.1	1,363
Fourth	53.3	5.0	0.5	9.3	11.3	0.1	7.2	5.1	0.1	0.1	1.3	6.4	0.1	0.0	38.8	7.9	46.7	1,373
Richest	51.6	7.0	0.3	7.3	5.5	0.2	5.7	10.1	0.1	0.9	2.6	8.8	0.0	0.0	37.1	11.4	48.4	1,396

Table RH.5: Use of contraception

Percentage of women age 15-49 years currently married who are using (or whose husband is using) a contraceptive method, Gilgit-Baltistan, 2016-17

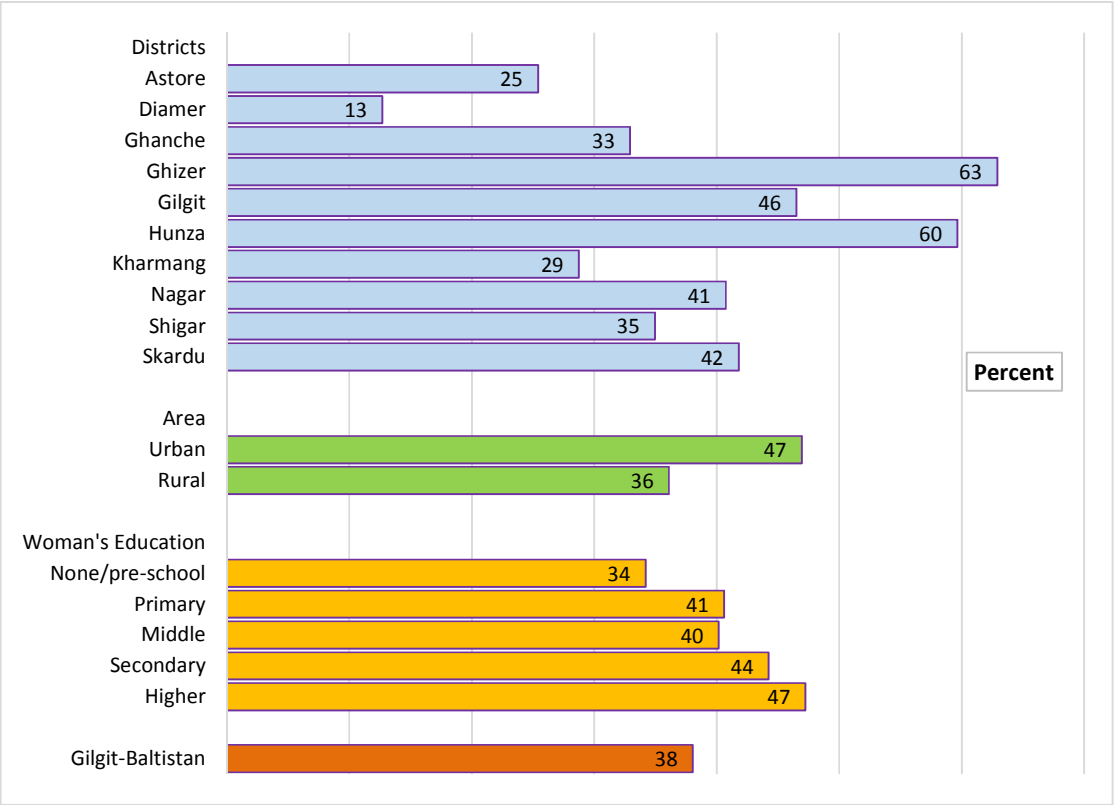
	Percent of women currently married who are using (or whose husband is using):																	
	No method	Female sterili-zation	Male sterili-zation	IUD	Injectables	Implants	Pill	Male condom	Female condom	Diaphragm	Periodic abstinence	Withdrawal	Other	Missing	Any modern method	Any tradi-tional method	Any method[1]	Number of women age 15-49 years currently married
Total	61.9	4.4	0.3	9.1	7.9	0.1	5.7	4.1	0.0	0.4	1.4	4.5	0.1	0.1	32.1	5.9	38.1	6,783
Usual language spoken in the household																		
Sheena	66.4	4.4	0.3	4.3	6.8	0.1	5.6	4.3	0.1	0.4	1.0	6.1	0.1	0.1	26.3	7.2	33.6	3,152
Balti	64.4	2.7	0.3	17.0	5.2	0.0	4.7	1.9	0.0	0.5	1.7	1.8	0.1	0.0	32.1	3.5	35.6	2,156
Brushaski	50.3	6.6	0.3	7.4	11.3	0.1	7.0	8.9	0.0	0.0	1.5	6.2	0.4	0.1	41.5	8.1	49.7	767
Other languages	47.3	7.5	0.0	8.4	17.9	0.5	7.6	5.4	0.0	0.3	1.7	3.4	0.0	0.0	47.6	5.2	52.7	708
Division																		
Gilgit	47.9	6.3	0.3	6.9	12.3	0.2	7.4	7.8	0.0	0.4	1.8	8.6	0.2	0.1	41.5	10.5	52.1	2,728
Baltistan	63.0	3.3	0.4	16.5	5.0	0.0	5.2	2.1	0.0	0.5	1.6	2.2	0.1	0.0	33.1	3.9	37.0	2,456
Diamer	84.3	3.1	0.0	1.5	5.0	0.1	3.4	1.0	0.1	0.2	0.3	0.9	0.0	0.1	14.4	1.3	15.7	1,600
District																		
Astore	74.6	5.5	0.0	4.0	7.5	0.0	3.6	2.9	0.3	0.5	0.5	0.6	0.1	0.0	24.2	1.2	25.4	382
Diamer	87.3	2.4	0.0	0.7	4.2	0.1	3.4	0.4	0.0	0.1	0.3	1.0	0.0	0.1	11.3	1.3	12.7	1,218
Ghanche	67.1	0.9	0.0	18.8	5.9	0.0	4.2	2.2	0.0	0.2	0.3	0.4	0.0	0.0	32.2	0.7	32.9	683
Ghizer	37.1	7.8	0.0	10.2	20.4	0.4	12.0	5.6	0.0	0.6	2.2	3.6	0.3	0.0	56.9	6.0	62.9	882
Gilgit	53.5	5.7	0.4	4.9	6.7	0.1	5.0	9.8	0.1	0.3	1.5	11.7	0.0	0.2	33.1	13.2	46.5	1,238
Hunza	40.4	7.8	0.9	5.1	18.5	0.2	4.6	10.0	0.0	0.2	1.3	10.8	0.0	0.2	47.3	12.2	59.6	230
Kharmang	71.3	2.1	0.0	10.7	5.4	0.0	5.5	1.2	0.0	0.0	0.0	3.8	0.0	0.0	25.0	3.8	28.7	263
Nagar	59.3	3.5	0.3	6.5	7.9	0.0	6.4	5.0	0.0	0.0	2.1	8.5	0.5	0.0	29.7	11.1	40.7	378
Shigar	65.0	2.6	0.0	16.1	8.0	0.0	5.9	0.8	0.0	0.0	1.0	0.5	0.0	0.0	33.4	1.5	35.0	349
Skardu	63.0	3.3	0.4	16.5	5.0	0.0	5.2	2.1	0.0	0.5	1.6	2.2	0.1	0.0	33.1	3.9	37.0	2,456

[1] **MICS indicator 5.3; MDG indicator 5.3 - Contraceptive prevalence rate**

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 2 unweighted cases of women's education missing

Figure RH.2: Differentials in contraceptive use, Gilgit-Baltistan MICS, 2016-17



Unmet Need

Unmet need for contraception refers to fecund women who are married and are not using any method of contraception, but who wish to postpone the next birth (spacing) or who wish to stop childbearing altogether (limiting). Unmet need is identified in MICS by using a set of questions eliciting current behaviours and preferences pertaining to contraceptive use, fecundity, and fertility preferences.

Table RH.6 shows the levels of met need for contraception, unmet need, and the demand for contraception satisfied.

Unmet need for spacing is defined as the percentage of women who are married and are not using a method of contraception AND

are not pregnant, and not postpartum amenorrheic[43], and are fecund[44], and say they want to wait two or more years for their next birth OR

[43] A woman is postpartum amenorrheic if she had a birth in last two years and is not currently pregnant, and her menstrual period has not returned since the birth of the last child

[44] A woman is considered infecund if she is neither pregnant nor postpartum amenorrheic, and
(1a) has not had menstruation for at least six months, or (1b) never menstruated, or (1c) her last menstruation occurred before her last birth, or (1d) in menopause/has had hysterectomy OR
(2) She declares that she has had hysterectomy, or that she has never menstruated, or that she is menopausal, or that she has been trying to get pregnant for 2 or more years without result in response to questions on why she thinks she is not

are not pregnant, and not postpartum amenorrheic, and are fecund, and unsure whether they want another child OR
are pregnant, and say that pregnancy was mistimed: would have wanted to wait OR
are postpartum amenorrheic, and say that the birth was mistimed: would have wanted to wait.

Unmet need for limiting is defined as percentage of women who are married and are not using a method of contraception AND

are not pregnant, and not postpartum amenorrheic, and are fecund, and say they do not want any more children OR
are pregnant, and say they did not want to have a child OR
Are postpartum amenorrheic, and say that they did not want the birth.

Total unmet need for contraception is the sum of unmet need for spacing and unmet need for limiting. This indicator is also known as unmet need for family planning and is one of the indicators used to track progress toward the Millennium Development Goal 5 of improving maternal health.

Table RH.6 shows that 23.8 percent of currently married women have unmet need for contraception. Ten percent of the currently married women have unmet need for spacing births and 9.8 percent have unmet need for limiting births. There is less variation in unmet need for family planning urban-rural women (21.1% and 24.4%). The age group data shows that the unmet need is highest in 15-24 years of currently married women and steadily declines with incline in age of currently married women. Similarly, the unmet need for spacing is highest between 15-24 years of currently married women which steadily decline in incline of age. Whereas the percentage is prominent for currently married from 30 to 49 years of age want to limit births. There is meagre variation on unmet need for contraception but the wealth quintile shows that there is a slight decline percentages of unmet need with incline in wealth quintiles. Twenty seven percent of currently married women in the poorest quintile have unmet need for contraception and this declines to 20.5 percent among women in the richest quintile. Women in the poorest wealth quintile have high unmet need for both limiting and spacing births. The prevalence of unmet need is high in Balti speaking (26.1%) and the least is with other languages of currently married women (18.0%).

At the divisional level the unmet need is highest in Diamer division (30.0%) and the least is in Gilgit division (18.8%) for currently married women and the same pattern of the unmet need is for birth spacing. At district level the unmet need for contraception is highest in district Kharmang (36.8%) followed by district Astore (34.2%), district Diamer (28.7 %) and the least is in district Ghizer (12.8%). The currently married women in district Kharmang is highest (23.1%) in unmet need for spacing births followed by district Diamer (20.1%), Astore (17.1%) and the least is in district Hunza (5.6%).

physically able to get pregnant at the time of survey OR
(3) She declares she cannot get pregnant when asked about desire for future birth OR
(4) She has not had a birth in the preceding 5 years, is currently not using contraception and is currently married and was continuously married during the last 5 years preceding the survey.

Table RH.6: Unmet need for contraception

Percentage of women age 15-49 years currently married with an unmet need for family planning and percentage of demand for contraception satisfied, Gilgit-Baltistan, 2016-17

	Met need for contraception			Unmet need for contraception			Number of women currently married	Percentage of demand for contraception satisfied	Number of women currently married with need for contraception
	For spacing	For limiting	Total	For spacing	For limiting	Total[1]			
Total	11.5	26.5	38.1	14.0	9.8	23.8	6,783	61.5	4,198
Area of residence									
Urban	13.6	33.3	46.9	13.6	7.5	21.1	1,217	69.0	828
Rural	11.0	25.1	36.1	14.1	10.3	24.4	5,566	59.6	3,370
Age									
15-19	10.1	0.7	10.8	28.3	1.2	29.5	359	26.8	145
20-24	16.0	3.6	19.5	27.6	1.5	29.1	1,112	40.2	540
25-29	20.0	11.9	31.9	18.6	5.7	24.4	1,412	56.7	795
30-34	14.6	27.9	42.5	13.2	10.7	23.9	1,224	64.0	813
35-39	7.4	43.2	50.6	6.4	16.9	23.3	1,063	68.5	785
40-44	2.4	51.4	53.8	4.0	17.1	21.1	878	71.8	658
45-49	0.8	46.0	46.8	1.9	14.2	16.1	735	74.4	462
Women's Education[a]									
None/preschool	6.6	27.6	34.2	12.6	11.9	24.5	3,969	58.2	2,331
Primary	12.0	28.7	40.6	16.3	9.0	25.3	741	61.6	488
Middle	14.4	25.8	40.2	19.6	8.3	27.9	490	59.0	333
Secondary	20.9	23.4	44.2	14.6	4.6	19.2	734	69.8	465
Higher	24.3	23.0	47.3	15.1	6.0	21.1	848	69.1	579
Wealth index quintile									
Poorest	5.5	17.4	22.9	16.6	10.4	26.9	1,294	45.9	645
Second	9.0	22.1	31.1	15.3	11.1	26.4	1,357	54.0	780
Middle	12.7	27.4	40.1	12.9	11.2	24.1	1,363	62.4	874
Fourth	15.0	31.7	46.7	13.6	7.9	21.5	1,373	68.4	937
Richest	14.9	33.5	48.4	11.9	8.6	20.5	1,396	70.3	962
Usual language spoken in the household									
Sheena	10.4	23.2	33.6	14.5	9.5	24.0	3,152	58.3	1,817
Balti	11.5	24.1	35.6	15.4	10.8	26.1	2,156	57.7	1,332
Brushaski	12.5	37.1	49.7	11.9	10.0	21.9	767	69.4	549
Other languages	15.4	37.4	52.7	9.9	8.1	18.0	708	74.5	501
Division									
Gilgit	15.9	36.2	52.1	10.4	8.4	18.8	2,728	73.5	1,934
Baltistan	10.8	26.1	37.0	14.4	11.0	25.4	2,456	59.2	1,533
Diamer	5.1	10.7	15.7	19.5	10.5	30.0	1,600	34.4	731
District									
Astore	7.2	18.2	25.4	17.6	16.6	34.2	382	42.6	228
Diamer	4.4	8.3	12.7	20.1	8.6	28.7	1,218	30.7	504
Ghanche	12.8	20.1	32.9	15.5	8.3	23.8	683	58.0	387
Ghizer	19.8	43.1	62.9	6.0	6.8	12.8	882	83.1	668
Gilgit	15.1	31.4	46.5	12.9	8.6	21.5	1,238	68.4	842
Hunza	12.2	47.4	59.6	5.6	10.2	15.8	230	79.0	173
Kharmang	7.5	21.2	28.7	23.1	13.8	36.8	263	43.8	173
Nagar	11.4	29.3	40.7	15.6	10.1	25.7	378	61.3	251
Shigar	11.6	23.3	35.0	16.9	10.8	27.7	349	55.8	219
Skardu	10.1	31.7	41.8	11.1	12.1	23.2	1,161	64.4	754

[1] **MICS indicator 5.4; MDG indicator 5.6 - Unmet need**

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 2 unweighted cases of women's education missing

Met need for limiting includes women married who are using (or whose husband is using) a contraceptive method[45], and who want no more children, are using male or female sterilization, or

[45] In this chapter, whenever reference is made to the use of a contraceptive by a woman, this may refer to her partner using a contraceptive method (such as male condom).

declare themselves as infecund. Met need for spacing includes women who are using (or whose husband is using) a contraceptive method, and who want to have another child, or are undecided whether to have another child. The total of met need for spacing and limiting add up to the total met need for contraception. Overall, the met need for contraception among women currently married is 38.1 percent; mostly 26.5 percent for limiting births and 11.5 percent for spacing births.

Using information on contraception and unmet need, the percentage of demand for contraception satisfied is also estimated from the MICS data. The percentage of demand satisfied is defined as the proportion of women currently married who are currently using contraception, over the total demand for contraception. The total demand for contraception includes women who currently have an unmet need (for spacing or limiting), plus those who are currently using contraception. In GB, 61.5 percent of currently married women have their demand for contraception satisfied.

Table RH.6 shows that the total met need is higher (38.1%) than the total unmet need for family planning (23.8%). Met need is double higher among rural women and women with no education. Unmet need is strongly associated with wealth, with the least wealthy women having the highest level of unmet need and the richest women the lowest. The table also highlights that the total demand for family planning satisfied is high, though the demand satisfied in rural areas is still relatively low.

Antenatal Care

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

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

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

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

Antenatal care coverage indicators (at least one visit with a skilled provider and four or more visits with any providers) are used to track progress toward the Millennium Development Goal 5 of improving maternal health. In GB, there are two types of skilled health providers. At the health facility level, skilled health providers include Gynaecologist, medical officer (medical doctor), nurse and lady health visitor. Whereas at the community setting the community midwife is the only skilled health provider.

The type of personnel providing antenatal care to ever-married women age 15-49 years who gave birth in the two years preceding is presented in Table RH.7. The results show that 72.5 percent of women that have ever been married in GB receive antenatal care. The majority (60.9%) of antenatal care is provided by medical doctors. Only 8.1 percent receive antenatal care from lady health visitor and 3.5 percent from nurse or midwife. Even though antenatal care is important, 26.3 percent of ever-married women do not receive any antenatal care.

Table RH.7: Antenatal care coverage

Percent distribution of women age 15-49 years with a live birth in the last two years by antenatal care provider during the pregnancy for the last birth, Gilgit-Baltistan, 2016-17

	Provider of antenatal care[a]										
	Medical doctor	Nurse/ Midwife	Lady health visiter (LHV)	Lady health worker (LHW)	Traditional birth attendant (TBA)	Relatives/ Friends	Other/ Missing	No antenatal care	Total	Any skilled provider[1]	Number of women with a live birth in the last two years
Total	60.9	3.5	8.1	0.3	0.4	0.4	0.0	26.3	100.0	72.5	2,705
Area of residence											
Urban	79.5	0.7	7.1	0.2	0.0	0.0	0.0	12.6	100.0	87.2	462
Rural	57.0	4.1	8.3	0.4	0.5	0.5	0.0	29.2	100.0	69.5	2,244
Mother's age at birth											
Less than 20	59.4	2.4	11.0	0.2	0.4	0.2	0.0	26.3	100.0	72.9	246
20-34	62.3	3.8	8.8	0.3	0.5	0.5	0.0	23.8	100.0	74.8	2,004
35-49	55.6	3.1	3.6	0.4	0.3	0.1	0.0	37.0	100.0	62.3	453
Women's Education[b]											
None/preschool	49.2	3.1	6.5	0.3	0.5	0.2	0.0	40.2	100.0	58.8	1,526
Primary	68.7	3.4	9.7	0.3	0.4	0.3	0.0	17.1	100.0	81.8	298
Middle	75.3	3.5	10.9	0.2	0.2	0.6	0.4	8.9	100.0	89.8	216
Secondary	75.5	5.5	10.9	0.6	0.6	1.4	0.0	5.5	100.0	91.9	303
Higher	82.5	3.7	9.5	0.3	0.1	0.6	0.0	3.3	100.0	95.7	361
Wealth index quintile											
Poorest	34.2	3.9	10.6	0.2	1.1	0.5	0.0	49.6	100.0	48.6	566
Second	48.2	4.6	12.5	0.3	0.7	0.2	0.1	33.5	100.0	65.2	589
Middle	61.8	3.8	10.3	0.6	0.2	0.4	0.0	22.8	100.0	75.9	565
Fourth	76.9	3.2	4.0	0.5	0.0	0.6	0.0	14.7	100.0	84.2	493
Richest	89.6	1.9	1.6	0.1	0.0	0.3	0.0	6.5	100.0	93.0	492
Usual language spoken in the household											
Sheena	63.8	2.0	2.0	0.3	0.0	0.2	0.0	31.7	100.0	67.8	1,439
Balti	54.4	3.1	18.5	0.5	1.4	0.5	0.1	21.6	100.0	75.9	796
Brushaski	73.3	7.8	9.8	0.2	0.0	2.1	0.0	6.8	100.0	91.0	232
Other languages	53.0	9.9	8.2	0.0	0.0	0.0	0.0	28.9	100.0	71.1	239
Division											
Gilgit	80.1	5.6	5.4	0.5	0.0	0.7	0.0	7.6	100.0	91.1	966
Baltistan	52.3	2.9	17.2	0.4	1.3	0.4	0.1	25.4	100.0	72.4	873
Diamer	48.0	1.9	2.0	0.0	0.0	0.0	0.0	48.1	100.0	51.9	866
District											
Astore	66.4	2.2	6.3	0.0	0.0	0.0	0.0	25.2	100.0	74.8	189
Diamer	42.8	1.8	0.8	0.0	0.0	0.0	0.0	54.6	100.0	45.4	677
Ghanche	23.8	0.7	58.6	1.6	3.2	1.3	0.3	10.5	100.0	83.1	240
Ghizer	58.6	14.5	18.1	0.0	0.0	0.0	0.0	8.8	100.0	91.2	260
Gilgit	92.3	0.0	0.0	0.0	0.0	0.0	0.0	7.7	100.0	92.3	516
Hunza	83.9	14.4	0.8	0.0	0.0	0.0	0.0	1.0	100.0	99.0	49
Kharmang	46.5	4.5	6.8	0.0	1.4	0.3	0.0	40.5	100.0	57.8	96
Nagar	74.0	6.5	3.0	3.8	0.0	5.1	0.0	7.7	100.0	83.4	140
Shigar	61.8	11.2	1.2	0.0	1.6	0.3	0.0	23.9	100.0	74.2	143
Skardu	67.7	0.8	0.2	0.0	0.0	0.0	0.0	31.3	100.0	68.7	394

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

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

(*) Figures that are based on fewer than 25 unweighted cases

[b] Total includes 1 unweighted case of women's education missing

There is a wide variation in antenatal care at in urban areas, antenatal care is much higher (87.2%) compared with rural areas (69.5%).The antenatal care is highest for ever-married women with 20-34 years with a live birth in the last two years during the pregnancy for the last birth and is least at 35-49 years of women with a live birth in the last two years. Ever-married women with no antenatal coverage is strongly associated with women no/preschool education and falling in the poorest wealth quintiles groups. Women's who's usual spoken language is Brushaski (91.0%) has the highest antenatal care visit compared to the Balti (75.9%), Sheena (67.8%) and other languages (71.1%). It is also worthwhile to mention that for all the parameters in table RH.7, majority of the women avail the services of doctor followed by lady health visitor and then the nurse/community midwife for their antennal check-ups.

At divisional level; the proportion of antenatal care received from a doctor varies ranging from 48.0 percent in Diamer division to 80.1 percent in Gilgit division. Almost all ever-married women with higher education receive antenatal care. At district level; 92.3 percent of the ever-married women of district Gilgit take antenatal care from doctor followed by Hunza (83.3%), Nagar (74.0%) and the least is in district Ghanche (23.8%). In district Ghanche 58.6 percent of the antennal cares are received from Lady Health Visitor. Whereas antenatal care from nurse/midwife is also the second most prevalent antenatal care service provider for ever-married women.

Table RH.8: Number of antenatal care visits and timing of first visit

Percent distribution of women age 15-49 years with a live birth in the last two years by number of antenatal care visits by any provider and by the timing of first antenatal care visits, Gilgit-Baltistan, 2016-17

	Percent distribution of women who had:							Percent distribution of women by number of months pregnant at the time of first antenatal care visit									
	No antenetal care visits	One visit	Two visits	Three visits	4 or more visits[1]	DK/ Missing	Total	No antenatal care visits	First trimester	4-5 months	6-7 months	8+ months	DK/ Missing	Total	Number of women with a live birth in the last two years	Median months pregnant at first ANC visit	Number of women with a live birth in the last two years who had at least one ANC visit
Total	26.3	13.8	16.5	15.2	27.9	0.4	100.0	26.3	34.2	18.5	14.3	6.4	0.3	100.0	2,705	4.0	1,985
Area of residence																	
Urban	12.6	7.0	14.4	20.6	44.3	1.1	100.0	12.6	48.3	22.0	13.1	3.5	0.5	100.0	462	3.0	401
Rural	29.2	15.1	16.9	14.0	24.5	0.2	100.0	29.2	31.3	17.8	14.5	7.0	0.3	100.0	2,244	4.0	1,583
Mother's age at birth																	
Less than 20	26.3	15.1	17.9	11.9	28.8	0.0	100.0	26.3	36.3	19.1	13.5	4.4	0.5	100.0	246	4.0	180
20-34	23.8	14.0	16.3	15.2	30.3	0.4	100.0	23.8	37.4	18.4	13.8	6.1	0.3	100.0	2,004	4.0	1,519
35-49	37.0	12.2	16.7	17.0	16.8	0.2	100.0	37.0	18.7	18.8	16.6	8.8	0.1	100.0	453	5.0	285
Women's Education[b]																	
None/preschool	40.2	17.7	16.9	12.2	12.4	0.6	100.0	40.2	19.8	16.1	16.3	7.5	0.1	100.0	1,526	5.0	911
Primary	17.1	16.1	20.3	17.2	29.2	0.0	100.0	17.1	31.4	25.6	17.0	8.6	0.2	100.0	298	5.0	246
Middle	8.9	12.8	19.5	20.6	38.2	0.0	100.0	8.9	43.6	24.7	13.0	7.8	2.1	100.0	216	4.0	193
Secondary	5.5	5.7	16.9	21.7	49.9	0.4	100.0	5.5	55.3	25.4	10.4	3.2	0.2	100.0	303	3.0	286
Higher	3.3	2.4	9.3	17.3	67.7	0.0	100.0	3.3	74.2	13.6	7.0	1.7	0.3	100.0	361	2.0	348
Wealth index quintile																	
Poorest	49.6	18.5	14.8	11.1	5.6	0.4	100.0	49.6	16.6	12.1	12.5	9.0	0.1	100.0	566	5.0	284
Second	33.5	16.9	20.6	13.1	15.5	0.4	100.0	33.5	22.9	19.6	16.3	7.6	0.1	100.0	589	5.0	391
Middle	22.8	13.4	15.6	20.1	27.8	0.1	100.0	22.8	34.0	20.7	17.8	4.0	0.7	100.0	565	4.0	432
Fourth	14.7	12.2	18.2	15.7	39.0	0.2	100.0	14.7	42.9	23.1	12.7	6.3	0.2	100.0	493	3.0	419
Richest	6.5	6.5	12.8	16.0	57.3	0.9	100.0	6.5	59.3	17.5	11.3	5.0	0.4	100.0	492	3.0	457
Usual language spoken in the household																	
Sheena	31.7	14.1	14.4	12.8	26.4	0.5	100.0	31.7	29.1	16.8	14.3	7.5	0.5	100.0	1,439	4.0	975
Balti	21.6	18.1	23.2	19.7	17.2	0.2	100.0	21.6	29.3	23.5	18.4	6.9	0.2	100.0	796	4.0	623
Brushaski	6.8	5.1	11.8	19.4	56.7	0.2	100.0	6.8	70.9	15.8	5.1	1.5	0.0	100.0	232	2.0	216
Other languages	28.9	5.4	10.8	10.2	44.7	0.0	100.0	28.9	45.2	14.5	8.7	2.8	0.0	100.0	239	3.0	170
Division																	
Gilgit	7.6	7.4	10.2	18.2	56.1	0.5	100.0	7.6	59.2	18.8	10.0	4.2	0.1	100.0	966	3.0	891
Baltistan	25.4	17.4	21.4	18.5	17.1	0.2	100.0	25.4	27.8	22.7	17.6	6.4	0.1	100.0	873	4.0	651
Diamer	48.1	17.1	18.6	8.4	7.3	0.4	100.0	48.1	12.7	13.9	15.6	8.9	0.7	100.0	866	5.0	443

Table RH.8: Number of antenatal care visits and timing of first visit

Percent distribution of women age 15-49 years with a live birth in the last two years by number of antenatal care visits by any provider and by the timing of first antenatal care visits, Gilgit-Baltistan, 2016-17

	Percent distribution of women who had:							Percent distribution of women by number of months pregnant at the time of first antenatal care visit									
	No antenetal care visits	One visit	Two visits	Three visits	4 or more visits[1]	DK/ Missing	Total	No antenatal care visits	First trimester	4-5 months	6-7 months	8+ months	DK/ Missing	Total	Number of women with a live birth in the last two years	Median months pregnant at first ANC visit	Number of women with a live birth in the last two years who had at least one ANC visit
Total	26.3	13.8	16.5	15.2	27.9	0.4	100.0	26.3	34.2	18.5	14.3	6.4	0.3	100.0	2,705	4.0	1,985
District																	
Astore	25.2	26.2	22.3	11.4	14.5	0.4	100.0	25.2	18.6	21.2	20.2	13.9	0.9	100.0	189	5.0	140
Diamer	54.6	14.6	17.6	7.6	5.2	0.4	100.0	54.6	11.0	11.9	14.3	7.5	0.7	100.0	677	5.0	303
Ghanche	10.5	16.0	34.1	27.5	11.7	0.3	100.0	10.5	32.4	31.8	18.0	6.9	0.5	100.0	240	4.0	214
Ghizer	8.8	5.3	6.3	11.4	68.3	0.0	100.0	8.8	67.7	14.1	5.5	3.8	0.0	100.0	260	2.0	237
Gilgit	7.7	8.4	8.8	20.7	53.6	0.8	100.0	7.7	51.4	22.3	13.1	5.3	0.2	100.0	516	3.0	475
Hunza	1.0	0.0	1.0	5.9	92.2	0.0	100.0	1.0	91.9	5.3	0.9	1.0	0.0	100.0	49	2.0	49
Kharmang	40.5	23.9	17.6	9.5	8.5	0.0	100.0	40.5	18.1	14.0	18.2	9.2	0.0	100.0	96	5.0	57
Nagar	7.7	10.4	25.5	26.0	30.1	0.3	100.0	7.7	60.8	19.3	10.4	1.8	0.0	100.0	140	3.0	130
Shigar	23.9	28.9	23.0	12.4	11.0	0.8	100.0	23.9	25.7	22.8	18.7	8.9	0.0	100.0	143	5.0	109
Skardu	31.3	12.5	13.9	17.4	24.8	0.0	100.0	31.3	28.1	19.3	16.8	4.6	0.0	100.0	394	4.0	271

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

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 1 unweighted case of women's education missing

Table RH.8 shows the number of antenatal care visits during the latest pregnancy that took place within the two years preceding the survey, regardless of provider, by selected characteristics. Almost six in ten mothers (59.5%) received antenatal care more than once and over two in ten mothers received antenatal care at least four times (27.9%). Over Forty four percent ever-married women in urban areas received antenatal care four or more times. Mothers from the poorest households and those with pre-school or no education are less likely than more advantaged mothers to receive antenatal care at least four times. For example, 5.6 percent of the ever-married women living in poorest households reported four or more antenatal care visits compared with 57.3 percent among those living in richest households. The percentage of ever-married women received antenatal care four or more times is lowest in Diamer division that is 7.3 percent and highest in Gilgit division 56.1 %. Ad district level, 92,2 percent of the ever-married women in Hunza district received at least four antenatal visits followed by Ghizer 68.3 percent, Gilgit 53.6 percent and the least is in district Diamer (5.3%).

Table RH.8 also provides information about the timing of the first antenatal care visit. Overall, 34.2 percent of ever-married women with a live birth in the last two years had their first antenatal care visit during the first trimester of their last pregnancy, with a median of 4.0 months of pregnancy at the first visit among those who received antenatal care. Ever-married women age less than 20 and age 20-34 (36.3% and 37.4% respectively) are more likely to make antenatal care visits during their first trimester than older mothers (18.7%). Antenatal care visits during the first trimester is strongly associated with the education and wealth status of the ever-married women.

The coverage of key services that pregnant women are expected to receive during antenatal care are shown in Table RH.9. Among those ever-married women who had a live birth during the two years preceding the survey, 54.3 percent reported that a blood sample was taken during antenatal care visits, 66.2 percent that their blood pressure was checked, and 55.7 percent that urine sample was taken.

The results show that in GB, there are 49.1 percent of ever-married women who had a live birth in the past two years had blood pressure measured, urine and blood samples taken. There is wide variation in availing all four services in urban and rural settings (45.5% and 29.9% respectively). The all four service beneficiaries varied from poorest to richest quintile (9.1% to 58.9%). In district Hunza 98.1 percent of ever-married women with a live birth in the last two years followed by district Ghizer (86.6%), Gilgit (54.5%), Nagar (43.4.0%) and the least in district Shigar (6.6%) avail all four ANC services. At divisional level, Gilgit division is four times more than other division having ever-married women availing all four services during their ANC.

Table RH.9: Content of antenatal care

Percentage of women age 15-49 years with a live birth in the last two years who, at least once, had their blood pressure measured, urine sample taken, blood sample taken and weight measured as part of antenatal care, during the pregnancy for the last birth, Gilgit-Baltistan, 2016-17

	Percentage of women who, during the pregnancy of their last birth, had:						
	Blood pressure measured	Urine sample taken	Blood sample taken	Weight measured	Blood pressure measured, urine and blood sample taken[1]	All four, Blood pressure measured, urine & blood sample taken and weight measured[2]	Number of women with a live birth in the last two years
Total	66.2	55.7	54.3	37.4	49.1	32.6	2,705
Area of residence							
Urban	83.1	71.7	69.9	50.0	66.5	45.6	462
Rural	62.8	52.5	51.1	34.8	45.6	29.9	2,244
Mother's age at birth							
Less than 20	64.5	59.0	56.3	29.3	50.4	26.7	246
20-34	68.3	58.0	56.0	39.3	51.1	34.3	2,004
35-49	58.4	44.1	45.7	33.3	39.8	28.3	453
Women's Education[a]							
None/preschool	51.8	39.6	38.6	25.1	33.5	20.2	1,526
Primary	72.4	63.3	60.2	36.1	51.1	31.4	298
Middle	83.9	70.1	69.3	43.9	62.7	36.9	216
Secondary	87.8	81.3	78.4	49.5	75.4	46.5	303
Higher	93.5	87.5	86.5	75.9	83.4	71.2	361
Wealth index quintile							
Poorest	40.8	28.8	28.4	14.3	21.5	9.1	566
Second	55.0	45.3	41.9	25.1	35.9	20.3	589
Middle	67.9	55.6	53.7	36.6	49.2	31.3	565
Fourth	80.8	71.9	72.8	52.5	67.1	48.5	493
Richest	92.5	83.1	81.0	64.3	78.9	59.8	492
Usual language spoken in the household							
Sheena	64.9	53.2	52.4	37.4	48.3	33.3	1,439
Balti	60.8	50.5	47.6	21.8	39.4	16.3	796
Brushaski	91.8	83.0	79.9	72.1	78.1	65.0	232
Other languages	68.0	62.1	63.1	55.5	58.5	50.8	239
Division							
Gilgit	89.9	85.3	83.7	67.2	81.8	63.8	966
Baltistan	57.9	47.7	44.9	21.0	37.1	15.8	873
Diamer	48.3	30.9	31.0	20.6	24.8	14.6	866
District							
Astore	61.9	38.2	31.2	17.8	25.7	13.1	189
Diamer	44.4	28.8	31.0	21.4	24.6	15.1	677
Ghanche	55.4	41.0	37.7	26.8	23.9	13.0	240
Ghizer	90.1	88.4	87.1	88.5	87.1	86.6	260
Gilgit	89.2	85.4	84.4	56.7	82.0	54.5	516
Hunza	99.0	99.0	99.0	98.1	99.0	98.1	49
Kharmang	41.5	36.0	36.6	12.3	25.8	10.3	96
Nagar	89.1	74.1	69.5	55.4	65.3	43.4	140
Shigar	55.7	45.6	43.1	7.2	36.8	6.6	143
Skardu	64.2	55.5	51.9	24.7	48.1	22.3	394

[1] **MICS indicator 5.6 - Content of antenatal care**
[2] **MICS indicator 5.S1 - Contents of antenatal care (All four)**
(*) Figures that are based on fewer than 25 unweighted cases
[a] Total includes 1 unweighted case of women's education missing

Assistance at Delivery

About three quarters of all maternal deaths occur due to direct obstetric causes.46 The single most critical intervention for safe motherhood is to ensure that a competent health worker with midwifery skills is present at every birth, and in case of emergency that transport is available to a referral facility for obstetric care. The skilled attendant at delivery indicator is used to track progress toward the Millennium Development Goal 5 of improving maternal health.

The MICS included a number of questions to assess the proportion of births attended by a skilled attendant. A skilled attendant includes a doctor, nurse, lady health visitor or midwife.

Table RH.10 shows that 62.0 percent of deliveries were conducted by the skilled birth assistance in two years before the MICS survey. Out of them almost one in three deliveries were assisted by friends/relatives (30.5%) followed by 30.1 percent conducted by nurse/midwife, 25.5 percent by medical doctor and 6.4 percent by LHV. Births of the total deliveries whereas births assisted by traditional birth attendants is 4.9 percent. Deliveries by SBAs is considerably higher in urban areas (84.7%) compared to the rural areas (57.8%). The mother's age at birth doesn't appears having any association with deliveries conducted by SBAs.

As anticipated, birth delivered in health facilities assisted by SBAs is 99.0 percent against birth delivered at home (6.0%). The data shows that there is positive correlation of deliveries conducted by SBAs during the last two years preceding the MICS survey with mother's education and wealth quintiles. The delivery assisted by SBAs is highest amongst women having Brushaski as a usual spoken language (92.6%) followed by other languages (65.5%), Sheena (62.5%)and Balti (51.2%).

The SBAs deliveries is around double in Gilgit division (91.1%) than Baltistan division (49.8%) and Diamer division (41.9%). At district level, 98.1 percent of the birth delivery is assisted by SBAs in Hunza district followed by district Gilgit (91.8%), Nagar (94.2%) and the least is in district Shigar (34.7%). The proportion of unskilled birth attendant is highest in district Shigar (65.3%), followed by district Diamer (64.7%), district Ghanche (58.9%), district Kharmang (47.5%) and the least is in district Hunza (1.9%).

[46] Say, L et al. 2014. ***Global causes of maternal death: a WHO systematic analysis.*** *The Lancet Global Health* 2(6): e323-33. DOI: 10.1016/S2214-109X(14)70227-X

Table RH.10: Assistance during delivery and caesarian section

Percent distribution of women age 15-49 years with a live birth in the last two years by person providing assistance at delivery, and percentage of births delivered by C-section, Gilgit-Baltistan, 2016-17

	Person assisting at delivery									Percent delivered by C-section			
	Medical doctor	Nurse/ Midwife	Lady health visitor (LHV)	Traditional birth attendant (TBA)	Relative /Friend	Other/ Missing	No attendant	Total	Delivery assisted by any skilled attendant[1]	Decided before onset of labour pains	Decided after onset of labour pains	Total[2]	Number of women who had a live birth in the last two years
Total	25.5	30.1	6.4	4.9	30.5	1.7	0.9	100.0	62.0	4.4	3.5	7.9	2,705
Area of residence													
Urban	31.6	49.2	3.9	3.5	10.5	1.2	0.0	100.0	84.7	6.8	6.4	13.2	462
Rural	24.2	26.2	6.9	5.2	34.7	1.8	1.1	100.0	57.3	3.9	3.0	6.8	2,244
Mother's age at birth													
Less than 20	21.0	35.4	5.0	6.4	30.9	0.8	0.6	100.0	61.4	1.8	0.4	2.2	246
20-34	27.3	29.0	6.7	4.3	30.1	1.8	0.8	100.0	63.0	4.7	4.2	8.9	2,004
35-49	19.9	32.1	6.2	6.7	32.1	1.7	1.3	100.0	58.2	4.2	2.3	6.5	453
Place of delivery													
Home	0.1	2.4	3.5	11.7	77.1	2.9	2.3	100.0	6.0	0.0	0.0	0.0	1,041
Health facility	42.2	48.3	8.4	0.6	0.4	0.0	0.0	100.0	99.0	7.2	5.9	13.1	1,630
Public	41.9	50.1	7.0	0.7	0.4	0.0	0.0	100.0	99.0	7.7	6.7	14.4	1,272
Private	43.3	42.1	13.6	0.5	0.4	0.0	0.0	100.0	99.1	5.6	2.8	8.4	359
Other/DK/Missing	(0.0)	(2.5)	(0.0)	(1.3)	(50.5)	(45.7)	(0.0)	100.0	(2.5)	(0.0)	(0.0)	(0.0)	34
Women's Education[a]													
None/preschool	18.0	22.6	5.1	5.5	45.5	2.0	1.3	100.0	45.7	1.9	2.2	4.1	1,526
Primary	28.1	32.5	7.6	6.5	23.5	1.5	0.3	100.0	68.2	5.6	1.7	7.3	298
Middle	32.9	39.3	8.5	3.3	15.2	0.9	0.0	100.0	80.7	5.7	2.7	8.5	216
Secondary	33.3	45.9	6.7	5.9	6.0	1.4	0.9	100.0	85.9	7.3	3.6	10.9	303
Higher	43.6	41.4	9.8	1.1	3.0	1.1	0.0	100.0	94.7	10.7	11.0	21.7	361
Wealth index quintile													
Poorest	14.2	9.1	6.4	7.3	59.6	1.3	2.1	100.0	29.6	1.5	1.7	3.2	566
Second	16.3	24.6	6.4	4.6	43.9	2.7	1.4	100.0	47.3	1.8	1.7	3.5	589
Middle	26.5	31.0	8.8	6.7	25.5	1.1	0.4	100.0	66.2	3.1	3.4	6.5	565
Fourth	35.9	39.8	5.6	4.2	12.6	1.8	0.1	100.0	81.4	5.1	4.8	10.0	493
Richest	37.8	50.2	4.6	1.1	4.8	1.4	0.0	100.0	92.7	11.6	6.6	18.2	492
Usual language spoken in the household													
Sheena	24.8	33.1	4.6	3.2	32.4	1.5	0.5	100.0	62.5	4.9	3.0	7.9	1,439
Balti	18.2	25.2	7.8	9.4	35.9	1.6	1.9	100.0	51.2	2.6	2.4	5.0	796
Brushaski	48.9	32.5	11.3	0.6	3.5	2.3	0.9	100.0	92.6	9.7	7.4	17.0	232
Other languages	30.7	26.3	8.5	4.4	27.9	2.2	0.0	100.0	65.5	2.0	6.5	8.5	239

Table RH.10: Assistance during delivery and caesarian section

Percent distribution of women age 15-49 years with a live birth in the last two years by person providing assistance at delivery, and percentage of births delivered by C-section, Gilgit-Baltistan, 2016-17

	Person assisting at delivery									Percent delivered by C-section			
	Medical doctor	Nurse/ Midwife	Lady health visitor (LHV)	Traditional birth attendant (TBA)	Relative /Friend	Other/ Missing	No attendant	Total	Delivery assisted by any skilled attendant[1]	Decided before onset of labour pains	Decided after onset of labour pains	Total[2]	Number of women who had a live birth in the last two years
Total	25.5	30.1	6.4	4.9	30.5	1.7	0.9	100.0	62.0	4.4	3.5	7.9	2,705
Division													
Gilgit	40.8	44.5	5.9	3.4	3.7	1.5	0.2	100.0	91.1	8.4	6.3	14.7	966
Baltistan	17.7	24.7	7.4	9.9	36.5	1.7	2.1	100.0	49.8	2.5	2.2	4.7	873
Diamer	16.3	19.5	6.1	1.5	54.4	1.8	0.4	100.0	41.9	1.8	1.8	3.6	866
District													
Astore	31.8	16.1	17.4	0.3	32.4	0.0	1.9	100.0	65.4	1.3	2.6	3.9	189
Diamer	12.0	20.5	2.9	1.8	60.6	2.4	0.0	100.0	35.3	1.9	1.6	3.5	677
Ghanche	20.4	7.1	13.6	16.0	37.7	2.1	3.1	100.0	41.1	2.4	2.1	4.5	240
Ghizer	40.8	30.7	15.2	2.4	7.2	3.0	0.6	100.0	86.8	7.2	4.8	11.9	260
Gilgit	36.3	55.5	0.0	4.6	2.7	0.8	0.0	100.0	91.8	8.5	6.5	15.1	516
Hunza	56.7	39.1	2.4	0.0	0.9	1.0	0.0	100.0	98.1	17.8	10.2	28.0	49
Kharmang	17.0	24.5	11.0	5.5	36.2	4.3	1.4	100.0	52.5	2.2	0.8	3.0	96
Nagar	51.3	31.5	11.5	2.0	1.8	1.5	0.4	100.0	94.2	6.8	6.6	13.4	140
Shigar	19.9	12.3	2.6	14.4	45.7	3.9	1.2	100.0	34.7	0.8	2.4	3.2	143
Skardu	15.3	40.1	4.5	5.6	32.6	0.0	1.9	100.0	59.9	3.3	2.6	5.8	394

[1] **MICS indicator 5.7; MDG indicator 5.2 - Skilled attendant at delivery**
[2] **MICS indicator 5.9 - Caesarean section**
( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases
[a] Total includes 1 unweighted case of women's education missing

Figure RH.3: Person assisting at delivery, Gilgit-Baltistan MICS, 2016-17

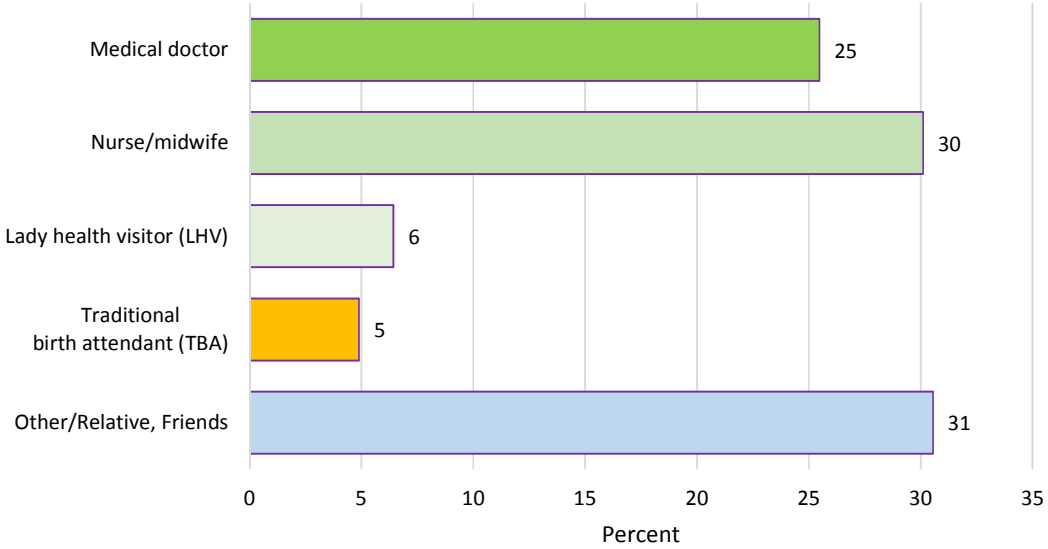


Table RH.10 also shows information on women who delivered a birth by caesarian section (C-section) and provides additional information on the timing of the decision to conduct a C-section (before labour pains began or after) in order to better assess if such decisions are mostly driven by medical or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

Overall, 7.9 percent of women who delivered a birth in the last two years had a C-section; for 4.4 percent of women, the decision was taken before the onset of labour pains and for 3.5 percent the decision was taken after onset of labour pains. The prevalence of C-section is also double (13.2%) in women residing in urban areas compared to the rural women (6.8%). C-section is higher in public sector (14.4%) compared to private sector health facility (8.4%). The C-section is positively correlated with the mother's education and wealth quintiles. The data further shows that the prevalence of deliveries by C-section is highest in district Hunza (28.0%) as compared to the lowest in Kharmang district (3.0%).

Place of Delivery

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

Table RH.11: Place of delivery

Percent distribution of women age 15-49 years with a live birth in the last two years by place of delivery of their last birth, Gilgit-Baltistan, 2016-17

	Place of delivery							
	Health facility							
	Public sector	Private sector	Home	Other	Missing/ DK	Total	Delivered in health facility[1]	Number of women with a live birth in the last two years
Total	47.0	13.3	38.5	0.7	0.5	100.0	60.3	2,705
Area of residence								
Urban	71.0	13.7	14.8	0.0	0.6	100.0	84.6	462
Rural	42.1	13.2	43.3	0.9	0.5	100.0	55.3	2,244
Mother's age at birth								
Less than 20	51.0	10.3	37.9	0.7	0.0	100.0	61.3	246
20-34	47.2	13.8	37.4	0.9	0.7	100.0	61.0	2,004
35-49	44.3	12.4	43.1	0.1	0.1	100.0	56.7	453
Number of antenatal care visits								
None	22.5	3.3	71.6	0.6	2.0	100.0	25.8	712
1-3 visits	51.5	8.7	38.8	1.0	0.0	100.0	60.2	1,228
4+ visits	62.8	30.3	6.5	0.3	0.0	100.0	93.1	755
Women's Education[a]								
None/preschool	37.4	6.3	55.1	0.7	0.5	100.0	43.7	1,526
Primary	52.6	13.0	32.2	2.0	0.2	100.0	65.5	298
Middle	60.1	17.6	20.9	0.8	0.6	100.0	77.7	216
Secondary	63.9	22.0	13.2	0.2	0.7	100.0	85.9	303
Higher	60.8	33.1	5.1	0.2	0.9	100.0	93.8	361
Wealth index quintile								
Poorest	24.9	2.3	71.8	0.8	0.2	100.0	27.2	566
Second	37.1	8.2	52.2	1.6	0.8	100.0	45.4	589
Middle	46.5	16.8	35.9	0.5	0.3	100.0	63.3	565
Fourth	58.9	21.3	18.3	0.6	0.9	100.0	80.2	493
Richest	72.9	19.8	6.9	0.0	0.5	100.0	92.6	492
Usual language spoken in the household								
Sheena	52.4	9.7	37.1	0.4	0.4	100.0	62.1	1,439
Balti	41.1	6.2	51.0	1.4	0.3	100.0	47.2	796
Brushaski	49.4	39.0	9.7	0.5	1.4	100.0	88.4	232
Other languages	32.1	33.4	32.8	0.4	1.3	100.0	65.5	239
Division								
Gilgit	62.2	28.1	8.5	0.4	0.9	100.0	90.3	966
Baltistan	39.3	6.7	52.5	1.3	0.3	100.0	46.0	873
Diamer	37.9	3.3	57.8	0.5	0.4	100.0	41.2	866
District								
Astore	53.1	9.2	36.6	1.2	0.0	100.0	62.3	189
Diamer	33.6	1.7	63.8	0.4	0.6	100.0	35.3	677
Ghanche	36.3	3.0	58.0	2.4	0.3	100.0	39.3	240
Ghizer	27.8	58.4	10.8	0.0	3.0	100.0	86.2	260
Gilgit	81.2	11.2	7.2	0.5	0.0	100.0	92.3	516
Hunza	40.4	57.7	0.9	0.0	1.0	100.0	98.1	49
Kharmang	29.4	8.5	60.6	0.7	0.8	100.0	37.9	96
Nagar	63.8	24.0	11.4	0.8	0.0	100.0	87.8	140
Shigar	29.2	2.1	66.7	1.2	0.7	100.0	31.4	143
Skardu	47.2	10.1	41.9	0.8	0.0	100.0	57.3	394

[1] **MICS indicator 5.8 - Institutional deliveries**
(*) Figures that are based on fewer than 25 unweighted cases
[a] Total includes 1 unweighted case of women's education missing

Over sixty percent of births in GB are delivered in a health facility; 47.0 percent of deliveries occur in public sector health facilities and 13.3 percent in private sector health facilities. More than one third of births (38.5%) takes place at home. Ever-married women in the 35-39 year age group are less likely to deliver in a health facility (56.7%) compared with 61.3 percent of ever-married women age less than 20. Ever-married women delivering in health facilities are much higher in urban areas than rural areas (84.6 % compared with 55.3%). The proportion of institutional deliveries varies from 41.2 percent in

Diamer division to 90.3 percent in Gilgit division. Ever-married women with higher levels of education attainment are more likely to deliver in a health facility than women with less education or no education at all. The proportion of births occurring in a health facility increases steadily with wealth, from 27.2 percent in the lowest wealth quintile to 92.6 percent in the highest wealth quintile.

The proportion of institutional deliveries is high with ever-married women having Brushaski (88.4%) as a usual spoken language followed by other languages (65.5%) , Sheena (62.1%) and Balti (47.2 %). At district level the proportion of institutional deliveries is highest in district Hunza (98.1%), followed by Gilgit (92.3%) and the least is in district Shigar (31.4%).

Post-natal Health Checks

The time of birth and immediately after is a critical window of opportunity to deliver lifesaving interventions for both the mother and new-born. Across the world, approximately 3 million new-borns annually die in the first month of life[47] and the majority of these deaths occur within a day or two of birth[48], which is also the time when the majority of maternal deaths occur[49].

Despite the importance of the first few days following birth, large-scale, nationally representative household survey programmes have not systematically included questions on the post-natal period and care for the mother and new-born. In 2008, the Countdown to 2015 initiative, which monitors progress on maternal, new-born and child health interventions, highlighted this data gap, and called not only for post-natal care (PNC) programmes to be strengthened, but also for better data availability and quality[50].

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

[47] UN Interagency Group for Child Mortality Estimation. 2013. *Levels and Trends in Child Mortality: Report 2013*
[48] Lawn, JE et al. 2005. *4 million neonatal deaths: When? Where? Why?* Lancet 2005; 365:891–900.
[49] WHO, UNICEF, UNFPA, The World Bank. 2012. *Trends in Maternal Mortality: 1990-2010*. World Health Organization.
[50] HMN, UNICEF, WHO. 2008. *Countdown to 2015: Tracking Progress in Maternal, Newborn & Child Survival, The 2008 Report*. UNICEF.

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

Percent distribution of women age 15-49 years with a live birth in the last two years who had their last birth delivered in a health facility by duration of stay in health facility, Gilgit-Baltistan, 2016-17

	Duration of stay in health facility								
	Less than 6 hours	6-11 hours	12-23 hours	1-2 days	3 days or more	DK/ Missing	Total	12 hours or more[1]	Number of women who had their last birth delivered in a health facility in the last 2 years
Total	69.7	4.7	1.8	10.5	13.1	0.2	100.0	25.4	1,630
Area of residence									
Urban	65.0	4.5	1.6	11.9	16.4	0.6	100.0	29.9	391
Rural	71.1	4.7	1.8	10.1	12.1	0.1	100.0	24.0	1,240
Mother's age at birth									
Less than 20	77.0	2.0	0.6	10.4	10.0	0.0	100.0	21.0	151
20-34	68.8	5.2	1.5	10.4	13.9	0.1	100.0	25.8	1,222
35-49	69.3	3.8	3.6	11.3	11.2	0.9	100.0	26.1	257
Type of health facility									
Public	71.9	2.9	1.4	9.9	13.6	0.3	100.0	24.9	1,272
Private	61.8	10.9	3.0	12.8	11.4	0.0	100.0	27.3	359
Other/DK/Missing	-	-	-	-	-	-	-	-	-
Type of delivery									
Vaginal birth	80.1	5.3	2.0	9.2	3.1	0.3	100.0	14.3	1,414
C-section	1.1	0.4	0.2	19.3	79.0	0.0	100.0	98.5	216
Women's Education[a]									
None/preschool	74.8	2.6	2.0	9.5	10.6	0.3	100.0	22.2	667
Primary	69.8	8.1	4.0	10.2	7.9	0.0	100.0	22.1	195
Middle	79.8	1.2	2.0	5.1	11.9	0.0	100.0	19.0	168
Secondary	72.7	5.0	0.6	7.3	13.9	0.5	100.0	21.8	260
Higher	51.9	8.3	0.7	18.0	21.1	0.0	100.0	39.8	339
Wealth index quintile									
Poorest	73.3	4.6	1.9	8.0	11.3	0.9	100.0	21.2	154
Second	78.6	2.0	0.7	9.7	8.9	0.0	100.0	19.4	267
Middle	71.4	4.8	2.2	8.5	12.4	0.6	100.0	23.1	358
Fourth	68.5	5.9	1.8	10.9	12.8	0.0	100.0	25.5	395
Richest	62.7	5.1	1.9	13.1	17.1	0.0	100.0	32.1	455
Usual language spoken in the household									
Sheena	70.4	4.5	2.1	11.1	11.6	0.2	100.0	24.9	893
Balti	75.3	3.2	1.0	7.9	12.2	0.4	100.0	21.1	376
Brushaski	62.3	5.9	2.2	8.6	21.0	0.0	100.0	31.8	205
Other languages	61.7	7.6	0.8	16.0	13.9	0.0	100.0	30.7	156
Division									
Gilgit	65.5	5.8	1.7	11.1	15.9	0.0	100.0	28.7	872
Baltistan	76.5	3.2	1.0	7.6	11.3	0.3	100.0	20.0	401
Diamer	72.2	3.7	2.8	12.5	8.3	0.6	100.0	23.6	357
District									
Astore	83.4	3.3	0.0	9.2	4.1	0.0	100.0	13.3	118
Diamer	66.6	3.9	4.1	14.0	10.4	0.9	100.0	28.6	239
Ghanche	76.7	1.8	2.7	4.3	13.1	1.5	100.0	20.1	95
Ghizer	56.8	9.1	3.3	15.1	15.7	0.0	100.0	34.2	224
Gilgit	69.7	5.0	1.0	10.0	14.3	0.0	100.0	25.3	476
Hunza	40.1	4.8	4.3	20.5	30.4	0.0	100.0	55.1	49
Kharmang	61.4	7.4	0.0	19.9	11.3	0.0	100.0	31.2	36
Nagar	75.4	3.0	0.3	4.2	17.1	0.0	100.0	21.6	123
Shigar	72.8	5.0	1.1	11.3	9.8	0.0	100.0	22.2	45
Skardu	79.5	2.9	0.4	6.3	10.9	0.0	100.0	17.6	226

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

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 1 unweighted case of women's education missing

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

Overall, 25.4 percent of ever-married women who gave birth in a health facility stay 12 hours or more in the health facility after delivery. There is slightly higher proportion (29.9%) of women delivering in urban areas stays for 12 hours or more than those delivering in rural areas (24.0%). Mother's age at births shows that the percentage is lowest for below 20 years (21.0%) and highest for the age group of 35-49 age group (26.1%) of women with a live birth during the last two years preceding the MICS survey in GB. The post-partum stay 12 hours or more at private health facility is slightly higher (27.3%) compared to public health facility (24.9%).

As expected, nearly all women (98.5%) giving birth through C-section stay 12 hours or more in the facility after giving birth. The women with higher education has the highest proportion (39.8%) to stay at facility for more than 12 hours followed by secondary (21.8%) and the least is with middle education background (19.0%). Similarly, 22.2 percent of the women with no education/preschool stay for more than 12 hours in facility after birth for postnatal care. There exists a positive relation with health facility stay after delivery and wealth. Conversely, there is negative correlation between wealth status of women and less than 6 hours stay the health facility after birth. As the wealth status increase the likelihood of stay at hospital for less than 6 hours increase and the chances increases to stay more at the health facility. There is no correlation between language of ever-married mother and stay at hospital and stay for more than 12 hours after birth. At the division level, the proportion of women who stay more than 12 hours at the facility is highest in Gilgit division (28.7%) compared to lowest in Baltistan division (20. 0%). By district; the least proportion of ever-married women stay in health facility for more than 12 hours after delivery is 13.3 percent in district Astore as compared to the highest in district Hunza (55.1%).

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

Table RH.13 shows the percentage of new-borns born in the last two years who received health checks and post-natal care visits from any health provider after birth. Please note that health checks following birth while in facility or at home refer to checks provided by any health provider regardless of timing (column 1), whereas post-natal care visits refer to a separate visit to check on the health of the newborn and provide preventive care services and therefore do not include health checks following birth while in facility or at home. The indicator "Post-natal health checks" includes any health check after birth received while in the health facility and at home (column 1), regardless of timing, as well as PNC visits within two days of delivery (columns 2, 3, and 4).

Table RH.13: Post-natal health checks for newborns

Percentage of women age 15-49 years with a live birth in the last two years whose last live birth received health checks while in facility or at home following birth, percent distribution whose last live birth received post-natal care (PNC) visits from any health provider after birth, by timing of visit, and percentage who received post natal health checks, Gilgit-Baltistan, 2016-17

		PNC visit for newborns[b]									
	Health check following birth while in facility or at home[a]	Same day	1 day following birth	2 days following birth	3-6 days following birth	After the first week following birth	No post-natal care visit	DK/ Missing	Total	Post-natal health check for the newborn[1, c]	Number of last live births in the last two years
Total	46.4	1.5	1.6	1.7	3.1	4.6	87.2	0.4	100.0	47.5	2,705
Area of residence											
Urban	58.0	1.9	2.2	2.9	4.4	6.3	82.4	0.0	100.0	59.7	462
Rural	44.0	1.4	1.5	1.4	2.8	4.3	88.2	0.5	100.0	45.0	2,244
Mother's age at birth											
Less than 20	45.1	2.6	1.5	2.0	4.7	1.3	87.3	0.7	100.0	46.8	246
20-34	47.9	1.2	1.7	1.7	3.2	5.4	86.4	0.3	100.0	48.9	2,004
35-49	40.6	2.0	1.2	1.6	1.4	2.8	90.4	0.5	100.0	42.1	453
Place of delivery											
Home	13.4	1.6	0.2	0.6	0.3	1.0	95.9	0.6	100.0	15.1	1,041
Health facility	68.4	1.4	2.5	2.4	4.8	7.1	81.4	0.3	100.0	69.2	1,630
Public	62.4	1.2	1.6	1.5	4.1	6.5	84.7	0.4	100.0	63.2	1,272
Private	89.8	2.3	5.7	5.7	7.5	9.0	69.8	0.0	100.0	90.3	359
Other/DK/Missing	(1.3)	(1.3)	(0.0)	(0.0)	(1.1)	(0.0)	(97.6)	(0.0)	100.0	(2.7)	34
Women's Education[d]											
None/preschool	33.0	1.7	0.8	1.0	1.5	2.5	92.2	0.4	100.0	34.2	1,526
Primary	52.6	1.3	1.4	2.3	1.4	5.5	88.2	0.0	100.0	52.9	298
Middle	64.6	1.6	2.9	3.1	1.9	5.4	84.7	0.2	100.0	66.0	216
Secondary	59.2	0.9	2.3	1.1	4.6	6.0	83.9	1.1	100.0	59.7	303
Higher	76.1	1.1	3.7	3.8	10.3	11.3	69.7	0.2	100.0	78.1	361
Wealth index quintile											
Poorest	24.2	1.2	0.6	0.3	0.9	1.3	94.6	1.0	100.0	25.3	566
Second	37.2	1.0	0.9	0.9	0.8	3.5	92.2	0.6	100.0	37.9	589
Middle	53.1	1.7	1.2	1.8	2.3	4.5	88.3	0.1	100.0	53.9	565
Fourth	57.4	1.2	2.3	2.8	4.9	6.2	82.4	0.1	100.0	58.2	493
Richest	64.0	2.3	3.2	2.8	7.2	8.3	76.2	0.0	100.0	66.5	492
Usual language spoken in the household											
Sheena	43.2	1.4	1.5	1.9	3.3	4.9	86.9	0.1	100.0	44.5	1,439
Balti	39.8	0.9	0.3	0.1	0.4	0.8	96.3	1.2	100.0	40.1	796
Brushaski	78.4	1.8	3.4	2.8	8.1	13.5	70.4	0.0	100.0	79.5	232
Other languages	56.3	3.2	4.5	4.7	5.9	7.2	74.6	0.0	100.0	59.5	239

Table RH.13: Post-natal health checks for newborns

Percentage of women age 15-49 years with a live birth in the last two years whose last live birth received health checks while in facility or at home following birth, percent distribution whose last live birth received post-natal care (PNC) visits from any health provider after birth, by timing of visit, and percentage who received post natal health checks, Gilgit-Baltistan, 2016-17

		PNC visit for newborns[b]									
	Health check following birth while in facility or at home[a]	Same day	1 day following birth	2 days following birth	3-6 days following birth	After the first week following birth	No post-natal care visit	DK/ Missing	Total	Post-natal health check for the newborn[1, c]	Number of last live births in the last two years
Total	46.4	1.5	1.6	1.7	3.1	4.6	87.2	0.4	100.0	47.5	2,705
Division											
Gilgit	66.9	1.6	3.3	4.0	7.0	9.8	74.5	0.0	100.0	68.6	966
Baltistan	39.9	1.0	0.2	0.1	0.3	0.7	96.5	1.1	100.0	40.3	873
Diamer	30.1	1.8	1.1	0.8	1.4	2.8	92.0	0.1	100.0	31.4	866
District											
Astore	49.4	3.6	2.2	0.4	3.1	2.9	87.5	0.3	100.0	51.6	189
Diamer	24.7	1.3	0.9	0.9	1.0	2.7	93.3	0.0	100.0	25.7	677
Ghanche	41.0	0.7	0.6	0.0	0.0	1.9	93.3	3.4	100.0	41.7	240
Ghizer	85.4	2.4	5.6	8.4	8.9	13.0	61.7	0.0	100.0	87.0	260
Gilgit	52.1	1.2	1.7	2.5	5.4	6.1	83.1	0.0	100.0	53.9	516
Hunza	90.3	2.3	5.7	4.7	18.3	32.1	36.8	0.0	100.0	94.3	49
Kharmang	43.1	4.1	0.0	0.5	0.4	0.3	92.8	1.9	100.0	44.2	96
Nagar	78.4	1.0	3.7	0.9	5.0	9.7	79.8	0.0	100.0	79.2	140
Shigar	39.2	1.6	0.3	0.0	0.9	0.3	96.9	0.0	100.0	39.9	143
Skardu	38.6	0.2	0.0	0.0	0.3	0.3	99.2	0.0	100.0	38.6	394

[1] **MICS indicator 5.11 - Post-natal health check for the newborn**

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

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

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

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

[d] Total includes 1 unweighted case of women's education missing

Overall, 46.4 percent of new-borns receive a health check following birth while in a facility or at home. With regards to PNC visits, 1.6 percent occur on the first and 1.7 percent occur on the second day after the delivery. As a result, a total of 47.5 percent of all new-borns receive a post-natal health check. Urban new-borns are more likely to receive a health check including PNC visits (59.7%) than their rural counterparts (45.0%). The postnatal health check-up varies from 42.1 percent for 35-49 year of age to 48.9 percent for 20-34 year of age group of mother at birth.

Health checks following birth occur mainly in health facility deliveries (63.2% public, 90.3% private). There is a very clear positive correlation to both education and household wealth, with the percentage of post-natal health checks of new-borns increasing with education and wealth. There is wide range in postnatal health check-ups for new-born amongst usual language spoken by ever-married women. At divisional level the percentage varies for postnatal check-ups of new-born from 40.3 percent in Diamer division to 68.6 percent in Gilgit region. At district level the percentage is lowest in district Diamer (25.7%) and highest in district Hunza (94.3%).

Table RH.14: Post-natal care visits for newborns within one week of birth

Percent distribution of women age 15-49 years with a live birth in the last two years whose last live birth received a post-natal care (PNC) visit within one week of birth, by location and provider of the first PNC visit, Gilgit-Baltistan, 2016-17

	Location of first PNC visit for newborns				Provider of first PNC visit for newborns					Number of last live births in the last two years with a PNC visit within the first week of life
	Home	Public Sector	Private sector	Total	Doctor/ nurse/ midwife	Lady health visitor (LHV)	Lady health worker (LHW)	Traditional birth attendant	Total	
Total	41.6	36.0	22.4	100.0	63.9	7.2	24.2	4.6	100.0	211
Area of residence										
Urban	(12.9)	(44.9)	(42.2)	100.0	(85.3)	(3.6)	(7.6)	(3.5)	100.0	52
Rural	51.1	33.0	15.9	100.0	56.9	8.4	29.7	5.0	100.0	158
Mother's age at birth										
Less than 20	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	100.0	26
20-34	46.7	31.6	21.6	100.0	58.2	7.6	28.4	5.7	100.0	156
35-49	(27.8)	(51.2)	(21.1)	100.0	(82.9)	(3.7)	(12.3)	(1.1)	100.0	28
Place of delivery										
Home	(65.1)	(29.1)	(5.8)	100.0	(52.2)	(4.3)	(21.9)	(21.6)	100.0	27
Health facility	38.3	36.7	25.0	100.0	65.5	7.7	24.7	2.1	100.0	183
Public	21.8	58.7	19.4	100.0	82.1	7.2	9.7	1.0	100.0	107
Private	61.3	5.9	32.8	100.0	42.3	8.3	45.7	3.6	100.0	76
Other/DK/Missing	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	100.0	1
Women's Education										
None/preschool	43.3	44.5	12.1	100.0	60.8	5.9	25.9	7.3	100.0	76
Primary	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	100.0	19
Middle	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	100.0	21
Secondary	(43.9)	(24.3)	(31.9)	100.0	(58.2)	(5.9)	(30.5)	(5.4)	100.0	27
Higher	46.0	20.2	33.9	100.0	64.1	7.2	26.1	2.6	100.0	68
Wealth index quintile										
Poorest	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	100.0	18
Second	(63.0)	(28.0)	(9.1)	100.0	(49.4)	(4.5)	(40.2)	(5.9)	100.0	22
Middle	(60.5)	(25.9)	(13.7)	100.0	(37.3)	(15.0)	(34.5)	(13.2)	100.0	40
Fourth	41.8	40.7	17.6	100.0	60.6	5.5	33.8	0.0	100.0	56
Richest	26.3	35.7	38.0	100.0	81.5	5.9	11.7	0.9	100.0	76
Usual language spoken in the household										
Sheena	24.9	45.6	29.5	100.0	81.1	3.4	15.0	0.6	100.0	117
Balti	(56.3)	(33.4)	(10.3)	100.0	(59.0)	(7.5)	(3.0)	(30.5)	100.0	13
Brushaski	64.3	17.6	18.2	100.0	44.3	18.5	29.8	7.4	100.0	37
Other languages	(62.2)	(26.9)	(10.8)	100.0	(36.5)	(7.8)	(50.6)	(5.2)	100.0	44
Division										
Gilgit	48.7	25.5	25.8	100.0	56.2	7.6	33.4	2.8	100.0	152
Baltistan	(64.2)	(26.2)	(9.6)	100.0	(55.2)	(13.6)	(2.8)	(28.4)	100.0	14
Diamer	(10.2)	(74.6)	(15.2)	100.0	(93.0)	(3.9)	(0.0)	(3.1)	100.0	45
District										
Astore	(22.0)	(68.0)	(10.0)	100.0	(92.3)	(3.8)	(0.0)	(4.0)	100.0	18
Diamer	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	100.0	27
Ghanche	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	100.0	3
Ghizer	(81.3)	(2.7)	(16.1)	100.0	(15.2)	(7.1)	(71.2)	(6.5)	100.0	66
Gilgit	(8.2)	(52.7)	(39.0)	100.0	(100.0)	(0.0)	(0.0)	(0.0)	100.0	56
Hunza	(35.7)	(25.6)	(38.7)	100.0	(76.8)	(17.9)	(5.3)	(0.0)	100.0	15
Kharmang	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	100.0	5
Nagar	(69.9)	(24.6)	(5.5)	100.0	(51.7)	(27.8)	(20.5)	(0.0)	100.0	15
Shigar	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	100.0	4
Skardu	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	100.0	2

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

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

Twenty two percent of the first PNC visits for new-borns occur in a private facility and only 36.0 percent take place in a public facility. Forty two percent of the first PNC visits for new-borns occur at home. The data also prominent for women having higher education background has higher tendency to avail private sector health facility (33.9%) compared to no preschool education (12.1%). Similarly, in urban areas, there is minor variation of ever-married women had their PNC visit at public and private facilities (44.9% and 42.2% respectively). In rural areas, the ever-married had their PNC visits for their new-born in public sector health facilities is 33.0 percent compared to 15.9 percent for their new-born at a private facility.

In GB, around 63.9 percent of the first PNC visits for new-borns are provided by either a doctor, nurse or a midwife. Only 4.6 percent of the case dealt by traditional birth attendants. It is interesting to note that in both urban and rural areas more than half of the first PNC visits were handled by medical doctor and in rural areas the next prominent cadre for managing the PNCs are the LHVs that constitute 29.7 percent of the total PNCs. The data shows that there is weak correlation of the first PNC visit of ever-married women for their newborn with the Doctor and nurses as a service provider, but the wealth quintile shows that there inverse relationship between fist PNC visits to LHV as a service provider.

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

Table RH.15 presents a pattern somewhat similar to Table RH.13, but with some important differences. Overall, 43.1 percent of mothers receive a health check following birth while in a facility or at home. With regards to PNC visits, 4.9 percent occur after the first week of delivery. As a result, a total of 44.4 percent of all mothers receive a post-natal health check. Urban mothers are more likely to receive a health check both following birth including PNC visits (61.0%), than their rural counterparts (44.1%). There is again a very clear correlation to both education and household wealth, with the percentage of post-natal health checks of mothers increasing with education and wealth. The main difference between the table for new-borns and the table for mothers is that the percentage with health checks, both following the birth and through a visit, is lower for mothers than for new-borns. This is associated with slightly lower rates of timely PNC visits.

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

Percentage of women age 15-49 years with a live birth in the last two years who received health checks while in facility or at home following birth, percent distribution who received post-natal care (PNC) visits from any health provider after birth at the time of last birth, by timing of visit, and percentage who received post natal health checks, Gilgit-Baltistan, 2016-17

		PNC visit for mothers[b]									
	Health check following birth while in facility or at home[a]	Same day	1 day following birth	2 days following birth	3-6 days following birth	After the first week following birth	No post-natal care visit	DK/ Missing	Total	Post-natal health check for the mother[1, c]	Number of women who gave birth in the two years preceding the survey
Total	43.1	1.3	0.7	0.4	1.7	4.9	90.9	0.1	100.0	44.4	2,705
Area of residence											
Urban	60.0	1.0	0.4	0.5	2.1	9.8	86.2	0.0	100.0	61.0	462
Rural	39.6	1.3	0.8	0.4	1.6	3.9	91.8	0.2	100.0	41.0	2,244
Mother's age at birth											
Less than 20	36.9	0.7	2.1	0.8	2.5	2.6	90.7	0.7	100.0	38.6	246
20-34	44.5	1.2	0.6	0.4	1.7	5.3	90.7	0.1	100.0	45.8	2,004
35-49	40.6	1.8	0.4	0.5	1.2	4.4	91.6	0.0	100.0	41.7	453
Place of delivery											
Home	11.1	1.8	0.4	0.0	0.2	0.2	97.3	0.2	100.0	13.0	1,041
Health facility	64.4	0.8	0.9	0.7	2.7	8.1	86.8	0.1	100.0	65.2	1,630
Public	58.6	0.7	0.7	0.4	2.0	8.1	88.0	0.1	100.0	59.6	1,272
Private	84.8	1.2	1.7	1.7	5.1	8.0	82.3	0.0	100.0	85.3	359
Other/DK/Missing	(0.0)	(6.5)	(0.0)	(0.0)	(0.0)	(0.0)	(93.5)	(0.0)	100.0	(6.5)	34
Type of delivery											
Vaginal birth	38.4	1.4	0.7	0.5	1.2	1.0	95.1	0.1	100.0	39.8	2,490
C-section	97.4	0.0	0.0	0.0	7.2	50.5	42.0	0.4	100.0	97.4	216
Women's Education[d]											
None/preschool	30.8	1.5	0.2	0.2	0.7	2.4	95.1	0.0	100.0	32.1	1,526
Primary	47.2	1.1	0.8	0.0	1.3	4.6	92.0	0.3	100.0	48.9	298
Middle	55.8	0.9	1.5	1.5	0.8	5.7	89.5	0.2	100.0	57.1	216
Secondary	54.7	1.2	1.8	1.0	2.4	7.2	86.0	0.3	100.0	57.0	303
Higher	74.1	0.6	1.3	0.8	6.2	13.6	77.2	0.2	100.0	74.4	361
Wealth index quintile											
Poorest	23.5	1.1	0.5	0.1	0.7	1.8	95.5	0.3	100.0	24.6	566
Second	32.3	1.1	0.1	0.3	1.0	1.4	95.9	0.3	100.0	33.2	589
Middle	48.3	1.6	1.0	0.6	1.4	3.3	92.2	0.0	100.0	50.2	565
Fourth	53.5	1.5	0.4	0.2	3.0	6.0	89.0	0.0	100.0	54.4	493
Richest	62.1	1.1	1.6	1.0	2.6	13.6	80.1	0.0	100.0	64.0	492
Usual language spoken in the household											
Sheena	38.5	1.3	0.5	0.5	1.6	4.8	91.3	0.1	100.0	39.8	1,439
Balti	38.9	1.3	0.4	0.1	0.4	2.2	95.2	0.3	100.0	40.3	796
Brushaski	75.2	1.3	1.8	0.4	6.5	14.1	76.0	0.0	100.0	76.0	232

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

Percentage of women age 15-49 years with a live birth in the last two years who received health checks while in facility or at home following birth, percent distribution who received post-natal care (PNC) visits from any health provider after birth at the time of last birth, by timing of visit, and percentage who received post natal health checks, Gilgit-Baltistan, 2016-17

		PNC visit for mothers[b]									
	Health check following birth while in facility or at home[a]	Same day	1 day following birth	2 days following birth	3-6 days following birth	After the first week following birth	No post-natal care visit	DK/ Missing	Total	Post-natal health check for the mother[1, c]	Number of women who gave birth in the two years preceding the survey
Total	43.1	1.3	0.7	0.4	1.7	4.9	90.9	0.1	100.0	44.4	2,705
Other languages	53.4	1.1	1.4	1.3	1.5	6.1	88.5	0.0	100.0	55.0	239
Division											
Gilgit	61.6	1.1	1.1	1.1	3.7	10.3	82.7	0.0	100.0	62.9	966
Baltistan	39.2	1.3	0.5	0.1	0.4	1.7	95.7	0.3	100.0	40.6	873
Diamer	26.3	1.5	0.3	0.1	0.7	2.2	95.2	0.1	100.0	27.6	866
District											
Astore	43.6	4.2	0.6	0.2	1.9	1.8	90.8	0.3	100.0	47.0	189
Diamer	21.5	0.7	0.3	0.0	0.4	2.3	96.4	0.0	100.0	22.1	677
Ghanche	36.0	0.0	0.3	0.0	0.0	1.6	97.0	1.1	100.0	36.0	240
Ghizer	76.0	1.0	0.9	2.1	2.8	3.4	89.7	0.0	100.0	77.0	260
Gilgit	48.2	0.9	0.9	0.7	3.2	11.1	83.1	0.0	100.0	49.8	516
Hunza	89.3	3.1	2.1	1.7	6.7	36.3	50.1	0.0	100.0	90.2	49
Kharmang	36.3	3.0	0.4	0.5	0.8	0.4	94.4	0.5	100.0	38.0	96
Nagar	74.3	1.0	2.2	0.3	6.1	10.6	79.8	0.0	100.0	75.3	140
Shigar	36.1	2.2	0.3	0.0	1.0	1.7	94.8	0.0	100.0	38.4	143
Skardu	43.1	1.3	0.7	0.0	0.3	2.2	95.5	0.0	100.0	44.9	394

[1] **MICS indicator 5.12 - Post-natal health check for the mother**

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

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

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

( ) Figures that are based on 25-49 unweighted cases

[d] Total includes 1 unweighted case of women's education missing

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

Percent distribution of women age 15-49 years with a live birth in the last two years who received a post-natal care (PNC) visit within one week of birth, by location and provider of the first PNC visit, Gilgit-Baltistan, 2016-17

	Location of first PNC visit						Provider of first PNC visit for mothers					Number of women who gave birth in the two years preceding survey and received a PNC visit within one week of delivery
	Home	Public Sector	Private sector	Other location	DK/ Missing	Total	Doctor/ nurse/ midwife	Lady health visitor (LHV)	Lady health worker (LHW)	Traditional birth attendant	Total	
Total	46.9	27.1	25.9	-	-	100.0	71.9	15.7	9.2	3.2	100.0	110
Area of residence												
Urban	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	18
Rural	54.0	25.7	20.3	-	-	100.0	67.3	17.8	11.1	3.8	100.0	92
Mother's age at birth												
Less than 20	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	15
20-34	44.5	29.0	26.5	-	-	100.0	73.4	18.8	4.0	3.9	100.0	77
35-49	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	18
Duration of stay in health facility												
Less than 12 hours	49.2	26.3	24.5	-	-	100.0	72.9	18.2	4.7	4.2	100.0	55
12-23 hours	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	1
1-2 days	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	11
3 days or more	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	16
DK/Missing	(63.9)	(24.8)	(11.3)	-	-	100.0	(65.9)	(11.8)	(17.9)	(4.3)	100.0	27
Place of delivery												
Home	(69.6)	(18.1)	(12.3)	-	-	100.0	(62.8)	(12.9)	(19.5)	(4.7)	100.0	25
Health facility	41.4	27.9	30.7	-	-	100.0	73.9	17.0	6.4	2.8	100.0	83
Public	40.0	42.4	17.6	-	-	100.0	76.4	15.5	3.3	4.8	100.0	48
Private	(43.3)	(7.6)	(49.1)	-	-	100.0	(70.3)	(19.0)	(10.6)	(0.0)	100.0	35
Other/DK/Missing	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	2
Type of delivery												
Vaginal birth	49.1	25.3	25.6	-	-	100.0	71.8	14.9	9.6	3.7	100.0	94
C-section	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	15
Women's Education												
None/preschool	(46.6)	(42.7)	(10.7)	-	-	100.0	(76.7)	(5.5)	(10.0)	(7.8)	100.0	39
Primary	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	9
Middle	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	10
Secondary	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	20
Higher	(39.8)	(14.6)	(45.6)	-	-	100.0	(68.6)	(23.5)	(6.4)	(1.5)	100.0	32
Wealth index quintile												
Poorest	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	14
Second	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	15
Middle	(58.7)	(20.5)	(20.8)	-	-	100.0	(49.6)	(28.1)	(19.7)	(2.7)	100.0	26

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

Percent distribution of women age 15-49 years with a live birth in the last two years who received a post-natal care (PNC) visit within one week of birth, by location and provider of the first PNC visit, Gilgit-Baltistan, 2016-17

	Location of first PNC visit						Provider of first PNC visit for mothers					Number of women who gave birth in the two years preceding survey and received a PNC visit within one week of delivery
	Home	Public Sector	Private sector	Other location	DK/ Missing	Total	Doctor/ nurse/ midwife	Lady health visitor (LHV)	Lady health worker (LHW)	Traditional birth attendant	Total	
Total	46.9	27.1	25.9	-	-	100.0	71.9	15.7	9.2	3.2	100.0	110
Fourth	(42.6)	(23.5)	(34.0)	-	-	100.0	(65.7)	(18.4)	(6.3)	(9.5)	100.0	25
Richest	(42.1)	(25.4)	(32.5)	-	-	100.0	(87.4)	(11.1)	(1.6)	(0.0)	100.0	31
Usual language spoken in the household												
Sheena	39.1	31.4	29.4	-	-	100.0	81.7	11.3	2.8	4.2	100.0	56
Balti	(69.0)	(25.9)	(5.0)	-	-	100.0	(69.3)	(5.0)	(19.2)	(6.6)	100.0	18
Brushaski	(49.6)	(20.2)	(30.2)	-	-	100.0	(55.7)	(29.2)	(15.0)	(0.0)	100.0	23
Other languages	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	13
Division												
Gilgit	48.1	14.3	37.5	-	-	100.0	65.9	20.7	9.9	3.4	100.0	68
Baltistan	(71.7)	(23.7)	(4.6)	-	-	100.0	(67.1)	(9.4)	(17.5)	(6.0)	100.0	20
Diamer	(21.5)	(69.1)	(9.4)	-	-	100.0	(94.2)	(5.8)	(0.0)	(0.0)	100.0	22
District												
Astore	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	13
Diamer	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	9
Ghanche	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	1
Ghizer	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	18
Gilgit	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	30
Hunza	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	7
Kharmang	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	5
Nagar	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	13
Shigar	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	5
Skardu	(*)	(*)	(*)	-	-	100.0	(*)	(*)	(*)	(*)	100.0	9

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

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

Overall, 46.9 percent of the first PNC visits occur at home. Twenty six percent of women received post-natal care in a private health facility and 27.1 percent of women received post-natal care in a public health facility.

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

The GB-MICS shows that for 39.4 percent of live births, both the mothers and their new-borns receive either a health check following birth or a timely PNC visit, whereas for 47.5 percent of births neither receive health checks or timely visits. There are quite large discrepancies across the background characteristics. Urban births (51.2%) are better served with health checks or timely visits as compared with rural births (37.0%). There is also a wide variation between public and private health facility for health checks or PNC visits within 2 days (51.3 % for public and 83.2% respectively). There are also very clear correlations to household wealth and the education of the woman, where increasing wealth and education tends to equate with better coverage. The figures between the regions vary from 24.5 percent in Diamer to 56.2 percent in Gilgit. At district level, the figure varies from 19.7 percent in Diamer district to 89.2 percent in district Hunza. The results further show generally a higher level of coverage for new-borns than mothers. Health checks or PNC visits within 2 days is highest in Brushaski language speaking households.

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

Percent distribution of women age 15-49 years with a live birth in the last two years by post-natal health checks for the mother and newborn, within two days of the most recent birth, Gilgit-Baltistan, 2016-17

	Health checks or PNC visits within 2 days of birth for:						
	Both mothers and newborns	Mothers only	Newborns only	Neither mother nor newborn	DK/ Missing	Total	Number of women age 15-49 years who gave birth in the 2 years preceding the survey
Total	39.4	5.0	8.1	47.5	0.1	100.0	2,705
Area of residence							
Urban	51.2	9.8	8.4	30.6	0.0	100.0	462
Rural	37.0	4.0	8.0	51.0	0.1	100.0	2,244
Mother's age at birth							
Less than 20	35.1	3.1	11.0	50.1	0.7	100.0	246
20-34	40.6	5.2	8.3	45.9	0.0	100.0	2,004
35-49	36.8	4.9	5.3	53.0	0.0	100.0	453
Place of delivery							
Home	11.1	1.9	4.0	83.0	0.1	100.0	1,041
Health facility	58.3	6.9	10.8	23.9	0.1	100.0	1,630
Public	51.3	8.3	11.8	28.5	0.1	100.0	1,272
Private	83.2	2.0	7.1	7.6	0.0	100.0	359
Other/DK/Missing	(1.3)	(5.1)	(1.3)	(92.2)	(0.0)	100.0	34
Type of delivery							
Vaginal birth	35.1	4.7	8.6	51.5	0.1	100.0	2,490
C-section	89.2	8.2	1.3	1.3	0.0	100.0	216
Women's Education[a]							
None/preschool	27.7	4.3	6.4	61.5	0.0	100.0	1,526
Primary	43.4	5.5	9.4	41.7	0.0	100.0	298
Middle	54.9	2.0	10.9	32.0	0.2	100.0	216

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

Percent distribution of women age 15-49 years with a live birth in the last two years by post-natal health checks for the mother and newborn, within two days of the most recent birth, Gilgit-Baltistan, 2016-17

	Health checks or PNC visits within 2 days of birth for:						
	Both mothers and newborns	Mothers only	Newborns only	Neither mother nor newborn	DK/ Missing	Total	Number of women age 15-49 years who gave birth in the 2 years preceding the survey
Total	39.4	5.0	8.1	47.5	0.1	100.0	2,705
Secondary	48.9	7.8	10.5	32.5	0.3	100.0	303
Higher	67.9	6.5	10.2	15.4	0.0	100.0	361
Wealth index quintile							
Poorest	21.4	3.1	3.7	71.6	0.2	100.0	566
Second	30.8	2.3	7.0	59.8	0.1	100.0	589
Middle	46.0	4.1	7.9	42.0	0.0	100.0	565
Fourth	46.6	7.8	11.7	34.0	0.0	100.0	493
Richest	55.6	8.4	10.9	25.1	0.0	100.0	492
Usual language spoken in the household							
Sheena	34.6	5.2	9.8	50.3	0.1	100.0	1,439
Balti	35.0	5.2	5.0	54.7	0.1	100.0	796
Brushaski	72.6	3.3	6.8	17.2	0.0	100.0	232
Other languages	50.7	4.3	8.8	36.2	0.0	100.0	239
Division							
Gilgit	56.2	6.7	12.3	24.7	0.0	100.0	966
Baltistan	35.6	4.9	4.6	54.8	0.1	100.0	873
Diamer	24.5	3.1	6.8	65.5	0.1	100.0	866
District							
Astore	41.6	5.4	9.7	42.9	0.3	100.0	189
Diamer	19.7	2.4	6.0	71.8	0.0	100.0	677
Ghanche	35.3	0.3	6.0	58.0	0.3	100.0	240
Ghizer	76.4	0.6	10.5	12.5	0.0	100.0	260
Gilgit	38.8	11.0	15.1	35.1	0.0	100.0	516
Hunza	89.2	1.0	5.1	4.7	0.0	100.0	49
Kharmang	34.4	3.1	9.4	52.6	0.5	100.0	96
Nagar	71.0	4.3	8.2	16.5	0.0	100.0	140
Shigar	34.3	4.0	5.6	56.0	0.0	100.0	143
Skardu	36.5	8.4	2.1	53.0	0.0	100.0	394

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases
[a] Total includes 1 unweighted case of women's education missing

Lady Health Worker Visits

As part of a national strategy to reduce poverty and improve health by bringing health services to communities, Ministry of Health in Pakistan implemented the Lady Health Worker Programme (LHWP). Rooted in the concept of primary care, the LHWP plays a key role in Pakistan's strategy to achieve the MDGs, strengthen its primary health care system. LHWs are expected to be agents of change within their communities by providing integrated preventative and curative health services to their neighbors. Their peer status enables them to connect with patients and navigate local customs, languages, and social relationships more effectively than outsiders. In effect, these women are liaisons between the formal health system and their community. Each LHW is associated with a government health facility within the community, where she receives training, a stipend, and medical supplies. LHWs are each responsible for approximately 1,000 people within a catchment area of 200 houses. They work directly out of their homes, which are commonly called "health houses." The government has placed a specific focus on training LHWs from rural areas, which often have poor access to care.

LHWs visit households to increase awareness on reproductive health and nutrition, facilitate registration of births and deaths, distribute medication for family planning and immunize children according to the national schedule. Basic maternal and child health services that they provide include reproductive health education, promotion of healthy behaviors, preventive care, family planning, HIV/AIDS care, and basic curative care. LHWs provide regular treatment for diarrhea, malaria, acute respiratory tract infections, and intestinal worms, and offer contraceptives as part of family planning. They also play a role in expanding access to public health initiatives, such as the Expanded Programme on Immunization (EPI).

LHWs play a particularly important role for mothers and children by coordinating with traditional birth attendants and midwives to ensure that mothers receive adequate care. Each LHW is affiliated with either a rural health center (RHC) or a basic health unit (BHU), where the LHW is trained and will refer her clients to. In an RHC or BHU, clients of LHWs can receive basic health care services. For more complicated conditions, LHWs are trained to refer patients to nearby clinics.

The survey collected information from respondents on whether the LHWs of their vicinity visit the households during the past month. Table RH.18 show that 33.8 percent LHWs visited household of ever married women in GB and 64.8 percent LHWs had not visited household during the past month. The data shows that the LHW visit is directly associated with the delivered mother's education and wealth quintiles.

Percentage of women who were visited by the LHW by division is ranging from 6.2 percent in Diamer division to 63.1 percent in Gilgit division. In rural areas, 31.7 percent of women were visited by a LHW compared with 44.0 percent in urban areas. At district level the LHW Household visit start from least in district Diamer (5.1%) to highest in district Hunza (67.1%).

Among those women who had reported the presence of a lady health worker in their area, services received from LHWs included ORT, vitamins, medicines (50.1%), education or advice (31.5%) and to weigh child (22.0%). Majority of responses about purpose of LHW shows that the most prevalence response is ORT vitamins medicine declared as the prime purpose against the different back ground characteristics of women with live birth in the last two years. There is almost a similar pattern observed in services received from LHWs by division, urban-rural residence, education and wealth.

Table RH.18: Lady health worker (LHW) visits

Percentage of women with a live birth in the last 2 years who reported that a LHW visited the house during the past month, Gilgit-Baltistan, 2016-17

	HH visited by lady health worker (LHW) during past month			Number of women with a live birth in the last two years	Purpose of Visit					Number of women visited by LHW
	Yes[1]	No	DK / Missing		ORT, vitamins, medicines	To weigh child	Education / advice	Other	DK	
Total	33.8	64.8	1.4	2,705	50.1	22.0	31.5	42.4	1.1	913
Area of residence										
Urban	44.0	52.6	3.4	462	40.2	4.2	13.6	70.4	0.7	203
Rural	31.7	67.3	1.0	2,244	52.9	27.1	36.6	34.4	1.2	710
Women's education[a]										
None/pre-school	24.0	75.1	0.9	1,526	48.9	18.0	31.3	38.6	1.5	366
Primary	29.3	69.5	1.2	298	42.6	20.2	33.6	44.0		87
Middle	46.6	52.8	0.6	216	44.3	24.6	35.8	43.9	0.9	101
Secondary	55.0	43.0	1.9	303	58.2	26.0	29.7	37.5	0.4	167
Higher	53.1	43.1	3.8	361	51.7	25.6	30.0	52.2	1.6	192
Wealth index quintile										
Poorest	17.3	81.9	0.8	566	51.2	10.6	42.9	28.6	4.6	98
Second	24.2	74.6	1.2	589	58.7	22.7	41.8	27.7	1.8	142
Middle	37.5	61.3	1.2	565	56.4	28.6	40.0	23.1	0.4	211
Fourth	43.4	55.1	1.6	493	40.3	27.2	26.9	51.1		214
Richest	50.4	47.2	2.4	492	47.7	16.1	17.7	65.2	0.9	248
Usual language spoken in the household										
Sheena	31.2	67.7	1.1	1,439	45.5	18.0	19.8	57.8	0.9	448
Balti	29.3	68.9	1.8	796	60.8	8.1	40.5	24.0	2.0	234
Brushaski	62.9	34.9	2.2	232	56.9	39.2	53.5	20.1		146
Other languages	35.9	62.8	1.3	239	33.0	51.6	30.2	49.8	1.8	86
Division										
Gilgit	63.1	35.0	1.9	966	41.9	27.7	27.2	53.8	0.6	610
Baltistan	28.6	69.6	1.8	873	63.0	7.5	37.8	22.8	1.9	250
Diamer	6.2	93.3	0.5	866	82.2	24.8	50.6	3.8	3.3	53
District										
Astore	10.5	89.2	0.3	189	93.1		35.8	4.2		19
Diamer	5.1	94.4	0.6	677	76.2	38.6	58.8	3.6	5.1	34
Ghanche	50.2	48.6	1.2	240	49.7	14.9	57.2	28.4	1.2	121
Ghizer	67.2	29.5	3.3	260	30.4	61.4	45.6	42.1	0.9	175
Gilgit	60.1	38.2	1.7	516	37.7	6.7	7.4	76.6	0.8	310
Hunza	67.1	31.9	1.0	49	51.3	79.2	35.0	21.2		33
Kharmang	16.8	81.0	2.2	96	23.4		5.6	69.6	5.0	16
Nagar	65.1	34.6	0.3	140	75.0	15.9	56.2	10.4		91
Shigar	37.2	59.3	3.5	143	72.8	1.7	40.7	10.3	4.6	53
Skardu	15.2	83.3	1.5	394	91.9		4.8	9.8		60

[1] **MICS indicator 5.S2 - Care provided by Lady Health Worker (LHW)**

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 1 unweighted case of women's education missing

IX. EARLY CHILDHOOD DEVELOPMENT

Early Childhood Care and Education

Readiness of children for primary school can be improved through attendance to early childhood education programmes or through pre-school attendance. Early childhood education programmes include programmes for children that have organised learning components as opposed to baby-sitting and day-care which do not typically have organised education and learning.

It can be observed from the Table CD.1 that 14 percent of children age 36-59 months are attending an organised early childhood education programme. Urban-rural differentials are notable; the figure is high in urban at 16.4 percent compared to 13.8 percent in rural areas. Among children age 36-59 months, attendance to early childhood education programmes is more prevalent in Gilgit division (31%), and lowest in the Diamer divisions (4%). Very high variation exist across districts; for example, the attendance to early childhood education programmes is highest in Hunza district (86%) compared to lowest in Diamer district (4%). No real gender differentials exists, but differentials by socioeconomic status seem to be significant. Twenty five percent of children living in the richest households attended such programmes and this proportion drops to 7 percent among children living in the poorest households.

Table CD.1: Early childhood education

Percentage of children age 36-59 months who are attending an organized early childhood education programme, Gilgit-Baltistan, 2016-17

	Percentage of children age 36-59 months attending early childhood education[1]	Number of children age 36-59 months
Total	14.2	2,701
Area of residence		
Urban	16.4	449
Rural	13.8	2,252
Sex		
Male	14.5	1,429
Female	14.0	1,272
Age of child		
36-47 months	8.1	1,333
48-59 months	20.2	1,368
Mother's education		
None/pre-school	7.7	1,731
Primary	20.2	260
Middle	17.2	185
Secondary	27.2	255
Higher	36.0	269
Wealth index quintile		
Poorest	6.9	651
Second	8.9	579
Middle	14.2	526
Fourth	20.2	478
Richest	25.1	468
Usual language spoken in the household		
Sheena	11.1	1,387
Balti	7.6	842
Brushaski	50.2	220
Other languages	17.0	163
Division		
Gilgit	30.5	901
Baltistan	7.6	961
Diamer	4.3	840
District		
Astore	4.6	185
Diamer	4.2	655
Ghanche	13.7	257
Ghizer	24.5	262
Gilgit	24.7	439
Hunza	85.6	55
Kharmang	6.4	86
Nagar	38.2	144
Shigar	6.4	151
Skardu	4.9	467

[1] MICS indicator 6.1 - Attendance to early childhood education

Quality of Care

It is well recognized that a period of rapid brain development occurs in the first 3-4 years of life, and the quality of home care is a major determinant of the child's development during this period. [51] In this context, engagement of adults in activities with children, presence of books in the home for the child, and the conditions of care are important indicators of quality of home care. As set out in *A World Fit for Children*, "children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn."[52]

Information on a number of activities that support early learning was collected in the survey. These included the involvement of adults with children in the following activities: reading books or looking at picture books, telling stories, singing songs, taking children outside the home, compound or yard, playing with children, and spending time with children naming, counting, or drawing things.

For almost one-third (32%) of children age 36-59 months, an adult household member engaged in four or more activities that promote learning and school readiness during the 3 days preceding the survey (Table CD.2). The mean number of activities that adults engaged with children is 2.6. The table also indicates that the father's involvement in such activities is somewhat limited which is only 2 percent. About 20 percent of children age 36-59 months live without their biological father. As regards to mother's involvement in four or more activities that promote learning and school readiness during the 3 days preceding the survey, it is 7 percent. More than 2 percent of children age 36-59 months live without their biological mother.

There are no notable gender differentials in terms of engagement of adults in activities with children. However differentials exists based on area of residence; a larger proportion of adults in urban (46%) engages in learning and school readiness activities with children than in rural areas (29%). Strong differences by mother's education, socio-economic status and divisions are also observed. Adult engagement in activities with children was greatest in Gilgit division (54%) and lowest in Baltistan division (19%), while the proportion was 65 percent for children living in the richest households as against children living in the poorest households (14%).

[51] Grantham-McGregor, S et al. 2007. *Developmental Potential in the First 5 Years for Children in Developing Countries*. The Lancet 369: 60–70
Belsky, J et al. 2006. *Socioeconomic Risk, Parenting During the Preschool Years and Child Health Age 6 Years*. European Journal of Public Health 17(5): 511–2.
[52] UNICEF. 2002. *A World Fit For Children* adopted by the UN General Assembly at the 27th Special Session, 10 May 2002: 2.

Table CD.2: Support for learning

Percentage of children age 36-59 months with whom adult household members engaged in activities that promote learning and school readiness during the last three days, and engagement in such activities by biological fathers and mothers, Gilgit-Baltistan, 2016-17

	Percentage of children with whom adult household members have engaged in four or more activities[1]	Mean number of activities with adult household members	Percentage of children living with their:		Number of children age 36-59 months	Percentage of children with whom biological fathers have engaged in four or more activities[2]	Mean number of activities with biological fathers	Number of children age 36-59 months living with their biological fathers	Percentage of children with whom biological mothers have engaged in four or more activities[3]	Mean number of activities with biological mothers	Number of children age 36-59 months living with their biological mothers
			Biological father	Biological mother							
Total	31.5	2.6	80.0	97.7	2,701	2.3	0.5	2,160	6.9	1.1	2,640
Area of residence											
Urban	46.2	3.1	87.5	98.0	449	4.4	0.8	393	12.1	1.4	440
Rural	28.6	2.5	78.5	97.7	2,252	1.9	0.5	1,767	5.9	1.0	2,200
Sex											
Male	34.5	2.7	80.7	98.3	1,429	2.1	0.6	1,153	7.0	1.1	1,405
Female	28.2	2.5	79.2	97.1	1,272	2.6	0.5	1,007	6.8	1.1	1,235
Age of child											
36-47 months	31.4	2.6	79.2	97.9	1,333	2.2	0.5	1,056	6.6	1.1	1,305
48-59 months	31.6	2.7	80.7	97.6	1,368	2.4	0.5	1,104	7.2	1.1	1,335
Mother's education[b]											
None/pre-school	20.2	2.2	83.5	97.4	1,731	0.9	0.4	1,445	1.0	0.7	1,685
Primary	33.1	2.7	78.7	99.3	260	2.0	0.6	205	4.2	1.2	258
Middle	44.4	3.2	73.6	97.1	185	4.4	0.7	136	9.2	1.5	180
Secondary	56.5	3.7	72.7	99.4	255	4.8	0.7	186	18.2	1.9	254
Higher	70.4	4.1	70.2	97.3	269	8.2	1.0	189	35.3	2.5	262
Father's education[c]											
None/pre-school	16.3	2.1	100.0	98.4	651	0.2	0.4	651	2.7	0.7	641
Primary	23.6	2.5	100.0	99.2	377	0.6	0.5	377	2.1	1.0	374
Middle	33.1	2.6	100.0	99.1	332	1.5	0.5	332	4.0	1.0	329
Secondary	38.7	2.9	100.0	97.9	344	3.0	0.7	344	8.7	1.3	337
Higher	50.6	3.4	100.0	97.6	449	9.6	1.1	449	17.2	1.7	438
Father not in the household	33.8	2.7	0.0	95.1	541	0.0	0.1	0	7.5	1.1	514
Wealth index quintiles											
Poorest	13.5	1.9	83.1	97.4	651	1.1	0.3	541	0.7	0.6	634
Second	18.9	2.2	78.3	98.4	579	1.3	0.4	453	1.4	0.9	569
Middle	32.1	2.7	78.7	98.6	526	0.8	0.4	414	4.7	1.0	519
Fourth	38.0	3.0	76.9	97.1	478	2.4	0.6	367	11.3	1.3	464
Richest	65.0	3.8	82.3	97.0	468	6.8	0.9	385	20.3	1.9	454
Usual language spoken in the household											
Sheena	32.1	2.7	86.3	97.4	1,387	2.6	0.6	1,198	6.7	1.1	1,351
Balti	18.5	2.1	71.7	98.1	842	1.3	0.3	603	2.3	0.9	826

Table CD.2: Support for learning

Percentage of children age 36-59 months with whom adult household members engaged in activities that promote learning and school readiness during the last three days, and engagement in such activities by biological fathers and mothers, Gilgit-Baltistan, 2016-17

	Percentage of children with whom adult household members have engaged in four or more activities[1]	Mean number of activities with adult household members	Percentage of children living with their:		Number of children age 36-59 months	Percentage of children with whom biological fathers have engaged in four or more activities[2]	Mean number of activities with biological fathers	Number of children age 36-59 months living with their biological fathers	Percentage of children with whom biological mothers have engaged in four or more activities[3]	Mean number of activities with biological mothers	Number of children age 36-59 months living with their biological mothers
			Biological father	Biological mother							
Total	31.5	2.6	80.0	97.7	2,701	2.3	0.5	2,160	6.9	1.1	2,640
Brushaski	69.3	4.2	63.6	98.2	220	2.8	0.5	140	23.3	1.9	216
Other languages	28.0	2.4	94.5	98.4	163	4.2	0.6	154	8.1	1.0	160
Division											
Gilgit	53.9	3.4	78.1	96.8	901	4.1	0.7	704	15.9	1.5	872
Baltistan	19.2	2.0	72.9	97.8	961	1.3	0.4	701	2.1	0.8	940
Diamer	21.5	2.5	90.0	98.6	840	1.5	0.5	756	2.8	0.9	828
District											
Astore	28.4	2.6	77.3	97.5	185	2.1	0.6	143	6.8	1.3	180
Diamer	19.6	2.4	93.6	98.9	655	1.3	0.5	613	1.6	0.8	648
Ghanche	17.1	2.2	64.1	98.2	257	0.8	0.2	165	1.5	0.8	252
Ghizer	55.3	3.4	70.5	97.3	262	2.9	0.5	185	10.8	1.1	255
Gilgit	44.7	3.1	86.5	95.6	439	5.1	0.9	380	15.1	1.6	419
Hunza	84.8	5.0	72.9	98.2	55	10.9	1.3	40	49.6	3.3	54
Kharmang	17.9	2.0	61.5	96.2	86	1.1	0.3	53	1.1	0.9	82
Nagar	67.7	4.1	68.4	99.3	144	0.8	0.2	99	14.5	1.6	143
Shigar	26.2	2.4	82.1	97.2	151	3.0	0.7	124	3.2	0.8	147
Skardu	18.4	1.9	76.9	98.1	467	1.1	0.4	359	2.4	0.8	458

[1] **MICS indicator 6.2 - Support for learning**
[2] **MICS Indicator 6.3 - Father's support for learning**
[3] **MICS Indicator 6.4 - Mother's support for learning**

na: not applicable

[a] The background characteristic "Mother's education" refers to the education level of the respondent to the Questionnaire for Children Under Five, and covers both mothers and primary caretakers, who are interviewed when the mother is not listed in the same household. Since indicator 6.4 reports on the biological mother's support for learning, this background characteristic refers to only the educational levels of biological mothers when calculated for the indicator in question.

(*) Figures that are based on fewer than 25 unweighted cases

[b] Total includes 1 unweighted cases of mother's education missing

[c] Total includes 6 unweighted cases of father's education missing

Exposure to books in early years not only provides the child with greater understanding of the nature of print, but may also give the child opportunities to see others reading, such as older siblings doing school work. Presence of books is important for later school performance. The mothers/caretakers of all children under 5 were asked about number of children's books or picture books they have for the child, and the types of playthings that are available at home.

In Gilgit-Baltistan, only 6 percent of children age 0-59 months live in households where at least 3 children's books are present for the child (Table CD.3). The proportion of children with 10 or more books declines to only less than 1 percent. Gilgit division has highest (13%) percentage of children who have three or more books at home as compared to the other divisions. By district higher variation is observed that is 40 percent children in Hunza district have at least three books as against less than 1 percent in Diamer district. While no gender differentials are observed, a higher percentage of urban children have access to children's books than those living in rural households. The proportion of under-5 children who have 3 or more children's books is 10 percent in urban areas, compared to 6 percent in rural areas. The presence of children's books is positively correlated with the child's age; in the homes of 9 percent of children age 24-59 months, there are 3 or more children's books, while the figure is only 2 percent for children age 0-23 months. There are also notable differences by mother's education and wealth quintile.

When children for whom there are 10 or more children's books or picture books are taken into account, a similar pattern of the background characteristics is observed as in the case of at least 3 children's books.

Table CD.3: Learning materials

Percentage of children under age 5 by numbers of children's books present in the household, and by playthings that child plays with, Gilgit-Baltistan, 2016-17

	Percentage of children living in households that have for the child:		Percentage of children who play with:				
	3 or more children's books[1]	10 or more children's books	Homemade toys	Toys from a shop/ manufact-ured toys	Household objects/ objects found outside	Two or more types of playthings[2]	Number of children under age 5
Total	6.3	0.8	39.2	65.0	72.4	63.8	6,637
Area of residence							
Urban	10.4	1.8	21.0	75.3	68.4	63.3	1,097
Rural	5.5	0.6	42.8	63.0	73.2	64.0	5,540
Sex							
Male	6.1	0.9	39.8	67.4	72.6	64.8	3,472
Female	6.6	0.8	38.7	62.4	72.1	62.8	3,165
Age							
0-23 months	2.2	0.7	24.7	47.1	54.2	44.8	2,613
24-59 months	9.0	0.9	48.7	76.7	84.2	76.2	4,024
Mother's education[a]							
None/pre-school	1.9	0.0	43.1	57.2	72.6	60.0	4,015
Primary	4.4	0.2	35.9	67.9	71.8	63.3	646
Middle	6.0	0.1	37.5	74.9	73.2	67.6	507
Secondary	12.6	0.9	34.1	78.9	67.7	70.8	702
Higher	26.0	6.0	27.6	84.3	75.2	75.8	764
Wealth index quintile							
Poorest	1.6	0.0	52.7	50.2	71.9	60.0	1,489
Second	2.3	0.0	46.7	59.1	72.4	61.9	1,419
Middle	5.1	0.3	41.5	69.3	72.7	65.7	1,363
Fourth	7.2	0.6	31.7	72.5	73.2	64.9	1,204
Richest	17.9	3.8	18.1	78.5	71.7	67.8	1,161
Usual language spoken in the household							
Sheena	5.0	0.5	30.4	59.4	73.5	59.6	3,490
Balti	4.0	0.1	61.1	73.2	72.2	73.7	1,988
Brushaski	20.0	5.2	31.7	74.6	71.3	64.1	546
Other languages	6.0	1.0	29.4	45.7	68.1	49.2	367
Division							
Gilgit	12.6	2.2	14.9	68.4	74.0	59.2	2,278
Baltistan	4.7	0.2	60.1	73.7	71.0	73.4	2,239
Diamer	1.4	0.0	43.4	52.3	72.0	58.7	2,120
District							
Astore	4.7	0.1	61.7	62.2	77.0	71.0	465
Diamer	0.4	0.0	38.2	49.5	70.6	55.2	1,655
Ghanche	4.9	0.0	72.9	73.7	66.4	75.3	605
Ghizer	10.9	0.8	14.0	76.2	62.2	55.2	634
Gilgit	11.2	2.2	3.7	62.3	79.4	56.6	1,184
Hunza	40.0	13.4	22.2	82.6	75.9	73.1	127
Kharmang	2.6	0.0	56.7	55.4	72.3	63.2	221
Nagar	10.3	0.5	53.9	70.1	76.7	71.0	334
Shigar	2.4	0.0	51.1	67.4	78.6	65.7	357
Skardu	5.8	0.4	56.5	79.6	70.8	77.1	1,055

[1] **MICS indicator 6.5 - Availability of children's books**

[2] **MICS indicator 6.6 - Availability of playthings**

[a] Total includes 2 unweighted cases of mother's education missing

Table CD.3 also shows that 64 percent of children age 0-59 months had 2 or more types of playthings to play with in their homes. The types of playthings included in the questionnaires were homemade toys (such as dolls and cars, or other toys made at home), toys that came from a store, and household objects (such as pots and bowls) or objects and materials found outside the home (such as sticks, rocks, animal shells, or leaves). A higher proportion of children (65%) play with toys that come from a store and 72 percent play with household objects or objects found outside the house; however, the percentage for homemade toys is 39 percent. By district, the proportion of children who have 2 or more types of playthings ranges from 55 percent in Ghizer and Diamer district to 77 percent in Skardu.

Leaving children alone or in the presence of other young children is known to increase the risk of injuries.[53] In the present survey, two questions were asked to find out whether children age 0-59 months were left alone during the week preceding the interview, and whether children were left in the care of other children under 10 years of age. This data is displayed in Table CD.4.

In Gilgit-Baltistan, the results revealed that 22 percent of children age 0-59 months were left in the care of other children under 10 years of age, while 14 percent were left alone during the week preceding the interview. Combining the two care indicators, it is calculated that a total of 27 percent of children were left with inadequate care during the past week, either by being left alone or in the care of another child under 10 years of age. No differences are observed by sex of the child. More children living in the poorest households were left with inadequate care (37%) than children living in the richest households (17%).

[53] Grossman, DC. 2000. *The History of Injury Control and the Epidemiology of Child and Adolescent Injuries.* The Future of Children, 10(1): 23-52.

Table CD.4: Inadequate care

Percentage of children under age 5 left alone or left in the care of another child younger than 10 years of age for more than one hour at least once during the past week, Gilgit-Baltistan, 2016-17

	Percentage of children under age 5:			
	Left alone in the past week	Left in the care of another child younger than 10 years of age in the past week	Left with inadequate care in the past week[1]	Number of children under age 5
Total	13.6	21.8	26.5	6,637
Area of residence				
Urban	8.1	17.5	19.4	1,097
Rural	14.7	22.7	28.0	5,540
Sex				
Male	13.7	22.1	27.0	3,472
Female	13.5	21.5	26.0	3,165
Age				
0-23 months	10.6	18.7	22.3	2,613
24-59 months	15.6	23.8	29.3	4,024
Mother's education[a]				
None/pre-school	17.6	26.3	31.9	4,015
Primary	10.7	17.2	23.3	646
Middle	8.7	15.2	18.8	507
Secondary	7.6	15.6	18.3	702
Higher	4.2	12.3	13.8	764
Wealth index quintile				
Poorest	21.5	29.8	36.9	1,489
Second	16.1	24.0	30.4	1,419
Middle	11.9	19.1	23.5	1,363
Fourth	10.1	18.6	21.8	1,204
Richest	6.2	15.5	17.0	1,161
Usual language spoken in the household				
Sheena	17.1	27.8	32.4	3,490
Balti	9.5	13.2	18.7	1,988
Brushaski	7.4	14.6	18.8	546
Other languages	17.3	25.7	30.4	367
Division				
Gilgit	8.2	20.9	23.3	2,278
Baltistan	8.6	12.4	17.5	2,239
Diamer	24.7	32.7	39.6	2,120
District				
Astore	15.0	17.0	23.7	465
Diamer	27.5	37.1	44.0	1,655
Ghanche	15.1	14.2	24.9	605
Ghizer	5.1	16.0	17.7	634
Gilgit	9.4	25.4	27.2	1,184
Hunza	7.7	9.6	14.4	127
Kharmang	3.3	8.7	11.2	221
Nagar	10.1	18.6	23.5	334
Shigar	16.2	21.2	27.5	357
Skardu	3.4	9.1	11.3	1,055

[1] **MICS indicator 6.7 - Inadequate care**

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 2 unweighted cases of mother's education missing

Developmental Status of Children

Early childhood development is defined as an orderly, predictable process along a continuous path, in which a child learns to handle more complicated levels of moving, thinking, speaking, feeling and relating to others. Physical growth, literacy and numeracy skills, socio-emotional development and readiness to learn are vital domains of a child's overall development, which is a basis for overall human development. [54]

A 10-item module was used to calculate the Early Child Development Index (ECDI). The primary purpose of the ECDI is to inform public policy regarding the developmental status of children in Gilgit-Baltistan. The index is based on selected milestones that children are expected to achieve by ages 3 and 4. The 10 items are used to determine if children are developmentally on track in four domains:

Literacy-numeracy: Children are identified as being developmentally on track based on whether they can identify/name at least ten letters of the alphabet, whether they can read at least four simple, popular words, and whether they know the name and recognize the symbols of all numbers from 1 to 10. If at least two of these are true, then the child is considered developmentally on track.
Physical: If the child can pick up a small object with two fingers, like a stick or a rock from the ground and/or the mother/caretaker does not indicate that the child is sometimes too sick to play, then the child is regarded as being developmentally on track in the physical domain.
Social-emotional: Children are considered to be developmentally on track if two of the following are true: If the child gets along well with other children, if the child does not kick, bite, or hit other children and if the child does not get distracted easily.
Learning: If the child follows simple directions on how to do something correctly and/or when given something to do, is able to do it independently, then the child is considered to be developmentally on track in this domain.

ECDI is then calculated as the percentage of children who are developmentally on track in at least three of these four domains.

The results are presented in Table CD.5. In Gilgit-Baltistan, 63 percent of children age 36-59 months are developmentally on track. The ECDI is almost equal among boys and girls (63 %). As expected, ECDI is higher in the older children compared to those that are younger since children mature more skills with increasing age; 65 percent among children age 48-59 months and 60 percent among those age 36-47 months. Similarly, higher ECDI is seen in children attending to an early childhood education programme at 83 percent compared to 59 percent of children who are not attending.

The analysis of four domains of child development shows that 98 percent of children are on track in physical domain and 91 percent in learning but much less on track in social-emotional (61%) and literacy-numeracy (20%). In each individual domain the higher score is associated with attending an early childhood education programme and older children age 48-59 months.

[54] Shonkoff, J and Phillips, D (eds). 2000. *From neurons to neighborhoods: the science of early childhood development*. Committee on Integrating the Science of Early Childhood Development, National Research Council, 2000.

Table CD.5: Early child development index

Percentage of children age 36-59 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains, and the early child development index score, Gilgit-Baltistan, 2016-17

	Percentage of children age 36-59 months who are developmentally on track for indicated domains				Early child development index score[1]	Percentage of children not on track in any of the four domains	Number of children age 36-59 months
	Literacy-numeracy	Physical	Social-Emotional	Learning			
Total	19.5	97.5	60.7	90.5	62.5	1.0	2,701
Area of residence							
Urban	26.1	97.3	58.4	92.8	64.0	1.5	449
Rural	18.2	97.6	61.1	90.0	62.2	0.9	2,252
Sex							
Male	20.0	97.3	60.7	88.5	62.5	1.1	1,429
Female	18.9	97.7	60.6	92.7	62.6	0.9	1,272
Age							
36-47 months	12.7	96.1	60.0	89.4	59.5	2.0	1,333
48-59 months	26.1	98.9	61.3	91.5	65.4	0.1	1,368
Attendance to early childhood education							
Attending	64.6	100.0	66.1	92.8	83.2	0.0	384
Not attending	12.0	97.1	59.8	90.1	59.1	1.2	2,317
Mother's education[a]							
None/pre-school	12.9	97.6	58.5	89.5	57.6	0.7	1,731
Primary	21.3	97.6	70.7	91.4	72.8	1.6	260
Middle	18.6	97.8	65.5	94.8	65.8	0.8	185
Secondary	31.3	98.1	66.8	90.0	70.4	0.6	255
Higher	49.1	96.1	55.9	94.0	74.8	3.3	269
Wealth index quintile							
Poorest	8.9	97.8	56.3	87.6	53.4	0.8	651
Second	14.5	97.3	63.8	89.9	62.5	0.5	579
Middle	19.3	97.2	63.6	90.9	64.8	0.8	526
Fourth	22.1	97.8	60.6	90.7	62.8	1.1	478
Richest	37.9	97.4	59.7	94.4	72.3	2.0	468
Usual language spoken in the household							
Sheena	17.4	97.1	57.2	89.0	58.8	1.2	1,387
Balti	14.8	97.9	64.8	93.4	64.9	0.8	842
Brushaski	47.6	98.1	66.6	91.9	77.0	1.3	220
Other languages	16.6	96.8	56.8	90.3	57.9	0.8	163
Division							
Gilgit	33.5	97.5	64.8	92.2	70.6	1.2	901
Baltistan	14.5	98.1	64.3	93.9	65.3	0.7	961
Diamer	10.2	96.8	52.1	84.7	50.6	1.2	840
District							
Astore	11.8	95.7	79.2	92.9	75.5	1.4	185
Diamer	9.7	97.1	44.5	82.4	43.6	1.1	655
Ghanche	11.7	98.2	72.8	88.2	69.8	0.9	257
Ghizer	30.7	96.0	72.1	84.8	72.2	1.7	262
Gilgit	29.4	97.5	60.8	94.9	68.3	1.4	439
Hunza	61.6	99.1	72.7	92.0	84.1	0.9	55
Kharmang	10.6	91.9	67.3	96.1	64.4	1.4	86
Nagar	40.5	99.7	60.5	97.6	69.5	0.0	144
Shigar	16.5	97.4	72.6	92.0	70.7	1.1	151
Skardu	16.1	99.4	56.5	97.2	61.3	0.3	467

[1] **MICS indicator 6.8 - Early child development index**

[a] Total includes 1 unweighted case of mother's education missing

X. LITERACY AND EDUCATION

School Readiness

Attendance to pre-school education is important for the readiness of children to school. Table ED.1 shows the proportion of children in the first grade of primary school (regardless of age) who attended pre-school the previous year[55].

In Gilgit-Baltistan, 88 percent of children who are currently attending the first grade of primary school were attending pre-school the previous year. Background characteristics show that generally most first graders in Gilgit-Baltistan have attended pre-school. In urban areas, 95 percent of children who are attending first grade attended pre-school the previous year as compared to 86 percent in rural areas. Socioeconomic status appears to have a positive correlation with school readiness – while the indicator is 75 percent among the poorest households, it increases to 94 percent among those children living in the richest households. Similarly, increase in mother's education is associated with readiness of children to school.

Table ED.1: School readiness

Percentage of children attending first grade of primary school who attended pre-school the previous year, Gilgit-Baltistan, 2016-17

	Percentage of children attending first grade who attended preschool in previous year[1]	Number of children attending first grade of primary school
Total	87.8	1,425
Area of residence		
Urban	95.2	229
Rural	86.4	1,196
Sex		
Male	86.6	781
Female	89.3	644
Mother's education		
None/pre-school	86.4	999
Primary	87.4	153
Middle	87.2	90
Secondary	98.5	97
Higher	95.7	82
Wealth index quintile		
Poorest	75.2	308
Second	86.3	295
Middle	91.9	311
Fourth	93.9	262
Richest	93.7	250
Usual language spoken in the household		
Sheena	85.2	729
Balti	90.8	458
Brushaski	90.9	135
Other languages	82.4	49
Division		
Gilgit	92.5	482
Baltistan	89.8	529
Diamer	79.8	413
District		
Astore	91.2	105
Diamer	75.9	308
Ghanche	84.7	168
Ghizer	90.5	129
Gilgit	92.4	251
Hunza	97.2	28
Kharmang	84.1	44
Nagar	94.3	74
Shigar	97.6	83
Skardu	91.8	234

[1] **MICS indicator 7.2 - School readiness**

Preschool Attendance

In Gilgit-Baltistan, 22 percent of children age 3–4 years are attending pre-school, with comparable attendance for boys (23%) and girls (22%) The table ED.2 further witnessed that; in urban areas, pre-school attendance is higher (32%) compared to 21 percent in the rural. A much higher percentage of children age 4 years, attend pre-school (32%) compared to

[55] The computation of the indicator does not exclude repeaters, and therefore is inclusive of both children who are attending primary school for the first time, as well as those who were in the first grade of primary school the previous school year and are repeating. Children repeating may have attended pre-school prior to the school year during which they attended the first grade of primary school for the first time; these children are not captured in the numerator of the indicator

those age 3 years (13%). Pre-school attendance increases markedly with education of the household head and household wealth. The variation is high among divisions and very high across districts. For example the proportion of children age 3-4 years attending pre-school is just 4 percent in Diamer district compared to 88 percent in Hunza district. It is observed that the percentage of 3 and 4 year olds attending pre-school is much lower than the percentage of children in grade 1 (of any age) who attended preschool the year before (as shown in ED.1). This is may be due to the fact that children start school usually later than the school entry of 5 (see table ED.3) therefore they may also participate in pre-school at an older age.

Table ED.2: Pre-school attendance

Percentage of children of aged 3-4 years attending pre-school, Gilgit-Baltistan, 2016-17

	Male		Female		Total	
	Pre-school attendance	Number of children age 3-4 years	Pre-school attendance	Number of children age 3-4 years	Pre-school attendance	Number of children age 3-4 years
Total	23.1	1,547	21.7	1,364	22.4	2,911
Area of residence						
Urban	28.9	265	36.3	205	32.1	470
Rural	21.9	1,282	19.1	1,159	20.6	2,441
Age						
3	12.2	744	13.1	656	12.6	1,400
4	33.1	803	29.7	708	31.5	1,511
Education of household head						
None/pre-school	16.0	731	16.2	674	16.1	1,405
Primary	27.6	244	24.9	222	26.3	467
Middle	25.0	190	21.4	125	23.6	315
Secondary	28.7	168	24.2	153	26.5	322
Higher	36.1	209	35.7	189	35.9	399
Wealth index quintile						
Poorest	11.0	360	4.8	337	8.0	697
Second	19.3	324	11.6	318	15.5	642
Middle	21.2	293	24.4	252	22.7	545
Fourth	32.2	266	35.1	260	33.6	526
Richest	35.3	304	45.7	197	39.4	502
Usual language spoken in the household						
Sheena	19.1	808	20.0	702	19.5	1,509
Balti	18.8	438	14.9	441	16.8	879
Brushaski	50.8	153	55.4	107	52.7	260
Other languages	15.7	84	13.9	73	14.9	157
Division						
Gilgit	39.1	543	46.3	449	42.4	992
Baltistan	20.6	500	14.3	507	17.4	1,007
Diamer	8.3	505	3.8	408	6.3	912
District						
Astore	15.8	109	9.4	106	12.6	214
Diamer	6.3	396	1.9	302	4.4	698
Ghanche	26.6	135	19.8	135	23.2	270
Ghizer	36.4	147	34.5	132	35.5	280
Gilgit	34.8	274	49.8	223	41.5	496
Hunza	94.8	34	80.4	28	88.3	62
Kharmang	14.4	45	13.7	52	14.0	97
Nagar	35.5	88	43.8	66	39.1	155
Shigar	17.1	88	9.3	80	13.4	168
Skardu	19.6	232	12.9	239	16.2	472

Primary and Secondary School Participation

Universal access to basic education and the completion of primary education by the world's children is one of the Millennium Development Goals. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

In Gilgit-Baltistan, children enter primary school at age 5, enter middle school at age 10, secondary school at age 13 and higher secondary school at the age of 15. There are 5 grades in primary school, three grade in middle school, two grades in secondary and 2 grades in higher secondary school. In primary school, grades are referred to as year 1 to year 5, in middle school as year 6 to 8, in secondary school, year 9 and 10 while higher secondary school is 11 and 12. The school year typically runs from April of one year to March of the following year.

The children; who are of primary school entry age (age 5) in Gilgit-Baltistan, 12 percent are attending the first grade of primary school (Table ED.3); Sex differentials exist significantly, The boys of age 5 are more likely to attend first grade of primary school (15%) than girls (9%). Children's participation to primary school is timelier in urban areas (14%) than in rural (12%). Huge variation is observed across districts; for example, the prevalence of attending first grade of primary school of children age 5 is lowest in Skardu district (4%) as against 38 percent in Hunza district. A positive correlation in school participation with mother's education and socioeconomic status is observed; for children age 5 whose mothers have higher education, 19 percent are attending the first grade compared to 10 percent of children whose mothers have no education or only pre-school. Of children living in the households in the second quintile, the proportion is 8 percent, while it is about 22 percent among children living in the richest households.

Table ED.4 also provides information for children entering class 1 at the age of 6 years. In Gilgit-Baltistan, 30 percent of children aged 6 years enter class 1 and this proportion is almost same in urban (31%) and rural areas (30%). However, positive correlation in school participation with mother's education and socio-economic status is observed.

Table ED.3: Primary school entry

Percentage of children of primary school entry age entering grade 1 (net intake rate) and percentage of children age 6 years entering grade 1, Gilgit-Baltistan, 2016-17

	Percentage of children of primary school entry age entering grade 1[1]	Number of children of primary school entry age (5 years old)	Percentage of children age 6 years entering grade 1	Number of children age 6 years
Total	12.0	1,467	30.1	1,545
Area of residence				
Urban	14.0	228	30.8	237
Rural	11.7	1,239	29.9	1,308
Sex				
Male	15.0	723	31.8	824
Female	9.2	744	28.0	721
Mother's education				
None/pre-school	9.9	1,027	26.0	1,096
Primary	17.4	154	37.3	137
Middle	15.0	90	38.4	96
Secondary	16.2	101	34.7	126
Higher	18.9	95	52.1	88
Wealth index quintile				
Poorest	10.1	360	20.5	389
Second	8.2	322	30.0	344
Middle	9.3	266	30.2	292
Fourth	13.6	300	34.0	254
Richest	22.0	220	40.2	266
Usual language spoken in the household				
Sheena	9.5	771	27.0	795
Balti	11.9	451	31.4	466
Brushaski	29.5	115	46.9	132
Other languages	6.2	75	19.0	93
Division				
Gilgit	18.5	453	37.5	540
Baltistan	10.5	516	29.6	550
Diamer	7.8	499	21.7	455
District				
Astore	12.0	106	33.2	106
Diamer	6.6	393	18.2	349
Ghanche	17.7	142	41.0	148
Ghizer	20.1	129	34.4	144
Gilgit	14.1	223	36.0	299
Hunza	38.2	36	78.4	25
Kharmang	17.2	51	31.7	58
Nagar	19.7	64	36.3	72
Shigar	13.5	79	38.6	84
Skardu	3.9	244	19.8	261

[1] **MICS indicator 7.3 - Net intake rate in primary education**

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

Percentage of children of primary school age attending primary or secondary school (adjusted net attendance ratio), percentage attending preschool, and percentage out of school, Gilgit-Baltistan, 2016-17

	Male					Female					Total				
		Percentage of children:					Percentage of children:					Percentage of children:			
	Net attendance ratio (adjusted)	Not attending school or preschool	Attending preschool	Out of school[a]	Number of children	Net attendance ratio (adjusted)	Not attending school or preschool	Attending preschool	Out of school[a]	Number of children	Net attendance ratio (adjusted)[1]	Not attending school or preschool	Attending preschool	Out of school[a]	Number of children
Total	53.1	19.1	27.6	46.6	3,618	45.6	28.7	25.6	54.3	3,521	49.4	23.8	26.6	50.4	7,139
Area of residence															
Urban	59.6	13.3	26.8	40.1	552	51.6	17.9	30.2	48.1	593	55.5	15.7	28.6	44.3	1,145
Rural	51.9	20.1	27.7	47.8	3,066	44.4	30.9	24.7	55.6	2,928	48.2	25.4	26.2	51.6	5,994
Age at beginning of school year															
5	15.6	39.3	44.9	84.2	723	10.3	48.6	40.8	89.5	744	12.9	44.0	42.8	86.9	1,467
6	33.0	24.1	42.5	66.6	824	29.0	28.2	42.7	70.9	721	31.1	26.0	42.6	68.6	1,545
7	60.9	10.8	28.1	38.9	716	53.0	23.9	23.1	47.0	708	57.0	17.3	25.6	42.9	1,425
8	76.9	10.0	12.8	22.8	673	65.7	20.2	14.2	34.3	697	71.2	15.2	13.5	28.7	1,371
9	85.6	9.0	5.3	14.4	681	74.9	20.8	4.4	25.1	650	80.4	14.8	4.9	19.6	1,332
Mother's education															
None/pre-school	50.3	24.1	25.4	49.4	2,567	40.8	36.8	22.3	59.1	2,565	45.6	30.4	23.8	54.3	5,133
Primary	55.2	11.8	32.4	44.2	357	59.7	11.8	28.5	40.3	299	57.2	11.8	30.6	42.5	656
Middle	60.3	6.3	33.4	39.7	207	56.9	5.2	37.9	43.1	200	58.6	5.8	35.6	41.4	407
Secondary	56.5	4.0	39.0	43.0	274	59.1	5.2	35.7	40.9	247	57.7	4.5	37.4	42.0	520
Higher	71.7	2.5	25.8	28.3	213	57.2	3.8	39.0	42.8	206	64.6	3.1	32.3	35.4	420
Wealth index quintile															
Poorest	42.3	35.2	22.3	57.5	872	26.8	56.2	17.0	73.2	809	34.8	45.3	19.8	65.1	1,681
Second	52.9	18.8	28.0	46.8	758	42.6	30.5	26.8	57.3	837	47.5	25.0	27.3	52.3	1,595
Middle	51.9	14.3	33.8	48.1	728	49.2	25.0	25.6	50.5	667	50.6	19.4	29.9	49.3	1,395
Fourth	57.9	13.2	28.6	41.8	670	56.3	14.2	29.5	43.7	619	57.1	13.7	29.0	42.7	1,289
Richest	65.4	8.0	26.0	34.0	591	60.3	7.8	31.9	39.7	589	62.9	7.9	28.9	36.8	1,179
Usual language spoken in the household															
Sheena	49.6	23.8	26.2	50.0	1,875	40.4	37.9	21.6	59.6	1,814	45.1	30.7	23.9	54.7	3,689
Balti	56.8	12.1	31.0	43.1	1,058	50.1	16.7	32.9	49.6	1,077	53.5	14.5	32.0	46.4	2,135
Brushaski	60.9	6.3	32.8	39.1	330	68.0	6.9	25.2	32.0	273	64.1	6.6	29.4	35.9	604
Other languages	42.2	40.3	17.0	57.2	209	24.3	54.9	20.7	75.7	195	33.6	47.3	18.8	66.1	405
Division															
Gilgit	59.9	9.3	30.5	39.7	1,270	60.7	9.5	29.8	39.3	1,176	60.3	9.4	30.2	39.6	2,447
Baltistan	55.2	13.2	31.6	44.8	1,252	49.0	17.4	33.4	50.8	1,236	52.1	15.3	32.5	47.8	2,488
Diamer	42.9	37.1	19.6	56.7	1,096	25.8	61.7	12.5	74.2	1,109	34.3	49.5	16.0	65.5	2,205

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

Percentage of children of primary school age attending primary or secondary school (adjusted net attendance ratio), percentage attending preschool, and percentage out of school, Gilgit-Baltistan, 2016-17

	Male					Female					Total				
		Percentage of children:					Percentage of children:					Percentage of children:			
	Net attendance ratio (adjusted)	Not attending school or preschool	Attending preschool	Out of school[a]	Number of children	Net attendance ratio (adjusted)	Not attending school or preschool	Attending preschool	Out of school[a]	Number of children	Net attendance ratio (adjusted)[1]	Not attending school or preschool	Attending preschool	Out of school[a]	Number of children
Total	53.1	19.1	27.6	46.6	3,618	45.6	28.7	25.6	54.3	3,521	49.4	23.8	26.6	50.4	7,139
District															
Astore	59.1	20.3	20.6	40.9	256	45.8	37.1	17.1	54.2	247	52.6	28.5	18.9	47.4	503
Diamer	37.9	42.2	19.3	61.5	840	20.1	68.8	11.1	79.9	861	28.9	55.7	15.2	70.8	1,701
Ghanche	62.6	8.9	28.5	37.4	358	62.3	11.5	26.0	37.5	339	62.4	10.1	27.3	37.4	697
Ghizer	58.6	8.7	32.7	41.4	365	58.5	13.4	28.1	41.5	330	58.6	10.9	30.5	41.4	695
Gilgit	59.0	10.8	29.6	40.5	641	59.5	8.0	32.5	40.5	604	59.2	9.5	31.0	40.5	1,245
Hunza	80.9	0.6	18.5	19.1	83	83.8	2.7	13.5	16.2	71	82.3	1.5	16.2	17.7	154
Kharmang	57.9	13.4	28.7	42.1	119	50.8	20.7	28.4	49.2	120	54.3	17.1	28.6	45.7	239
Nagar	56.4	9.0	34.4	43.4	182	59.3	10.1	30.6	40.7	171	57.8	9.5	32.6	42.1	352
Shigar	59.6	12.7	27.6	40.3	199	54.9	20.6	24.5	45.1	194	57.3	16.6	26.1	42.6	393
Skardu	48.4	16.0	35.6	51.6	575	38.9	19.0	41.8	60.8	583	43.6	17.5	38.7	56.2	1,158

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

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

Table ED.5 provides the percentage of children of primary school age 5 to 9 years who are attending primary or secondary school[56] and those who are out of school. Forty nine percent of children of primary school age are attending school, slightly higher for males (53%) compare to females (46%). More than 50 percent of the children are defined as out of school which comprise 24 percent not attending school and about 27 percent are attending pre-school. It may be noted that the children attending pre-school are appeared to be starting school late and are counted as out of school. In urban areas 56 percent of children attend school while in rural areas, attendance is at 48 percent. Similar relationship is observed with mother's education and household wealth. For mothers with only pre-school or no education, 46 percent of the children are attending school compared to 65 percent for mothers with higher education. Similarly, only one-third of children living in the poorest households (35%) are attending school and this increases to 63 percent in the children living in the richest households. At division level, net attendance ratio of primary level in the children ranges from 34 percent in Diamer division to 60 percent in Gilgit division.

Table ED.5 presents the Gross Attendance Rate (GAR) for primary school, which considers the number of children of all ages who are attending primary or secondary school as a percentage of the total number of children of primary school age (5–9 years).

[56] Ratios presented in this table are "adjusted" since they include not only primary school attendance, but also secondary school attendance in the numerator.

Table ED.5: Primary school gross attendance ratio (5-9) years

Percentage of children of all ages attending primary school or secondary school (adjusted gross attandance), Gilgit-Baltistan, 2016-17

	Male		Female		Total	
	Gross attendance ratio (adjusted)	Number of children	Gross attendance ratio (adjusted)	Number of children	Gross attendance ratio (adjusted)[1]	Number of children
Total	98.2	3,618	83.8	3,521	91.1	7,139
Area of residence						
Urban	104.4	552	89.5	593	96.7	1,145
Rural	97.1	3,066	82.6	2,928	90.0	5,994
Mother's education						
None/pre-school	100.8	2,567	82.4	2,565	91.6	5,133
Primary	94.5	357	98.5	299	96.3	656
Middle	89.2	207	82.7	200	86.0	407
Secondary	81.9	274	83.0	247	82.4	520
Higher	92.1	213	75.8	206	84.1	420
Wealth index quintile						
Poorest	84.6	872	56.2	809	71.0	1,681
Second	102.9	758	75.1	837	88.3	1,595
Middle	103.0	728	99.5	667	101.3	1,395
Fourth	96.3	670	100.1	619	98.2	1,289
Richest	108.5	591	99.1	589	103.8	1,179
Usual language spoken in the household						
Sheena	94.2	1,875	75.0	1,814	84.8	3,689
Balti	104.2	1,058	94.7	1,077	99.4	2,135
Brushaski	107.8	330	118.3	273	112.6	604
Other languages	80.8	209	41.9	195	62.0	405
Division						
Gilgit	102.4	1,270	101.3	1,176	101.8	2,447
Baltistan	104.5	1,252	97.5	1,236	101.0	2,488
Diamer	86.2	1,096	50.0	1,109	68.0	2,205
District						
Astore	101.4	256	85.5	247	93.6	503
Diamer	81.6	840	39.8	861	60.4	1,701
Ghanche	96.0	358	92.7	339	94.4	697
Ghizer	111.4	365	104.4	330	108.1	695
Gilgit	94.0	641	93.5	604	93.8	1,245
Hunza	100.6	83	108.0	71	104.0	154
Kharmang	104.2	119	100.7	120	102.4	239
Nagar	114.5	182	120.0	171	117.2	352
Shigar	111.1	199	104.9	194	108.0	393
Skardu	107.6	575	97.1	583	102.3	1,158

[1] **MICS indicator 7.S4 - Primary school gross attendance ratio (adjusted)**

The gross attendance ratio (GAR) at the primary level in the Gilgit-Baltistan is 91 percent. The rate varies by sex, area of residence, mother's education and household wealth. Boys have higher GAR (98%) than girls (84%) and the same is true for urban areas (97%) compared to rural (90%). Thus more boys than girls and more urban children than rural (of all ages) attend primary school. Gross primary attendance rate increases sharply with the wealth quintiles, from 71 percent in the poorest quintile to 104 percent in the richest quintile. The higher GAR (91%) than the NAR (49%) indicates that many children in primary school at the time of the survey were over the official primary school going age.

The secondary school net attendance ratio is presented in Table ED.6[57]. It is observed that only 35 percent of the children are attending secondary school. Of the remaining, most (46%) are still attending primary school, and the rest (19%) are out of school. Secondary school net attendance is higher in urban (44%) than rural areas (33%). It also has a positive relation with wealth status of the household and level of the mother's education. The results witnessed that variation exist among divisions and districts. By districts the secondary school net attendance ratio is highest in Hunza district (76%) and lowest in Diamer district (11%).

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

Table ED.6: Secondary school attendance and out of school children

Percentage of children of secondary school age (10-14 years) attending secondary school or higher (adjusted net attendance ratio), percentage attending primary school, and percentage out of school, Gilgit-Baltistan, 2016-17

	Male				Female				Total			
	Net attendance ratio (adjusted)	Percentage of children: Attending primary school	Out of school[a]	Number of children	Net attendance ratio (adjusted)	Percentage of children: Attending primary school	Out of school[a]	Number of children	Net attendance ratio (adjusted)[1]	Percentage of children: Attending primary school	Out of school[a]	Number of children
Total	39.2	51.8	8.8	3,020	30.6	41.1	28.1	3,139	34.8	46.4	18.7	6,159
Area of residence												
Urban	48.5	44.1	6.9	552	38.5	42.8	18.6	510	43.7	43.5	12.5	1,062
Rural	37.1	53.6	9.3	2,468	29.1	40.8	29.9	2,629	33.0	47.0	19.9	5,097
Age at beginning of school year												
10	12.3	79.4	8.3	646	9.3	67.4	23.3	628	10.9	73.5	15.7	1,274
11	25.0	69.4	5.6	657	20.1	55.0	24.6	668	22.5	62.2	15.2	1,324
12	41.1	51.0	7.9	596	30.8	42.2	26.9	692	35.6	46.3	18.1	1,288
13	56.5	34.4	8.6	587	45.6	22.2	31.9	570	51.1	28.4	20.0	1,157
14	68.1	17.0	14.8	535	50.8	14.1	35.0	582	59.1	15.5	25.4	1,116
Mother's education												
None/pre-school	35.0	54.1	10.8	2,289	25.5	40.9	33.4	2,498	30.0	47.2	22.6	4,786
Primary	42.1	55.7	2.2	258	43.3	52.9	3.8	225	42.7	54.4	2.9	483
Middle	52.6	42.3	3.8	137	43.5	47.7	8.7	109	48.6	44.7	6.0	246
Secondary	55.8	42.5	1.7	173	58.9	37.7	3.4	151	57.2	40.3	2.5	324
Higher	64.6	34.2	1.1	127	60.8	32.4	6.8	113	62.8	33.4	3.8	239
Cannot be determined[b]	(64.1)	(24.4)	(11.5)	36	(52.8)	(8.0)	(39.2)	42	58.1	15.6	26.3	78
Wealth index quintile												
Poorest	23.8	57.9	18.2	582	15.0	31.3	53.7	710	18.9	43.3	37.7	1,291
Second	36.0	54.8	9.2	647	26.2	40.3	33.5	646	31.1	47.6	21.4	1,293
Middle	37.2	57.7	5.1	639	28.4	51.8	19.4	611	32.9	54.8	12.1	1,250
Fourth	48.0	45.3	6.7	567	42.7	42.7	14.7	627	45.2	43.9	10.9	1,194
Richest	51.8	42.4	5.2	585	44.8	41.3	13.5	545	48.5	41.9	9.2	1,130
Usual language spoken in the household												
Sheena	36.3	52.6	11.0	1,517	22.9	37.1	39.8	1,621	29.4	44.6	25.9	3,138
Balti	38.5	56.0	5.3	852	35.6	49.5	14.8	916	37.0	52.6	10.2	1,768
Brushaski	48.6	46.5	4.3	326	52.1	43.5	4.4	321	50.4	45.0	4.3	647
Other languages	45.0	42.5	12.5	325	34.2	34.8	31.0	281	40.0	38.9	21.1	606
Division												
Gilgit	49.6	43.8	6.5	1,215	44.5	42.5	12.7	1,114	47.2	43.2	9.5	2,328
Baltistan	37.8	57.5	4.6	1,023	33.2	52.3	14.4	1,091	35.4	54.8	9.7	2,114
Diamer	25.0	57.0	18.0	782	11.0	26.5	62.3	935	17.3	40.4	42.1	1,717

Table ED.6: Secondary school attendance and out of school children

Percentage of children of secondary school age (10-14 years) attending secondary school or higher (adjusted net attendance ratio), percentage attending primary school, and percentage out of school, Gilgit-Baltistan, 2016-17

	Male				Female				Total			
	Net attendance ratio (adjusted)	Percentage of children: Attending primary school	Out of school[a]	Number of children	Net attendance ratio (adjusted)	Percentage of children: Attending primary school	Out of school[a]	Number of children	Net attendance ratio (adjusted)[1]	Percentage of children: Attending primary school	Out of school[a]	Number of children
Total	39.2	51.8	8.8	3,020	30.6	41.1	28.1	3,139	34.8	46.4	18.7	6,159
District												
Astore	43.4	50.3	6.3	209	26.1	38.7	35.2	239	34.1	44.1	21.8	448
Diamer	18.3	59.4	22.3	573	5.8	22.3	71.6	696	11.4	39.1	49.3	1,269
Ghanche	49.6	44.4	6.0	266	46.3	39.5	14.2	244	48.0	42.1	9.9	510
Ghizer	47.1	49.9	3.1	393	43.9	45.1	11.0	317	45.6	47.8	6.6	710
Gilgit	52.1	38.2	9.3	569	38.8	41.9	18.8	500	45.9	40.0	13.7	1,069
Hunza	71.6	22.5	5.9	81	79.2	19.5	1.2	87	75.6	21.0	3.5	168
Kharmang	42.5	54.3	3.1	96	29.6	53.7	16.4	106	35.7	54.0	10.1	202
Nagar	36.6	58.1	5.3	172	44.7	49.6	5.8	210	41.0	53.4	5.5	382
Shigar	27.3	67.0	5.7	137	24.5	52.3	23.0	174	25.7	58.8	15.4	311
Skardu	33.7	62.1	3.9	524	31.0	57.5	11.5	566	32.3	59.7	7.8	1,090

[1] MICS indicator 7.5 - Secondary school net attendance ratio (adjusted)

[a] The percentage of children of secondary school age out of school are those who are not attending primary, secondary, or higher education

[b] Children age 15 or higher at the time of the interview whose mothers were not living in the household

( ) Figures that are based on 25-49 unweighted cases

Table ED.7: Children reaching last grade of primary school

Percentage of children entering first grade of primary school who eventually reach the last grade of primary school (Survival rate to last grade of primary school), Gilgit-Baltistan, 2016-17

	Percent attending grade 1 last school year who are in grade 2 this school year	Percent attending grade 2 last school year who are attending grade 3 this school year	Percent attending grade 3 last school year who are attending grade 4 this school year	Percent attending grade 4 last school year who are attending grade 5 this school year	Percent who reach grade 5 of those who enter grade 1[1]
Total	99.1	98.6	98.2	97.4	93.4
Area of residence					
Urban	99.2	98.9	96.5	98.7	93.6
Rural	99.1	98.6	98.5	97.1	93.4
Sex					
Male	98.9	99.2	98.3	97.4	94.0
Female	99.3	98.0	98.0	97.3	92.8
Mother's education					
None/pre-school	98.7	98.2	98.0	97.4	92.5
Primary	100.0	100.0	100.0	97.1	97.1
Middle	100.0	100.0	98.3	100.0	98.3
Secondary	100.0	100.0	100.0	100.0	100.0
Higher	100.0	99.4	99.2	100.0	98.6
Cannot be determined	0.0	100.0	100.0	95.8	0.0
Wealth index quintile					
Poorest	96.7	96.1	96.6	98.0	88.1
Second	99.8	99.5	98.2	97.1	94.7
Middle	98.9	99.0	98.8	98.7	95.6
Fourth	99.7	98.6	97.1	96.6	92.2
Richest	100.0	99.5	99.6	96.3	95.4
Usual language spoken in the household					
Sheena	99.0	98.8	97.7	95.5	91.3
Balti	99.2	98.3	99.3	99.4	96.3
Brushaski	98.8	100.0	99.7	97.3	95.9
Other languages	98.8	94.5	92.1	100.0	86.1
Division					
Gilgit	99.1	99.2	97.9	96.4	92.9
Baltistan	99.2	98.6	99.2	99.2	96.3
Diamer	98.9	97.9	96.5	95.9	89.6
District					
Astore	99.2	98.4	96.7	96.7	91.2
Diamer	98.8	97.6	96.5	95.4	88.7
Ghanche	100.0	99.2	100.0	100.0	99.2
Ghizer	99.0	100.0	98.7	100.0	97.7
Gilgit	98.8	98.5	97.0	93.2	87.9
Hunza	100.0	98.6	96.9	99.1	94.7
Kharmang	100.0	98.3	100.0	99.1	97.4
Nagar	100.0	100.0	100.0	95.1	95.1
Shigar	98.7	98.9	98.7	99.5	95.9
Skardu	98.8	98.2	98.8	98.8	94.7

[1] MICS indicator 7.6; MDG indicator 2.2 - Children reaching last grade of primary

The percentage of children entering first grade who eventually reach the last grade of primary school is presented in Table ED.7. In Gilgit-Baltistan, of all children starting grade one, the majority (93%) eventually reach the last grade of primary school. The MICS included only questions on school attendance in the current and previous year. Thus, the indicator was calculated synthetically by computing the cumulative probability of survival from the first to the last grade of primary school, as opposed to calculating the indicator for a real cohort which would need to be followed from the time a cohort of children entered primary school, up to the time they reached the last grade of primary school. Repeaters are excluded from the calculation of the indicator, because it is not known whether

they will eventually graduate. As an example, the probability that a child will move from the first grade to the second grade is computed by dividing the number of children who moved from the first grade to the second grade (during the two consecutive school years covered by the survey) by the number of children who have moved from the first to the second grade plus the number of children who were in the first grade the previous school year, but dropped out. Both the numerator and denominator excludes children who repeated during the two school years under consideration.

The primary school completion rate and transition rate to secondary education are presented in Table ED.8. The primary completion rate is the ratio of the total number of students, regardless of age, entering the last grade of primary school for the first time, to the number of children of the primary graduation age at the beginning of the current (or most recent) school year.

Table ED.8 shows that the primary school completion rate is 89 percent. About 88 percent of the children who were attending the last grade of primary school in the previous school year were found to be attending the first grade of secondary school in the school year of the survey. The table also provides “effective” transition rate which takes account of the presence of repeaters in the final grade of primary school. This indicator better reflects situations in which pupils repeat the last grade of primary education but eventually make the transition to the secondary level. The simple transition rate tends to underestimate pupils’ progression to secondary school as it assumes that the repeaters never reach secondary school. The table shows that in total 96 percent of the children in the last grade of primary school are expected to move on to secondary school.

Table ED.8: Primary school completion and transition to secondary school

Primary school completion rates and transition and effective transition rates to secondary school, Gilgit-Baltistan, 2016-17

	Primary school completion rate[1]	Number of children of primary school completion age	Transition rate to secondary school[2]	Number of children who were in the last grade of primary school the previous year	Effective transition rate to secondary school	Number of children who were in the last grade of primary school the previous year and are not repeating that grade in the current school year
Total	89.3	1,332	87.8	879	95.9	805
Area of residence						
Urban	96.4	203	89.5	176	96.9	163
Rural	88.0	1,129	87.4	703	95.7	642
Sex						
Male	93.6	681	88.9	514	96.5	474
Female	84.9	650	86.2	365	95.1	331
Mother's education						
None/pre-school	87.8	997	85.4	634	94.9	571
Primary	104.6	109	94.5	83	100.0	79
Middle	71.0	67	(92.6)	30	(97.0)	28
Secondary	78.9	88	95.8	61	98.3	59
Higher	88.9	71	(100.0)	42	(100.0)	42
Wealth index quintile						
Poorest	69.2	305	76.0	128	91.2	106
Second	85.9	290	88.1	164	95.6	151
Middle	99.8	270	84.2	205	96.6	179
Fourth	105.7	236	92.8	191	95.7	186
Richest	91.3	230	94.2	191	98.7	182
Usual language spoken in the household						
Sheena	81.7	670	90.9	377	95.7	358
Balti	93.1	409	81.3	301	96.2	255
Brushaski	119.8	116	89.2	122	93.6	116
Other languages	64.7	78	85.8	27	100.0	23
Division						
Gilgit	104.7	474	92.1	414	96.3	396
Baltistan	96.2	476	82.6	350	96.2	301
Diamer	61.5	381	88.0	115	94.2	108
District						
Astore	110.0	88	87.5	64	93.5	60
Diamer	46.9	293	(88.7)	51	(95.2)	47
Ghanche	73.6	133	86.3	84	95.1	77
Ghizer	145.2	132	94.5	94	98.1	90
Gilgit	76.6	245	92.7	212	96.8	203
Hunza	141.6	25	97.0	32	100.0	31
Kharmang	105.8	42	74.0	44	98.9	33
Nagar	113.2	72	85.3	77	90.8	72
Shigar	110.1	69	82.3	46	95.2	40
Skardu	103.3	232	83.2	176	96.4	152

[1] **MICS indicator 7.7 - Primary completion rate**
[2] **MICS indicator 7.8 - Transition rate to secondary school**
( ) Figures that are based on 25-49 unweighted cases

The ratio of girls to boys attending primary and secondary education is provided in Table ED.9. These ratios are better known as the Gender Parity Index (GPI). Notice that the ratios included here are obtained from net attendance rather than gross attendance ratios. The latter provide an erroneous description of the GPI mainly because, in most cases, the majority of over-age children attending primary education tend to be boys.

The table shows that gender parity for primary and secondary school is 0.86 and 0.78 respectively which indicates that the attendance of girls is lower than boys in primary schools and even lower in secondary schools. The difference in gender parity also exits based on wealth of the households. Of

the children living in poorest households, the gender parity for primary schools and secondary schools is 0.6. In contrast, the gender parity for primary schools is 0.92 and 0.86 for secondary schools for children living in richest households. There is considerable variations among divisions and districts with regard to gender parity in primary as well as in secondary schools. Among divisions, the GPI for primary schools and secondary schools ranges from 0.60 and 0.44 in Diamer division to 1.01 and 0.90 in Gilgit division respectively. The similar trend with higher magnitude of difference exist in districts. The Diamer district has lowest GPI ratio both for primary and secondary schools (0.53 and 0.32 respectively) as compared to highest in Nagar district (1.05 and 1.22 respectively).

Table ED.9: Education gender parity index (GPI)

Ratio of adjusted net attendance ratios of girls to boys, in primary and secondary school, Gilgit-Baltistan, 2016-17

	Primary school			Secondary school		
	Primary school adjusted net attendance ratio (NAR), girls	Primary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school adjusted NAR[1]	Secondary school adjusted net attendance ratio (NAR), girls	Secondary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school adjusted NAR[2]
Total	45.6	53.1	0.86	30.6	39.2	0.78
Area of residence						
Urban	51.6	59.6	0.87	38.5	48.5	0.79
Rural	44.4	51.9	0.85	29.1	37.1	0.78
Mother's education						
None/pre-school	40.8	50.3	0.81	25.5	35.0	0.73
Primary	59.7	55.2	1.08	43.3	42.1	1.03
Middle	56.9	60.3	0.94	43.5	52.6	0.83
Secondary	59.1	56.5	1.05	58.9	55.8	1.06
Higher	57.2	71.7	0.80	60.8	64.6	0.94
Cannot be determined[a]	na	na	na	52.8	64.1	0.82
Wealth index quintile						
Poorest	26.8	42.3	0.63	15.0	23.8	0.63
Second	42.6	52.9	0.80	26.2	36.0	0.73
Middle	49.2	51.9	0.95	28.4	37.2	0.77
Fourth	56.3	57.9	0.97	42.7	48.0	0.89
Richest	60.3	65.4	0.92	44.8	51.8	0.86
Usual language spoken in the household						
Sheena	40.4	49.6	0.81	22.9	36.3	0.63
Balti	50.1	56.8	0.88	35.6	38.5	0.92
Brushaski	68.0	60.9	1.12	52.1	48.6	1.07
Other languages	41.0	53.1	0.77	34.2	45.0	0.76
Division						
Gilgit	60.7	59.9	1.01	44.5	49.6	0.90
Baltistan	49.0	55.2	0.89	33.2	37.8	0.88
Diamer	25.8	42.9	0.60	11.0	25.0	0.44
District						
Astore	45.8	59.1	0.77	26.1	43.4	0.60
Diamer	20.1	37.9	0.53	5.8	18.3	0.32
Ghanche	62.3	62.6	0.99	46.3	49.6	0.93
Ghizer	58.5	58.6	1.00	43.9	47.1	0.93
Gilgit	59.5	59.0	1.01	38.8	52.1	0.75
Hunza	83.8	80.9	1.04	79.2	71.6	1.11
Kharmang	50.8	57.9	0.88	29.6	42.5	0.70
Nagar	59.3	56.4	1.05	44.7	36.6	1.22
Shigar	54.9	59.6	0.92	24.5	27.3	0.90
Skardu	38.9	48.4	0.80	31.0	33.7	0.92

[1] MICS indicator 7.9; MDG indicator 3.1 - Gender parity index (primary school)

[2] MICS indicator 7.10; MDG indicator 3.1 - Gender parity index (secondary school)

[a] Children age 15 or higher at the time of the interview whose mothers were not living in the household

na: not applicable

Table ED.10: Out of school gender parity

Percentage of girls in the total out of school population, in primary and secondary school, Gilgit-Baltistan, 2016-17

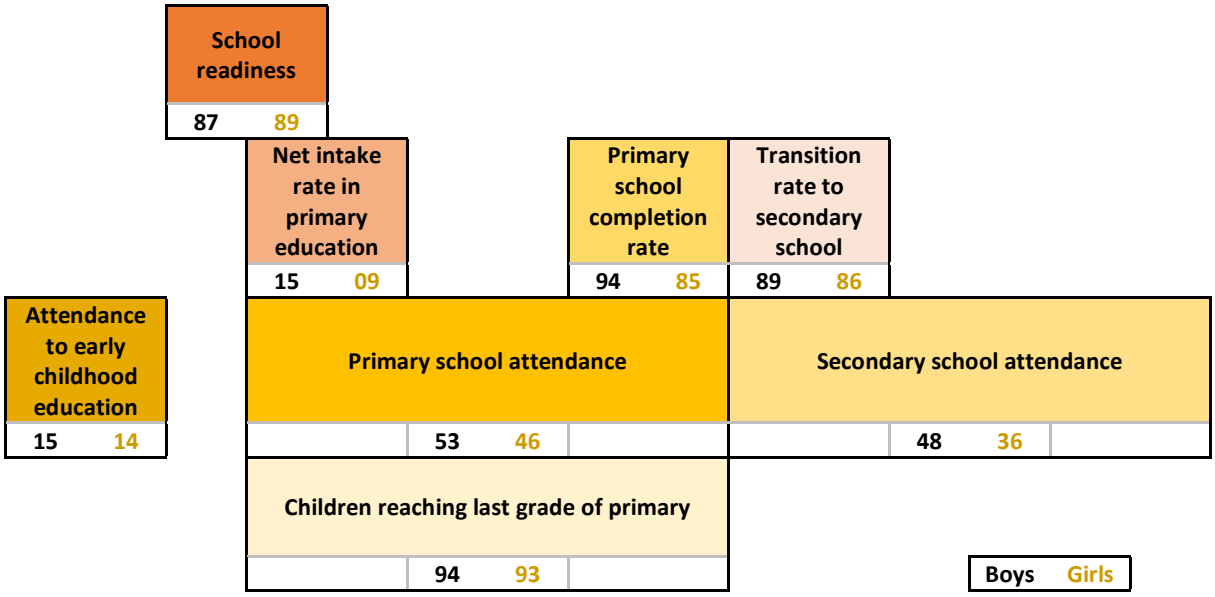
	Primary school				Secondary school			
	Percent-age of out of school children	Number of children of primary school age	Percentage of girls in the total out of school population of primary school age	Number of children of primary school age out of school	Percent-age of out of school children	Number of children of secondary school age	Percentage of girls in the total out of school population of secondary school age	Number of children of secondary school age out of school
Total	50.4	7,139	53.1	3,601	18.7	6,159	76.7	1,149
Area of residence								
Urban	44.3	1,145	56.3	507	12.5	1,062	71.5	133
Rural	51.6	5,994	52.6	3,094	19.9	5,097	77.4	1,016
Mother's education								
None/pre-school	54.3	5,133	54.4	2,787	22.6	4,786	77.1	1,082
Primary	42.5	656	43.2	279	2.9	483	(*)	14
Middle	41.4	407	51.2	168	6.0	246	(*)	15
Secondary	42.0	520	46.2	218	2.5	324	(*)	8
Higher	35.4	420	59.5	149	3.8	239	(*)	9
Cannot be determined[a]	na	na	na	na	26.3	78	(*)	21
Wealth index quintile								
Poorest	65.1	1,681	54.1	1,094	37.7	1,291	78.2	487
Second	52.3	1,595	57.5	834	21.4	1,293	78.4	276
Middle	49.3	1,395	49.1	688	12.1	1,250	78.4	151
Fourth	42.7	1,289	49.1	551	10.9	1,194	70.7	130
Richest	36.8	1,179	53.7	434	9.2	1,130	70.8	104
Usual language spoken in the household								
Sheena	54.7	3,689	53.6	2,017	25.9	3,138	79.4	812
Balti	46.4	2,135	53.9	991	10.2	1,768	75.0	181
Brushaski	35.9	604	40.4	217	4.3	647	(50.1)	28
Other languages	66.1	405	55.2	268	39.0	290	69.9	113
Division								
Gilgit	39.6	2,447	47.8	968	9.5	2,328	64.3	221
Baltistan	47.8	2,488	52.8	1,189	9.7	2,114	76.9	205
Diamer	65.5	2,205	56.9	1,444	42.1	1,717	80.5	723
District								
Astore	47.4	503	56.2	239	21.8	448	86.5	97
Diamer	70.8	1,701	57.1	1,205	49.3	1,269	79.6	626
Ghanche	37.4	697	48.7	261	9.9	510	68.4	51
Ghizer	41.4	695	47.6	288	6.6	710	(74.3)	47
Gilgit	40.5	1,245	48.5	504	13.7	1,069	63.9	147
Hunza	17.7	154	42.2	27	3.5	168	(*)	6
Kharmang	45.7	239	54.2	109	10.1	202	85.4	20
Nagar	42.1	352	46.9	148	5.5	382	(57.1)	21
Shigar	42.6	393	52.1	168	15.4	311	83.6	48
Skardu	56.2	1,158	54.4	651	7.8	1,090	76.1	86

[a] Children age 15 or higher at the time of the interview whose mothers were not living in the household
na: not applicable
( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

The percentage of girls in the total out of school population, in both primary and secondary schools, is provided in Table ED.10. The table shows that at the primary level girls account for more than half (53%) of the out-of-school population. However, at the secondary level, girls' share increases to 77 percent. In rural areas, and among the poorest households girls compose the majority of the out-of-school population at both primary and secondary levels. In rural areas, girls constitute a larger proportion of the out-of-school population at both primary and secondary school levels i.e. girls in rural areas account for 52 percent of out of school population of primary school age compared to 44 percent in urban areas. Similarly, for secondary school level, 77 percent of girls in rural areas to 72 percent in urban areas.

Figure ED.1 brings together all of the attendance and progression related education indicators covered in this chapter, by sex. Information on attendance to early childhood education is also included, which was covered in Chapter IX, Table CD.1.

Figure ED.1: Education indicators by sex, Gilgit-Baltistan MICS, 2016-17



Note: All indicator values are in percent

Public and private primary school attendance rate

Table ED.11 provides the percentage of children (5-9 years) attending primary schools by type of school. In Gilgit-Baltistan, 56 percent of the children are attending government/public school and 44 percent are attending a private school. Children in rural areas and those living in the poorest households are more likely to attend the government schools. The attendance in government schools declines from 80 percent for children living in the poorest households to 30 percent of children living in the richest households. About 60 percent of children in rural areas attend government schools while 39 percent attend pr[58]ivate schools, almost reverse is true for urban areas where 35 percent of children attend government schools while 65 percent attend private schools. By district, 90 percent of children in Diamer district attend government schools against only 37 percent in Ghizer district.

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Table ED.11: Public and private primary school attendance rate

Percentage of children (5-9 years) attending primary schools by type of school, Gilgit-Baltistan, 2016-17

	Attending primary school					
	Attending Government / Public primary school[1]	Attending Private primary school	Attending Others	Attending primary school but DK / Missing type of school	Total	Number of children 5-9 years old
Total	55.8	43.5	0.5	0.2	100.0	3,531
Area of residence						
Urban	35.2	64.4	0.4	0.0	100.0	635
Rural	60.4	38.9	0.5	0.3	100.0	2,896
Education of household head						
None/pre-school	64.9	34.2	0.6	0.3	100.0	1,468
Primary	62.5	37.1	0.3	0.2	100.0	597
Middle	48.9	50.7	0.4	0.0	100.0	405
Secondary	52.5	46.7	0.8	0.0	100.0	462
Higher	34.0	65.6	0.1	0.4	100.0	593
Missing/ DK	(*)	(*)	(*)	(*)	100.0	6
Age at beginning of school year						
5	60.7	39.3	0.0	0.0	100.0	189
6	54.2	45.4	0.0	0.4	100.0	483
7	54.9	44.2	0.5	0.4	100.0	812
8	55.4	44.0	0.5	0.1	100.0	977
9	56.8	42.3	0.7	0.1	100.0	1,070
Wealth index quintile						
Poorest	80.2	19.3	0.2	0.3	100.0	586
Second	65.7	32.8	1.0	0.5	100.0	760
Middle	60.2	38.9	0.7	0.2	100.0	705
Fourth	48.3	51.6	0.1	0.0	100.0	737
Richest	29.9	69.8	0.3	0.0	100.0	744
Usual language spoken in the household						
Sheena	62.6	37.0	0.3	0.1	100.0	1,668
Balti	55.8	42.8	1.0	0.5	100.0	1,142
Brushaski	38.0	62.0	0.0	0.0	100.0	387
Other languages	54.4	45.6	0.0	0.0	100.0	136
Division						
Gilgit	40.7	59.2	0.0	0.1	100.0	1,477
Baltistan	57.9	40.7	1.0	0.4	100.0	1,296
Diamer	81.8	17.6	0.6	0.0	100.0	758
District						
Astore	65.8	33.4	0.8	0.0	100.0	265
Diamer	90.4	9.1	0.5	0.0	100.0	494
Ghanche	55.3	43.9	0.0	0.8	100.0	435
Ghizer	37.4	62.6	0.0	0.0	100.0	407
Gilgit	37.9	61.8	0.0	0.3	100.0	740
Hunza	42.2	57.8	0.0	0.0	100.0	126
Kharmang	80.9	19.1	0.0	0.0	100.0	130
Nagar	56.4	43.6	0.0	0.0	100.0	203
Shigar	64.7	35.2	0.0	0.1	100.0	226
Skardu	51.2	46.1	2.4	0.3	100.0	505

[1] **MICS indicator 7.S5 - Government school attendance rate (Primary)**

(*) Figures that are based on fewer than 25 unweighted cases

Literacy Rate

Literacy is an important indicator for monitoring progress towards universal education. It was assessed in Gilgit-Baltistan, MICS 2016-17 by asking the respondent of the household questionnaire whether each household member had the ability to read and write with understanding in any language from a list of languages (Urdu, English, Sheena, Balti, Brushaski and others), but excluding Quranic reading if this was the only response. Literacy rate for population age 10 years or older, 15 years or older and 15-24 years are derived from the survey through specific questions that are not the part of MICS5 standard questionnaires and this method is different from the method used to measure female literacy as discussed at the start of this chapter.

Literacy Rate (10+ years)

Literacy rate amongst household members age 10 years or older is presented in Table ED.12. In Gilgit-Baltistan more than half (53%) of the population age 10 or older is literate. There is marked variation between males (66%) and females (42%). Across divisions, literacy rate is highest in Gilgit divison where two-third of population is literate (66%) and lowest in Diamer division (35%). Literacy among rural population is lower (50%) compared to urban population (67%). Gender disparities also exist by area of residence. In rural areas 79 percent males are literate compared to only 63 percent of females.

Literacy rate (10+ years) decreases with the increasing age. While only 11 percent of population age 75 years or older is literate, the corresponding figure is 78 percent among population age 15-19. However, a positive association between literacy rate (10+ years) and the education of household head and household wealth is observed. Literacy rate increases sharply from 28 percent of population living in the poorest households to 73 percent of population living in the richest households. Similarly, literacy rate markedly increases with education level of the head of the household from 39 percent for population whose household head has no education or only pre-school to 77 percent of population whose household head has higher education. The same trends are observed across the other background characteristics for literacy rate among population age 15 or above.

Table ED.12: Literacy rate among population age 10 years or above

Percentage of household members aged 10 years or above who are literate, Gilgit-Baltistan, 2016-17

	Male		Female		Total	
	Literacy rate	Number of household members age 10 years or above	Literacy rate	Number of household members age 10 years or above	Literacy rate[1]	Number of household members age 10 years or above
Total	66.4	15,545	41.5	17,808	53.1	33,353
Area of residence						
Urban	78.8	3,104	55.2	3,141	66.9	6,245
Rural	63.4	12,442	38.5	14,666	49.9	27,108
Education of household head						
None/pre-school	49.2	7,365	31.1	8,762	39.4	16,128
Primary	69.1	2,726	44.4	3,023	56.1	5,748
Middle	83.6	1,544	47.1	1,744	64.3	3,288
Secondary	88.3	1,563	51.5	1,762	68.8	3,325
Higher	91.9	2,321	63.3	2,489	77.1	4,810
Missing/ DK	(*)	27	(*)	28	(48.5)	54
Age groups (yrs)						
10 - 14	70.9	3,097	59.0	3,194	64.8	6,291
15 - 19	87.9	2,431	69.1	2,964	77.6	5,395
20 - 24	81.3	1,538	60.2	2,205	68.9	3,742
25 - 29	76.1	1,426	47.8	1,962	59.7	3,387
30 - 34	71.7	1,181	37.1	1,467	52.5	2,648
35 - 39	67.6	1,031	26.1	1,199	45.3	2,230
40 - 44	65.3	858	16.7	1,017	38.9	1,875
45 - 49	58.2	793	11.7	872	33.9	1,665
50 - 54	47.8	718	3.9	691	26.3	1,409
55 - 59	41.9	592	2.4	701	20.5	1,293
60 - 64	34.3	631	2.3	565	19.2	1,196
65 - 69	27.8	469	1.2	350	16.4	819
70 - 74	22.1	317	0.0	264	12.1	581
75 +	18.8	464	0.1	358	10.6	822
Wealth index quintile						
Poorest	41.4	2,860	16.2	3,395	27.7	6,255
Second	57.7	2,942	31.8	3,476	43.6	6,419
Middle	68.5	3,050	42.6	3,630	54.4	6,680
Fourth	75.4	3,239	51.7	3,683	62.8	6,922
Richest	84.4	3,454	62.9	3,623	73.4	7,077
Usual language spoken in the household						
Sheena	66.1	7,488	38.2	8,492	51.3	15,980
Balti	62.7	4,580	38.0	5,337	49.4	9,917
Brushaski	77.4	1,816	59.6	2,226	67.6	4,042
Other languages	48.1	729	30.0	744	39.0	1,473
Division						
Gilgit	77.1	6,561	56.8	7,290	66.4	13,851
Baltistan	63.1	5,292	37.9	6,173	49.6	11,466
Diamer	52.2	3,692	20.7	4,344	35.2	8,036
District						
Astore	68.8	958	44.1	1,190	55.1	2,148
Diamer	46.4	2,734	11.9	3,154	27.9	5,888
Ghanche	56.4	1,353	33.5	1,716	43.6	3,069
Ghizer	75.1	2,025	54.2	2,297	64.0	4,323
Gilgit	77.6	3,069	57.0	3,176	67.1	6,246
Hunza	80.3	542	64.7	644	71.8	1,185
Kharmang	66.9	483	37.0	638	49.9	1,122
Nagar	78.1	925	57.1	1,173	66.4	2,098
Shigar	58.3	736	36.0	849	46.4	1,585
Skardu	67.1	2,720	41.2	2,970	53.6	5,690

[1] **MICS indicator 7.S1 - Literacy rate 10+ (Reported)**

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Literacy Rate (15+ years)

Table ED.13 shows the literacy rate (15+ years). In Gilgit-Baltistan, 50 percent of the population age 15 years and above is literate with the disparity between males (65%) and females (38%).

Patterns in literacy (15+ years) are similar to those in literacy (10+ years), however the rates are lower especially in rural areas (47%) and particularly for females (34%). The variation by district is slightly higher that ranges from 29 percent in Diamer district to highest 68 percent in Hunza district.

Table ED.13: Literacy rate among population age 15 years or above

Percentage of household members age 15 years or above who are literate, Gilgit-Baltistan, 2016-17

	Male		Female		Total	
	Literacy rate	Number of household members age 15 years or above	Literacy rate	Number of household members age 15 years or above	Literacy rate[1]	Number of household members age 15 years or above
Total	65.3	12,448	37.6	14,614	50.4	27,062
Area of residence						
Urban	79.1	2,535	52.7	2,609	65.8	5,144
Rural	61.8	9,913	34.4	12,005	46.8	21,918
Education of household head						
None/pre-school	45.6	5,920	27.9	7,197	35.9	13,118
Primary	69.0	2,191	39.8	2,508	53.4	4,699
Middle	85.8	1,220	42.8	1,406	62.8	2,627
Secondary	91.0	1,246	46.8	1,432	67.3	2,677
Higher	93.5	1,848	59.5	2,048	75.6	3,896
Missing/ DK	(*)	24	(*)	22	(46.2)	45
Age groups (yrs)						
15 – 19	87.9	2,431	69.1	2,964	77.6	5,395
20 – 24	81.3	1,538	60.2	2,205	68.9	3,742
25 – 29	76.1	1,426	47.8	1,962	59.7	3,387
30 – 34	71.7	1,181	37.1	1,467	52.5	2,648
35 – 39	67.6	1,031	26.1	1,199	45.3	2,230
40 – 44	65.3	858	16.7	1,017	38.9	1,875
45 – 49	58.2	793	11.7	872	33.9	1,665
50 – 54	47.8	718	3.9	691	26.3	1,409
55 – 59	41.9	592	2.4	701	20.5	1,293
60 – 64	34.3	631	2.3	565	19.2	1,196
65 – 69	27.8	469	1.2	350	16.4	819
70 – 74	22.1	317	0.0	264	12.1	581
75 +	18.8	464	0.1	358	10.6	822
Wealth index quintile						
Poorest	38.6	2,244	11.7	2,677	23.9	4,921
Second	56.5	2,297	27.3	2,805	40.4	5,102
Middle	66.9	2,391	38.2	2,990	50.9	5,381
Fourth	74.1	2,652	47.2	3,085	59.6	5,737
Richest	83.9	2,865	59.7	3,057	71.4	5,922
Usual language spoken in the household						
Sheena	64.9	5,957	35.2	6,844	49.0	12,801
Balti	63.1	3,681	33.5	4,403	47.0	8,084
Brushaski	73.9	1,490	53.8	1,906	62.6	3,395
Other languages	46.4	568	27.6	584	36.9	1,153
Division						
Gilgit	73.8	5,337	51.5	6,167	61.8	11,504
Baltistan	63.2	4,224	33.5	5,060	47.0	9,283
Diamer	52.8	2,888	18.6	3,387	34.4	6,275
District						
Astore	63.2	744	37.7	956	48.9	1,700
Diamer	49.2	2,144	11.1	2,431	29.0	4,575
Ghanche	58.2	1,079	30.8	1,459	42.5	2,538
Ghizer	70.0	1,625	48.8	1,996	58.3	3,621
Gilgit	75.3	2,503	52.6	2,649	63.7	5,152

Table ED.13: Literacy rate among population age 15 years or above

Percentage of household members age 15 years or above who are literate, Gilgit-Baltistan, 2016-17

	Male		Female		Total	
	Literacy rate	Number of household members age 15 years or above	Literacy rate	Number of household members age 15 years or above	Literacy rate[1]	Number of household members age 15 years or above
Total	65.3	12,448	37.6	14,614	50.4	27,062
Hunza	77.6	461	59.7	561	67.8	1,022
Kharmang	60.2	383	28.6	529	41.9	912
Nagar	74.3	748	49.1	962	60.1	1,710
Shigar	51.3	591	25.9	674	37.8	1,265
Skardu	69.5	2,171	38.3	2,397	53.1	4,568

[1] **MICS indicator 7.S2 - Literacy rate 15+ (Reported)**
( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Literacy Rate (15-24 years)

The self-reported adult literacy rate of 15–24 years also termed as youth literacy rate is presented in Table ED.14. This literacy rate is self-reported and therefore not comparable with the female literacy rate provided in table ED.15 whereby respondents were asked to read simple sentences. Overall youth literacy rate is 74 percent; 85 percent for males and 65 percent for female. Youth literacy rate for urban is higher (85%) compared to rural areas (71%). The adult literacy rate has a positive association with wealth. Literacy rate among males living in the richest households is 94 percent compared to 66 percent in the lowest quintile. Similarly, literacy rate for females living in the richest households is 85 percent compared to 26 percent of females living in the poorest households. The results also show that population age 15–19 is slightly more literate (78%) than population age 20–24 (69%). The results also witnessed significant variation across districts ranges from lowest in Diamer district (40%) as compared to highest in Hunza district (98%).

Table ED.14: Literacy rate among population age 15-24 years

Percentage of household members age 15-24 years who are literate, Gilgit-Baltistan, 2016-17

	Male		Female		Total	
	Literacy rate	Number of household members age 15-24 years	Literacy rate	Number of household members age 15-24 years	Literacy rate[1]	Number of household members age 15-24 years
Total	85.3	3,969	65.3	5,168	74.0	9,137
Area of residence						
Urban	91.6	865	79.4	953	85.2	1,819
Rural	83.6	3,103	62.1	4,215	71.2	7,318
Education of household head						
None/pre-school	78.9	1,987	53.7	2,561	64.7	4,548
Primary	87.3	727	72.6	956	79.0	1,683
Middle	91.5	399	74.0	481	81.9	880
Secondary	96.6	340	73.2	495	82.7	834
Higher	95.5	510	87.4	667	90.9	1,177
Missing/ DK	(*)	7	(*)	8	(*)	15
Age groups (yrs)						
15 – 19	87.9	2,431	69.1	2,964	77.6	5,395
20 – 24	81.3	1,538	60.2	2,205	68.9	3,742
Wealth index quintile						
Poorest	66.1	717	25.9	962	43.1	1,679
Second	82.3	816	59.1	1,015	69.4	1,830
Middle	89.2	735	71.2	1,117	78.4	1,852
Fourth	92.3	853	82.2	1,076	86.7	1,929
Richest	94.2	848	84.6	998	89.0	1,846
Usual language spoken in the household						
Sheena	82.3	1,888	58.1	2,425	68.7	4,313
Balti	89.2	1,191	66.7	1,584	76.3	2,775
Brushaski	94.4	451	88.1	665	90.6	1,116
Other languages	57.8	190	35.0	212	45.8	402
Division						
Gilgit	89.8	1,688	84.0	2,045	86.6	3,734
Baltistan	90.5	1,365	65.9	1,836	76.4	3,201
Diamer	69.4	916	34.6	1,287	49.1	2,203
District						
Astore	87.9	219	67.8	352	75.5	571
Diamer	63.6	696	22.2	936	39.9	1,632
Ghanche	89.6	310	68.8	478	77.0	788
Ghizer	91.7	509	82.3	643	86.4	1,151
Gilgit	86.8	822	81.3	900	83.9	1,723
Hunza	97.7	108	98.6	145	98.2	253
Kharmang	93.4	97	60.1	172	72.1	270
Nagar	92.6	249	87.8	357	89.8	606
Shigar	80.9	183	53.2	238	65.3	421
Skardu	92.7	775	68.7	948	79.5	1,722

[1] **MICS indicator 7.S3 - Literacy rate 15-24 years (Reported)**

(*) Figures that are based on fewer than 25 unweighted cases

Literacy among Young Women

The Youth Literacy Rate reflects the outcomes of primary education over the previous 10 years or so. As a measure of the effectiveness of the primary education system, it is often seen as a proxy measure of social progress and economic achievement. In GB-MICS, 2016-17 since only a women's questionnaire was administered, the results are based on females age 15-24. Literacy is assessed on the ability of the respondent to read a short simple statement or based on school attendance.

The proportion of literates are presented in Table ED.1. The data in the table indicate that 67 percent of young women in Gilgit-Baltistan are literate. Literacy status varies by area of residence, 81 percent in urban compared to 64 percent in rural. Of women who stated that primary school was their highest level of education, 46 percent are actually able to read the statement shown to them. Among divisions, the proportion of literate women is highest in Gilgit division (85%) and lowest in Diamer division (36%). The results varies significantly in districts. The proportion of literates ranges from 25 percent in Diamer district to 98 percent in Hunza district. There is a strong association between household wealth and literacy. Women living in the richest households are almost four times more likely to be literate than the women living in the poorest households.

Table ED.15: Literacy (young women)

Percentage of women age 15-24 years who are literate, Gilgit-Baltistan, 2016-17

	Percentage literate[1]	Percentage not known	Number of women age 15-24 years
Total	66.9	0.1	4,730
Area of residence			
Urban	81.3	0.1	869
Rural	63.6	0.1	3,861
Education			
None/pre-school	4.1	0.1	1,313
Primary	45.7	0.0	564
Middle	100.0	0.0	772
Secondary	100.0	0.0	1,109
Higher	100.0	0.0	969
Missing/DK	(*)	(*)	3
Age			
15-19	69.3	0.1	2,765
20-24	63.4	0.1	1,964
Wealth index quintile			
Poorest	27.9	0.0	885
Second	59.1	0.2	898
Middle	74.7	0.2	1,040
Fourth	83.2	0.0	992
Richest	85.6	0.1	915
Usual language spoken in the household			
Sheena	58.9	0.1	2,240
Balti	69.9	0.0	1,439
Brushaski	90.0	0.3	608
Other languages	65.2	0.0	443
Division			
Gilgit	84.5	0.2	1,876
Baltistan	69.1	0.0	1,671
Diamer	35.7	0.1	1,182
District			
Astore	65.3	0.0	319
Diamer	24.7	0.1	863
Ghanche	70.9	0.0	442
Ghizer	82.2	0.6	586
Gilgit	81.8	0.0	829
Hunza	97.9	0.0	137
Kharmang	61.5	0.0	159
Nagar	90.1	0.0	323
Shigar	55.4	0.0	220
Skardu	73.1	0.0	850

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

(*) Figures that are based on fewer than 25 unweighted cases

XI. CHILD PROTECTION

Birth Registration

A name and nationality is every child's right, enshrined in the Convention on the Rights of the Child (CRC) and other international treaties. Yet the births of around one in four children under the age of five years worldwide have never been recorded.[59] This lack of formal recognition by the State usually means that a child is unable to obtain a birth certificate. As a result, he or she may be denied health care or education. Later in life, the lack of official identification documents can mean that a child may enter into marriage or the labour market, or be conscripted into the armed forces, before the legal age. In adulthood, birth certificates may be required to obtain social assistance or a job in the formal sector, to buy or prove the right to inherit property, to vote and to obtain a passport. Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed.[60]

Table CP.1: Birth registration

Percentage of children under age 5 by whether birth is registered and percentage of children not registered whose mothers/ caretakers know how to register birth, Gilgit-Baltistan, 2016-17

	Children under age 5 whose birth is registered with civil authorities					Children under age 5 whose birth is not registered	
	Has birth certificate						
	Seen	Not seen	No birth certificate	Total registered[1]	Number of children under age 5	Percent of children whose mother/caretaker knows how to register birth	Number of children under age 5 without birth registration
Total	9.4	5.7	3.6	18.6	6,637	6.4	5,400
Area of residence							
Urban	7.1	7.6	3.1	17.8	1,097	11.9	902
Rural	9.8	5.3	3.7	18.8	5,540	5.3	4,499
Sex							
Male	9.9	5.7	3.6	19.2	3,472	5.4	2,804
Female	8.8	5.7	3.6	18.0	3,165	7.5	2,596
Age							
0-11 months	9.6	4.0	1.2	14.8	1,314	6.9	1,120
12-23 months	8.6	5.4	2.2	16.2	1,299	7.6	1,089
24-35 months	8.0	5.3	3.5	16.8	1,322	6.8	1,101
36-47 months	11.0	6.6	5.0	22.6	1,333	5.5	1,032
48-59 months	9.5	7.2	5.8	22.5	1,368	5.2	1,059
Mother's education[a]							
None/pre-school	4.2	3.7	3.3	11.3	4,015	1.5	3,563
Primary	10.2	6.2	6.0	22.5	646	7.7	501
Middle	15.9	4.3	3.6	23.8	507	15.1	386
Secondary	14.7	10.7	2.5	27.9	702	16.7	506
Higher	26.4	12.1	3.7	42.1	764	25.0	443
Wealth index quintile							
Poorest	1.0	2.3	2.9	6.2	1,489	2.4	1,396
Second	6.6	4.6	4.0	15.3	1,419	3.4	1,202
Middle	11.2	5.7	3.3	20.2	1,363	9.2	1,088
Fourth	16.3	6.6	4.4	27.3	1,204	8.3	875
Richest	14.0	10.6	3.2	27.8	1,161	12.0	839
Usual language spoken in the household							
Sheena	7.2	5.0	2.8	15.1	3,490	4.4	2,964
Balti	2.8	3.3	5.4	11.5	1,988	8.5	1,760
Brushaski	32.0	15.5	2.9	50.3	546	15.1	271
Other languages	4.3	4.5	1.4	10.2	367	6.2	329
Division							
Gilgit	22.9	10.9	2.8	36.6	2,278	10.6	1,444

[59] UNICEF. 2014. *The State of the World's Children 2015*. UNICEF.

[60] UNICEF. 2013. *Every Child's Birth Right: Inequities and trends in birth registration*. UNICEF.

Table CP.1: Birth registration

Percentage of children under age 5 by whether birth is registered and percentage of children not registered whose mothers/ caretakers know how to register birth, Gilgit-Baltistan, 2016-17

	Children under age 5 whose birth is registered with civil authorities					Children under age 5 whose birth is not registered	
	Has birth certificate				Number of children under age 5	Percent of children whose mother/caretaker knows how to register birth	Number of children under age 5 without birth registration
	Seen	Not seen	No birth certificate	Total registered[1]			
Total	9.4	5.7	3.6	18.6	6,637	6.4	5,400
Baltistan	2.6	3.7	6.7	13.0	2,239	8.4	1,947
Diamer	1.8	2.3	1.1	5.2	2,120	1.5	2,009
District							
Astore	6.8	5.4	5.1	17.3	465	5.4	385
Diamer	0.5	1.4	0.0	1.8	1,655	0.5	1,625
Ghanche	1.2	1.4	0.4	3.0	605	2.5	587
Ghizer	49.8	9.8	2.5	62.2	634	9.4	240
Gilgit	5.8	10.7	2.9	19.4	1,184	9.7	954
Hunza	60.7	20.2	2.6	83.5	127	(60.3)	21
Kharmang	3.8	1.6	8.0	13.4	221	6.0	192
Nagar	18.5	10.0	2.8	31.3	334	11.2	229
Shigar	1.9	0.9	4.2	7.1	357	12.9	332
Skardu	3.5	6.4	10.8	20.7	1,055	11.4	836

[1] **MICS indicator 8.1 - Birth registration**

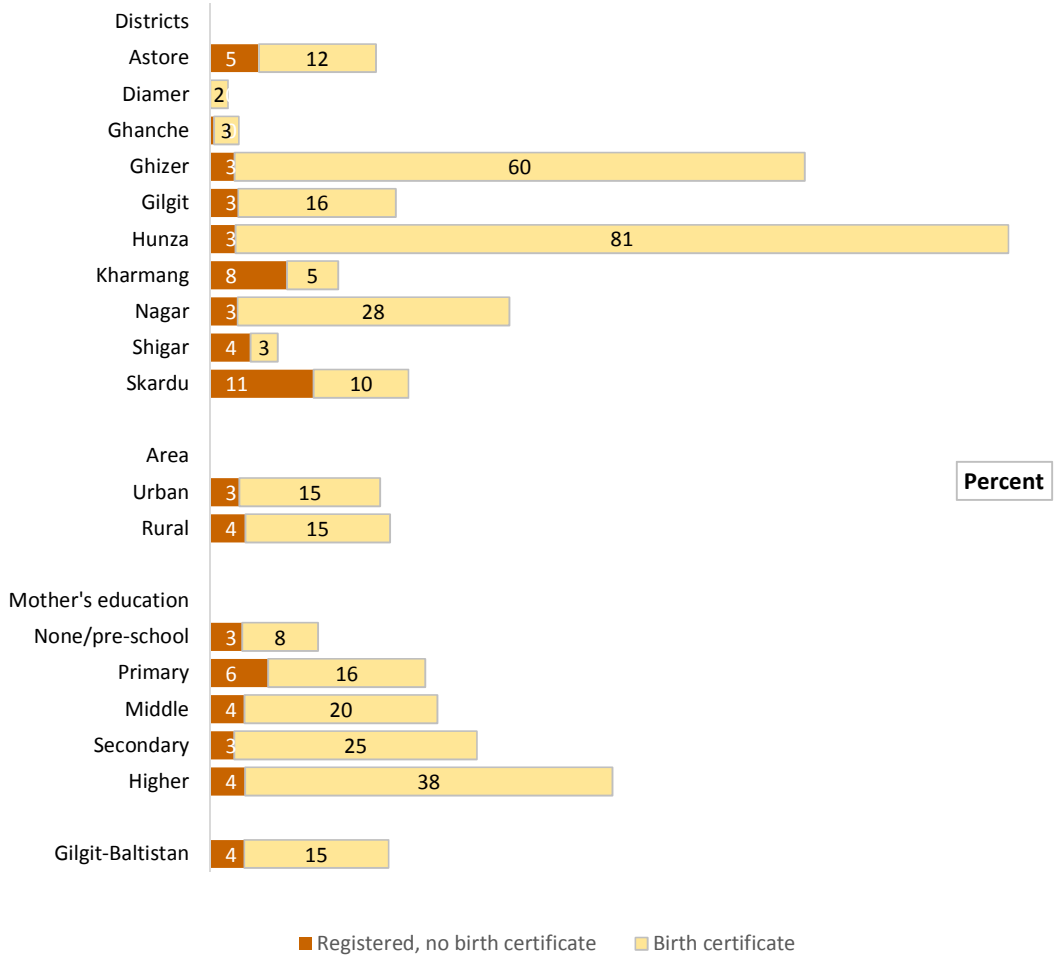
( ) Figures that are based on 25-49 unweighted cases

[a] Total includes 2 unweighted cases of mother's education missing

The births of 19 percent of children under five years in Gilgit-Baltistan have been registered (Table CP.1). Registration of birth becomes more likely as a child grows older. There are no significant variations in birth registration depending on the sex of the child and area of residence. Birth registration varies significantly across divisions and districts. Birth registration ranges from 5 percent in Diamer division to 37 percent in Gilgit division. Birth registration is very uncommon in Diamer district that is only 2 percent compared to 84 percent in Hunza district.

In addition, child registration is highly associated with household wealth and mother's education. The results revealed that; 28 percent of children living in the richest households are registered compared to 6 percent of children living in the poorest households. There are significant differences between the proportion of children whose births are reported as registered and those who actually have a birth certificate. Overall, only 15 percent of children possess a birth certificate. These findings are also presented in Figure CP.1.

Figure CP.1: Children under-5 whose births are registered, Gilgit-Baltistan MICS, 2016-17



The lack of adequate knowledge of how to register a child can present major obstacle to the fulfilment of a child's right to identity. Data show that 94 percent of mothers of unregistered children report not knowing how to register a child's birth, which points to presence of major barriers to birth registration. This proportion rises to almost 100 percent in Diamer district.

Child Labour

Children around the world are routinely engaged in paid and unpaid forms of work that are not harmful to them. However, they are classified as child labourers when they are either too young to work or are involved in hazardous activities that may compromise their physical, mental, social or educational development. Article 32 (1) of the Convention on the Rights of the Child states: *"States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development"*.

The child labour module was administered for children age 5-17 years and includes questions on the type of work a child does and the number of hours he or she is engaged in it. Data are collected on both economic activities – paid or unpaid work for someone who is not a member of the household,

work for a family farm or business and domestic work (household chores such as cooking, cleaning or caring for children, as well as collecting firewood or fetching water). The module also collects information on hazardous working conditions.[61, 62]

Table CP.2 describes children's involvement in economic activities. The methodology of the MICS Indicator on Child Labour uses three age-specific thresholds for the number of hours a child can perform economic activity without it being classified as in child labour. A child that performed economic activities during the last week for more than the age-specific number of hours (see below) is classified as in child labour:

- age 5-11: 1 hour or more
- age 12-14: 14 hours or more
- age 15-17: 43 hours or more

Results show that 31 percent of children age 5-11 years are working for at least one hour, 12 percent of children age 12-14 years are engaged in economic activities for at least 14 hours while 2 percent of children age 15-17 worked for 43 hours or more. Slight variation is also observed among divisions and across districts.

[61] UNICEF. 2012. *How Sensitive Are Estimates of Child Labour to Definitions?* MICS Methodological Paper No. 1. UNICEF.

[62] The Child Labour module and the Child Discipline module were administered using random selection of a single child in all households with one or more children age 1-17 (See Appendix G: Questionnaires). The Child Labour module was administered if the selected child was age 5-17 and the Child Discipline module if the child was age 1-14 years old. To account for the random selection, the household sample weight is multiplied by the total number of children age 1-17 in each household.

Table CP.2: Children's involvement in economic activities

Percentage of children by involvement in economic activities during the last week, according to age groups, Gilgit-Baltistan, 2016-17

	Percentage of children age 5-11 years involved in economic activity for at least one hour	Number of children age 5-11 years	Percentage of children age 12-14 years involved in:		Number of children age 12-14 years	Percentage of children age 15-17 years involved in:		Number of children age 15-17 years
			Economic activity less than 14 hours	Economic activity for 14 hours or more		Economic activity less than 43 hours	Economic activity for 43 hours or more	
Total	30.5	9,208	48.1	11.6	3,658	59.6	1.7	3,072
Area of residence								
Urban	13.6	1,403	31.3	5.7	631	35.4	0.6	636
Rural	33.5	7,804	51.6	12.9	3,027	66.0	2.0	2,436
Sex								
Male	32.0	4,770	48.2	11.4	1,834	59.1	3.4	1,377
Female	28.8	4,438	48.0	11.8	1,824	60.1	0.4	1,694
School attendance								
Yes	32.5	7,035	47.7	9.5	2,978	54.3	0.4	2,133
No	23.8	2,173	50.1	20.9	680	71.9	4.8	939
Mother's education								
None/pre-school	32.1	6,677	49.8	12.9	2,840	62.1	0.9	2,318
Primary	34.1	793	41.9	8.2	276	44.6	8.2	183
Middle	28.7	553	46.4	12.4	130	46.6	3.3	73
Secondary	24.5	618	47.6	3.3	279	57.6	2.2	75
Higher	14.1	555	27.4	9.1	133	33.9	0.0	78
Cannot be determined[a]	na	na	na	na	na	60.3	3.8	346
Wealth index quintile								
Poorest	38.6	2,216	56.9	17.8	766	83.1	0.9	571
Second	31.0	2,041	53.5	14.2	748	72.7	1.4	636
Middle	30.0	1,739	47.6	8.5	722	55.8	3.1	591
Fourth	31.5	1,742	50.4	8.9	750	54.4	2.7	620
Richest	16.7	1,470	30.1	8.2	672	35.1	0.6	654
Usual language spoken in the household								
Sheena	27.8	4,804	45.7	11.8	1,906	54.8	2.2	1,439
Balti	30.3	2,705	47.2	9.4	1,017	58.9	0.4	902
Brushaski	42.9	838	52.7	22.0	391	67.4	4.8	376
Other languages	33.9	861	59.1	5.7	343	73.2	0.0	354
Division								
Gilgit	28.5	3,255	44.8	10.8	1,411	54.9	3.8	1,228
Baltistan	31.7	3,171	50.1	8.9	1,262	60.3	0.3	1,019
Diamer	31.4	2,781	50.4	16.4	984	65.9	0.4	826
District								
Astore	42.6	717	42.7	16.1	224	60.6	1.6	212
Diamer	27.5	2,064	52.6	16.5	760	67.7	0.0	613
Ghanche	20.3	861	51.4	7.5	298	76.4	0.0	243
Ghizer	40.4	883	67.4	2.9	455	78.2	0.0	447
Gilgit	15.6	1,693	23.8	9.8	648	23.1	6.1	480
Hunza	42.8	218	53.9	16.6	78	66.2	4.7	104
Kharmang	22.8	298	58.9	6.2	102	77.5	0.0	105
Nagar	46.0	461	56.5	26.9	230	73.2	6.3	197
Shigar	34.3	513	54.3	12.7	182	59.2	1.3	136
Skardu	39.0	1,499	47.0	8.9	680	50.0	0.3	535

[a] Children age 15 or higher at the time of the interview whose mothers were not living in the household
na: not applicable

Table CP.3 provides data on children's involvement in household chores. As for economic activity above, the methodology also uses age-specific thresholds for the number of hours a child can perform household chores without it being classified as child labour. A child that performed household chores during the last week for more than the age-specific number of hours is classified as in child labour:

- age 5-11 and age 12-14: 28 hours or more per week
- age 15-17: 43 hours or more per week

Among children in the 5-11 year age group, 2.4 percent of the children are involved in household chores for 28 hours or more. Approximately 6 percent of children age 12-14 are involved in household chores for the same number of hours. Of children age 15-17 involved in household chores, 92 percent work on household chores for less than 43 hours per week. Girls are more likely to perform household chores than boys across all three age groups. The percentage of children involved in household chores seems consistently higher in rural areas than in urban areas as well as inversely correlated to mother's education and household wealth. For example children working on household chores for hours beyond the age specific number of hours are more likely to be from households in the lower wealth quintiles and those whose mothers have low education. The results further show that more children in Baltistan division are involved in household chores than children in the other division. For example among children age 15-17 working at least 43 hours, 5 percent of children in Baltistan division perform household chores compared with 2 percent or less in each of the other divisions.

Table CP.3: Children's involvement in household chores

Percentage of children by involvement in household chores during the last week, according to age groups, Gilgit-Baltistan, 2016-17

	Percentage of children age 5-11 years involved in:			Percentage of children age 12-14 years involved in:			Percentage of children age 15-17 years involved in:		
	Household chores less than 28 hours	Household chores for 28 hours or more	Number of children age 5-11 years	Household chores less than 28 hours	Household chores for 28 hours or more	Number of children age 12-14 years	Household chores less than 43 hours	Household chores for 43 hours or more	Number of children age 15-17 years
Total	80.9	2.4	9,208	87.0	6.3	3,658	92.1	2.5	3,072
Area of residence									
Urban	81.4	0.5	1,403	87.5	0.9	631	95.4	1.3	636
Rural	80.9	2.7	7,804	86.9	7.5	3,027	91.3	2.8	2,436
Sex									
Male	79.0	1.0	4,770	88.6	2.0	1,834	89.2	0.1	1,377
Female	83.0	3.9	4,438	85.3	10.7	1,824	94.5	4.4	1,694
School attendance									
Yes	82.9	2.2	7,035	88.2	5.2	2,978	93.1	1.8	2,133
No	74.7	3.2	2,173	81.4	11.5	680	89.9	3.9	939
Mother's education									
None/pre-school	79.9	3.1	6,677	86.7	7.1	2,840	92.2	2.8	2,318
Primary	81.2	1.7	793	87.5	8.5	276	87.2	2.3	183
Middle	83.4	0.6	553	80.4	4.6	130	98.0	0.0	73
Secondary	91.6	0.0	618	90.9	0.6	279	100.0	0.0	75
Higher	78.9	0.0	555	90.4	0.0	133	89.2	0.0	78
Cannot be determined[a]	na	na	na	na	na	na	92.1	1.6	346
Wealth index quintile									
Poorest	75.9	5.8	2,216	77.9	12.9	766	89.3	5.1	571
Second	79.0	3.0	2,041	83.6	10.4	748	87.9	2.7	636
Middle	81.5	1.6	1,739	88.7	3.6	722	93.1	2.9	591
Fourth	90.2	0.2	1,742	91.9	4.0	750	92.5	1.3	620
Richest	79.5	0.0	1,470	93.7	0.0	672	97.5	0.7	654
Usual language spoken in the household									
Sheena	85.0	1.5	4,804	88.1	6.0	1,906	94.1	2.5	1,439
Balti	68.2	4.7	2,705	81.4	7.4	1,017	85.8	3.4	902
Brushaski	92.3	0.7	838	93.6	3.9	391	97.1	0.9	376
Other languages	87.3	1.9	861	89.6	8.0	343	94.9	1.5	354
Division									
Gilgit	89.6	0.3	3,255	91.8	3.2	1,411	95.3	1.2	1,228
Baltistan	68.7	5.2	3,171	82.3	8.2	1,262	85.6	4.7	1,019
Diamer	84.7	1.7	2,781	86.1	8.5	984	95.4	1.6	826

Table CP.3: Children's involvement in household chores

Percentage of children by involvement in household chores during the last week, according to age groups, Gilgit-Baltistan, 2016-17

	Percentage of children age 5-11 years involved in:		Number of children age 5-11 years	Percentage of children age 12-14 years involved in:		Number of children age 12-14 years	Percentage of children age 15-17 years involved in:		Number of children age 15-17 years
	Household chores less than 28 hours	Household chores for 28 hours or more		Household chores less than 28 hours	Household chores for 28 hours or more		Household chores less than 43 hours	Household chores for 43 hours or more	
Total	80.9	2.4	9,208	87.0	6.3	3,658	92.1	2.5	3,072
District									
Astore	76.3	4.6	717	69.0	25.9	224	87.9	3.2	212
Diamer	87.7	0.7	2,064	91.1	3.3	760	98.0	1.1	613
Ghanche	72.3	2.6	861	86.2	4.4	298	89.9	3.3	243
Ghizer	93.8	0.0	883	96.9	1.1	455	99.5	0.0	447
Gilgit	86.8	0.3	1,693	88.2	3.0	648	91.5	2.3	480
Hunza	86.1	0.0	218	96.0	4.0	78	93.1	1.9	104
Kharmang	69.5	2.3	298	78.2	6.2	102	86.8	1.7	105
Nagar	93.9	1.4	461	90.5	7.7	230	96.5	0.7	197
Shigar	63.0	8.1	513	70.8	13.2	182	84.7	3.0	136
Skardu	68.4	6.2	1,499	84.2	8.8	680	83.7	6.3	535

[a] Children age 15 or higher at the time of the interview whose mothers were not living in the household
na: not applicable

Table CP.4: Child labour

Percentage of children age 5-17 years by involvement in economic activities or household chores during the last week, percentage working under hazardous conditions during the last week, and percentage engaged in child labour during the last week, Gilgit-Baltistan, 2016-17

	Children involved in economic activities for a total number of hours during last week:		Children involved in household chores for a total number of hours during last week:		Children working under hazardous conditions	Total child labour[1]	Number of children age 5-17 years
	Below the age specific threshold	At or above the age specific threshold	Below the age specific threshold	At or above the age specific threshold			
Total	25.9	20.6	84.5	3.3	42.3	44.9	15,938
Area of residence							
Urban	19.5	8.6	86.2	0.8	24.6	25.8	2,670
Rural	27.2	23.0	84.1	3.8	45.8	48.8	13,267
Sex							
Male	25.5	22.4	83.0	1.1	43.3	45.6	7,982
Female	26.3	18.8	86.0	5.6	41.3	44.3	7,956
Age							
5-11	5.8	30.5	80.9	2.4	32.1	35.6	9,208
12-14	48.1	11.6	87.0	6.3	55.0	57.3	3,658
15-17	59.6	1.7	92.1	2.5	57.4	58.0	3,072
School attendance							
Yes	24.7	21.2	86.0	2.8	42.2	44.9	12,146
No	29.5	18.6	79.7	4.9	42.5	45.0	3,791
Mother's education							
None/pre-school	26.7	21.4	83.9	4.0	43.2	46.3	11,835
Primary	21.4	24.6	83.5	3.3	42.7	45.3	1,252
Middle	18.6	23.4	84.3	1.2	40.6	41.9	756
Secondary	24.0	16.7	92.1	0.2	40.0	40.1	971
Higher	14.3	11.8	81.9	0.0	23.5	24.4	766
Cannot be determined[a]	60.3	3.8	92.1	1.6	62.1	62.8	346
Wealth index quintile							
Poorest	29.2	28.1	78.5	7.2	52.0	56.6	3,553
Second	28.3	21.8	81.7	4.6	45.2	48.6	3,425
Middle	25.8	19.7	85.5	2.3	41.4	43.7	3,052
Fourth	27.1	20.3	91.1	1.3	44.7	45.7	3,112
Richest	17.3	10.9	87.1	0.2	24.5	26.2	2,796
Usual language spoken in the household							
Sheena	23.1	19.5	87.3	2.7	37.4	40.0	8,150
Balti	25.7	19.8	74.6	5.0	42.5	45.4	4,624
Brushaski	32.8	28.9	93.7	1.6	58.1	60.3	1,606
Other languages	33.7	20.0	89.5	3.2	50.8	53.3	1,558
Division							
Gilgit	25.8	19.1	91.3	1.2	42.0	43.8	5,894
Baltistan	26.4	20.5	75.0	5.8	44.3	46.9	5,452
Diamer	25.3	22.6	86.9	3.1	40.2	44.0	4,592
District							
Astore	21.3	29.9	77.0	8.5	50.5	52.9	1,154
Diamer	26.7	20.2	90.3	1.3	36.7	41.1	3,438
Ghanche	31.2	14.1	78.3	3.1	40.8	44.8	1,403
Ghizer	44.1	20.7	96.0	0.3	62.4	63.7	1,785
Gilgit	10.4	12.7	87.9	1.2	20.3	22.4	2,820
Hunza	31.4	27.7	89.8	1.3	51.9	54.2	401
Kharmang	32.7	14.7	74.8	3.0	34.2	38.4	505
Nagar	35.0	32.2	93.6	2.9	65.8	67.0	888
Shigar	23.6	24.2	68.3	8.4	47.6	49.9	831
Skardu	23.6	23.9	75.4	6.9	47.0	48.6	2,714

[1] **MICS indicator 8.2 - Child labour**

[a] Children age 15 or higher at the time of the interview whose mothers were not living in the household

Table CP.4 combines the children working and performing household chores at or above and below the age-specific thresholds as detailed in the previous tables, as well as those children reported working under hazardous conditions, into the total child labour [63] indicator.

In Gilgit-Baltistan division 45 percent of the children 5-17 years are involved in child labour. Children are more likely to be involved in child labour as they grow older; 58 percent of children age 15-17 are involved in child labour compared to 36 percent among children age 5-11. At divisional level, slight variation exist but among districts the involvement of children in child labour ranges from 22 percent in Gilgit district to 67 percent in Nagar district. Child labour is also higher in rural areas (49%) than urban areas (26%). The survey results witnessed very little variation by sex. As expected child labour is higher among children whose mother's education is low and children living in the poorest households.

Child Discipline

Teaching children self-control and acceptable behavior is an integral part of child discipline in all cultures. Positive parenting practices involve providing guidance on how to handle emotions or conflicts in manners that encourage judgment and responsibility and preserve children's self-esteem, physical and psychological integrity and dignity. Too often, however, children are raised through the use of punitive methods that rely on the use of physical force or verbal intimidation to obtain desired behaviors. Studies[64] have found that exposing children to violent discipline have harmful consequences, which range from immediate impacts to long-term harm that children carry forward into adult life. Violence hampers children's development, learning abilities and school performance; it inhibits positive relationships, provokes low self-esteem, emotional distress and depression; and, at times, it leads to risk taking and self-harm.

In the MICS, respondents to the household questionnaire were asked a series of questions on the methods adults in the household used to discipline a selected child during the past month.[65]

[63] Child labour defined as child age 5-17 involved in Economic activity (20.6%), HH chores (high working hours as per age thresholds, 3.3%) and working in hazardous conditions (42.3%). Hazardous conditions includes: during working involved in activities carrying heavy load (23.3 %), working in dust etc. (12.8 %), or working in extreme weather (4.0 %)

[64] Straus, MA and Paschall MJ. 2009. *Corporal Punishment by Mothers and Development of Children's Cognitive Ability: A longitudinal study of two nationally representative age cohorts*. Journal of Aggression, Maltreatment & Trauma 18(5): 459-83.
Erickson, MF and Egeland, B. 1987. *A Developmental View of the Psychological Consequences of Maltreatment*. School Psychology Review 16: 156-68.
Schneider, MW et al. 2005. *Do Allegations of Emotional Maltreatment Predict Developmental Outcomes Beyond that of Other Forms of Maltreatment?*. Child Abuse & Neglect 29(5): 513–32.

[65] UNICEF. 2013. *Every Child's Birth Right: Inequities and trends in birth registration*. UNICEF.

Table CP.5: Child discipline

Percentage of children age 1-14 years by child disciplining methods experienced during the last one month, Gilgit-Baltistan, 2016-17

	Percentage of children age 1-14 years who experienced:					Number of children age 1-14 years
	Only non-violent discipline	Psychological aggression	Physical punishment		Any violent discipline method[1]	
			Any	Severe		
Total	9.3	80.6	67.0	24.7	84.6	18,647
Area of residence						
Urban	9.4	84.3	68.8	25.8	87.4	3,069
Rural	9.3	79.9	66.7	24.5	84.0	15,578
Sex						
Male	8.6	81.3	68.7	25.1	86.0	9,522
Female	10.1	79.9	65.4	24.4	83.1	9,125
Age						
1-2	11.8	68.9	56.8	14.1	74.0	2,851
3-4	8.4	84.1	75.5	27.0	87.1	2,931
5-9	8.0	84.2	74.4	32.7	88.7	6,718
10-14	10.1	80.4	59.7	19.8	83.8	6,147
Education of household head						
None/pre-school	7.7	81.3	69.2	26.5	85.6	8,955
Primary	8.7	82.6	69.6	26.8	85.9	3,122
Middle	7.6	81.0	64.4	25.5	86.1	1,985
Secondary	10.1	81.0	65.3	22.1	84.2	1,963
Higher	16.0	75.9	60.3	17.0	79.3	2,583
Missing/DK	(31.6)	(46.0)	(46.0)	(46.0)	(46.0)	39
Wealth index quintile						
Poorest	7.7	80.5	66.4	27.0	84.5	4,198
Second	9.0	82.6	69.9	26.0	86.3	4,039
Middle	10.3	77.2	64.3	22.2	81.8	3,737
Fourth	8.9	81.2	68.8	24.8	84.3	3,500
Richest	11.2	81.6	65.6	22.8	85.9	3,173
Usual language spoken in the household						
Sheena	7.1	83.4	69.0	27.6	87.0	9,693
Balti	11.4	77.8	63.1	20.2	81.7	5,520
Brushaski	14.6	74.2	66.1	21.8	80.9	1,659
Other languages	10.1	79.9	69.5	25.9	83.7	1,774
Division						
Gilgit	11.7	77.9	68.3	24.1	83.5	6,596
Baltistan	13.3	75.5	61.4	19.2	79.2	6,497
Diamer	1.8	89.8	72.1	31.9	92.2	5,555
District						
Astore	5.1	87.5	79.8	41.3	92.6	1,307
Diamer	0.8	90.5	69.7	29.0	92.1	4,248
Ghanche	17.4	75.7	66.3	9.8	79.4	1,734
Ghizer	13.9	78.4	71.6	19.8	82.9	1,855
Gilgit	9.6	80.0	68.0	25.0	85.1	3,361
Hunza	14.8	76.7	66.5	34.9	81.6	407
Kharmang	16.1	69.3	49.1	13.3	70.6	601
Nagar	13.7	70.5	64.3	24.9	79.5	973
Shigar	5.2	75.6	57.6	12.6	76.5	1,016
Skardu	13.2	76.5	62.3	27.7	81.6	3,146

[1] **MICS indicator 8.3 - Violent discipline**

( ) Figures that are based on 25-49 unweighted cases

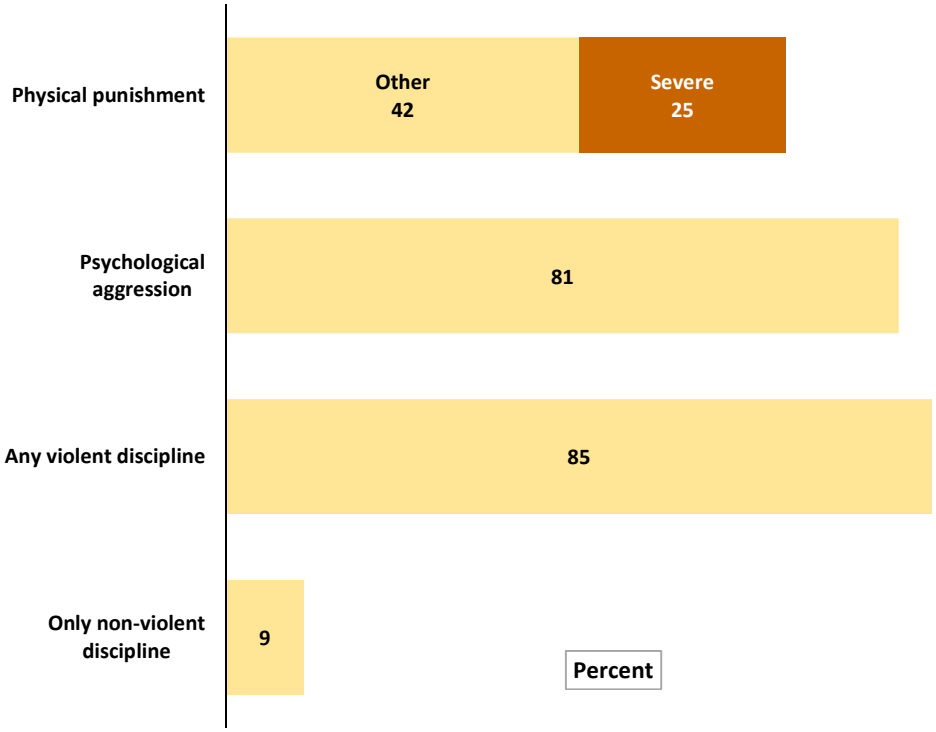
It is observed that majority (85%) of the children age 1-14 years were subjected to at least one form of psychological or physical punishment by household members during the past month (Table CP.5).

For the most part, households employ a combination of violent disciplinary practices, reflecting caregivers' motivation to control children's behaviour by any means possible. While 81 percent of children experienced psychological aggression, 67 percent of children received physical punishment.

The most severe forms of physical punishment (hitting the child on the head, ears or face or hitting the child hard and repeatedly) were given to 25 percent of children. The proportion varies among divisions from 19 percent in Baltistan division to 32 percent in Diamer division.

Male children were subjected to physical discipline more than female children (69% and 65% respectively). Figure CP.2 depicts the child discipline methods.

Figure CP.2: Child disciplining methods, children age 1-14 years, Gilgit-Baltistan MICS, 2016-17



While violent methods are extremely common forms of discipline, Table CP.6 reveals that almost half of the respondents (47%) believe that physical punishment is a necessary part of child-rearing. No significant trend in this regard is found with respect to age, sex and relationship with the child but inverse linear relationship exists for respondent's education as well as household wealth. For example, 60 percent of the respondents who are living in poorest households think that punishment is necessary part of child-rearing as compared to 30 percent respondents who belongs to richest households.

Table CP.6: Attitudes toward physical punishment

Percentage of respondents to the child discipline module who believe that physical punishment is needed to bring up, raise, or educate a child properly, Gilgit-Baltistan, 2016-17

	Respondent believes that a child needs to be physically punished	Number of respondents to the child discipline module
Total	46.7	4,778
Area of residence		
Urban	41.3	828
Rural	47.8	3,950
Sex		
Male	42.3	1,424
Female	48.5	3,355
Age		
<25	41.1	567
25-39	48.0	2,211
40-59	48.0	1,604
60+	41.3	396
Respondent's relationship to selected child		
Mother	49.5	2,406
Father	43.7	886
Other	43.8	1,486
Respondent's education		
None/pre-school	55.0	2,578
Primary	49.7	542
Middle	42.5	395
Secondary	39.4	550
Higher	22.0	712
Wealth index quintile		
Poorest	60.4	1,001
Second	54.8	955
Middle	46.2	953
Fourth	40.1	968
Richest	30.3	902
Usual language spoken in the household		
Sheena	48.3	2,309
Balti	52.5	1,477
Brushaski	26.3	518
Other languages	42.4	475
Division		
Gilgit	40.0	1,919
Baltistan	51.9	1,705
Diamer	50.1	1,155
District		
Astore	73.1	325
Diamer	41.1	830
Ghanche	58.2	482
Ghizer	41.6	556
Gilgit	43.6	925
Hunza	26.5	163
Kharmang	50.5	186
Nagar	32.6	274
Shigar	41.0	236
Skardu	51.6	801

[a] The question is asked to a single respondent in all households where at least one child age 1-14 years is living. The respondent is not necessarily a parent or caretaker of such a child and may not necessarily have responded to the child discipline module about his/her own child.

Early Marriage and Polygyny

Marriage[66] before the age of 18 is a reality for many young girls. In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty.[67] The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. Closely related to the issue of child marriage is the age at which girls become sexually active. Women who are married before the age of 18 tend to have more children than those who marry later in life. Pregnancy related deaths are known to be a leading cause of mortality for both married and unmarried girls between the ages of 15 and 19, particularly among the youngest of this cohort. There is evidence to suggest that girls who marry at young ages are more likely to marry older men which puts them at increased risk of HIV infection. The demand for this young wife to reproduce and the power imbalance resulting from the age differential lead to very low condom use among such couples.[68]

[66] All references to marriage in this chapter include marital union as well.

[67] Bajracharya, A ND Amin, S. 2010. *Poverty, marriage timing, and transitions to adulthood in Nepal: A longitudinal analysis using the Nepal living standards survey.* Poverty, Gender, and Youth Working Paper No. 19. Population Council.
Godha, D et al. 2011. *The influence of child marriage on fertility, fertility-control, and maternal health care utilization.* MEASURE/Evaluation PRH Project Working paper 11-124.

[68] Clark, S et al. 2006. *Protecting young women from HIV/AIDS: the case against child and adolescent marriage. International Family Planning Perspectives* 32(2): 79-88.
Raj, A et al. 2009. *Prevalence of child marriage and its effect on fertility and fertility-control outcomes of young women in India: a cross-sectional, observational study*. The Lancet 373(9678): 1883–9.

Table CP.7: Early marriage and polygyny

Percentage of women age 15-49 years who first married before their 15th birthday, percentages of women age 20-49 years who first married before their 15th and 18th birthdays, percentage of women age 15-19 years currently married, and the percentage of women who are in a polygynous marriage, Gilgit-Baltistan, 2016-17

	Women age 15-49 years		Women age 20-49 years			Women age 15-19 years		Women age 15-49 years	
	Percentage married before age 15[1]	Number of women age 15-49 years	Percentage married before age 15	Percentage married before age 18[2]	Number of women age 20-49 years	Percentage currently married[3]	Number of women age 15-19 years	Percentage in polygynous marriage[4]	Number of women age 15-49 years currently married
Total	13.1	10,744	16.5	42.6	7,979	13.0	2,765	3.8	6,783
Area of residence									
Urban	11.3	1,969	14.4	34.9	1,466	12.1	503	3.3	1,217
Rural	13.5	8,775	17.0	44.4	6,512	13.2	2,263	3.9	5,566
Age									
15-19	3.3	2,765	na	na	na	13.0	2,765	1.3	359
20-24	7.2	1,964	7.2	26.8	1,964	na	na	2.7	1,112
25-29	12.6	1,754	12.6	36.8	1,754	na	na	2.8	1,412
30-34	16.6	1,357	16.6	43.6	1,357	na	na	4.4	1,224
35-39	20.3	1,143	20.3	52.0	1,143	na	na	4.6	1,063
40-44	26.9	955	26.9	57.4	955	na	na	4.7	878
45-49	29.8	805	29.8	61.6	805	na	na	5.4	735
Women's education[a]									
None/pre-school	22.5	5,027	24.8	57.8	4,342	24.8	685	5.2	3,969
Primary	11.4	1,200	14.2	40.9	845	15.5	355	2.4	741
Middle	5.2	1,153	8.9	34.6	581	7.8	572	2.4	490
Secondary	3.8	1,635	5.6	28.5	867	9.0	769	1.7	734
Higher	1.1	1,725	1.5	7.3	1,340	5.4	385	1.0	848
Wealth index quintile									
Poorest	19.1	1,952	24.4	59.0	1,408	19.3	544	4.7	1,294
Second	16.6	2,059	21.0	52.6	1,508	15.6	551	5.5	1,357
Middle	11.8	2,242	15.0	40.6	1,656	9.2	585	4.0	1,363
Fourth	10.8	2,269	13.7	37.0	1,698	9.9	571	2.8	1,373
Richest	8.3	2,222	10.2	27.8	1,709	11.4	514	2.0	1,396
Usual language spoken in the household									
Sheena	11.2	5,044	13.9	39.2	3,669	14.0	1,375	5.8	3,152
Balti	17.1	3,241	21.7	52.8	2,437	13.5	803	1.5	2,156
Brushaski	9.1	1,390	11.4	31.1	1,063	6.2	327	2.0	767
Other languages	15.2	1,069	19.2	42.8	809	14.5	260	3.8	708
Division									
Gilgit	10.3	4,512	12.7	33.6	3,430	10.5	1,081	3.5	2,728
Baltistan	16.9	3,747	21.8	52.4	2,780	12.0	968	1.3	2,456
Diamer	12.6	2,485	15.5	44.8	1,769	18.1	716	8.1	1,600
District									
Astore	3.7	706	4.8	20.8	513	6.2	193	0.8	382
Diamer	16.1	1,779	19.8	54.6	1,256	22.5	523	10.5	1,218
Ghanche	14.1	1,036	17.2	45.3	780	17.3	255	0.7	683
Ghizer	11.3	1,456	14.3	34.4	1,117	8.2	339	3.1	882
Gilgit	10.6	1,968	12.8	34.0	1,484	14.7	483	4.7	1,238
Hunza	3.3	389	4.2	20.3	313	1.1	77	1.3	230
Kharmang	17.7	377	22.1	49.4	297	11.4	81	1.0	263
Nagar	11.2	699	14.2	38.5	516	7.8	183	1.8	378
Shigar	24.1	502	31.8	65.4	366	16.2	136	1.9	349
Skardu	16.3	1,832	21.8	53.6	1,336	8.1	495	1.5	1,161

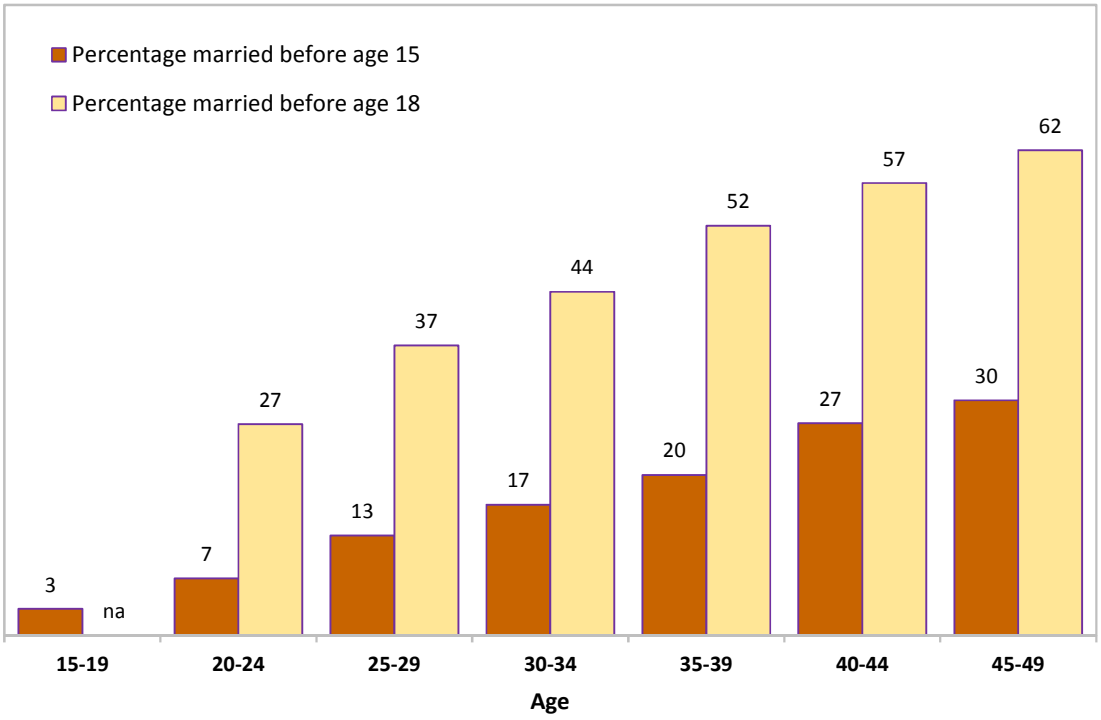
[1] **MICS indicator 8.4 - Marriage before age 15**
[2] **MICS indicator 8.5 - Marriage before age 18**
[3] **MICS indicator 8.6 - Young women age 15-19 years currently married**
[4] **MICS indicator 8.7 - Polygyny**
na: not applicable
(*) Figures that are based on fewer than 25 unweighted cases
[a] Total includes 3 unweighted cases of women's education missing

The percentage of women married at before ages 15 and 18 years are provided in Table CP.7. In Gilgit-Baltistan, 13 percent women of age 15-49 years, were married before age 15, and among women age 20-49 years, 43 percent were married before age 18.

Over one in ten young women (13%) age 15-19 are currently married. This proportion is strongly related to the level of woman's education. The percentage of women in a polygynous marriage is also provided in Table CP.7. Among all currently married women age 15-49, 4 percent are in polygynous marriage.

Table CP.8 presents the proportion of women who are first married before age 15 and 18 by area and age groups. Examining the percentages of women married before age 15 and 18 by different age groups allow for trends to be observed in early marriage over time. Data show that the prevalence of marriage by age 15 and 18 has gradually declined over time: 62 percent of women age 45-49 were first married by age 18 compared to 27 percent of women age 20-24. Figure CP.3 illustrates the percentage of women married before 15 and 18 years respectively by age group.

Figure CP.3: Early marriage among women, Gilgit-Baltistan MICS, 2016-17



na: not applicable

Table CP.8: Trends in early marriage (women)

Percentage of women who were first married before age 15 and 18, by area and age groups, Gilgit-Baltistan, 2016-17

	Urban				Rural				All			
	Percentage of women married before age 15	Number of women age 15-49 years	Percentage of women married before age 18	Number of women age 20-49 years	Percentage of women married before age 15	Number of women age 15-49 years	Percentage of women married before age 18	Number of women age 20-49 years	Percentage of women married before age 15	Number of women age 15-49 years	Percentage of women married before age 18	Number of women age 20-49 years
Total	11.3	1,969	34.9	1,466	13.5	8,775	44.4	6,512	13.1	10,744	42.6	7,979
Age												
15-19	2.2	503	na	na	3.6	2,263	na	na	3.3	2,765	na	na
20-24	4.9	366	19.2	366	7.7	1,598	28.5	1,598	7.2	1,964	26.8	1,964
25-29	10.1	321	25.9	321	13.2	1,433	39.2	1,433	12.6	1,754	36.8	1,754
30-34	15.1	226	36.6	226	16.9	1,131	45.0	1,131	16.6	1,357	43.6	1,357
35-39	16.1	200	45.1	200	21.2	943	53.4	943	20.3	1,143	52.0	1,143
40-44	23.4	204	47.5	204	27.8	751	60.1	751	26.9	955	57.4	955
45-49	31.0	148	59.0	148	29.6	656	62.1	656	29.8	805	61.6	805

na: not applicable

Another component is the spousal age difference with the indicator being the percentage of married women 10 or more years younger than their current spouse. Table CP.9 presents the results of the age difference between husbands and wives. The results show that there are some important spousal age differences in Gilgit-Baltistan. Among currently married women age 20-24 years, 12 percent are married with a man who is older by ten years or more. For currently married women age 15-19 years, the corresponding figure is also 12 percent.

Table CP.9: Spousal age difference

Percent distribution of women currently married age 15-19 and 20-24 years according to the age difference with their husband, Gilgit-Baltistan, 2016-17

	Percentage of currently married women age 15-19 years whose husband is:						Number of women age 15-19 years currently married	Percentage of currently married women age 20-24 years whose husband is:						Number of women age 20-24 years currently married
	Younger	0-4 years older	5-9 years older	10+ years older[1]	Husband's age unknown	Total		Younger	0-4 years older	5-9 years older	10+ years older[2]	Husband's age unknown	Total	
Total	2.7	45.6	37.3	12.3	2.2	100.0	359	4.9	48.8	31.8	11.8	2.6	100.0	1,112
Area of residence														
Urban	(7.6)	(35.4)	(44.8)	(12.2)	(0.0)	100.0	61	6.4	36.4	38.3	18.9	0.0	100.0	191
Rural	1.6	47.7	35.7	12.3	2.6	100.0	299	4.6	51.4	30.5	10.3	3.2	100.0	921
Age														
15-19	2.7	45.6	37.3	12.3	2.2	100.0	359	na	na	na	na	na	100.0	na
20-24	na	na	na	na	na	100.0	na	4.9	48.8	31.8	11.8	2.6	100.0	1,112
Women's education[a]														
None/pre-school	1.7	53.1	33.4	8.0	3.8	100.0	170	7.1	57.2	20.0	11.2	4.5	100.0	430
Primary	(2.9)	(57.0)	(32.7)	(6.2)	(1.2)	100.0	55	3.7	51.6	33.7	8.4	2.6	100.0	124
Middle	(1.8)	(40.7)	(49.7)	(6.2)	(1.6)	100.0	45	4.4	46.9	41.1	5.6	2.1	100.0	118
Secondary	0.0	30.5	40.5	29.0	0.0	100.0	69	4.5	45.1	34.8	14.9	0.7	100.0	208
Higher	(*)	(*)	(*)	(*)	(*)	100.0	21	2.3	36.3	44.9	15.2	1.2	100.0	231
Wealth index quintile														
Poorest	3.6	52.9	36.7	3.1	3.8	100.0	105	10.6	55.8	19.0	7.4	7.3	100.0	217
Second	1.3	51.0	37.0	7.7	3.0	100.0	86	5.3	52.6	30.4	8.1	3.6	100.0	221
Middle	0.0	49.1	38.7	11.4	0.8	100.0	54	2.1	51.8	31.0	13.7	1.3	100.0	243
Fourth	8.2	29.3	34.9	26.6	1.0	100.0	56	2.0	51.7	35.7	9.9	0.7	100.0	230
Richest	(0.0)	(37.2)	(39.6)	(22.6)	(0.6)	100.0	58	5.1	30.2	43.7	20.6	0.4	100.0	201
Usual language spoken in the household														
Sheena	3.5	52.2	29.3	13.5	1.5	100.0	193	5.0	48.7	32.0	12.6	1.6	100.0	488
Balti	2.6	42.7	45.3	4.9	4.6	100.0	109	4.5	52.8	29.1	9.0	4.5	100.0	398
Brushaski	(0.0)	(27.4)	(41.3)	(31.3)	(0.0)	100.0	20	5.0	37.4	40.1	17.0	0.4	100.0	116
Other languages	(0.0)	(30.2)	(52.6)	(17.2)	(0.0)	100.0	38	6.0	46.8	31.5	12.8	2.8	100.0	109
Division														
Gilgit	4.1	42.6	28.3	25.0	0.0	100.0	114	2.5	42.7	39.4	15.0	0.4	100.0	401
Baltistan	2.7	44.0	41.9	4.6	6.8	100.0	116	5.0	52.9	28.0	7.9	6.2	100.0	427
Diamer	1.3	49.7	40.9	8.0	0.0	100.0	130	8.1	51.4	26.8	13.2	0.4	100.0	284
District														
Astore	(*)	(*)	(*)	(*)	(*)	100.0	12	4.8	43.8	37.4	11.2	2.9	100.0	42
Diamer	1.5	52.0	39.4	7.1	0.0	100.0	118	8.7	52.7	25.0	13.6	0.0	100.0	243
Ghanche	5.4	38.4	48.7	7.6	0.0	100.0	44	5.5	58.1	29.0	7.4	0.0	100.0	110
Ghizer	(*)	(*)	(*)	(*)	(*)	100.0	28	1.1	41.4	43.4	13.1	1.0	100.0	123

Table CP.9: Spousal age difference

Percent distribution of women currently married age 15-19 and 20-24 years according to the age difference with their husband, Gilgit-Baltistan, 2016-17

	Percentage of currently married women age 15-19 years whose husband is:						Number of women age 15-19 years currently married	Percentage of currently married women age 20-24 years whose husband is:						Number of women age 20-24 years currently married
	Younger	0-4 years older	5-9 years older	10+ years older[1]	Husband's age unknown	Total		Younger	0-4 years older	5-9 years older	10+ years older[2]	Husband's age unknown	Total	
Total	2.7	45.6	37.3	12.3	2.2	100.0	359	4.9	48.8	31.8	11.8	2.6	100.0	1,112
Gilgit	(5.9)	(51.5)	(21.8)	(20.8)	(0.0)	100.0	71	2.6	47.8	35.3	14.3	0.0	100.0	194
Hunza	(*)	(*)	(*)	(*)	(*)	100.0	1	(2.2)	(27.2)	(39.8)	(28.9)	(1.9)	100.0	22
Kharmang	(3.8)	(36.1)	(22.9)	(0.0)	(37.2)	100.0	9	7.8	49.1	16.9	2.0	24.3	100.0	51
Nagar	(0.0)	(50.1)	(40.8)	(9.0)	(0.0)	100.0	14	5.2	35.2	44.0	15.6	0.0	100.0	62
Shigar	2.0	46.8	41.4	4.4	5.4	100.0	22	4.9	61.0	22.7	4.7	6.8	100.0	60
Skardu	(0.0)	(50.5)	(39.1)	(2.3)	(8.1)	100.0	40	4.2	48.6	31.7	10.6	4.9	100.0	206

[1] **MICS indicator 8.8a - Spousal age difference (among women age 15-19)**
[2] **MICS indicator 8.8b - Spousal age difference (among women age 20-24)**
na: not applicable
( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases
[a] Total includes 1 unweighted case of women's education missing

Attitudes toward Domestic Violence

MICS assessed the attitudes of women age 15-49 years towards wife beating by asking the respondents whether they think that husbands are justified to hit or beat their wives in a variety of situations. The purpose of these questions is to capture the social justification of violence (in contexts where women have a lower status in society) as a disciplinary action when a woman does not comply with certain expected gender roles.

The responses to these questions can be found in Table CP.10. Overall, 78 percent of women of age 15-49 years believe that a husband is justified in hitting or beating his wife for any one of five reasons that she; (i) goes out without telling him, (ii) neglects the children, (iii) argues with him, (iv) refuses sex with him, and (v) burns the food. Women who justify a husband's violence, in most cases agree and justify violence in instances when a wife neglects the children (63%), if she demonstrates her autonomy, exemplified by going out without telling her husband (58%) or arguing with him (57%). Over half of the women (51%) believe that wife-beating is justified if the wife refuses to have sex with the husband and 37 percent favour wife-beating if she burns the food. The wife-beating in any of the five situations is justified by higher proportion of women living in the poorest households, in rural areas and with less education. By districts; the proportion of women who believe that a husband is justified in hitting or beating his wife for any one of five reasons is highest in Ghanche district (93%) compared to lowest in Gilgit district (59%).

Table CP.10: Attitudes toward domestic violence

Percentage of women age 15-49 years who believe a husband is justified in beating his wife in various circumstances, Gilgit-Baltistan, 2016-17

	Percentage of women age 15-49 years who believe a husband is justified in beating his wife:						Number of women age 15-49 years
	If she goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food	For any of these five reasons[1]	
Total	57.8	62.5	56.9	50.7	37.2	78.1	10,744
Area of residence							
Urban	46.7	50.7	44.1	40.6	30.0	67.2	1,969
Rural	60.3	65.2	59.8	52.9	38.8	80.6	8,775
Age							
15-19	51.6	56.3	49.8	34.8	29.9	74.5	2,765
20-24	57.0	61.4	55.3	48.6	35.9	77.4	1,964
25-29	58.6	62.8	57.6	53.7	37.3	78.0	1,754
30-34	58.5	64.7	58.9	56.7	38.7	79.0	1,357
35-39	63.5	68.4	64.5	62.2	44.8	81.9	1,143
40-44	64.8	68.4	61.7	61.2	42.9	81.4	955
45-49	61.6	67.2	63.9	65.0	44.9	81.9	805
Marital status							
Currently married	62.5	66.8	62.3	60.2	43.0	81.5	6,783
Formerly married	67.9	70.9	63.8	64.7	43.6	85.3	276
Never married	48.4	54.0	46.5	32.1	25.9	71.5	3,684
Education[a]							
None/pre-school	71.2	74.6	70.1	64.1	52.6	88.2	5,027
Primary	61.4	65.0	61.7	50.6	39.3	81.3	1,200
Middle	56.5	60.5	54.9	43.4	33.2	79.2	1,153
Secondary	46.7	52.2	44.6	38.8	20.2	68.4	1,635
Higher	27.5	36.7	28.4	27.8	9.5	55.1	1,725
Wealth index quintile							
Poorest	72.9	76.4	69.7	61.1	54.5	88.2	1,952
Second	70.3	74.2	68.7	61.0	45.7	87.9	2,059
Middle	60.0	66.2	61.2	55.1	36.6	81.6	2,242
Fourth	49.3	54.4	49.0	46.1	29.1	73.6	2,269
Richest	39.3	44.2	38.6	32.2	22.9	61.3	2,222
Usual language spoken in the household							
Sheena	56.4	58.9	56.1	46.5	39.0	75.9	5,044
Balti	66.8	72.9	63.8	62.4	41.7	85.7	3,241
Brushaski	44.6	53.9	45.9	40.8	20.7	70.7	1,390
Other languages	54.0	59.3	54.1	47.8	36.7	75.2	1,069
Division							
Gilgit	43.6	49.9	44.6	39.4	26.3	67.7	4,512
Baltistan	63.2	69.4	60.6	60.5	40.2	82.9	3,747
Diamer	75.4	75.1	73.8	56.5	52.4	89.8	2,485
District							
Astore	58.6	63.1	70.2	45.6	19.6	82.2	706
Diamer	82.0	79.9	75.3	60.8	65.4	92.8	1,779
Ghanche	81.3	85.0	75.7	83.4	48.5	93.3	1,036
Ghizer	54.8	62.7	55.0	52.3	34.4	79.0	1,456
Gilgit	36.7	40.4	37.0	30.8	26.0	58.7	1,968
Hunza	35.7	49.3	30.6	37.8	10.4	64.1	389
Kharmang	66.3	70.0	70.2	59.9	45.9	84.6	377
Nagar	44.3	50.6	52.1	37.5	19.2	71.3	699
Shigar	65.2	70.4	56.5	31.2	30.6	83.1	502
Skardu	51.7	60.1	51.2	55.6	37.0	76.7	1,832

[1] MICS indicator 8.12 - Attitudes towards domestic violence

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 3 unweighted cases of education missing

Children's Living Arrangements

The CRC recognizes that "the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding". Millions of children around the world grow up without the care of their parents for several reasons, including due to the premature death of the parents or their migration for work. In most cases, these children are cared for by members of their extended families, while in others, children may be living in households other than their own, as live-in domestic workers for instance. Understanding the children's living arrangements, including the composition of the households where they live and the relationships with their primary caregivers, is key to design targeted interventions aimed at promoting child's care and wellbeing.

Table CP.11 presents information on the living arrangements and orphanhood status of children under age 18. In Gilgit-Baltistan, 79 percent of children age 0-17 years live with both their parents, 16 percent live with mothers only, 2 percent with fathers only, and less than 4 percent with neither of their biological parents. About 6 percent live with mothers only while the biological father is alive. Very few children have lost one or both parents. About 5 percent of children have one or both parents' dead.

As expected, older children are slightly more likely than younger children to have lost one or both of the parents. Table CP.14 also shows that the percentage of children living with both parents ranges from 74 percent in Gilgit division to 86 percent in Diamer division. Further to that, Baltistan division has the highest percentage of children living with their mother only while the father is alive (18%). About 16 percent of children living in the households in the middle wealth quintile live with their mother only while their father is alive. The corresponding proportion of such children living in the poorest households is less than 11 percent. There are, however, only small differences between urban and rural areas in terms of living arrangements.

Table CP.11: Children's living arrangements and orphanhood

Percent distribution of children age 0-17 years according to living arrangements, percentage of children age 0-17 years not living with a biological parent and percentage of children who have one or both parents dead, Gilgit-Baltistan, 2016-17

		Living with neither biological parent				Living with mother only		Living with father only						
	Living with both parents	Only father alive	Only mother alive	Both alive	Both dead	Father alive	Father dead	Mother alive	Mother dead	Missing information on father/ mother	Total	Living with neither biological parent[1]	One or both parents dead [2]	Number of children age 0-17 years
Total	78.6	0.3	0.3	2.6	0.2	13.5	2.7	0.8	1.1	0.1	100.0	3.4	4.5	24,299
Area of residence														
Urban	82.0	0.3	0.4	4.6	0.1	8.5	2.5	1.0	0.4	0.1	100.0	5.5	3.7	4,136
Rural	77.9	0.3	0.3	2.2	0.2	14.5	2.7	0.7	1.2	0.1	100.0	2.9	4.7	20,163
Sex														
Male	78.3	0.2	0.3	2.5	0.1	13.8	2.8	0.8	1.1	0.0	100.0	3.1	4.6	12,221
Female	78.8	0.3	0.3	2.8	0.2	13.1	2.6	0.7	1.1	0.1	100.0	3.6	4.5	12,078
Age														
0-4	78.7	0.1	0.0	0.4	0.0	19.3	0.6	0.5	0.3	0.0	100.0	0.5	1.1	7,467
5-9	80.4	0.2	0.3	1.9	0.0	13.5	2.1	0.7	0.9	0.0	100.0	2.4	3.5	7,156
10-14	79.0	0.4	0.3	3.5	0.4	9.8	4.0	0.8	1.7	0.0	100.0	4.6	6.8	6,292
15-17	73.6	0.6	1.0	7.5	0.3	7.1	6.0	1.3	2.1	0.4	100.0	9.5	10.1	3,385
Wealth index quintile														
Poorest	79.9	0.3	0.3	1.7	0.2	10.5	4.0	1.1	1.7	0.1	100.0	2.6	6.7	5,323
Second	77.3	0.3	0.2	2.7	0.1	15.6	1.9	0.5	1.4	0.0	100.0	3.3	3.9	5,219
Middle	78.1	0.2	0.2	2.0	0.1	16.2	1.8	0.5	0.7	0.1	100.0	2.6	3.0	4,863
Fourth	77.0	0.2	0.5	3.3	0.1	13.5	3.5	0.9	0.9	0.0	100.0	4.1	5.2	4,596
Richest	80.5	0.4	0.3	3.6	0.2	11.2	2.1	0.8	0.6	0.2	100.0	4.6	3.7	4,299
Usual language spoken in the household														
Sheena	83.4	0.2	0.4	2.2	0.2	9.2	2.7	0.5	1.1	0.1	100.0	3.0	4.6	12,496
Balti	71.9	0.3	0.3	3.3	0.1	19.5	1.8	1.3	1.3	0.1	100.0	4.1	3.9	7,180
Brushaski	71.6	0.5	0.1	2.0	0.1	20.1	4.2	0.5	0.8	0.1	100.0	2.7	5.6	2,268
Other languages	86.0	0.6	0.0	2.5	0.2	4.5	4.4	0.6	1.1	0.1	100.0	3.3	6.3	1,246
Division														
Gilgit	77.4	0.3	0.3	2.8	0.1	13.9	3.6	0.5	0.8	0.1	100.0	3.6	5.2	8,740
Baltistan	73.6	0.3	0.4	3.2	0.1	18.0	1.8	1.1	1.5	0.0	100.0	4.0	4.1	8,357
Diamer	85.8	0.2	0.2	1.7	0.2	7.6	2.5	0.7	1.0	0.0	100.0	2.4	4.2	7,203
District														
Astore	78.9	0.3	0.0	1.6	0.2	13.5	2.9	0.6	1.9	0.0	100.0	2.2	5.4	1,714
Diamer	87.9	0.2	0.3	1.7	0.2	5.8	2.4	0.7	0.7	0.0	100.0	2.5	3.9	5,488
Ghanche	68.2	0.3	0.3	2.0	0.2	25.3	2.0	0.6	1.1	0.1	100.0	2.7	3.8	2,190
Ghizer	73.0	0.3	0.1	2.3	0.0	20.4	2.9	0.5	0.6	0.0	100.0	2.7	3.9	2,560

Table CP.11: Children's living arrangements and orphanhood

Percent distribution of children age 0-17 years according to living arrangements, percentage of children age 0-17 years not living with a biological parent and percentage of children who have one or both parents dead, Gilgit-Baltistan, 2016-17

		Living with neither biological parent				Living with mother only		Living with father only						
	Living with both parents	Only father alive	Only mother alive	Both alive	Both dead	Father alive	Father dead	Mother alive	Mother dead	Missing information on father/ mother	Total	Living with neither biological parent[1]	One or both parents dead [2]	Number of children age 0-17 years
Total	78.6	0.3	0.3	2.6	0.2	13.5	2.7	0.8	1.1	0.1	100.0	3.4	4.5	24,299
Gilgit	81.8	0.4	0.5	3.6	0.2	8.4	3.3	0.7	0.8	0.2	100.0	4.8	5.3	4,313
Hunza	73.3	0.1	0.2	2.2	0.0	18.6	4.8	0.3	0.5	0.1	100.0	2.5	5.5	558
Kharmang	67.9	0.4	0.2	2.3	0.0	25.4	1.3	0.5	1.9	0.0	100.0	3.0	3.8	793
Nagar	73.3	0.2	0.0	1.5	0.1	17.5	5.8	0.3	1.2	0.1	100.0	1.8	7.4	1,309
Shigar	80.6	0.3	0.3	2.1	0.0	11.2	2.5	1.3	1.7	0.1	100.0	2.7	4.8	1,284
Skardu	75.3	0.2	0.5	4.4	0.2	14.7	1.6	1.3	1.7	0.0	100.0	5.3	4.2	4,089

[1] MICS indicator 8.13 - Children's living arrangements
[2] MICS indicator 8.14 - Prevalence of children with one or both parents dead

The survey included a simple measure of one particular aspect of migration related to what is termed children left behind, i.e. for whom one or both parents have moved abroad. While the amount of literature is growing, the long-term effects of the benefits of remittances versus the potential adverse psycho-social effects are not yet conclusive, as there is somewhat conflicting evidence available as to the effects on children.

Besides presenting simple prevalence rates, the results of the GB-MICS, 2016-17 presented in Table CP.12 will greatly help to fill the data gap on the topic of migration. Only 1 percent of children of age 0-17 have one or both parents living abroad. The proportion of children with at least one parent abroad is much higher for those living in Kharmang district (7%) compared to those living in Diamer district (0%).

Table CP.12: Children with parents living abroad

Percent distribution of children age 0-17 years by residence of parents in another country, Gilgit-Baltistan, 2016-17

	Percent distribution of children age 0-17 years:						
	With at least one parent living abroad						
	Only mother abroad	Only father abroad	Both mother and father abroad	With neither parent living abroad	Total	Percentage of children age 0-17 years with at least one parent living abroad[1]	Number of children age 0-17 years
Total	0.0	1.1	0.0	98.9	100.0	1.1	24,299
Area of residence							
Urban	0.0	1.0	0.0	99.0	100.0	1.0	4,136
Rural	0.0	1.1	0.0	98.8	100.0	1.2	20,163
Sex							
Male	0.0	1.2	0.1	98.7	100.0	1.3	12,221
Female	0.0	1.0	0.0	99.0	100.0	1.0	12,078
Age							
0-4	0.0	1.5	0.0	98.5	100.0	1.5	7,467
5-9	0.0	1.1	0.0	98.9	100.0	1.1	7,156
10-14	0.0	1.0	0.2	98.9	100.0	1.1	6,292
15-17	0.0	0.5	0.0	99.5	100.0	0.5	3,385
Wealth index quintile							
Poorest	0.0	0.6	0.0	99.4	100.0	0.6	5,323
Second	0.0	1.3	0.0	98.7	100.0	1.3	5,219
Middle	0.0	1.2	0.0	98.7	100.0	1.3	4,863
Fourth	0.0	1.3	0.2	98.5	100.0	1.5	4,596
Richest	0.0	1.2	0.0	98.8	100.0	1.2	4,299
Usual language spoken in the household							
Sheena	0.0	0.2	0.0	99.8	100.0	0.2	12,496
Balti	0.0	2.7	0.1	97.2	100.0	2.8	7,180
Brushaski	0.0	1.5	0.0	98.5	100.0	1.5	2,268
Other languages	0.0	0.2	0.0	99.8	100.0	0.2	1,246
Division							
Gilgit	0.0	0.7	0.0	99.2	100.0	0.8	8,740
Baltistan	0.0	2.4	0.1	97.5	100.0	2.5	8,357
Diamer	0.0	0.1	0.0	99.9	100.0	0.1	7,203
District							
Astore	0.0	0.1	0.0	99.9	100.0	0.1	1,714
Diamer	0.0	0.0	0.0	100.0	100.0	0.0	5,488
Ghanche	0.0	2.9	0.0	97.1	100.0	2.9	2,190
Ghizer	0.0	0.7	0.0	99.3	100.0	0.7	2,560
Gilgit	0.0	0.4	0.0	99.6	100.0	0.4	4,313
Hunza	0.0	3.3	0.1	96.6	100.0	3.4	558
Kharmang	0.0	7.2	0.0	92.8	100.0	7.2	793
Nagar	0.0	1.0	0.0	99.0	100.0	1.0	1,309
Shigar	0.0	1.3	0.0	98.6	100.0	1.4	1,284
Skardu	0.0	1.5	0.2	98.3	100.0	1.7	4,089

[1] **MICS indicator 8.15 - Children with at least one parent living abroad**

XII. HIV/AIDS

Knowledge about HIV Transmission and Misconceptions about HIV

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and strategies for preventing the transmission. Correct information is the first step towards raising awareness and giving adolescents and young people the tools to protect themselves from the infection. Misconceptions about HIV are common and can confuse adolescents and young people and hinder prevention efforts. The UN General Assembly Special Session on HIV/AIDS (UNGASS) called on governments to improve the knowledge and skills of young people to protect themselves from HIV. The indicators to measure this goal as well as the MDG of reducing HIV infections by half include improving the level of knowledge of HIV and its prevention, and changing behaviours to prevent further spread of the disease. HIV module was administered to all women 15-49 years of age. It may be noted that the questions in this module often refer to "the AIDS virus". This terminology is used strictly as a method of data collection to aid respondents, preferred over the correct terminology of "HIV" that is used here in reporting the results, where appropriate.

One indicator which is both an MDG and the Global AIDS Response Progress Reporting (GARPR; formerly UNGASS) is the percentage of young women who have comprehensive and correct knowledge of HIV prevention and transmission. This is defined as 1) knowing that consistent use of a condom during sexual intercourse and having just one uninfected faithful husband can reduce the chance of getting HIV, 2) knowing that a healthy-looking person can have HIV, and 3) rejecting the two most common local misconceptions about transmission/prevention of HIV. In the GB-MICS 2016-17 all women who have heard of AIDS were asked questions on all three components and the results are detailed in Table HA.1.

In Gilgit-Baltistan, overall 14 percent of the women age 15-49 years have heard of AIDS, the proportion is higher in urban (28%) than in rural areas (11%). However, the percentage of women who know of both main ways of preventing HIV transmission – using a condom every time during sexual intercourse and having only one faithful uninfected husband – is only 5 percent. About 9 percent of women know of having one faithful uninfected husband and 8 percent know about using a condom every time as main ways of preventing HIV transmission.

Only one in five women have heard of AIDS in Gilgit division compared to just over one in twenty five women in Diamer division (20% and 4%). More variation exist among districts ranges from 3 percent in Diamer district to 45 percent in Hunza district. AIDS awareness is very low (only 2%) among women living in the poorest households compared to 35 percent of women living in the richest households. Similarly, awareness is low among women from rural areas (11%) and women with pre-school or no education (1%) compared to those from urban areas (28%) and women with higher education (51%).

Table HA.1: Knowledge about HIV transmission, misconceptions about HIV, and comprehensive knowledge about HIV transmission

Percentage of women age 15-49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can be HIV-positive, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Gilgit-Baltistan, 2016-17

		Percentage who know transmission can be prevented by:				Percentage who know that HIV cannot be transmitted by:					
	Percentage who have heard of AIDS	Having only one faithful uninfected husband	Using a condom every time	Percentage of women who know both ways	Percentage who know that a healthy looking person can be HIV-positive	Mosquito bites	Supernatural means	Sharing food with someone with HIV	Percentage who reject the two most common misconceptions and know that a healthy looking person can be HIV-positive	Percentage with comprehensive knowledge[1]	Number of ever married women age 15-49 years
Total	14.3	8.5	7.5	5.2	9.9	7.3	10.5	6.3	3.1	1.4	10,744
Area of residence											
Urban	28.3	15.6	14.2	8.9	18.9	15.6	20.5	14.1	6.5	2.4	1,969
Rural	11.1	6.9	6.1	4.3	7.9	5.4	8.2	4.5	2.4	1.2	8,775
Age											
15-24[1]	15.1	8.4	7.2	5.0	10.8	7.1	11.3	5.8	2.5	1.0	4,730
15-19	13.6	7.7	6.0	4.4	9.5	6.8	10.0	5.0	2.1	0.8	2,765
20-24	17.2	9.4	8.9	5.8	12.5	7.5	13.1	7.0	3.1	1.3	1,964
25-29	17.8	11.0	9.8	7.0	12.4	9.2	13.5	8.1	4.0	2.2	1,754
30-39	14.5	8.7	8.4	5.5	9.6	8.4	10.5	7.3	4.6	1.9	2,500
40-49	8.2	5.6	5.1	3.6	5.4	4.4	5.2	4.0	1.8	1.2	1,760
Marital Status											
Currently married	12.6	7.8	7.4	5.0	8.5	6.2	9.2	5.7	2.9	1.5	6,783
Formerly married	3.6	1.5	2.7	1.2	2.0	2.5	3.0	2.6	1.4	0.9	276
Never married	18.1	10.3	8.3	5.8	13.0	9.7	13.5	7.6	3.6	1.3	3,684
Women's Education[a]											
None/pre-school	1.4	0.6	0.6	0.3	0.9	0.6	0.6	0.3	0.2	0.0	5,027
Primary	6.4	3.9	3.5	2.7	4.6	3.6	3.2	1.5	0.7	0.5	1,200
Middle	9.7	5.9	4.5	3.1	6.7	3.7	6.3	3.4	2.0	1.1	1,153
Secondary	23.6	12.8	12.4	7.8	15.3	10.7	17.0	9.1	3.7	1.5	1,635
Higher	51.4	32.1	28.2	20.2	36.9	28.7	40.9	26.1	13.4	6.2	1,725
Wealth index quintile											
Poorest	1.5	0.8	1.0	0.6	0.7	0.8	1.3	0.6	0.2	0.2	1,952
Second	4.4	2.4	2.4	1.4	2.5	2.3	3.0	1.3	0.5	0.3	2,059
Middle	10.7	6.4	5.5	3.9	8.4	4.3	7.8	3.5	2.0	0.9	2,242
Fourth	17.8	11.2	9.5	7.1	12.4	8.1	13.0	7.5	3.5	1.7	2,269
Richest	34.6	20.2	18.2	12.1	23.8	20.0	25.8	17.3	9.0	3.7	2,222
Usual language spoken in the household											
Sheena	11.6	6.3	5.4	3.6	7.4	6.2	8.2	4.8	2.0	0.7	5,044
Balti	11.9	6.5	6.3	4.2	8.2	5.3	8.8	3.8	1.9	1.0	3,241
Brushaski	25.9	18.1	15.7	12.0	19.2	14.5	20.6	14.1	8.1	4.3	1,390

Table HA.1: Knowledge about HIV transmission, misconceptions about HIV, and comprehensive knowledge about HIV transmission

Percentage of women age 15-49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can be HIV-positive, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Gilgit-Baltistan, 2016-17

		Percentage who know transmission can be prevented by:				Percentage who know that HIV cannot be transmitted by:					
	Percentage who have heard of AIDS	Having only one faithful uninfected husband	Using a condom every time	Percentage of women who know both ways	Percentage who know that a healthy looking person can be HIV-positive	Mosquito bites	Supernatural means	Sharing food with someone with HIV	Percentage who reject the two most common misconceptions and know that a healthy looking person can be HIV-positive	Percentage with comprehensive knowledge[1]	Number of ever married women age 15-49 years
Total	14.3	8.5	7.5	5.2	9.9	7.3	10.5	6.3	3.1	1.4	10,744
Other languages	18.9	11.8	11.0	7.0	14.8	9.4	13.6	10.5	5.4	2.2	1,069
Division											
Gilgit	20.2	12.1	11.0	7.5	14.4	11.1	15.1	10.2	5.0	2.3	4,512
Baltistan	13.8	8.3	7.2	5.1	9.3	6.1	10.1	4.7	2.4	1.0	3,747
Diamer	4.2	2.0	1.7	1.2	2.6	2.1	2.8	1.4	0.7	0.4	2,485
District											
Astore	7.2	5.1	4.1	3.3	5.2	4.8	5.3	3.3	2.0	1.4	706
Diamer	3.0	0.8	0.8	0.3	1.5	1.0	1.8	0.6	0.2	0.1	1,779
Ghanche	5.0	2.9	2.2	1.6	2.8	3.4	4.2	2.0	0.7	0.4	1,036
Ghizer	18.0	10.9	9.4	6.4	12.9	9.2	12.2	8.0	3.8	1.7	1,456
Gilgit	19.9	8.9	10.3	5.6	13.7	12.7	15.6	11.3	5.8	2.3	1,968
Hunza	45.1	41.4	27.2	26.0	35.2	19.4	33.2	21.0	10.0	6.2	389
Kharmang	5.6	3.1	3.3	1.9	3.1	2.7	5.0	2.2	1.5	0.4	377
Nagar	11.8	7.6	7.5	4.9	7.9	6.3	9.6	5.7	2.5	1.3	699
Shigar	6.8	3.5	3.9	2.9	4.0	2.1	4.4	1.4	0.8	0.3	502
Skardu	22.4	13.8	11.7	8.3	15.7	9.5	16.0	7.7	4.0	1.7	1,832

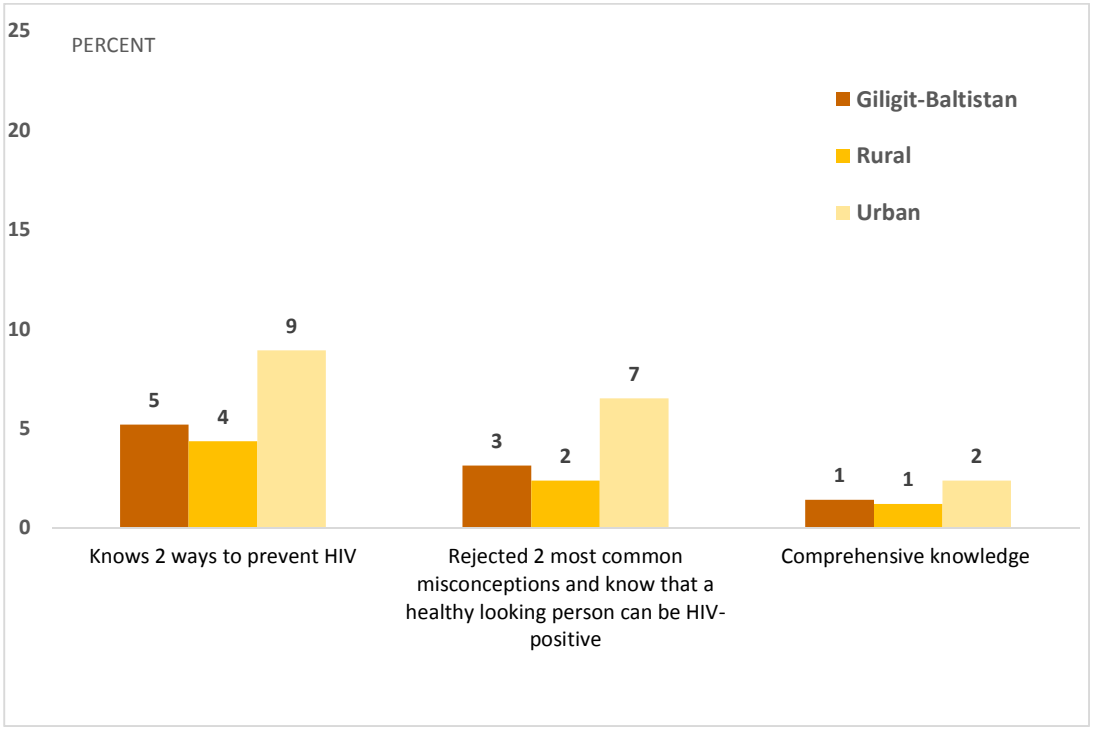
[1]**MICS indicator 9.1; MDG indicator 6.3 - Knowledge about HIV prevention among young women**

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 3 unweighted cases of women's education missing

Table HA.1 also provides the percentage of women who can correctly identify misconceptions concerning HIV. The indicator is based on the two most common and relevant misconceptions in Gilgit-Baltistan, that HIV can be transmitted by supernatural means and by mosquito bites. The table also provides information on whether the women know that HIV cannot be transmitted by sharing food with someone with AIDS. Overall, 3 percent of women reject the two most common misconceptions, and know that a healthy-looking person can be HIV-positive. About 11 percent of the women know that supernatural means, and 7 percent of women know that mosquito bites cannot spread HIV, while 10 percent of women know that a healthy-looking person can be HIV-positive. More women are able to correctly identify ways of HIV transmission and misconceptions concerning HIV in urban areas, with higher education and from richest households. Evidently, only 1 percent of women with pre-school or no education know that a healthy looking person can be HIV-positive compared to 37 percent of women with higher education.

Figure HA.1: Women with comprehensive knowledge of HIV transmission, Gilgit-Baltistan MICS, 2016-17



People who have comprehensive knowledge about HIV prevention include those who know of the two main ways of HIV prevention (having only one faithful uninfected husband and using a condom every time), who know that a healthy looking person can be HIV-positive, and who reject the two most common misconceptions. The comprehensive knowledge of HIV prevention methods and transmission is quite low but with clear differences by area of residence. Overall, only 1 percent of women were found to have comprehensive knowledge, which was higher in urban areas (2%) compared to rural areas (1%). The percentage of the women with comprehensive knowledge increases with their education level; lowest (approximately 0%) for women with only pre-school or no education and highest (6%) among women with higher education. Figure HA.1 summarises the information on comprehensive knowledge of HIV transmission by area.

Table HA.2: Knowledge of mother-to-child HIV transmission

Percentage of women age 15-49 years who correctly identify means of HIV transmission from mother to child, Gilgit-Baltistan, 2016-17

	Percentage of women age 15-49 who have heard of AIDS and:						
	Know HIV can be transmitted from mother to child:					Do not know any of the specific means of HIV transmission from mother to child	Number of ever married women age 15-49 years
	During pregnancy	During delivery	By breast-feeding	By at least one of the three means	By all three means[1]		
Total	11.2	9.1	9.7	12.6	6.7	1.6	10,744
Area of residence							
Urban	21.4	16.3	17.5	24.2	11.4	4.1	1,969
Rural	8.9	7.4	7.9	10.1	5.6	1.1	8,775
Age							
15-24[1]	12.2	9.0	11.1	13.7	7.1	1.4	4,730
15-19	10.7	8.1	10.4	12.1	6.6	1.4	2,765
20-24	14.3	10.4	12.1	15.9	7.7	1.4	1,964
25-29	13.0	11.4	11.8	15.5	8.0	2.3	1,754
30-39	11.3	9.8	8.3	12.5	6.6	2.0	2,500
40-49	6.5	5.7	5.6	7.2	4.5	1.0	1,760
Marital Status							
Currently married	9.9	8.3	8.1	11.2	5.8	1.4	6,783
Formerly married	2.8	1.6	2.6	2.8	1.6	0.7	276
Never married	14.2	10.9	13.1	16.0	8.7	2.1	3,684
Women's Education[a]							
None/pre-school	1.0	0.9	0.9	1.2	0.7	0.2	5,027
Primary	4.9	4.0	5.1	5.4	3.7	1.0	1,200
Middle	7.3	6.1	6.6	8.0	5.1	1.6	1,153
Secondary	18.9	15.9	17.4	21.3	12.4	2.3	1,635
Higher	40.4	31.7	33.1	46.0	22.0	5.4	1,725
Wealth index quintile							
Poorest	1.0	0.8	1.1	1.3	0.7	0.3	1,952
Second	3.4	2.7	3.3	3.8	2.2	0.6	2,059
Middle	8.1	7.0	7.7	9.8	5.1	1.0	2,242
Fourth	14.1	11.2	12.5	15.7	8.2	2.1	2,269
Richest	27.5	22.1	22.2	30.7	16.1	3.9	2,222
Usual language spoken in the household							
Sheena	9.1	7.2	7.9	10.1	5.7	1.5	5,044
Balti	9.0	7.2	8.1	10.5	5.1	1.5	3,241
Brushaski	20.4	16.8	17.0	23.4	11.6	2.5	1,390
Other languages	15.8	13.4	12.9	17.3	9.8	1.6	1,069
Division							
Gilgit	16.3	13.3	13.9	18.3	10.0	1.9	4,512
Baltistan	10.7	8.5	9.4	12.1	6.0	1.6	3,747
Diamer	2.8	2.3	2.3	3.1	1.8	1.1	2,485
District							
Astore	4.5	3.2	3.9	5.4	2.4	1.9	706
Diamer	2.1	1.9	1.7	2.2	1.6	0.8	1,779
Ghanche	3.7	3.1	3.6	4.4	2.3	0.6	1,036
Ghizer	14.3	11.5	14.2	16.4	10.0	1.6	1,456
Gilgit	15.4	12.5	11.7	17.6	8.3	2.2	1,968
Hunza	39.8	33.7	35.0	42.6	27.0	2.5	389
Kharmang	4.7	3.9	5.1	5.3	3.8	0.3	377
Nagar	9.5	7.7	8.1	10.5	5.4	1.3	699
Shigar	4.2	3.4	5.1	5.6	2.9	1.2	502
Skardu	17.7	13.8	14.7	19.8	9.3	2.6	1,832

[1] **MICS indicator 9.2 - Knowledge of mother-to-child transmission of HIV**
(*) Figures that are based on fewer than 25 unweighted cases
[a] Total includes 3 unweighted cases of women's education missing

Knowledge of mother-to-child transmission of HIV is also an important first step for women to seek HIV testing when they are pregnant to avoid infection in the baby. Women should know that HIV can

be transmitted during pregnancy, during delivery, and through breastfeeding. The level of knowledge among women age 15-49 years concerning mother-to-child transmission is presented in Tables HA.2.

In Gilgit-Baltistan, 13 percent of women age 15-49 years know that HIV can be transmitted from mother to child. The percentage of the women who know all three ways of mother-to-child transmission is 7 percent, while 2 percent did not know of any specific way. The proportion of women with knowledge of all the three ways of mother-to-child transmission is lowest in Diamer division (2%) and highest in Gilgit division (10%). Among districts, the women of Hunza district (27%) are more likely to have knowledge of all three ways of mother- to-child transmission. In urban areas, the proportion of women with knowledge of all the three ways is almost twice as high (11%) compared to rural areas (6%).

Accepting Attitudes toward People Living with HIV

The indicators on attitudes toward people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are considered low if respondents report an accepting attitude on the following four questions: 1) would care for a family member with AIDS in own home; 2) would buy fresh vegetables from a vendor who is HIV-positive; 3) thinks that a female teacher who is HIV-positive should be allowed to teach in school; and 4) would not want to keep it a secret if a family member is HIV-positive.

Table HA.3 provides data on the attitudes of women towards people living with HIV. In Gilgit-Baltistan, 96 percent of women who have heard of AIDS agree with at least one accepting statement. The most common accepting attitude is the believe that a female teacher who is HIV-positive and is not sick should be allowed to continue teaching (62%) followed by the women who would not want to keep secret that a family member got infected with the AIDS virus (61%).

Table HA.3: Accepting attitudes toward people living with HIV

Percentage of women age 15-49 years who have heard of AIDS who express an accepting attitude towards people living with HIV, Gilgit-Baltistan, 2016-17

	Percentage of women who:						
	Are willing to care for a family member who is HIV-positive in own home	Would buy fresh vegetables from a shopkeeper or vendor who is HIV-positive	Believe that a female teacher who is HIV-positive and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member is HIV-positive	Agree with at least one accepting attitude	Express accepting attitudes on all four indicators[1]	Number of ever married women age 15-49 who have heard of AIDS
Total	58.3	43.3	61.9	60.7	95.8	12.9	1,532
Area of residence							
Urban	60.6	48.6	68.7	63.8	96.4	17.9	557
Rural	56.9	40.3	58.0	58.9	95.4	10.0	975
Age							
15-24[1]	59.6	42.7	63.6	61.4	97.0	12.7	713
15-19	56.2	41.7	61.5	63.8	96.3	10.8	375
20-24	63.4	43.9	65.9	58.7	97.8	14.9	338
25-29	66.2	39.8	62.1	57.3	95.5	12.0	312
30-39	53.2	46.1	61.4	60.5	94.3	13.4	362
40-49	47.2	46.8	54.3	64.7	93.8	14.5	145
Marital Status							
Currently married	57.0	44.0	59.4	59.2	95.1	12.8	856
Formerly married	(*)	(*)	(*)	(*)	(*)	(*)	10
Never married	59.6	42.4	65.0	62.1	96.6	12.8	666
Women's Education							
None/pre-school	58.5	32.8	50.6	37.2	81.5	8.9	71
Primary	60.7	27.1	44.5	54.4	90.7	9.4	77
Middle	52.9	35.9	62.7	59.1	94.5	9.8	112
Secondary	57.1	39.5	59.2	60.0	96.1	9.8	386
Higher	59.2	48.1	65.4	63.6	97.4	15.2	887
Wealth index quintile							
Poorest	(49.8)	(22.2)	(66.1)	(79.7)	(97.6)	(4.4)	30
Second	55.3	36.1	59.9	63.9	95.9	8.0	90
Middle	59.2	43.5	61.7	62.8	95.8	16.7	240
Fourth	61.8	44.3	56.8	54.4	94.1	12.0	404
Richest	56.8	44.4	64.7	62.1	96.6	13.1	769
Usual language spoken in the household							
Sheena	49.1	42.6	56.8	54.7	93.7	10.3	583
Balti	67.1	40.1	69.9	66.0	97.0	18.1	387
Brushaski	62.4	44.8	62.2	62.4	97.4	11.6	360
Other languages	60.2	49.0	60.7	64.6	96.4	12.8	202
Division							
Gilgit	50.9	42.1	58.3	61.0	95.6	9.9	911
Baltistan	71.4	46.7	70.2	63.1	97.9	19.0	517
Diamer	57.7	37.0	51.5	45.5	86.6	9.1	104
District							
Astore	53.0	43.6	65.0	50.3	90.5	9.5	51
Diamer	(62.2)	(30.6)	(38.4)	(40.8)	(82.9)	(8.8)	53
Ghanche	35.4	24.9	59.1	85.8	94.0	5.8	51
Ghizer	50.8	39.9	46.7	65.4	94.4	10.8	263
Gilgit	40.5	46.7	71.1	56.4	96.2	8.0	391
Hunza	68.8	33.9	48.8	67.6	97.5	13.8	176
Kharmang	25.9	52.4	50.6	87.6	95.0	10.3	21
Nagar	61.9	44.9	55.1	55.1	92.7	7.5	82
Shigar	62.6	39.1	60.9	68.1	91.5	17.1	34
Skardu	79.0	49.8	73.4	58.5	99.0	21.2	410

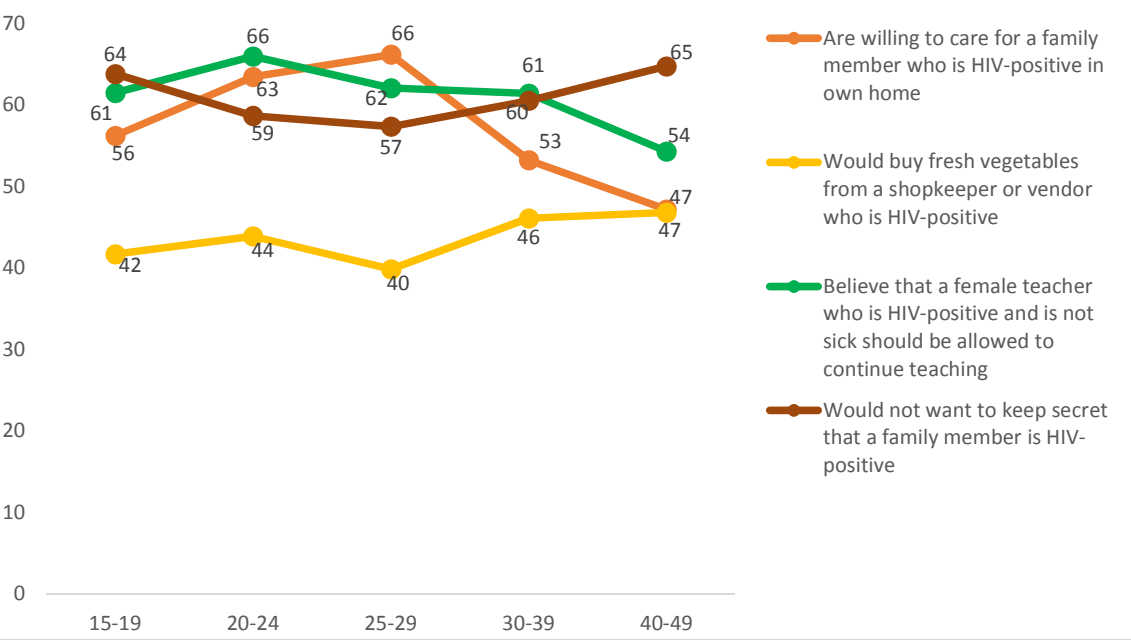
[1] **MICS indicator 9.3 - Accepting attitudes towards people living with HIV**

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Overall, 13 percent of the women express accepting attitude on all four indicators, the same is almost twice in urban (18%) compared to rural (10%). More educated women and those living in the richest households have more accepting attitudes than women with lower education and living in the poorest households. Information on women's accepting attitudes toward people living with HIV/AIDS by age is depicted in Figure HA.2.

Figure HA.2: Accepting attitudes toward people living with HIV/AIDS, Gilgit-Baltistan MICS, 2016-17



Knowledge of a Place for HIV Testing, Counselling and Testing during Antenatal Care

Another important indicator is the knowledge of the place for HIV testing and use of such services. In order to protect themselves and to prevent infecting others, it is important for individuals to know their HIV status. Knowledge of own status is also a critical factor in the decision to seek treatment.

Questions related to knowledge of a facility for HIV testing and whether a person has ever been tested are presented in Table HA.4. In Gilgit-Baltistan, about 4 percent of women knew where to be tested for HIV, while less than 1 percent of women have actually been tested and about the same proportion of women know the result of their most recent test. A very smaller proportion has been tested within the last 12 months and know the result (less than 1 percent).

Knowledge about the place to get tested for HIV is strongly associated with education of the women and wealth. About 14 percent of women with higher education, know a place to get tested compared to less than 1 percent of women with pre-school or no education. Similarly, less than 1 percent of women living in the poorest households know a place for HIV testing compared to more than 10 percent of women living in the highest households.

Table HA.4: Knowledge of a place for HIV testing

Percentage of women age 15-49 years who know where to get an HIV test, percentage who have ever been tested, percentage who have ever been tested and know the result of the most recent test, percentage who have been tested in the last 12 months, and percentage who have been tested in the last 12 months and know the result, Gilgit-Baltistan, 2016-17

	Percentage of women who:					
	Know a place to get tested[1]	Have ever been tested	Have ever been tested and know the result of the most recent test	Have been tested in the last 12 months	Have been tested in the last 12 months and know the result[2, 3]	Number of ever married women age 15-49
Total	3.7	0.4	0.3	0.1	0.1	10,744
Area of residence						
Urban	8.4	0.6	0.4	0.2	0.2	1,969
Rural	2.7	0.3	0.3	0.1	0.1	8,775
Age						
15-24[1]	3.5	0.2	0.1	0.1	0.1	4,730
15-19	3.4	0.1	0.1	0.1	0.1	2,765
20-24	3.7	0.4	0.2	0.1	0.1	1,964
25-29	4.8	0.4	0.4	0.2	0.2	1,754
30-39	4.2	0.3	0.3	0.2	0.2	2,500
40-49	2.5	0.7	0.7	0.1	0.1	1,760
Marital Status						
Currently married	3.5	0.5	0.4	0.1	0.1	6,783
Formerly married	0.3	0.0	0.0	0.0	0.0	276
Never married	4.4	0.1	0.1	0.1	0.1	3,684
Women's Education[a]						
None/pre-school	0.3	0.0	0.0	0.0	0.0	5,027
Primary	1.1	0.2	0.1	0.1	0.1	1,200
Middle	2.2	0.4	0.4	0.2	0.2	1,153
Secondary	6.2	0.4	0.4	0.2	0.2	1,635
Higher	14.1	1.4	1.2	0.4	0.3	1,725
Wealth index quintile						
Poorest	0.2	0.0	0.0	0.0	0.0	1,952
Second	0.9	0.2	0.2	0.1	0.1	2,059
Middle	2.2	0.1	0.1	0.0	0.0	2,242
Fourth	4.5	0.3	0.3	0.0	0.0	2,269
Richest	10.1	1.2	1.0	0.5	0.5	2,222
Usual language spoken in the household						
Sheena	3.2	0.3	0.2	0.1	0.1	5,044
Balti	2.2	0.2	0.2	0.1	0.1	3,241
Brushaski	9.0	0.9	0.8	0.3	0.3	1,390
Other languages	3.9	0.4	0.4	0.0	0.0	1,069
Division						
Gilgit	5.7	0.6	0.5	0.1	0.1	4,512
Baltistan	3.2	0.3	0.3	0.2	0.1	3,747
Diamer	0.8	0.0	0.0	0.0	0.0	2,485
District						
Astore	1.4	0.1	0.1	0.1	0.1	706
Diamer	0.6	0.0	0.0	0.0	0.0	1,779
Ghanche	1.3	0.0	0.0	0.0	0.0	1,036
Ghizer	1.1	0.0	0.0	0.0	0.0	1,456
Gilgit	7.4	0.9	0.7	0.2	0.2	1,968
Hunza	17.3	1.6	1.4	0.6	0.6	389
Kharmang	2.5	0.0	0.0	0.0	0.0	377
Nagar	4.2	0.4	0.4	0.1	0.1	699
Shigar	1.0	0.1	0.0	0.1	0.0	502
Skardu	5.1	0.6	0.6	0.3	0.3	1,832

[1] **MICS indicator 9.4 - Women who know where to be tested for HIV**

[2] **MICS indicator 9.5 - Women who have been tested for HIV and know the results**

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 3 unweighted cases of women's education missing

Among women who had given birth within the two years preceding the survey, the percentage who received counselling and HIV testing during antenatal care is presented in Table HA.5. In Gilgit-Baltistan, about 73 percent of these women received antenatal care, but very few received HIV counselling during antenatal care (less than 1%). About the same percentage of women were offered an HIV test, got tested during antenatal care and received results.

Table HA.5: HIV counselling and testing during antenatal care

Percentage of women age 15-49 years with a live birth in the last 2 years who received antenatal care from a health professional during the last pregnancy, percentage who received HIV counselling, percentage who were offered and tested for HIV, percentage who were offered, tested and received the results of the HIV test, and percentage who received counselling and were offered, accepted and received the results of the HIV test, Gilgit-Baltistan, 2016-17

	Percentage of women who:					
	Received antenatal care from a health care professional for last pregnancy	Received HIV counselling during antenatal care[1]	Were offered an HIV test and were tested for HIV during antenatal care	Were offered an HIV test and were tested for HIV during antenatal care, and received the results[2]	Received HIV counselling, were offered an HIV test, accepted and received the results	Number of ever married women age 15-49 years with a live birth in the last 2 years
Total	72.5	0.3	0.1	0.1	0.0	2,705
Area of residence						
Urban	87.2	0.0	0.0	0.0	0.0	462
Rural	69.5	0.3	0.2	0.2	0.1	2,244
Age						
15-24[1]	75.4	0.1	0.1	0.1	0.0	789
15-19	68.9	0.0	0.0	0.0	0.0	141
20-24	76.8	0.1	0.1	0.1	0.0	648
25-29	73.6	0.2	0.3	0.3	0.1	788
30-39	71.0	0.1	0.0	0.0	0.0	910
40-49	63.9	1.5	0.0	0.0	0.0	218
Marital Status						
Currently married	72.6	0.3	0.1	0.1	0.0	2,689
Formerly married	(*)	(*)	(*)	(*)	(*)	16
Women's Education[a]						
None/pre-school	58.8	0.0	0.0	0.0	0.0	1,526
Primary	81.8	0.2	0.2	0.2	0.2	298
Middle	89.8	1.6	0.0	0.0	0.0	216
Secondary	91.9	0.3	0.3	0.3	0.0	303
Higher	95.7	0.6	0.6	0.6	0.2	361
Wealth index quintile						
Poorest	48.6	0.0	0.0	0.0	0.0	566
Second	65.2	0.0	0.2	0.2	0.0	589
Middle	75.9	0.7	0.0	0.0	0.0	565
Fourth	84.2	0.3	0.2	0.2	0.2	493
Richest	93.0	0.3	0.4	0.4	0.1	492
Usual language spoken in the household						
Sheena	67.8	0.3	0.1	0.1	0.0	1,439
Balti	75.9	0.0	0.1	0.1	0.0	796
Brushaski	91.0	0.9	0.6	0.6	0.6	232
Other languages	71.1	0.0	0.2	0.2	0.0	239
Division						
Gilgit	91.1	0.3	0.2	0.2	0.1	966
Baltistan	72.4	0.0	0.1	0.1	0.0	873
Diamer	51.9	0.5	0.1	0.1	0.0	866
District						
Astore	74.8	0.4	0.4	0.4	0.0	189
Diamer	45.4	0.5	0.0	0.0	0.0	677
Ghanche	83.1	0.0	0.0	0.0	0.0	240
Ghizer	91.2	0.0	0.0	0.0	0.0	260
Gilgit	92.3	0.0	0.0	0.0	0.0	516
Hunza	99.0	3.7	2.7	2.7	1.8	49
Kharmang	57.8	0.0	0.0	0.0	0.0	96
Nagar	83.4	0.6	0.3	0.3	0.3	140
Shigar	74.2	0.0	0.0	0.0	0.0	143
Skardu	68.7	0.0	0.2	0.2	0.0	394

[1] **MICS indicator 9.7 - HIV counselling during antenatal care**
[2] **MICS indicator 9.8 - HIV testing during antenatal care**
(*) Figures that are based on fewer than 25 unweighted cases
[a] Total includes 1 unweighted case of women's education missing

HIV Indicators for Young Women

In many countries, over half of new adult HIV infections are among young people of age 15-24 years thus a change in behaviour among members of this age group is especially important to reduce new infections. The next tables present specific information on this age group.

Table HA.6 summarizes information on key HIV indicators for young women of age group 15-24 years. Results against women population of age 15-19 years with respect to comprehensive knowledge about HIV prevention (1%), knowledge of mother to child transmission (7%), and knowledge of a place to get tested (4%) are generally lower compared to the women population of age 20-24 years as a whole. Accepting attitudes towards people living with HIV for all the four indicators (discussed in Table HA.3) are almost the same in this age group (13%). Overall, less than 1 percent of the young women, have been tested for HIV in the last 12 months and know the result.

Table HA.6: Key HIV and AIDS indicators (young women)

Percentage of women age 15-24 years by key HIV and AIDS indicators, Gilgit-Baltistan, 2016-17

	Percentage of ever married women age 15-24 years who:							
	Have comprehensive knowledge[1]	Know all three means of HIV transmission from mother to child	Know a place to get tested for HIV	Have ever been tested and know the result of the most recent test	Have been tested in the last 12 months and know the result	Number of ever married women age 15-24 years	Percentage who express accepting attitudes towards people living with HIV on all four indicators	Number of ever married women age 15-24 years who have heard of AIDS
Total	1.0	7.1	3.5	0.1	0.1	4,730	12.7	713
Area of residence								
Urban	1.6	13.0	8.6	0.1	0.1	869	16.4	255
Rural	0.9	5.7	2.3	0.1	0.1	3,861	10.7	458
Age								
15-19[1]	0.8	6.6	3.4	0.1	0.1	2,765	10.8	375
15-17	0.6	5.4	2.7	0.1	0.1	1,708	10.7	195
18-19	1.1	8.6	4.4	0.0	0.0	1,058	10.8	180
20-24	1.3	7.7	3.7	0.2	0.1	1,964	14.9	338
20-22	0.7	7.6	3.5	0.0	0.0	1,331	17.2	222
23-24	2.3	7.9	4.0	0.6	0.4	634	10.5	117
Marital Status								
Currently married	0.6	4.2	2.5	0.2	0.1	1,471	13.7	165
Formerly married	(0.0)	(7.0)	(0.0)	(0.0)	(0.0)	47	(*)	3
Never married	1.2	8.4	4.0	0.1	0.1	3,212	12.5	545
Women's Education[a]								
None/pre-school	0.0	0.1	0.0	0.0	0.0	1,313	(*)	3
Primary	0.2	0.7	0.2	0.0	0.0	564	(*)	8
Middle	0.2	2.7	1.2	0.0	0.0	772	(7.1)	40
Secondary	0.5	9.9	4.9	0.4	0.2	1,109	9.2	211
Higher	4.0	20.4	10.3	0.2	0.1	969	15.2	451
Wealth index quintile								
Poorest	0.0	1.0	0.3	0.0	0.0	885	(1.9)	22
Second	0.3	3.0	1.5	0.4	0.2	898	11.8	55
Middle	0.5	6.7	2.9	0.1	0.0	1,040	17.1	146
Fourth	1.9	9.9	4.1	0.0	0.0	992	11.8	201
Richest	2.2	14.2	8.5	0.2	0.2	915	12.2	289
Usual language spoken in the household								
Sheena	0.4	4.9	3.0	0.0	0.0	2,240	11.1	245
Balti	0.8	6.9	2.4	0.3	0.2	1,439	17.3	218
Brushaski	2.9	13.1	7.7	0.2	0.1	608	10.0	173
Other languages	1.8	10.0	3.6	0.0	0.0	443	11.3	78
Division								
Gilgit	1.7	10.3	5.3	0.1	0.0	1,876	9.1	396
Baltistan	0.7	7.5	3.3	0.3	0.2	1,671	18.3	280
Diamer	0.3	1.2	0.8	0.0	0.0	1,182	(10.0)	37
District								
Astore	1.0	1.1	0.8	0.0	0.0	319	(2.6)	18
Diamer	0.0	1.3	0.9	0.0	0.0	863	(*)	19
Ghanche	0.4	3.2	1.5	0.0	0.0	442	(8.9)	33
Ghizer	2.6	8.7	0.8	0.0	0.0	586	10.3	109
Gilgit	1.0	8.9	6.0	0.0	0.0	829	6.8	169
Hunza	5.7	35.8	22.0	0.8	0.3	137	12.6	78
Kharmang	0.2	4.8	3.2	0.0	0.0	159	(5.0)	11
Nagar	0.2	6.1	4.7	0.1	0.1	323	8.9	40
Shigar	0.4	5.0	1.1	0.0	0.0	220	13.9	24
Skardu	1.1	10.9	4.8	0.5	0.4	850	20.9	211

[1] MICS indicator 9.1; MDG indicator 6.3 - Knowledge about HIV prevention among young women

na: not applicable

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 2 unweighted cases of women's education missing

Orphans

While the number of children orphaned due to AIDS has stabilized globally since 2009, efforts to mitigate the impact of AIDS on households, communities, and children continues to be intensified by national programmes and global partners. Children who are orphaned may be at increased risk of neglect or exploitation when the parents are not available to assist them. Monitoring the variations in different outcomes for orphans and comparing them to their peers gives us a measure of how well communities and governments are responding to their needs. The detailed information on living conditions of children and overall prevalence of orphanhood is available in Table CP.14 in Child Protection chapter.

Table HA.7 discusses information on the orphanhood status of children age 10-14 years, and their school attendance. About 0.4 percent of children age 10-14 years in Gilgit-Baltistan are orphans. The orphans to non-orphans school attendance ratio is (0.60), which suggests that orphans are disadvantaged in relation to non-orphans in this regard. The ratio is considerably low for girls (0.40) and in rural area (0.50) compared to boys & in urban area (1.1 respectively).

Table HA.7: School attendance of orphans and non-orphans

School attendance of children age 10-14 years by orphanhood, Gilgit-Baltistan, 2016-17

	Percentage of children whose mother and father have died (orphans)	Percentage of children whose parents are still alive and who are living with at least one parent (non-orphans)	Number of children age 10-14 years	Percentage of children whose mother and father have died (orphans) and are attending school	Total number of orphan children age 10-14 years	Percentage of children whose parents are still alive, who are living with at least one parent (non-orphans), and who are attending school	Total number of non-orphan children age 10-14 years	Orphans to non-orphans school attendance ratio[1]
Total	0.4	89.7	6,292	(*)	25	84.2	5,641	0.6
Area of residence								
Urban	0.2	88.8	1,101	(*)	2	87.6	978	1.1
Rural	0.4	89.9	5,191	(*)	23	83.4	4,664	0.5
Sex								
Male	0.2	89.5	3,098	(*)	7	92.6	2,772	1.1
Female	0.6	89.9	3,194	(*)	18	76.0	2,870	0.4

[1] **MICS indicator 9.16; MDG indicator 6.4 - Ratio of school attendance of orphans to school attendance of non-orphans**

See Table CP.14 for further overall results related to children's living arrangements and orphanhood

(*) Figures that are based on fewer than 25 unweighted cases

XIII. Access to Mass Media and Use of Information/Communication Technology

The Gilgit-Baltistan MICS, 2016-17 collected information on exposure to mass media and the use of computers and the internet. The information was collected on exposure to newspapers, magazines, radio and television among women age 15-49 years, while the questions on the use of computers and the internet were asked to the age group of 15-24 years only.

Access to Mass Media

The proportion of women age 15-49 years who read a newspaper or magazine, listen to the radio and watch television at least once a week is shown in table MT.1. The results witnessed that in Gilgit-Baltistan 11 percent of women read a newspaper or magazine, 7 percent listen to the radio, and 51 percent watch television at least once a week. Overall, 45 percent do not have regular exposure to any of the three types of media, while 55 percent are exposed to at least one and 2 percent to all the three on a weekly basis.

Table MT.1: Exposure to mass media

Percentage of women age 15-49 years who are exposed to specific mass media on a weekly basis, Gilgit-Baltistan, 2016-17

	Percentage of women age 15-49 years who:						
	Read a newspaper at least once a week	Listen to the radio at least once a week	Watch television at least once a week	All three media at least once a week[1]	Any media at least once a week	None of the media at least once a week	Number of women age 15-49 years
Total	10.6	6.7	50.6	1.5	54.9	45.0	10,744
Area of residence							
Urban	19.5	9.5	64.0	2.7	70.0	30.0	1,969
Rural	8.6	6.0	47.6	1.2	51.5	48.4	8,775
Age							
15-19	16.0	9.5	53.7	2.7	59.7	40.2	2,765
20-24	12.7	6.6	56.2	1.9	60.4	39.5	1,964
25-29	9.2	4.7	49.8	0.6	53.1	46.9	1,754
30-34	7.9	5.9	47.6	1.0	52.0	47.9	1,357
35-39	7.7	5.2	45.7	1.0	49.1	50.9	1,143
40-44	6.1	5.5	44.7	0.5	48.9	51.1	955
45-49	4.1	6.0	46.9	0.5	49.2	50.6	805
Women's Education[a]							
None/pre-school	0.3	3.5	29.3	0.0	31.8	68.2	5,027
Primary	5.1	8.5	47.5	0.9	52.9	46.8	1,200
Middle	12.5	7.1	66.9	1.1	71.8	28.1	1,153
Secondary	21.8	10.8	72.9	3.2	80.8	19.1	1,635
Higher	32.6	10.2	82.6	4.6	87.9	12.0	1,725
Wealth index quintile							
Poorest	1.9	2.7	18.4	0.2	21.3	78.7	1,952
Second	3.9	4.6	35.4	0.9	38.2	61.8	2,059
Middle	8.2	5.5	55.4	0.9	59.1	40.7	2,242
Fourth	12.4	7.1	64.8	1.5	70.4	29.5	2,269
Richest	25.0	12.7	73.5	3.5	79.9	20.1	2,222
Usual language spoken in the household							
Sheena	10.6	6.9	40.9	1.3	46.4	53.5	5,044
Balti	5.0	3.2	54.2	0.4	56.2	43.7	3,241
Brushaski	20.3	11.8	73.8	4.3	78.4	21.5	1,390
Other languages	15.0	9.4	55.1	1.6	60.3	39.5	1,069
Division							
Gilgit	18.4	10.6	66.0	2.9	72.0	28.0	4,512
Baltistan	5.2	3.3	56.7	0.6	58.6	41.4	3,747
Diamer	4.6	4.7	13.3	0.2	18.4	81.5	2,485

Table MT.1: Exposure to mass media

Percentage of women age 15-49 years who are exposed to specific mass media on a weekly basis, Gilgit-Baltistan, 2016-17

	Percentage of women age 15-49 years who:						
	Read a newspaper at least once a week	Listen to the radio at least once a week	Watch television at least once a week	All three media at least once a week[1]	Any media at least once a week	None of the media at least once a week	Number of women age 15-49 years
Total	10.6	6.7	50.6	1.5	54.9	45.0	10,744
District							
Astore	9.9	8.2	28.2	0.2	38.3	61.5	706
Diamer	2.5	3.3	7.5	0.2	10.4	89.4	1,779
Ghanche	1.6	1.1	41.4	0.1	42.3	57.7	1,036
Ghizer	16.4	7.6	67.6	2.4	70.3	29.6	1,456
Gilgit	21.0	15.1	60.1	4.1	69.7	30.3	1,968
Hunza	28.3	9.3	75.0	1.8	82.1	17.6	389
Kharmang	3.0	2.3	67.0	0.3	68.7	31.3	377
Nagar	9.8	4.6	74.3	1.2	76.2	23.8	699
Shigar	5.9	2.9	45.2	0.6	48.5	51.5	502
Skardu	7.5	4.8	66.4	0.9	68.6	31.4	1,832

[1] **MICS indicator 10.1 - Exposure to mass media**

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 3 unweighted cases of women's education missing

Among divisions, exposure to any media[69] was highest in Gilgit division (72%) and lowest in Diamer (18%). By districts, one in ten women are exposed to any media in Diamer district versus eight in ten in Hunza district. Women in households in the wealthiest quintile are most likely to be exposed to any type of media (80%). Strong differentials by area of residence and women's education are also observed for exposure to any media at least once a week. Seventy percent of urban women are exposed to any media compared to 52 percent of rural women.

Women with higher education are more likely to be exposed to all the three types of media than women with primary education. Exposure to all three types of media is also higher among women from wealthier households and from urban areas.

Use of Information/Communication Technology

The questions on computer and internet use were asked only to women age 15-24. As shown in Table MT.2. In Gilgit-Baltistan, 30 percent of women in the age group 15-24 years have ever used a computer, 21 percent during the last year and 12 percent at least once a week during the last month. Overall, 11 percent of the women have ever used the internet, while 10 percent of women used internet during the last year. The proportion of young women who used the internet "more frequently", or "at least once a week" during the last month, is smaller, at about 6 percent.

As expected, both the computer and internet use during the last 12 months is more widespread among women age 15-19. At division level, proportion of women using a computer during the last year being lowest (4%) in Diamer division and highest (36%) in Gilgit division. The results revealed that there is huge variation among districts, the proportion of women using a computer varies from 2 percent in Diamer district to 78 percent in Hunza district. Use of a computer and the internet is also strongly associated with area of residence, women's education and wealth status of the household.

[69] Exposure to mass media defined, including read newspaper/magazine (10.6%), listened to the radio (6.7%) and watched television (50.6%), as being exposed to all three mass media together atleast once a week. In GB, more than half of women age 15-49 (55 %) have been exposed to any media, at least once a week.

Only 1 percent of women of age group 15-24 with primary education reported using a computer during the last year, while about half (47%) of the women with higher education during the same period used a computer. Similarly, higher utilization of the internet is observed among the women in urban areas (23%) compared to women in rural areas (7%). The proportion is higher (28%) for women living in richest households compared to less than 1 percent of women living in the poorest households.

Table MT.2: Use of computers and internet

Percentage of young women age 15-24 years who have ever used a computer and the internet, percentage who have used during the last 12 months, and percentage who have used at least once weekly during the last one month, Gilgit-Baltistan, 2016-17

	Percentage of women age 15-24 who have:						
	Ever used a computer	Used a computer during the last 12 months[1]	Used a computer at least once a week during the last one month	Ever used the internet	Used the internet during the last 12 months[2]	Used the internet at least once a week during the last one month	Number of women age 15-24 years
Total	29.5	20.9	11.5	11.0	9.9	6.4	4,730
Area of residence							
Urban	48.8	35.1	20.1	24.5	23.3	15.8	869
Rural	25.2	17.7	9.6	8.0	6.9	4.3	3,861
Age							
15-19	31.2	23.2	12.9	10.0	8.8	5.3	2,765
20-24	27.2	17.6	9.6	12.5	11.5	8.0	1,964
Women's Education[a]							
None/pre-school	1.7	1.1	0.7	0.0	0.0	0.0	1,313
Primary	8.4	4.7	1.7	1.1	0.8	0.1	564
Middle	28.9	21.2	12.2	3.9	3.4	2.2	772
Secondary	43.1	29.2	15.0	13.3	12.0	6.1	1,109
Higher	64.6	47.6	27.3	34.8	31.6	22.4	969
Wealth index quintile							
Poorest	4.5	3.2	1.9	0.7	0.4	0.1	885
Second	12.1	7.1	3.3	1.8	1.2	0.8	898
Middle	28.8	18.4	9.0	7.3	6.2	2.5	1,040
Fourth	41.2	29.5	14.8	15.0	13.3	8.2	992
Richest	59.1	45.1	28.3	30.0	28.3	20.5	915
Usual language spoken in the household							
Sheena	24.8	17.2	9.3	9.0	8.2	6.1	2,240
Balti	27.3	16.8	6.9	7.1	6.2	2.9	1,439
Brushaski	51.1	40.9	26.8	25.9	23.8	15.3	608
Other languages	30.8	25.5	16.7	13.6	12.0	6.9	443
Division							
Gilgit	46.0	35.8	22.1	20.1	18.5	12.9	1,876
Baltistan	27.0	16.0	6.2	6.7	5.9	2.7	1,671
Diamer	6.9	4.3	2.2	2.7	2.0	1.2	1,182
District							
Astore	15.3	9.3	3.5	4.9	3.5	1.4	319
Diamer	3.8	2.4	1.7	1.9	1.4	1.2	863
Ghanche	15.8	9.5	4.4	3.3	2.4	1.3	442
Ghizer	31.5	23.7	14.5	9.3	8.1	6.6	586
Gilgit	51.7	40.5	25.4	25.0	23.4	16.7	829
Hunza	90.6	78.0	47.1	56.5	53.0	33.5	137
Kharmang	14.5	5.3	2.2	1.7	0.9	0.0	159
Nagar	38.7	27.8	17.0	11.9	10.4	5.6	323
Shigar	21.3	13.7	4.9	5.0	4.3	1.3	220
Skardu	36.6	21.9	8.2	9.9	9.1	4.3	850

[1] **MICS indicator 10.2 - Use of computers**
[2] **MICS indicator 10.3 - Use of internet**
(*) Figures that are based on fewer than 25 unweighted cases
[a] Total includes 2 unweighted cases of women's education missing

XIV. SUBJECTIVE WELL-BEING

Subjective perceptions of individuals of their incomes, health, living environments and the like, play a significant role in their lives and can impact their perception of well-being, irrespective of objective conditions such as actual income and physical health status[70]. In Gilgit-Baltistan MICS, 2016-17 a set of questions were asked to women age 15-24 years to understand how satisfied this group of young people is in different areas of their lives, such as their family life, friendships, school, current job, health, where they live, how they are treated by others, how they look, and their current income.

Life satisfaction is a measure of an individual's perceived level of well-being. Understanding young women's satisfaction in different areas of their lives can help to gain a comprehensive picture of young people's life situations. A distinction can also be made between life satisfaction and happiness. Happiness is a fleeting emotion that can be affected by numerous factors, including day-to-day factors such as the weather, or a recent death in the family. It is possible for a person to be satisfied with job, income, family life, friends, and other aspects of life, but still be unhappy, or vice versa. In addition to the set of questions on life satisfaction, the survey also asked questions about happiness and the respondents' perceptions of a better life.

To assist respondents in answering the set of questions on happiness and life satisfaction they were shown a card with smiling faces (and not so smiling faces) that corresponded to the response categories (see 'Questionnaires for individual women' in Appendix–G) 'very satisfied', 'somewhat satisfied', 'neither satisfied nor unsatisfied', 'somewhat unsatisfied' and 'very unsatisfied'. For the question on happiness, the same scale was used, this time ranging from 'very happy' to 'very unhappy', in the same fashion.

Table SW.1 shows the proportion of young women age 15-24, who are very or somewhat satisfied in selected domains. Note that for three domains, satisfaction with school, job and income, the denominators are confined to those who are currently attending school, have a job, and have an income. Of the different domains, young women are very or somewhat satisfied with their family life (89%), their health (85%), and the way they are treated by others (88%). Overall, 94 percent of young women do not have an income at all and out of those who have income, 85 percent are very or somewhat satisfied with their current income.

In Gilgit-Baltistan, 33 percent of the young women age 15-24 years are attending school, the proportion is better in urban areas (46%) compared to rural areas (30%). The results revealed that there is significant difference among divisions and districts as only 7 percent young women are attending school in Diamer division compared to 46 percent in Gilgit division. Among districts, only one in twenty five young women in Diamer district are attending school compared to one in two in Hunza district.

[70] OECD. 2013. *OECD Guidelines on Measuring Subjective Well Being*. OECD. http://dx.doi.org/10.1787/9789264191655-en

Table SW.1: Domains of life satisfaction

Percentage of women age 15-24 years who are very or somewhat satisfied in selected domains of satisfaction, Gilgit-Baltistan, 2016-17

	Percentage of women age 15-24 who are very or somewhat satisfied with selected domains:						Percentage of women age 15-24 years who:			Number of women age 15-24 years	Percentage of women age 15-24 years who are very or somewhat satisfied with school/educational institute	Number of women age 15-24 years attending school	Percentage of women age 15-24 years who are very or somewhat satisfied with their job	Number of women age 15-24 years who have a job	Percentage of women age 15-24 years who are very or somewhat satisfied with their income	Number of women age 15-24 years who have an income
	Family life	Friendships	Health	Living environment	Treatment by others	The way they look	Are attending school	Have a job	Have an income							
Total	89.1	90.5	85.2	87.9	88.0	88.4	33.0	4.6	6.4	4,730	94.5	1,561	91.7	218	84.5	301
Area of residence																
Urban	91.3	88.4	86.0	85.8	87.6	90.4	45.7	6.1	7.5	869	92.6	397	(98.2)	53	(85.6)	65
Rural	88.6	91.0	85.0	88.4	88.1	87.9	30.1	4.3	6.1	3,861	95.2	1,163	89.7	165	84.2	236
Age																
15-19	91.1	91.4	86.6	88.3	88.1	89.1	45.9	2.6	4.2	2,765	94.9	1,269	(92.0)	72	83.2	115
20-24	86.3	89.3	83.2	87.4	87.9	87.3	14.9	7.4	9.5	1,964	92.9	292	91.6	146	85.2	186
Marital Status																
Ever married	86.8	87.9	83.2	87.4	86.4	86.6	6.0	5.7	7.5	1,518	92.2	91	91.9	87	84.6	114
Never married	90.3	91.8	86.2	88.2	88.8	89.2	45.8	4.1	5.8	3,212	94.7	1,470	91.7	131	84.4	187
Women's Education[a]																
None/pre-school	86.0	86.3	80.5	86.9	85.4	84.3	0.3	2.9	5.1	1,313	(*)	5	(*)	38	79.2	66
Primary	87.0	89.2	85.5	88.2	89.7	87.8	10.1	2.4	4.9	564	97.3	57	(*)	14	(88.7)	28
Middle	91.1	93.9	87.6	88.2	88.2	87.6	48.8	1.9	2.5	772	94.7	377	(*)	15	(*)	19
Secondary	91.6	93.1	86.6	89.5	89.6	91.7	51.5	4.3	6.5	1,109	93.4	571	(95.5)	47	84.3	72
Higher	90.2	91.5	88.0	87.1	88.8	90.9	56.9	10.8	11.9	969	95.4	552	90.5	105	84.5	116
Wealth index quintile																
Poorest	83.1	89.2	81.5	85.1	83.9	82.2	13.0	1.3	3.9	885	90.4	115	(*)	11	(76.7)	35
Second	86.1	90.7	82.2	86.4	86.8	84.0	23.2	3.7	6.5	898	90.9	208	(80.6)	33	77.9	59
Middle	89.9	90.3	85.9	89.5	90.0	89.1	37.3	3.7	4.9	1,040	95.5	388	(91.6)	39	(81.1)	51
Fourth	89.9	92.1	86.0	90.0	88.8	91.2	41.2	5.3	6.8	992	96.6	408	(91.4)	53	87.8	67
Richest	96.2	90.2	90.1	88.2	90.1	94.6	48.2	9.0	9.8	915	94.6	441	100.0	82	91.2	90
Usual language spoken in the household																
Sheena	89.9	88.8	86.2	87.8	87.2	91.4	26.5	5.4	6.6	2,240	95.9	593	94.0	122	88.0	147
Balti	87.3	91.4	82.9	87.2	86.7	82.6	35.0	2.5	4.1	1,439	92.3	504	(82.9)	37	77.2	59
Brushaski	87.5	93.6	85.6	89.1	91.1	89.7	49.8	5.9	9.1	608	93.2	303	(87.6)	36	83.7	55
Other languages	93.6	92.1	87.1	89.8	92.3	90.1	36.3	5.3	9.1	443	98.7	161	(*)	23	(83.2)	40

Table SW.1: Domains of life satisfaction

Percentage of women age 15-24 years who are very or somewhat satisfied in selected domains of satisfaction, Gilgit-Baltistan, 2016-17

	Percentage of women age 15-24 who are very or somewhat satisfied with selected domains:						Percentage of women age 15-24 years who:			Number of women age 15-24 years	Percentage of women age 15-24 years who are very or somewhat satisfied with school/educational institute	Number of women age 15-24 years attending school	Percentage of women age 15-24 years who are very or somewhat satisfied with their job	Number of women age 15-24 years who have a job	Percentage of women age 15-24 years who are very or somewhat satisfied with their income	Number of women age 15-24 years who have an income
	Family life	Friendships	Health	Living environment	Treatment by others	The way they look	Are attending school	Have a job	Have an income							
Total	89.1	90.5	85.2	87.9	88.0	88.4	33.0	4.6	6.4	4,730	94.5	1,561	91.7	218	84.5	301
Division																
Gilgit	90.6	91.8	87.7	90.4	90.8	93.0	46.0	7.4	9.6	1,876	95.6	863	93.6	139	86.5	181
Baltistan	88.2	91.9	84.5	87.8	87.4	83.8	36.8	2.3	3.9	1,671	93.4	616	(83.5)	38	79.7	65
Diamer	88.2	86.6	82.3	84.3	84.5	87.5	7.0	3.5	4.7	1,182	91.1	82	(92.9)	41	(83.6)	56
District																
Astore	82.6	86.6	79.3	79.0	76.6	87.6	14.8	2.9	3.2	319	89.1	47	(*)	9	(*)	10
Diamer	90.2	86.5	83.4	86.3	87.5	87.5	4.1	3.7	5.3	863	(93.8)	35	(*)	32	(86.5)	45
Ghanche	79.1	85.6	74.6	78.1	77.8	70.6	28.1	2.7	3.7	442	82.8	124	(*)	12	(*)	16
Ghizer	87.5	93.9	83.1	88.4	89.6	90.6	44.0	5.1	11.5	586	96.6	258	(*)	30	76.6	67
Gilgit	94.9	89.6	92.3	91.2	91.0	96.4	44.9	10.6	11.2	829	95.4	372	(97.0)	88	(93.7)	93
Hunza	89.3	91.1	86.6	86.8	88.5	93.2	56.3	7.5	7.1	137	96.5	77	(*)	10	(*)	10
Kharmang	96.0	98.0	94.9	97.3	97.5	97.0	27.7	0.3	3.3	159	97.8	44	(*)	1	(*)	5
Nagar	85.4	94.0	84.8	93.4	93.4	88.4	48.1	3.1	3.3	323	94.2	156	(*)	10	(*)	11
Shigar	95.0	95.3	87.5	90.8	92.5	92.9	29.6	2.1	9.0	220	96.7	65	(*)	5	(80.6)	20
Skardu	89.7	93.2	86.8	90.2	89.2	85.8	45.0	2.4	2.8	850	95.8	383	(*)	21	(*)	24

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 2 unweighted cases of women's education missing

In Table SW.2, proportions of women age 15-24 years with overall life satisfaction are shown. The term “life satisfaction” is defined as those who are very or somewhat satisfied with their life overall, and is based on a single question which was asked after the life satisfaction questions on all of the previously mentioned domains, with the exception of the question on satisfaction with income, which was asked later. About 91 percent of women age 15-24 are satisfied with their life overall. There is a positive relationship between wealth and life satisfaction. The proportion of women that is satisfied ranges from 85 percent of women living in the poorest households to 96 percent living in the richest households. The proportion of women who are satisfied with life varies with educational level of the woman; 87 percent for women with pre-school or no education versus 94 percent for those with higher education.

As a summary measure, the average life satisfaction score is also calculated and included in table SW.2. The score is calculated simply by averaging the responses to the question on overall life satisfaction, ranging from very satisfied (1) to very unsatisfied (5). Therefore, the lower the average score, the higher the life satisfaction levels. The table indicates very clearly that there is a strong relationship between the average life satisfaction score and the socioeconomic status of young women.

The information in the table suggests that 88 percent of women age 15-24 years are very or somewhat happy. Differences by wealth quintiles and among districts can also be observed for this indicator; however, there is very slight difference between women age 15-19 and 20-24.

Table SW.2: Overall life satisfaction and happiness

Percentage of women age 15-24 years who are very or somewhat satisfied with their life overall, the average overall life satisfaction score, and percentage of women age 15-24 years who are very or somewhat happy, Gilgit-Baltistan, 2016-17

	Percentage of women with overall life satisfaction[1]	Average life satisfaction score	Percentage of women who are very or somewhat happy [2]	Number of women age 15-24 years
Total	90.5	1.7	88.1	4,730
Area of residence				
Urban	93.1	1.6	88.2	869
Rural	89.9	1.7	88.0	3,861
Age				
15-19	91.3	1.6	89.2	2,765
20-24	89.3	1.7	86.5	1,964
Marital Status				
Ever married	88.2	1.7	87.1	1,518
Never married	91.5	1.6	88.5	3,212
Women's Education[a]				
None/pre-school	86.8	1.8	87.2	1,313
Primary	90.1	1.7	86.8	564
Middle	91.1	1.6	88.3	772
Secondary	91.5	1.6	87.9	1,109
Higher	94.0	1.7	89.8	969
Wealth index quintile				
Poorest	85.1	1.8	84.5	885
Second	85.9	1.8	85.7	898
Middle	91.9	1.6	88.5	1,040
Fourth	92.4	1.6	88.9	992
Richest	96.3	1.5	92.3	915
Usual language spoken in the household				
Sheena	90.7	1.6	88.5	2,240
Balti	87.6	1.7	86.7	1,439
Brushaski	94.3	1.7	85.7	608
Other languages	93.5	1.6	93.5	443
Division				
Gilgit	94.4	1.6	89.1	1,876
Baltistan	88.3	1.7	87.0	1,671
Diamer	87.3	1.8	88.0	1,182
District				
Astore	80.2	2.0	77.5	319
Diamer	89.9	1.7	91.9	863
Ghanche	76.9	2.0	80.5	442
Ghizer	91.6	1.7	90.0	586
Gilgit	96.1	1.5	91.0	829
Hunza	94.3	1.8	86.3	137
Kharmang	96.1	1.4	93.3	159
Nagar	95.3	1.7	83.7	323
Shigar	94.5	1.7	93.1	220
Skardu	91.2	1.6	87.5	850

[1] **MICS Indicator 11.1 - Life satisfaction**
[2] **MICS indicator 11.2 - Happiness**
(*) Figures that are based on fewer than 25 unweighted cases
[a] Total includes 2 unweighted cases of women's education missing

In addition to the series of questions on life satisfaction and happiness, respondents were also asked two simple questions on whether they think their life improved during the last one year, and whether they think their life will be better in one year's time. Such information may contribute to our understanding of desperation that may exist among young people, as well as hopelessness and hopes for the future. Specific combinations of the perceptions during the last one year and expectations for the next one year may be valuable information to understand the general sense of well-being among young people.

Table SW.3: Perception of a better life

Percentage of women age 15-24 years who think that their lives improved during the last one year and those who expect that their lives will get better after one year, Gilgit-Baltistan, 2016-17

	Percentage of women who think that their life			
	Improved during the last one year	Will get better after one year	Both[1]	Number of women age 15-24 years
Total	66.5	90.4	63.6	4,730
Area of residence				
Urban	69.2	93.7	66.6	869
Rural	65.9	89.6	62.9	3,861
Age				
15-19	68.3	91.3	65.7	2,765
20-24	63.9	89.1	60.5	1,964
Marital Status				
Ever married	63.0	87.8	59.6	1,518
Never married	68.2	91.5	65.5	3,212
Women's Education				
None/pre-school	58.1	84.9	54.4	1,313
Primary	58.9	84.7	54.5	564
Middle	74.0	92.1	71.0	772
Secondary	69.8	94.4	68.0	1,109
Higher	72.6	95.1	70.4	969
Wealth index quintile				
Poorest	54.5	83.0	50.4	885
Second	63.1	86.8	60.4	898
Middle	68.2	91.6	65.5	1,040
Fourth	74.5	94.7	71.9	992
Richest	70.9	94.8	68.2	915
Usual language spoken in the household				
Sheena	66.1	91.4	63.6	2,240
Balti	66.3	85.7	62.0	1,439
Brushaski	69.3	96.2	67.7	608
Other languages	65.5	92.3	62.9	443
Division				
Gilgit	71.6	94.1	69.2	1,876
Baltistan	67.6	86.3	63.6	1,671
Diamer	57.0	90.2	54.7	1,182
District				
Astore	55.2	91.9	52.8	319
Diamer	57.6	89.5	55.4	863
Ghanche	56.3	77.9	51.1	442
Ghizer	69.5	93.3	66.7	586
Gilgit	72.7	93.6	70.2	829
Hunza	76.1	96.5	73.9	137
Kharmang	69.8	92.7	68.6	159
Nagar	70.5	95.7	68.9	323
Shigar	64.2	82.2	55.0	220
Skardu	73.9	90.6	71.3	850

[1] **MICS indicator 11.3 - Perception of a better life**

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 2 unweighted cases of women's education missing

In Table SW.3, women's perceptions of a better life are presented. The proportion of women age 15-24 years who think that their lives improved during the last one year and who expect that their lives will get better after one year, is 64 percent. Differences in the perception of a better life can be observed by wealth; 50 percent of the women living in the poorest households think that their lives improved during the last one year and expect that it will get better after one year, while the corresponding proportion of women is highest who are living in the households in the fourth quintile (72%). Differences for perception of a better life also exist by area of residence, lower in rural areas (63%) compared to urban areas (67%). By districts; the proportion is lowest in Astore district (55%) compared to Hunza district (76%).

XV. TOBACCO USE

Tobacco products are made entirely or partly of leaf tobacco as raw material, which are intended to be smoked, sucked, chewed, or snuffed. All contain the highly addictive psychoactive ingredient, nicotine. Tobacco use is one of the main risk factors for a number of chronic diseases, including cancer, lung diseases, and cardiovascular diseases.[71]

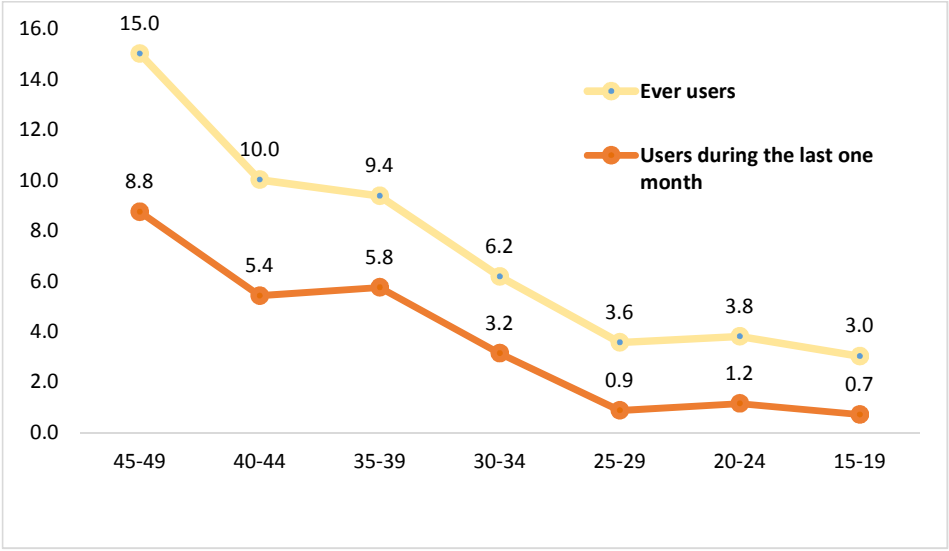
The Gilgit-Baltistan MICS, 2016-17 collected information on ever and current use of tobacco and intensity of use among women age 15-49 years.

Tobacco Use

The data on ever and current use of tobacco products by women age 15-49 is displayed in table TA.1. In Gilgit-Baltistan, about 6 percent of women reported to have ever used a tobacco product, while 3 percent smoked cigarettes, or used smoked or smokeless tobacco products on one or more days during the last one month.

Tobacco use among women, during the last one month, was highest in Baltistan division (3%) compared to the other divisions. The tobacco use is least common in Hunza district (less than 1%) than in other districts highest in Skardu district (4%) during the last one month. Use of tobacco in rural areas is almost same as in urban areas (3% respectively). Among women, the use of any tobacco product during the last one month is higher with low education and those living in the poorest households. The results witnessed that use of tobacco increases with age, very few young women age 15-19 use tobacco (less than 1%) compared to women age 45-49 (9%). Similarly, 3 percent of women living in poorest households use tobacco products compared to less than 2 percent of women living in richest households. Figure TA.1 illustrates ever and current smokers by age of the woman.

Figure TA.1: Ever and current smokers by age groups, Gilgit-Baltistan MICS, 2016-17



[71] WHO. http://www.who.int/topics/tobacco/en/

Table TA.1: Current and ever use of tobacco

Percentage of women age 15-49 years by pattern of use of tobacco, Gilgit-Baltistan, 2016-17

	Never smoked cigarettes or used other tobacco products	Ever users				Users of tobacco products at any time during the last one month				Number of women age 15-49 years
		Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product	Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product[1]	
Total	94.1	2.5	0.3	3.1	5.9	0.6	0.1	2.1	2.7	10,744
Area of residence										
Urban	94.3	3.0	0.1	2.6	5.7	0.9	0.0	1.6	2.5	1,969
Rural	94.0	2.4	0.3	3.2	5.9	0.5	0.1	2.2	2.7	8,775
Age										
15-19	96.9	2.3	0.2	0.6	3.0	0.6	0.0	0.2	0.7	2,765
20-24	96.2	2.6	0.1	1.2	3.8	0.7	0.0	0.4	1.2	1,964
25-29	96.3	2.0	0.1	1.4	3.6	0.3	0.0	0.6	0.9	1,754
30-34	93.5	2.3	0.3	3.7	6.2	0.3	0.0	2.8	3.2	1,357
35-39	90.5	3.1	0.6	5.7	9.4	0.7	0.2	4.9	5.8	1,143
40-44	90.0	2.0	0.6	7.4	10.0	0.9	0.1	4.4	5.4	955
45-49	85.0	3.9	0.7	10.4	15.0	1.0	0.3	7.5	8.8	805
Under-5s in the same household										
At least one	93.9	2.5	0.3	3.3	6.0	0.6	0.0	2.1	2.8	7,326
None	94.5	2.4	0.3	2.8	5.5	0.5	0.1	1.9	2.5	3,418
Women's education[a]										
None/pre-school	92.2	2.0	0.3	5.3	7.6	0.5	0.1	3.9	4.5	5,027
Primary	95.1	2.6	0.3	2.1	4.9	0.7	0.0	1.4	2.1	1,200
Middle	96.0	2.5	0.2	1.2	4.0	0.8	0.1	0.1	1.0	1,153
Secondary	96.3	3.2	0.0	0.5	3.7	0.5	0.0	0.2	0.7	1,635
Higher	95.3	3.0	0.5	1.2	4.6	0.7	0.0	0.2	0.9	1,725
Wealth index quintile										
Poorest	94.1	1.7	0.2	3.9	5.8	0.3	0.1	2.6	3.0	1,952
Second	93.9	1.8	0.4	3.7	6.0	0.5	0.2	2.6	3.3	2,059
Middle	94.9	2.1	0.2	2.7	5.0	0.5	0.0	1.8	2.4	2,242
Fourth	93.6	2.6	0.1	3.7	6.4	0.5	0.0	2.5	2.9	2,269
Richest	93.8	4.0	0.5	1.7	6.2	1.1	0.0	0.8	1.9	2,222
Usual language spoken in the household										
Sheena	93.9	2.9	0.4	2.7	5.9	0.7	0.1	2.2	3.0	5,044
Balti	94.0	1.3	0.2	4.6	6.0	0.3	0.0	2.7	3.1	3,241
Brushaski	94.7	3.8	0.1	1.4	5.3	0.5	0.0	0.4	1.0	1,390
Other languages	94.1	2.4	0.5	2.9	5.8	0.9	0.0	1.1	2.0	1,069

Table TA.1: Current and ever use of tobacco

Percentage of women age 15-49 years by pattern of use of tobacco, Gilgit-Baltistan, 2016-17

	Never smoked cigarettes or used other tobacco products	Ever users				Users of tobacco products at any time during the last one month				Number of women age 15-49 years
		Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product	Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product[1]	
Total	94.1	2.5	0.3	3.1	5.9	0.6	0.1	2.1	2.7	10,744
Division										
Gilgit	93.7	3.7	0.3	2.2	6.2	1.0	0.1	1.4	2.4	4,512
Baltistan	94.0	1.4	0.2	4.4	6.0	0.4	0.1	2.7	3.2	3,747
Diamer	94.8	1.9	0.3	2.8	4.9	0.2	0.0	2.3	2.5	2,485
District										
Astore	89.8	5.2	0.9	4.1	10.2	0.5	0.1	3.4	4.0	706
Diamer	96.8	0.6	0.0	2.3	2.9	0.1	0.0	1.8	1.9	1,779
Ghanche	98.5	0.9	0.0	0.6	1.5	0.2	0.0	0.3	0.5	1,036
Ghizer	96.4	1.6	0.2	1.7	3.5	0.2	0.0	0.8	1.0	1,456
Gilgit	91.5	5.4	0.5	2.6	8.5	1.8	0.1	2.0	3.9	1,968
Hunza	97.0	1.3	0.2	1.4	3.0	0.1	0.0	0.1	0.3	389
Kharmang	93.1	1.8	0.3	4.9	6.9	0.2	0.0	3.9	4.2	377
Nagar	92.6	4.8	0.1	2.5	7.4	0.8	0.0	1.3	2.1	699
Shigar	91.5	2.5	0.4	5.4	8.3	0.5	0.0	3.2	3.7	502
Skardu	92.3	1.3	0.3	6.2	7.7	0.5	0.2	3.7	4.4	1,832

[1] **MICS indicator 12.1 - Tobacco use**

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 3 unweighted cases of women's education missing

Table TA.2 presents data on age at first use of cigarettes, as well as frequency of use. The results show that about 1 percent of women 15-49 years smoked a cigarette for the first time before age 15, the proportion is twice in Astore district (more than 2%) compared to any other district. Among the current cigarettes smokers, 95 percent of women smoked less than 5 cigarettes followed by more than 2 percent of women who smoked 20+ cigarettes in the last 24 hours.

Table TA.2: Age at first use of cigarettes and frequency of use

Percentage of women age 15-49 years who smoked a whole cigarette before age 15, and percent distribution of current smokers by the number of cigarettes smoked in the last 24 hours, Gilgit-Baltistan, 2016-17

	Percentage of women who smoked a whole cigarette before age 15[1]	Number of women age 15-49 years	Number of cigarettes in the last 24 hours					Number of women age 15-49 years who are current cigarette smokers
			Less than 5	5-9	10-19	20+	Total	
Total	0.6	10,744	94.9	0.9	2.0	2.2	100.0	74
Area of residence								
Urban	0.4	1,969	(*)	(*)	(*)	(*)	100.0	18
Rural	0.7	8,775	95.1	1.1	2.7	1.1	100.0	56
Age								
15-19	1.1	2,765	(*)	(*)	(*)	(*)	100.0	16
20-24	0.4	1,964	(*)	(*)	(*)	(*)	100.0	14
25-29	0.3	1,754	(*)	(*)	(*)	(*)	100.0	6
30-34	0.7	1,357	(*)	(*)	(*)	(*)	100.0	8
35-39	0.5	1,143	(*)	(*)	(*)	(*)	100.0	10
40-44	0.3	955	(*)	(*)	(*)	(*)	100.0	10
45-49	0.5	805	(*)	(*)	(*)	(*)	100.0	10
Under-5s in the same household								
At least one	0.7	7,326	(96.9)	(0.0)	(0.0)	(3.1)	100.0	52
None	0.6	3,418	(*)	(*)	(*)	(*)	100.0	22
Women's education[a]								
None/pre-school	0.6	5,027	(91.8)	(1.9)	(4.5)	(1.8)	100.0	34
Primary	0.4	1,200	(*)	(*)	(*)	(*)	100.0	9
Middle	0.9	1,153	(*)	(*)	(*)	(*)	100.0	10
Secondary	0.7	1,635	(*)	(*)	(*)	(*)	100.0	10
Higher	0.5	1,725	(*)	(*)	(*)	(*)	100.0	12
Wealth index quintile								
Poorest	0.7	1,952	(*)	(*)	(*)	(*)	100.0	8
Second	0.5	2,059	(*)	(*)	(*)	(*)	100.0	13
Middle	0.7	2,242	(*)	(*)	(*)	(*)	100.0	16
Fourth	0.3	2,269	(*)	(*)	(*)	(*)	100.0	11
Richest	0.9	2,222	(*)	(*)	(*)	(*)	100.0	26
Usual language spoken in the household								
Sheena	0.8	5,044	(96.6)	(0.0)	(3.4)	(0.0)	100.0	45
Balti	0.5	3,241	(*)	(*)	(*)	(*)	100.0	12
Brushaski	0.2	1,390	(*)	(*)	(*)	(*)	100.0	8
Other languages	1.0	1,069	(*)	(*)	(*)	(*)	100.0	10
Division								
Gilgit	0.7	4,512	(98.8)	(0.0)	(0.0)	(1.2)	100.0	51
Baltistan	0.4	3,747	(*)	(*)	(*)	(*)	100.0	17
Diamer	0.8	2,485	(*)	(*)	(*)	(*)	100.0	6
District								
Astore	2.4	706	(*)	(*)	(*)	(*)	100.0	5
Diamer	0.2	1,779	(*)	(*)	(*)	(*)	100.0	1
Ghanche	0.2	1,036	(*)	(*)	(*)	(*)	100.0	2
Ghizer	0.4	1,456	(*)	(*)	(*)	(*)	100.0	3
Gilgit	1.1	1,968	(*)	(*)	(*)	(*)	100.0	41
Hunza	0.4	389	(*)	(*)	(*)	(*)	100.0	0
Kharmang	0.5	377	(*)	(*)	(*)	(*)	100.0	1
Nagar	0.3	699	(*)	(*)	(*)	(*)	100.0	6
Shigar	1.4	502	(*)	(*)	(*)	(*)	100.0	3
Skardu	0.2	1,832	(*)	(*)	(*)	(*)	100.0	12

[1] **MICS indicator 12.2 - Smoking before age 15**

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

[a] Total includes 3 unweighted cases of women's education missing

XVI. MULTI-DIMENSIONAL POVERTY INDEX (MPI)

Poverty is a complex and multidimensional phenomenon. There are various facets of deprivation that can affect well-being, such as the inability to attain a good education, a lack of access to healthcare facilities, poor housing and an unsafe environment in which to live. Although an income-based measure continues to be among the most widely used measures of poverty, a unidimensional measure based on income alone is insufficient to reflect the true extent and depth of poverty.

The Multidimensional Poverty Index (MPI)[72], developed by Oxford Poverty & Human Development Initiative (OPHI) and the Human Development Report Office of the United Nations Development Programme (UNDP) is a relatively new measure to compute multidimensional poverty. The MPI complements consumption-based poverty measures by reflecting deprivations that individuals face in other dimensions such as education, health and standard of living.

The MPI provides disaggregated statistics on the main contributors to poverty in all its dimensions; education, health and standard of living. Thus, the MPI provides strong evidence for policy makers, with which to identify the root causes of poverty and deprivation. The biggest utility of having multidimensional poverty is its disaggregation according to different vulnerabilities and geographies thus enabling policy makers to develop context specific development plans.

The MPI captures the severe deprivations that each person experiences with respect to education, health and standard of living. MPI is the product of two components:

Incidence of poverty (H): the percentage of people who are identified as multi-dimensionally poor, or the poverty headcount.

Intensity of poverty (A): the average percentage of dimensions in which poor people are deprived. In simple terms it means how intense, how bad the multidimensional poverty is, on average, for those who are poor.

[72] The website of OPHI provides an extensive description of the methodology and computations, and additionally provides Country Briefings, presenting results for around 100 countries:
http://www.ophi.org.uk/multidimensional-poverty-index/
The latest Country Briefing for Pakistan (based on the 2012/13 DHS) is available here:
http://www.dataforall.org/dashboard/ophi/index.php/mpi/download_brief_files/PAK
It is important to note, as described in this chapter, that the estimates included in the briefing are not entirely comparable to those presented in this chapter.

Dimensions, indicators, cut-offs and weights of MPI

Dimension	Indicators	Deprivation cut-off	Relative weight
Health	Nutrition	Any child is malnourished	1/6=16.7%
	Child mortality	Any child has died in the family	1/6=16.7%
Education	Years of Schooling	No household member has completed five years of schooling	1/6=16.7%
	Child School Attendance	Any school-aged child is not attending school in years 1 to 8	1/6=16.7%
Standard of living	Electricity	The household has no electricity	1/18=5.6%
	Sanitation	The household´s sanitation facility is not improved or shared	1/18=5.6%
	Drinking Water	The household's main drinking water source is not improved or is more than 30 minutes walking from home	1/18=5.6%
	Floor	The household has dirt, sand or dung floor	1/18=5.6%
	Cooking fuel	The household cooks with dung, wood or charcoal	1/18=5.6%
	Assets	The household does not own more than one of: radio, TV, telephone, bike, motorbike or refrigerator, and does not own a car or truck	1/18=5.6%

Gilgit-Baltistan's MPI constitutes three dimensions; health, education and standard of living. The MPI has ten indicators: two each for health and education, and six for living standard. The ten indicators are measured at household level, so that each member of a household is poor if the household is poor. While each dimension carries an equal weight of 1/3, the weights of component indicators differ.

It is important to mention that the MPI indicator cut-offs used in this report are set according to the previous standard of the global MPI definitions. The GB-MICS did not include a woman's full birth history, which is now a prerequisite to compute the global MPI according to the latest standard. This inherently leads to an overestimate in the GB-MICS on the indicator of Child Mortality, as the latest cut-off narrows the period of measurement to "any child under age five died in the family during last five years)". Nevertheless, the results presented here conforms to the previous definition of the global MPI and should be interpreted in that context of international and national comparison.

Table MPI.1 shows that the headcount ratio (H) of multidimensional poverty (the percentage of poor people) in GB is 34.8 percent. The average intensity of deprivation among the poor people (A), which reflects the share of deprivations each poor person experiences on average, is 51.5 percent. That is, each poor person is, on average, deprived in about half of the weighted indicators. Since the MPI is the product of H and A, it yields a value of 0.179. This means that multi-dimensionally poor people in Gilgit-Baltistan experience 17.9 percent of the total deprivations that would be experienced if all people were deprived in all indicators.

As expected, estimates for the MPI, H and A suggests that in GB, multidimensional poverty is considerably higher among households who are poor and where head of households has no education in contrast to richest households and head of households having higher level of education (poorest-74.3% vs Richest-14.9%; No education-42.9% vs higher level of education 12.9% respectively).

The proportion of people identified as multi-dimensionally poor in urban areas is considerably lower than in rural areas – 16.9 percent and 36.5 percent, respectively. Amongst districts, Diamer appears

to be experiencing the highest levels of multidimensional poverty in terms of index value and incidence (74.2%), followed by Shigar (44.8%) and lowest in district Hunza (2.0%).

Table MPI.2 is calculated on a denominator of only poor household members. Each indicator column now presents the percentage of poor people facing deprivation in each of these. These are also referred to as censored headcount ratios. The general method of interpreting results is similar to that of Table MPI.01, but allows for comparison to Table MPI.01 in the sense that there are less clear patterns between the less educated and higher educated, the wealthier and the less wealthy on some indicators. This points to these deprivations relating to being MPI poor in totality, rather than individual indicator contributions.

Table MPI.1: The Multidimensional Poverty Index (MPI) – Total Population

Distribution of households members by dimensions and indicators of poverty, poverty headcount ratio, intensity of poverty, and the MPI, Multiple Indicator Cluster Survey (MICS) Gilgit-Baltistan, 2016-17

	Percentage of households members who are deprived in each indicator of:															
	Education		Health		Living Standards						H - The headcount ratio (the proportion of the population who are multidimensionally poor; c > 1/3)	A - The intensity of poverty (the proportion of the weighted component indicators of which the poor, on average, are deprived)	The Multidimensional Poverty Index (MPI) (H x A) [1]	Percentage of Population Vulnerable to Poverty (c>1/5 and c<1/3)	Percentage of Population in Severe Poverty (c>1/2)	Number of household members
	Years of Schooling	School Attendance	Child Mortality	Nutrition	Electricity	Sanitation	Drinking Water	Floor	Cooking fuel	Assets						
Total	15.5	23.2	38.0	23.4	2.1	14.4	24.5	22.2	83.7	35.4	34.8	51.5	0.179	23.6	17.5	41,338
Area of residence																
Urban	5.6	14.8	34.4	14.6	0.1	2.7	7.5	15.6	56.3	12.2	16.9	46.6	0.079	22.0	5.7	7,173
Rural	17.5	25.0	38.8	25.3	2.5	16.8	28.0	23.6	89.5	40.3	38.5	52.0	0.200	23.9	20.0	34,164
Education of household head[a]																
None/pre-school	27.1	32.2	41.1	28.0	3.1	20.2	31.0	27.0	91.3	46.7	46.9	53.7	0.252	23.6	26.3	19,968
Primary	13.8	16.7	41.4	21.2	2.0	9.7	21.7	24.9	86.2	32.5	31.1	49.1	0.153	28.0	14.7	7,015
Middle	0.0	17.8	33.7	19.9	0.9	12.5	19.1	18.5	83.7	28.6	26.3	46.8	0.123	21.2	8.2	4,250
Secondary	0.0	14.4	32.8	22.9	0.8	9.2	16.0	15.2	75.5	25.5	22.3	45.7	0.102	22.6	6.7	4,126
Higher	0.0	9.9	30.1	13.6	0.3	5.0	15.2	10.1	61.2	12.9	12.9	44.7	0.058	20.6	5.3	5,902
Missing/DK	19.2	68.0	36.5	25.8	0.0	32.3	61.7	32.3	68.7	22.3	38.7	71.4	0.276	33.5	38.7	76
Wealth index quintile																
Poorest	39.8	46.1	46.5	38.5	7.4	43.7	64.8	50.2	92.9	75.8	74.3	56.8	0.422	13.4	48.5	8,583
Second	20.5	28.1	43.6	28.0	2.0	18.9	31.6	25.7	96.1	50.4	45.9	49.8	0.229	26.2	23.3	8,495
Middle	9.2	17.3	36.6	22.5	0.4	5.7	13.8	19.8	91.1	29.6	25.6	45.7	0.117	31.0	6.8	8,276
Fourth	5.0	12.9	37.4	15.9	0.2	1.4	5.3	10.3	86.4	14.6	14.9	45.6	0.068	34.2	4.7	8,352
Richest	0.8	9.8	24.4	10.7	0.0	0.0	3.7	2.3	48.6	2.4	9.5	41.7	0.040	12.4	2.0	7,631
Division																
Gilgit	7.4	10.4	26.6	12.2	0.4	7.5	12.3	4.4	78.7	25.5	14.6	46.2	0.068	23.4	5.5	15,566
Baltistan	13.6	14.1	46.8	23.6	1.5	6.9	19.8	31.0	81.0	32.9	33.7	46.7	0.157	28.2	11.3	14,587
Diamir	29.2	53.0	42.3	38.8	5.1	33.7	47.5	35.5	94.3	52.6	64.2	56.5	0.362	17.9	42.4	11,185
District																
Astore	16.4	26.5	36.4	15.0	10.2	21.8	21.5	3.4	88.6	54.6	34.9	48.0	0.167	26.7	14.7	2,847
Diamer	33.6	62.0	44.3	46.9	3.3	37.8	56.3	46.5	96.2	51.9	74.2	57.8	0.429	14.9	51.9	8,339
Ghanche	12.8	12.6	40.3	17.9	0.2	1.5	12.2	3.3	93.7	42.0	24.0	44.4	0.106	33.7	4.3	4,148
Ghizer	7.6	9.8	21.7	14.6	1.1	8.0	11.8	9.3	93.2	27.0	14.3	46.2	0.066	26.5	5.4	4,954
Gilgit	8.5	13.3	27.9	12.5	0.0	8.5	16.0	3.1	62.0	22.7	17.1	47.5	0.081	18.1	7.3	6,809
Hunza	3.8	1.5	16.2	2.9	0.3	0.9	4.3	0.0	85.7	19.1	2.0	38.0	0.008	19.6	0.0	1,316
Kharmang	16.1	13.0	42.4	28.2	3.0	9.7	31.9	2.1	79.1	28.9	34.0	46.1	0.157	26.6	11.8	1,411

Table MPI.1: The Multidimensional Poverty Index (MPI) – Total Population

Distribution of households members by dimensions and indicators of poverty, poverty headcount ratio, intensity of poverty, and the MPI, Multiple Indicator Cluster Survey (MICS) Gilgit-Baltistan, 2016-17

	Percentage of households members who are deprived in each indicator of:															
	Education		Health		Living Standards											
	Years of Schooling	School Attendance	Child Mortality	Nutrition	Electricity	Sanitation	Drinking Water	Floor	Cooking fuel	Assets	H - The headcount ratio (the proportion of the population who are multidimensionally poor; c > 1/3)	A - The intensity of poverty (the proportion of the weighted component indicators of which the poor, on average, are deprived)	The Multidimensional Poverty Index (MPI) (H x A) [1]	Percentage of Population Vulnerable to Poverty (c>1/5 and c<1/3)	Percentage of Population in Severe Poverty (c>1/2)	Number of household members
Total	15.5	23.2	38.0	23.4	2.1	14.4	24.5	22.2	83.7	35.4	34.8	51.5	0.179	23.6	17.5	41,338
Nagar	5.7	8.2	38.7	11.8	0.1	7.2	7.4	0.4	91.6	33.3	15.2	42.9	0.065	33.3	3.6	2,486
Shigar	23.4	22.9	49.4	28.2	3.4	6.2	27.2	2.1	84.9	47.2	44.8	47.1	0.211	27.7	15.4	2,101
Skardu	10.5	12.6	50.8	24.7	1.5	9.8	19.7	62.2	72.5	23.9	36.1	47.7	0.172	25.3	14.1	6,927

[1] **MICS indicator 13.1 – Multidimensional Poverty**

Table MPI.2: The Multidimensional Poverty Index (MPI) – Poor population

Percentage of the population who are MPI poor and deprived in each indicator, by selected characteristics, Multiple Indicator Cluster Survey (MICS) Gilgit-Baltistan, 2016-17

	Percentage of poor households members who are deprived in the indicators of:										H - The headcount ratio (the proportion of the population who are multidimensionally poor; c > 1/3)	Number of household members in poor households
	Education		Health		Living Standards							
	Years of Schooling	School Attendance	Child Mortality	Nutrition	Electricity	Sanitation	Drinking Water	Floor	Cooking fuel	Assets		
Total	38.5	57.0	64.0	55.2	5.0	33.5	49.6	41.3	93.2	60.3	100.0	14,370
Area of residence												
Urban	26.1	63.1	75.9	58.3	0.4	9.9	15.2	25.8	84.8	31.8	100.0	1,210
Rural	39.6	56.4	62.9	55.0	5.4	35.7	52.8	42.7	94.0	63.0	100.0	13,160
Education of household head												
None/pre-school	50.3	60.0	60.6	51.8	5.8	37.3	52.0	42.7	95.5	65.5	100.0	9,361
Primary	37.0	43.5	72.6	53.6	4.7	23.4	46.6	42.9	89.5	56.6	100.0	2,180
Middle	0.0	58.3	66.2	63.1	1.7	29.1	49.1	42.7	97.1	59.1	100.0	1,116
Secondary	0.0	55.8	67.8	73.9	3.1	27.1	36.7	38.1	79.9	45.1	100.0	920
Higher	0.0	56.7	73.4	67.9	1.8	29.5	44.4	19.6	87.1	28.9	100.0	763
Missing/DK	(49.6)	(100.0)	(83.6)	(66.8)	(0.0)	(83.6)	(83.6)	(83.6)	(83.6)	(50.4)	100.0	29
Wealth index quintile												
Poorest	50.6	60.5	56.1	49.3	8.8	52.9	73.9	59.5	95.6	81.5	100.0	6,381
Second	37.3	53.2	66.9	50.0	3.0	32.6	45.0	34.9	96.6	61.9	100.0	3,901
Middle	26.1	46.2	70.7	68.4	1.0	7.0	26.1	25.4	93.1	36.1	100.0	2,119
Fourth	21.2	61.0	76.4	72.5	1.1	1.9	7.8	15.7	83.4	17.5	100.0	1,245
Richest	4.1	70.9	78.0	67.7	0.0	0.0	1.5	5.3	72.1	9.8	100.0	723
Division												
Gilgit	37.2	47.2	62.3	51.3	2.1	32.2	33.1	14.6	92.7	63.8	100.0	2,278
Baltistan	32.8	36.4	77.8	56.4	4.1	14.1	36.6	37.7	86.3	52.6	100.0	4,914
Diamir	42.8	74.2	55.2	55.7	6.5	47.3	63.8	52.2	98.1	64.5	100.0	7,178
District												
Astore	37.5	59.6	63.5	35.5	18.8	42.6	34.3	6.9	95.7	77.2	100.0	993
Diamer	43.7	76.6	53.8	59.0	4.5	48.0	68.6	59.5	98.5	62.5	100.0	6,185
Ghanche	33.7	40.1	84.5	46.6	0.1	3.4	25.9	4.0	97.0	53.0	100.0	994
Ghizer	37.3	47.5	56.0	46.9	6.9	36.5	31.3	24.2	100.0	70.1	100.0	706
Gilgit	42.2	52.5	57.6	56.7	0.0	29.8	36.1	13.6	88.4	60.8	100.0	1,166
Hunza	25.8	10.0	82.4	37.2	0.0	8.1	48.0	0.0	98.4	62.2	100.0	27
Kharmang	41.7	31.0	73.2	58.2	7.0	17.6	54.2	4.0	86.7	49.1	100.0	480
Nagar	22.8	32.8	86.9	43.7	0.0	33.1	26.4	0.7	92.0	61.7	100.0	379
Shigar	43.5	44.1	74.6	51.6	7.3	8.7	36.8	4.4	85.1	64.7	100.0	942
Skardu	26.6	33.0	77.2	61.7	3.9	19.8	37.4	70.2	82.5	48.6	100.0	2,499

( ) Figures that are based on 25-49 unweighted cases

APPENDIX A: SAMPLE DESIGN

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

The sample for the Multiple Indicator Cluster Survey Gilgit-Baltistan was designed to provide estimates for a large number of indicators on the situation of children and women at the provincial level, for urban and rural areas, for the three regions namely Gilgit, Baltistan and Diamer and the 10 districts. The districts within each region are as follows:

Gilgit Region:	District Gilgit, Ghizar, Hunza and Nagar
Diamer Region:	District Diamer and Astore
Baltistan Region:	District Skardu, Ghanche, Kharmang and Shigar

Universe

The universe of this survey consists of the household-based population in all urban and rural areas of Gilgit-Baltistan. The military restricted areas and cantonment have been excluded from the scope of the survey.

Sampling Frame

a. Urban Areas

The Pakistan Bureau of Statistics has developed and updated its own sampling frame for all urban areas of the country in 2013. Each city/town has been divided into a number of small compact areas called Enumeration Blocks (EBs). Each enumeration block consists of an average of 200 to 250 households with well-defined boundaries recorded in the prescribed forms and maps thereof alongwith physical features.

b. Rural Areas

The Rural Frame consists of list of blocks; an enumeration block may be a whole village or part of a village. The Rural Area Frame has been updated during Housing Census 2011.

Each PSU of Urban and Rural areas has well defined geographic boundaries described on a specified form along with maps.

The total number of Enumeration Blocks in urban and rural areas of Gilgit-Baltistan are as follows:

Name of Province	Number of Blocks		
Gilgit-Baltistan	Urban	Rural	Total
	148	**1098**	**1246**

Stratification Plan

Sample size has been computed to ensure representativeness of PSUs at ditrict-level. An administrative district has been treated as an independent stratum. In addition, Urban and rural part

of each district has been treated as urban and rural domains respectively. The sample selection has been undertaken independently in each district.

a. Urban domain

All urban areas of each administrative district have been taken as an independent stratum for urban domain.

b. Rural domain

All rural domain of each administrative district have been taken as an independent stratum for rural domain. The sample selection has been undertaken independently in each district.

Sample Size and Sample Allocation

The key indicator used for the calculation of Sample size was atleast "4 antenatal care visits prevalence during last pregnancy in the past two years, among ever-married women age 15-49 years". The following formula was used to estimate the required sample size for the above mentioned indicator:

$$n = \frac{[4(r)(1-r)(deff)]}{[(0.15r)^2(pb)(AveSize)(RR)]}$$

where

- n is the required sample size, expressed in-terms of number of sample households
- 4 is a factor to achieve the 95 percent level of confidence
- r is the predicted or anticipated value of the indicator, expressed in the form of a proportion
- deff is the design effect for the indicator, estimated from a previous survey
- 0.15r is the margin of error to be tolerated at the 95 percent level of confidence, defined as 15 per cent of r (relative margin of error of r)
- pb is the proportion of the total population upon which the indicator, r, is based
- AveSize is the average household size (number of persons per household)
- RR is the predicted response rate

For the calculation of sample size of each district (domain of estimation), prevalence of indicator "atleast 4 antenatal care visits prevalence indicator during last pregnancy" of ever-married women age 15-49 year has been taken from the PDHS 2012-13 report. The value of deff (design effect) has been taken as 2.0 based on estimates from previous surveys, pb (percentage of ever-married women age 15-49 years in the total population) has been taken from PSLM 2012-13 (district survey), average household size (AveSize) for each district has been taken from the Population Census 1998, and the response rate has been assumed to be 95 percent, based on the experience gained from previous surveys.

Multiple exercises have been carried out to determine sample size based on other indicators –e.g. Low Birth weight infant, Measles Immunization infant and atleast for antenatal care visits during last pregnancy (for ever married women 15-49 years of age) etc.

Finally a sample size of 6,460 households covering 323 PSUs has been computed at 15% Relative Margin of Error using ANC4+ prevalence, which provides a sufficient sample size for all other indicators as well.

Table SD.1: Allocation of Sample Clusters (Primary Sampling Units) to Sampling Strata

Sr. No.	Name of Division	Name of Districts	Number of PSUs		
			Total	Urban	Rural
1	Baltistan	Skardu	33	10	23
2		Ghanche	36	6	30
3		Kharmang	33	-	33
4		Shigar	33	-	33
5	Diamer	Astore	31	-	31
6		Diamer	31	6	25
7	Gilgit	Ghizer	30	6	24
8		Gilgit	32	16	16
9		Hunza	32	-	32
10		Nagar	32	-	32
Total			**323**	**44**	**279**

Sample Design

A two-stage stratified systematic sampling approach has been used for the selection of the PSUs in the survey. A certain number of urban and rural clusters have been selected in each district using the probability proportional to size (PPS) method, while a fixed number of households (in this case 20) have been randomly selected within each of those clusters/PSUs in the second stage.

The enumeration blocks in urban areas, and villages (or parts of villages) in rural areas, have been taken as the Primary Sampling Units (PSUs), and the number of households in the blocks taken from the sampling frame being used as the initial measure of size (MOS) for selecting the sample PSUs with PPS method.

A household listing exercise was carried out in each selected PSU, and a sample of 20 households has been selected from the updated list of households, using systematic sampling with a random start. These selected households are referred to as Secondary Sampling Units (SSUs).

Calculation of Sample Weights

The GB-MICS sample is not self-weighting. Essentially, by allocating specific numbers of sample households to each of the districts, different sampling fractions were used in each district since the sizes of the districts varied. For this reason, sample weights were calculated and these were used in the subsequent analyses of the survey data.

The major component of the weight is the reciprocal of the sampling probabilities employed in selecting the number of sample households in that particular sampling stratum (h) and PSU (i):

$$W_{hi} = \frac{1}{f_{hi}}$$

The term f_{hi}, the sampling fraction for the i-th sample PSU in the h-th stratum, and defined as the product of the probabilities of selection at every stage in each sampling stratum:

$$f_{hi} = p_{1hi} \times p_{2hi}$$

Where p_{shi} is the probability of selection of the sampling unit at stage s for the i-th sample PSU in the h-th sampling stratum. Based on the sample design, these probabilities were calculated as follows:

$p_{1hi} = \dfrac{n_h \times M_{hi}}{M_h}$,

nh = number of sample PSUs selected in stratum h
Mhi = number of households in the frame for the i-th sample PSU in stratum h
Mh = total number of households in the frame for stratum h

$p_{2hi} = \dfrac{m_{hi}}{M'_{hi}}$ (m_{hi}= take of 20 households from each PSU)

M'_{hi} = number of households listed in the i-th sample PSU in stratum h

Since the number of households in each enumeration block (PSU) from the frame used for the first stage selection and the updated number of households in the enumeration block from the actual household listing are generally different, have individual overall probabilities of selection for households in each sample enumeration block (cluster) were calculated including adjustments of the weights for non-response, women and child weights, and normalizing the weights.

APPENDIX B: LIST OF PERSONNEL INVOLVED IN THE SURVEY/SURVEY COMMITTEES

Project Director

Mr. Babar Aman Babar, Secretary P&DD

Project Coordinator

Mr. Muhammad Nazir Khan, Deputy Chief, P&DD

Expert for Social Area

Mr. Feroze Khan, Chief Economist, P&DD

Core Group for Planning, Coordination and Operations

Mr. Muhammad Nazir Khan, Deputy Chief	Chairman
Mr. Ghulam Rasool, Deputy Chief	Focal person/MICS
Mr. Javed Iqbal, Deputy Chief	Survey Coordinator
Mr. Mehmood Ul Hasan, Assistant Chief	Planning and Coordinating Officer
Mir. Nazeem Khan, Research Officer	Data Processing Supervisor

Project Consultants

Mr. Fayaz Karim, Consultant on MICS, UNICEF
Mr. Mirza Jibran Hussain, Data Processing Consultant, UNICEF

UNICEF Support

Mr. Faateh ud Din Ahmad, PME Officer, UNICEF Country Office, Islamabad
Ms. Janette Shaheen Hussain, Chief (PMER), UNICEF Country Office, Islamabad
Mr. Daniel Reijer, UNICEF ROSA, Regional MICS Coordinator
Mr. Turgay Unalan, UNICEF HQ, Statistics and Household Survey Specialist
Ms. Ivana Bejlic, UNICEF HQ, Statistics Specialist, Data and Analytics
Mr. Yadigar Coskun, UNICEF HQ, Statistics & Monitoring Specialist, Data and Analytics
Ms. Kausar Tasneem, PMER Associate, UNICEF Country Office, Islamabad

Master Trainers

Mr. Faateh ud din Ahmad
Mr. Fayaz Karim
Ms. Ayesha Khurshid
Ms. Sanam Zafar
Mr. Masood Azam
Mr. Imtiaz Hussain

Other Support trainers

Mr. Muhammad Jafferi
Ms. Anita Kanwal
Ms. Azra Batool
Mr. Qasier Abbas
Ms. Safina Hayat
Ms. Hadia Khushnood

Technical Monitors P&DD

Ms. Ayesha Khurshid, Assistant Chief
Ms. Sanam Zafar, Research Officer
Mr. Masood Azam, Research Officer
Mr. Imtiaz Hussain, Research Officer

Regional Coordinators

Mr. Irfan Ali, Gilgit
Mr. Mehboob Elahi, Baltistan
Mr. Naveed Ul Haq, Diamer

Quality Control Team

Mr. Qasier Abbas
Ms. Safina Hayat
Ms. Hadia Khushnood
Mr. Muhammad Jafferi
Ms. Anita Kanwal
Ms. Azra Batool

Data Processing Team

Mir. Nazeem, Data Processing Manager
Mr. Farman Karim, Deputy Data Supervisor

Secondary Editors

Mr. Waleed Abbas
Mr. Iqtidar Hussain
Mr. Atiq Ur Rehman
Ms. Ruqayya Abbass
Ms. Safina Bano
Ms. Alya Azam

Data Entry Operators

Mr. Arif Hussain
Mr. Izhar Hussain
Mr. Raza Abbas
Mr. Babar Faqeer
Mr. Arab Khan
Mr. Javed Rehman

Other Support Staff

Mr. Atif Lone, Questionnaire
Mr. Muhammad Ibrahim, Administrative Assistant
Mr. Hasnat Ahmed, Finance Assistant
Mr. Matam Shah, Cashier
Mr. Israr Jan, Assistant Cashier
Mr. Aziz ur Rehman, Photocopier
Mr. Kumail Abbas

Field Teams

Team 01	***District Atore***
Mr. Masood Ur Rehaman Nasir	Supervisor
Mr. Asif Nabi	Male interviewer
Ms. Aliya Noreen	Female Editor
Ms. Shafiqa Aziz	Female Interviewer
Ms. Zakia Batool	Female Interviewer
Ms. Bushra Latif	Female Interviewer
Ms. Shaista Ibrahim	Measurer

Team 02	***District Diamer***
Mr. Arsalan Ahmed shah	Supervisor
Mr. Tariq Mehmood	Male interviewer
Ms. Rubina Bano	Female Editor
Ms. Umme Qulsoom	Female Interviewer
Ms. Abida Batool	Female Interviewer
Ms. Bibi Zahida	Female Interviewer
Ms. Kavish Javed	Measurer

Team 03	***District Ghizer***
Mr. Alam shah	Supervisor
Mr. Asad Ali shah	Male interviewer
Ms. Ali Niaz	Female Editor
Ms. Neelum Shehzadi	Female Interviewer
Ms. Rubina Bibi	Female Interviewer
Ms. Gulshad Bibi	Female Interviewer
Ms. Bibi Aisha	Measurer

Team 04	***District Ghanche***
Mr. M.Naseem Haideri	Supervisor
Mr. Syed Muhammad Shah	Male interviewer
Ms. Sayeda Azra	Female Editor
Ms. Farida Abbas	Female Interviewer
Ms. Shakila	Female Interviewer
Ms. Sumaira	Female Interviewer
Ms. Aliya Ishaq	Measurer

Team 05	***District Gilgit***
Mr. Nasir Hussain	Supervisor
Mr. Iqrar Hussain	Male interviewer
Ms. Atiyas Sultan	Female Editor
Ms. Tasleem Kousar	Female Interviewer
Ms. Sughra Khatoon	Female Interviewer
Ms. Rubina Farman	Female Interviewer
Ms. Iffat Shaheen	Measurer

Team 06	***District Hunza***
Mr. Karim Khan	Supervisor
Mr. Amjad Khan	Male interviewer
Ms. Namila	Female Editor
Ms. Nadia	Female Interviewer
Ms. Shazia	Female Interviewer
Ms. Rashida	Female Interviewer
Ms. Amna	Measurer
Team 07	***District Kharmang***
Mr. Karamat Hussain	Supervisor
Mr. Altaf Hussain	Male interviewer
Ms. Sadaf zehra	Female Editor
Ms. Sajida Batool	Female Interviewer
Ms. Tasneem Raza Parvi	Female Interviewer
Ms. Parveen	Female Interviewer
Ms. Kaneez	Measurer
Team 08	***District Nagar***
Mr. Liaqat Ali Noor	Supervisor
Mr. Muhammad Afzal	Male interviewer
Ms. Ferooza	Female Editor
Ms. Albina	Female Interviewer
Ms. Masooma	Female Interviewer
Ms. Aziza	Female Interviewer
Ms. Gul Bano	Measurer
Team 09	***District Shigar***
Mr. Abid Shigri	Supervisor
Mr. Muhammad Naseem	Male interviewer
Ms. Shamina Bano	Female Editor
Ms. Aneela Ali	Female Interviewer
Ms. Kaneez Fatima	Female Interviewer
Ms. Amina	Female Interviewer
Ms. Shahana	Measurer
Team 10	***District Skardu***
Mr. Irfan Ali	Supervisor
Mr. Muhammad shehzad	Male interviewer
Ms. Joza Maryam	Female Editor
Ms. Farheen	Female Interviewer
Ms. Samina Faiz	Female Interviewer
Ms. Kainat	Female Interviewer
Ms. Shahida	Measurer

APPENDIX C: ESTIMATES OF SAMPLING ERRORS

The sample of respondents selected in the Gilgit-Baltistan Multiple Indicator Cluster Survey (MICS), 2016-17 is only one of the samples that could have been selected from the same population, using the same design and size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between the estimates from all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey data.

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

- *Standard error* (*se*): Standard error is the square root of the variance of the estimate. For survey indicators that are means, proportions or ratios, the Taylor series linearization method is used for the estimation of standard errors. For more complex statistics, such as fertility and mortality rates, the Jackknife repeated replication method is used for standard error estimation.
- *Coefficient of variation* (*se*/*r*) is the ratio of the standard error to the value (*r*) of the indicator, and is a measure of the relative sampling error.
- *Design effect* (*deff*) is the ratio of the actual variance of an indicator, under the sampling method used in the survey, to the variance calculated under the assumption of simple random sampling based on the same sample size. The *square root of the design effect* (*deft*) is used to show the efficiency of the sample design in relation to the precision. A *deft* value of 1.0 indicates that the sample design of the survey is as efficient as a simple random sample for a particular indicator, while a *deft* value above 1.0 indicates an increase in the standard error due to the use of a more complex sample design.
- *Confidence limits* are calculated to show the interval within which the true value for the population can be reasonably assumed to fall, with a specified level of confidence. For any given statistic calculated from the survey, the value of that statistic will fall within a range of plus or minus two times the standard error (*r* + 2.*se* or *r* – 2.*se*) of the statistic in 95 percent of all possible samples of identical size and design.

For the calculation of sampling errors from MICS data, programs developed in CSPro Version 5.0, SPSS Version 22 Complex Samples module and CMRJack[73] have been used.

The results are shown in the tables that follow. In addition to the sampling error measures described above, the tables also include weighted and unweighted counts of denominators for each indicator. Given the use of normalized weights, by comparing the weighted and unweighted counts it is possible to determine whether a particular domain has been under-sampled or over-sampled compared to the average sampling rate. If the weighted count is smaller than the unweighted count, this means that the particular domain had been over-sampled. As explained later in the footnote of Table SE.1, there is an exception in the case of indicators 4.1 and 4.3, for which the unweighted count represents the number of sample households, and the weighted counts reflect the total population.

[73] CMRJack is a software developed by FAFO, an independent and multidisciplinary research foundation. CMRJack produces mortality estimates and standard errors for surveys with complete birth histories or summary birth histories. See http://www.fafo.no/ais/child_mortality/index.html

Sampling errors are calculated for indicators of primary interest, for the provincial level, for urban and rural areas, and for all three divisions. Three of the selected indicators are based on household members, 9 are based on women and 3 are based on children under 5. Table SE.1 shows the list of indicators for which sampling errors are calculated, including the base population (denominator) for each indicator. Tables SE.2 to SE.7 show the calculated sampling errors for selected domains.

Table SE.1: Indicators selected for sampling error calculations

List of indicators selected for sampling error calculations, and base populations (denominators) for each indicator, GB-MICS, 2016-17.

MICS5 Indicator		Base Population
Household members		
4.1	Use of improved drinking water sources	All household members[a]
4.3	Use of improved sanitation	All household members[a]
7.4	Primary school net attendance ratio (adjusted)	Children of primary school age
Women		
5.3	Contraceptive prevalence rate	Women age 15-49 years who are currently married
5.4	Unmet need	Women age 15-49 years who are currently married
5.5a	Antenatal care coverage (1+ times, skilled provider)	Women age 15-49 years with a live birth in the last 2 years
5.5b	Antenatal care coverage (4+ times, any provider)	Women age 15-49 years with a live birth in the last 2 years
5.7	Skilled attendant at delivery	Women age 15-49 years with a live birth in the last 2 years
7.1	Literacy rate (young women)	Women age 15-24 years
9.1	Knowledge about HIV prevention (young women)	Women age 15-24 years
Under-5s		
2.1a	Underweight prevalence (moderate and severe)	Children under age 5 years
2.1b	Underweight prevalence (severe)	Children under age 5 years
3.22	Anti-malarial treatment of children under age 5	Children under age 5 years with fever in the last 2 weeks

[a] To calculate the weighted results of MICS Indicators 4.1 and 4.3, the household weight is multiplied by the number of household members in each household. Therefore the unweighted base population presented in the SE tables reflect the unweighted number of households, whereas the weighted numbers reflect the household population.

Table SE.2: Sampling errors: Total sample

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deff*), and confidence intervals for selected indicators, Gilgit-Baltistan, 2016-17

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits: Lower bound r - 2se	Confidence limits: Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.79	0.02	0.02	11.50	3.39	47,983	6,213	0.755	0.825
Use of improved sanitation	4.3	7.9	0.86	0.01	0.01	6.68	2.59	47,983	6,213	0.837	0.883
Primary school net attendance ratio (adjusted)	7.4	2.1	0.49	0.01	0.02	3.58	1.89	7,139	6,824	0.471	0.517
Women											
Contraceptive prevalence	5.3	5.3	1.00	0.00	0.00	na	na	2,581	2,588	1.000	1.000
Unmet need	5.4	5.6	0.24	0.01	0.03	1.77	1.33	6,783	6,750	0.225	0.252
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.72	0.01	0.02	2.35	1.53	2,705	2,601	0.698	0.752
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.28	0.01	0.05	2.13	1.46	2,705	2,601	0.253	0.305
Skilled attendant at delivery	5.7	5.2	0.62	0.01	0.02	2.31	1.52	2,705	2,601	0.591	0.649
Literacy rate (young women)	7.1	2.3	0.67	0.02	0.03	6.47	2.54	4,730	4,650	0.633	0.704
Knowledge about HIV prevention (young women)	9.1	6.3	0.01	0.00	0.19	1.65	1.28	4,730	4,650	0.006	0.014
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.19	0.01	0.05	3.81	1.95	6,521	6,524	0.175	0.213
Underweight prevalence (severe)	2.1b	1.8	0.06	0.01	0.09	3.40	1.84	6,521	6,524	0.045	0.066
Anti-malarial treatment of children under age 5	3.22	6.8	0.00	0.00	0.00	na	na	2,560	2,661	0.000	0.003

na=Not applicable

Table SE.3: Sampling errors: Urban

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deff*), and confidence intervals for selected indicators, Gilgit-Baltistan, 2016-17

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deff*)	Weighted count	Unweighted count	Confidence limits: Lower bound r - 2se	Confidence limits: Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.95	0.01	0.01	2.93	1.71	8,632	861	0.930	0.979
Use of improved sanitation	4.3	7.9	0.97	0.01	0.01	2.21	1.49	8,632	861	0.957	0.990
Primary school net attendance ratio (adjusted)	7.4	2.1	0.55	0.02	0.04	1.85	1.36	1,145	881	0.509	0.600
Women											
Contraceptive prevalence	5.3	5.3	1.00	0.00	0.00	Na	na	571	461	1.000	1.000
Unmet need	5.4	5.6	0.21	0.02	0.08	1.48	1.22	1,217	962	0.179	0.243
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.87	0.03	0.03	2.65	1.63	462	358	0.814	0.929
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.44	0.04	0.08	2.04	1.43	462	358	0.368	0.518
Skilled attendant at delivery	5.7	5.2	0.85	0.02	0.03	1.47	1.21	462	358	0.801	0.893
Literacy rate (young women)	7.1	2.3	0.81	0.02	0.03	2.58	1.61	869	687	0.765	0.861
Knowledge about HIV prevention (young women)	9.1	6.3	0.02	0.01	0.41	1.83	1.35	869	687	0.003	0.029
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.12	0.02	0.16	3.05	1.75	1,082	874	0.081	0.158
Underweight prevalence (severe)	2.1b	1.8	0.03	0.01	0.35	2.98	1.73	1,082	874	0.009	0.047
Anti-malarial treatment of children under age 5	3.22	6.8	0.00	0.00	0.00	na	na	426	327	-	0.000

na=not applicable

Table SE.4: Sampling errors: Rural

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Gilgit-Baltistan, 2016-17

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										Lower bound r - 2se	Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.75	0.02	0.03	13.18	3.63	39,351	5,352	0.712	0.797
Use of improved sanitation	4.3	7.9	0.84	0.01	0.02	7.45	2.73	39,351	5,352	0.807	0.863
Primary school net attendance ratio (adjusted)	7.4	2.1	0.48	0.01	0.03	3.93	1.98	5,994	5,943	0.457	0.508
Women											
Contraceptive prevalence	5.3	5.3	1.00	0.00	0.00	na	Na	2,010	2,127	1.000	1.000
Unmet need	5.4	5.6	0.24	0.01	0.03	1.84	1.36	5,566	5,788	0.229	0.260
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.69	0.01	0.02	2.28	1.51	2,244	2,243	0.665	0.724
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.25	0.01	0.05	2.16	1.47	2,244	2,243	0.218	0.272
Skilled attendant at delivery	5.7	5.2	0.57	0.02	0.03	2.60	1.61	2,244	2,243	0.540	0.607
Literacy rate (young women)	7.1	2.3	0.64	0.02	0.03	7.85	2.80	3,861	3,963	0.593	0.679
Knowledge about HIV prevention (young women)	9.1	6.3	0.01	0.00	0.20	1.40	1.18	3,861	3,963	0.005	0.012
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.21	0.01	0.05	4.05	2.01	5,439	5,650	0.187	0.230
Underweight prevalence (severe)	2.1b	1.8	0.06	0.01	0.10	3.54	1.88	5,439	5,650	0.049	0.073
Anti-malarial treatment of children under age 5	3.22	6.8	0.00	0.00	0.00	na	na	2,134	2,334	0.000	0.003

na=not applicable

Table SE.5: Sampling errors: Gilgit division

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Gilgit-Baltistan, 2016-17

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits: Lower bound r - 2se	Confidence limits: Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.89	0.02	0.02	8.65	2.94	18,895	2,416	0.856	0.930
Use of improved sanitation	4.3	7.9	0.93	0.01	0.01	5.51	2.35	18,895	2,416	0.906	0.955
Primary school net attendance ratio (adjusted)	7.4	2.1	0.60	0.02	0.03	2.12	1.46	2,447	2,110	0.572	0.634
Women											
Contraceptive prevalence	5.3	5.3	1.00	0.00	0.00	na	na	1,422	1,304	1.000	1.000
Unmet need	5.4	5.6	0.19	0.01	0.05	1.33	1.15	2,728	2,430	0.170	0.206
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.91	0.01	0.01	1.32	1.15	966	792	0.888	0.934
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.56	0.03	0.05	2.72	1.65	966	792	0.503	0.620
Skilled attendant at delivery	5.7	5.2	0.91	0.02	0.02	2.88	1.70	966	792	0.877	0.946
Literacy rate (young women)	7.1	2.3	0.85	0.02	0.03	6.06	2.46	1,876	1,702	0.802	0.888
Knowledge about HIV prevention (young women)	9.1	6.3	0.02	0.00	0.21	1.35	1.16	1,876	1,702	0.010	0.024
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.12	0.01	0.12	3.68	1.92	2,246	1,946	0.090	0.146
Underweight prevalence (severe)	2.1b	1.8	0.03	0.01	0.25	3.21	1.79	2,246	1,946	0.013	0.040
Anti-malarial treatment of children under age 5	3.22	6.8	0.00	0.00	0.99	na	na	1,010	890	0.000	0.003

na=not applicable

Table SE.6: Sampling errors: Baltistan division

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Gilgit-Baltistan, 2016-17

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits: Lower bound r - 2se	Confidence limits: Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.85	0.03	0.03	17.23	4.15	16,457	2,607	0.789	0.906
Use of improved sanitation	4.3	7.9	0.94	0.01	0.01	4.23	2.06	16,457	2,607	0.917	0.956
Primary school net attendance ratio (adjusted)	7.4	2.1	0.52	0.02	0.04	5.74	2.40	2,488	3,026	0.477	0.564
Women											
Contraceptive prevalence	5.3	5.3	1.00	0.00	0.00	na	na	908	1,049	1.000	1.000
Unmet need	5.4	5.6	0.25	0.01	0.05	2.65	1.63	2,456	3,040	0.229	0.280
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.72	0.02	0.03	2.32	1.52	873	1,127	0.683	0.764
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.17	0.01	0.08	1.49	1.22	873	1,127	0.144	0.199
Skilled attendant at delivery	5.7	5.2	0.50	0.02	0.04	1.98	1.41	873	1,127	0.456	0.540
Literacy rate (young women)	7.1	2.3	0.69	0.03	0.05	9.51	3.08	1,671	1,978	0.627	0.755
Knowledge about HIV prevention (young women)	9.1	6.3	0.01	0.00	0.45	2.91	1.71	1,671	1,978	0.001	0.014
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.19	0.01	0.05	1.89	1.38	2,202	2,877	0.169	0.210
Underweight prevalence (severe)	2.1b	1.8	0.04	0.01	0.12	1.89	1.37	2,202	2,877	0.031	0.052
Anti-malarial treatment of children under age 5	3.22	6.8	0.00	0.00	0.00	na	na	879	1,130	0.000	0.000

na=not applicable

Table SE.7: Sampling errors: Diamer division

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Gilgit-Baltistan, 2016-17

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										Lower bound r - 2se	Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.56	0.04	0.07	8.19	2.86	12,632	1,190	0.480	0.645
Use of improved sanitation	4.3	7.9	0.65	0.03	0.05	5.74	2.39	12,632	1,190	0.589	0.721
Primary school net attendance ratio (adjusted)	7.4	2.1	0.34	0.02	0.06	3.29	1.81	2,205	1,688	0.301	0.385
Women											
Contraceptive prevalence	5.3	5.3	1.00	0.00	0.00	na	na	252	235	1.000	1.000
Unmet need	5.4	5.6	0.30	0.02	0.05	1.63	1.28	1,600	1,280	0.267	0.333
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.52	0.03	0.05	1.99	1.41	866	682	0.465	0.573
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.07	0.01	0.14	1.01	1.00	866	682	0.053	0.093
Skilled attendant at delivery	5.7	5.2	0.42	0.03	0.07	2.18	1.48	866	682	0.363	0.474
Literacy rate (young women)	7.1	2.3	0.36	0.03	0.09	4.18	2.04	1,182	970	0.294	0.420
Knowledge about HIV prevention (young women)	9.1	6.3	0.00	0.00	0.54	0.75	0.86	1,182	970	0.000	0.005
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.28	0.02	0.08	4.55	2.13	2,073	1,701	0.234	0.327
Underweight prevalence (severe)	2.1b	1.8	0.10	0.01	0.13	3.47	1.86	2,073	1,701	0.075	0.130
Anti-malarial treatment of children under age 5	3.22	6.8	0.00	0.00	0.99	na	na	672	641	0.000	0.008

na=not applicable

APPENDIX D: DATA QUALITY TABLES

DQ.1: Age distribution of household population

Single-year age distribution of household population by sex, Gilgit-Baltistan, 2016-17

	Males		Females			Males		Females	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
Age					**Age**				
0	762	3.3	732	2.9	45	223	1.0	238	1.0
1	776	3.4	710	2.9	46	156	0.7	225	0.9
2	756	3.3	733	2.9	47	126	0.5	131	0.5
3	819	3.5	692	2.8	48	161	0.7	169	0.7
4	789	3.4	698	2.8	49	130	0.6	110	0.4
5	732	3.2	691	2.8	50	227	1.0	111	0.4
6	772	3.3	726	2.9	51	154	0.7	141	0.6
7	766	3.3	751	3.0	52	149	0.6	168	0.7
8	740	3.2	716	2.9	53	107	0.5	145	0.6
9	635	2.7	628	2.5	54	81	0.4	126	0.5
10	692	3.0	644	2.6	55	159	0.7	199	0.8
11	582	2.5	637	2.6	56	117	0.5	127	0.5
12	721	3.1	691	2.8	57	91	0.4	118	0.5
13	536	2.3	666	2.7	58	123	0.5	118	0.5
14	568	2.5	555	2.2	59	101	0.4	140	0.6
15	557	2.4	581	2.3	60	253	1.1	235	0.9
16	566	2.5	651	2.6	61	108	0.5	82	0.3
17	453	2.0	576	2.3	62	82	0.4	87	0.4
18	510	2.2	678	2.7	63	101	0.4	75	0.3
19	345	1.5	478	1.9	64	86	0.4	86	0.3
20	389	1.7	639	2.6	65	147	0.6	114	0.5
21	262	1.1	374	1.5	66	85	0.4	64	0.3
22	336	1.5	457	1.8	67	70	0.3	31	0.1
23	268	1.2	360	1.4	68	69	0.3	64	0.3
24	283	1.2	374	1.5	69	98	0.4	76	0.3
25	336	1.5	466	1.9	70	148	0.6	162	0.6
26	296	1.3	437	1.8	71	51	0.2	32	0.1
27	264	1.1	324	1.3	72	54	0.2	37	0.2
28	310	1.3	454	1.8	73	31	0.1	16	0.1
29	220	1.0	280	1.1	74	34	0.1	17	0.1
30	392	1.7	488	2.0	75	74	0.3	66	0.3
31	192	0.8	251	1.0	76	27	0.1	34	0.1
32	257	1.1	290	1.2	77	29	0.1	18	0.1
33	173	0.7	215	0.9	78	21	0.1	20	0.1
34	168	0.7	224	0.9	79	22	0.1	19	0.1
35	312	1.4	320	1.3	80	104	0.5	73	0.3
36	217	0.9	265	1.1	81	14	0.1	5	0.0
37	168	0.7	177	0.7	82	19	0.1	7	0.0
38	161	0.7	253	1.0	83	12	0.1	3	0.0
39	173	0.7	184	0.7	84	21	0.1	8	0.0
40	320	1.4	322	1.3	85+	118	0.5	104	0.4
41	153	0.7	186	0.7					
42	127	0.5	174	0.7	DK/Missing	1	0.0	--	--
43	117	0.5	161	0.6					
44	142	0.6	173	0.7	Total	23,098	100.0	24,886	100.0

( ) Figures that are based on 25-49 unweighted cases

DQ.2: Age distribution of eligible and interviewed women

Household population of women age 10-54 years, interviewed women age 15-49 years, and percentage of eligible women who were interviewed, by five-year age groups, Gilgit-Baltistan, 2016-17

	Household population of women age 10-54 years	Interviewed women age 15-49 years		Percentage of eligible women interviewed (Completion rate)
	Number	Number	Percent	
Age				
10-14	3,194	na	na	na
15-19	2,964	2,795	25.8	94.3
20-24	2,205	1,993	18.4	90.4
25-29	1,962	1,770	16.3	90.2
30-34	1,468	1,369	12.6	93.3
35-39	1,199	1,153	10.6	96.1
40-44	1,017	957	8.8	94.2
45-49	873	814	7.5	93.3
50-54	691	na	na	na
Total (15-49)	11,687	10,851	100.0	92.8
Ratio of 50-54 to 45-49	0.79	na	na	na

na: not applicable

DQ.4: Age distribution of children in household and under-5 questionnaires

Household population of children age 0-7 years, children age 0-4 years whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caretakers were interviewed, by single years of age, Gilgit-Baltistan, 2016-17

	Household population of children 0-7 years	Under-5s with completed interviews		Percentage of eligible under-5s interviewed (Completion rate)
	Number	Number	Percent	
Age				
0	1,493	1,403	20.1	94.0
1	1,486	1,371	19.6	92.3
2	1,489	1,392	19.9	93.5
3	1,511	1,408	20.1	93.2
4	1,487	1,422	20.3	95.6
5	1,423	na	na	na
6	1,498	na	na	na
7	1,516	na	na	na
Total (0-4)	7,467	6,997	100.0	93.7
Ratio of 5 to 4	1.0	na	na	na

na: not applicable

DQ.5: Birth date reporting: Household population

Percent distribution of household population by completeness of date of birth information, Gilgit-Baltistan, 2016-17

	Completeness of reporting of month and year of birth					
	Year and month of birth	Year of birth only	Month of birth only	Both missing	Total	Number of household members
Total	81.9	7.7	1.8	8.6	100.0	47,983
Area of residence						
Urban	82.4	6.0	1.0	10.6	100.0	8,632
Rural	81.8	8.1	1.9	8.1	100.0	39,351
Age						
0-4	99.0	0.3	0.4	0.3	100.0	7,467
5-14	94.0	1.2	2.7	2.1	100.0	13,448
15-24	86.6	3.8	2.7	6.9	100.0	9,138
25-49	73.0	12.1	1.2	13.7	100.0	11,811
50-64	50.7	27.2	1.1	21.0	100.0	3,898
65-84	36.9	31.9	0.4	30.8	100.0	1,999
85+	16.5	25.1	2.7	55.7	100.0	222
DK/Missing	na	na	(*)	(*)	100.0	1
Division						
Gilgit	81.9	7.3	2.5	8.4	100.0	18,895
Baltistan	85.4	8.7	1.8	4.1	100.0	16,457
Diamer	77.6	7.1	0.6	14.7	100.0	12,632
District						
Astore	84.2	13.0	0.8	2.0	100.0	3,193
Diamer	75.4	5.1	0.6	19.0	100.0	9,438
Ghanche	88.5	10.0	0.3	1.2	100.0	4,435
Ghizer	93.4	4.1	0.6	1.9	100.0	5,750
Gilgit	70.2	10.5	4.3	15.0	100.0	8,845
Hunza	93.6	5.3	0.2	0.9	100.0	1,487
Kharmang	77.3	16.7	1.7	4.4	100.0	1,611
Nagar	88.8	4.7	1.8	4.8	100.0	2,813
Shigar	88.8	7.6	0.8	2.7	100.0	2,381
Skardu	84.2	6.7	3.0	6.1	100.0	8,029

na: not applicable
(*) Figures that are based on fewer than 25 unweighted cases

DQ.6: Birth date and age reporting: Women

Percent distribution of women age 15-49 years by completeness of date of birth/age information, Gilgit-Baltistan, 2016-17

	Completeness of reporting of date of birth and age						
	Year and month of birth	Year of birth and age	Year of birth only	Age only	Other/DK/ Missing	Total	Number of women age 15-49 years
Total	77.7	7.5	0.0	12.6	2.2	100.0	10,744
Area of residence							
Urban	83.2	6.0	0.0	9.9	1.0	100.0	1,969
Rural	76.5	7.8	0.0	13.2	2.5	100.0	8,775
Division							
Gilgit	82.3	6.3	0.0	9.7	1.8	100.0	4,512
Baltistan	79.5	8.0	0.0	10.5	2.0	100.0	3,747
Diamer	66.9	8.9	0.0	21.0	3.2	100.0	2,485
District							
Astore	84.6	12.6	0.0	1.6	1.2	100.0	706
Diamer	59.8	7.5	0.0	28.7	4.0	100.0	1,779
Ghanche	91.7	7.5	0.0	0.7	0.2	100.0	1,036
Ghizer	95.5	1.9	0.0	1.5	1.1	100.0	1,456
Gilgit	67.1	10.9	0.0	19.8	2.2	100.0	1,968
Hunza	97.8	1.8	0.0	0.2	0.1	100.0	389
Kharmang	76.4	17.5	0.0	6.0	0.1	100.0	377
Nagar	88.8	4.8	0.0	3.6	2.8	100.0	699
Shigar	84.6	8.5	0.0	4.9	2.0	100.0	502
Skardu	71.8	6.3	0.0	18.4	3.5	100.0	1,832

DQ.8: Birth date and age reporting: Under-5s

Percent distribution children under 5 by completeness of date of birth/age information, Gilgit-Baltistan, 2016-17

	Completeness of reporting of date of birth and age						
	Year and month of birth	Year of birth and age	Year of birth only	Age only	Other/ DK/Missing	Total	Number of under-5 children
Total	99.9	0.1	0.0	0.0	0.0	100.0	6,637
Area of residence							
Urban	100.0	0.0	0.0	0.0	0.0	100.0	1,097
Rural	99.9	0.1	0.0	0.0	0.0	100.0	5,540
Division							
Gilgit	99.8	0.2	0.0	0.0	0.0	100.0	2,278
Baltistan	100.0	0.0	0.0	0.0	0.0	100.0	2,239
Diamer	100.0	0.0	0.0	0.0	0.0	100.0	2,120
District							
Astore	100.0	0.0	0.0	0.0	0.0	100.0	465
Diamer	99.9	0.1	0.0	0.0	0.0	100.0	1,655
Ghanche	100.0	0.0	0.0	0.0	0.0	100.0	605
Ghizer	99.8	0.2	0.0	0.0	0.0	100.0	634
Gilgit	99.8	0.2	0.0	0.0	0.0	100.0	1,184
Hunza	100.0	0.0	0.0	0.0	0.0	100.0	127
Kharmang	100.0	0.0	0.0	0.0	0.0	100.0	221
Nagar	99.5	0.5	0.0	0.0	0.0	100.0	334
Shigar	99.8	0.1	0.0	0.0	0.0	100.0	357
Skardu	100.0	0.0	0.0	0.0	0.0	100.0	1,055

DQ.9: Birth date reporting: Children, adolescents and young people

Percent distribution of children, adolescents and young people age 5-24 years by completeness of date of birth information, Gilgit-Baltistan, 2016-17

	Completeness of reporting of month and year of birth					
	Year and month of birth	Year of birth only	Month of birth only	Both missing	Total	Number of children, adolescents and young people age 5-24 years
Total	91.0	2.2	2.7	4.0	100.0	22,586
Area of residence						
Urban	92.2	1.9	1.6	4.3	100.0	4,066
Rural	90.8	2.3	3.0	4.0	100.0	18,520
Division						
Gilgit	88.8	2.1	4.1	5.0	100.0	8,560
Baltistan	92.0	2.8	2.8	2.4	100.0	7,846
Diamer	92.9	1.7	0.7	4.7	100.0	6,180
District						
Astore	96.5	2.2	0.9	0.3	100.0	1,540
Diamer	91.7	1.5	0.7	6.1	100.0	4,640
Ghanche	97.2	2.2	0.4	0.2	100.0	2,004
Ghizer	98.1	0.2	0.7	0.9	100.0	2,569
Gilgit	79.5	3.6	7.5	9.4	100.0	4,078
Hunza	99.9	0.1	0.1	0.0	100.0	576
Kharmang	90.3	4.3	2.7	2.7	100.0	719
Nagar	94.2	2.3	1.8	1.6	100.0	1,336
Shigar	97.0	1.8	0.6	0.6	100.0	1,135
Skardu	88.3	3.0	4.6	4.1	100.0	3,988

DQ.10: Birth date reporting: First and last births

Percent distribution of first and last births to women age 15-49 years by completeness of date of birth, Gilgit-Baltistan, 2016-17

	Completeness of reporting of date of birth										
	Date of first birth						Date of last birth				
	Year and month of birth	Year of birth only	Completed years since first birth only	Other/DK/ Missing	Total	Number of first births	Year and month of birth	Year of birth only	Other/DK/ Missing	Total	Number of last births
Total	88.3	1.2	5.4	5.0	100.0	6,371	99.8	0.1	0.2	100.0	5,548
Area of residence											
Urban	93.7	1.0	2.1	3.2	100.0	1,124	99.3	0.1	0.6	100.0	983
Rural	87.2	1.3	6.1	5.4	100.0	5,247	99.9	0.1	0.1	100.0	4,565
Division											
Gilgit	92.0	0.7	3.0	4.3	100.0	2,586	99.6	0.1	0.4	100.0	2,199
Baltistan	82.8	2.3	9.5	5.4	100.0	2,295	99.9	0.1	0.0	100.0	2,035
Diamer	90.4	0.5	3.3	5.8	100.0	1,490	99.9	0.0	0.1	100.0	1,314
District											
Astore	98.3	0.4	0.0	1.3	100.0	360	100.0	0.0	0.0	100.0	323
Diamer	87.8	0.6	4.3	7.3	100.0	1,131	99.9	0.0	0.1	100.0	991
Ghanche	94.9	2.8	1.3	1.0	100.0	642	100.0	0.0	0.0	100.0	559
Ghizer	97.3	0.2	0.6	1.9	100.0	837	99.8	0.0	0.2	100.0	710
Gilgit	86.0	1.3	5.7	7.0	100.0	1,160	99.3	0.1	0.6	100.0	984
Hunza	98.7	0.5	0.2	0.6	100.0	218	99.8	0.0	0.2	100.0	183
Kharmang	87.1	1.1	6.4	5.4	100.0	246	100.0	0.0	0.0	100.0	211
Nagar	95.2	0.2	1.4	3.3	100.0	372	99.8	0.0	0.2	100.0	321
Shigar	85.8	1.4	7.3	5.5	100.0	332	99.8	0.0	0.2	100.0	291
Skardu	73.7	2.5	15.8	7.9	100.0	1,075	99.8	0.2	0.0	100.0	974

DQ.11: Completeness of reporting

Percentage of observations that are missing information for selected questions and indicators, Gilgit-Baltistan, 2016-17

Questionnaire and type of missing information	Reference group	Percent with missing/ incomplete information[a]	Number of cases
Household			
Salt test result	All households interviewed that have salt	0.1	6,213
Starting time of interview	All households interviewed	0.0	6,213
Ending time of interview	All households interviewed	0.1	6,213
Women			
Date of first marriage	All ever married women age 15-49		
Only month		3.3	7,060
Both month and year		15.8	7,060
Age at first marriage	All ever married women age 15-49 with year of first marriage not known	0.1	7,060
Starting time of interview	All women interviewed	0.1	10,744
Ending time of interview	All women interviewed	0.1	10,744
Under-5			
Starting time of interview	All under-5 children	0.2	6,637
Ending time of interview	All under-5 children	0.1	6,637

[a] Includes "Don't know" responses

DQ.12: Completeness of information for anthropometric indicators: Underweight

Percent distribution of children under 5 by completeness of information on date of birth and weight, Gilgit-Baltistan, 2016-17

		Reason for exclusion from analysis						
	Valid weight and date of birth	Weight not measured	Incomplete date of birth	Weight not measured and incomplete date of birth	Flagged cases (outliers)	Total	Percent of children excluded from analysis	Number of children under 5
Total	98.3	1.5	0.1	0.0	0.1	100.0	1.7	6,637
Age								
<6 months	99.0	0.6	0.2	0.0	0.3	100.0	1.0	617
6-11 months	99.0	0.6	0.2	0.0	0.2	100.0	1.0	697
12-23 months	99.2	0.5	0.1	0.0	0.2	100.0	0.8	1,299
24-35 months	98.2	1.5	0.0	0.0	0.2	100.0	1.8	1,322
36-47 months	97.4	2.5	0.1	0.0	0.0	100.0	2.6	1,333
48-59 months	97.4	2.4	0.2	0.0	0.0	100.0	2.6	1,368

DQ.13: Completeness of information for anthropometric indicators: Stunting

Percent distribution of children under 5 by completeness of information on date of birth and length or height, Gilgit-Baltistan, 2016-17

		Reason for exclusion from analysis						
	Valid length/height and date of birth	Length/ Height not measured	Incomplete date of birth	Length/ Height not measured, incomplete date of birth	Flagged cases (outliers)	Total	Percent of children excluded from analysis	Number of children under 5
Total	97.0	1.8	0.1	0.0	1.0	100.0	3.0	6,637
Age								
<6 months	98.8	0.7	0.2	0.0	0.3	100.0	1.2	617
6-11 months	97.8	0.8	0.2	0.0	1.2	100.0	2.2	697
12-23 months	97.9	0.7	0.1	0.0	1.3	100.0	2.1	1,299
24-35 months	97.1	2.0	0.0	0.0	0.9	100.0	2.9	1,322
36-47 months	96.1	2.5	0.1	0.0	1.3	100.0	3.9	1,333
48-59 months	95.9	3.0	0.2	0.0	0.9	100.0	4.1	1,368

DQ.14: Completeness of information for anthropometric indicators: Wasting

Percent distribution of children under 5 by completeness of information on weight and length or height, Gilgit-Baltistan, 2016-17

		Reason for exclusion from analysis						
	Valid weight and length/height	Weight not measured	Length/ Height not measured	Weight and length/ height not measured	Flagged cases (outliers)	Total	Percent of children excluded from analysis	Number of children under 5
Total	97.5	0.0	0.4	1.5	0.7	100.0	2.5	6,637
Age								
<6 months	97.7	0.0	0.1	0.6	1.5	100.0	2.3	617
6-11 months	98.1	0.0	0.2	0.6	1.1	100.0	1.9	697
12-23 months	98.3	0.2	0.4	0.4	0.8	100.0	1.7	1,299
24-35 months	97.7	0.0	0.5	1.5	0.3	100.0	2.3	1,322
36-47 months	97.0	0.1	0.1	2.4	0.4	100.0	3.0	1,333
48-59 months	96.5	0.0	0.6	2.4	0.5	100.0	3.5	1,368

DQ.15: Heaping in anthropometric measurements

Distribution of weight and height/length measurements by digits reported for the decimal points, Gilgit-Baltistan, 2016-17

	Weight		Height or length	
	Number	Percent	Number	Percent
Total	6,537	100.0	6,540	100.0
Digits				
0	489	7.5	566	8.7
1	752	11.5	658	10.1
2	738	11.3	875	13.4
3	674	10.3	838	12.8
4	683	10.4	817	12.5
5	536	8.2	450	6.9
6	717	11.0	738	11.3
7	699	10.7	651	10.0
8	651	10.0	536	8.2
9	597	9.1	411	6.3
0 or 5	1,025	15.7	1,016	15.5

DQ:16: Observation of birth certificates

Percent distribution of children under 5 by presence of birth certificates, and percentage of birth certificates seen, Gilgit-Baltistan, 2016-17

	Child has birth certificate						
	Seen by the interviewer (1)	Not seen by the interviewer (2)	Child does not have birth certificate	DK/ Missing	Total	Percentage of birth certificates seen by the interviewer (1)/(1+2)*100	Number of children under age 5
Total	9.4	5.7	84.2	0.8	100.0	62.1	6,637
Area of residence							
Urban	7.1	7.6	85.0	0.3	100.0	48.3	1,097
Rural	9.8	5.3	84.0	0.9	100.0	64.7	5,540
Child's age							
0-5 months	8.6	3.7	87.7	0.0	100.0	70.1	617
6-11 months	10.5	4.3	85.0	0.2	100.0	70.8	697
12-23 months	8.6	5.4	85.7	0.3	100.0	61.3	1,299
24-35 months	8.0	5.3	85.8	0.9	100.0	60.3	1,322
36-47 months	11.0	6.6	81.1	1.2	100.0	62.4	1,333
48-59 months	9.5	7.2	82.0	1.3	100.0	57.1	1,368
Division							
Gilgit	22.9	10.9	65.5	0.7	100.0	67.8	2,278
Baltistan	2.6	3.7	92.7	0.9	100.0	41.6	2,239
Diamer	1.8	2.3	95.2	0.7	100.0	44.7	2,120
District							
Astore	6.8	5.4	85.2	2.5	100.0	55.5	465
Diamer	0.5	1.4	98.0	0.1	100.0	24.5	1,655
Ghanche	1.2	1.4	97.3	0.1	100.0	47.0	605
Ghizer	49.8	9.8	40.2	0.2	100.0	83.5	634
Gilgit	5.8	10.7	82.2	1.3	100.0	35.0	1,184
Hunza	60.7	20.2	19.1	0.0	100.0	75.0	127
Kharmang	3.8	1.6	93.8	0.9	100.0	70.9	221
Nagar	18.5	10.0	71.6	0.0	100.0	65.0	334
Shigar	1.9	0.9	95.9	1.2	100.0	66.8	357
Skardu	3.5	6.4	88.8	1.3	100.0	35.1	1,055

DQ.17: Observation of vaccination cards

Percent distribution of children age 0-35 months by presence of a vaccination card, and the percentage of vaccination cards seen by the interviewers, Gilgit-Baltistan, 2016-17

	Child does not have vaccination card		Child has vaccination card					
	Had vaccination card previously	Never had vaccination card	Seen by the interviewer (1)	Not seen by the interviewer (2)	DK/ Missing	Total	Percentage of vaccination cards seen by the interviewer (1)/(1+2)*100	Number of children age 0-35 months
Total	9.5	31.5	38.2	20.7	0.2	100.0	64.9	3,936
Area of residence								
Urban	8.0	24.7	44.4	22.6	0.2	100.0	66.3	648
Rural	9.8	32.8	37.0	20.3	0.2	100.0	64.6	3,288
Child's age								
0-5 months	2.1	43.2	50.2	4.5	0.0	100.0	91.7	617
6-11 months	3.9	30.3	54.9	10.9	0.1	100.0	83.4	697
12-23 months	8.0	29.9	39.9	22.2	0.0	100.0	64.2	1,299
24-35 months	17.3	28.2	22.2	31.8	0.5	100.0	41.1	1,322
Division								
Gilgit	8.5	14.9	57.7	18.8	0.2	100.0	75.5	1,377
Baltistan	16.3	10.9	42.2	30.5	0.2	100.0	58.0	1,278
Diamer	3.7	69.9	13.3	12.9	0.2	100.0	50.9	1,281
District								
Astore	5.1	34.5	31.8	28.6	0.0	100.0	52.7	280
Diamer	3.3	79.8	8.2	8.5	0.2	100.0	49.1	1,000
Ghanche	2.7	13.2	31.6	52.3	0.2	100.0	37.7	348
Ghizer	18.0	3.2	75.2	3.2	0.4	100.0	96.0	372
Gilgit	0.2	25.0	44.8	29.8	0.2	100.0	60.0	745
Hunza	7.0	2.1	79.2	11.7	0.0	100.0	87.1	71
Kharmang	0.0	6.1	53.9	39.9	0.0	100.0	57.5	136
Nagar	23.0	2.8	65.5	8.5	0.2	100.0	88.5	189
Shigar	26.4	7.2	41.5	24.9	0.0	100.0	62.4	206
Skardu	24.6	11.8	45.9	17.4	0.2	100.0	72.6	589

DQ.18: Observation of women's health cards

Percent distribution of women with a live birth in the last 2 years by presence of a health card, and the percentage of health cards seen by the interviewers, Gilgit-Baltistan, 2016-17

	Woman has health card						
	Woman does not have health card	Seen by the interviewer (1)	Not seen by the interviewer (2)	DK/ Missing	Total	Percent of health cards seen by the interviewer (1)/(1+2)*100	Number of women with a live birth in the last two years
Total	61.8	17.6	19.5	1.1	100.0	47.4	2,705
Area of residence							
Urban	55.0	19.5	24.7	0.9	100.0	44.1	462
Rural	63.2	17.2	18.5	1.1	100.0	48.2	2,244
Age							
15-24	58.3	23.2	17.7	0.9	100.0	56.6	789
25-34	59.0	18.3	21.4	1.3	100.0	46.1	1,364
35-49	73.8	8.0	17.5	0.8	100.0	31.4	553
Division							
Gilgit	48.6	26.5	23.8	1.1	100.0	52.6	966
Baltistan	54.7	20.9	23.2	1.2	100.0	47.4	873
Diamer	83.6	4.5	11.1	0.8	100.0	28.8	866
District							
Astore	64.7	12.0	22.6	0.8	100.0	34.7	189
Diamer	88.9	2.4	7.9	0.8	100.0	23.2	677
Ghanche	38.3	22.7	36.3	2.6	100.0	38.5	240
Ghizer	40.0	43.7	13.3	3.0	100.0	76.6	260
Gilgit	53.9	15.0	30.6	0.5	100.0	32.9	516
Hunza	32.7	46.3	20.1	1.0	100.0	69.8	49
Kharmang	53.6	15.2	30.4	0.8	100.0	33.4	96
Nagar	50.6	29.6	19.8	0.0	100.0	59.9	140
Shigar	47.0	23.1	29.2	0.7	100.0	44.1	143
Skardu	67.8	20.3	11.2	0.7	100.0	64.5	394

DQ.19: Observation of the place for handwashing

Percent distribution of places for handwashing observed by the interviewers in all interviewed households, Gilgit-Baltistan, 2016-17

	Place for handwashing					
		Not observed				
	Observed	Not in the dwelling, plot or yard	No permission to see	Other reason	Total	Number of households interviewed
Total	87.7	5.0	0.1	1.1	100.0	6,213
Area of residence						
Urban	97.9	0.7	0.1	1.1	100.0	1,090
Rural	85.5	5.9	0.1	1.0	100.0	5,123
Wealth index quintiles						
Poorest	62.3	16.7	0.4	2.1	100.0	1,254
Second	85.1	5.4	0.0	1.4	100.0	1,235
Middle	94.0	1.5	0.1	0.9	100.0	1,223
Fourth	98.2	0.9	0.0	0.4	100.0	1,283
Richest	98.9	0.3	0.1	0.4	100.0	1,218
Division						
Gilgit	96.1	1.5	0.1	1.3	100.0	2,614
Baltistan	88.1	11.5	0.0	0.3	100.0	2,172
Diamer	71.6	1.4	0.4	1.6	100.0	1,428
District						
Astore	94.5	4.5	0.4	0.6	100.0	428
Diamer	61.7	0.1	0.4	2.1	100.0	999
Ghanche	97.3	2.3	0.0	0.5	100.0	638
Ghizer	93.0	3.9	0.0	0.0	100.0	794
Gilgit	99.5	0.1	0.1	0.3	100.0	1,179
Hunza	99.4	0.2	0.2	0.2	100.0	279
Kharmang	99.7	0.3	0.0	0.0	100.0	243
Nagar	89.0	2.1	0.0	8.5	100.0	361
Shigar	66.7	30.8	0.2	1.5	100.0	281
Skardu	85.4	14.6	0.0	0.0	100.0	1,010

DQ.20: Presence of mother in the household and the person interviewed for the under-5 questionnaire

Distribution of children under five by whether the mother lives in the same household, and the person who was interviewed for the under-5 questionnaire, Gilgit-Baltistan, 2016-17

		Mother not in the household and primary caretaker identified:			
Mother in the household		Father	Other adult female	Other adult male	Total	Number of children under 5
Total	98.6	0.1	1.3	0.0	100.0	7,467
Age						
0	99.9	0.0	0.1	0.0	100.0	1,493
1	99.5	0.0	0.5	0.0	100.0	1,486
2	98.4	0.0	1.6	0.1	100.0	1,489
3	97.4	0.0	2.6	0.0	100.0	1,511
4	97.8	0.3	1.8	0.1	100.0	1,487

DQ.21: Selection of children age 1-17 years for the child labour and child discipline modules

Percent distribution of households by the number of children age 1-17 years, and the percentage of households with at least two children age 1-17 years where correct selection of one child for the child labour and child discipline modules was performed, Gilgit-Baltistan, 2016-17

	Number of children age 1-17 years						
	None	One	Two or more	Total	Number of households	Percent of households where correct selection was performed	Number of households with 2 or more children age 1-17 years
Total	7.9	11.5	80.6	100.0	6,213	99.2	5,009
Area of residence							
Urban	6.3	10.9	82.8	100.0	1,090	99.1	903
Rural	8.3	11.6	80.2	100.0	5,123	99.2	4,107
Wealth index quintiles							
Poorest	7.0	8.9	84.1	100.0	1,254	99.1	1,054
Second	7.0	9.9	83.1	100.0	1,235	99.4	1,026
Middle	8.3	10.1	81.6	100.0	1,223	99.6	999
Fourth	7.8	14.1	78.2	100.0	1,283	99.1	1,003
Richest	9.6	14.3	76.1	100.0	1,218	98.8	927
Division							
Gilgit	10.6	13.1	76.3	100.0	2,614	99.2	1,993
Baltistan	6.8	11.6	81.6	100.0	2,172	99.2	1,773
Diamer	4.7	8.3	87.1	100.0	1,428	99.0	1,243
District							
Astore	8.4	11.9	79.6	100.0	428	99.4	341
Diamer	3.0	6.7	90.3	100.0	999	98.9	902
Ghanche	9.7	13.5	76.8	100.0	638	99.2	490
Ghizer	11.8	12.1	76.1	100.0	794	99.3	604
Gilgit	7.4	12.8	79.8	100.0	1,179	99.2	941
Hunza	24.9	20.1	55.1	100.0	279	99.4	153
Kharmang	9.7	15.1	75.1	100.0	243	99.3	183
Nagar	7.6	10.8	81.6	100.0	361	99.2	295
Shigar	3.5	7.0	89.5	100.0	281	98.5	251
Skardu	5.1	10.8	84.1	100.0	1,010	99.4	849

DQ.22: School attendance by single age

Distribution of household population age 5-24 years by educational level and and grade attended in the current (or most recent) school year, Gilgit-Baltistan, 2016-17

	Currently attending																
			Primary school Grade					Middle / Secondary school Grade									
	Not attending school	Preschool	1	2	3	4	5	1	2	3	4	5	Higher than secondary	Not able to determine	DK/ Missing	Total	Number of household members
Age at beginning of school year																	
5	44.3	42.8	9.3	2.7	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,467
6	26.2	42.6	19.5	7.5	3.0	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	100.0	1,545
7	17.4	25.6	27.3	16.6	9.5	2.5	0.7	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,425
8	15.2	13.5	21.4	23.6	16.5	6.3	2.9	0.2	0.2	0.0	0.0	0.0	0.0	0.0	0.2	100.0	1,371
9	14.8	4.9	11.2	22.8	19.7	15.3	8.4	2.2	0.3	0.4	0.0	0.0	0.0	0.0	0.0	100.0	1,332
10	13.3	2.4	4.6	14.9	18.8	19.2	16.0	5.9	4.1	0.8	0.0	0.0	0.0	0.0	0.0	100.0	1,274
11	15.0	0.2	2.6	5.9	12.9	18.8	22.0	11.1	7.7	3.3	0.3	0.2	0.0	0.0	0.2	100.0	1,324
12	17.4	0.7	0.5	4.9	7.0	13.7	20.2	13.3	13.1	5.6	3.0	0.4	0.1	0.0	0.0	100.0	1,288
13	20.3	0.2	0.5	1.6	3.6	8.5	14.1	14.9	16.4	11.8	5.7	2.0	0.0	0.2	0.0	100.0	1,157
14	26.0	0.0	0.2	0.6	2.0	3.0	9.8	9.0	14.8	17.1	10.1	5.9	0.0	1.6	0.0	100.0	1,116
15	30.4	0.0	0.0	0.4	0.6	1.1	4.2	5.1	8.3	15.8	17.9	11.3	0.0	5.0	0.0	100.0	1,223
16	38.6	0.0	0.1	0.4	0.4	0.2	1.7	1.9	5.4	11.6	14.5	15.8	0.0	9.4	0.1	100.0	1,060
17	50.6	0.0	0.0	0.1	0.1	0.2	0.3	0.8	2.3	6.1	8.2	13.3	0.0	18.0	0.0	100.0	1,125
18	57.1	0.0	0.2	0.0	0.0	0.0	0.1	0.2	1.1	2.8	6.8	9.8	0.0	21.9	0.0	100.0	983
19	72.0	0.0	0.0	0.1	0.0	0.0	0.1	0.5	0.5	1.2	2.7	5.8	0.0	17.1	0.0	100.0	997
20	77.5	0.0	0.0	0.0	0.0	0.2	0.1	0.0	0.5	0.5	1.0	3.3	0.0	16.9	0.0	100.0	759
21	84.3	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.3	0.7	0.8	0.0	13.8	0.0	100.0	707
22	86.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.7	0.0	12.3	0.0	100.0	685
23	88.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.5	0.5	0.0	9.5	0.0	100.0	642
24[a]	96.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.0	0.0	3.3	0.0	100.0	226

[a] Those age 25 at the time of interview who were age 24 at beginning of school year are excluded as current attendance was only collected for those age 5-24 at the time of interview

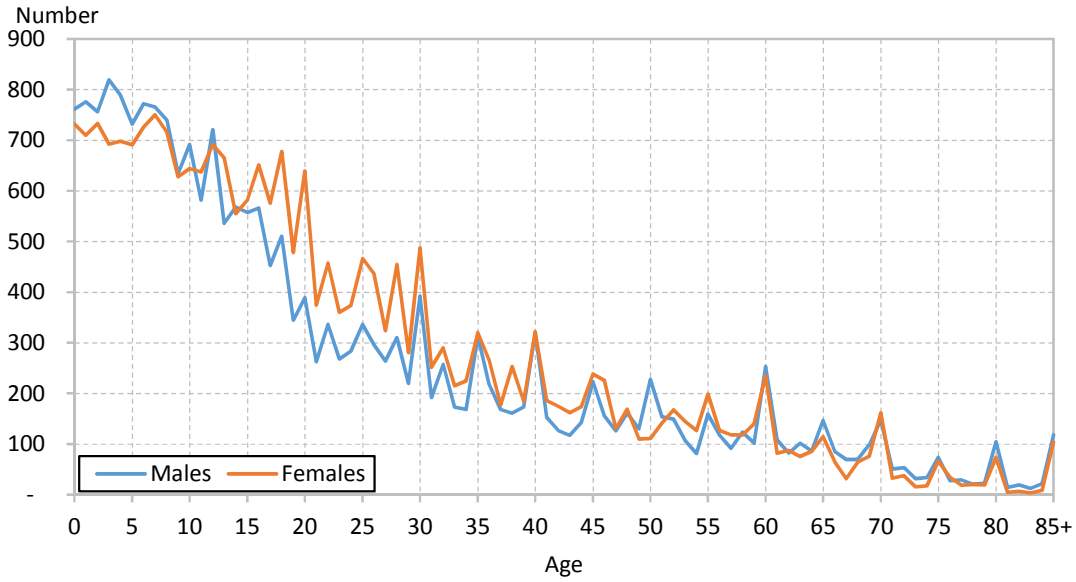
DQ.23: Sex ratio at birth among children ever born and living

Sex ratio (number of males per 100 females) among children ever born (at birth), children living, and deceased children, by age of women, Gilgit-Baltistan, 2016-17

	Children Ever Born			Children Living			Children Deceased			
	Sons	Daughters	Sex ratio at birth	Sons	Daughters	Sex ratio	Sons	Daughters	Sex ratio	Number of women
Total	14,915	14,019	1.1	13,214	12,507	1.1	1,701	1,512	1.1	10,744
Age										
15-19	124	104	1.2	113	93	1.2	11	11	(*)	2,765
20-24	821	840	1.0	757	780	1.0	64	60	1.1	1,964
25-29	2,105	1,971	1.1	1,904	1,821	1.0	202	150	1.3	1,754
30-34	2,714	2,553	1.1	2,492	2,335	1.1	222	218	1.0	1,357
35-39	3,214	2,919	1.1	2,849	2,615	1.1	365	304	1.2	1,143
40-44	3,085	2,901	1.1	2,671	2,560	1.0	414	341	1.2	955
45-49	2,851	2,732	1.0	2,427	2,304	1.1	424	427	1.0	805

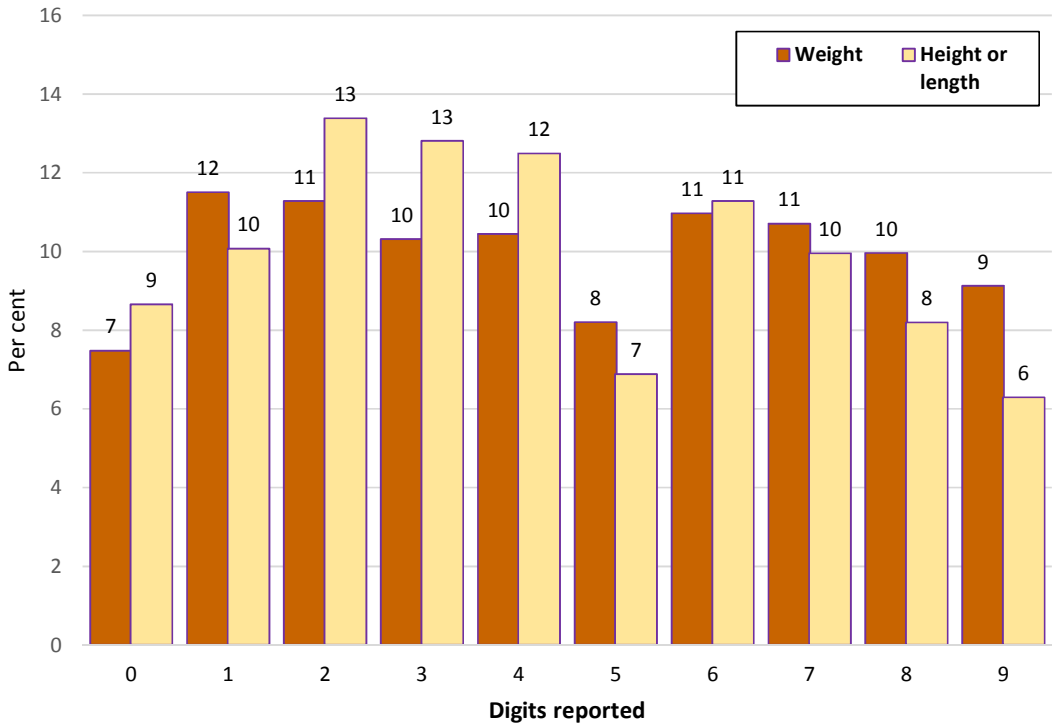
(*) Figures that are based on fewer than 25 unweighted cases

Figure DQ.1: Household population by single ages, Gilgit-Baltistan MICS, 2016-17



Note: The figure excludes 13 household members with unknown age and/or sex

Figure DQ.2: Weight and height/length measurements by digits reported for the decimal points, Gilgit-Baltistan MICS, 2016-17



APPENDIX E: GILGIT-BALTISTAN MICS, 2016-17 INDICATORS: NUMERATORS AND DENOMINATORS

MICS INDICATOR		Module[74]	Numerator	Denominator	MDG Indicator Reference[75]
MORTALITY[76]					
1.2	Infant mortality rate	CM	Probability of dying between birth and the first birthday		MDG 4.2
1.5	Under-five mortality rate	CM	Probability of dying between birth and the fifth birthday		MDG 4.1
NUTRITION					
2.1a 2.1b	Underweight prevalence	AN	Number of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for age of the WHO standard	Total number of children under age 5	MDG 1.8
2.2a 2.2b	Stunting prevalence	AN	Number of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median height for age of the WHO standard	Total number of children under age 5	
2.3a 2.3b	Wasting prevalence	AN	Number of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for height of the WHO standard	Total number of children under age 5	
2.4	Overweight prevalence	AN	Number of children under age 5 who are above two standard deviations of the median weight for height of the WHO standard	Total number of children under age 5	
2.5	Children ever breastfed	MN	Number of women with a live birth in the last 2 years who breastfed their last live-born child at any time	Total number of women with a live birth in the last 2 years	
2.6	Early initiation of breastfeeding	MN	Number of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth	Total number of women with a live birth in the last 2 years	

[74] Some indicators are constructed by using questions in several modules in the MICS questionnaires. In such cases, only the module(s) which contains most of the necessary information is indicated.

[75] Millennium Development Goals (MDG) indicators, effective 15 January 2008 - http://mdgs.un.org/unsd/mdg/Host.aspx?Content=Indicators/OfficialList.htm, accessed 10 June 2013.

[76] When the Birth History module is used, mortality indicators are calculated for the last 5-year period. When the indicators are estimated indirectly (using the Fertility module only), the rates refer to dates as estimated by the indirect technique.

MICS INDICATOR		Module[74]	Numerator	Denominator	MDG Indicator Reference[75]
2.7	Exclusive breastfeeding under 6 months	BD	Number of infants under 6 months of age who are exclusively breastfed[77]	Total number of infants under 6 months of age	
2.8	Predominant breastfeeding under 6 months	BD	Number of infants under 6 months of age who received breast milk as the predominant source of nourishment[78] during the previous day	Total number of infants under 6 months of age	
2.9	Continued breastfeeding at 1 year	BD	Number of children age 12-15 months who received breast milk during the previous day	Total number of children age 12-15 months	
2.10	Continued breastfeeding at 2 years	BD	Number of children age 20-23 months who received breast milk during the previous day	Total number of children age 20-23 months	
2.11	Duration of breastfeeding	BD	The age in months when 50 percent of children age 0-35 months did not receive breast milk during the previous day		
2.12	Age-appropriate breastfeeding	BD	Number of children age 0-23 months appropriately fed[79] during the previous day	Total number of children age 0-23 months	
2.13	Introduction of solid, semi-solid or soft foods	BD	Number of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	Total number of infants age 6-8 months	
2.14	Milk feeding frequency for non-breastfed children	BD	Number of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	Total number of non-breastfed children age 6-23 months	
2.15	Minimum meal frequency	BD	Number of children age 6-23 months who received solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum number of times[80] or more during the previous day	Total number of children age 6-23 months	
2.16	Minimum dietary diversity	BD	Number of children age 6-23 months who received foods from 4 or more food groups[81] during the previous day	Total number of children age 6-23 months	

[77] Infants receiving breast milk, and not receiving any other fluids or foods, with the exception of oral rehydration solution, vitamins, mineral supplements and medicines

[78] Infants who receive breast milk and certain fluids (water and water-based drinks, fruit juice, ritual fluids, oral rehydration solution, drops, vitamins, minerals, and medicines), but do not receive anything else (in particular, non-human milk and food-based fluids)

[79] Infants age 0-5 months who are exclusively breastfed, and children age 6-23 months who are breastfed and ate solid, semi-solid or soft foods

[80] Breastfeeding children: Solid, semi-solid, or soft foods, two times for infants age 6-8 months, and three times for children 9-23 months; Non-breastfeeding children: Solid, semi-solid, or soft foods, or milk feeds, four times for children age 6-23 months

[81] The indicator is based on consumption of any amount of food from at least 4 out of the 7 following food groups: 1) grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables

MICS INDICATOR		Module[74]	Numerator	Denominator	MDG Indicator Reference[75]
2.17a 2.17b	Minimum acceptable diet	BD	(a) Number of breastfed children age 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day (b) Number of non-breastfed children age 6–23 months who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day	(a) Number of breastfed children age 6–23 months (b) Number of non-breastfed children age 6–23 months	
2.18	Bottle feeding	BD	Number of children age 0-23 months who were fed with a bottle during the previous day	Total number of children age 0-23 months	
2.19	Iodized salt consumption	SI	Number of households with salt testing 15 parts per million or more of iodate	Total number of households in which salt was tested or where there was no salt	
2.20	Low-birthweight infants	MN	Number of most recent live births in the last 2 years weighing below 2,500 grams at birth	Total number of most recent live births in the last 2 years	
2.21	Infants weighed at birth	MN	Number of most recent live births in the last 2 years who were weighed at birth	Total number of most recent live births in the last 2 years	
2.S1	Vitamin A supplementation (children under age 5)	IM	Number of children age 6-59 months who received at least one high-dose vitamin A supplement in the 6 months preceding the survey	Total number of children age 6-59 months	
CHILD HEALTH					
3.1	Tuberculosis immunization coverage	IM	Number of children age 12-23 months who received BCG vaccine by their first birthday	Total number of children age 12-23 months	
3.2	Polio immunization coverage	IM	Number of children age 12-23 months who received the third dose of OPV vaccine (OPV3) by their first birthday	Total number of children age 12-23 months	
3.3 3.5 3.6	Diphtheria, pertussis and tetanus (DPT), hepatitis B (HepB) and haemophilus influenza type B (Hib) (**PENTA**) immunization coverage	IM	Number of children age 12-23 months who received the third dose of PENTA vaccine (DPT3, hepatitis B and haemophilus influenza B) by their first birthday	Total number of children age 12-23 months	
3.4	Measles immunization coverage[82]	IM	Number of children age 12-23 months who received measles vaccine by their first birthday	Total number of children age 12-23 months	MDG 4.3

[82] In countries where measles vaccination is administered at or after 12 months of age according to the vaccination schedule, the indicator is calculated as the proportion of children age 24-35 months who received the measles vaccine by 24 months of age

MICS INDICATOR		Module[74]	Numerator	Denominator	MDG Indicator Reference[75]
3.8	Full immunization coverage	IM	Number of children age 12-23 months who received all vaccinations recommended in the national immunization schedule by their first birthday	Total number of children age 12-23 months	
3.9	Neonatal tetanus protection	MN	Number of women age 15-49 years with a live birth in the last 2 years who were given at least two doses of tetanus toxoid vaccine within the appropriate interval[83] prior to the most recent birth	Total number of women age 15-49 years with a live birth in the last 2 years	
3.10	Care-seeking for diarrhoea	CA	Number of children under age 5 with diarrhoea in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	Total number of children under age 5 with diarrhoea in the last 2 weeks	
3.11	Diarrhoea treatment with oral rehydration salts (ORS) and zinc	CA	Number of children under age 5 with diarrhoea in the last 2 weeks who received ORS and zinc	Total number of children under age 5 with diarrhoea in the last 2 weeks	
3.12	Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding	CA	Number of children under age 5 with diarrhoea in the last 2 weeks who received ORT (ORS packet, pre-packaged ORS fluid, recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	Total number of children under age 5 with diarrhoea in the last 2 weeks	
3.13	Care-seeking for children with acute respiratory infection (ARI) symptoms	CA	Number of children under age 5 with ARI symptoms in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	Total number of children under age 5 with ARI symptoms in the last 2 weeks	
3.14	Antibiotic treatment for children with ARI symptoms	CA	Number of children under age 5 with ARI symptoms in the last 2 weeks who received antibiotics	Total number of children under age 5 with ARI symptoms in the last 2 weeks	
3.15	Use of solid fuels for cooking	HC	Number of household members in households that use solid fuels as the primary source of domestic energy to cook	Total number of household members	
3.20	Care-seeking for fever	CA	Number of children under age 5 with fever in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	Total number of children under age 5 with fever in the last 2 weeks	
3.21	Malaria diagnostics usage	CA	Number of children under age 5 with fever in the last 2 weeks who had a finger or heel stick for malaria testing	Total number of children under age 5 with fever in the last 2 weeks	
3.22	Anti-malarial treatment of children under age 5	CA	Number of children under age 5 with fever in the last 2 weeks who received any antimalarial treatment	Total number of children under age 5 with fever in the last 2 weeks	MDG 6.8

[83] See the MICS tabulation plan for a detailed description

MICS INDICATOR		Module[74]	Numerator	Denominator	MDG Indicator Reference[75]
3.23	Treatment with Artemisinin-based Combination Therapy (ACT) among children who received anti-malarial treatment	CA	Number of children under age 5 with fever in the last 2 weeks who received ACT (or other first-line treatment according to national policy)	Total number of children under age 5 with fever in the last 2 weeks who received any anti-malarial drugs	
3.25	Intermittent preventive treatment for malaria during pregnancy	MN	Number of women age 15-49 years who received three or more doses of SP/Fansidar, at least one of which was received during an ANC visit, to prevent malaria during their last pregnancy that led to a live birth in the last 2 years	Total number of women age 15-49 years with a live birth in the last 2 years	
WATER AND SANITATION					
4.1	Use of improved drinking water sources	WS	Number of household members using improved sources of drinking water	Total number of household members	MDG 7.8
4.2	Water treatment	WS	Number of household members in households using unimproved drinking water who use an appropriate treatment method	Total number of household members in households using unimproved drinking water sources	
4.3	Use of improved sanitation (Not shared)	WS	Number of household members using improved sanitation facilities which are not shared	Total number of household members	MDG 7.9
4.4	Safe disposal of child's faeces	CA	Number of children age 0-2 years whose last stools were disposed of safely	Total number of children age 0-2 years	
4.5	Place for handwashing	HW	Number of households with a specific place for hand washing where water and soap or other cleansing agent are present	Total number of households	
4.6	Availability of soap or other cleansing agent	HW	Number of households with soap or other cleansing agent	Total number of households	
REPRODUCTIVE HEALTH					
5.1	Adolescent birth rate[84]	CM - BH	Age-specific fertility rate for women age 15-19 years		MDG 5.4
5.2	Early childbearing	CM - BH	Number of women age 20-24 years who had at least one live birth before age 18	Total number of women age 20-24 years	

[84] When the Birth History module is used, the indicator is calculated for the last 3-year period. When estimated using the Fertility module only, the rate refers to the last one year

MICS INDICATOR		Module[74]	Numerator	Denominator	MDG Indicator Reference[75]
5.3	Contraceptive prevalence rate	CP	Number of women age 15-49 years currently married who are using (or whose husband is using) a (modern or traditional) contraceptive method	Total number of women age 15-49 years who are currently married	MDG 5.3
5.4	Unmet need[85]	UN	Number of women age 15-49 years who are currently married who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	Total number of women age 15-49 years who are currently married	MDG 5.6
5.5a 5.5b	Antenatal care coverage	MN	Number of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth (a) at least once by skilled health personnel (b) at least four times by any provider	Total number of women age 15-49 years with a live birth in the last 2 years	MDG 5.5
5.6	Content of antenatal care	MN	Number of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples during the last pregnancy that led to a live birth	Total number of women age 15-49 years with a live birth in the last 2 years	
5.S1	Contents of antenatal care (All four)	MN	Number of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured, weight measured and gave urine and blood samples during the last pregnancy that led to a live birth	Total number of women age 15-49 years with a live birth in the last 2 years	
5.7	Skilled attendant at delivery	MN	Number of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth	Total number of women age 15-49 years with a live birth in the last 2 years	MDG 5.2
5.8	Institutional deliveries	MN	Number of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered in a health facility	Total number of women age 15-49 years with a live birth in the last 2 years	
5.9	Caesarean section	MN	Number of women age 15-49 years whose most recent live birth in the last 2 years was delivered by caesarean section	Total number of women age 15-49 years with a live birth in the last 2 years	
5.10	Post-partum stay in health facility	PN	Number of women age 15-49 years who stayed in the health facility for 12 hours or more after the delivery of their most recent live birth in the last 2 years	Total number of women age 15-49 years with a live birth in the last 2 years	

[85] See the MICS tabulation plan for a detailed description

MICS INDICATOR		Module[74]	Numerator	Denominator	MDG Indicator Reference[75]
5.11	Post-natal health check for the newborn	PN	Number of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	Total number of last live births in the last 2 years	
5.12	Post-natal health check for the mother	PN	Number of women age 15-49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth in the last 2 years	Total number of women age 15-49 years with a live birth in the last 2 years	
5.S2	Care provided by Lady Health Worker (LHW)	MN	Number of women age 15-49 years who given birth in the previous 2 years and were visited by a Lady Health Worker (LHW) in the last month	Total number of women age 15-49 years with a live birth in the last 2 years	
CHILD DEVELOPMENT					
6.1	Attendance to early childhood education	EC	Number of children age 36-59 months who are attending an early childhood education programme	Total number of children age 36-59 months	
6.2	Support for learning	EC	Number of children age 36-59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the last 3 days	Total number of children age 36-59 months	
6.3	Father's support for learning	EC	Number of children age 36-59 months whose father has engaged in four or more activities to promote learning and school readiness in the last 3 days	Total number of children age 36-59 months	
6.4	Mother's support for learning	EC	Number of children age 36-59 months whose mother has engaged in four or more activities to promote learning and school readiness in the last 3 days	Total number of children age 36-59 months	
6.5	Availability of children's books	EC	Number of children under age 5 who have three or more children's books	Total number of children under age 5	
6.6	Availability of playthings	EC	Number of children under age 5 with two or more types of playthings	Total number of children under age 5	
6.7	Inadequate care	EC	Number of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the last week	Total number of children under age 5	

MICS INDICATOR		Module[74]	Numerator	Denominator	MDG Indicator Reference[75]
6.8	Early child development index	EC	Number of children age 36-59 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains	Total number of children age 36-59 months	
LITERACY AND EDUCATION					
7.1	Literacy rate among young women	WB	Number of women age 15-24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education	Total number of women age 15-24 years	MDG 2.3
7.S1	Literacy rate 10+ *(Reported)*	HL	Number of household members age 10 years or older where it is reported that they are able to both read & write with understanding in any language excluding quranic reading, if this was the only response.	Total household members age 10 year or older surveyed	
7.S2	Literacy rate 15+ *(Reported)*	HL	Number of household members age 15 years or older where it is reported that they are able to both read & write with understanding in any language excluding quranic reading, if this was the only response.	Total household members age 15 year or older surveyed	
7.S3	Literacy rate 15-24 Years *(Reported)*	HL	Number of household members age 15-24 years where it is reported that they are able to both read & write with understanding in any language excluding quranic reading, if this was the only response.	Total household members age 15-24 years or older surveyed	
7.2	School readiness	ED	Number of children in first grade of primary school who attended pre-school during the previous school year	Total number of children attending the first grade of primary school	
7.3	Net intake rate in primary education	ED	Number of children of school-entry age who enter the first grade of primary school	Total number of children of school-entry age	
7.4	Primary school net attendance ratio (adjusted)	ED	Number of children of primary school age currently attending primary or secondary school	Total number of children of primary school age	MDG 2.1
7.S4	Primary school gross attendance ratio (adjusted)	ED	Number of children of all age currently attending primary school or secondary school	Total number of children of primary school age	MDG 2.1
7.5	Secondary school net attendance ratio (adjusted)	ED	Number of children of secondary school age currently attending secondary school or higher	Total number of children of secondary school age	
7.6	Children reaching last grade of primary	ED	Proportion of children entering the first grade of primary school who eventually reach last grade		MDG 2.2

MICS INDICATOR		Module[74]	Numerator	Denominator	MDG Indicator Reference[75]
7.7	Primary completion rate	ED	Number of children attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school)	
7.8	Transition rate to secondary school	ED	Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year	Total number of children attending the last grade of primary school during the previous school year	
7.9	Gender parity index (primary school)	ED	Primary school net attendance ratio (adjusted) for girls	Primary school net attendance ratio (adjusted) for boys	MDG 3.1
7.10	Gender parity index (secondary school)	ED	Secondary school net attendance ratio (adjusted) for girls	Secondary school net attendance ratio (adjusted) for boys	MDG 3.1
7.S5	Government school attendance rate (Primary)	ED	Number of children aged 5-9 years attending Government primary schools	Total number of children aged 5-9 years attending primary schools	
CHILD PROTECTION					
8.1	Birth registration	BR	Number of children under age 5 whose births are reported registered	Total number of children under age 5	
8.2	Child labour	CL	Number of children age 5-17 years who are involved in child labour[86]	Total number of children age 5-17 years	
8.3	Violent discipline	CD	Number of children age 1-14 years who experienced psychological aggression or physical punishment during the last one month	Total number of children age 1-14 years	
8.4	Marriage before age 15	MA	Number of women age 15-49 years who were first married age 15	Total number of women age 15-49 years	
8.5	Marriage before age 18	MA	Number of women age 20-49 years who were first married before age 18	Total number of women age 20-49 years	
8.6	Young women age 15-19 years currently married	MA	Number of women age 15-19 years who are married	Total number of women age 15-19 years	

[86] Children involved in child labour are defined as children involved in economic activities above the age-specific thresholds, children involved in household chores above the age-specific thresholds, and children involved in hazardous work. See the MICS tabulation plan for more detailed information on thresholds and classifications

MICS INDICATOR		Module[74]	Numerator	Denominator	MDG Indicator Reference[75]
8.7	Polygyny	MA	Number of women age 15-49 years who are in a polygynous marriage	Total number of women age 15-49 years who are married	
8.8a 8.8b	Spousal age difference	MA	Number of women who are married and whose spouse is 10 or more years older, (a) among women age 15-19 years, (b) among women age 20-24 years	Total number of women who are married (a) age 15-19 years, (b) age 20-24 years	
8.12	Attitudes towards domestic violence	DV	Number of women who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	Total number of women age 15-49 years	
8.13	Children's living arrangements	HL	Number of children age 0-17 years living with neither biological parent	Total number of children age 0-17 years	
8.14	Prevalence of children with one or both parents dead	HL	Number of children age 0-17 years with one or both biological parents dead	Total number of children age 0-17 years	
8.15	Children with at least one parent living abroad	HL	Number of children 0-17 years with at least one biological parent living abroad	Total number of children 0-17 years	
HIV/AIDS					
9.1	Knowledge about HIV prevention among young women	HA	Number of women age 15-24 years who correctly identify ways of preventing the sexual transmission of HIV[87], and who reject major misconceptions about HIV transmission	Total number of ever married women age 15-24 years	
9.2	Knowledge of mother-to-child transmission of HIV	HA	Number of women age 15-49 years who correctly identify all three means[88] of mother-to-child transmission of HIV	Total number of ever married women age 15-49 years	

[87] Using condoms and limiting sex to one faithful, uninfected husband

[88] Transmission during pregnancy, during delivery, and by breastfeeding

MICS INDICATOR		Module[74]	Numerator	Denominator	MDG Indicator Reference[75]
9.3	Accepting attitudes towards people living with HIV	HA	Number of women age 15-49 years expressing accepting attitudes on all four questions[89] toward people living with HIV	Total number of ever married women age 15-49 years who have heard of HIV	
9.4	Women who know where to be tested for HIV	HA	Number of women age 15-49 years who state knowledge of a place to be tested for HIV	Total number of ever married women age 15-49 years	
9.5	Women who have been tested for HIV and know the results	HA	Number of women age 15-49 years who have been tested for HIV in the last 12 months and who know their results	Total number of ever married women age 15-49 years	
9.7	HIV counselling during antenatal care	HA	Number of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they received counselling on HIV during antenatal care	Total number of ever married women age 15-49 years who had a live birth in the last 2 years	
9.8	HIV testing during antenatal care	HA	Number of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they were offered and accepted an HIV test during antenatal care and received their results	Total number of ever married women age 15-49 years who had a live birth in the last 2 years	
9.16	Ratio of school attendance of orphans to school attendance of non-orphans	HL-ED	Proportion attending school among children age 10-14 years who have lost both parents	Proportion attending school among children age 10-14 years whose parents are alive and who are living with one or both parents	
ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY					
10.1	Exposure to mass media	MT	Number of women age 15-49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	Total number of women age 15-49 years	
10.2	Use of computers	MT	Number of young women age 15-24 years who used a computer during the last 12 months	Total number of women age 15-24 years	
10.3	Use of internet	MT	Number of young women age 15-24 who used the internet during the last 12 months	Total number of women age 15-24 years	
SUBJECTIVE WELL-BEING					
11.1	Life satisfaction	LS	Number of women age 15-24 years who are very or somewhat satisfied with their life, overall	Total number of women age 15-24 years	
11.2	Happiness	LS	Number of women age 15-24 years who are very or somewhat happy	Total number of women age 15-24 years	

[89] Women (1) who think that a female teacher with the AIDS virus should be allowed to teach in school, (2) who would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus, (3) who would not want to keep it as a secret if a family member became infected with the AIDS virus, and (4) who would be willing to care for a family member who became sick with the AIDS virus

MICS INDICATOR		Module[74]	Numerator	Denominator	MDG Indicator Reference[75]
11.3	Perception of a better life	LS	Number of women age 15-24 years whose life improved during the last one year, and who expect that their life will be better after one year	Total number of women age 15-24 years	
TOBACCO USE					
12.1	Tobacco use	TA	Number of women age 15-49 years who smoked cigarettes, or used smoked or smokeless tobacco products at any time during the last one month	Total number of women age 15-49 years	
12.2	Smoking before age 15	TA	Number of women age 15-49 years who smoked a whole cigarette before age 15	Total number of women age 15-49 years	
POVERTY					
13.1	Multidimensional Poverty		Proportion of men, women and children of all ages living in poverty in all its dimensions, by selected masures of multidimensional poverty		SDG 1.2.2

MICS

HOUSEHOLD QUESTIONNAIRE

MICS Gilgit-Baltistan 2016

HOUSEHOLD INFORMATION PANEL	HH
HH1. Cluster number: ___ ___ ___	**HH2**. Household number: ___ ___
HH3. Interviewer's name and number: Name _____ __ __ __	**HH4**. Team Supervisor's name and number: Name _____ __ __ __
HH5. Day / Month / Year of interview:	___ ___ /___ ___ / 2 0 1 6
HH6. Area: Urban.....1 Rural.....2	**HH7**. District Code: ..... ___ ___

WE ARE FROM ***Planning & Development Department, Government of the Gilgit-Baltistan***. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 35 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?

☐ *Yes, permission is given ⇨ Go to HH18 to record the time and then begin the interview.*

☐ *No, permission is not given ⇨ Circle 04 in HH9. Discuss this result with your supervisor.*

HH9. Result of household interview:

Completed	01
No household member or no competent respondent at home at time of visit	02
Entire household absent for extended period of time	03
Refused	04
Dwelling vacant / Address not a dwelling	05
Dwelling destroyed	06
Dwelling not found	07
Other (*specify*)	96

After the household questionnaire has been completed, fill in the following information:	*After all questionnaires for the household have been completed, fill in the following information:*
HH10. Respondent to Household Questionnaire: Name _____Line No: ___ ___	
HH11. Total number of household members: ___ ___	
HH12. Number of women age 15-49 years: ___ ___	**HH13**. Number of women's questionnaires completed: ___ ___
HH14. Number of children under age 5: ___ ___	**HH15**. Number of under-5 questionnaires completed: ___ ___

HH16. Field editor's name and number: Name_____ ___ ___ ___ ___	**HH17**. Main data entry clerk's name and number: Name_____ ___ ___

HH18. *Record the time.*

Hour ..... __ __

Minutes ..... __ __

LIST OF HOUSEHOLD MEMBERS — HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?

If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.

Use an additional questionnaire if all rows in the List of Household Members have been used.

							Marital status of members age 10 years and above	*For women age* **15-49**	*For children age* **0-4**	*Literacy for members age 10 years and above*				
HL1. *Line no.*	**HL2**. *Name*	**HL3**. WHAT IS THE RELATION-SHIP OF (*name*) TO THE HEAD OF HOUSE-HOLD? *Write relevant codes from the list given below*	**HL4**. IS (*name*) MALE OR FEMALE? 1 Male 2 Female	**HL5**. WHAT IS (*name*)'S DATE OF BIRTH? 98 DK 9998 DK		**HL6**. HOW OLD IS (*name*)? *Record in completed years. If age is 95 or above, record '95'*	**HL6B.** WHAT IS MARITAL STATUS OF *(name)?* Married.....1 Widowed.....2 Divorced .....3 Separated.....4 Never married.....5 DK 8	**HL7**. *Circle line no. if woman age* **15-49**	**HL7B**. *Circle line no. if age* **0-4**	**HL10A.** CAN (NAME) READ IN ANY LANGUAGE WITH UNDER-STANDING? 1 Yes 2 No ⇘ HL10C 8 DK ⇘ HL10C	**HL10B.** IF YES IN HL10A, IN WHICH LANGUAGE(S)? Urdu.....A English.....B Other Specify _____ X DK .....Z *Probe and circle all applicable.*	**HL10C.** CAN (NAME) WRITE IN ANY LANGUAGE WITH UNDER-STANDING? 1 Yes 2 No ⇘ *Next Line* 8 DK ⇘ *Next Line*	**HL10D.** IF YES IN HL10C, IN WHICH LANGUAGE(S)? Urdu.....A English.....B Other Specify _____ X DK .....Z *Probe and circle all applicable.*
Line	Name	Relation*	M F	Month	Year	Age	Marital Status	15-49	0-4	Y N	Read	Y N	Write
01		**0 1**	1 2	__ __	__ __ __ __	__ __	1 2 3 4 5 8	01	01	1 2	A B X Z	1 2	A B X Z
02		___ ___	1 2	__ __	__ __ __ __	__ __	1 2 3 4 5 8	02	02	1 2	A B X Z	1 2	A B X Z
03		___ ___	1 2	__ __	__ __ __ __	__ __	1 2 3 4 5 8	03	03	1 2	A B X Z	1 2	A B X Z
04		___ ___	1 2	__ __	__ __ __ __	__ __	1 2 3 4 5 8	04	04	1 2	A B X Z	1 2	A B X Z
05		___ ___	1 2	__ __	__ __ __ __	__ __	1 2 3 4 5 8	05	05	1 2	A B X Z	1 2	A B X Z
06		___ ___	1 2	__ __	__ __ __ __	__ __	1 2 3 4 5 8	06	06	1 2	A B X Z	1 2	A B X Z
07		___ ___	1 2	__ __	__ __ __ __	__ __	1 2 3 4 5 8	07	07	1 2	A B X Z	1 2	A B X Z
08		___ ___	1 2	__ __	__ __ __ __	__ __	1 2 3 4 5 8	08	08	1 2	A B X Z	1 2	A B X Z
09		___ ___	1 2	__ __	__ __ __ __	__ __	1 2 3 4 5 8	09	09	1 2	A B X Z	1 2	A B X Z
10		___ ___	1 2	__ __	__ __ __ __	__ __	1 2 3 4 5 8	10	10	1 2	A B X Z	1 2	A B X Z

								Marital status of members age 10 years and above	*For women age* **15-49**	*For children age* **0-4**	*Literacy for members age 10 years and above*				
HL1. *Line no.*	**HL2**. *Name*	**HL3**. WHAT IS THE RELATION-SHIP OF (*name*) TO THE HEAD OF HOUSE-HOLD? *Write relevant codes from the list given below*	**HL4**. IS (*name*) MALE OR FEMALE? 1 Male 2 Female	**HL5**. WHAT IS (*name*)'S DATE OF BIRTH? 98 DK 9998 DK		**HL6**. HOW OLD IS (*name*)? *Record in completed years. If age is 95 or above, record '95'*	**HL6B.** WHAT IS MARITAL STATUS OF *(name)?* Married.....1 Widowed.....2 Divorced .....3 Separated.....4 Never married.....5 DK 8	**HL7**. *Circle line no. if woman age* **15-49**	**HL7B**. *Circle line no. if age* **0-4**	**HL10A.** CAN (NAME) READ IN ANY LANGUAGE WITH UNDER-STANDING? 1 Yes 2 No ⇘ HL10C 8 DK ⇘ HL10C	**HL10B.** IF YES IN HL10A, IN WHICH LANGUAGE(S)? Urdu.....A English.....B Other Specify _____ X DK .....Z *Probe and circle all applicable.*	**HL10C.** CAN (NAME) WRITE IN ANY LANGUAGE WITH UNDER-STANDING? 1 Yes 2 No ⇘ *Next Line* 8 DK ⇘ *Next Line*	**HL10D.** IF YES IN HL10C, IN WHICH LANGUAGE(S)? Urdu.....A English.....B Other Specify _____ X DK .....Z *Probe and circle all applicable.*
Line	Name	Relation*	M	F	Month	Year	Age	Marital Status	15-49	0-4	Y	N	Read	Y	N	Write
11		___ ___	1	2	__ __	__ __ __ __	__ __	1 2 3 4 5 8	11	11	1	2	A B X Z	1	2	A B X Z|
12		___ ___	1	2	__ __	__ __ __ __	__ __	1 2 3 4 5 8	12	12	1	2	A B X Z	1	2	A B X Z
13		___ ___	1	2	__ __	__ __ __ __	__ __	1 2 3 4 5 8	13	13	1	2	A B X Z	1	2	A B X Z
14		___ ___	1	2	__ __	__ __ __ __	__ __	1 2 3 4 5 8	14	14	1	2	A B X Z	1	2	A B X Z
15		___ ___	1	2	__ __	__ __ __ __	__ __	1 2 3 4 5 8	15	15	1	2	A B X Z	1	2	A B X Z

Tick here if additional questionnaire used ☐

Probe for additional household members.
Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.
Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.
For each man age 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Man's Questionnaire.
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.
You should now have a separate questionnaire for each eligible woman, each eligible man, and each child under five in the household.

* *Codes for* ***HL3****: Relationship to head of household:*

01 Head
02 Wife/ Husband
03 Son / Daughter
04 Son-In-Law / Daughter-In-Law
05 Grandchild
06 Parent
07 Parent-In-Law
08 Brother / Sister
09 Brother-In-Law / Sister-In-Law
10 Uncle / Aunt
11 Niece / Nephew
12 Other relative
13 Adopted / Foster/ Stepchild
14 Servant (Live-in)
96 Other (Not related)
98 DK

			For children age 0-17 years							For children age 0-14
HL1A. *Line number*	**HL2A.** *Name and age* *Copy from HL2 and HL6*		**HL11.** IS (*name*)'S NATURAL MOTHER ALIVE? 1 Yes 2 No ⇘ HL13 8 DK ⇘ HL13	**HL12.** DOES (*name*)'S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? *If "Yes" Record line no. of mother and go to HL13. If "No", record 00.*	**HL12A.** WHERE DOES (*name*)'S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	**HL13.** IS (*name*)'S NATURAL FATHER ALIVE? 1 Yes 2 No ⇘ HL15 8 DK ⇘ HL15	**HL14.** DOES (*name*)'S NATURAL FATHER LIVE IN THIS HOUSE-HOLD? *If "Yes" Record line no. of father and go to HL15. If "No", record 00.*	**HL14A.** WHERE DOES (*name*)'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	**HL15.** *Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask:* WHO IS THE PRIMARY CARETAKER OF (*name*)?
Line	Name	Age	Y N DK	Mother		Y N DK	Father		Mother
01		__ __	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
02		__ __	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
03		__ __	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
04		__ __	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
05		__ __	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
06		__ __	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
07		__ __	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
08		__ __	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
09		__ __	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
10		__ __	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
11		__ __	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
12		__ __	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
13		__ __	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
14		__ __	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
15		__ __	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __

EDUCATION ED

			For household members age **3 and above**			*For household members age* **3-24** *years*											
ED1. *Line number*	**ED2**. *Name and age* *Copy from HL2 and HL6*		**ED3**. HAS (*name*) EVER ATTENDED SCHOOL OR PRE-SCHOOL? 1 Yes 2 No ↘ Next Line	**ED4A**. WHAT IS THE HIGHEST LEVEL OF SCHOOL (*name*) HAS ATTENDED? Level: 0 Preschool/ Madrassa 1 Primary 2 Middle 3 Matric 4 Higher 8 DK *If level=0, skip to ED5*	**ED4B**. WHAT IS THE HIGHEST GRADE (*name*) COMPLETED AT THIS LEVEL? Grade /Class: 98 DK *If the first grade at this level is not completed, enter "00".*	**ED5**. DURING THE CURRENT SCHOOL YEAR, THAT IS 2016-2017, DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↘ ED7	**ED6**. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (*name*) ATTENDING? Level: 0 Preschool/ Madrassa 1 Primary 2 Middle 3 Matric 4 Higher 8 DK *If level=0, skip to ED7*		**ED6C** IS (*name*) ATTENDING A PRIVATE OR GOVERNMENT SCHOOL THIS YEAR? 1 Govt. 2 Private 6 Others 8 DK	**ED7**. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2015-2016, DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↘ Next Line 8 DK ↘ Next Line	**ED8**. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (*name*) ATTEND? Level: 0 Preschool/ Madrassa 1 Primary 2 Middle 3 Matric 4 Higher 8 DK *If level=0, go to next line*		**ED8C** IS (*name*) ATTENDING A PRIVATE OR GOVERNMENT SCHOOL PREVIOUS YEAR (2015-16)? 1 Govt. 2 Private 6 Others 8 DK
Line	Name	Age	Yes No	Level	Grade/Class*	Yes No	Level	Grade/Class*	School type	Yes No DK	Level	Grade/Class*	School type
01		___ ___	1 2	0 1 2 3 4 8	___ ___	1 2	0 1 2 3 4 8	___ ___	1 2 6 8	1 2 8	0 1 2 3 4 8	___ ___	1 2 6 8
02		___ ___	1 2	0 1 2 3 4 8	___ ___	1 2	0 1 2 3 4 8	___ ___	1 2 6 8	1 2 8	0 1 2 3 4 8	___ ___	1 2 6 8
03		___ ___	1 2	0 1 2 3 4 8	___ ___	1 2	0 1 2 3 4 8	___ ___	1 2 6 8	1 2 8	0 1 2 3 4 8	___ ___	1 2 6 8
04		___ ___	1 2	0 1 2 3 4 8	___ ___	1 2	0 1 2 3 4 8	___ ___	1 2 6 8	1 2 8	0 1 2 3 4 8	___ ___	1 2 6 8
05		___ ___	1 2	0 1 2 3 4 8	___ ___	1 2	0 1 2 3 4 8	___ ___	1 2 6 8	1 2 8	0 1 2 3 4 8	___ ___	1 2 6 8
06		___ ___	1 2	0 1 2 3 4 8	___ ___	1 2	0 1 2 3 4 8	___ ___	1 2 6 8	1 2 8	0 1 2 3 4 8	___ ___	1 2 6 8
07		___ ___	1 2	0 1 2 3 4 8	___ ___	1 2	0 1 2 3 4 8	___ ___	1 2 6 8	1 2 8	0 1 2 3 4 8	___ ___	1 2 6 8
08		___ ___	1 2	0 1 2 3 4 8	___ ___	1 2	0 1 2 3 4 8	___ ___	1 2 6 8	1 2 8	0 1 2 3 4 8	___ ___	1 2 6 8
09		___ ___	1 2	0 1 2 3 4 8	___ ___	1 2	0 1 2 3 4 8	___ ___	1 2 6 8	1 2 8	0 1 2 3 4 8	___ ___	1 2 6 8
10		___ ___	1 2	0 1 2 3 4 8	___ ___	1 2	0 1 2 3 4 8	___ ___	1 2 6 8	1 2 8	0 1 2 3 4 8	___ ___	1 2 6 8
11		___ ___	1 2	0 1 2 3 4 8	___ ___	1 2	0 1 2 3 4 8	___ ___	1 2 6 8	1 2 8	0 1 2 3 4 8	___ ___	1 2 6 8
12		___ ___	1 2	0 1 2 3 4 8	___ ___	1 2	0 1 2 3 4 8	___ ___	1 2 6 8	1 2 8	0 1 2 3 4 8	___ ___	1 2 6 8
13		___ ___	1 2	0 1 2 3 4 8	___ ___	1 2	0 1 2 3 4 8	___ ___	1 2 6 8	1 2 8	0 1 2 3 4 8	___ ___	1 2 6 8
14		___ ___	1 2	0 1 2 3 4 8	___ ___	1 2	0 1 2 3 4 8	___ ___	1 2 6 8	1 2 8	0 1 2 3 4 8	___ ___	1 2 6 8
15		___ ___	1 2	0 1 2 3 4 8	___ ___	1 2	0 1 2 3 4 8	___ ___	1 2 6 8	1 2 8	0 1 2 3 4 8	___ ___	1 2 6 8

Class codes for ED4B, ED6 & ED8:** ***Primary *01-05* ***Middle*** *01-03* ***Matric*** *01-02* ***Higher*** *01-07*

SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE — SL

SL1. *Check HL6 in the List of Household Members and write the total number of children age 1-17 years.*

Total number ..... __

SL2. *Check the number of children age 1-17 years in SL1:*

☐ *Zero ⇨ Go to HOUSEHOLD CHARACTERISTICS module*

☐ *One ⇨ Go to SL9 and record the rank number as '1', enter the line number, child's name and age*

☐ *Two or more ⇨ Continue with SL2A*

SL2A. *List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.*

SL3. *Rank number*	**SL4**. *Line number from HL1*	**SL5**. *Name from HL2*	**SL6**. *Sex from HL4*	**SL7**. *Age from HL6*
Rank	Line	Name	M F	Age
1	__ __		1 2	___ ___
2	__ __		1 2	___ ___
3	__ __		1 2	___ ___
4	__ __		1 2	___ ___
5	__ __		1 2	___ ___
6	__ __		1 2	___ ___
7	__ __		1 2	___ ___
8	__ __		1 2	___ ___

SL8. *Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.*

Check the total number of children age 1-17 years in SL1 above. This is the number of the column you should go to in the table below

Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.

Last Digit of Household Number (from HH2)	**Total Number of Eligible Children in the Household (from SL1)**						
	2	***3***	***4***	***5***	***6***	***7***	***8+***
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

SL9. *Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child*

Rank number ..... __

Line number ..... __ __

Name_____

Age..... __ __

CHILD LABOUR		CL
CL1. *Check selected child's age from SL9:* ☐ *1-4 years ⇨ Go to Next Module* ☐ *5-17 years ⇨ Continue with CL2*		
CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO. SINCE LAST (*day of the week*), DID (*name*) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR?	Yes No	
[A] DID (*name*) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS?	Worked on plot / farm / food garden / looked after animals 1 2	
[B] DID (*name*) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?	Helped in family / relative's business/ran own business 1 2	
[C] DID (*name*) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS?	Produce / sell articles / handicrafts / clothes / food or agricultural products 1 2	
[D] SINCE LAST (*day of the week*), DID (*name*) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR? *If "No", Probe:* PLEASE INCLUDE ANY ACTIVITY (*name*) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.	Any other activity 1 2	
CL3. *Check CL2, A to D* ☐ *There is at least one 'Yes' ⇨ continue with CL4* ☐ *All answers are 'No ⇨ Go to CL8*		
CL4. SINCE LAST (*day of the week*) ABOUT HOW MANY HOURS DID (*name*) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? *If less than one hour, record "00".*	Number of hours .....__ __	
CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?	Yes .....1 No 2	1⇨ CL8
CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?	Yes .....1 No 2	1⇨ CL8

CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (*name*)?		
[A] IS (*name*) EXPOSED TO DUST, FUMES OR GAS?	Yes .....1 No 2	1⇨ CL8
[B] IS (*name*) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?	Yes .....1 No 2	1⇨ CL8
[C] IS (*name*) EXPOSED TO LOUD NOISE OR VIBRATION?	Yes .....1 No 2	1⇨ CL8
[D] IS (*name*) REQUIRED TO WORK AT HEIGHTS?	Yes .....1 No 2	1⇨ CL8
[E] IS (*name*) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?	Yes .....1 No 2	1⇨ CL8
[F] IS (*name*) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (*name*)'S HEALTH OR SAFETY?	Yes .....1 No 2	
CL8. SINCE LAST (*day of the week*), DID (*name*) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	Yes .....1 No 2	2⇨ CL10
CL9. IN TOTAL, HOW MANY HOURS DID (*name*) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (*day of the week*)? *If less than one hour, record "00"*	Number of hours .....__ __	
CL10. SINCE LAST (*day of the week*), DID (*name*) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD?	Yes No	
[A] SHOPPING FOR HOUSEHOLD?	Shopping for household 1 2	
[B] REPAIR ANY HOUSEHOLD EQUIPMENT?	Repair household equipment 1 2	
[C] COOKING OR CLEANING UTENSILS OR THE HOUSE?	Cooking / cleaning utensils /house ...1 2	
[D] WASHING CLOTHES?	Washing clothes 1 2	
[E] CARING FOR CHILDREN?	Caring for children 1 2	
[F] CARING FOR THE OLD OR SICK?	Caring for old / sick 1 2	
[G] OTHER HOUSEHOLD TASKS?	Other household tasks 1 2	
CL11. *Check CL10, A to G* ☐ *There is at least one 'Yes' ⇨ Continue with CL12* ☐ *All answers are 'No' ⇨ Go to Next Module*		
CL12. SINCE LAST (*day of the week*), ABOUT **HOW** MANY HOURS DID (*name*) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? *If less than one hour, record "00".*	Number of hours ..... __ __	

CHILD DISCIPLINE		CD
CD1. *Check selected child's age from SL9:* ☐ *1-14 years ⇨ Continue with CD2* ☐ *15-17 years ⇨ Go to Next Module*		
CD2. *Write the line number and name of the child from SL9.*	Line number ..... __ __ Name _____	
CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH *(name)* IN THE PAST MONTH.	Yes No	
[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (*name*) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.	Took away privileges..... 1 2	
[B] EXPLAINED WHY (*name*)'S BEHAVIOUR WAS WRONG.	Explained wrong behaviour..... 1 2	
[C] SHOOK HIM/HER.	Shook him/her 1 2	
[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Shouted, yelled, screamed 1 2	
[E] GAVE HIM/HER SOMETHING ELSE TO DO.	Gave something else to do 1 2	
[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Spanked, hit, slapped on bottom with bare hand 1 2	
[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Hit with belt, hairbrush, stick, or other hard object 1 2	
[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Called dumb, lazy, or another name 1 2	
[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Hit / slapped on the face, head or ears 1 2	
[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Hit / slapped on hand, arm or leg 1 2	
[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Beat up, hit over and over as hard as one could..... 1 2	
CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes .....1 No.....2 DK / No opinion 8	

HOUSEHOLD CHARACTERISTICS		HC
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Urdu ..... 01 Sheena..... 02 Balti ..... 03 Brushaski ..... 04 Khwar..... 05 Wakhi..... 06 Other language (*specify*)_____ 96	
HC1C. WHAT IS THE LANGUAGE USUALLY SPOKEN IN THIS HOUSEHOLD?	Urdu ..... 01 Sheena..... 02 Balti ..... 03 Brushaski ..... 04 Wakhi..... 05 Khwar..... 06 Other (*specify*) _____ 96	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms ..... __ __	
HC3. *Main material of the dwelling floor.* *Record observation.*	Natural floor Earth / Sand ..... 11 Dung ..... 12 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips..... 32 Ceramic tiles / Marbles / Chips ..... 33 Cement ..... 34 Carpet ..... 35 Bricks floor ..... 36 Other (*specify*) _____ 96	
HC4. *Main material of the roof.* *Record observation.*	Natural roofing No Roof..... 11 Thatch / Palm leaf..... 12 Sod..... 13 Rudimentary roofing Rustic mat..... 21 Popular / Bamboo ..... 22 Wood planks ..... 23 Finished roofing Metal /Tin /T-Iron/Girders..... 31 Wood/ Wooden beams / bricks..... 32 Calamine / Cement fibre ..... 33 Ceramic tiles ..... 34 Cement ..... 35 Other (*specify*) _____ 96	

HC5. *Main material of the exterior walls.* *Record observation.*	Natural walls No walls ..... 11 Cane / Popular / Trunks ..... 12 Dirt ..... 13 Rudimentary walls Bamboo with mud ..... 21 Stone with mud ..... 22 Uncovered adobe ..... 23 Plywood ..... 24 Cardboard ..... 25 Reused wood ..... 26 Finished walls Cement ..... 31 Stone with lime / cement ..... 32 Bricks ..... 33 Cement blocks ..... 34 Covered adobe ..... 35 Other (*specify*) _____ 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity ..... 01 Liquefied Petroleum Gas (LPG) ..... 02 Natural gas ..... 03 Biogas ..... 04 Kerosene ..... 05 Coal / Lignite ..... 06 Charcoal ..... 07 Wood ..... 08 Straw / Shrubs / Grass ..... 09 Animal dung ..... 10 Agricultural crop residue ..... 11 No food cooked in household ..... 95 Other (*specify*) _____ 96	01⇨HC8 02⇨HC8 03⇨HC8 04⇨HC8 05⇨HC8 95⇨HC8
HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS? *If 'In the house', probe*: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?	In the house In a separate room used as kitchen ..... 1 Elsewhere in the house ..... 2 In a separate building ..... 3 Outdoors ..... 4 Other (*specify*) _____ 6	

HC8. DOES YOUR HOUSEHOLD HAVE:		Yes	No	
[A]	ELECTRICITY?	Electricity 1	2	
[B]	A RADIO?	Radio 1	2	
[C]	A TELEVISION?	Television 1	2	
[D]	A NON-MOBILE TELEPHONE?	Non-mobile telephone 1	2	
[E]	A REFRIGERATOR/FREEZER?	Refrigerator/Freezer 1	2	
[F]	GAS?	Gas (LPG) 1	2	
[G]	COMPUTER?	Computer 1	2	
[H]	AIR CONDITIONER?	Air conditioner 1	2	
[I]	WASHING MACHINE/ DRYER?	Washing machine/Dryer 1	2	
[J]	AIR COOLER / FAN?	Air cooler/ Fan 1	2	
[K]	COOKING RANGE / MICRO WAVE?	Cooking Range/Micro wave 1	2	

[L] SEWING/ KNITTING MACHINE?	Sewing/knitting machine 1 2	
[M] AN IRON?	Iron 1 2	
[N] WATER FILTER?	Water Filter 1 2	
[O] DUNKY PUMP/ TURBINE?	Dunky pump/Turbine 1 2	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:	Yes No	
[A] A WATCH?	Watch 1 2	
[B] A MOBILE TELEPHONE?	Mobile telephone 1 2	
[C] A BICYCLE?	Bicycle 1 2	
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter 1 2	
[E] AN ANIMAL-DRAWN CART?	Animal drawn-cart 1 2	
[F] A BUS/ TRUCK?	Bus / Truck 1 2	
[G] A BOAT WITH A MOTOR?	Boat with motor 1 2	
[H] A CAR/ VAN?	Car / Van 1 2	
[I] A TRACTOR/ TROLLEY?	Tractor/Trolley 1 2	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? *If "No", then ask:* DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD? *If "Rented from someone else", circle "2". For other responses, circle "6".*	Own ..... 1 Rent ..... 2 Other (*specify*) _____ 6	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes ..... 1 No 2	2⇨HC13
HC12. HOW MANY KANALS OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? *If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.*	Kanals ..... ___ ___ *(1 Kanal = 20 Marlas)*	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes ..... 1 No 2	2⇨HC15
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?		
[A] CATTLE, MILK COWS, BUFFALOES, BULLS OR YAWK?	Cattle, cows, Buffaloes, bulls,Yawk. ___ ___	
[B] HORSES, DONKEYS, MULES OR CAMELS?	Horses, donkeys, mules or camels.. ___ ___	
[C] GOATS?	Goats ..... ___ ___	
[D] SHEEP?	Sheep ..... ___ ___	
[E] CHICKENS/ DUCKS/ TURKEY?	Chickens/ Ducks/ Turkey ..... ___ ___	
If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.		
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE AN ACCOUNT IN BANK, POST OFFICE OR NATIONAL SAVING CENTRE?	Yes ..... 1 No 2	

WATER AND SANITATION		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling.....11 Piped into compound, yard or plot.....12 Piped to neighbour.....13 Public tap / standpipe .....14 Borehole Tube Well .....21 Hand pump .....22 Motorized Pump(Dunky/turbine).....23 Dug well Protected well .....31 Unprotected well .....32 Water from spring Protected spring.....41 Unprotected spring .....42 Other sources Rainwater collection (Pond) .....51 Tanker-truck .....61 Cart with small tank / drum/cane .....71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) .....81 Bottled water.....91 Other (*specify*) _____ 96	 11⇨WS6 12⇨WS6 13⇨WS6 14⇨WS3 21⇨WS3 22⇨WS3 23⇨WS3 31⇨WS3 32⇨WS3 41⇨WS3 42⇨WS3 51⇨WS3 61⇨WS3 71⇨WS3 81⇨WS3 96⇨WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling.....11 Piped into compound, yard or plot.....12 Piped to neighbour.....13 Public tap / standpipe .....14 Borehole Tube Well .....21 Hand pump .....22 Motorized Pump(Dunky/turbine).....23 Dug well Protected well .....31 Unprotected well .....32 Water from spring Protected spring.....41 Unprotected spring .....42 Other sources Rainwater collection (Pond) .....51 Tanker-truck .....61 Cart with small tank / drum/cane .....71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) .....81 Other (*specify*) _____ 96	 11⇨WS6 12⇨WS6 13⇨WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling .....1 In own yard / plot .....2 Elsewhere 3	1⇨WS6 2⇨WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes ..... __ __ __ DK.....998	

WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? *Probe:* IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years) ..... 1 Adult man (age 15+ years) ..... 2 Female child (under 15) ..... 3 Male child (under 15) ..... 4 DK 8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes ..... 1 No ..... 2 DK 8	2⇨WS8 8⇨WS8
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? *Probe:* ANYTHING ELSE? *Record all items mentioned.*	Boil ..... A Add bleach / chlorine ..... B Strain it through a cloth ..... C Use water filter (ceramic, sand, composite, etc.) ..... D Solar disinfection ..... E Let it stand and settle ..... F Other (*specify*) _____ X DK ..... Z	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? *If "flush" or "pour flush", probe:* WHERE DOES IT FLUSH TO? *If not possible to determine, ask permission to observe the facility.*	Flush / Pour flush Flush to piped sewer system ..... 11 Flush to septic tank ..... 12 Flush to pit (latrine) ..... 13 Flush to somewhere else ..... 14 Flush to unknown place / Not sure / DK where ..... 15 Pit latrine Ventilated Improved Pit latrine (VIP) .... 21 Pit latrine with slab ..... 22 Pit latrine without slab / Open pit ..... 23 Composting toilet ..... 31 Bucket ..... 41 No facility, Bush, Field ..... 95 Other (*specify*) _____ 96	95⇨Next Module
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes ..... 1 No 2	2⇨Next Module
WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public) ..... 1 Public facility 2	2⇨Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 __ Ten or more households ..... 10 DK 98	

HANDWASHING		HW
HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS. CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS?	Observed .....1 Not observed Not in dwelling / plot / yard .....2 No permission to see.....3 Other reason (*specify*) 6	 2 ⇨HW4 3 ⇨HW4 6 ⇨HW4
HW2. *Observe presence of water at the place for handwashing.* *Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.*	Water is available .....1 Water is not available 2	
HW3A. *Is soap, detergent or ash/mud/sand present at the place for handwashing?*	Yes, present.....1 No, not present 2	 2⇨HW4
HW3B. *Record your observation.* *Circle all that apply.*	Bar soap ..... A Detergent (Powder / Liquid / Paste) ..... B Liquid soap ..... C Ash / Mud / Sand ..... D	A⇨HH19 B⇨HH19 C⇨HH19 D⇨HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?	Yes.....1 No 2	 2⇨HH19
HW5A. CAN YOU PLEASE SHOW IT TO ME?	Yes, shown .....1 No, not shown.....2	 2⇨HH19
HW5B. *Record your observation.* *Circle all that apply.*	Bar soap ..... A Detergent (Powder / Liquid / Paste) ..... B Liquid soap ..... C Ash / Mud / Sand ..... D	

HH19. *Record the time.*	Hour and minutes .....__ __ : __ __	

SALT IODIZATION		**SI**
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD? *Once you have tested the salt, circle number that corresponds to test outcome.*	Not iodized - 0 PPM .....1 More than 0 PPM & less than 15 PPM.....2 15 PPM or more .....3 No salt in the house.....4 Salt not tested (*specify reason*) _____ 5	

HH20. *Thank the respondent for his/her cooperation and check the List of Household Members:*

☐ *A separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN has been issued for each woman age 15-49 years in the List of Household Members (HL7)*

☐ *A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE has been issued for each child under age 5 years in the List of Household Members (HL7B)*

Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12) and under-5s (HH14) are entered.

Make arrangements for the administration of the remaining questionnaire(s) in this household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

MICS

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

MICS Gilgit-Baltistan 2016

WOMAN'S INFORMATION PANEL	**WM**
This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.	
WM1. Cluster number: ___ ___ ___	**WM2**. Household number: ___ ___
WM3. Woman's name: Name_____	**WM4**. Woman's line number: (copy from HL1) ___ ___
WM5. Interviewer's name and number: Name_____ ___ ___ ___	**WM6**. Day / Month / Year of interview: ___ ___ /___ ___ / 2 0 1 6

Repeat greeting if not already read to this woman: WE ARE FROM ***Planning & Development Department, Government of the Gilgit-Baltistan***. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.	*If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:* NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 45 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

MAY I START NOW?

☐ *Yes, permission is given* ⇨ *Go to WM10 to record the time and then begin the interview.*

☐ *No, permission is not given* ⇨ *Circle '03' in WM7. Discuss this result with your supervisor.*

WM7. Result of woman's interview	Completed ..... 01 Not at home ..... 02 Refused ..... 03 Partly completed ..... 04 Incapacitated (Not capable) ..... 05 Other (*specify*)_____ 96

WM8. Field editor's name and number: Name_____ __ __ __	**WM9**. Main data entry clerk's name and number: Name_____ __ __

WM10. *Record the time.*	Hour and minutes ..... __ __ : __ __	

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month.....__ __ DK month.....98 Year .....__ __ __ __ DK year.....9998	
WB2. HOW OLD ARE YOU? *Probe:* HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? *Compare and correct WB1 and/or WB2 if inconsistent*	Age (in completed years) .....__ __	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes .....1 No 2	2⇨WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool .....0 Primary .....1 Middle .....2 Matric.....3 Higher 4	0⇨WB7
WB5. WHAT IS THE HIGHEST GRADE/CLASS YOU COMPLETED AT THAT LEVEL? Use the following class codes: **Level** / **Class** Primary 01-05 Middle 01-03 Matric 01-02 Higher 01-07 *If the first grade at this level is not completed, enter "00"*	Grade/Class .....__ __	
WB6. *Check WB4:* ☐ *Middle or matric or higher (WB4=2 or 3 or 4) ⇨ Go to Next Module* ☐ *Primary (WB4=1) ⇨ Continue with WB7*		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. *Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:* CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all .....1 Able to read only parts of sentence.....2 Able to read whole sentence .....3 No sentence in English and Urdu.....4 Blind / visually impaired.....5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
MT1. *Check WB7:* ☐ *Question left blank (Respondent has middle or matric or higher education) ⇨ Continue with MT2* ☐ *Able to read or no sentence in English and Urdu language (WB7 = 2, 3 or 4) ⇨ Continue with MT2* ☐ *Cannot read at all or blind/visually impaired (WB7 = 1 or 5) ⇨ Go to MT3*		
MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	
MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	
MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	
MT5. *Check WB2: Age of respondent?* ☐ *Age 15-24 ⇨ Continue with MT6* ☐ *Age 25-49 ⇨ Go to Next Module*		
MT6. HAVE YOU EVER USED A COMPUTER?	Yes ..... 1 No 2	2⇨MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes ..... 1 No 2	2⇨MT9
MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes ..... 1 No 2	2⇨Next Module
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? *If necessary, probe for use from any location, with any device.*	Yes ..... 1 No 2	2⇨ Next Module
MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	

MARRIAGE		MA
MA1. ARE YOU CURRENTLY MARRIED?	Yes (currently married) ..... 1 No 3	 3⇨MA5
MA2. HOW OLD IS YOUR HUSBAND? *Probe*: HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?	Age in years..... __ __ DK..... 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES?	Yes ..... 1 No 2	 2⇨MA7
MA4. HOW MANY OTHER WIVES DOES HE HAVE?	Number..... __ __ DK..... 98	⇨MA7 98⇨MA7
MA5. HAVE YOU EVER BEEN MARRIED?	Yes ..... 1 No 3	 3 ⇨IS Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..... 1 Divorced ..... 2 Separated..... 3	
MA7. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once..... 2	1⇨MA8A 2⇨MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY? **MA8B**. IN WHAT MONTH AND YEAR DID FIRST YOU MARRY?	Date of marriage Month..... __ __ DK month..... 98 Year ..... __ __ __ __ DK year..... 9998	 ⇨Next Module
MA9. WHAT WAS YOUR AGE AT FIRST MARRIAGE?	Age in completed years..... __ __	

FERTILITY		**CM**
All questions refer only to LIVE births from ever married women 15-49 years.		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes ..... 1 No 2	2⇨CM8
CM2. 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, EVEN IF THE FATHER IS NOT YOUR CURRENT HUSBAND. *Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.*	Month & Year of first birth Month ..... __ __ DK month ..... 98 Year ..... __ __ __ __ DK year 9998	⇨CM4
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth ..... __ __	
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes ..... 1 No 2	2⇨CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? *If none, record '00'.*	Sons at home with you ..... __ __ Daughters at home with you ..... __ __	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes ..... 1 No 2	2⇨CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? *If none, record '00'.*	Sons elsewhere ..... __ __ Daughters elsewhere ..... __ __	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? *If "No" probe by asking:* I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes ..... 1 No 2	2⇨CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? *If none, record '00'.*	Boys dead ..... __ __ Girls dead ..... __ __	
CM10. *Sum answers to CM5, CM7, and CM9.*	Sum ..... __ __	

CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL _____ (*total number in CM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

☐ *Yes. Check below:*

☐ *No live births ⇨ Go to ILLNESS SYMPTOMS Module*

☐ *One or more live births ⇨ Continue with CM12*

☐ *No. ⇨ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12*

CM12. OF THESE (*total number in CM10*) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? *Month and year must be recorded.*	Date of last birth Month ..... __ __ Year .....__ __ __ __	

CM13. *Check CM12: Last birth occurred within the last 2 years, that is, since (month of interview) in **2014** (if the month of interview and the month of birth are the same, and the year of birth is **2014**, consider this as a birth within the last 2 years)*

N ☐ *No live birth in last 2 years. ⇨ Go to ILLNESS SYMPTOMS Module.*

Y ☐ *One or more live births in last 2 years. ⇨ Ask for the name of the last-born child*

*Name of last-born child*_____

If child has died, take special care when referring to this child by name in the following modules.

Continue with Next Module.

DESIRE FOR LAST BIRTH		DB
This module is to be administered to all ever married women of age 15-49 years with a live birth in the 2 years preceding the date of interview. *Record name of last-born child from CM13 here _____.* *Use this child's name in the following questions, where indicated.*		
DB1. WHEN YOU GOT PREGNANT WITH (*name*), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ..... 1 No 2	1⇨Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later ..... 1 No more 2	2⇨Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT? *Record the answer as stated by respondent.*	Months ..... 1 __ __ Years ..... 2 __ __ DK 998	

MATERNAL AND NEWBORN HEALTH		MN
This module is to be administered to all ever married women of age 15-49 years with a live birth in the 2 years preceding the date of interview. *Record name of last-born child from CM13 here _____.* *Use this child's name in the following questions, where indicated.*		
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (*name*)?	Yes ..... 1 No 2	 2⇨MN5
MN2. WHOM DID YOU SEE? *Probe:* ANYONE ELSE? *Probe for the type of person seen and circle all answers given.*	Health professional: Doctor ..... A Nurse / Midwife ..... B Lady Health Visitor (LHV) ..... D Lady Health Worker (LHW) ..... E Other person Traditional birth attendant (TBA) ..... F Relatives/Friends ..... H Other (*specify*) _____ X	
MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY? *Record the answer as stated by respondent.*	Weeks ..... 1 __ __ Months ..... 2 0 __ DK 998	
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? *Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.*	Number of times ..... __ __ DK 98	
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:	Yes No	
[A] WAS YOUR BLOOD PRESSURE MEASURED?	Blood pressure 1 2	
[B] DID YOU GIVE A URINE SAMPLE?	Urine sample 1 2	
[C] DID YOU GIVE A BLOOD SAMPLE?	Blood sample 1 2	
[D] WERE YOU WEIGHED?	Weighed 1 2	
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? *If a card is presented, use it to assist with answers to the following questions.*	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No ..... 3 DK 8	
MN6. WHEN YOU WERE PREGNANT WITH (*name*), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes ..... 1 No ..... 2 DK 8	 2⇨MN9 8⇨MN9
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (*name*)?	Number of times ..... __ DK 8	 8⇨MN9

MN8. *How many tetanus injections during last pregnancy were reported in MN7?* ☐ *At least two tetanus injections during last pregnancy. ⇨ Go to MN12* ☐ *Only one tetanus injection during last pregnancy. ⇨ Continue with MN9*		
MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (*name*), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes ..... 1 No ..... 2 DK 8	 2⇨MN12 8⇨MN12
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name*)? *If 7 or more times, record '7'.*	Number of times ..... __ DK 8	 8⇨MN12
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name*)? *If less than 1 year, record '00'.*	Years ago ..... __ __	
MN12. *Check MN1 for presence of antenatal care during this pregnancy:* ☐ *Yes, antenatal care received.⇨ Continue with MN13* ☐ *No antenatal care received ⇨ Go to MN17*		
MN13. DURING (ANY OF) YOUR ANTENATAL VISIT(S) FOR THE PREGNANCY WITH (*name*), DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?	Yes ..... 1 No ..... 2 DK 8	 2⇨MN17 8⇨MN17
MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? *Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.*	SP / Fansidar ..... A Chloroquine ..... B Other (*specify*) _____ X DK ..... Z	
MN15. *Check MN14 for medicine taken:* ☐ *SP / Fansidar taken.⇨ Continue with MN16* ☐ *SP / Fansidar not taken.⇨ Go to MN17*		
MN16. DURING YOUR PREGNANCY WITH (*name*), HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR IN TOTAL? PLEASE INCLUDE ALL THAT YOU OBTAINED EITHER DURING AN ANTENATAL CARE VISIT, DURING A VISIT TO A HEALTH FACILITY OR FROM ANOTHER SOURCE?	Number of times ..... __ __ DK 98	

MN17. WHO ASSISTED WITH THE DELIVERY OF (*name*)? *Probe:* ANYONE ELSE? *Probe for the type of person assisting and circle all answers given.* *If respondent says no one assisted, probe to determine whether any adults were present at the delivery.*	Health professional: Doctor ..... A Nurse / Midwife ..... B Lady Health Visitor (LHV) ..... D Other person Traditional birth attendant (TBA) ..... F Relatives/Friends ..... H Other (*specify*)_____ X No one ..... Y	
MN18. WHERE DID YOU GIVE BIRTH TO (*name*)? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Home Respondent's home ..... 11 Other home ..... 12 Public sector Government hospital ..... 21 Government mother & child care centre /Health centre/Community centre ..... 22 Other public (*specify*) _____ 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Other private medical (*specify*) _____ 36 Other (*specify*) _____ 96	11⇨MN20 12⇨MN20 96⇨MN20
MN19. WAS (*name*) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?	Yes ..... 1 No 2	 2⇨MN20
MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION? WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?	Before ..... 1 After 2	
MN20. WHEN (*name*) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large ..... 1 Larger than average ..... 2 Average ..... 3 Smaller than average ..... 4 Very small ..... 5 DK 8	
MN21. WAS (*name*) WEIGHED AT BIRTH?	Yes ..... 1 No ..... 2 DK 8	 2⇨MN23 8⇨MN23
MN22. HOW MUCH DID (*name*) WEIGH? *If a card is available, record weight from card.*	From card ..... 1 (kg) __ . __ __ __ From recall ..... 2 (kg) __ . __ __ __ DK 99998	

MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (*name*)?	Yes ..... 1 No 2	
MN24. DID YOU EVER BREASTFEED (*name*)?	Yes ..... 1 No 2	2⇨MN28
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (*name*) TO THE BREAST? *If less than 1 hour, record '00' hours.* *If less than 24 hours, record hours.* *Otherwise, record days.*	Immediately ..... 000 Hours ..... 1 __ __ Days ..... 2 __ __ DK / Don't remember 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (*name*) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes ..... 1 No 2	2⇨MN28
MN27. WHAT WAS (*name*) GIVEN TO DRINK? *Probe:* ANYTHING ELSE?	Milk (other than breast milk) ..... A Plain water ..... B Sugar or glucose water ..... C Gripe water ..... D Sugar-salt-water solution ..... E Fruit juice ..... F Infant formula ..... G Tea / Infusions ..... H Honey ..... I Rose water ..... J Other (*specify*) _____ X	
MN28. HAS THIS HOUSEHOLD BEEN VISITED BY A LADY HEALTH WORKER DURING THE PAST MONTH?	Yes ..... 1 No ..... 2 DK 8	2⇨Next Module 8⇨Next Module
MN29. WHAT DID SHE PROVIDE? *Probe:* ANYTHING ELSE?	ORT, vitamins, medicines ..... A Weighed child ..... B Education/advice ..... C Family planning method ..... D Other (*specify*) _____ X DK ..... Z	

POST-NATAL HEALTH CHECKS — PN

This module is to be administered to all ever married women of age 15-49 years with a live birth in the 2 years preceding the date of interview.
Record name of last-born child from CM13 here _____.
Use this child's name in the following questions, where indicated.

PN1. *Check MN18: Was the child delivered in a health facility?*

☐ *Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇨ Continue with PN2*

☐ *No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇨ Go to PN6*

PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (*name*). YOU HAVE SAID THAT YOU GAVE BIRTH IN (*name or type of facility in MN18*). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours..... 1 __ __ Days..... 2 __ __ Weeks..... 3 __ __ DK / Don't remember..... 998	
PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF (*name*) IS OK. BEFORE YOU LEFT THE (*name or type of facility in MN18*), DID ANYONE CHECK ON (*name*)'S HEALTH?	Yes..... 1 No..... 2	
PN4. AND WHAT ABOUT CHECKS ON <u>YOUR</u> HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU? DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (*name or type or facility in MN18*)?	Yes..... 1 No..... 2	
PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (*name or type of facility in MN18*). DID ANYONE CHECK ON (*name*)'S HEALTH AFTER YOU LEFT (*name or type of facility in MN18*)?	Yes..... 1 No..... 2	1⇨PN11 2⇨PN16

PN6. *Check MN17: Did a health professional or traditional birth attendant assist with the delivery?*

☐ *Yes, delivery assisted by a health professional or traditional birth attendant (MN17=A-F) ⇨ Continue with PN7*

☐ *No, delivery not assisted by a health professional or traditional birth attendant (A-F not circled in MN17) ⇨ Go to PN10*

PN7. YOU HAVE ALREADY SAID THAT (*person or persons in MN17*) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF (*name*) IS OK. AFTER THE DELIVERY WAS OVER AND BEFORE (*person or persons in MN17*) LEFT YOU, DID (*person or persons in MN17*) CHECK ON (*name*)'S HEALTH?	Yes ..... 1 No 2	
PN8. AND DID (*person or persons in MN17*) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING? BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes ..... 1 No 2	
PN9. AFTER THE (*person or persons in MN17*) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (*name*)?	Yes ..... 1 No 2	1⇨PN11 2⇨PN18
PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF THE BABY IS OK. AFTER (*name*) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?	Yes ..... 1 No 2	2⇨PN19
PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once ..... 1 More than once 2	1⇨PN12A 2⇨PN12B
PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? **PN12B**. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours ..... 1 __ __ Days ..... 2 __ __ Weeks ..... 3 __ __ DK / Don't remember 998	

PN13. WHO CHECKED ON (*name*)'S HEALTH AT THAT TIME?	Health professional Doctor ..... A Nurse / Midwife ..... B Lady Health Visitor (LHV) ..... D Lady Health Worker (LHW) ..... E Other person Traditional birth attendant ..... F Relative / Friend ..... H Other (*specify*) _____ X	
PN14. WHERE DID THIS CHECK TAKE PLACE? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Home Respondent's home ..... 11 Other home ..... 12 Public sector Government hospital ..... 21 Government mother & child care centre/ Health centre/Community centre ..... 22 Other public (*specify*) _____ 26 Private medical sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Other private medical (*specify*) _____ 36 Other (*specify*) _____ 96	
PN15. *Check MN18: Was the child delivered in a health facility?* ☐ *Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇨ Continue with PN16* ☐ *No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇨ Go to PN17*		
PN16. AFTER YOU LEFT (*name or type of facility in MN18*), DID ANYONE CHECK ON YOUR HEALTH?	Yes ..... 1 No 2	1⇨PN20 2⇨Next Module
PN17. *Check MN17: Did a health professional or traditional birth attendant assist with the delivery?* ☐ *Yes, delivery assisted by a health professional or traditional birth attendant (MN17=A-F) ⇨ Continue with PN18* ☐ *No, delivery not assisted by a health professional or traditional birth attendant health worker (A-F not circled in MN17) ⇨ Go to PN19*		
PN18. AFTER THE DELIVERY WAS OVER AND (*person or persons in MN17*) LEFT, DID ANYONE CHECK ON YOUR HEALTH?	Yes ..... 1 No 2	1⇨PN20 2⇨Next Module

PN19. AFTER THE BIRTH OF (*name*), DID ANYONE CHECK ON YOUR HEALTH? I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes ..... 1 No 2	2⇨Next Module
PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once ..... 1 More than once 2	1⇨PN21A 2⇨PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? **PN21B**. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours ..... 1 __ __ Days ..... 2 __ __ Weeks ..... 3 __ __ DK / Don't remember 998	
PN22. WHO CHECKED ON YOUR HEALTH AT THAT TIME?	Health professional Doctor ..... A Nurse / Midwife ..... B Lady Health Visitor (LHV) ..... D Lady Health Worker (LHW) ..... E Other person Traditional birth attendant ..... F Relative / Friend ..... H Other (*specify*) _____ X	
PN23. WHERE DID THIS CHECK TAKE PLACE? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Home Respondent's home ..... 11 Other home ..... 12 Public sector Government hospital ..... 21 Government Mother & Child Health centre .. 22 Other public (*specify*) _____ 26 Private medical sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Other private medical (*specify*) _____ 36 Other (*specify*) _____ 96	

ILLNESS SYMPTOMS		IS
IS1. *Check List of Household Members, columns HL7B and HL15* *Is the respondent the mother or caretaker of any child under age 5?* ☐ *Yes ⇨ Continue with IS2.* ☐ *No ⇨ Go to Next Module.*		
IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE A CHILD UNDER THE AGE OF 5 TO A HEALTH FACILITY RIGHT AWAY? *Probe:* ANY OTHER SYMPTOMS? *Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.* *Circle all symptoms mentioned, but do <u>not</u> prompt with any suggestions*	Child not able to drink or breastfeed ..... A Child becomes sicker ..... B Child develops a fever..... C Child has fast breathing ..... D Child has difficulty breathing ..... E Child has blood in stool .....F Child is drinking poorly ..... G Other (*specify*) _____ X Other (*specify*) _____ Y Other (*specify*) _____ Z	

CONTRACEPTION		CP
CP1A. *Check MA1. Woman is currently married?* ☐ *Yes.⇨ Continue with CP1* ☐ *NO ⇨ Go to ATTITUDES TOWARDS DOMESTIC VIOLENCE module*		
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant ..... 1 No ..... 2 Unsure or DK 8	1⇨CP2A
CP2. 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?	Yes ..... 1 No 2	1⇨CP3
CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes ..... 1 No 2	1⇨Next Module 2⇨Next Module
CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? *Do not prompt.* *If more than one method is mentioned, circle each one.*	Female sterilization ..... A Male sterilization ..... B IUD ..... C Injectables ..... D Implants ..... E Pill ..... F Male condom ..... G Female condom ..... H Diaphragm ..... I Periodic abstinence / Rhythm ..... L Withdrawal ..... M Other (*specify*) _____ X	

UNMET NEED		UN
UN1. *Check CP1. Currently pregnant?* ☐ *Yes, currently pregnant ⇨ Continue with UN2* ☐ *No, unsure or DK ⇨ Go to UN5*		
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ..... 1 No 2	1⇨UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later ..... 1 No more 2	
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child ..... 1 No more / None ..... 2 Undecided / DK 8	1⇨UN7 2⇨UN13 8⇨UN13
UN5. *Check CP3. Currently using "Female sterilization"?* ☐ *Yes ⇨ Go to UN13* ☐ *No ⇨ Continue with UN6*		
UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child ..... 1 No more / None ..... 2 Says she cannot get pregnant ..... 3 Undecided / DK 8	 2⇨UN9 3⇨UN11 8⇨UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? *Record the answer as stated by respondent.*	Months ..... 1 __ __ Years ..... 2 __ __ Does not want to wait (soon/now) ..... 993 Says she cannot get pregnant ..... 994 Other ..... 996 DK 998	 994⇨UN11
UN8. *Check CP1. Currently pregnant?* ☐ *Yes, currently pregnant ⇨ Go to UN13* ☐ *No, unsure or DK ⇨ Continue with UN9*		

UN9. *Check CP2. Currently using a method?* ☐ *Yes ⇨ Go to UN13* ☐ *No ⇨ Continue with UN10*		
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes ..... 1 No ..... 2 DK 8	1 ⇨UN13 8 ⇨UN13
UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent sex / No sex ..... A Menopausal ..... B Never menstruated ..... C Hysterectomy (surgical removal of uterus) ..... D Has been trying to get pregnant for 2 years or more without result ..... E Postpartum amenorrheic ..... F Breastfeeding ..... G Too old ..... H Fatalistic ..... I Other (*specify*) _____ X DK ..... Z	
UN12. *Check UN11. "Never menstruated" mentioned?* ☐ *Mentioned ⇨ Go to Next Module* ☐ *Not mentioned ⇨ Continue with UN13*		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? *Record the answer using the same unit stated by the respondent*	Days ago ..... 1 __ __ Weeks ago ..... 2 __ __ Months ago ..... 3 __ __ Years ago ..... 4 __ __ In menopause / Has had hysterectomy ..... 994 Before last birth ..... 995 Never menstruated 996	

ATTITUDES TOWARD DOMESTIC VIOLENCE					DV
This module is to be administered to all women of age 15-49 years.					
DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:		Yes	No	DK	
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling	1	2	8	
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8	
[C] IF SHE ARGUES WITH HIM?	Argues with him	1	2	8	
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex	1	2	8	
[E] IF SHE BURNS THE FOOD?	Burns food	1	2	8	

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes ..... 1 No 2	 2 ⇨Next Module
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY LIVING WITH UNINFECTED HUSBAND WHO HAS NO OTHER WIFE?	Yes ..... 1 No ..... 2 DK 8	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes ..... 1 No ..... 2 DK 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes ..... 1 No ..... 2 DK 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes ..... 1 No ..... 2 DK 8	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK 8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK 8	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	Yes No DK During pregnancy ..... 1 2 8 During delivery ..... 1 2 8 By breastfeeding 1 2 8	
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ..... 1 No ..... 2 DK / Not sure / Depends 8	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK / Not sure / Depends 8	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ..... 1 No ..... 2 DK / Not sure / Depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes ..... 1 No ..... 2 DK / Not sure / Depends 8	

HA13. *Check CM13: Any live birth in last 2 years?*

☐ *No live birth in last 2 years (CM13="No" or blank) ⇨ Go to HA24*

☐ *One or more live births in last 2 years ⇨ Continue with HA14*

HA14. *Check MN1: Received antenatal care?*

☐ *Received antenatal care ⇨ Continue with HA15*

☐ *Did not receive antenatal care ⇨ Go to HA24*

HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (*name*), WERE YOU GIVEN ANY INFORMATION ABOUT: [A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS? [C] GETTING TESTED FOR THE AIDS VIRUS? WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS?	Y N DK AIDS from mother.....1 2 8 Things to do.....1 2 8 Tested for AIDS.....1 2 8 Offered a test.....1 2 8	
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes .....1 No .....2 DK.....8	 2⇨HA19 8⇨HA19
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes .....1 No .....2 DK.....8	 2⇨HA22 8⇨HA22
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes .....1 No .....2 DK.....8	1⇨HA22 2⇨HA22 8⇨HA22

HA19. *Check MN17: Birth delivered by health professional (A, B or D)?*

☐ *Yes, birth delivered by health professional (MN17 = A, B or D) ⇨ Continue with HA20*

☐ *No, birth not delivered by health professional (MN17 = else) ⇨ Go to HA24*

HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes .....1 No 2	 2⇨HA24
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes .....1 No 2	

HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes ..... 1 No 2	1⇨HA25

HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago 3	1 ⇨Next Module 2 ⇨Next Module 3 ⇨Next Module
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes ..... 1 No 2	2⇨HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2 DK 8	1 ⇨Next Module 2 ⇨Next Module 8 ⇨Next Module
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ..... 1 No 2	

TOBACCO USE		TA
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes ..... 1 No 2	2⇨TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette ..... 00 Age ..... ___ ___	00⇨TA6
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes ..... 1 No 2	2⇨TA6
TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ..... ___ ___	
TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "every day" or "almost every day", circle "30"*	Number of days ..... 0 ___ 10 days or more but less than a month .... 10 Every day / Almost every day 30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes ..... 1 No 2	2⇨TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes ..... 1 No 2	2⇨TA10
TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? *Circle all mentioned.*	Cigars ..... A Water pipe ..... B Cigarillos ..... C Pipe ..... D Other (*specify*) _____ X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "every day" or "almost every day", circle "30"*	Number of days ..... 0 ___ 10 days or more but less than a month .... 10 Every day / Almost every day 30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, PAAN WITH TOBACCO, GUTKA, NASWAR, MAWA TUMBAKU, NAAS AND MAIN PURI?	Yes ..... 1 No 2	2 ⇨*Next Module*
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes ..... 1 No 2	2 ⇨ *Next Module*

TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? *Circle all mentioned.*	Chewing tobacco ..... A Paan with tobacco ..... D Gutka ..... E Naswar.....F Other (*specify*) _____X	
TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "every day" or "almost every day", circle "30"*	Number of days..... 0 ___ 10 days or more but less than a month.... 10 Every day / Almost every day..... 30	

LIFE SATISFACTION		LS
LS1. *Check WB2: Age of respondent is between 15 and 24?* ☐ *Age 25-49 ⇨ Go to WM11* ☐ *Age 15-24 ⇨ Continue with LS2*		
LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION. FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY? YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. *Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.*	Very happy.....1 Somewhat happy .....2 Neither happy nor unhappy .....3 Somewhat unhappy .....4 Very unhappy.....5	
LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS. IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED. AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. *Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions LS3 to LS13.* HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?	Very satisfied .....1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied.....3 Somewhat unsatisfied.....4 Very unsatisfied 5	
LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	Very satisfied .....1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied.....3 Somewhat unsatisfied.....4 Very unsatisfied 5	
LS5. DURING THE ***current / 2015-2016*** SCHOOL YEAR, DID YOU ATTEND SCHOOL/ EDUCATIONAL INSTITUTE AT ANY TIME?	Yes.....1 No.....2	2⇨LS7

LS6. HOW SATISFIED (*are/were*) YOU WITH YOUR SCHOOL/EDUCATIONAL INSTITUTE?	Very satisfied .....1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied.....3 Somewhat unsatisfied.....4 Very unsatisfied 5	
LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? *If the respondent says that she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.*	Does not have a job .....0 Very satisfied .....1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied.....3 Somewhat unsatisfied.....4 Very unsatisfied 5	
LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied .....1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied.....3 Somewhat unsatisfied.....4 Very unsatisfied 5	
LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? *If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.*	Very satisfied .....1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied.....3 Somewhat unsatisfied.....4 Very unsatisfied 5	
LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied .....1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied.....3 Somewhat unsatisfied.....4 Very unsatisfied 5	
LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied .....1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied.....3 Somewhat unsatisfied.....4 Very unsatisfied 5	
LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied .....1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied.....3 Somewhat unsatisfied.....4 Very unsatisfied 5	
LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? *If the respondent says that she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.*	Does not have any income .....0 Very satisfied .....1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied.....3 Somewhat unsatisfied.....4 Very unsatisfied 5	
LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENED, OVERALL?	Improved .....1 More or less the same .....2 Worsened.....3	
LS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better.....1 More or less the same .....2 Worse.....3	

WM11. *Record the time*.	Hour and minutes .....__ __ : __ __	

WM12. *Check List of Household Members, columns HL7B and HL15.*
Is the respondent the mother or caretaker of any child age 0-4 living in this household?

☐ *Yes ⇨ Proceed to complete the result of woman's interview (WM7) on the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent..*

☐ *No ⇨ End the interview with this respondent by thanking her for her cooperation and proceed to complete the result of woman's interview (WM7) on the cover page.*

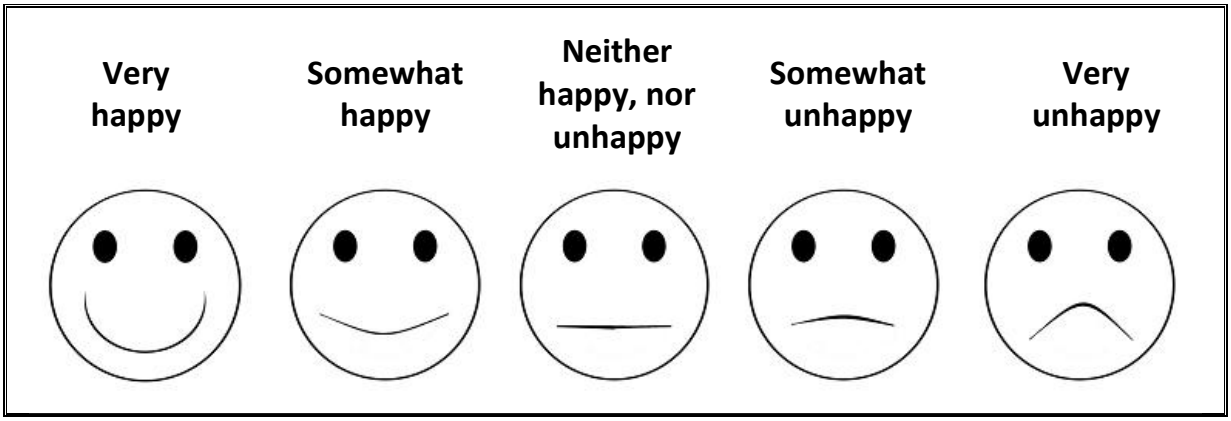
Interviewer's Observations

Field Editor's Observations

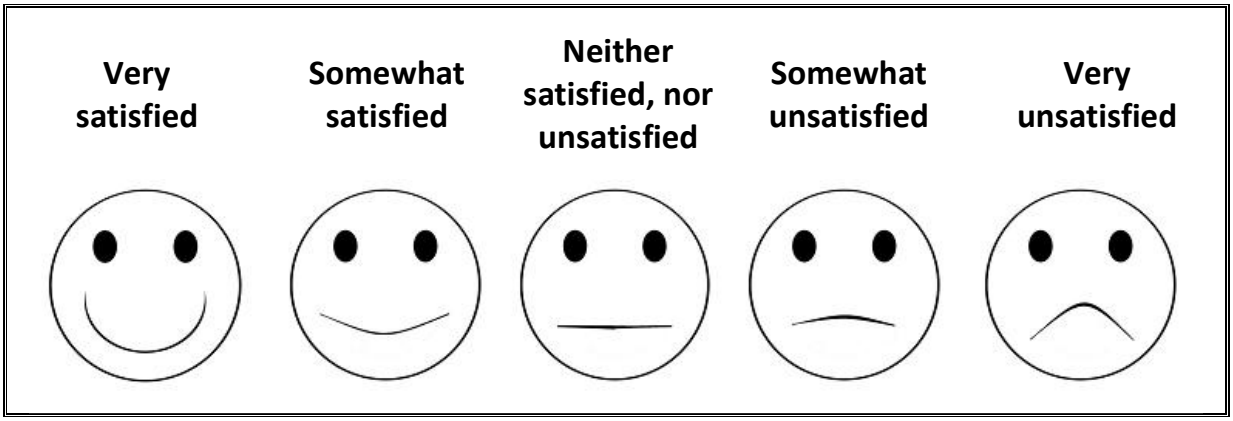
Supervisor's Observations

RESPONSE CARD:

SIDE 1



SIDE 2



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

MICS Gilgit-Baltistan 2016

UNDER-FIVE CHILD INFORMATION PANEL	**UF**
This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B). *A separate questionnaire should be used for each eligible child.*	
UF1. Cluster number: ___ ___ ___	**UF2**. Household number: ___ ___
UF3. Child's name: Name_____	**UF4**. Child's line number: ___ ___
UF5. Mother's / Caretaker's name: Name_____	**UF6**. Mother's / Caretaker's line number: ___ ___
UF7. Interviewer's name and number: Name_____ ___ ___ ___	**UF8**. Day / Month / Year of interview: ___ ___ /___ ___ / 2 0 1 6

Repeat greeting if not already read to this respondent: WE ARE FROM ***Planning & Development Department, Government of the Gilgit-Baltistan***. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (*child's name from UF3*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.	*If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:* NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (*child's name from UF3*)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.
MAY I START NOW? ☐ *Yes, permission is given ⇨ Go to UF12 to record the time and then begin the interview.* ☐ *No, permission is not given ⇨ Circle '03' in UF9. Discuss this result with your supervisor*	

UF9. Result of interview for children under 5 *Codes refer to mother/caretaker.*	Completed .....01 Not at home .....02 Refused .....03 Partly completed .....04 Incapacitated .....05 Other (*specify*) _____ 96

UF10. Field editor's name and number: Name_____ __ __ __	**UF11**. Main data entry clerk's name and number: Name_____ __ __

UF12. *Record the time.*	Hour and minutes .....__ __ : __ __	

AGE		AG
AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF (*name*). ON WHAT DAY, MONTH AND YEAR WAS (*name*) BORN? *Probe:* WHAT IS HIS / HER BIRTHDAY? *If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day* *Month and year must be recorded.*	Date of birth Day .....__ __ DK day.....98 Month.....__ __ Year ..... 2 0 __ __	
AG2. HOW OLD IS (*name*)? *Probe*: HOW OLD WAS (*name*) AT HIS / HER LAST BIRTHDAY? *Record age in completed years.* *Record '0' if less than 1 year.* *Compare and correct AG1 and/or AG2 if inconsistent.*	Age (in completed years) .....__	

BIRTH REGISTRATION		**BR**
BR1. DOES (*name*) HAVE A BIRTH CERTIFICATE? *If yes, ask:* MAY I SEE IT?	Yes, seen.....1 Yes, not seen .....2 No .....3 DK.....8	1⇨Next Module 2⇨Next Module
BR2. HAS (*name*)'S BIRTH BEEN REGISTERED WITH *the* UNION COUNCIL/NADRA?	Yes .....1 No .....2 DK.....8	1⇨Next Module
BR3. DO YOU KNOW HOW TO REGISTER (*name*)'S BIRTH?	Yes .....1 No 2	

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (*name*)?	None .....00 Number of children's books.....0 __ Ten or more books 10	
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (*name*) PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH: [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? *If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response*	Y N DK Homemade toys .....1 2 8 Toys from a shop.....1 2 8 Household objects or outside objects 1 2 8	
EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN. ON HOW MANY DAYS IN THE PAST WEEK WAS (*name*): [A] LEFT ALONE FOR MORE THAN AN HOUR? [B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR? *If 'none' enter' 0'. If 'don't know' enter'8'*	Number of days left alone for more than an hour .....__ Number of days left with other child for more than an hour .....__	
EC4. *Check AG2: Age of child* ☐ *Child age 0, 1 or 2 ⇨ Go to Next Module* ☐ *Child age 3 or 4 ⇨ Continue with EC5*		
EC5. DOES (*name*) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes .....1 No .....2 DK.....8	

EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (*name*): *If yes, ask:* WHO ENGAGED IN THIS ACTIVITY WITH (*name*)? *Circle all that apply.*		Mother	Father	Other	No one	
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (*name*)?	Read books	A	B	X	Y	
[B] TOLD STORIES TO (*name*)?	Told stories	A	B	X	Y	
[C] SANG SONGS TO (*name*) OR WITH (*name*), INCLUDING LULLABIES?	Sang songs	A	B	X	Y	
[D] TOOK (*name*) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Took outside	A	B	X	Y	
[E] PLAYED WITH (*name*)?	Played with	A	B	X	Y	
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (*name*)?	Named/counted	A	B	X	Y	
EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (*name*). CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF (*name*)'S DEVELOPMENT. CAN (*name*) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	Yes .....1 No .....2 DK.....8					
EC9. CAN (*name*) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes .....1 No .....2 DK.....8					
EC10. DOES (*name*) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes .....1 No .....2 DK.....8					
EC11. CAN (*name*) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes .....1 No .....2 DK.....8					
EC12. IS (*name*) SOMETIMES TOO SICK TO PLAY?	Yes .....1 No .....2 DK.....8					
EC13. DOES (*name*) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes .....1 No .....2 DK.....8					

EC14. WHEN GIVEN SOMETHING TO DO, IS (*name*) ABLE TO DO IT INDEPENDENTLY?	Yes .....1 No .....2 DK.....8	
EC15. DOES *(name)* GET ALONG WELL WITH OTHER CHILDREN?	Yes .....1 No .....2 DK.....8	
EC16. DOES (*name*) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes .....1 No .....2 DK.....8	
EC17. DOES (*name*) GET DISTRACTED EASILY?	Yes .....1 No .....2 DK.....8	

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. *Check AG2: Age of child* ☐ *Child age 0, 1 or 2 ⇨ Continue with BD2* ☐ *Child age 3 or 4 ⇨ Go to VITAMIN-A Module*		
BD2. HAS (*name*) EVER BEEN BREASTFED?	Yes ..... 1 No ..... 2 DK 8	 2⇨BD4 8⇨BD4
BD3. IS (*name*) STILL BEING BREASTFED?	Yes ..... 1 No ..... 2 DK 8	
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (*name*) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes ..... 1 No ..... 2 DK 8	
BD5. DID (*name*) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK 8	
BD6. DID (*name*) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK 8	
BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (*name*) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (*name*) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (*name*) DRINK (*Name of item*) YESTERDAY DURING THE DAY OR THE NIGHT:		
[A] PLAIN WATER?	Plain water 1 2 8	
[B] JUICE OR JUICE DRINKS?	Juice or juice drinks 1 2 8	
[C] CLEAR SOUP *(any type)*?	Soup 1 2 8	
[D] MILK SUCH AS TINNED, POWDERED, CURD SHAKE OR FRESH ANIMAL MILK? *If yes:* HOW MANY TIMES DID (*name)* DRINK MILK? *If 7 or more times, record '7'.* *If unknown, record '8'.*	Milk 1 2 8 Number of times drank milk ..... __	
[E] INFANT FORMULA? *If yes:* HOW MANY TIMES DID (*name)* DRINK INFANT FORMULA? *If 7 or more times, record '7'.* *If unknown, record '8'.*	Infant formula 1 2 8 Number of times drank infant formula ..... __	
[F] ANY OTHER LIQUIDS?	Other liquids *(specify)*_____ 1 2 8	

BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (*name*) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (*name*) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.

PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.

DID (*name*) EAT (*Name of food*) YESTERDAY DURING THE DAY OR THE NIGHT:		Yes	No	DK
[A] YOGURT? *If yes:* HOW MANY TIMES DID (*name*) DRINK OR EAT YOGURT? *If 7 or more times, record '7'. If unknown, record '8'.*	Yogurt Number of times drank/ate yogurt .....__	1	2	8
[B] CERELAC?	Cerelac	1	2	8
[C] BREAD, RICE, WHEAT DALIA, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains	1	2	8
[D] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?	Pumpkin, carrots, squash, etc.	1	2	8
[E] WHITE POTATOES, WHITE YAMS, MANIOC, CASSAVA, TURNIP, CABBAGE, GREENS BEANS OR ANY OTHER FOODS MADE FROM ROOTS?	White potatoes, white yams, manioc, cassava, etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES SUCH AS SPINACH?	Dark green, leafy vegetables	1	2	8
[G] RIPE MANGOES, BANANA, APRICOTS PAPAYAS ETC?	Ripe, mangoes, apricots	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1	2	8
[J] ANY MEAT, SUCH AS BEEF, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, pork, lamb, goat, etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH OR SHELLFISH?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, CHICKPEAS, OR NUTS?	Foods made from beans, peas, etc.	1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED?	Other solid, semi-solid, or soft food *(specify)*_____	1	2	8

BD9. *Check BD8 (Categories "A" through "O")*

☐ *At least one "Yes" or all "DK" ⇨ Go to BD11*

☐ *Else ⇨ Continue with BD10*

BD10. *Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night*

☐ *The child did not eat or the respondent does not know ⇨ Go to Next Module*

☐ *The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇨ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11*

BD11. HOW MANY TIMES DID (*name*) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT? *If 7 or more times, record '7'.*	Number of times.....__ DK 8

IMMUNIZATION — IM

This part is to be administered to the children less than 3 years.
*If an immunization **(child health)** card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM19 will only be asked when a card is not available.*

IM1. DO YOU HAVE A CARD WHERE (*name*)'S VACCINATIONS ARE WRITTEN DOWN? *If yes:* MAY I SEE IT PLEASE?	Yes, seen ..... 1 Yes, not seen ..... 2 No card 3	1⇨IM3 2⇨IM6
IM2. DID YOU EVER HAVE A VACCINATION ***(child health)*** CARD FOR (*name*)?	Yes ..... 1 No 2	1⇨IM6 2⇨IM6

IM3.
(a) Copy dates for each vaccination from the card.
(b) Write '44' in day column if card shows that vaccination was given but no date recorded.

		Date of Immunization								
		Day		Month		Year				
BCG	**BCG**									
POLIO AT BIRTH	**OPV0**									
POLIO 1	**OPV1**									
POLIO 2	**OPV2**									
POLIO 3	**OPV3**									
DPT+HEPB+HIB (PENTA) 1	**PENTA1**									
DPT+HEPB+HIB (PENTA) 2	**PENTA2**									
DPT+HEPB+HIB (PENTA) 3	**PENTA3**									
MEASLES-I (OR MMR OR MR)	**MEASLES-I**									
MEASLES-II (OR MMR OR MR)	**MEASLES-II**									

IM4. *Check IM3. Are all vaccines (**BCG to Measles-II**) recorded?*

☐ *Yes ⇨ Go to IM19*

☐ *No ⇨ Continue with IM5*

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS?

☐ *Yes ⇨ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, skip to IM19*

☐ *No/DK ⇨ Go to IM19*

IM6. HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?	Yes ..... 1 No ..... 2 DK 8	 2⇨IM19 8⇨IM19

IM7. HAS (*name*) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes ..... 1 No ..... 2 DK 8	
IM8. HAS (*name*) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?	Yes ..... 1 No ..... 2 DK 8	 2⇨IM11 8⇨IM11
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH?	Yes ..... 1 No 2	
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED? *If 7 or above write 7.*	Number of times ..... __	
IM11. HAS (*name*) EVER RECEIVED A PENTA VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA OR HEPATITIS OR INFLUENZA? *Probe by indicating that PENTA vaccination is sometimes given at the same time as Polio*	Yes ..... 1 No ..... 2 DK 8	 2⇨IM16 8⇨IM16
IM12. HOW MANY TIMES WAS THE PENTA VACCINE RECEIVED?	Number of times ..... __	
IM16. HAS (*name*) EVER RECEIVED A MEASLES INJECTION (OR AN MMR OR MR) – 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 8	
IM19. PLEASE TELL ME IF (NAME) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS:	Y N DK	
[A] *Anti-Polio campaign day (NID)*	***Anti-Polio campaign day (NID)*** 1 2 8	
[B] *Mother and Child week*	***Mother & Child week*** 1 2 8	
[C] *Child health day*	***Child health day*** 1 2 8	

VITAMIN A SUPPLIMENTATION		**VS**
This part is to be administered to all the children (0-4) years.		
VS1. HAS (*name*) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 6 MONTHS? *Show common types of ampoules / capsules*	Yes ..... 1 No ..... 2 DK 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (*name*) HAD DIARRHOEA?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA6A 8⇨CA6A
CA2. I WOULD LIKE TO KNOW HOW MUCH (*name*) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? *If 'less', probe*: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Nothing to drink ..... 5 DK 8	
CA3. DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? *If 'less', probe:* WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Stopped food ..... 5 Never gave food ..... 6 DK 8	
CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA4 8⇨CA4
CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? *Probe:* ANYWHERE ELSE? *Circle all providers mentioned, but do NOT prompt with any suggestions.* *Probe to identify each type of source.* *If unable to determine if public or private sector, write the name of the place.* _____ (*Name of place*)	Public sector Government hospital ..... A Government health centre ..... B Government health post/Dispensary ..... C Lady health worker (LHW) ..... D Mobile / Outreach clinic ..... E Other public (*specify*) _____ H Private medical sector Private hospital / clinic ..... I Private physician ..... J Private pharmacy ..... K Mobile clinic ..... L Other private medical (*specify*)_____ O Other source Relative / Friend ..... P Shop ..... Q Traditional practitioner ..... R Other (*specify*) _____ X	

CA4. DURING THE TIME (*name*) HAD DIARRHOEA, WAS (*name*) GIVEN TO DRINK [A] A FLUID MADE FROM A SPECIAL PACKET CALLED ***ORS Packet***? [B] A PRE-PACKAGED ORS FLUID?	Y N DK Fluid from ORS packet ..... 1 2 8 Pre-packaged ORS fluid 1 2 8	
CA4A. *Check CA4: ORS* ☐ *Child was given ORS ('Yes' circled in 'A' or 'B' in CA4) ⇨ Continue with CA4B* ☐ *Child was not given ORS ⇨ Go to CA4C*		
CA4B. WHERE DID YOU GET THE ORS? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Public sector Government hospital ..... 11 Government health centre ..... 12 Government health post/Dispensary ..... 13 Lady health worker (LHW) ..... 14 Mobile / Outreach clinic ..... 15 Other public (*specify*) _____ 16 Private medical sector Private hospital / clinic ..... 21 Private physician ..... 22 Private pharmacy ..... 23 Mobile clinic ..... 24 Other private medical (*specify*)_____ 26 Other source Relative / Friend ..... 31 Shop ..... 32 Traditional practitioner ..... 33 Already had at home ..... 40 Other (*specify*) _____ 96	
CA4C. DURING THE TIME (*name*) HAD DIARRHOEA, WAS (*name*) GIVEN: [A] ZINC TABLETS? [B] ZINC SYRUP?	Y N DK Zinc tablets ..... 1 2 8 Zinc syrup 1 2 8	
CA4D. *Check CA4C: Any zinc?* ☐ *Child given any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇨ Continue with CA4E* ☐ *Child was not have any zinc ⇨ Go to CA4F*		
CA4E. WHERE DID YOU GET THE ZINC? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.*	Public sector Government hospital ..... 11 Government health centre ..... 12 Government health post/Dispensary ..... 13 Lady health worker (LHW) ..... 14 Mobile / Outreach clinic ..... 15 Other public (*specify*) _____ 16	

_____ *(Name of place)*	Private medical sector Private hospital / clinic ..... 21 Private physician ..... 22 Private pharmacy ..... 23 Mobile clinic ..... 24 Other private medical (*specify*)_____ 26 Other source Relative / Friend ..... 31 Shop ..... 32 Traditional practitioner ..... 33 Already had at home ..... 40 Other (*specify*) _____ 96	
CA4F. DURING THE TIME (*name*) HAD DIARRHOEA, WAS (*name*) GIVEN TO DRINK ANY OF THE FOLLOWING: *Read each item aloud and record response before proceeding to the next item.* [A] HOME MADE FLUID (BOILED WATER WITH SUGAR AND SALT) [B] OTHERS *(Specify)*_____	Y N DK Boiled water with sugar and salt ..... 1 2 8 Other *(specify)* _____ 1 2 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes ..... 1 No ..... 2 DK 8	2⇨CA6A 8⇨CA6A
CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA? *Probe*: ANYTHING ELSE? *Record all treatments given. Write brand name(s) of all medicines mentioned.* _____ *(Name)*	Pill or Syrup Antibiotic ..... A Antimotility ..... B Other pill or syrup (Not antibiotic, antimotility or zinc) ..... G Unknown pill or syrup ..... H Injection Antibiotic ..... L Non-antibiotic ..... M Unknown injection ..... N Intravenous ..... O Home remedy / Herbal medicine ..... Q Other (*specify*) _____ X	
CA6A. IN THE LAST TWO WEEKS, HAS (*name*) BEEN ILL WITH A FEVER AT ANY TIME?	Yes ..... 1 No ..... 2 DK 8	2⇨CA7 8⇨CA7
CA6B. AT ANY TIME DURING THE ILLNESS, DID (*name*) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes ..... 1 No ..... 2 DK 8	

CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (*name*) HAD AN ILLNESS WITH A COUGH?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA9A 8⇨CA9A
CA8. WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA10 8⇨CA10
CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only ..... 1 Blocked or runny nose only ..... 2 Both ..... 3 Other (*specify*) _____ 6 DK 8	1⇨CA10 2⇨CA10 3⇨CA10 6⇨CA10 8⇨CA10
CA9A. *Check CA6A: Had fever?* ☐ *Child had fever ⇨ Continue with CA10* ☐ *Child did not have fever ⇨ Go to CA14*		
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA12 8⇨CA12
CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? *Probe:* ANYWHERE ELSE? *Circle all providers mentioned, but do NOT prompt with any suggestions.* *Probe to identify each type of source.* *If unable to determine if public or private sector, write the name of the place.* _____ *(Name of place)*	Public sector Government hospital ..... A Government health centre ..... B Government health post/Dispensary ..... C Lady health worker (LHW) ..... D Mobile / Outreach clinic ..... E Other public (*specify*) _____ H Private medical sector Private hospital / clinic ..... I Private physician ..... J Private pharmacy ..... K Mobile clinic ..... L Other private medical (*specify*)_____ O Other source Relative / Friend ..... P Shop ..... Q Traditional practitioner ..... R Other (specify)_____ X	
CA12.AT ANY TIME DURING THE ILLNESS, WAS (*name*) GIVEN ANY MEDICINE FOR THE ILLNESS?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA14 8⇨CA14
CA13. WHAT MEDICINE WAS (*name*) GIVEN? *Probe:* ANY OTHER MEDICINE?	Anti-malarials: SP / Fansidar ..... A Chloroquine ..... B Amodiaquine ..... C Quinine ..... D Combination with Artemisinin ..... E	

Circle all medicines given. Write brand name(s) of all medicines mentioned. _____ *(Names of medicines)*	Other anti-malarial (*specify*) _____ H Antibiotics: Pill / Syrup ..... I Injection ..... J Other medications: Paracetamol/ Panadol /Acetaminophen . P Aspirin..... Q Ibuprofen ..... R Other (*specify*) _____ X DK..... Z	
CA13A. *Check CA13: Antibiotic mentioned (codes I or J)?* ☐ *Yes ⇨ Continue with CA13B* ☐ *No ⇨ Go to CA13C*		
CA13B. WHERE DID YOU GET THE (NAME OF THE MEDICINE FROM CA13)? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Public sector Government hospital ..... 11 Government health centre..... 12 Government health post/Dispensary..... 13 Lady health worker (LHW)..... 14 Mobile / Outreach clinic..... 15 Other public (*specify*) _____ 16 Private medical sector Private hospital / clinic..... 21 Private physician ..... 22 Private pharmacy ..... 23 Mobile clinic ..... 24 Other private medical (*specify*)_____ 26 Other source Relative / Friend ..... 31 Shop ..... 32 Traditional practitioner ..... 33 Already had at home ..... 40 Other *(specify)* _____ 96	
CA13C. *Check CA13: Anti-malarial mentioned (codes A - H)?* ☐ *Yes ⇨ Continue with CA13D* ☐ *No ⇨ Go to CA14*		
CA13D. WHERE DID YOU GET THE (NAME OF THE MEDICINE FROM CA13)? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.*	Public sector Government hospital ..... 11 Government health centre..... 12 Government health post/Dispensary..... 13 Lady health worker (LHW)..... 14 Mobile / Outreach clinic..... 15 Other public (*specify*) _____ 16 Private medical sector Private hospital / clinic..... 21 Private physician 22	

_____ *(Name of place)*	Private pharmacy .....23 Mobile clinic .....24 Other private medical (*specify*)_____ 26 Other source Relative / Friend .....31 Shop .....32 Traditional practitioner .....33 Already had at home .....40 Other (*specify*) _____ 96	
CA13E. HOW LONG AFTER THE FEVER STARTED DID (*name*) FIRST TAKE (*name of anti-malarial from CA13)*? *If multiple anti-malarials mentioned in CA13, name all anti-malarial medicines mentioned.*	Same day .....0 Next day .....1 2 days after the fever.....2 3 days after the fever.....3 4 or more days after the fever .....4 DK.....8	
CA14. *Check AG2: Age of child* ☐ *Child age 0, 1 or 2 ⇨ Continue with CA15* ☐ *Child age 3 or 4 ⇨ Go to UF13*		
CA15. THE LAST TIME *(name)* PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine .....01 Put / Rinsed into toilet or latrine .....02 Put / Rinsed into drain or ditch .....03 Thrown into garbage (solid waste) .....04 Buried .....05 Left in the open.....06 Other (*specify*) _____ 96 DK.....98	

UF13. *Record the time.*	Hour and minutes.....__ __ : __ __	

UF14. *Check List of Household Members, columns HL7B and HL15.*
Is the respondent the mother or caretaker of another child age 0-4 living in this household?

☐ *Yes ⇨ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent*

☐ *No ⇨ End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household*

Check to see if there are other woman's or under-5 questionnaires to be administered in this household.

ANTHROPOMETRY		**AN**
After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the List of Household Members before recording measurements.		
AN1. *Measurer's name and number:*	Name_____ ___ ___ ___	
AN2. *Result of height / length and weight measurement*	Either or both measured.....1 Child not present .....2 Child or mother/caretaker refused.....3 Other (*specify*) _____ 6	 2⇨AN6 3⇨AN6 6⇨AN6
AN3. *Child's weight*	Kilograms (kg) .....__ __ . __ Weight not measured 99.9	
AN3A. *Was the child undressed to the minimum?* ☐ *Yes* ☐ *No, the child could not be undressed to the minimum*		
AN3B. *Check age of child in AG2:* ☐ *Child under 2 years old. ⇨ Measure length (lying down).* ☐ *Child age 2 or more years. ⇨ Measure height (standing up).*		
AN4. *Child's length or height*	Length / Height (cm)..... __ __ __ . __ Length / Height not measured.....999.9	 ⇨ AN6
AN4A. *How was the child actually measured? Lying down or standing up?*	Lying down .....1 Standing up 2	

AN6. *Is there another child in the household who is eligible for measurement?* ☐ *Yes ⇨ Record measurements for next child.* ☐ *No ⇨ Check if there are any other individual questionnaires to be completed in the household.*

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Measurer's Observations

Gilgit-Baltistan
Multiple Indicator Cluster Survey

Planning & Development Department
Government of Gilgit-Baltistan

unicef
for every child

United Nations Children's Funds