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REGIONAL STATISTICAL REPORT

MULTIPLE INDICATOR CLUSTER SURVEY 2

NOVEMBER 2002

unicef
United Nations Children's Fund
Regional Office for the Middle East and North Africa

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infections
BCG	Bacille Calmette Guerin (Vaccine against tuberculosis)
CRC	Convention on the Rights of the Child
DHS	Demographic and Health Survey
DK	Doesn't Know
DPT	Diphteria, Pertussis & Tetanus (Vaccine)
EA	Enumeration areas
HH	Household
HIV	Human Immunodeficiency Virus
IMCI	Integrated Management of Childhood Illness (WHO)
IPV	Inactivated poliovirus vaccine
IU	International unit
IUD	Intra uterine device
LAM	Lactational amenorrhoea method
MCH	Maternal and Child health
MENA	Middle East and North Africa
MICS	Multiple Indicator Cluster Surveys
NID	National Immunization Day
OPV	Oral poliovirus vaccine
ORS	Oral rehydration salts
PPS	Probability proportional to size
PSU	Primary sampling unit
SPSS	Computer system files for data analysis
SSS	Sugar and salt solution
TT	Tetatus toxoid
UNAIDS	United Nations Program on HIV/AIDS
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WSC	World Summit for Children

FOREWORD

UNICEF began a series of Multiple Indicator Cluster Surveys (MICS) in the 1990s to help countries measure progress towards the Goals of the World Summit for Children. MICS 1 was conducted during 1995/96 and MICS 2 during 2000 / 2001. We expect to conduct MICS 3 during 2005 / 2006.

This report synthesizes MICS 2 data to provide a regional perspective. The goal of the report is to present useful information for policy makers and researchers alike.

I wish to thank Dr. Nimal Hettiaratchy, who heads our regional monitoring and evaluation programme, not only for bringing this information together, but also for his tireless efforts to improve social statistics related to children of the region.

Thomas McDermott
Regional Director
Middle East and North Africa Regional Office (MENA)
Amman, Jordan

November 2002

ACKNOWLEDGEMENTS

MICS2, a second series of surveys, was implemented in 11 countries in the MENA Region and of which 8 countries conducted all of five modules, and others implemented selected modules to fill existing data gaps. The surveys were conducted in early 2000, followed by a period of data processing that lasted through late 2000. Analysis and report writing began in late 2000 and survey reports were completed by the third quarter of 2001.

During the process of collecting data, UNICEF Middle East and North Africa Regional Office (MENARO) received substantial support from governments through-out the region and from UNICEF Country Offices. I wish to recognise the excellent support of UNICEF Country Representatives of Algeria, GAO in Riyadh for Bahrain, Egypt, Iran, Iraq, Lebanon, OPT, Sudan, Syria, and Tunisia. The M&E Officers and/or MICS2 Focal Points of these country offices are also hereby acknowledged for their tireless efforts during the field investigation, data processing and report writing activities.

Senior Management of MENARO made valuable contributions to the production of this report. In particular, I wish to offer my sincere thanks to Thomas McDermott, the Regional Director for his invaluable suggestions and excellent support. Naheed Aziz, Deputy Regional Director, offered her feedback, and useful comments on the draft, which I acknowledge with many thanks. The MENARO Operations Section, in particular the Supply Office, that provided quick and unfailing support to ensure production of this report quickly at a very low cost.

Dr. Abdul Muniem Abu-Nuwar, the Director of the UNFPA Country Technical Services Team for Arab States and his able staff also provided kind and timely assistance and their efforts are highly appreciated.

Gareth Jones, the Chief of Data and Strategic Information at the Division of Policy and Planning (DPP), UNICEF New York Headquarters, provided significant technical and financial support in producing this report. Ms. Nyein Nyein Lwin of DPP has contributed with her quality time on short notice to help us manipulate and verify non-MICS2/Demographic Health Surveys data that are also included in the report as complementary information to MICS2 data. I wish to record my sincere appreciation for all the support that we received from DPP.

Hady Amr, a consultant to UNICEF MENARO was the primary author of this report and synthesised the information with the assistance of Denise Carrier, who initially volunteered her time to MENARO to work on this report and later joined the MENARO M&E Team as a consultant to complete the current version of the report. Yumiko Kanemitsu and Lina Hammad of the Monitoring and Evaluation Section also contributed in making this report a success.

I take this opportunity to thank all others who helped throughout the synthesis and compilation of this report.

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RATIONALE

UNICEF has an enduring commitment to working towards the Convention on the Rights of the Child. The Convention on the Rights of the Child expands legal boundaries to embrace and legitimize the rights of children, and provides a legal, policy and moral framework for their well being. It was adopted for signature, ratification and accession by the United Nations General Assembly in 1989. Thus, WSC goals for the 1990s were formulated and shared with the governments for their implementation. In 1990, at the World Summit for Children conference, world leaders unanimously promised to implement necessary programs towards betterment of children.

UNICEF launched the MICS survey process in the mid 1990s to measure progress towards the WSC goals of the 1990s. MICS1 was conducted in 1995/6, MICS2 in 2000/1 and MICS3 will be conducted in 2005/6. Throughout this process, the scope of MICS is being broadened to include such topics as HIV/AIDS and child labor. The goal of the report is to offer data to researchers and graphically present salient information for both researchers and policy makers.

In attempts to measure progress of WSC goal achievements at the mid 1990's with the first MICS survey, it was realized that some indicators did not have any established bench mark data to measure the actual progress achieved. Furthermore, the coverage of the indicators to measure the progress was inadequate and some indicators were weak in their definitions. From these lessons learned, MICS2 surveys expanded the modules to include missing indicators and also to introduce new indicators, which were not recognized at the beginning of 1990's. As a result of this, MICS2 developed five modules. These modules were designed in such a way, if any country needs to fill only missing only data in the country then it could use selected modules as stand alone surveys to fullfill the requirements at a low cost maximizing program resource efficiency. Thus, in the MENA Region, only 11 MICS2 surveys were conducted. Of the 11, only 8 countries implemented the full MICS2 including all 5 modules, while two countries implemented partial MICS2 selecting some modules. Egypt used only the Child Labor module and administered it with the ongoing DHS survey using the same DHS sample frame. Iran used the DHS sample frame to run all five modules of MICS2.

Indeed the MICS2 survey was conducted in a substantial number of countries, 67, at the same time, around the world. With the implementation of subsequent surveys, the MICS will serve as the global database for the monitoring and evaluation of the status of children and women. This exercise will be conducted in five year intervals; it is thus important for the MENA Regional Office to consolidate the information so that the subsequent MICS3 survey can be rapidly added to this baseline data, which in turn will be able to identify trends.

This publication, in particular, creates a regional perspective so that issues common to the MENA region can be identified, analyzed and addressed more effectively. This report will help researchers in the MENA region to identify common problems and, in turn, spark common solutions to these problems. Indeed, as the subsequent MICS3 and MICS4 surveys are conducted in 2005 and 2010, an ever richer time series of data should be available.

All countries have not implemented the MICS2, but there are reasons for this. Many of the countries implemented the DHS, and two in particular, Egypt and Iran, during the same time period. The results from these two surveys are included in this report. Furthermore, there are many modules of the MICS survey and not all countries ran all modules of the MICS. It is hoped that in the future, more and more countries will conduct more and more modules of the MICS survey.

Further, due to decentralization of UNICEF, much of the UNICEF program advocacy on planning has been devolved to the organization's regional offices. This is yet another reason to have the data compiled together at the level of the regional office so that the program can be better designed with a regional focus and a common understanding of the problems facing the region. Once the data are compiled on a regional format, it is easy to see the patterns of distribution and also possible to perform comparative analysis to identify real needy countries in the region.

In this report, information about the survey instruments was purposefully included. This information was used so that one could facilitate the research and analysis on the part of the potential researchers so that they might conduct more effective analysis. To this end, the model questionnaire has been included. However, it is to be noted that the model questionnaire has been modified to ensure suitability in the different country contexts. For example, in some countries, the questionnaire was translated into French. In other countries, the Arabic language in the questionnaire was modified to suit different country dialects. Also, it is important to note that all countries used standardized UNICEF physical measurement scales in taking the anthropometric measurements of children and women for determining the nutritional status. As such, the errors produced by this standardized scale should be relatively minimized across countries, and regions within countries. Information on these measurement scales (height boards for measuring heights and UNISCALES for weighing children and women) is presented in Annex 4.

The year 2000 marked the beginning of the millennium, century and the decade. These data provide a powerful baseline for monitoring and evaluation of the programs implemented and their impact on the status of children and women. It is hoped that this statistical report will be updated after 2005 when the MICS3 is conducted and again after the 2010 MICS4 is conducted. It is important to mention, again, that this report does not endeavor to provide in depth analysis, but instead strives to compile the data, so that more fruitful further research can be undertaken. It is also hoped that the information contained herein will be of great use to researchers and policy makers, as they examine current conditions and plan surveys for coming decades.

SURVEY METHODOLOGY AND DATA SOURCES

This report synthesizes the findings of the Multiple Indicator Cluster Surveys (MICS2) conducted in eight countries throughout the Middle East and North Africa region in year 2000 - Algeria, Bahrain, Iraq, Lebanon, the Occupied Palestinian Territories, Sudan, Syria and Tunisia. It also presents the findings of two Demographic and Health Surveys (DHS) conducted in Egypt and Iran in 2000. These particular DHS surveys have been chosen to be included in this publication for a number of reasons. First, because the DHS surveys from Egypt and Iran were run with MICS2 modules on the DHS frame. Second, these DHS surveys were conducted during approximately the same time period as the MICS2. Third, the survey questionnaires themselves used similar methodologies, strengthening comparability. Fourth because experts involved in the MICS2 and DHS trained together for many aspects of their work, similarities in the methodologies, and thus results should make the data more comparable.

Additionally, two supplemental surveys were presented, one for Palestinians living in Syria (Palestinians were not included in the main population survey for Syria), and the other for the southern section of Sudan. The results from these surveys are presented separately. Data for each indicator are often presented separately for males and females, urban and rural. Also for the OPT, instead of being disaggregated along urban/rural lines, it is split cities, villages and refugee camps.

Among the MICS surveys, the number of households surveyed ranged from a low of 1,425 in Bahrain to a high of 30,000 in Tunisia. All countries except Bahrain and Lebanon conducted surveys disaggregated by urban and rural areas, with the percent of urban households surveyed varying from a low of 37% in Sudan to a high of 64% in Egypt. Regarding the two DHS surveys, the one for Egypt was conducted in 16,957 households and for Iran in 111,989 households.

Overall Objectives

The Multiple-Indicator Cluster Surveys were conducted to monitor progress toward the mid-decade goals of the World Summit for Children (WSC) goals of the 1990s. Up-to-date information on households was gathered through nationally representative surveys. Areas such as education, health, mortality, fertility, nutritional status of children, immunization of children, health services, birth registration and HIV/AIDS have been addressed by the survey, though not all countries implemented all modules. MICS2 was expanded and revised to incorporate all end-decade goals, as well as improvements developed from the experience of conducting some 60 Multiple Indicator Cluster Surveys between 1995 and 1996. It also addresses specific challenges identified in the 1997 Evaluation of Multiple Indicator Cluster Surveys, and takes an important step towards measuring progress in the implementation of children's rights. Most countries conducted surveys with large enough sample sizes to provide valuable information on progress made in the implementation of children's rights at the governorate level or even, in some cases, at the district level. But, the primary focus was on national level aggregated data to report the progress made so far on WSC foals achievements.

The MICS2 had multiple aims and several different groups of intended respondents. This means that the data collection process is much more complex than a single-purpose survey. Not only were the aims of this survey more ambitious than those of the mid-decade MICS surveys, but additional indicators and modules were included.

Several questions in the modules were also designed to monitor non-health indicators of child

rights. Additional modules were designed for inclusion in the MICS2 to use for monitoring progress of the IMCI and HIV/AIDS initiatives. The Demographic and Health Survey program and UNICEF worked collaboratively to standardize questions so that many of these indicators could be measured using either the DHS or the MICS2 survey questionnaires. To enable countries to monitor WSC indicators, the DHS program has added a number of new questions to the core questionnaire. In the interest of comparability between surveys, questions about care of children during diarrhoea episodes and maternal tetanus toxoid coverage have remained the same in the MICS1 and MICS2 questionnaires. These questions differ slightly from DHS questions on the same subject, but correspond to WHO's household survey questionnaires. Like the MICS1 questionnaire, this questionnaire is modular, so that countries may choose among indicators. When data to construct an indicator were available from another reliable, population-based source, the survey module may have been excluded.

Sampling

The MICS2 survey was implemented within a wide range of households across the MENA region, and was drawn in accordance with a multi-stage random sampling procedure that would provide an accurate representation of the entire population of each country. The common method was to identify hundreds, or even thousands, of household clusters in each area to be surveyed. The MICS2 survey was the first time the same sampling frame was used all over the world for a household survey.

The section below on sampling details gives information on how sample sizes were calculated, along with sampling procedures and methods for computation of the post-stratification weights.

Survey instrument

A national committee in each country of the MENA region undertaking these surveys reviewed the model questionnaire, which consisted of five modules, and made suitable modifications to meet local needs, including those of national government bodies and general local conditions.

The model questionnaire was supplied to implementing countries for two reasons. First, it provided the questions needed to estimate indicators of the WSC goals so that each country's indicators could be compared with others. If the survey methods are adequate and samples are comparable, these national indicators could then be compared with earlier estimates. Second, the questionnaire provided questions and a standard methodology that countries could use to collect data representing a wider range of programs, along with newer indicators. These additional questions could provide data, from both country and regional levels, to assess needs, advocate new programs, modify old programs, and collect baseline data for evaluation. Each country was to adapt the model questionnaire to meet its particular needs and circumstances.

Additionally, anthropometric instruments were used, including one to measure the height and length of under five year and under two year olds respectively and another, a "uniscale" to take the weight of both mother and child. For further information on these anthropometric instruments, see the section on "Survey Instruments" which covers the anthropometric techniques used.

Pre-test

In each implementing country, the translated questionnaires were pre-tested in local communities, using respondents similar to the respondents in the survey sample. This pre-test was to identify any problem areas, misinterpretations or cultural objections to the questions. The pre-testing of the questionnaire was to also answer the following questions:

- Are respondents willing to answer the questions in the proposed form?
- What are the country-specific response categories?
- Are any of the questions particularly difficult or sensitive? Do interviewers understand the questions? Extra training could focus on these questions.
- Do the respondents misinterpret the questions? Are any of the words ambiguous or difficult to understand? The pre-test should point to where changes in wording or improved translation are needed.
- Does the questionnaire flow smoothly? Did the interviewers follow the instructions easily?
- Is there adequate space on the form and are the answers clearly coded? The pre-test should show where the format needs to be improved before the final questionnaire is printed.
- How long does an interview take? The answer to this question will help to decide how many interviewers are needed and the estimate time to complete fieldwork.

Training and data collection

Most countries hired a survey director and one to two dozen supervisors; countries also employed scores of interviewers who worked in the various governorates of each country. Most surveys were conducted in stages, usually a few weeks apart. Different target populations in the survey included groups such as households, women aged 15 to 49 years and children from different age groups. The respondents however were usually the mothers or caretakers of children in each household visited, and not the children themselves.

The survey employed probability sampling with the following methodology:

- Every person in target population has a chance of being selected
- Selection chance is non-zero
- Chance is calculable, mathematically
- Probability techniques are used in every stage of selection

During the preparation and implementation of the survey, four workshops were held for the implementers of the MICS2 surveys from around the MENA region. The first workshop was held in Amman Jordan December of 1999 on the subject of "Planning and Field Work." It covered: World Summit reporting needs, survey modules, survey methods, interviewing and survey techniques, logistics, sampling, data entry, and workplans for implementation and analysis. In each of these workshops two of the Senior level Government officers from the Monitoring and Planning, Social Affairs sand Health working on statistics were trained along with the UNICEF M&E Officer and MICS2 Focal Point of the respective country office.

The second workshop was held in Bloudan, Syria in April of 2000 on "Data Entry and Processing." It covered: data entry programs and menus, data structure checks and editing, secondary editing and processing, SPSS files, recording, tabulation, sample weighting, anthropometric calculations, and file copy and backup.

The third workshop was held in Broumana, Lebanon in September 2000 covering "Data Analysis and Report Writing." It covered: end-decade review and guidelines, model preliminary and full reports, the executive summary indicators table, survey methods (questionnaires, timetables, staff, funding), the indirect method of calculating child mortality, economic status and wealth index, sampling errors, the dissemination of results, data bases, participants and action plans.

The fourth workshop was held in Bloudan, Syria in May and June 2001 on "Data Archiving and

Analysis." It included: data archiving administration, structural integrity checks, standardization of the data set, pending issues in data analysis, the wealth index, the creation of the html front-end for the data CD-rom, analysis of the MICS2 data and country presentations.

Data processing activities

In general, data entry was made using about a dozen computers per country and often the questionnaires were entered twice in parallel and were counterchecked. Many aspects of sample design required assistance from a local specialist, either from within government national statistics offices or elsewhere. These activities included calculation of the sample size, construction of frames, evaluation of the design options, and computation of the weights and preparation of the sampling error estimates.

A set of programs designed to perform the main steps in processing a MICS survey was prepared. There are three versions of the programs for data entry and editing corresponding to three different software packages: Epi Info, Integrated Microcomputer Processing System, and Integrated System for Survey Analysis. An SPSS program for running the set of tabulations was also included.

The DHS

The DHS sample model is based on the so-called standard segment design, which has the benefits of probability methodology, simplicity, and close relevance to the MICS objectives, both substantive and statistical. The sampling manual for DHS notes that most countries have convenient area sampling frames in the form of enumeration areas of the most recent population census. The census enumeration areas are usually fairly uniform in size. In many countries there are no satisfactory lists of living quarters or households, nor is there an adequate address system, especially in many rural areas. Consequently, it is necessary to prepare new listings of households to bring the sampling frame up to date.

TRENDS AND ISSUES

This statistical report presents the trends and issues related to the MICS2 surveys conducted in the countries of the MENA Region. It does not present a full analysis of the data and instead leaves that task to researchers and policy makers throughout the MENA region and from around the world.

While the maps presented in this report highlight 46 salient indicators from the surveys, the tables present data for hundreds of indicators many disaggregated by gender and urban rural split. This brief discussion will give an overview of general trends and issues unearthed by the MICS2 and DHS surveys. While many of these indicators such as Infant Mortality and Under Five Mortality are covered as standard by international development institutions many others, like the "percent of children living with a biological parent," or "percent of women aged 15-49 who know that HIV/AIDS can be transmitted from mother to child", are generally only systematically collected in a manner that allows for cross-country comparisons in a survey like the DHS or the MICS. This section will point out some of the notable findings of the surveys and the general trends that were to be expected.

Women aged 15-49 with primary and secondary education

Researchers have documented the positive impact of even minimal amounts of formal education for women on the well-being of children. The relationship between these variables is complex but one can begin to understand it through two indicators charting women's experience with primary and secondary education in the region. As can be seen in Map 2, Lebanon ranks the highest with 92.9% of women educated at the primary level. Other countries in the region – Iraq, Syria, Bahrain, Egypt and OPT – fared lower, with 72.7%, 66.2%, 60.8%, 56.7% and 50.8%, respectively. However, Sudan falls in line with expectations based on performance in other indicators 35.4 % of women have received primary education.

Bahrain is notable for continuing this strong trend at the secondary level, with 54.2% of women receiving a secondary education. Lebanon, Iraq, Egypt and the OPT have 39.1%, 34.7%, 30.5%, 27.7% (respectively), while Syria falters here with 21.7%. Predictably, Sudan also has a low level of 10.8%.

Children attending early childhood development and primary school

One would expect to see a correlation between mothers' and children's rates of education and literacy and to a larger extent, this correlation holds in the Middle East region. There are notable exceptions, however. As can be seen in Map 6 and 7, only Lebanon had rates of over 50% for girls and boys aged 38-59 months attending early childhood programs with 86.0% and 85.1% respectively. This percentage decreases for Tunisian girls to 44.5%, Bahrain to 28.8% and Sudan to 25.6%. For boys in Sudan, in the OPT and in Iran the rates are 24.0%, 19.2% and 13.9% respectively. Iraq has the lowest rate for boys at 3.8%.

The percentage of children attending primary school is predictably higher, since early childhood programs are not the norm in the Middle East and North Africa. The rates (for total population of children) for children's attendance surpass 90% in Algeria, Iran, Tunisia and the OPT, with 97.0%, 97.0%, 94.4%, and 93.7% respectively. They are lower in Egypt, Iraq and Bahrain, though still at high levels with 85.8%, 76.3% and 71.0%. The surprise lies with Syria, which has rates of 43.0%, alongside Sudan with 48.3%. These relative rankings hold when the statistics are

disaggregated for boys and girls, with the exception of Iraq, which has 82.5% of boys attending and 69.8% of girls attending primary school.

Population over 15 that is literate

The quantity of education is not necessarily a predictor of the quality of that education, underlying the importance of literacy indicators for understanding the true levels of education within a population. As can be seen in Map 13, the OPT scores notably high here, alongside Bahrain, for 89.2% and 88.9% of people over 15 achieving literacy, though in both cases there are disparities between males and females. Men have literacy levels over 90% in both countries (94.4% and 93.0%), while women score lower at 83.9% and 84.8%. Similar disparities exist for Iraq, where males have literacy levels of 83.7% and women have literacy rates of 63.5%.

Population with piped water and sanitary means of excreta disposal

Hygiene indicators provide important insights into the overall context for children's health status. As expected, there are marked disparities between rural and urban communities in the region. For the percentage of households with piped water, for instance, percentages vary between 97.0% for urban Egypt and 64.9% for rural Egypt (as can be seen in Maps 14 and 15). The same holds true for Algeria and the OPT. Disparities are particularly marked for Iraq, where 89.0% of urban households and 27.1% of rural households have piped water. Iran has notably high percentages for both urban and rural areas with 96.8% and 86.1%. Sudan has a markedly lower ratio, at 24.0% of all households – both urban and rural - receiving piped water.

As can be seen in Map 17 and 18, there is relatively better performance across the board vis a vis sanitary means of excreta disposal, with over 90% of urban residents in Egypt, the OPT, Iran, Algeria, and Iraq (99.7%, 99.6%, 99.5%, 99.1% and 99.1%). These percentages drop in some countries for rural residents, falling to 88.1% and 77.8% in Algeria and Iraq respectively. Levels are noticeably lower in Sudan, 80.5% in urban areas and 46.3% in rural areas.

Breastfeeding, early childhood nutrition and immunizations

A number of indicators addressing micronutrients, immunization and breastfeeding provide a comprehensive portrait of infant and early childhood health status. Countries that have placed a high priority on nutrition and immunization campaigns have often seen rapid progress in these areas, though sustained improvement across the board is usually seen with concomitant progress in women's health, education and overall income.

Conventional wisdom holds that in the Middle East, mothers place a high cultural value on breastfeeding. Indeed, as can be seen in Map 20, statistics about exclusive breastfeeding for infants 0-3 months yield interesting results. This percentage is predictable in Egypt with 67.8% and 46.5% in Tunisia. This percentage decreases to between 20-39.9% in the OPT, Lebanon, Syria and Sudan (28.8%, 26.6%, 25.8% and 20.3%). In Iraq, Algeria and Bahrain, under 20% of infants are exclusively breast fed, a relatively low percentage (17.1%, 15.9%, 13.2% respectively). Over 40% of babies are breastfed up to 12-15 months in Sudan (84.6%), Bahrain (64.3%), Iraq (58.6%), Algeria (55.0%) and the OPT (48.8%). Only in Syria does the level fall below 20%, at 18.5%. Understandably, percentages decline further for children between 20-23 months, falling to between 20-39.9% in Sudan, Bahrain and Algeria (30.5%, 22.7% and 22.3%) and under 20% in Lebanon, the OPT and Syria (10.6%, 10.5% and 7.5%).

As can be seen in Map 23, in the MENA Region, high proportion of the population in Iran and Lebanon use adequately iodized salt, recording high consumption levels 93.5% and 86.8%, respectively. Adequately iodized salt has been consumed by very small proportion of the

households in the following countries: Iraq, Syria, the OPT, Egypt, Bahrain and Sudan. The consumption levels of these countries range from 40.0% to 0.6% (Iraq 40.0%, Syria 38.3%, the OPT 37.4%, Egypt 27.5%, Bahrain 6.0% and Sudan 0.6%).

As shown in Map 24, the percentage of children aged 6-59 months who received high dose of vitamin A supplement within 6 months after their birth is 43.8% in Sudan and 22.7% in Egypt. Iraq scores noticeably lower with 12.7% coverage.

Egypt scored much higher, alongside Algeria (94.2%) and the OPT (92.9%), for measles immunizations (Map 27), with 96.9% of children aged 12-23 months immunized against the disease. Iraq and Sudan expectedly ranked lower, with 78.2% and 49.7% of children receiving the immunizations. Surprisingly Tunisia scored in the same category of under 80%, with 71.3%.

These patterns tend to hold for immunizations against all childhood diseases, as shown in Map 28: Egypt and Algeria both have the highest levels with over 75% of children receiving the full spectrum of immunizations (92.2% and 88.2%). The OPT does not sustain its high levels across the board, though, joining Tunisia (63.1%) and Iraq (60.7%) at 62.5% immunization levels. Again, it is surprising that Tunisia ranks this low given its overall performance on other social and economic indicators. Another surprise is Syria's relatively poor performance with 40.5% of children receiving immunizations for all diseases. Sudan shows low performance at 24.4%.

Early childhood illnesses

Indicators regarding birth weight and early childhood illnesses begin to paint a portrait of key issues for morbidity and mortality among children in the MENA region. As can be seen in Map 26, expectedly, Egypt performed well here given its ranking on some of the other early childhood indicators: 2.1% were born under 2.5 kilograms. Sudan performed at the low end of the spectrum for the percentage of live births – 30.7% - in which the newborn weighed under 2.5 kilograms.

As can be seen in Map 29, Tunisia has a better ranking with only 5.8% for the percentage of children experiencing diarrhea during the previous two weeks, joining the OPT (6.7%), Egypt (7.1), Syria (7.8%) and Bahrain (9.7%). Tunisia's ranking here is notable since it performs relatively poorly for some of the other childhood health indicators, implying that access to potable water and other hygiene practices might come into play here. Iran, Lebanon, Algeria and Iraq had a higher percentage, with 12.5%, 19.3%, 19.8% and 21.3% of children experiencing diarrhea during the past two weeks. Sudan again scored the lowest with the alarming rate of 28.2%.

An indicator of progress in this area is reflected in the percentage of children suffering from diarrhea who received any form of treatment. Iraq and the OPT showed significant progress here, with 99.1% of children receiving treatment, and Lebanon (96.0%). Bahrain counters expectations with a lower ranking, at 79.1%. Algeria also has a lower than expected performance, matching Sudan with under 50% of children receiving treatment for diarrhea.

Another important indicator for documenting children's health is the prevalence of acute respiratory infections. As can be seen in Map 31, there are surprisingly high percentages in Iran (23.9%), Syria (20.4%), the OPT (17.0%) and Sudan (16.7%) for children suffering ARI in the previous two weeks. Egypt and Iraq had 9.5% and 6.9% respectively while Bahrain matched expectations with 4.1% of children suffering from ARI. Lebanon had the lowest percentage at 3.5%.

An important predictor of whether parents or caretakers will be able to seek treatment is the percentage of caretakers who can recognize at least two signs of illness in children between 0-59

months. Data for this indicator are still incomplete for the region but the available results are somewhat surprising, indicating the importance of access to healthcare as well as an understanding of disease in securing adequate health care for young children. Sudan scores relatively low in indicators relating to child health and nutrition but ranks better than Iraq or Bahrain in the percentage of caretakers recognizing signs for illness (83.6% versus 49.1% and 46.4%). The high rate for the OPT – 99.9% - indicates the relative success of internationally-led public health campaigns here.

Knowledge about HIV/AIDS and use of contraception

As noted above, indicators charting knowledge of and attitudes towards HIV/AIDS were added to the MICS2 as part of an effort to track progress in an expanded series of policy initiatives. However, as can be seen from the data in this report, not all countries in the region administered the MICS2 module on HIV/AIDS. The current survey has information for five countries: Bahrain, Iraq, the OPT, Sudan and Syria. The percentage of women between 15-49 who have heard of HIV/AIDS follows predictable patterns.

In the OPT, as can be seen in Map 33, where people have broad exposure to media and internationally sponsored public health programs 91.0% of women have heard of the syndrome. This is true in Bahrain as well (94.5%), a somewhat more surprising result. Syria falls in the middle with 64.4% percent while in Iraq the percentage is 49.9%, and in Sudan 40.4% of women know of HIV/AIDS. Given its traditionally high levels of education and health, one would normally expect Iraq to have a higher percentage; however, poor performance on a series of key indicators reflects the extraordinary political and economic situation of the country for the past decade.

Interestingly, knowledge about HIV/AIDS does not necessarily translate into openness towards people living with HIV/AIDS. When women were asked whether they disagree with the following two statements the results were almost the inverse of what could be expected based on knowledge of the disease: (a) Believe that a teacher with HIV should not be allowed to work, and (b) Would not buy food from a person with HIV/AIDS. As can be seen in Maps 33 and 35, Sudan had the lowest percentage of women who had heard of HIV/AIDS and the highest percentage of women, 84.2%, who disagreed with the above mentioned discriminatory statements. In Bahrain, 63.2% of women disagreed while in the OPT the percentage is higher, at 70.7%.

Indicators regarding contraceptive prevalence are key to understanding the spread of HIV/AIDS as well as fertility and population growth rates. More countries have collected data around these indicators and the results are in line with expectations given levels of GNI, education and the existence of targeted education campaigns. The first indicator charts the percentage of married women, or women in union, between the ages of 15-49 who are not using or whose partner is not using contraception. According to the MICS2 surveys, as can be seen in Map 36, Iran, Algeria and Lebanon have the lowest percentages, at 26.2%, 36.0%, and 37.3%. Egypt, Bahrain and the OPT are less in line with expectations with higher rate, at 43.9%, 46.5% and 48.6%. Iraq again defies traditional expectations for social indicators with 56.5% of couples not using contraception. It should be noted, however, that these figures vary somewhat significantly with the non-MICS data presented towards the end of this report, particularly for Iraq and Sudan.

When one measures the converse of the above indicator, the percentage of women who are, or whose partners are, using a modern contraceptive method, the results change slightly and in interesting ways. Iran joins Egypt and Algeria in the highest category, with over 50% of couples using modern methods (55.9%, 53.9%, and 50.1% respectively), while Lebanon drops slightly, joining the OPT with 40.4% and 36.7%. In Bahrain, given its performance in other indicators, one would not expect the percentage of couples using modern methods to be as low as 29.1%. Given the above results, one would expect Iraq to have 25.4% of women/partners using modern contraception.

Birth and medical care

Improving conditions surrounding antenatal care and birth has long been a priority for the region's governments and international organizations, and these efforts have resulted in significant improvements. This section discusses births attended by a doctor, and then births attended by any skilled medical personnel, which include a doctor, a nurse or other skilled trained medical personnel.

As can be seen in Map 41, the three countries with the highest levels of births attended by a doctor are the OPT, Egypt, and Bahrain. Each has a markedly different economic and social profile, but the OPT, Egypt, and Bahrain all have over 50% of women who gave birth last year doing so with the aid of a doctor (60.0%, 53.5%, and 52.3%, respectively). Though both Iran and Iraq perform quite differently on other health indicators, they fall into the same category here, with 45.0% and 28.2% of women giving birth with a doctor attending. Predictably, Sudan has the lowest percentage, with 6.1% of women.

As can be seen in Map 42, the next best scenario is a birth attended by some health professional. There are interesting shifts in relative performance among the countries surveying this indicator. Bahrain and Iran have the highest percentage of women with a birth in the last year delivered by skilled personnel, with between 93.4% and 89.6%. Only the OPT has higher, with 97.4%, a notable achievement. Egypt, on the other hand, slips slightly vis a vis other countries with 60.9% of women delivering with the aid of a health professional.

Attendance by skilled personnel is not a necessary predictor of how many births get registered, however. Though Iraq has under 50% of births attended by a doctor, 98.1% of births are registered. Iran performs better in these indicators overall but has a lower percentage of births officially registered, 87.7%.

Children living with biological parents

The percentage of children not living with a biological parent is a new indicator for the MICS and regional information is still incomplete. Interestingly, the countries that have collected these data are also the ones that have faced the most prolonged and difficult political and economic challenges. Sudan, with over two decades of civil war, has 1% of children not living with a biological parent, as well as the OPT (1%). Iraq has a rate of 0.4%. Further study will be required to determine the specific links between the broader political and economic context and this indicator.

Children and work

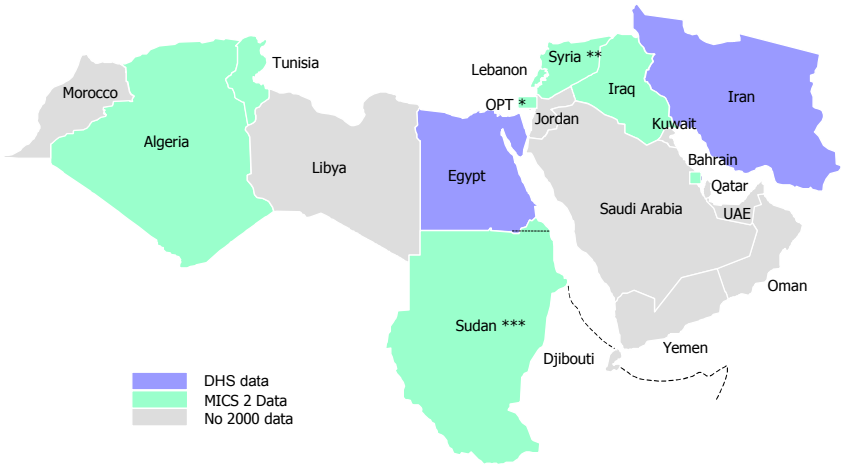
Documenting the number of children in paid or unpaid economic activities is a key step in understanding whether children are enjoying the fundamental right to education, health and play. Data collection is still nascent in this area. Among the six countries with statistics in MENA region, only Bahrain has under 1% of children (0.5%) between the ages of 5-14 currently in paid

work (Map 45). This is predictable given the high overall GNI for the country. Sudan, Iraq, Iran, Lebanon and the OPT all show between 1-4.9% of children currently working, a statistic which reflects markedly different economic and social circumstances in this diverse range of countries (percentages are 1.3%, 1.3%, 1.5%, 1.6%, and 4.7%, respectively).

The results become particularly interesting when one considers the percentage of children in unpaid work. While one would expect Bahrain to have 0.5% of children in this situation, Iraq – where one might expect more children to be working - falls into the same category (Map 46). Sudan has experienced prolonged economic crisis, which might lead to the expectation that children's labor is in high demand. Sudan, however, has a lower percentage (3.1%) than the OPT, Lebanon and Iran, where over 5% of children are engaged in unpaid labor (8.0%, 6.0% and 5.3%, respectively).

MAPS

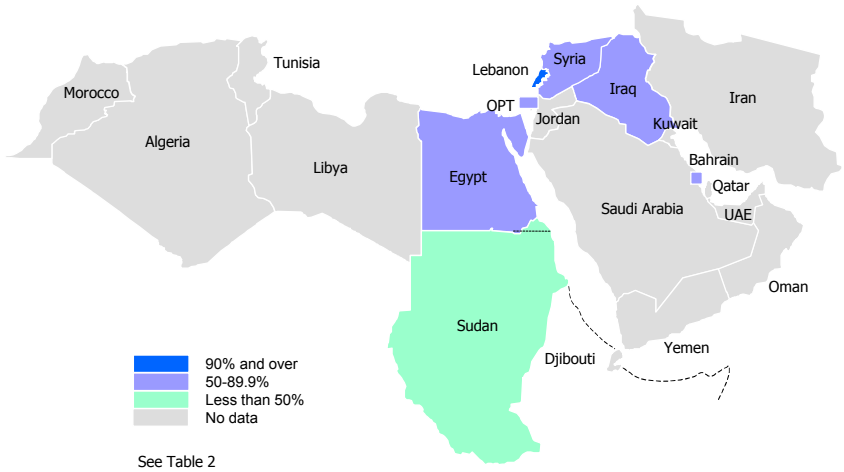
MAP 1: COUNTRIES WHICH CONDUCTED SURVEYS IN 2000



* For OPT, the data is presented separately for the Palestinian refugee camps. See tables for details
** A separate survey has been conducted for the Palestinian population of Syria. See tables for details
*** A separate survey has been conducted for Southern area of Sudan. See tables for details

Source: MICS 2 and DHS

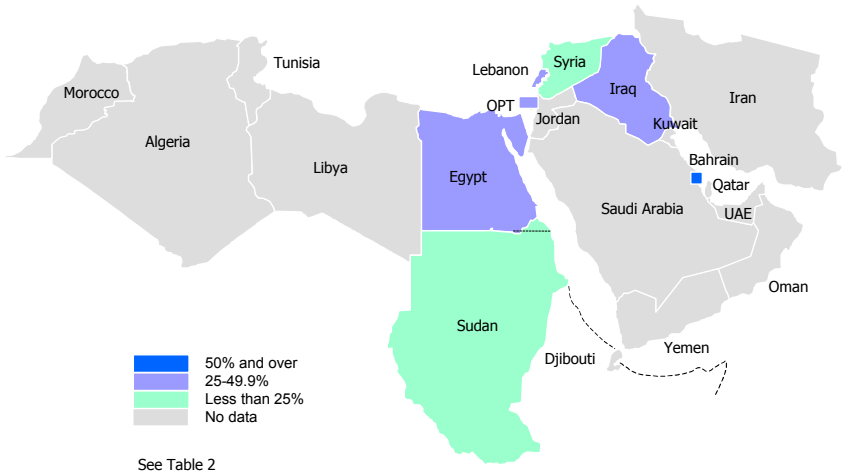
MAP 2: PERCENT OF WOMEN AGED 15-49 WITH AT LEAST PRIMARY EDUCATION



See Table 2

Source: MICS 2 and DHS

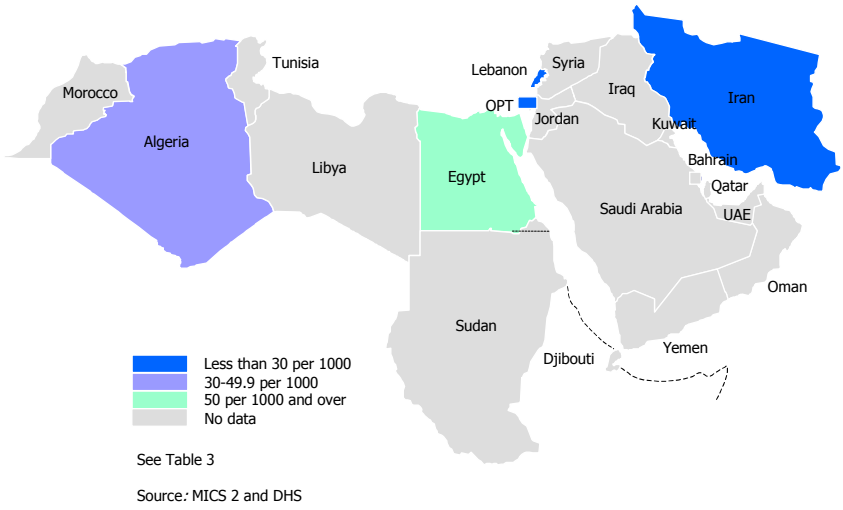
MAP 3: PERCENT OF WOMEN AGED 15-49 WITH AT LEAST SECONDARY EDUCATION



See Table 2

Source: MICS 2 and DHS

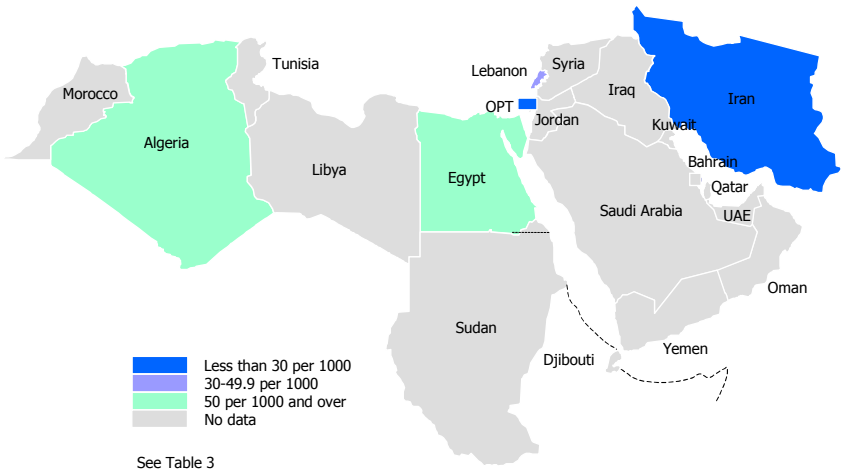
MAP 4: INFANT MORTALITY RATE PER 1000 LIVE BIRTHS



See Table 3

Source: MICS 2 and DHS

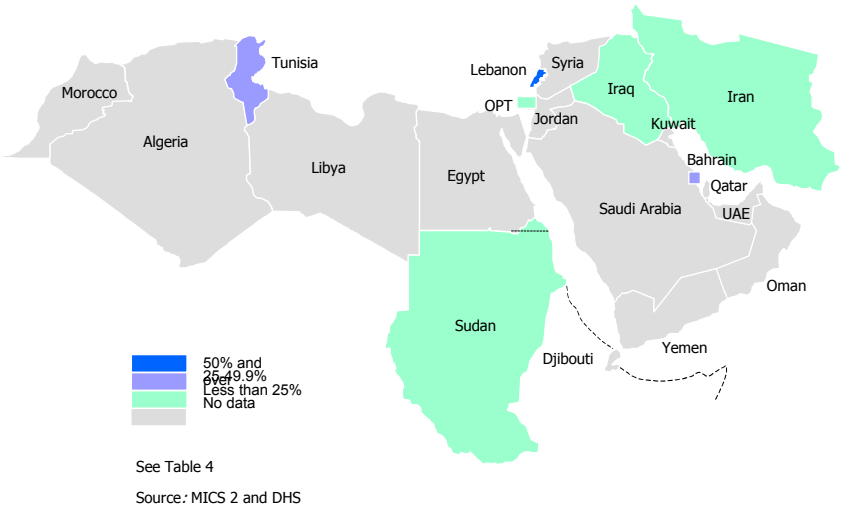
MAP 5: UNDER-FIVE MORTALITY RATE PER 1000 LIVE BIRTHS



See Table 3

Source: MICS 2 and DHS

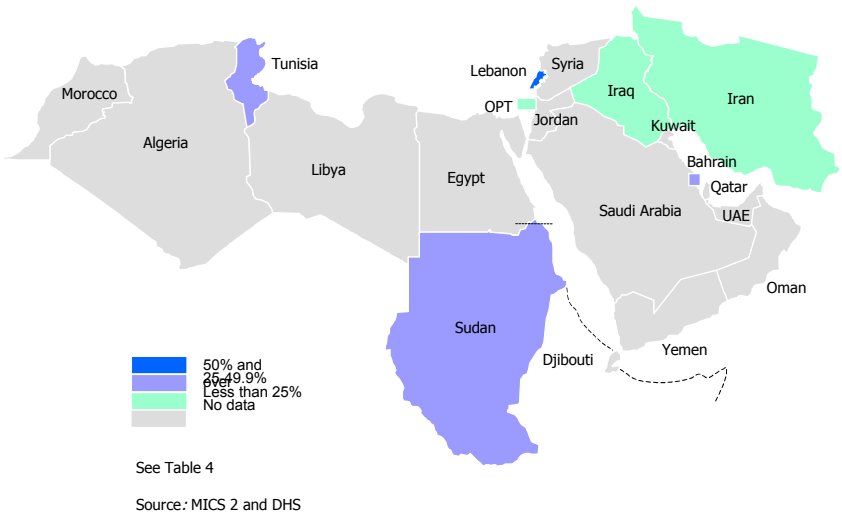
MAP 6: PERCENT OF CHILDREN AGED 36-59 MONTHS ATTENDING EARLY CHILDHOOD EDUCATIONAL PROGRAM - MALE



See Table 4

Source: MICS 2 and DHS

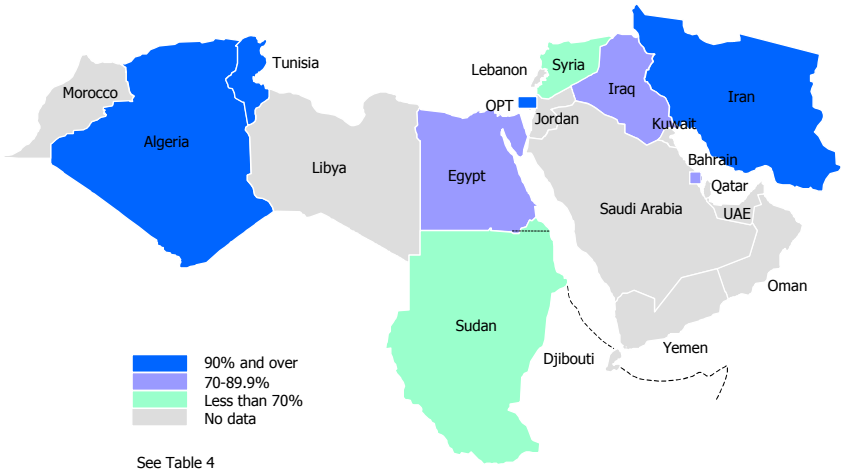
MAP 7: PERCENT OF CHILDREN AGED 36-59 MONTHS ATTENDING EARLY CHILDHOOD EDUCATIONAL PROGRAM - FEMALE



See Table 4

Source: MICS 2 and DHS

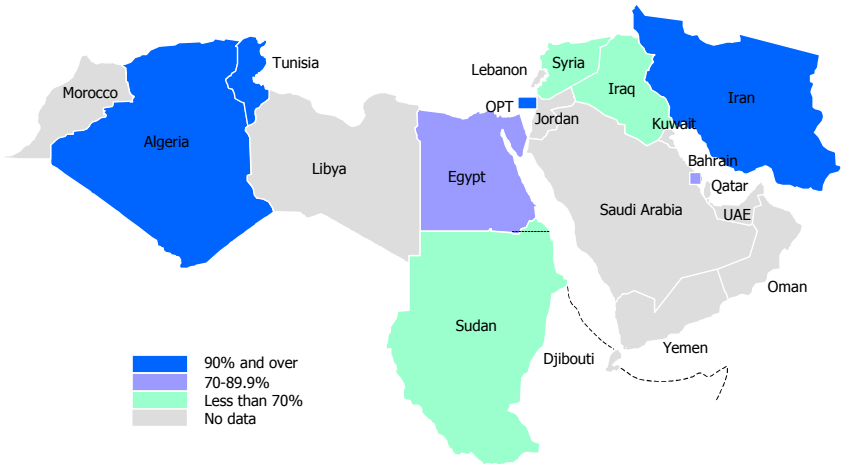
MAP 8: PERCENT OF CHILDREN OF PRIMARY SCHOOL AGE ATTENDING PRIMARY SCHOOL - MALE



See Table 4

Source: MICS 2 and DHS

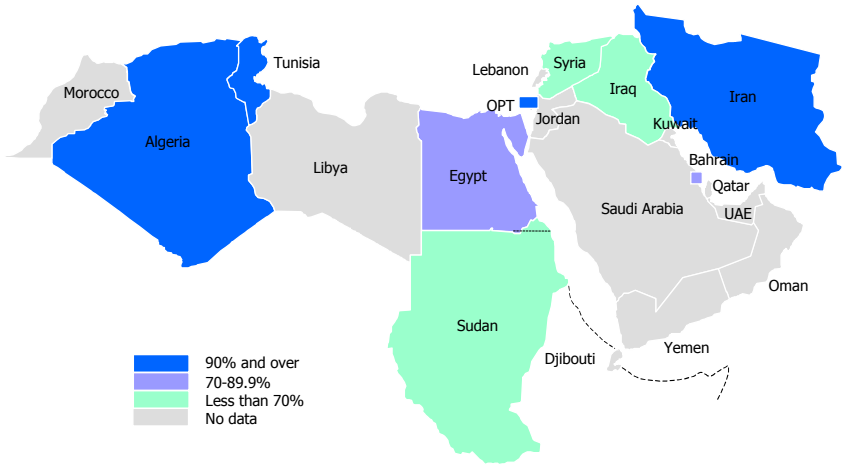
MAP 9: PERCENT OF CHILDREN OF PRIMARY SCHOOL AGE ATTENDING PRIMARY SCHOOL - FEMALE



See Table 4

Source: MICS 2 and DHS

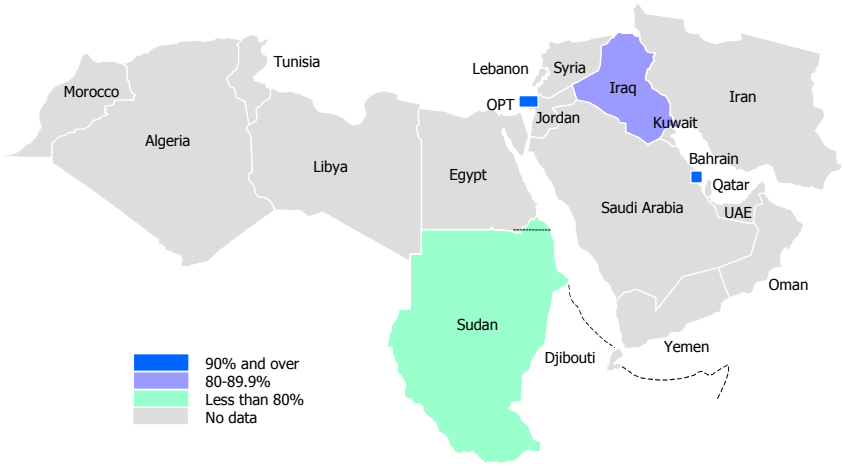
MAP 10: PERCENT OF CHILDREN OF PRIMARY SCHOOL AGE ATTENDING PRIMARY SCHOOL - TOTAL



See Table 4

Source: MICS 2 and DHS

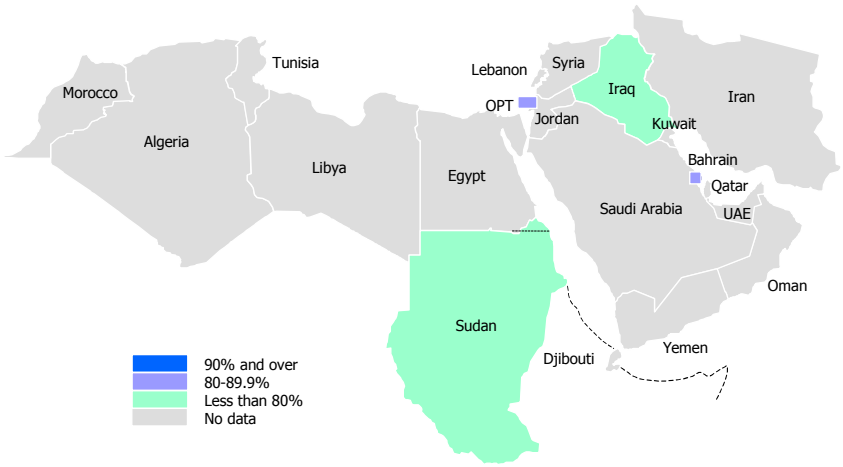
MAP 11: PERCENT OF POPULATION AGED 15 YEARS AND OLDER THAT IS LITERATE - MALE



See Table 4

Source: MICS 2 and DHS

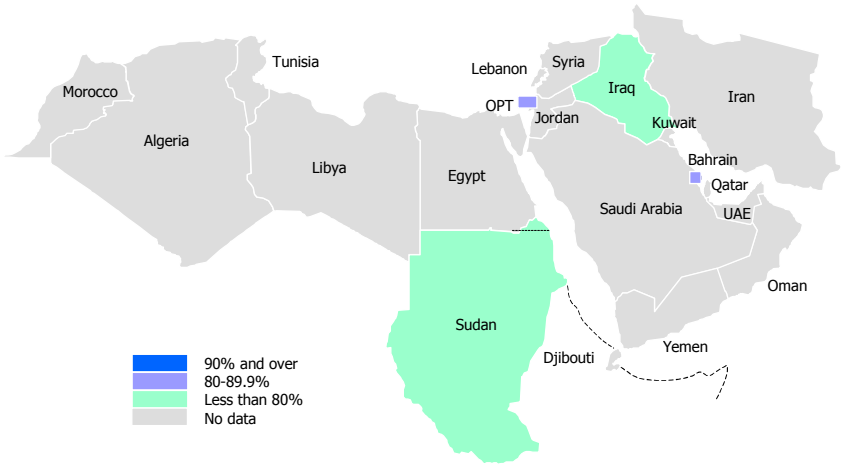
MAP 12: PERCENT OF POPULATION AGED 15 YEARS AND OLDER THAT IS LITERATE - FEMALE



See Table 4

Source: MICS 2 and DHS

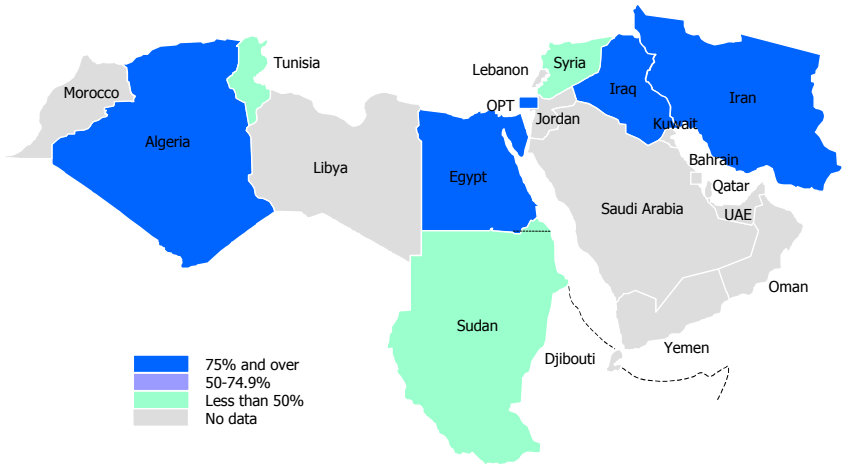
MAP 13: PERCENT OF POPULATION AGED 15 YEARS AND OLDER THAT IS LITERATE - TOTAL



See Table 4

Source: MICS 2 and DHS

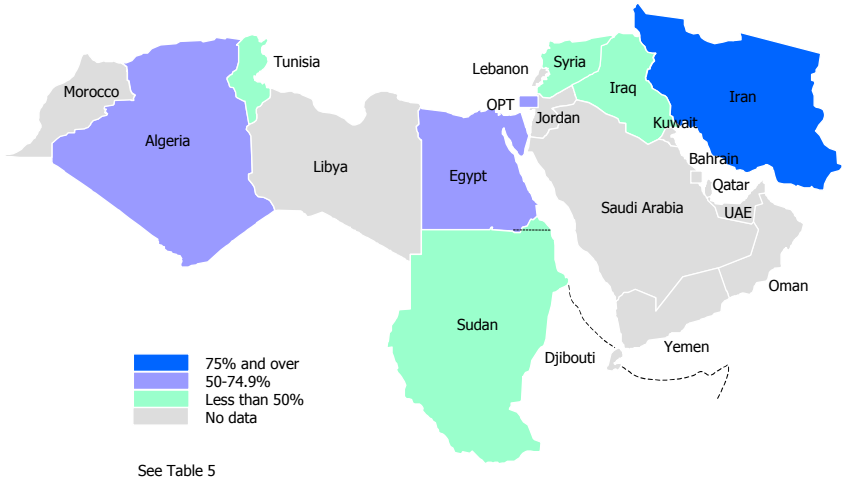
MAP 14: PERCENT OF POPULATION WITH WATER PIPED INTO DWELLING - URBAN



See Table 5

Source: MICS 2 and DHS

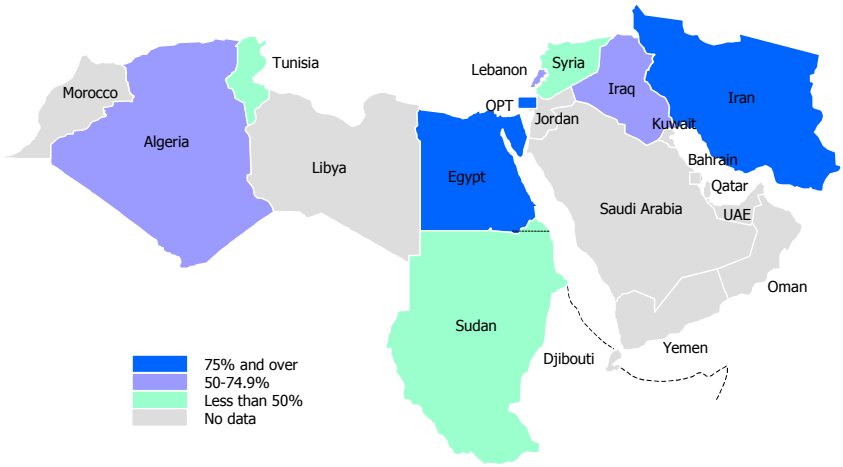
MAP 15: PERCENT OF POPULATION WITH WATER PIPED INTO DWELLING - RURAL



See Table 5

Source: MICS 2 and DHS

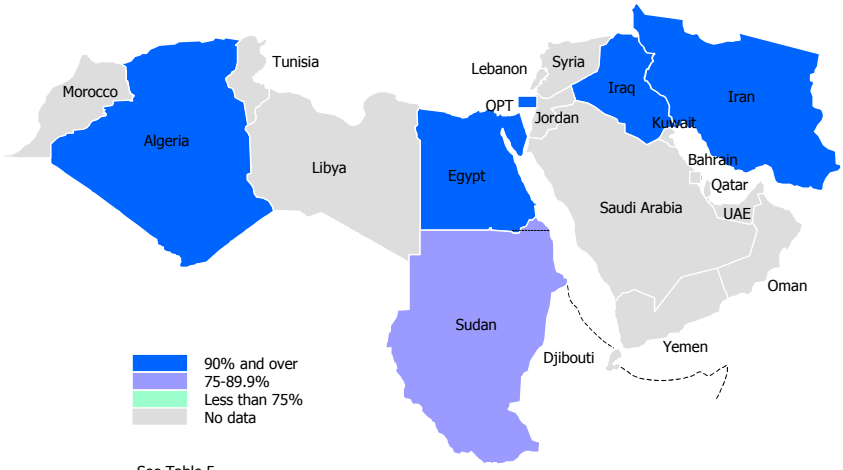
MAP 16: PERCENT OF POPULATION WITH WATER PIPED INTO DWELLING - TOTAL



See Table 5

Source: MICS 2 and DHS

MAP 17: PERCENT OF POPULATION USING SANITARY MEANS OF EXCRETA DISPOSAL - URBAN

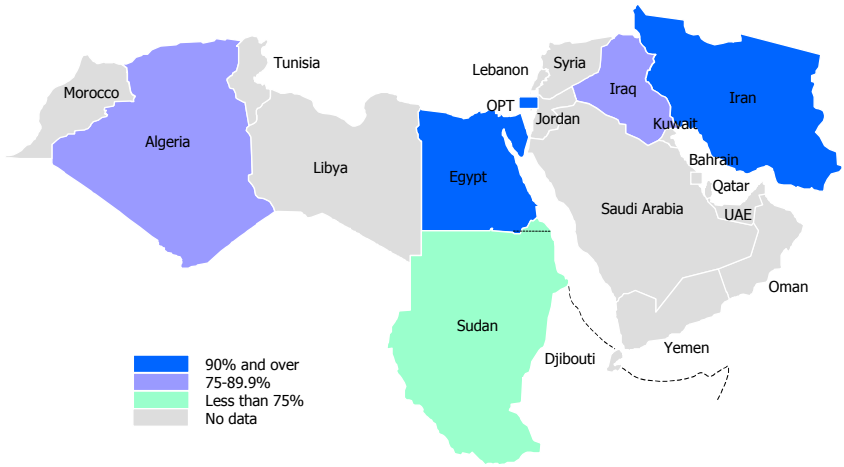


See Table 5

Source: MICS 2 and DHS

SANITARY MEANS OF EXCRETA DISPOSAL INCLUDE:
Flush to sewage system/septic tank, Pour flush latrine, Improved pit latrine, Traditional pit latrine and Septic Tank.

MAP 18: PERCENT OF THE POPULATION USING SANITARY MEANS OF EXCRETA DISPOSAL - RURAL

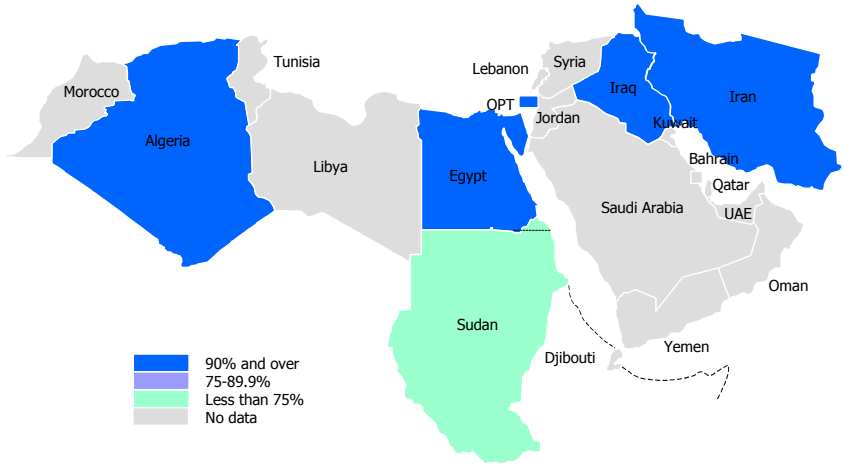


See Table 5

Source: MICS 2 and DHS

SANITARY MEANS OF EXCRETA DISPOSAL INCLUDE:
Flush to sewage system/septic tank, Pour flush latrine, Improved pit latrine, Traditional pit latrine and Septic Tank.

MAP 19: PERCENT OF THE POPULATION USING SANITARY MEANS OF EXCRETA DISPOSAL - TOTAL

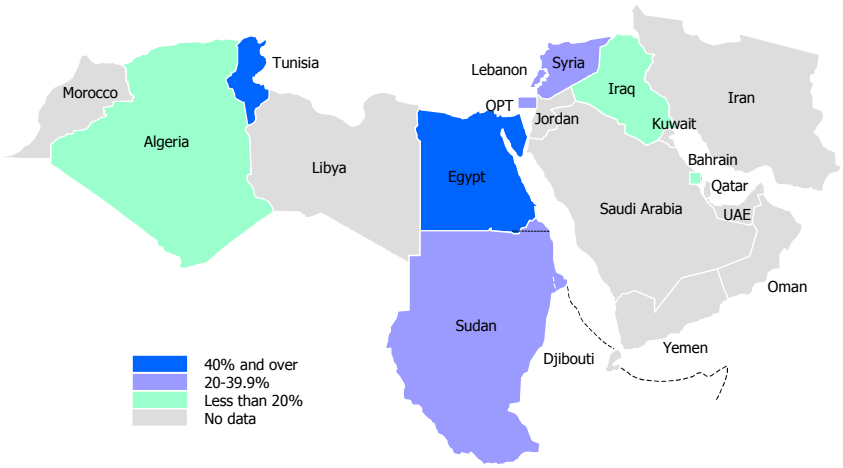


See Table 5

Source: MICS 2 and DHS

SANITARY MEANS OF EXCRETA DISPOSAL INCLUDE:
Flush to sewage system/septic tank, Pour flush latrine, Improved pit latrine, Traditional pit latrine and Septic Tank.

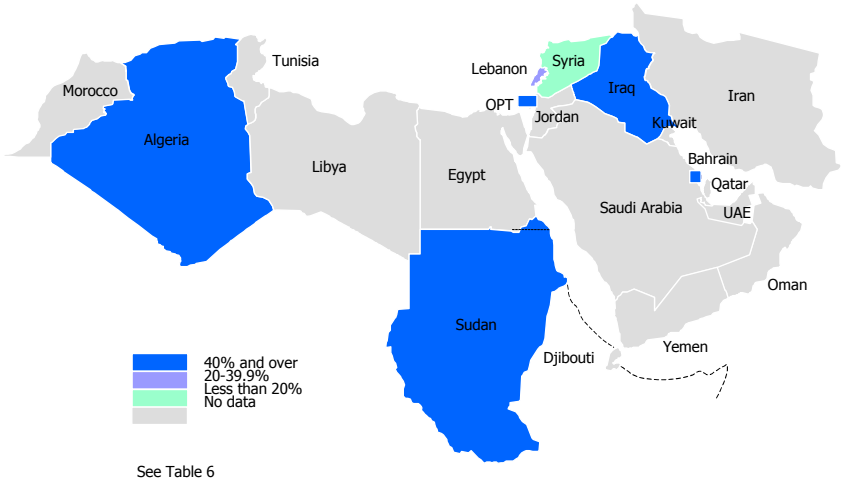
MAP 20: PERCENT OF LIVING CHILDREN EXCLUSIVELY BREASTFED - 0-3 MONTHS



See Table 6

Source: MICS 2 and DHS

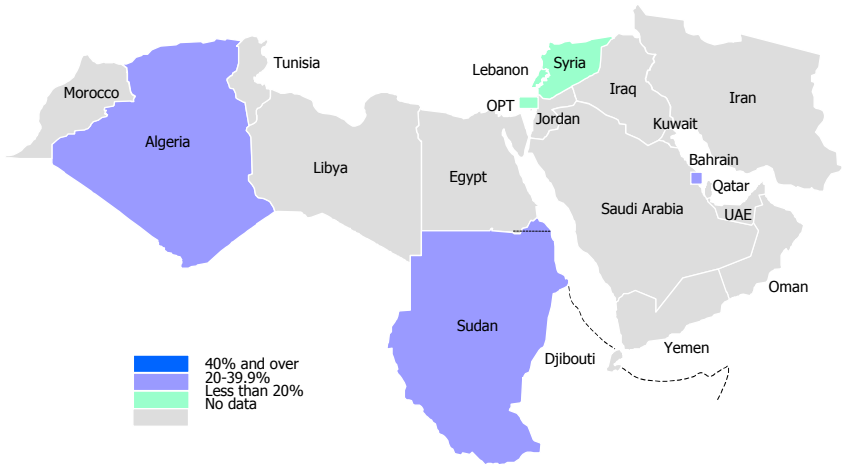
MAP 21: PERCENT OF LIVING CHILDREN BREASTFED - 12-15 MONTHS



See Table 6

Source: MICS 2 and DHS

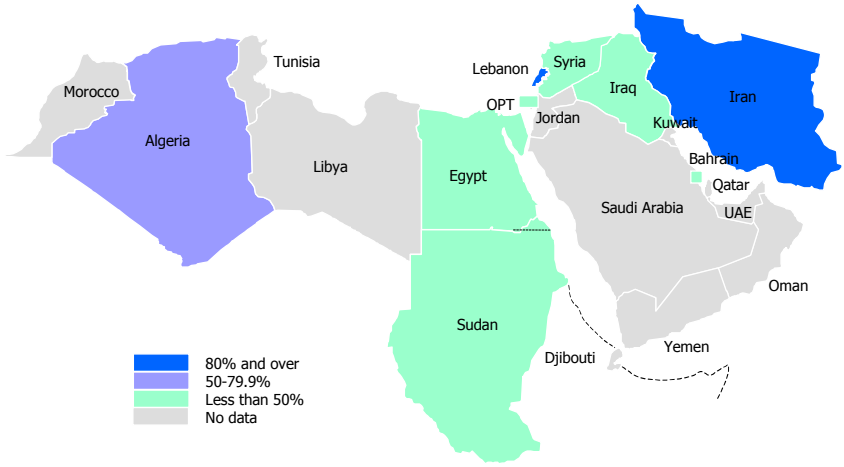
MAP 22: PERCENT OF LIVING CHILDREN BREASTFED - 20-23 MONTHS



See Table 6

Source: MICS 2 and DHS

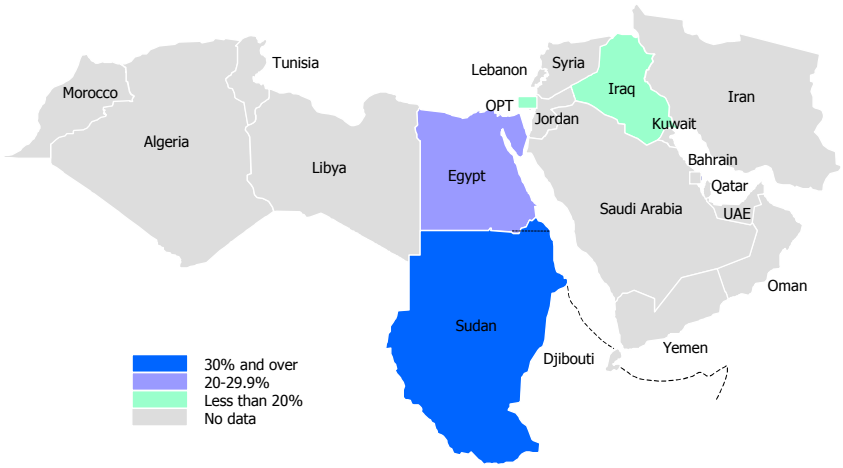
MAP 23: PERCENT OF HOUSEHOLDS CONSUMING ADEQUATE IODIZED SALT



See Table 6

Source: MICS 2 and DHS

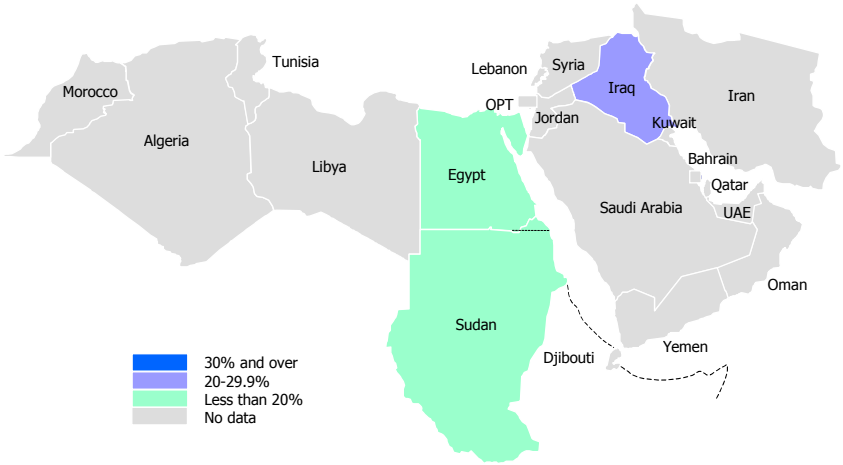
MAP 24: PERCENT OF CHILDREN AGED 6-59 MONTHS BY WHETHER THEY HAVE RECEIVED A HIGH DOSE VITAMIN A WITHIN 6 MONTHS



See Table 6

Source: MICS 2 and DHS

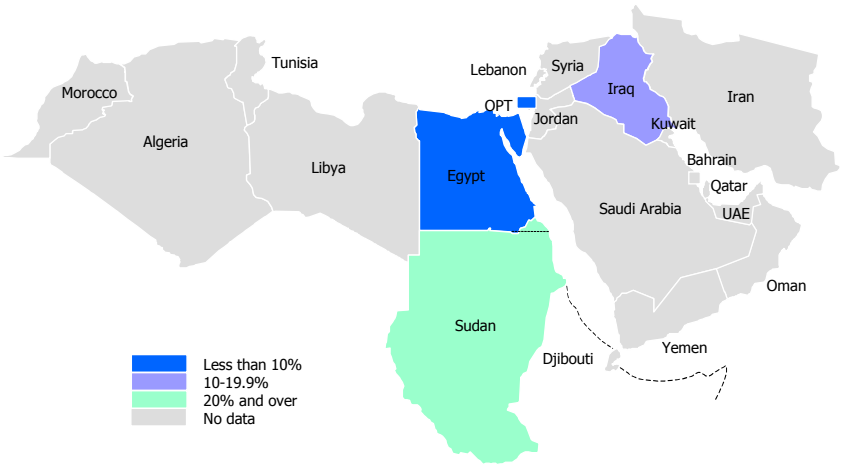
MAP 25 PERCENT DISTRIBUTION OF CHILDREN AGED 6-59 MONTHS BY WHETHER THEY HAVE RECEIVED A HIGH DOSE VITAMIN A SUPPLEMENT BEFORE INFANT WAS 8 WEEKS OLD



See Table 6

Source: MICS 2 and DHS

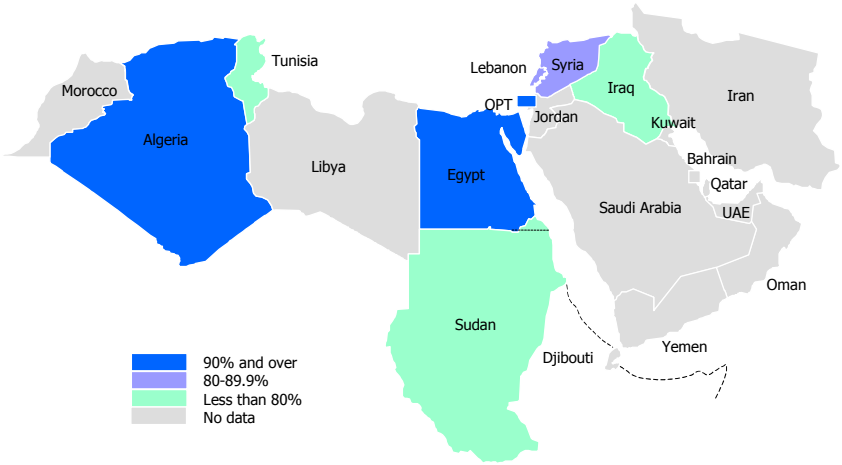
MAP 26 PERCENT OF LIVE BIRTHS IN THE LAST 12 MONTHS THAT WEIGHTED BELOW 2.5 KG



See Table 6

Source: MICS 2 and DHS

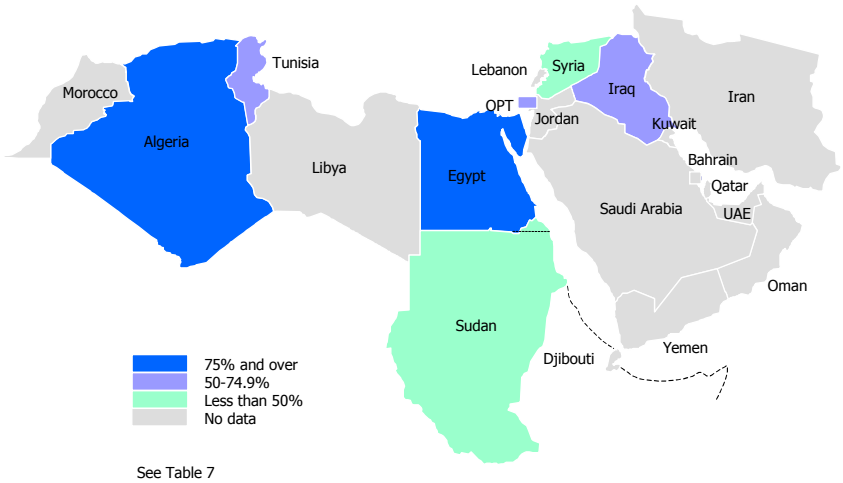
MAP 27 PERCENT OF CHILDREN AGED 12-23 MONTHS CURRENTLY VACCINATED AGAINST CHILDHOOD DISEASES - MEASLES



See Table 7

Source: MICS 2 and DHS

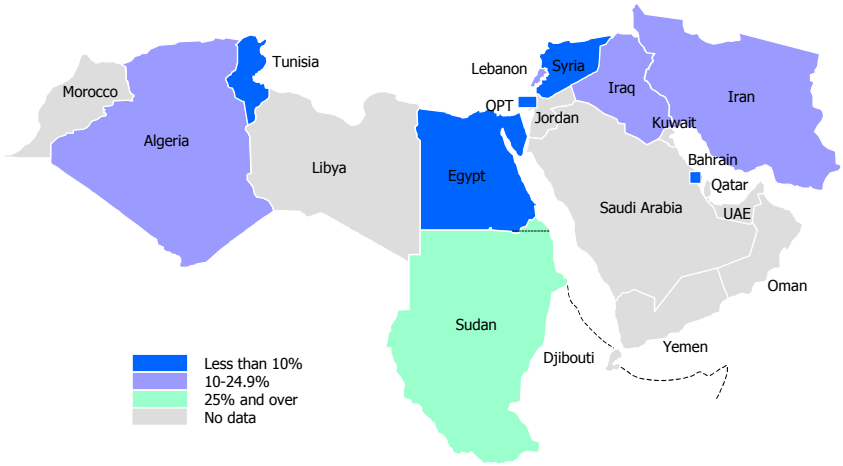
MAP 28 PERCENT OF CHILDREN AGED 12-23 MONTHS CURRENTLY VACCINATED AGAINST CHILDHOOD DISEASES - ALL



See Table 7

Source: MICS 2 and DHS

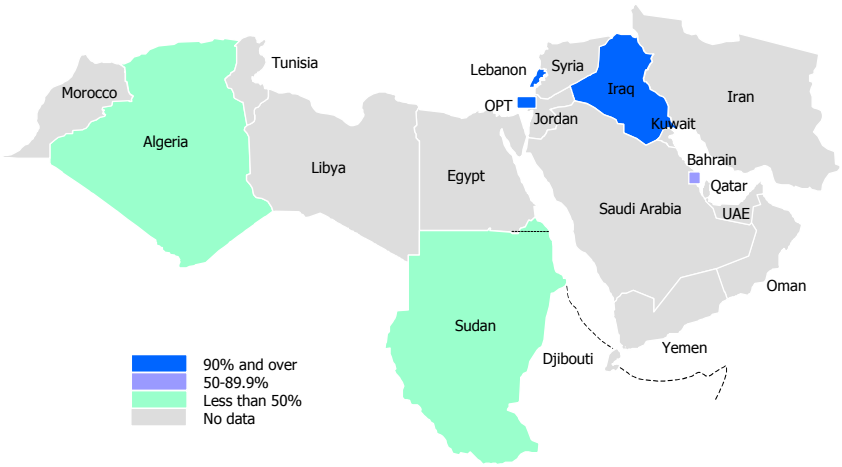
MAP 29 PERCENT OF UNDER-FIVE CHILDREN WITH DIARRHEA IN THE LAST TWO WEEKS



See Table 8

Source: MICS 2 and DHS

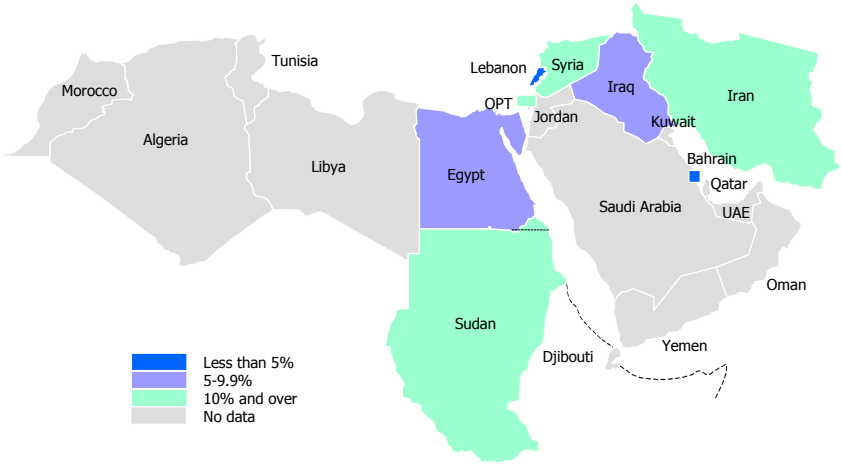
MAP 30 PERCENT OF UNDER-FIVE CHILDREN WITH DIARRHEA IN THE LAST TWO WEEKS AND TREATED VIA ANY RECOMMENDED TREATMENT



See Table 8

Source: MICS 2 and DHS

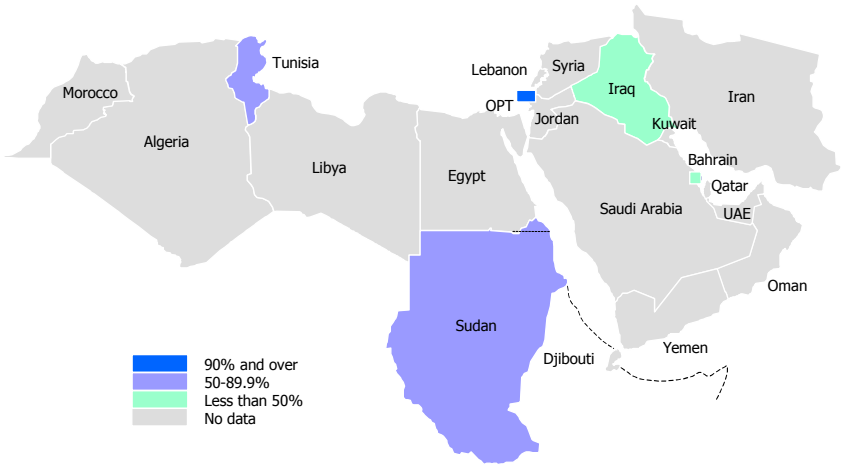
MAP 31 PERCENT OF UNDER-FIVE CHILDREN WITH ACUTE RESPIRATORY INFECTION (ARI) IN THE LAST TWO WEEKS



See Table 8

Source: MICS 2 and DHS

MAP 32 PERCENT OF CARETAKERS OF CHILDREN 0-59 MONTHS WHO KNOW AT LEAST TWO SIGNS OF ILLNESS

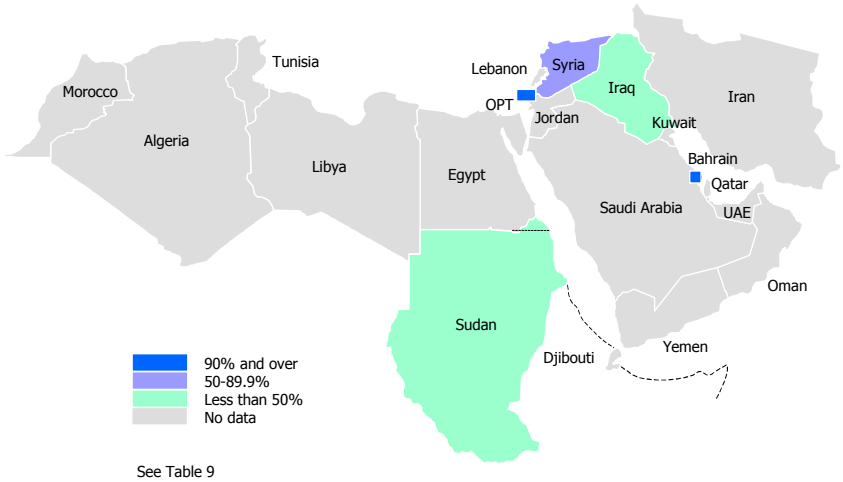


See Table 8

Source: MICS 2 and DHS

SIGNS OF ILLNESS INCLUDE:
Not able to drink/breastfeed, Becomes sicker, Develops a fever, Has fast breathing, Has difficult breathing, Has blood in stool and Is

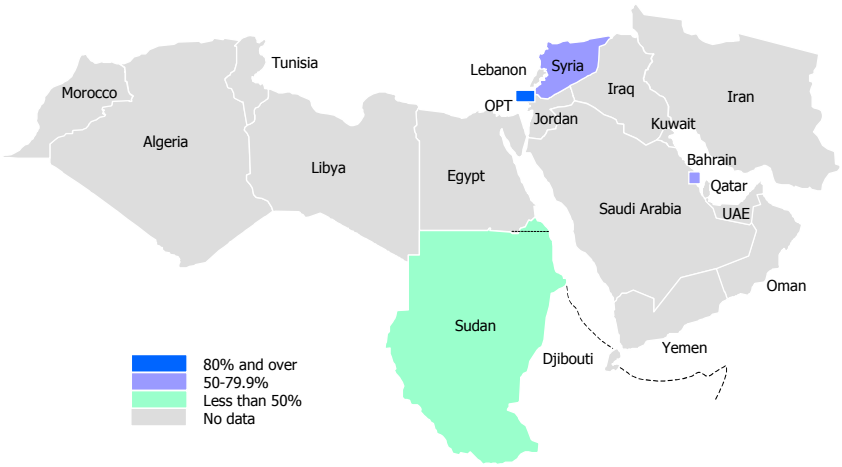
MAP 33 PERCENT OF WOMEN AGED 15-49 WHO HAVE HEARD OF AIDS



See Table 9

Source: MICS 2 and DHS

MAP 34 PERCENT OF WOMEN AGED 15-49 WHO KNOW THAT AIDS CAN BE TRANSMITTED FROM MOTHER TO CHILD



See Table 9

Source: MICS 2 and DHS

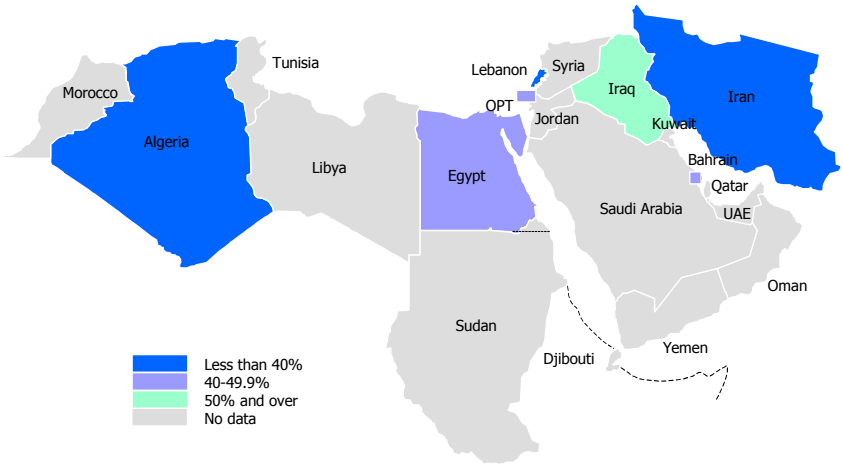
MAP 35 PERCENT OF WOMEN AGED 15-49 WHO DO NOT AGREE WITH TWO DISCRIMINATORY STATEMENTS AGAINST PEOPLE WITH AIDS

See Table 9

Source: MICS 2 and DHS

DISCRIMINATORY STATEMENTS:
- Believe that a teacher with HIV should not be allowed to work.
- Would not buy food from a person with HIV/AIDS.

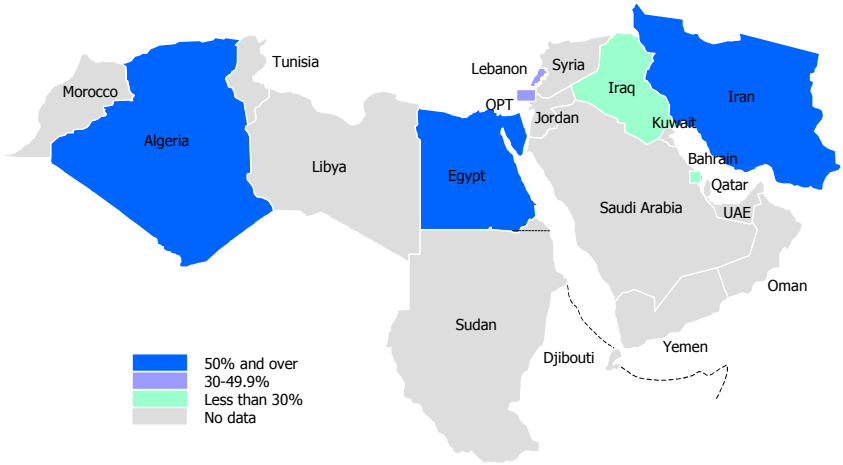
MAP 36 PERCENT OF MARRIED OR IN UNION WOMEN AGED 15-49 NOT USING, OR WHOSE PARTNER IS NOT USING A CONTRACEPTION METHOD



See Table 10

Source: MICS 2 and DHS

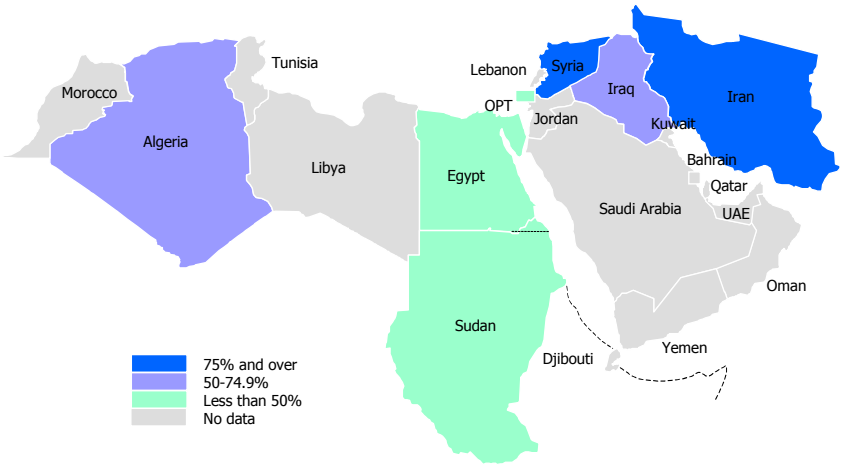
MAP 37 PERCENT OF MARRIED OR IN UNION WOMEN AGED 15-49 USING, OR WHOSE PARTNER IS USING ANY MODERN CONTRACEPTION METHOD



See Table 10

Source: MICS 2 and DHS

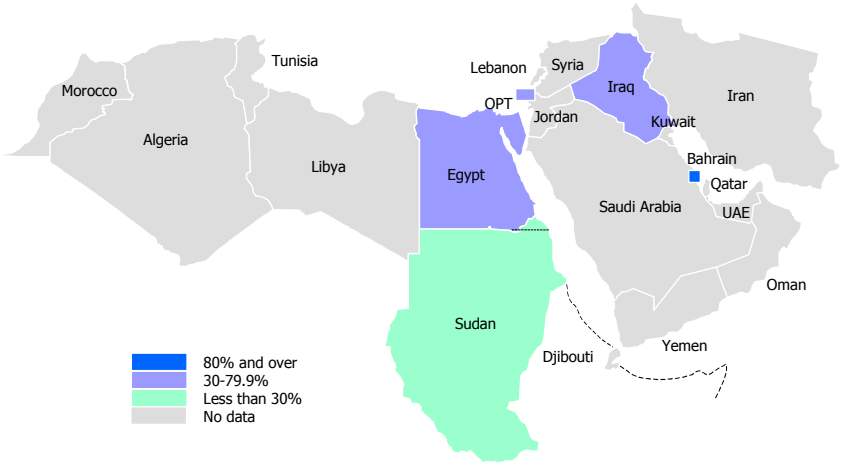
MAP 38 PERCENT OF MOTHERS WITH A BIRTH IN THE LAST 12 MONTHS PROTECTED AGAINST NEONATAL TETANUS



See Table 10

Source: MICS 2 and DHS

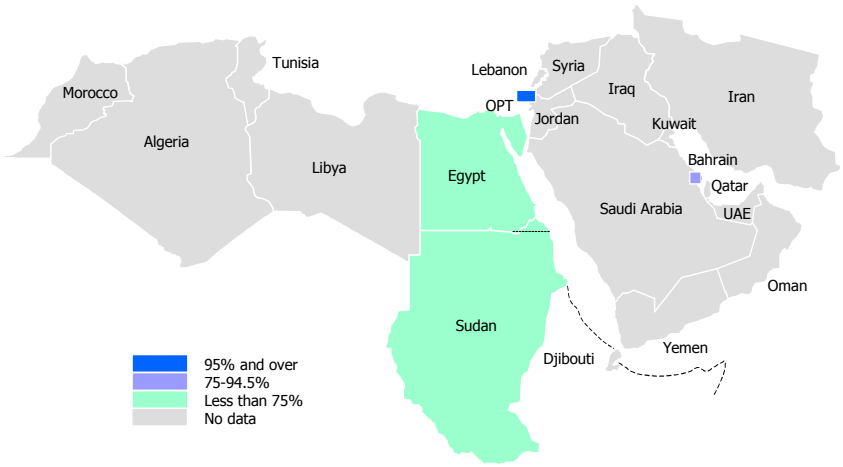
MAP 39 PERCENT OF WOMEN AGED 15-49 WITH A BIRTH IN THE LAST YEAR RECEIVING ANTENATAL CARE FROM A DOCTOR



See Table 10

Source: MICS 2 and DHS

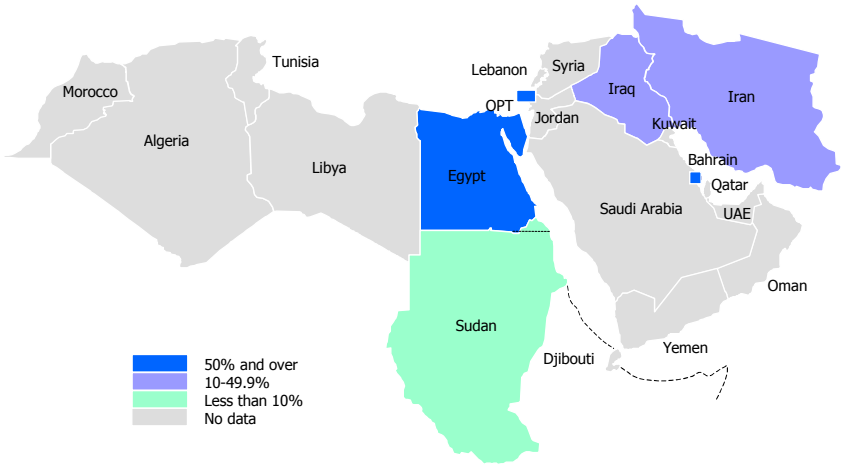
MAP 40 PERCENT OF WOMEN AGED 15-49 WITH A BIRTH IN THE LAST YEAR RECEIVING ANTENATAL CARE FROM ANY SKILLED PERSONNEL



See Table 10

Source: MICS 2 and DHS

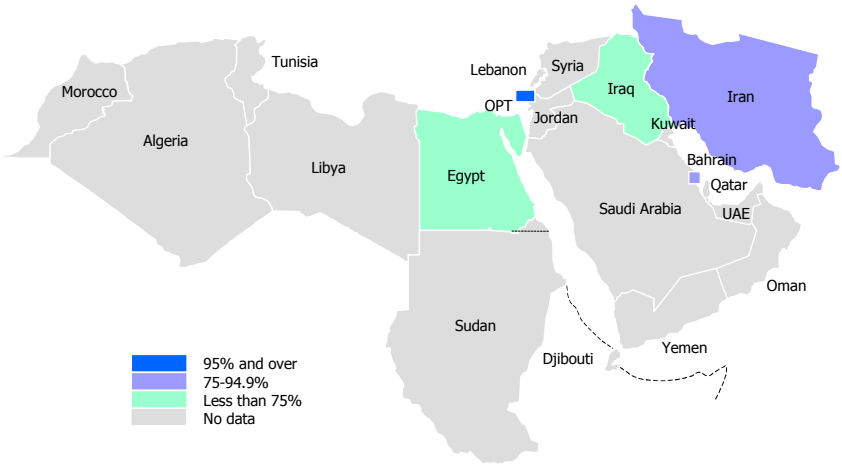
MAP 41 PERCENT OF WOMEN AGED 15-49 WITH A BIRTH IN THE LAST YEAR DELIVERED BY A DOCTOR



See Table 10

Source: MICS 2 and DHS

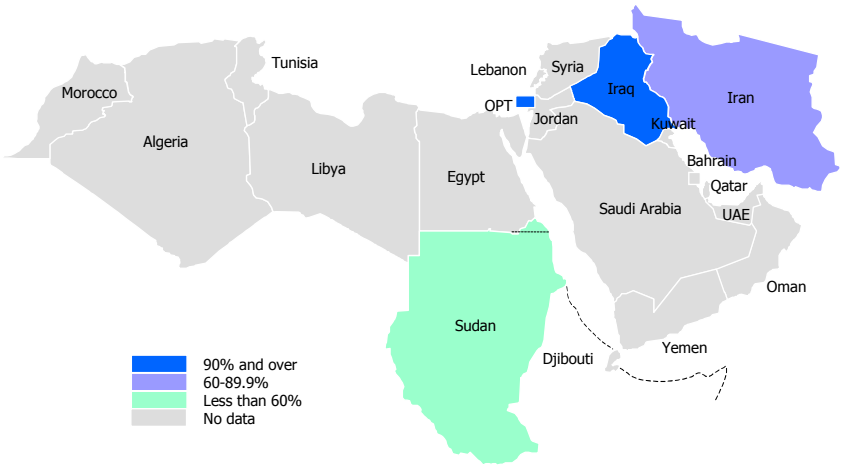
MAP 42 PERCENT OF WOMEN AGED 15-49 WITH A BIRTH IN THE LAST YEARS DELIVERED BY ANY SKILLED PERSONNEL



See Table 10

Source: MICS 2 and DHS

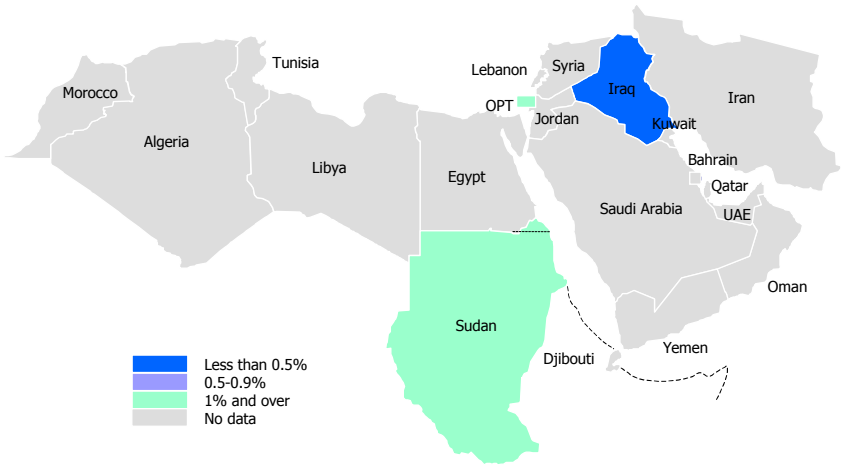
MAP 43 PERCENT OF CHILDREN AGED 0-59 MONTHS WITH REGISTERED BIRTH



See Table 11

Source: MICS 2 and DHS

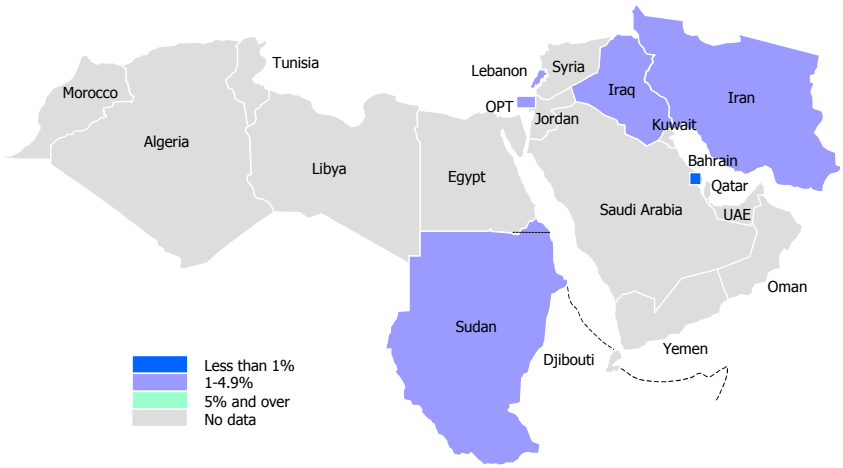
MAP 44 PERCENT OF CHILDREN AGED 0-14 NOT LIVING WITH A BIOLOGICAL PARENT



See Table 11

Source: MICS 2 and DHS

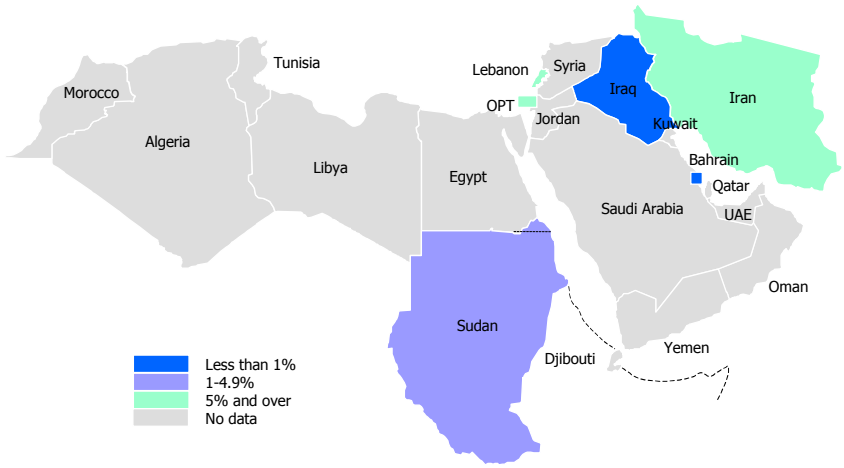
MAP 45 PERCENT OF CHILDREN AGED 5-14 CURRENTLY IN PAID WORK



See Table 11

Source: MICS 2 and DHS

MAP 46 PERCENT OF CHILDREN AGED 5-14 CURRENTLY IN UNPAID WORK



See Table 11

Source: MICS 2 and DHS

TABLES – MICS2 DATA

Table 1: Characteristics of HOUSEHOLDS

Country	Number of households surveyed - Urban	Number of households surveyed - Rural	Number of households surveyed - Total	Percentage of urban households	Percentage of rural households
Algeria	2488	2762	5250	47.4	52.6
Bahrain	- - -	- - -	1425	- - -	- - -
Djibouti					
Egypt * *	8692	8265	16957	51.3	48.7
Iran * *	56757	55232	111989	50.7	49.3
Iraq	8141	5289	13430	60.6	39.4
Jordan					
Kuwait					
Lebanon	- - -	- - -	7784	- - -	- - -
Libya					
Morocco					
Oman					
OPT *	4147	2682	6829	60.7	39.3
Qatar					
Saudi Arabia					
Sudan	9415	15785	25200	37.4	62.6
Syria	5298	4697	9995	53.0	47.0
Tunisia	19320	10680	30000	64.4	35.6
UAE					
Yemen					
Reference numbers to maps	- - -	- - -	- - -	- - -	- - -
Reference numbers to MICS2 tables	1	1	1	4	4

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

Table 2: Background characteristics of RESPONDENTS . . .

Country	Women's marital status - Urban, currently married	Women's marital status - Rural, currently married	Women's marital status - Total, currently married	Women ever given birth - Urban	Women ever given birth - Rural	Women ever given birth - Total	Women's educational level - No education, urban	Women's educational level - No education, rural
Algeria	- - -	- - -	- - -	95.1	95.0	95.0	- - -	- - -
Bahrain	- - -	- - -	49.8	- - -	- - -	- - -	- - -	- - -
Djibouti								
Egypt * *	- - -	- - -	62.8	- - -	- - -	- - -	25.9	57.0
Iran * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iraq	- - -	- - -	51.4	- - -	- - -	50.1	- - -	- - -
Jordan								
Kuwait								
Lebanon	- - -	- - -	94.3	- - -	- - -	91.1	- - -	- - -
Libya								
Morocco								
Oman								
OPT *	- - -	- - -	62.2	- - -	- - -	95.4	- - -	- - -
Qatar								
Saudi Arabia								
Sudan	33.4	58.6	92.0	- - -	- - -	- - -	44.9	72.5
Syria	96.6	97.4	97.0	- - -	- - -	- - -	13.7	39.0
Tunisia	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
UAE								
Yemen								
Reference numbers to maps	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Reference numbers to MICS2 tables	5	5	5	5	5	5	5	5

W Data measles only

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Y Data from Palestinian Central Bureau of Statistics

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

. . . Table 2: Background characteristics of RESPONDENTS . . .

Country	Women's educational level - No education, total	Women's educational level - Primary+, urban	Women's educational level - Primary+, rural	Women's educational level - Primary+, total	Women's educational level - Secondary+, urban	Women's educational level - Secondary+, rural	Women's educational level - Secondary+, total	Education level of the mothers of children under 5 - No education, urban
Algeria	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Bahrain	7.0	- - -	- - -	60.8	- - -	- - -	54.2	- - -
Djibouti								
Egypt * *	43.2	74.1	43.0	56.7	45.8	18.4	30.5	- - -
Iran * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iraq	26.0	- - -	- - -	72.7	- - -	- - -	34.7	- - -
Jordan								
Kuwait								
Lebanon	7.1	- - -	- - -	92.9	- - -	- - -	39.1	- - -
Libya								
Morocco								
Oman								
OPT *	13.3	- - -	- - -	50.8	- - -	- - -	27.7	- - -
Qatar								
Saudi Arabia								
Sudan	62.3	52.2	25.7	35.4	20.0	5.4	10.8	43.4
Syria	25.9	74.1	57.6	66.2	28.8	14.0	21.7	20.6
Tunisia	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
UAE								
Yemen								
Reference numbers to maps	- - -	- - -	- - -	2	- - -	- - -	3	- - -
Reference numbers to MICS2 tables	5	5	5	5	5	5	5	6

W Data measles only

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Y Data from Palestinian Central Bureau of Statistics

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

. . . Table 2: Background characteristics of RESPONDENTS

Country	Education level of the mothers of children under 5 - No education, rural	Education level of the mothers of children under 5 - No education, total	Education level of the mothers of children under 5 - Primary, urban	Education level of the mothers of children under 5 - Primary, rural	Education level of the mothers of children under 5 - Primary, total	Education level of the mothers of children under 5 - Secondary+, urban	Education level of the mothers of children under 5 - Secondary+, rural	Education level of the mothers of children under 5 - Secondary+, total
Algeria	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Bahrain	- - -	11.2	- - -	- - -	8.1	- - -	- - -	50.0
Djibouti								
Egypt * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iran * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iraq	- - -	31.8	- - -	- - -	41.1	- - -	- - -	25.3
Jordan								
Kuwait								
Lebanon	- - -	8.1	- - -	- - -	53.2	- - -	- - -	38.7
Libya								
Morocco								
Oman								
OPT *	- - -	12.8	- - -	- - -	25.9	- - -	- - -	26.5
Qatar								
Saudi Arabia								
Sudan	71.7	61.7	32.9	21.0	25.2	20.6	5.6	10.9
Syria	46.9	33.0	43.5	38.5	41.2	25.3	11.8	18.9
Tunisia	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
UAE								
Yemen								
Reference numbers to maps	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Reference numbers to MICS2 tables	6	6	6	6	6	6	6	6

W Data measles only

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Y Data from Palestinian Central Bureau of Statistics

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* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

Table 3: HEALTH - Child Survival

Country	Mean number of children ever born	Proportion of children ever born, dead	Infant mortality rate (per 1000 live births)	Under five mortality rate (per 1000 live births)
Algeria	4.5	0.08	44.0	56.0
Bahrain	- - -	- - -	- - -	- - -
Djibouti				
Egypt * *	2.4	- - -	54.7	69.2
Iran * *	- - -	- - -	28.6	17.7
Iraq	- - -	- - -	- - -	- - -
Jordan				
Kuwait				
Lebanon	- - -	- - -	26.0	33.0
Libya				
Morocco				
Oman				
OPT *	4.3	0.05	25.5 Y	28.7 Y
Qatar				
Saudi Arabia				
Sudan	- - -	- - -	- - -	- - -
Syria	3.4	0.12	- - -	- - -
Tunisia	- - -	- - -	- - -	- - -
UAE				
Yemen				
Reference numbers to maps	- - -	- - -	4	5
Reference numbers to MICS2 tables	7	7	8	8

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

Table 4: EDUCATION . . .

Country	Percentage of children 36-59 months in organized early childhood education - Male	Percentage of children 36-59 months in organized early childhood education - Female	Percentage of primary school age children attending primary school - Urban, male	Percentage of primary school age children attending primary school - Urban, female	Percentage of primary school age children attending primary school - Urban, total	Percentage of primary school age children attending primary school - Rural, male	Percentage of primary school age children attending primary school - Rural, female	Percentage of primary school age children attending primary school - Rural, total
Algeria	- - -	- - -	99.1	98.8	99.0	95.7	92.8	94.3
Bahrain	46.6	28.8	- - -	- - -	- - -	- - -	- - -	- - -
Djibouti								
Egypt * *	- - -	- - -	88.4	89.8	89.1	87.1	79.9	83.7
Iran * *	13.9	15.9	- - -	- - -	- - -	- - -	- - -	- - -
Iraq	3.8	3.6	87.4	80.0	83.8	72.4	49.2	61.0
Jordan								
Kuwait								
Lebanon	85.1	86.0	- - -	- - -	- - -	- - -	- - -	- - -
Libya								
Morocco								
Oman								
OPT *	19.2	18.9	93.4	94.5	93.9	93.3	94.3	93.8
Qatar								
Saudi Arabia								
Sudan	24.0	25.6	66.6	65.5	66.1	39.7	35.9	37.8
Syria	- - -	- --	42.9	43.2	43.1	43.8	42.2	43.0
Tunisia	48.9	44.5	97.0	97.3	97.2	93.2	87.6	90.5
UAE								
Yemen								
Reference numbers to maps	6	7	- - -	- - -	- - -	- - -	- - -	- - -
Reference numbers to MICS2 tables	9	9	10	10	10	10	10	10

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

. . . Table 4: EDUCATION

Country	Percentage of primary school age children attending primary school - Total, male	Percentage of primary school age children attending primary school - Total, female	Percentage of primary school age children attending primary school - Total, total	Percentage of children who reach grade 5 of those entering grade 1	Percentage of literate over age 15 - Male	Percentage of literate over age 15 - Female	Percentage of literate over age 15 - Total
Algeria	97.6	96.3	97.0	96.8	- - -	- - -	- - -
Bahrain	71.1	71.0	71.0	97.4	93.0	84.8	88.9
Djibouti							
Egypt * *	87.6	83.9	85.8	- - -	- - -	- - -	- - -
Iran * *	98.1	95.9	97.0	92.4	X	X	X
Iraq	82.5	69.8	76.3	88.3	83.7	63.5	73.5
Jordan							
Kuwait							
Lebanon	- - -	- - -	- - -	95.3	- - -	- - -	- - -
Libya							
Morocco							
Oman							
OPT *	93.1	94.2	93.7	98.5	94.4	83.9	89.2
Qatar							
Saudi Arabia							
Sudan	49.7	46.9	48.3	- - -	50.6	49.2	49.9
Syria	43.4	42.6	43.0	- - -	- - -	- - -	- - -
Tunisia	95.4	93.3	94.4	- - -	- - -	- - -	- - -
UAE							
Yemen							
Reference numbers to maps	8	9	10	- - -	11	12	13
Reference numbers to MICS2 tables	10	10	10	11	12	12	12

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

Table 5: ENVIRONMENT

Country	Percentage of population with water piped into dwelling - Urban	Percentage of population with water piped into dwelling - Rural	Percentage of population with water piped into dwelling - Total	Percentage of population using flush to sewage system - Urban	Percentage of population using flush to sewage system - Rural	Percentage of population using flush to sewage system - Total	Percentage of population with sanitary means of excreta disposal - Urban	Percentage of population with sanitary means of excreta disposal - Rural	Percentage of population with sanitary means of excreta disposal - Total
Algeria	86.6	56.6	74.0	85.6	43.2	67.8	99.1	81.1	91.6
Bahrain	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Djibouti									
Egypt * *	97.0	64.9	80.8	- - -	- - -	- - -	99.7	95.0	97.5
Iran * *	96.8	86.1	93.0	83.1	63.1	- - -	99.5	94.3	97.7
Iraq	89.0	27.1	69.8	90.5	37.9	74.2	99.1	77.8	92.5
Jordan									
Kuwait									
Lebanon	- - -	- - -	68.3	- - -	- - -	- - -	- - -	- - -	- - -
Libya									
Morocco									
Oman									
OPT *	91.9	63.3	83.1	25.9	19.3	22.2	99.6	99.5	99.6
Qatar									
Saudi Arabia									
Sudan	44.3	10.7	24.0	0.8	0.1	0.4	80.5	46.3	59.7
Syria	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Tunisia	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
UAE									
Yemen									
Reference numbers to maps	14	15	16	- - -	- - -	- - -	17	18	19
Reference numbers to MICS2 tables	13	13	13	14	14	14	14	14	14

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

Notes: Rows in grey color indicate countries that did not conduct MICS2

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Table 6: NUTRITION . . .

Country	Breastfeeding status - Exclusive 0-3 months, male	Breastfeeding status - Exclusive 0-3 moths, female	Breastfeeding status - Exclusive 0-3 months, total	Breastfeeding status - 12-15 months, male	Breastfeeding status - 12-15 months, female	Breastfeeding status - 12-15 months, total	Breastfeeding status - 20-23 months, male	Breastfeeding status - 20-23 months, female
Algeria	13.6	19.2	15.9	57.0	52.7	55.0	20.6	24.0
Bahrain	13.6	12.5	13.2	62.5	65.4	64.3	21.7	23.8
Djibouti								
Egypt * *	X	X	67.8	X	X	X	X	X
Iran * *	X	X	X	X	X	X	X	X
Iraq	17.8	16.4	17.1	61.5	56.1	58.6	26.8	27.3
Jordan								
Kuwait								
Lebanon	17.8	34.3	26.6	38.4	32.6	34.7	12.4	8.5
Libya								
Morocco								
Oman								
OPT *	29.0	28.6	28.8	50.8	46.9	48.8	10.6	10.5
Qatar								
Saudi Arabia								
Sudan	21.0	19.6	20.3	85.1	84.1	84.6	30.5	30.4
Syria	26.5	25.0	25.8	18.8	18.3	18.5	7.7	7.4
Tunisia	- - -	- - -	46.5	- - -	- - -	- - -	- - -	- - -
UAE								
Yemen								
Reference numbers to maps	- - -	- - -	20	- - -	- - -	21	- - -	- - -
Reference numbers to MICS2 tables	16	16	16	16	16	16	16	16

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

. . . Table 6: NUTRITION . . .

Country	Breastfeeding status - 20-23 months, total	Percentage of households using adequately iodized salt >15+ PPM - Urban	Percentage of households using adequately iodized salt >15+ PPM - Rural	Percentage of households using adequately iodized salt >15+ PPM - Total	Percentage of aged 6-59 months who received high dose vitamin A supplement within 6 months - Urban	Percentage of aged 6-59 months who received high dose vitamin A supplement within 6 months - Rural	Percentage of aged 6-59 months who received high dose vitamin A supplement within 6 months - Total	Percentage of women received high dose vitamin A supplement before infant was 8 weeks - Urban
Algeria	22.3	73.9	60.3	68.5	- - -	- - -	- - -	- - -
Bahrain	22.7	- - -	- - -	6.0	- - -	- - -	- - -	- - -
Djibouti								
Egypt * *	X	38.7	16.3	27.5	27.2	19.8	22.7	14.5
Iran * *	X	95.2	92.5	93.5	- - -	- - -	- - -	- - -
Iraq	- - -	42.7	33.4	40.0	13.6	11.1	12.7	23.2
Jordan								
Kuwait								
Lebanon	10.6	- - -	- - -	86.8	- - -	- - -	- - -	- - -
Libya								
Morocco								
Oman								
OPT *	10.5	39.7	39.4	37.4	15.3	17.8	15.5	- - -
Qatar								
Saudi Arabia								
Sudan	30.5	0.9	0.4	0.6	51.3	39.7	43.8	26.4
Syria	7.5	49.2	26.1	38.3	- - -	- - -	- - -	- - -
Tunisia	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
UAE								
Yemen								
Reference numbers to maps	22	- - -	- - -	23	- - -	- - -	24	- - -
Reference numbers to MICS2 tables	16	17	17	17	18	18	18	19

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

Notes: Rows in grey color indicate countries that did not conduct MICS2

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

. . . Table 6: NUTRITION

Country	Percentage of women received high dose vitamin A supplement before infant was 8 weeks - Rural	Percentage of women received high dose vitamin A supplement before infant was 8 weeks - Total	Percentage of live births below 2,500 grams - Urban	Percentage of live births below 2,500 grams - Rural	Percentage of live births below 2,500 grams - Total	Percentage of live births weighed at birth - Urban	Percentage of live births weighed at birth - Rural	Percentage of live births weighed at birth - Total
Algeria	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Bahrain	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Djibouti								
Egypt * *	8.6	10.9	- - -	- - -	2.1	- - -	- - -	36.2
Iran * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iraq	18.7	21.6	12.9	11.3	12.3	43.3	22.0	35.5
Jordan								
Kuwait								
Lebanon	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Libya								
Morocco								
Oman								
OPT *	- - -	- - -	8.7	8.3	8.6	100.0	99.8	99.9
Qatar								
Saudi Arabia								
Sudan	14.7	19.0	24.4	33.5	30.7	- - -	- - -	- - -
Syria	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Tunisia	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
UAE								
Yemen								
Reference numbers to maps	- - -	25	- - -	- - -	26	- - -	- - -	- - -
Reference numbers to MICS2 tables	19	19	20	20	20	20	20	20

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

Table 7: HEALTH - Immunization

Country	Percentage of children 12-23 months immunized - BCG	Percentage of children 12-23 months immunized - DPT1	Percentage of children 12-23 months immunized - DPT2	Percentage of children 12-23 months immunized - DPT3	Percentage of children 12-23 months immunized - Polio 0	Percentage of children 12-23 months immunized - Polio 1	Percentage of children 12-23 months immunized - Polio 2	Percentage of children 12-23 months immunized - Polio 3	Percentage of children 12-23 months immunized - Measles	Percentage of children 12-23 months immunized - All	Percentage of children 12-23 months immunized - None
Algeria	99.7	92.1	92.3	93.7	- - -	92.0	92.3	91.5	94.2	88.2	5.7
Bahrain	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Djibouti											
Egypt * *	99.3	99.2	97.1	94.0	- - -	99.6	97.7	94.9	96.9	92.2	0.2
Iran * *	98.6	- - -	- - -	96.9	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iraq	91.6	85.5	78.0	68.9	73.0	93.5	89.4	81.8	78.2	60.7	2.6
Jordan											
Kuwait											
Lebanon	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	88.0 W	- - -	- - -
Libya											
Morocco											
Oman											
OPT *	74.7	98.2	97.9	88.5	- - -	99.7	99.4	96.8	92.9	62.5	0.2
Qatar											
Saudi Arabia											
Sudan	62.6	63.9	53.9	40.2	59.7	72.3	63.4	42.0	49.7	24.4	23.9
Syria	95.5	90.7	90.0	84.8	89.8	87.3	86.9	80.5	85.3	40.5	5.0
Tunisia	97.4	- - -	- - -	- - -	- - -	- - -	- - -	96.0	71.3	63.1	- - -
UAE											
Yemen											
Reference numbers to maps	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	27	28	- - -
Reference numbers to MICS2 tables	21/22	21/22	21/22	21/22	21/22	21/22	21/22	21/22	21/22	21/22	21/22

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

Table 8: HEALTH Care . . .

Country	Percentage of U5 diarrhoea in last 2 weeks - Male	Percentage of U5 diarrhoea in last 2 weeks - Female	Percentage of U5 diarrhoea in last 2 weeks - Urban	Percentage of U5 diarrhoea in last 2 weeks - Rural	Percentage of U5 diarrhoea in last 2 weeks - Total	Percentage of U5 diarrhea cases treated via breast milk - Total	Percentage of U5 diarrhea cases treated via gruel - Total	Percentage of U5 diarrhea cases treated via ORS packet - Total
Algeria	20.0	19.6	17.8	22.7	19.8	39.1	33.9	17.6
Bahrain	11.9	7.3	- - -	- - -	9.7	36.4	30.7	16.3
Djibouti								
Egypt * *	7.4	6.8	6.1	7.8	7.1	- - -	- - -	33.7
Iran * *	- - -	- - -	11.8	13.7	12.5	88.7	- - -	- - -
Iraq	21.9	20.7	22.7	18.9	21.3	37.5	49.3	26.5
Jordan								
Kuwait								
Lebanon	20.4	18.3	- - -	- - -	19.3	25.1	62.1	44.4
Libya								
Morocco								
Oman								
OPT *	7.0	6.3	6.3	7.6	6.7	41.4	57.7	71.4
Qatar								
Saudi Arabia								
Sudan	28.4	27.9	26.5	29.1	28.2	36.8	15.4	27.6
Syria	8.5	7.1	8.8	7.1	7.8	- - -	- - -	- - -
Tunisia	5.9	5.5	5.4	6.3	5.8	- - -	- - -	- - -
UAE								
Yemen								
Reference numbers to maps	- - -	- - -	- - -	- - -	29	- - -	- - -	- - -
Reference numbers to MICS2 tables	24	24	24	24	24	23	23	23

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

Notes: Rows in grey color indicate countries that did not conduct MICS2

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

. . . Table 8: HEALTH Care . . .

Country	Percentage of U5 diarrhea cases treated via local acceptable - Total	Percentage of U5 diarrhea cases treated via milk/infant formula - Total	Percentage of U5 diarrhea cases treated via feeding - Total	Percentage of U5 diarrhea cases treated via any recommended - Total	Percentage of U5 diarrhea cases not treated - Total	Percentage of U5 with ARI within 2 weeks - Male	Percentage of U5 with ARI within 2 weeks - Female	Percentage of U5 with ARI within 2 weeks - Urban
Algeria	- - -	- - -	- - -	45.1	54.9	- - -	- - -	- - -
Bahrain	51.4	28.4	55.7	79.1	20.9	3.7	4.5	- - -
Djibouti								
Egypt * *	- - -	- - -	- - -	- - -	20.1	10.2	8.8	7.8
Iran * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -	22.8
Iraq	57.5	55.8	75.9	99.1	0.9	7.8	5.9	6.8
Jordan								
Kuwait								
Lebanon	70.0	40.0	61.4	96.0	4.0	4.2	2.7	- - -
Libya								
Morocco								
Oman								
OPT *	20.6	35.2	80.1	99.1	0.9	19.5	14.5	17.6
Qatar								
Saudi Arabia								
Sudan	- - -	- - -	- - -	40.4	5.4	16.8	16.6	14.7
Syria	- - -	- - -	- - -	- - -	- - -	21.2	19.5	23.3
Tunisia	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
UAE								
Yemen								
Reference numbers to maps	- - -	- - -	- - -	30	- - -	- - -	- - -	- - -
Reference numbers to MICS2 tables	23	23	23	23	23	25	25	25

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

. . . Table 8: HEALTH Care . . .

Country	Percentage of U5 with ARI within 2 weeks - Rural	Percentage of U5 with ARI within 2 weeks - Total	Percentage of 0-59 months reported ill in last 2 weeks - Total	Percentage of 0-59 months reported ill in last 2 weeks, drinking more - Total	Percentage of 0-59 months reported ill in last 2 weeks, received increased fluids and continued eating - Total	Percentage of caretakers of 0-59 months who know at least 2 signs of illness - Urban	Percentage of caretakers of 0-59 months who know at least 2 signs of illness - Rural	Percentage of caretakers of 0-59 months who know at least 2 signs of illness - Total
Algeria	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Bahrain	- - -	4.1	46.3	26.4	17.9	- - -	- - -	46.4
Djibouti								
Egypt * *	10.6	9.5	X	X	X	- - -	- - -	- - -
Iran * *	25.9	23.9	41.6	94.8	- - -	- - -	- - -	- - -
Iraq	7.0	6.9	38.9	22.5	16.1	47.6	51.8	49.1
Jordan								
Kuwait								
Lebanon	- - -	3.5	- - -	- - -	- - -	- - -	- - -	- - -
Libya								
Morocco								
Oman								
OPT *	13.9	17.0	- - -	- - -	- - -	99.9	100.0	99.9
Qatar								
Saudi Arabia								
Sudan	17.8	16.7	14.0	20.3	11.0	82.0	84.4	83.6
Syria	18.2	20.4	20.4	50.6	- - -	- - -	- - -	- - -
Tunisia	- - -	- - -	- - -	- - -	- - -	80.2	78.6	79.6
UAE								
Yemen								
Reference numbers to maps	- - -	31	- - -	- - -	- - -	- - -	- - -	32
Reference numbers to MICS2 tables	25	25	26	26	26	27	27	27

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

Notes: Rows in grey color indicate countries that did not conduct MICS2

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

. . . Table 8: HEALTH Care

Country	Percentage of 0-59 months who slept under bednet - Male	Percentage of 0-59 months who slept under bednet - Female	Percentage of 0-59 months who slept under bednet - Urban	Percentage of 0-59 months who slept under bednet - Rural	Percentage of 0-59 months who slept under bednet - Total	Percentage of 0-59 with fever in past 2 weeks - Total	Percentage of 0-59 with fever in past 2 weeks & received any anti-malarial drugs - Total
Algeria	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Bahrain	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Djibouti							
Egypt * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iran * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iraq	7.3	7.5	6.9	8.3	7.4	18.2	1.3
Jordan							
Kuwait							
Lebanon	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Libya							
Morocco							
Oman							
OPT *	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Qatar							
Saudi Arabia							
Sudan	24.8	23.9	- - -	- - -	24.3	22.8	22.7
Syria	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Tunisia	- - -	- - -	- - -	- - -	- - -	- - -	- - -
UAE							
Yemen							
Reference numbers to maps	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Reference numbers to MICS2 tables	28	28	28	28	28	29	29

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

Table 9: HEALTH - HIV/AIDS Diseases . . .

Country	Percentage of women 15-49, heard of AIDS - Urban	Percentage of women 15-49, heard of AIDS - Rural	Percentage of women 15-49, heard of AIDS - Total	Percentage of women 15-49, knows all 3 ways of AIDS prevention - Urban	Percentage of women 15-49, knows all 3 ways of AIDS prevention - Rural	Percentage of women 15-49, knows all 3 ways of AIDS prevention - Total	Percentage of women 15-49 knows at least 1 way of AIDS prevention - Urban
Algeria	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Bahrain	- - -	- - -	94.5	- - -	- - -	7.1	- - -
Djibouti							
Egypt * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iran * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iraq	59.5	25.5	49.9	- - -	- - -	- - -	- - -
Jordan							
Kuwait							
Lebanon	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Libya							
Morocco							
Oman							
OPT *	91.5	87.0	91.0	35.8	27.6	33.9	64.4
Qatar							
Saudi Arabia							
Sudan	61.2	28.3	40.4	6.4	2.7	4.0	40.9
Syria	68.8	59.5	64.4	X	X	X	X
Tunisia	- - -	- - -	- - -	- - -	- - -	- - -	- - -
UAE							
Yemen							
Reference numbers to maps	- - -	- - -	33	- - -	- - -	- - -	- - -
Reference numbers to MICS2 tables	30	30	30	30	30	30	30

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

Notes: Rows in grey color indicate countries that did not conduct MICS2

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

. . . Table 9: HEALTH - HIV/AIDS Diseases . . .

Country	Percentage of women 15-49 knows at least 1 way of AIDS prevention - Rural	Percentage of women 15-49 knows at least 1 way of AIDS prevention - Total	Percentage of women 15-49, doesn't know any way of AIDS prevention - Urban	Percentage of women 15-49, doesn't know any way of AIDS prevention - Rural	Percentage of women 15-49, doesn't know any way of AIDS prevention - Total	Percentage of women 15-49, knows all 3 misconceptions about AIDS - Urban	Percentage of women 15-49, knows all 3 misconceptions about AIDS - Rural
Algeria	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Bahrain	- - -	75.0	- - -	- - -	25.0	- - -	- - -
Djibouti							
Egypt * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iran * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iraq	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Jordan							
Kuwait							
Lebanon	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Libya							
Morocco							
Oman							
OPT *	53.4	62.7	35.6	46.6	37.3	17.6	13.2
Qatar							
Saudi Arabia							
Sudan	15.4	24.8	59.1	84.6	75.2	11.4	3.1
Syria	X	X	X	X	X	- - -	- - -
Tunisia	- - -	- - -	- - -	- - -	- - -	- - -	- - -
UAE							
Yemen							
Reference numbers to maps	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Reference numbers to MICS2 tables	30	30	30	30	30	31	31

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

. . . Table 9: HEALTH - HIV/AIDS Diseases . . .

Country	Percentage of women 15-49, knows all 3 misconceptions about AIDS - Total	Percentage of women 15-49 knows at least 1 misconception about AIDS - Urban	Percentage of women 15-49 knows at least 1 misconception about AIDS - Rural	Percentage of women 15-49 knows at least 1 misconception about AIDS - Total	Percentage of women 15-49 knows AIDS can be transmitted mother to child - Urban	Percentage of women 15-49 knows AIDS can be transmitted mother to child - Rural	Percentage of women 15-49 knows AIDS can be transmitted mother to child - Total
Algeria	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Bahrain	23.2	- - -	- - -	88.4	- - -	- - -	73.3
Djibouti							
Egypt * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iran * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iraq	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Jordan							
Kuwait							
Lebanon	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Libya							
Morocco							
Oman							
OPT *	16.6	62.7	52.8	60.7	85.7	80.5	84.9
Qatar							
Saudi Arabia							
Sudan	6.1	44.8	16.9	27.2	35.8	13.8	21.8
Syria	- - -	- - -	- - -	- - -	68.8	59.5	64.4
Tunisia	- - -	- - -	- - -	- - -	- - -	- - -	- - -
UAE							
Yemen							
Reference numbers to maps	- - -	- - -	- - -	- - -	- - -	- - -	34
Reference numbers to MICS2 tables	31	31	31	31	32	32	32

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

. . . Table 9: HEALTH - HIV/AIDS Diseases . . .

Country	Percentage of women 15-49 knows all 3 ways AIDS can be transmitted mother to child - Urban	Percentage of women 15-49 knows all 3 ways AIDS can be transmitted mother to child - Rural	Percentage of women 15-49 knows all 3 ways AIDS can be transmitted mother to child - Total	Percentage of women 15-49 who agreed with at least 1 discriminatory statement against people with AIDS - Urban	Percentage of women 15-49 who agreed with at least 1 discriminatory statement against people with AIDS - Rural	Percentage of women 15-49 who agreed with at least 1 discriminatory statement against people with AIDS - Total	Percentage of women 15-49 who agreed with neither discriminatory statement against people with AIDS - Urban
Algeria	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Bahrain	- - -	- - -	35.6	- - -	- - -	36.8	- - -
Djibouti							
Egypt * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iran * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iraq	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Jordan							
Kuwait							
Lebanon	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Libya							
Morocco							
Oman							
OPT *	51.4	50.9	51.3	29.8	28.4	29.3	70.2
Qatar							
Saudi Arabia							
Sudan	20.4	8.5	12.9	26.4	9.6	15.8	73.6
Syria	X	X	X	- - -	- - -	- - -	- - -
Tunisia	- - -	- - -	- - -	- - -	- - -	- - -	- - -
UAE							
Yemen							
Reference numbers to maps	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Reference numbers to MICS2 tables	32	32	32	33	33	33	33

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

. . . Table 9: HEALTH - HIV/AIDS Diseases

Country	Percentage of women 15-49 who agreed with neither discriminatory statement against people with AIDS - Rural	Percentage of women 15-49 who agreed with neither discriminatory statement against people with AIDS - Total	Percentage of women 15-49, know where to get an AIDS test - Urban	Percentage of women 15-49, know where to get an AIDS test - Rural	Percentage of women 15-49, know where to get an AIDS test - Total	Percentage of women 15-49, have been tested for AIDS - Urban	Percentage of women 15-49, have been tested for AIDS - Rural	Percentage of women 15-49 have been teste for AIDS - Tot
Algeria	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Bahrain	- - -	63.2	- - -	- - -	- - -	- - -	- - -	- - -
Djibouti								
Egypt * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iran * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iraq	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Jordan								
Kuwait								
Lebanon	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Libya								
Morocco								
Oman								
OPT *	71.6	70.7	21.3	19.7	20.8	- - -	- - -	- - -
Qatar								
Saudi Arabia								
Sudan	90.4	84.2	13.7	4.7	8.0	2.0	0.5	1.1
Syria	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Tunisia	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
UAE								
Yemen								
Reference numbers to maps	- - -	35	- - -	- - -	- - -	- - -	- - -	- - -
Reference numbers to MICS2 tables	33	33	35	35	35	35	35	35

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

Table 10: HEALTH - Safe Motherhood . . .

Country	Percentage of married/in union women 15-49 not using/partner not using contraception - Urban	Percentage of married/in union women 15-49 not using/partner not using contraception - Rural	Percentage of married/in union women 15-49 not using/partner not using contraception - Total	Percentage of married/in union women 15-49 using any modern method - Urban	Percentage of married/in union women 15-49 using any modern method - Rural	Percentage of married/in union women 15-49 using any modern method - Total	Percentage of married/in union women 15-49 using any traditional method - Urban	Percentage of married/in union women 15-49 using any traditional method - Rural
Algeria	35.2	37.1	36.0	53.3	48.3	50.1	13.4	14.5
Bahrain	- - -	- - -	46.5	- - -	- - -	29.1	- - -	- - -
Djibouti								
Egypt * *	38.8	48.0	43.9	58.9	49.9	53.9	2.3	2.1
Iran * *	22.6	32.8	26.2	55.2	57.3	55.9	22.2	10.0
Iraq	50.8	69.6	56.5	29.9	15.0	25.4	19.3	15.4
Jordan								
Kuwait								
Lebanon	- - -	- - -	37.3	- - -	- - -	40.4	- - -	- - -
Libya								
Morocco								
Oman								
OPT *	48.9	47.1	48.6	35.7	37.0	36.7	15.4	15.9
Qatar								
Saudi Arabia								
Sudan	5.7	8.2	- - -	67.9	66.5	- - -	32.1	33.5
Syria	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Tunisia	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
UAE								
Yemen								
Reference numbers to maps	- - -	- - -	36	- - -	- - -	37	- - -	- - -
Reference numbers to MICS2 tables	36	36	36	36	36	36	36	36

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

. . . Table 10: HEALTH - Safe Motherhood . . .

Country	Percentage of married/in union women 15-49 using any traditional method - Total	Percentage of mothers protected against neonatal tetanus - Urban	Percentage of mothers protected against neonatal tetanus - Rural	Percentage of mothers protected against neonatal tetanus - Total	Percentage of women 15-49 with birth in last year with antenatal care by doctor - Urban	Percentage of women 15-49 with birth in last year with antenatal care by doctor - Rural	Percentage of women 15-49 with birth in last year with antenatal care by doctor - Total	Percentage of women 15-49 with birth in last year with antenatal care by nurse - Urban
Algeria	13.9	72.3	49.2	62.0	- - -	- - -	- - -	- - -
Bahrain	24.4	- - -	- - -	- - -	- - -	- - -	84.5	- - -
Djibouti								
Egypt * *	2.2	- - -	- - -	36.1	- - -	- - -	52.7	- - -
Iran * *	17.9	80.7	77.8	79.6	X	X	X	X
Iraq	18.1	69.5	52.3	63.2	81.7	67.0	76.4	0.3
Jordan								
Kuwait								
Lebanon	22.2	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Libya								
Morocco								
Oman								
OPT *	14.8	28.2	22.9	27.5	78.1	86.5	77.7	18.1
Qatar								
Saudi Arabia								
Sudan	- - -	57.5	33.8	42.4	34.4	22.0	25.7	- - -
Syria	- - -	86.5	87.8	87.3	- - -	- - -	- - -	- - -
Tunisia	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
UAE								
Yemen								
Reference numbers to maps	- - -	- - -	- - -	38	- - -	- - -	39	- - -
Reference numbers to MICS2 tables	36	37	37	37	38	38	38	38

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

. . . Table 10: HEALTH - Safe Motherhood . . .

Country	Percentage of women 15-49 with birth in last year with antenatal care by nurse - Rural	Percentage of women 15-49 with birth in last year with antenatal care by nurse - Total	Percentage of women 15-49 with birth in last year with any skilled antenatal care personnel - Urban	Percentage of women 15-49 with birth in last year with any skilled antenatal care personnel - Rural	Percentage of women 15-49 with birth in last year with any skilled antenatal care personnel - Total	Percentage of women 15-49 with birth in last year delivered by doctor - Urban	Percentage of women 15-49 with birth in last year delivered by doctor - Rural
Algeria	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Bahrain	- - -	6.9	- - -	- - -	92.9	- - -	- - -
Djibouti							
Egypt * *	- - -	0.2	- - -	- - -	52.9	73.3	41.0
Iran * *	X	X	X	X	X	54.2	28.5
Iraq	0.1	0.3	X	X	X	31.6	22.3
Jordan							
Kuwait							
Lebanon	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Libya							
Morocco							
Oman							
OPT *	7.4	17.9	96.2	93.9	95.6	65.3	51.9
Qatar							
Saudi Arabia							
Sudan	- - -	- - -	88.6	62.1	70.1	11.7	3.7
Syria	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Tunisia	- - -	- - -	- - -	- - -	- - -	- - -	- - -
UAE							
Yemen							
Reference numbers to maps	- - -	- - -	- - -	- - -	40	- - -	- - -
Reference numbers to MICS2 tables	38	38	38	38	38	39	39

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

Notes: Rows in grey color indicate countries that did not conduct MICS2

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

. . . Table 10: HEALTH - Safe Motherhood

Country	Percentage of women 15-49 with birth in last year delivered by doctor - Total	Percentage of women 15-49 with birth in last year delivered by nurse - Urban	Percentage of women 15-49 with birth in last year delivered by nurse - Rural	Percentage of women 15-49 with birth in last year delivered by nurse - Total	Percentage of women 15-49 with birth in last year with any skilled delivered personnel - Urban	Percentage of women 15-49 with birth in last year with any skilled delivered personnel - Rural	Percentage of women 15-49 with birth in last year with any skilled delivered personnel - Total
Algeria	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Bahrain	52.3	- - -	- - -	41.0	- - -	- - -	93.4
Djibouti							
Egypt * *	53.5	8.1	7.0	7.4	81.4	48.0	60.9
Iran * *	45.0	X	X	X	95.5	79.0	89.6
Iraq	28.2	40.5	31.0	37.0	79.0	60.2	72.1
Jordan							
Kuwait							
Lebanon	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Libya							
Morocco							
Oman							
OPT *	60.0	32.3	44.7	37.4	97.6	96.6	97.4
Qatar							
Saudi Arabia							
Sudan	6.1	- - -	- - -	- - -	- - -	- - -	- - -
Syria	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Tunisia	- - -	- - -	- - -	- - -	- - -	- - -	- - -
UAE							
Yemen							
Reference numbers to maps	41	- - -	- - -	- - -	- - -	- - -	42
Reference numbers to MICS2 tables	39	39	39	39	39	39	39

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

Table 11: PROTECTION - Children . . .

Country	Percentage of children 0-59 with registered birth - Male	Percentage of children 0-59 with registered birth - Female	Percentage of children 0-59 with registered birth - Urban	Percentage of children 0-59 with registered birth - Rural	Percentage of children 0-59 with registered birth - Total	Percentage of children 0-14 living with both parents - Male	Percentage of children 0-14 living with both parents - Female	Percentage of children 0-14 living with both parents - Urban	Percentage of children 0-14 living with both parents - Rural
Algeria	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Bahrain	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Djibouti									
Egypt * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iran * *	X	X	91.0	83.4	87.7	X	X	X	X
Iraq	98.1	98.1	98.7	97.2	98.1	94.9	94.7	94.6	95.1
Jordan									
Kuwait									
Lebanon	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Libya									
Morocco									
Oman									
OPT *	99.7	99.3	99.6	99.4	99.5	95.2	94.3	94.4	95.5
Qatar									
Saudi Arabia									
Sudan	58.9	58.1	82.7	45.4	58.5	90.6	89.9	89.4	90.7
Syria	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Tunisia	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
UAE									
Yemen									
Reference numbers to maps	- - -	- - -	- - -	- - -	43	- - -	- - -	- - -	- - -
Reference numbers to MICS2 tables	40	40	40	40	40	41	41	41	41

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

. . . Table 11: PROTECTION - Children . . .

Country	Percentage of children 0-14 living with both parents - Total	Percentage of children 0-14 living with neither biological parent - Male	Percentage of children 0-14 living with neither biological parent - Female	Percentage of children 0-14 living with neither biological parent - Urban	Percentage of children 0-14 living with neither biological parent - Rural	Percentage of children 0-14 living with neither biological parent - Total	Percentage of children 5-14 in paid work - Male	Percentage of children 5-14 in paid work - Female	Percentage of children 5-14 in paid work - Urba
Algeria	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Bahrain	- - -	- - -	- - -	- - -	- - -	- - -	0.8	0.2	- - -
Djibouti									
Egypt * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iran * *	X	X	X	X	X	X	2.0	1.1	1.3
Iraq	94.8	0.4	0.4	0.4	0.4	0.4	2.4	0.1	1.4
Jordan									
Kuwait									
Lebanon	- - -	- - -	- - -	- - -	- - -	- - -	2.4	0.7	- - -
Libya									
Morocco									
Oman									
OPT *	94.6	0.5	1.5	1.2	0.8	1.0	7.2	2.2	4.8
Qatar									
Saudi Arabia									
Sudan	90.3	0.8	1.1	1.2	0.8	1.0	1.5	1.1	0.9
Syria	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Tunisia	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
UAE									
Yemen									
Reference numbers to maps	- - -	- - -	- - -	- - -	- - -	44	- - -	- - -	- - -
Reference numbers to MICS2 tables	41	41	41	41	41	41	42	42	42

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

Notes: Rows in grey color indicate countries that did not conduct MICS2

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

. . . Table 11: PROTECTION - Children . . .

Country	Percentage of children 5-14 in paid work - Rural	Percentage of children 5-14 in paid work - Total	Percentage of children 5-14 in unpaid work - Male	Percentage of children 5-14 in unpaid work - Female	Percentage of children 5-14 in unpaid work - Urban	Percentage of children 5-14 in unpaid work - Rural	Percentage of children 5-14 in unpaid work - Total	Percentage of children 5-14 <4 hours domestic work/day - Male	Percentage of children 5-14 <4 hours domestic work/day - Female
Algeria	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Bahrain	- - -	0.5	0.7	0.4	- - -	- - -	0.5	34.4	43.5
Djibouti									
Egypt * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iran * *	1.9	1.5	5.8	4.8	5.3	5.2	5.3	X	X
Iraq	1.0	1.3	0.7	0.3	0.3	1.0	0.5	21.1	49.2
Jordan									
Kuwait									
Lebanon	- - -	1.6	8.4	3.5	- - -	- - -	6.0	27.7	51.3
Libya									
Morocco									
Oman									
OPT *	3.3	4.7	9.1	6.7	7.4	8.0	8.0	33.2	65.1
Qatar									
Saudi Arabia									
Sudan	1.5	1.3	3.2	3.0	2.6	3.5	3.1	96.5	97.1
Syria	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Tunisia	- - -	- - -	- - -	- - -	- - -	- - -	- - -	70.5	72.7
UAE									
Yemen									
Reference numbers to maps	- - -	45	- - -	- - -	- - -	- - -	46	- - -	- - -
Reference numbers to MICS2 tables	42	42	42	42	42	42	42	42	42

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

Notes: Rows in grey color indicate countries that did not conduct MICS2

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

. . . Table 11: PROTECTION - Children

Country	Percentage of children 5-14 <4 hours domestic work/day - Urban	Percentage of children 5-14 <4 hours domestic work/day - Rural	Percentage of children 5-14 <4 hours domestic work/day - Total	Percentage of children 5-14 >=4 hours domestic work/day - Male	Percentage of children 5-14 >=4 hours domestic work/day - Female	Percentage of children 5-14 >=4 hours domestic work/day - Urban	Percentage of children 5-14 >=4 hours domestic work/day - Rural	Percentage of children 5-14 >=4 hours domestic work/day - Total
Algeria	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Bahrain	- - -	- - -	39.1	0.1	0.3	- - -	- - -	0.2
Djibouti								
Egypt * *	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Iran * *	X	X	X	X	X	X	X	X
Iraq	34.6	35.3	34.8	0.5	5.9	2.2	5.0	3.2
Jordan								
Kuwait								
Lebanon	- - -	- - -	39.1	0.2	2.8	- - -	- - -	1.5
Libya								
Morocco								
Oman								
OPT *	51.1	38.3	48.8	0.1	2.2	1.1	0.9	1.1
Qatar								
Saudi Arabia								
Sudan	97.6	96.3	96.8	3.5	2.9	2.4	3.7	3.2
Syria	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Tunisia	74.8	69.0	71.4	29.5	27.3	25.2	31.0	28.6
UAE								
Yemen								
Reference numbers to maps	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Reference numbers to MICS2 tables	42	42	42	42	42	42	42	42

W Data measles only

X Data are available, but are not presented in the same format as other countries

Y Data from Palestinian Central Bureau of Statistics

* OPT: additional data are presented for the Palestinian Refugee camps

* * Data from the Demographic and Health Survey (DHS). See Note on DHS for comments

- - - Not available

Notes: Rows in grey color indicate countries that did not conduct MICS2

Table 12: Specific MICS2 Surveys Conducted for SOUTHERN SUDAN

Indicator	*	Sudan	Sudan (Southern Sector)
Number of households surveyed - Urban	1	9415	1610
Number of households surveyed - Rural	1	15785	- - -
Number of households surveyed - Total	1	25200	1610
Percentage of urban households	4	37.4	100.0
Percentage of rural households	4	62.6	- - -
Women's marital status - Urban, currently married	5	33.4	85.6
Women's marital status - Rural, currently married	5	58.6	- - -
Women's marital status - Total, currently married	5	92.0	85.6
Women ever given birth - Urban	5	- - -	- - -
Women ever given birth - Rural	5	- - -	- - -
Women ever given birth - Total	5	- - -	- - -
Women's educational level - No education, urban	5	44.9	62.2
Women's educational level - No education, rural	5	72.5	- - -
Women's educational level - No education, total	5	62.3	62.2
Women's educational level - Primary+, urban	5	52.2	35.5
Women's educational level - Primary+, rural	5	25.7	- - -
Women's educational level - Primary+, total	5	35.4	35.5
Women's educational level - Secondary+, urban	5	20.0	12.4
Women's educational level - Secondary+, rural	5	5.4	- - -
Women's educational level - Secondary+, total	5	10.8	12.4
Education level of the mothers of children under 5 - No education, urban	6	43.4	59.6
Education level of the mothers of children under 5 - No education, rural	6	71.7	- - -
Education level of the mothers of children under 5 - No education, total	6	61.7	59.6
Education level of the mothers of children under 5 - Primary, urban	6	32.9	24.4
Education level of the mothers of children under 5 - Primary, rural	6	21.0	- - -
Education level of the mothers of children under 5 - Primary, total	6	25.2	24.4
Education level of the mothers of children under 5 - Secondary+, urban	6	20.6	13.2
Education level of the mothers of children under 5 - Secondary+, rural	6	5.6	- - -
Education level of the mothers of children under 5 - Secondary+, total	6	10.9	13.2
Mean number of children ever born	7	- - -	- - -
Proportion of children ever born, dead	7	- - -	- - -
Infant mortality rate (per 1000 live births)	8	- - -	- - -
Under 5 mortality rate (per 1000 live births)	8	- - -	- - -
Percentage of children 36-59 months in organized early childhood education - Male	9	24.0	22.1
Percentage of children 36-59 months in organized early childhood education - Female	9	25.6	18.8
Percentage of primary school age children attending primary school - Urban, male	10	66.6	68.4
Percentage of primary school age children attending primary school - Urban, female	10	65.5	67.3
Percentage of primary school age children attending primary school - Urban, total	10	66.1	67.8
Percentage of primary school age children attending primary school - Rural, male	10	39.7	- - -
Percentage of primary school age children attending primary school - Rural, female	10	35.9	- - -
Percentage of primary school age children attending primary school - Rural, total	10	37.8	- - -
Percentage of primary school age children attending primary school - Total, male	10	49.7	68.4
Percentage of primary school age children attending primary school - Total, female	10	46.9	67.3
Percentage of primary school age children attending primary school - Total, total	10	48.3	67.8
Percentage of children who reach grade 5 of those entering grade 1	11	- - -	- - -
Percentage of literate over age 15 - Male	12	50.6	54.2
Percentage of literate over age 15 - Female	12	49.2	52.3
Percentage of literate over age 15 - Total	12	49.9	53.2

* Reference numbers to MICS2 tables

Table 12: Specific MICS2 Surveys Conducted for SOUTHERN SUDAN

Indicator	*	Sudan	Sudan (Southern Sector)
Percentage of population with water piped into dwelling - Urban	13	44.3	6.8
Percentage of population with water piped into dwelling - Rural	13	10.7	- - -
Percentage of population with water piped into dwelling - Total	13	24.0	6.8
Percentage of population using flush to sewage system - Urban	14	0.8	0.3
Percentage of population using flush to sewage system - Rural	14	0.1	- - -
Percentage of population using flush to sewage system - Total	14	0.4	0.3
Percentage of population with sanitary means of excreta disposal - Urban	14	80.5	48.0
Percentage of population with sanitary means of excreta disposal - Rural	14	46.3	- - -
Percentage of population with sanitary means of excreta disposal - Total	14	59.7	48.0
Breastfeeding status - Exclusive 0-3 months, male	16	21.0	17.9
Breastfeeding status - Exclusive 0-3 moths, female	16	19.6	16.3
Breastfeeding status - Exclusive 0-3 months, total	16	20.3	17.0
Breastfeeding status - 12-15 months, male	16	85.1	83.9
Breastfeeding status - 12-15 months, female	16	84.1	64.9
Breastfeeding status - 12-15 months, total	16	84.6	74.8
Breastfeeding status - 20-23 months, male	16	30.5	53.6
Breastfeeding status - 20-23 months, female	16	30.4	34.8
Breastfeeding status - 20-23 months, total	16	30.5	45.1
Percentage of households using adequately iodized salt >15+ PPM - Urban	17	0.9	0.5
Percentage of households using adequately iodized salt >15+ PPM - Rural	17	0.4	- - -
Percentage of households using adequately iodized salt >15+ PPM - Total	17	0.6	0.5
Percentage of aged 6-59 months who received high dose vitamin A supplement within 6 months - Urban	18	51.3	33.6
Percentage of aged 6-59 months who received high dose vitamin A supplement within 6 months - Rural	18	39.7	- - -
Percentage of aged 6-59 months who received high dose vitamin A supplement within 6 months - Total	18	43.8	33.6
Percentage of women received high dose vitamin A supplement before infant was 8 weeks - Urban	19	26.4	28.5
Percentage of women received high dose vitamin A supplement before infant was 8 weeks - Rural	19	14.7	- - -
Percentage of women received high dose vitamin A supplement before infant was 8 weeks - Total	19	19.0	28.5
Percentage of live births below 2,500 grams - Urban	20	24.4	17.1
Percentage of live births below 2,500 grams - Rural	20	33.5	- - -
Percentage of live births below 2,500 grams - Total	20	30.7	17.1
Percentage of live births weighed at birth - Urban	20	- - -	- - -
Percentage of live births weighed at birth - Rural	20	- - -	- - -
Percentage of live births weighed at birth - Total	20	- - -	- - -
Percentage of children 12-23 months immunized - BCG	21/22	62.6	71.7
Percentage of children 12-23 months immunized - DPT1	21/22	63.9	66.5
Percentage of children 12-23 months immunized - DPT2	21/22	53.9	56.3
Percentage of children 12-23 months immunized - DPT3	21/22	40.2	43.0
Percentage of children 12-23 months immunized - Polio 0	21/22	59.7	52.6
Percentage of children 12-23 months immunized - Polio 1	21/22	72.3	72.8
Percentage of children 12-23 months immunized - Polio 2	21/22	63.4	66.5
Percentage of children 12-23 months immunized - Polio 3	21/22	42.0	46.3
Percentage of children 12-23 months immunized - Measles	21/22	49.7	51.1
Percentage of children 12-23 months immunized - All	21/22	24.4	26.5
Percentage of children 12-23 months immunized - None	21/22	23.9	20.2

* Reference numbers to MICS2 tables

Table 12: Specific MICS2 Surveys Conducted for SOUTHERN SUDAN

Indicator	*	Sudan	Sudan (Southern Sector)
Percentage of U5 diarrhoea in last 2 weeks - Male	24	28.4	24.8
Percentage of U5 diarrhoea in last 2 weeks - Female	24	27.9	25.0
Percentage of U5 diarrhoea in last 2 weeks - Urban	24	26.5	24.9
Percentage of U5 diarrhoea in last 2 weeks - Rural	24	29.1	- - -
Percentage of U5 diarrhoea in last 2 weeks - Total	24	28.2	24.9
Percentage of U5 diarrhea cases treated via breast milk - Total	23	36.8	46.3
Percentage of U5 diarrhea cases treated via gruel - Total	23	15.4	46.3
Percentage of U5 diarrhea cases treated via ORS packet - Total	23	27.6	48.6
Percentage of U5 diarrhea cases treated via local acceptable - Total	23	- - -	- - -
Percentage of U5 diarrhea cases treated via milk/infant formula - Total	23	- - -	- - -
Percentage of U5 diarrhea cases treated via feeding - Total	23	- - -	- - -
Percentage of U5 diarrhea cases treated via any recommended - Total	23	40.4	43.4
Percentage of U5 diarrhea cases not treated - Total	23	5.4	2.6
Percentage of U5 with ARI within 2 weeks - Male	25	16.8	12.1
Percentage of U5 with ARI within 2 weeks - Female	25	16.6	16.0
Percentage of U5 with ARI within 2 weeks - Urban	25	14.7	14.2
Percentage of U5 with ARI within 2 weeks - Rural	25	17.8	- - -
Percentage of U5 with ARI within 2 weeks - Total	25	16.7	14.2
Percentage of 0-59 months reported ill in last 2 weeks - Total	26	14.0	16.3
Percentage of 0-59 months reported ill in last 2 weeks, drinking more - Total	26	20.3	9.2
Percentage of 0-59 months reported ill in last 2 weeks, received increased fluids and continued eating - Total	26	11.0	10.2
Percentage of caretakers of 0-59 months who know at least 2 signs of illness - Urban	27	82.0	95.9
Percentage of caretakers of 0-59 months who know at least 2 signs of illness - Rural	27	84.4	- - -
Percentage of caretakers of 0-59 months who know at least 2 signs of illness - Total	27	83.6	95.9
Percentage of 0-59 months who slept under bednet - Male	28	24.8	34.7
Percentage of 0-59 months who slept under bednet - Female	28	23.9	32.7
Percentage of 0-59 months who slept under bednet - Urban	28	- - -	- - -
Percentage of 0-59 months who slept under bednet - Rural	28	- - -	- - -
Percentage of 0-59 months who slept under bednet - Total	28	24.3	33.6
Percentage of 0-59 with fever in past 2 weeks - Total	29	22.8	37.2
Percentage of 0-59 with fever in past 2 weeks & received any anti-malarial drugs - Total	29	22.7	24.0
Percentage of women 15-49, heard of AIDS - Urban	30	61.2	66.6
Percentage of women 15-49, heard of AIDS - Rural	30	28.3	- - -
Percentage of women 15-49, heard of AIDS - Total	30	40.4	66.6
Percentage of women 15-49, knows all 3 ways of AIDS prevention - Urban	30	6.4	6.7
Percentage of women 15-49, knows all 3 ways of AIDS prevention - Rural	30	2.7	- - -
Percentage of women 15-49, knows all 3 ways of AIDS prevention - Total	30	4.0	6.7
Percentage of women 15-49 knows at least 1 way of AIDS prevention - Urban	30	40.9	31.1
Percentage of women 15-49 knows at least 1 way of AIDS prevention - Rural	30	15.4	- - -
Percentage of women 15-49 knows at least 1 way of AIDS prevention - Total	30	24.8	31.1
Percentage of women 15-49, doesn't know any way of AIDS prevention - Urban	30	59.1	68.9
Percentage of women 15-49, doesn't know any way of AIDS prevention - Rural	30	84.6	- - -
Percentage of women 15-49, doesn't know any way of AIDS prevention - Total	30	75.2	68.9
Percentage of women 15-49, knows all 3 misconceptions about AIDS - Urban	31	11.4	4.8
Percentage of women 15-49, knows all 3 misconceptions about AIDS - Rural	31	3.1	- - -
Percentage of women 15-49, knows all 3 misconceptions about AIDS - Total	31	6.1	4.8
Percentage of women 15-49 knows at least 1 misconception about AIDS - Urban	31	44.8	40.8
Percentage of women 15-49 knows at least 1 misconception about AIDS - Rural	31	16.9	- - -

* Reference numbers to MICS2 tables

Table 12: Specific MICS2 Surveys Conducted for SOUTHERN SUDAN

Indicator	*	Sudan	Sudan (Southern Sector)
Percentage of women 15-49 knows at least 1 misconception about AIDS - Total	31	27.2	40.8
Percentage of women 15-49 knows AIDS can be transmitted mother to child - Urban	32	35.8	28.5
Percentage of women 15-49 knows AIDS can be transmitted mother to child - Rural	32	13.8	- - -
Percentage of women 15-49 knows AIDS can be transmitted mother to child - Total	32	21.8	28.5
Percentage of women 15-49 knows all 3 ways AIDS can be transmitted mother to child – Urban	32	20.4	15.6
Percentage of women 15-49 knows all 3 ways AIDS can be transmitted mother to child - Rural	32	8.5	- - -
Percentage of women 15-49 knows all 3 ways AIDS can be transmitted mother to child - Total	32	12.9	15.6
Percentage of women 15-49 who agreed with at least 1 discriminatory statement against people with AIDS - Urban	33	26.4	38.2
Percentage of women 15-49 who agreed with at least 1 discriminatory statement against people with AIDS - Rural	33	9.6	- - -
Percentage of women 15-49 who agreed with at least 1 discriminatory statement against people with AIDS - Total	33	15.8	38.2
Percentage of women 15-49 who agreed with neither discriminatory statement against people with AIDS - Urban	33	73.6	61.8
Percentage of women 15-49 who agreed with neither discriminatory statement against people with AIDS - Rural	33	90.4	- - -
Percentage of women 15-49 who agreed with neither discriminatory statement against people with AIDS - Total	33	84.2	61.8
Percentage of women 15-49, know where to get an AIDS test - Urban	35	13.7	8.8
Percentage of women 15-49, know where to get an AIDS test - Rural	35	4.7	- - -
Percentage of women 15-49, know where to get an AIDS test - Total	35	8.0	8.8
Percentage of women 15-49, have been tested for AIDS - Urban	35	2.0	5.7
Percentage of women 15-49, have been tested for AIDS - Rural	35	0.5	- - -
Percentage of women 15-49, have been tested for AIDS - Total	35	1.1	5.7
Percentage of married/in union women 15-49 not using/partner not using contraception - Urban	36	5.7	0.5
Percentage of married/in union women 15-49 not using/partner not using contraception - Rural	36	8.2	- - -
Percentage of married/in union women 15-49 not using/partner not using contraception - Total	36	- - -	- - -
Percentage of married/in union women 15-49 using any modern method - Urban	36	67.9	61.3
Percentage of married/in union women 15-49 using any modern method - Rural	36	66.5	- - -
Percentage of married/in union women 15-49 using any modern method - Total	36	- - -	- - -
Percentage of married/in union women 15-49 using any traditional method - Urban	36	32.1	38.7
Percentage of married/in union women 15-49 using any traditional method - Rural	36	33.5	- - -
Percentage of married/in union women 15-49 using any traditional method - Total	36	- - -	- - -
Percentage of mothers protected against neonatal tetanus - Urban	37	57.5	55.9
Percentage of mothers protected against neonatal tetanus - Rural	37	33.8	- - -
Percentage of mothers protected against neonatal tetanus - Total	37	42.4	55.9
Percentage of women 15-49 with birth in last year with antenatal care by doctor - Urban	38	34.4	3.9
Percentage of women 15-49 with birth in last year with antenatal care by doctor - Rural	38	22.0	- - -
Percentage of women 15-49 with birth in last year with antenatal care by doctor - Total	38	25.7	3.9
Percentage of women 15-49 with birth in last year with antenatal care by nurse - Urban	38	- - -	- - -
Percentage of women 15-49 with birth in last year with antenatal care by nurse - Rural	38	- - -	- - -
Percentage of women 15-49 with birth in last year with antenatal care by nurse - Total	38	- - -	- - -
Percentage of women 15-49 with birth in last year with any skilled antenatal care personnel - Urban	38	88.6	90.4
Percentage of women 15-49 with birth in last year with any skilled antenatal care personnel - Rural	38	62.1	- - -
Percentage of women 15-49 with birth in last year with any skilled antenatal care personnel - Total	38	70.1	90.4
Percentage of women 15-49 with birth in last year delivered by doctor - Urban	39	11.7	2.6

* Reference numbers to MICS2 tables

Table 12: Specific MICS2 Surveys Conducted for SOUTHERN SUDAN

Indicator	*	Sudan	Sudan (Southern Sector)
Percentage of women 15-49 with birth in last year delivered by doctor - Rural	39	3.7	- - -
Percentage of women 15-49 with birth in last year delivered by doctor - Total	39	6.1	2.6
Percentage of women 15-49 with birth in last year delivered by nurse - Urban	39	- - -	- - -
Percentage of women 15-49 with birth in last year delivered by nurse - Rural	39	- - -	- - -
Percentage of women 15-49 with birth in last year delivered by nurse - Total	39	- - -	- - -
Percentage of women 15-49 with birth in last year with any skilled delivered personnel - Urban	39	- - -	- - -
Percentage of women 15-49 with birth in last year with any skilled delivered personnel - Rural	39	- - -	- - -
Percentage of women 15-49 with birth in last year with any skilled delivered personnel - Total	39	- - -	- - -
Percentage of children 0-59 with registered birth - Male	40	58.9	55.2
Percentage of children 0-59 with registered birth - Female	40	58.1	58.6
Percentage of children 0-59 with registered birth - Urban	40	82.7	56.8
Percentage of children 0-59 with registered birth - Rural	40	45.4	- - -
Percentage of children 0-59 with registered birth - Total	40	58.5	56.8
Percentage of children 0-14 living with both parents - Male	41	90.6	82.3
Percentage of children 0-14 living with both parents - Female	41	89.9	79.8
Percentage of children 0-14 living with both parents - Urban	41	89.4	81.1
Percentage of children 0-14 living with both parents - Rural	41	90.7	- - -
Percentage of children 0-14 living with both parents - Total	41	90.3	81.1
Percentage of children 0-14 living with neither biological parent - Male	41	0.8	1.9
Percentage of children 0-14 living with neither biological parent - Female	41	1.1	2.8
Percentage of children 0-14 living with neither biological parent - Urban	41	1.2	2.4
Percentage of children 0-14 living with neither biological parent - Rural	41	0.8	- - -
Percentage of children 0-14 living with neither biological parent - Total	41	1.0	2.4
Percentage of children 5-14 in paid work - Male	42	1.5	1.1
Percentage of children 5-14 in paid work - Female	42	1.1	0.7
Percentage of children 5-14 in paid work - Urban	42	0.9	0.9
Percentage of children 5-14 in paid work - Rural	42	1.5	- - -
Percentage of children 5-14 in paid work - Total	42	1.3	- - -
Percentage of children 5-14 in unpaid work - Male	42	3.2	0.7
Percentage of children 5-14 in unpaid work - Female	42	3.0	0.7
Percentage of children 5-14 in unpaid work - Urban	42	2.6	0.7
Percentage of children 5-14 in unpaid work - Rural	42	3.5	- - -
Percentage of children 5-14 in unpaid work - Total	42	3.1	- - -
Percentage of children 5-14 <4 hours domestic work/day - Male	42	96.5	98.8
Percentage of children 5-14 <4 hours domestic work/day - Female	42	97.1	99.1
Percentage of children 5-14 <4 hours domestic work/day - Urban	42	97.6	98.9
Percentage of children 5-14 <4 hours domestic work/day - Rural	42	96.3	- - -
Percentage of children 5-14 <4 hours domestic work/day - Total	42	96.8	- - -
Percentage of children 5-14 >=4 hours domestic work/day - Male	42	3.5	1.2
Percentage of children 5-14 >=4 hours domestic work/day - Female	42	2.9	0.9
Percentage of children 5-14 >=4 hours domestic work/day - Urban	42	2.4	1.1
Percentage of children 5-14 >=4 hours domestic work/day - Rural	42	3.7	- - -
Percentage of children 5-14 >=4 hours domestic work/day - Total	42	3.2	- - -

* Reference numbers to MICS2 tables

Table 13: Specific MICS2 Surveys Conducted for PALESTINIANS IN SYRIA

Indicator	*	Syria	Syria (Palestinians)
Number of households surveyed - Urban	1	5298	- - -
Number of households surveyed - Rural	1	4697	- - -
Number of households surveyed - Total	1	9995	- - -
Percentage of urban households	4	53.0	- - -
Percentage of rural households	4	47.0	- - -
Women's marital status - Urban, currently married	5	96.6	93.8
Women's marital status - Rural, currently married	5	97.4	94.8
Women's marital status - Total, currently married	5	97.0	94.2
Women ever given birth - Urban	5	- - -	90.1
Women ever given birth - Rural	5	- - -	89.8
Women ever given birth - Total	5	- - -	90.0
Women's educational level - No education, urban	5	13.7	3.9
Women's educational level - No education, rural	5	39.0	13.2
Women's educational level - No education, total	5	25.9	7.6
Women's educational level - Primary+, urban	5	74.1	96.1
Women's educational level - Primary+, rural	5	57.6	86.8
Women's educational level - Primary+, total	5	66.2	92.4
Women's educational level - Secondary+, urban	5	28.8	43.9
Women's educational level - Secondary+, rural	5	14.0	27.8
Women's educational level - Secondary+, total	5	21.7	37.5
Education level of the mothers of children under 5 - No education, urban	6	20.6	2.3
Education level of the mothers of children under 5 - No education, rural	6	46.9	9.5
Education level of the mothers of children under 5 - No education, total	6	33.0	5.6
Education level of the mothers of children under 5 - Primary, urban	6	43.5	49.4
Education level of the mothers of children under 5 - Primary, rural	6	38.5	59.4
Education level of the mothers of children under 5 - Primary, total	6	41.2	54.1
Education level of the mothers of children under 5 - Secondary+, urban	6	25.3	48.3
Education level of the mothers of children under 5 - Secondary+, rural	6	11.8	31.1
Education level of the mothers of children under 5 - Secondary+, total	6	18.9	40.3
Mean number of children ever born	7	3.4	3.7
Proportion of children ever born, dead	7	0.1	0.0
Infant mortality rate (per 1000 live births)	8	- - -	34.0
Under 5 mortality rate (per 1000 live births)	8	- - -	42.0
Percentage of children 36-59 months in organized early childhood education - Male	9	- - -	7.4
Percentage of children 36-59 months in organized early childhood education - Female	9	- --	8.5
Percentage of primary school age children attending primary school - Urban, male	10	42.9	92.5
Percentage of primary school age children attending primary school - Urban, female	10	43.2	92.5
Percentage of primary school age children attending primary school - Urban, total	10	43.1	92.5
Percentage of primary school age children attending primary school - Rural, male	10	43.8	93.2
Percentage of primary school age children attending primary school - Rural, female	10	42.2	92.5
Percentage of primary school age children attending primary school - Rural, total	10	43.0	92.8
Percentage of primary school age children attending primary school - Total, male	10	43.4	92.8
Percentage of primary school age children attending primary school - Total, female	10	42.6	92.5
Percentage of primary school age children attending primary school - Total, total	10	43.0	92.6
Percentage of children who reach grade 5 of those entering grade 1	11	- - -	94.0
Percentage of literate over age 15 - Male	12	- - -	94.8
Percentage of literate over age 15 - Female	12	- - -	85.7

* Reference numbers to MICS2 tables

Table 13: Specific MICS2 Surveys Conducted for PALESTINIANS IN SYRIA

Indicator	*	Syria	Syria (Palestinians)
Percentage of literate over age 15 - Total	12	- - -	90.4
Percentage of population with water piped into dwelling - Urban	13	- - -	19.4
Percentage of population with water piped into dwelling - Rural	13	- - -	8.1
Percentage of population with water piped into dwelling - Total	13	- - -	14.8
Percentage of population using flush to sewage system - Urban	14	- - -	- - -
Percentage of population using flush to sewage system - Rural	14	- - -	- - -
Percentage of population using flush to sewage system - Total	14	- - -	- - -
Percentage of population with sanitary means of excreta disposal - Urban	14	- - -	- - -
Percentage of population with sanitary means of excreta disposal - Rural	14	- - -	- - -
Percentage of population with sanitary means of excreta disposal - Total	14	- - -	- - -
Breastfeeding status - Exclusive 0-3 months, male	16	26.5	19.2
Breastfeeding status - Exclusive 0-3 moths, female	16	25.0	22.1
Breastfeeding status - Exclusive 0-3 months, total	16	25.8	20.7
Breastfeeding status - 12-15 months, male	16	18.8	56.4
Breastfeeding status - 12-15 months, female	16	18.3	50.4
Breastfeeding status - 12-15 months, total	16	18.5	53.3
Breastfeeding status - 20-23 months, male	16	7.7	5.3
Breastfeeding status - 20-23 months, female	16	7.4	8.3
Breastfeeding status - 20-23 months, total	16	7.5	6.6
Percentage of households using adequately iodized salt >15+ PPM - Urban	17	49.2	61.6
Percentage of households using adequately iodized salt >15+ PPM - Rural	17	26.1	50.9
Percentage of households using adequately iodized salt >15+ PPM - Total	17	38.3	57.4
Percentage of aged 6-59 months who received high dose vitamin A supplement within 6 months - Urban	18	- - -	10.2
Percentage of aged 6-59 months who received high dose vitamin A supplement within 6 months - Rural	18	- - -	11.3
Percentage of aged 6-59 months who received high dose vitamin A supplement within 6 months - Total	18	- - -	10.7
Percentage of women received high dose vitamin A supplement before infant was 8 weeks - Urban	19	- - -	29.7
Percentage of women received high dose vitamin A supplement before infant was 8 weeks - Rural	19	- - -	40.6
Percentage of women received high dose vitamin A supplement before infant was 8 weeks - Total	19	- - -	35.0
Percentage of live births below 2,500 grams - Urban	20	- - -	3.0
Percentage of live births below 2,500 grams - Rural	20	- - -	4.5
Percentage of live births below 2,500 grams - Total	20	- - -	3.7
Percentage of live births weighed at birth - Urban	20	- - -	48.8
Percentage of live births weighed at birth - Rural	20	- - -	43.5
Percentage of live births weighed at birth - Total	20	- - -	46.2
Percentage of children 12-23 months immunized - BCG	21/22	95.5	82.6
Percentage of children 12-23 months immunized - DPT1	21/22	90.7	78.1
Percentage of children 12-23 months immunized - DPT2	21/22	90.0	77.8
Percentage of children 12-23 months immunized - DPT3	21/22	84.8	76.9
Percentage of children 12-23 months immunized - Polio 0	21/22	89.8	- - -
Percentage of children 12-23 months immunized - Polio 1	21/22	87.3	80.7
Percentage of children 12-23 months immunized - Polio 2	21/22	86.9	80.5
Percentage of children 12-23 months immunized - Polio 3	21/22	80.5	78.3
Percentage of children 12-23 months immunized - Measles	21/22	85.3	73.5

* Reference numbers to MICS2 tables

Table 13: Specific MICS2 Surveys Conducted for PALESTINIANS IN SYRIA

Indicator	*	Syria	Syria (Palestinians)
Percentage of children 12-23 months immunized - All	21/22	40.5	66.6
Percentage of children 12-23 months immunized - None	21/22	5.0	16.9
Percentage of U5 diarrhoea in last 2 weeks - Male	24	8.5	13.7
Percentage of U5 diarrhoea in last 2 weeks - Female	24	7.1	12.5
Percentage of U5 diarrhoea in last 2 weeks - Urban	24	8.8	11.8
Percentage of U5 diarrhoea in last 2 weeks - Rural	24	7.1	14.7
Percentage of U5 diarrhoea in last 2 weeks - Total	24	7.8	13.1
Percentage of U5 diarrhea cases treated via breast milk - Total	23	- - -	41.4
Percentage of U5 diarrhea cases treated via gruel - Total	23	- - -	41.2
Percentage of U5 diarrhea cases treated via ORS packet - Total	23	- - -	39.3
Percentage of U5 diarrhea cases treated via local acceptable - Total	23	- - -	- - -
Percentage of U5 diarrhea cases treated via milk/infant formula - Total	23	- - -	- - -
Percentage of U5 diarrhea cases treated via feeding - Total	23	- - -	- - -
Percentage of U5 diarrhea cases treated via any recommended - Total	23	- - -	89.2
Percentage of U5 diarrhea cases not treated - Total	23	- - -	10.7
Percentage of U5 with ARI within 2 weeks - Male	25	21.2	14.0
Percentage of U5 with ARI within 2 weeks - Female	25	19.5	14.0
Percentage of U5 with ARI within 2 weeks - Urban	25	23.3	14.4
Percentage of U5 with ARI within 2 weeks - Rural	25	18.2	13.4
Percentage of U5 with ARI within 2 weeks - Total	25	20.4	14.0
Percentage of 0-59 months reported ill in last 2 weeks - Total	26	20.4	23.1
Percentage of 0-59 months reported ill in last 2 weeks, drinking more - Total	26	50.6	45.4
Percentage of 0-59 months reported ill in last 2 weeks, received increased fluids and continued eating - Total	26	- - -	52.7
Percentage of caretakers of 0-59 months who know at least 2 signs of illness - Urban	27	- - -	- - -
Percentage of caretakers of 0-59 months who know at least 2 signs of illness - Rural	27	- - -	- - -
Percentage of caretakers of 0-59 months who know at least 2 signs of illness - Total	27	- - -	- - -
Percentage of 0-59 months who slept under bednet - Male	28	- - -	- - -
Percentage of 0-59 months who slept under bednet - Female	28	- - -	- - -
Percentage of 0-59 months who slept under bednet - Urban	28	- - -	- - -
Percentage of 0-59 months who slept under bednet - Rural	28	- - -	- - -
Percentage of 0-59 months who slept under bednet - Total	28	- - -	- - -
Percentage of 0-59 with fever in past 2 weeks - Total	29	- - -	- - -
Percentage of 0-59 with fever in past 2 weeks & received any anti-malarial drugs - Total	29	- - -	- - -
Percentage of women 15-49, heard of AIDS - Urban	30	68.8	80.2
Percentage of women 15-49, heard of AIDS - Rural	30	59.5	75.8
Percentage of women 15-49, heard of AIDS - Total	30	64.4	78.5
Percentage of women 15-49, knows all 3 ways of AIDS prevention - Urban	30	X	10.8
Percentage of women 15-49, knows all 3 ways of AIDS prevention - Rural	30	X	9.4
Percentage of women 15-49, knows all 3 ways of AIDS prevention - Total	30	X	10.2
Percentage of women 15-49 knows at least 1 way of AIDS prevention - Urban	30	X	69.9
Percentage of women 15-49 knows at least 1 way of AIDS prevention - Rural	30	X	61.1
Percentage of women 15-49 knows at least 1 way of AIDS prevention - Total	30	X	66.4
Percentage of women 15-49, doesn't know any way of AIDS prevention - Urban	30	X	7.9
Percentage of women 15-49, doesn't know any way of AIDS prevention - Rural	30	X	9.3
Percentage of women 15-49, doesn't know any way of AIDS prevention - Total	30	X	8.5
Percentage of women 15-49, knows all 3 misconceptions about AIDS - Urban	31	- - -	19.9
Percentage of women 15-49, knows all 3 misconceptions about AIDS - Rural	31	- - -	21.1

* Reference numbers to MICS2 tables

Table 13: Specific MICS2 Surveys Conducted for PALESTINIANS IN SYRIA

Indicator	*	Syria	Syria (Palestinians)
Percentage of women 15-49, knows all 3 misconceptions about AIDS - Total	31	- - -	20.4
Percentage of women 15-49 knows at least 1 misconception about AIDS - Urban	31	- - -	74.2
Percentage of women 15-49 knows at least 1 misconception about AIDS - Rural	31	- - -	68.6
Percentage of women 15-49 knows at least 1 misconception about AIDS - Total	31	- - -	72.0
Percentage of women 15-49 knows AIDS can be transmitted mother to child - Urban	32	68.8	67.8
Percentage of women 15-49 knows AIDS can be transmitted mother to child - Rural	32	59.5	59.7
Percentage of women 15-49 knows AIDS can be transmitted mother to child - Total	32	64.4	64.6
Percentage of women 15-49 knows all 3 ways AIDS can be transmitted mother to child - Urban	32	X	69.0
Percentage of women 15-49 knows all 3 ways AIDS can be transmitted mother to child - Rural	32	X	61.3
Percentage of women 15-49 knows all 3 ways AIDS can be transmitted mother to child - Total	32	X	66.0
Percentage of women 15-49 who agreed with at least 1 discriminatory statement against people with AIDS - Urban	33	- - -	34.9
Percentage of women 15-49 who agreed with at least 1 discriminatory statement against people with AIDS - Rural	33	- - -	22.4
Percentage of women 15-49 who agreed with at least 1 discriminatory statement against people with AIDS - Total	33	- - -	30.0
Percentage of women 15-49 who agreed with neither discriminatory statement against people with AIDS - Urban	33	- - -	45.3
Percentage of women 15-49 who agreed with neither discriminatory statement against people with AIDS - Rural	33	- - -	53.4
Percentage of women 15-49 who agreed with neither discriminatory statement against people with AIDS - Total	33	- - -	48.5
Percentage of women 15-49, know where to get an AIDS test - Urban	35	- - -	27.4
Percentage of women 15-49, know where to get an AIDS test - Rural	35	- - -	20.1
Percentage of women 15-49, know where to get an AIDS test - Total	35	- - -	24.5
Percentage of women 15-49, have been tested for AIDS - Urban	35	- - -	4.8
Percentage of women 15-49, have been tested for AIDS - Rural	35	- - -	4.9
Percentage of women 15-49, have been tested for AIDS - Total	35	- - -	4.8
Percentage of married/in union women 15-49 not using/partner not using contraception - Urban	36	- - -	25.3
Percentage of married/in union women 15-49 not using/partner not using contraception - Rural	36	- - -	27.9
Percentage of married/in union women 15-49 not using/partner not using contraception - Total	36	- - -	26.3
Percentage of married/in union women 15-49 using any modern method - Urban	36	- - -	- - -
Percentage of married/in union women 15-49 using any modern method - Rural	36	- - -	- - -
Percentage of married/in union women 15-49 using any modern method - Total	36	- - -	- - -
Percentage of married/in union women 15-49 using any traditional method - Urban	36	- - -	- - -
Percentage of married/in union women 15-49 using any traditional method - Rural	36	- - -	- - -
Percentage of married/in union women 15-49 using any traditional method - Total	36	- - -	- - -
Percentage of mothers protected against neonatal tetanus - Urban	37	86.5	42.2
Percentage of mothers protected against neonatal tetanus - Rural	37	87.8	41.3
Percentage of mothers protected against neonatal tetanus - Total	37	87.3	41.7
Percentage of women 15-49 with birth in last year with antenatal care by doctor - Urban	38	- - -	75.8
Percentage of women 15-49 with birth in last year with antenatal care by doctor - Rural	38	- - -	66.1
Percentage of women 15-49 with birth in last year with antenatal care by doctor - Total	38	- - -	71.1
Percentage of women 15-49 with birth in last year with antenatal care by nurse - Urban	38	- - -	13.2
Percentage of women 15-49 with birth in last year with antenatal care by nurse - Rural	38	- - -	23.0
Percentage of women 15-49 with birth in last year with antenatal care by nurse - Total	38	- - -	17.9
Percentage of women 15-49 with birth in last year with any skilled antenatal care personnel - Urban	38	- - -	94.2

* Reference numbers to MICS2 tables

Table 13: Specific MICS2 Surveys Conducted for PALESTINIANS IN SYRIA

Indicator	*	Syria	Syria (Palestinians)
Percentage of women 15-49 with birth in last year with any skilled antenatal care personnel - Rural	38	- - -	93.6
Percentage of women 15-49 with birth in last year with any skilled antenatal care personnel - Total	38	- - -	93.9
Percentage of women 15-49 with birth in last year delivered by doctor - Urban	39	- - -	65.2
Percentage of women 15-49 with birth in last year delivered by doctor - Rural	39	- - -	52.5
Percentage of women 15-49 with birth in last year delivered by doctor - Total	39	- - -	59.2
Percentage of women 15-49 with birth in last year delivered by nurse - Urban	39	- - -	24.6
Percentage of women 15-49 with birth in last year delivered by nurse - Rural	39	- - -	32.2
Percentage of women 15-49 with birth in last year delivered by nurse - Total	39	- - -	28.2
Percentage of women 15-49 with birth in last year with any skilled delivered personnel - Urban	39	- - -	97.7
Percentage of women 15-49 with birth in last year with any skilled delivered personnel - Rural	39	- - -	95.8
Percentage of women 15-49 with birth in last year with any skilled delivered personnel - Total	39	- - -	96.8
Percentage of children 0-59 with registered birth - Male	40	- - -	99.4
Percentage of children 0-59 with registered birth - Female	40	- - -	98.6
Percentage of children 0-59 with registered birth - Urban	40	- - -	98.7
Percentage of children 0-59 with registered birth - Rural	40	- - -	99.3
Percentage of children 0-59 with registered birth - Total	40	- - -	99.0
Percentage of children 0-14 living with both parents - Male	41	- - -	97.5
Percentage of children 0-14 living with both parents - Female	41	- - -	97.4
Percentage of children 0-14 living with both parents - Urban	41	- - -	97.5
Percentage of children 0-14 living with both parents - Rural	41	- - -	97.4
Percentage of children 0-14 living with both parents - Total	41	- - -	97.5
Percentage of children 0-14 living with neither biological parent - Male	41	- - -	1.0
Percentage of children 0-14 living with neither biological parent - Female	41	- - -	1.3
Percentage of children 0-14 living with neither biological parent - Urban	41	- - -	1.3
Percentage of children 0-14 living with neither biological parent - Rural	41	- - -	0.9
Percentage of children 0-14 living with neither biological parent - Total	41	- - -	1.1
Percentage of children 5-14 in paid work - Male	42	- - -	6.8
Percentage of children 5-14 in paid work - Female	42	- - -	1.3
Percentage of children 5-14 in paid work - Urban	42	- - -	3.7
Percentage of children 5-14 in paid work - Rural	42	- - -	4.8
Percentage of children 5-14 in paid work - Total	42	- - -	4.2
Percentage of children 5-14 in unpaid work - Male	42	- - -	3.2
Percentage of children 5-14 in unpaid work - Female	42	- - -	0.3
Percentage of children 5-14 in unpaid work - Urban	42	- - -	1.6
Percentage of children 5-14 in unpaid work - Rural	42	- - -	2.2
Percentage of children 5-14 in unpaid work - Total	42	- - -	1.8
Percentage of children 5-14 <4 hours domestic work/day - Male	42	- - -	0.7
Percentage of children 5-14 <4 hours domestic work/day - Female	42	- - -	0.3
Percentage of children 5-14 <4 hours domestic work/day - Urban	42	- - -	0.6
Percentage of children 5-14 <4 hours domestic work/day - Rural	42	- - -	0.4
Percentage of children 5-14 <4 hours domestic work/day - Total	42	- - -	0.5
Percentage of children 5-14 >=4 hours domestic work/day - Male	42	- - -	9.6
Percentage of children 5-14 >=4 hours domestic work/day - Female	42	- - -	1.7
Percentage of children 5-14 >=4 hours domestic work/day - Urban	42	- - -	5.0
Percentage of children 5-14 >=4 hours domestic work/day - Rural	42	- - -	6.9
Percentage of children 5-14 >=4 hours domestic work/day - Total	42	- - -	5.8

* Reference numbers to MICS2 tables

Table 14: OCCUPIED PALESTINIAN TERRITORY

Indicator	*	Total	West Bank	Gaza Strip	Refugee Camps
Number of households surveyed - Urban	1	4147	- - -	- - -	- - -
Number of households surveyed - Rural	1	2682	- - -	- - -	- - -
Number of households surveyed - Total	1	6829	- - -	- - -	- - -
Women's marital status - Total, currently married	5	62	- - -	- - -	- - -
Women ever given birth - Total	5	95	- - -	- - -	- - -
Women's educational level - No education, total	5	13.3	- - -	- - -	- - -
Women's educational level - Primary, total	5	23.1	- - -	- - -	- - -
Women's educational level - Secondary+, total	5	27.7	- - -	- - -	- - -
Education level of the mothers of children under 5 - No education, total	6	12.8	- - -	- - -	- - -
Education level of the mothers of children under 5 - Primary, total	6	25.9	- - -	- - -	- - -
Education level of the mothers of children under 5 - Secondary+, total	6	26.5	- - -	- - -	- - -
Children ever born	7	4.3	4.2	4.6	- - -
Proportion of children ever born, dead	7	0.0	0.0	0.0	- - -
Infant mortality rate (per 1000 live births)	8	- - -	- - -	- - -	34.2
Under 5 mortality rate (per 1000 live births)	8	- - -	- - -	- - -	37.5
Percentage of children 36-59 months in organized early childhood education - Male	9	19.2	- - -	- - -	- - -
Percentage of children 36-59 months in organized early childhood education - Female	9	18.9	- - -	- - -	- - -
Percentage of primary school age children attending primary school - Male	10	93.1	93.4	92.8	92.2
Percentage of primary school age children attending primary school - Female	10	94.2	94.6	93.7	93.3
Percentage of primary school age children attending primary school - Total	10	93.7	93.9	93.3	92.8
Percentage of children who reach grade 5 of those entering grade 1	11	98.5	98.6	98.4	99.3
Percentage of literate over age 15 - Male	12	94.4	94.7	93.8	94.4
Percentage of literate over age 15 - Female	12	83.9	83.6	84.6	84.2
Percentage of literate over age 15 - Total	12	89.2	89.2	89.2	89.2
Percentage of population with water piped into dwelling - Total	13	83.1	79.6	89.2	89.4
Percentage of population using flush to sewage system - Total	14	22.2	25.4	16.5	14.9
Percentage of population with sanitary means of excreta disposal - Total	14	99.6	99.4	99.9	99.9
Breastfeeding status - Exclusive 0-3 months, total	16	28.8	- - -	- - -	36.5
Breastfeeding status - 12-15 months, total	16	48.8	- - -	- - -	57.6
Breastfeeding status - 20-23 months, total	16	10.5	- - -	- - -	6.2
Percentage of households using adequately iodized salt >15+ PPM - Total	17	37.4	47.3	16.6	24.6
Percentage of aged 6-59 months who received high dose vitamin A supplement within 6 months - Total	18	15.5	19.3	8.6	11.6
Percentage of live births below 2,500 grams - Total	20	8.6	8.6	8.5	8.9
Percentage of live births weighed at birth - Total	20	99.9	99.9	100.0	100.0

* Reference numbers to MICS2 tables

Table 14: OCCUPIED PALESTINIAN TERRITORY

Indicator	*	Total	West Bank	Gaza Strip	Refugee Camps
Percentage of children 12-23 months immunized - BCG	22	74.7	58.4	100.0	97.6
Percentage of children 12-23 months immunized - DPT 1	22	98.2	97.5	99.4	99.5
Percentage of children 12-23 months immunized - DPT 2	22	97.9	97.0	99.1	99.2
Percentage of children 12-23 months immunized - DPT 3	22	88.5	87.8	89.5	89.7
Percentage of children 12-23 months immunized - Polio 1	22	99.7	99.5	100.0	100.0
Percentage of children 12-23 months immunized - Polio 2	22	99.4	99.1	99.7	99.7
Percentage of children 12-23 months immunized - Polio 3	22	96.8	95.5	98.7	99.1
Percentage of children 12-23 months immunized - Measles	22	92.9	89.4	98.4	93.2
Percentage of children 12-23 months immunized - All	22	62.5	46.2	87.9	81.8
Percentage of children 12-23 months immunized - None	22	0.2	0.4	0.0	0.0
Percentage of U5 diarrhoea in last 2 weeks - Total	23	6.7	7.0	6.2	6.3
Percentage of U5 diarrhea cases treated via breast milk - Total	23	41.4	41.3	41.6	42.0
Percentage of U5 diarrhea cases treated via gruel - Total	23	57.7	65.0	44.7	55.2
Percentage of U5 diarrhea cases treated via ORS packet - Total	23	71.4	76.6	62.2	69.6
Percentage of U5 diarrhea cases treated via local acceptable - Total	23	20.6	21.5	19.0	21.2
Percentage of U5 diarrhea cases treated via milk/infant formula - Total	23	35.2	39.7	27.2	32.5
Percentage of U5 diarrhea cases treated via feeding - Total	23	80.1	78.9	82.1	84.3
Percentage of U5 diarrhea cases treated via any recommended - Total	23	99.1	98.6	100.0	98.8
Percentage of U5 diarrhea cases not treated - Total	23	0.9	1.4	0.0	1.2
Percentage of U5 with ARI within 2 weeks - Total	25	17.0	- - -	- - -	20.8
Percentage of caretakers of 0-59 months who know at least 2 signs of illness - Total	27	99.9	99.9	100.0	100.0
Percentage of women 15-49, heard of AIDS - Total	30	91.0	90.6	91.7	96.1
Percentage of women 15-49, knows all 3 ways of AIDS prevention - Total	30	33.9	32.1	37.2	38.6
Percentage of women 15-49 knows at least 1 way of AIDS prevention - Total	30	62.7	59.3	69.0	73.7
Percentage of women 15-49, doesn't know any way of AIDS prevention - Total	30	37.3	40.7	31.0	26.3
Percentage of women 15-49, knows all 3 misconceptions about AIDS - Total	31	16.6	17.3	15.3	19.1
Percentage of women 15-49 knows at least 1 misconception about AIDS - Total	31	60.7	60.1	61.7	67.6

* Reference numbers to MICS2 tables

Table 14: OCCUPIED PALESTINIAN TERRITORY

Indicator	*	Total	West Bank	Gaza Strip	Refugee Camps
Percentage of women 15-49 knows AIDS can be transmitted mother to child - Total	32	84.9	82.2	89.7	89.1
Percentage of women 15-49 knows all 3 ways AIDS can be transmitted mother to child - Total	32	51.3	49.8	54.1	51.9
Percentage of women 15-49 who agreed with at least 1 discriminatory statement against people with AIDS - Total	33	29.3	30.7	26.9	29.3
Percentage of women 15-49 who agreed with neither discriminatory statement against people with AIDS - Total	33	70.7	69.3	73.1	70.7
Percentage of women 15-49, know where to get an AIDS test - Total	35	20.8	22.2	18.2	20.9
Percentage of married/in union women 15-49 not using/partner not using contraception - Total	36	48.6	45.7	53.9	49.9
Percentage of married/in union women 15-49 using any modern method - Total	36	36.7	38.8	32.7	39.7
Percentage of married/in union women 15-49 using any traditional method - Total	36	14.8	15.5	13.4	10.4
Percentage of mothers protected against neonatal tetanus - Total	37	27.5	23.0	35.7	34.4
Percentage of women 15-49 with birth in last year with antenatal care by doctor - Total	38	77.7	89.9	56.2	58.9
Percentage of women 15-49 with birth in last year with antenatal care by nurse - Total	38	17.9	4.2	42.2	37.7
Percentage of women 15-49 with birth in last year with any skilled antenatal care personnel - Total	38	95.6	94.1	98.4	96.6
Percentage of women 15-49 with birth in last year delivered by doctor - Total	39	60.0	52.0	74.1	56.2
Percentage of women 15-49 with birth in last year delivered by nurse - Total	39	37.4	44.4	24.9	42.1
Percentage of women 15-49 with birth in last year with any skilled delivered personnel - Total	39	97.4	96.4	99.0	98.3
Percentage of children 0-59 with registered birth - Total	40	99.5	99.3	99.9	99.7
Percentage of children 0-14 living with both parents - Total	41	94.6	94.9	94.3	93.8
Percentage of children 0-14 living with neither biological parent - Total	41	1.0	1.0	1.0	0.8
Percentage of children 5-14 in paid work - Total	42	4.7	3.3	7.0	7.2
Percentage of children 5-14 in unpaid work - Total	42	8.0	6.6	10.2	9.6
Percentage of children 5-14 <4 hours domestic work/day - Total	42	48.8	38.9	64.8	60.4
Percentage of children 5-14 >=4 hours domestic work/day - Total	42	1.1	0.8	1.6	1.4

* Reference numbers to MICS2 tables

MULTIPLE INDICATOR CLUSTER SURVEY 2

REGIONAL STATISTICAL REPORT

ANNEXES

ANNEX 1 – NOTES ON DHS

List of differences between DHS and MICS2 relevant to this report

EGYPT

*	
16	The DHS does not present data for the child 12-15 months and 20-23 months breastfed as MICS2 does.
17	The iodized salt ppm levels are different from MICS2 survey to DHS survey: MICS2 >= 15 ppm and DHS >=25.
18	The age reference for children who received vitamin A supplements within 6 months preceding the surveys is different: the DHS data refer to children 12-23 months and MICS2 data refer to children 6-59 months.
19	The period of time covered by the two surveys for women who received vitamin A supplements before infant was 8 weeks is different. The DHS data cover a period of 5 years and MICS2 data cover a period of 12 months, preceding the survey.
20	The period of time covered by the two surveys for live births below 2,500 grams is different: the DHS data cover a period of 5 years and MICS2 data cover a period of 12 months, preceding the survey.
23	The DHS does not present data for under 5 children with diarrhea treated using breastfeeding.
26	For infant aged 0-59 months reported ill in last 2 weeks preceding the surveys, the DHS presents no details about feeding practices.
37	In the DHS, the number of doses of the vaccine for the protection against neonatal tetanus of mothers with a birth is different: in the DHS, the data refer to 2 doses or more and in MICS2, the data refer to 5 doses. Also, the period of time covered is different: in MICS2 the data refer to a birth in the last 12 months preceding the survey, and in DHS, the data refer to a birth in the last 5 years preceding the survey.
39	The period of time covered by the two surveys for women 15-49 with birth assisted by skilled personnel is different: the DHS data cover a period of 5 years and MICS2 data cover a period of 12 months, preceding the survey.

IRAN

*	
9	In the DHS, the source of the data for children 36-59 months in organized early childhood education is the Iranian Ministry of Education, 2000.
10	In the DHS, the source of the data for primary school age children attending primary school is the Iranian Ministry of Education, 2000.
12	The DHS presents data for literacy rates, but not for the population aged 15 years and over like presented in the MICS2.
16	The DHS does not present data for the child 12-15 months and 20-23 months breastfed as MICS2 does.
22	The data presented in the DHS for the immunization of children 12-13 months are from MICS1 (1997).
37	In the DHS, the number of doses of the vaccine for the protection against neonatal tetanus of mothers with a birth in the last 12 months is not specified.
38	The data specified in the DHS for women 15-49 with birth in last year with any skilled antenatal care personnel cannot be compared with MICS2 data on the same variable as the skilled personnel categories may not be strictly comparable.
41	The data specified in the DHS for children living with both parents cannot be compared with MICS2 data, as the DHS data are not detailed enough like in the MICS2.
42	The period of time covered by the two surveys is different for the domestic work of children 5-14 years. In the DHS, the data refer to a number of hours per week. In MICS2, the data refer to a number of hours per day.

* Reference numbers to MICS2 tables

ANNEX 2 - NOTE ON ADDITIONAL NON-MICS2 INDICATORS

General discussion

This report also presents several indicators that affect the rights of the child and describe the environment in which the MENA child lives. Every one of these indicators for each MENA country is, where available, presented in a column in the data table. Comparison data is also presented for the MENA country average, the industrialized country average, the developing country average, the least developed country average and the world average.[1]

Under five mortality, infant mortality and life expectancy are all outcome indicators of the basic survival rights of children, as well as those of men and women. These are composite indicators of rights to shelter, medical care, proper nutrition, and an adequate standard of living of children in the MENA region. These statistics are presented in columns numbered one through four.

The maternal mortality ratio, the rate of contraceptive prevalence, the percentage of births attended by trained medical personnel are indicators of the basic survival rights of children, as is the age specific fertility rate for 15-19 year olds. The death of a woman in childbirth is a tragedy in its own right. However, the death of a mother also denies an infant at the most vulnerable moment of life the right to protection and nourishment from the one person most likely to go to the greatest lengths to protect the infant. As such, the maternal mortality ratio is not only an indicator of the fulfillment of the rights and the status of women, but also an indicator of the rights and status of the child. Contraceptive prevalence, similarly, is not only an indicator of the ability of a man and woman to control decisions surrounding fertility, but also an indicator of the likelihood that an infant will be born into a family that can afford to care for the infant and the child in a manner that meets at least the basic aspirations of the parents and conforms to ensuring the basic rights of the child. The percentage of births attended by trained medical personnel is highly correlated not only to maternal mortality but also infant mortality. The more births that are attended by trained medical personnel, the higher the survivability of both the mother and the infant. As such, countries making progress in meeting the rights of children, particularly those of infants, may see increases in the percentage of births attended by trained medical personnel prior to improvements in maternal mortality, and, in turn, infant mortality. Infants born to girls aged 15-19 have been shown to face high rates of susceptibility to infant mortality because these girls are often ill prepared in body and mind to defend the rights of their children. As such, the fertility rate of children aged 15-19 years is an indicator of the survival rights of infants and children. But it is also an indicator of the development rights of girl children aged 15-19; female adolescents giving birth at such an early age can be seen as denied rights to play and leisure because they face the responsibilities of motherhood at such an early age. Viewed collectively, these indicators of survival rights, and to an extent development rights, are powerful indicators of the status of the survival rights of MENA region children. They are presented in columns numbered five, six, seven and eight, respectively.

The ten indicators on nutrition can be viewed collectively as measures of the nutritional status of infants, children and families. The birth weight of an infant says a lot about the nutritional status of the mother. Measures of children under five underweight, as well as stunting and wasting are also outcome indicators of nutritional status as they are cumulative measures of years of nutrition for children. Breastfeeding contributes not only to healthy children through protecting them from disease and water-borne illness, but also through contributing to birth spacing as the longer women breastfeed, the less likely they are to become pregnant quickly. The proportion of

[1] For definitions of these country groups see the section of this report titled "Note on countries and regions."

households consuming iodized salt is an indicator of the likelihood of children and families gaining access to a crucial nutrient, iodine.

The nine indicators on literacy and education are indicators of the development rights of children. Adult literacy can be seen in general as a delayed indication of the results of child education in recent years and decades. But it is also reflective of the environment in which children are to grow and flourish. The more educated the parents, the more access their children are likely to have to more advanced information about public health, educational opportunities and thus the better they will be able to ensure the survival of their children, and safeguard their rights to development, protection and participation. Primary school enrolment, the proportion of children reaching grade five, and secondary school enrolment is a more direct indicator of the development rights of children. The higher the enrolment rate of children, the greater the success society, government and families are having at educating children and ensuring their rights to development.

The 11 indicators on population are best viewed together and presented to give the overall context of population growth. These 11 indicators should also be presented so as to give policy makers and policy analysts insight into the stresses of relative population growth in the MENA region on the provision of social services and competition for increasingly scarce resources within MENA societies. Population is presented for 2000, and projections are presented for 2005, 2010, 2015 and 2050 to give a sense of the magnitude of the growth taking place in certain MENA countries as compared to others. The projected annual growth rates for 2000-2005, 2005-2010, 2010-2015 give a sense as to the rates at which populations are growing, thereby pointing out which countries are having the most success at controlling the growth of the population—populations that will have to compete for scarce resources in terms of the financing for education, health care and other core services.

Gross National Income (GNI) is not only an indicator of the state of the economy, but also, somewhat, on child survivability.

Data sources for non-MICS2 data

The following sources were used to document the status of children in the countries of the Arab League. The primary source is UNICEF data that are being collected for the *State of the World's Children 2002*. Additional data from the United Nations Population Division and UNFPA's *State of the World Population 2001* were used. For some indicators, data for Occupied Palestinian Territory were collected directly from the Palestinian Ministry of Health and the Palestinian Central Bureau of Statistics. The sources of each indicator are noted in the tables.

Averages for the Arab world are calculated by UNICEF. In many cases certain countries were not included in the averages because of discrepancies and irregularities in the data. The table of notes following the data table lists the countries that were not included in the Arab world average per indicator. In the cases where the OPT was excluded from the average, it was noted that because of the small size of the population and other weighting factors, including the OPT in the average does not change the Arab average to the level of significance reported.

Details on each of the sources and scope of each of the indicators are presented below:

<u>Under 5 mortality rate</u>
Probability of dying between birth and exactly five years of age, expressed per 1,000 live births
Source: UNICEF, *The State of the World's Children 2002* and for OPT the data is from Palestinian Central Bureau of Statistics, *Health Survey-2000.*

Infant mortality rate
The probability of dying between birth and exactly one year of age, expressed per thousand live births.
Source: UNICEF, *The State of the World's Children 2002* and for OPT the data is from Palestinian Central Bureau of Statistics, *Health Survey-2000.*

Life expectancy at birth
The number of years newborn children would live if subject to the mortality risks prevailing for the cross-section of population at the time of their birth.
Source: UN Population Division, *World Population Prospects: The 2000 Revision*

Maternal mortality ratio
Annual number of deaths of women from pregnancy-related causes per 100,000 live births.
Source: UNFPA, *The State of World Population 2001* and for OPT the data is from Palestinian Ministry of Health, *The status of Health in Palestine, 2001*

Contraceptive prevalence, any method
Percentage of women in union aged 15-49 years currently using contraception.
Source: UNICEF, *The State of the World's Children 2002* and for OPT the data is from Palestinian Central Bureau of Statistics, *Health Survey-2000.*

Births attended by trained health personnel
Percentage of births attended by skilled health personnel (doctors, nurses, midwives, or primary health care workers trained in midwifery skills).
Source: UNICEF, *The State of the World's Children 2002*

Age-specific fertility rate 15-19
Number of births to women aged 15-19 years, divided by the number of women in that age group.
Source: UN Population Division, *World Population Prospects: The 2000 Revision*

Infant with low birth weight
Number of live births less than 2,500 grams, as a percentage of the total number of live births.
Source: UNICEF, *The State of the World's Children 2002.* For Sudan, the data is from the *End-Decade Multiple Indicator Survey (MICS2) 2000*

Children exclusively breastfed (0-3 months)
Proportion of infants (0-3 months of age) who are exclusively breastfed.
Source: UNICEF, *The State of the World's Children 2002*. For Iraq, the data is from the *End-Decade Multiple Indicator Survey (MICS2) 2000*. For Syria, the data is from the *End-Decade Multiple Indicator Survey (MICS2) 2000*.

Children breastfed with complementary food (6-9 months)
Proportion of infants (6-9 months of age) who are receiving breast milk and complementary food.
Source: UNICEF, *The State of the World's Children 2002*. For Iraq, the data is from the *End-Decade Multiple Indicator Survey (MICS2) 2000*. For Oman, the data is from National Study on the Role of Care in Nutritional Status of Children Under 2 Years in Oman, MOH.

Children still breastfed (20-23 months)
Proportion of children (20-23 months of age) that are still breastfeeding.
Source: UNICEF, *The State of the World's Children 2002*. For Syria, the data is from the *End-Decade Multiple Indicator Survey (MICS2) 2000*. For Oman, the data is from National Study on the Role of Care in Nutritional Status of Children Under 2 Years in Oman, MOH.

Under 5's suffering from underweight, moderate and severe
Children, below minus two standard deviations from median weight for age of reference population.
Source: UNICEF, *The State of the World's Children 2002*.

Under 5's suffering from underweight, severe
Children, below minus three standard deviations from median weight for age of reference population.
Source: UNICEF, *The State of the World's Children 2002*. For OPT the data is from Palestinian Central Bureau of Statistics, 2000, *Health Survey-2000*. For Iraq, the data is from the *End-Decade Multiple Indicator Survey (MICS2) 2000*.

Under 5's suffering from wasting, moderate and severe
Children, below minus two standard deviations from median weight for age of reference population.
Source: UNICEF, *The State of the World's Children 2002*. For Iraq, the data is from the *End-Decade Multiple Indicator Survey (MICS2) 2000*.

Under 5's suffering from stunting, moderate and severe
Children, below minus two standard deviations from median height for age of reference population.
Source: UNICEF, *The State of the World's Children 2002*.

Vitamin A supplementation coverage rate
Percentage of children aged 6-59 months who have received a high dose vitamin capsules within the last six months.
Source: UNICEF, *The State of the World's Children 2002*. For Iraq, the data is from the *End-Decade Multiple Indicator Survey (MICS2) 2000*. For Oman, the data is from National Study on the Role of Care in Nutritional Status of Children Under 2 Years in Oman, MOH. For Egypt, the data is from Demographic and Health Survey (DHS). For OPT, the data is from the *End-Decade Multiple Indicator Survey (MICS2) 2000*

Households consuming iodized salt
Proportion of households consuming adequately iodized salt.
Source: UNICEF, *The State of the World's Children 2002*. For Bahrain, the data is from the *End-Decade Multiple Indicator Survey (MICS2) 2000.*

Adult literacy rate
Percentage of persons aged 15 years and over who can read and write
Source: UNICEF, *The State of the World's Children 2002* and for OPT the data is from Palestinian Central Bureau of Statistics, *Health Survey-2000.*

Primary school enrollment ratio (gross)
Number of children enrolled in primary school, regardless of age, divided by the population of the age group that officially corresponds to the same level.
Source: UNICEF, *The State of the World's Children 2002* and *f*or OPT the data is from Palestinian Central Bureau of Statistics, *Health Survey-2000,* for the year 2000

Primary school net enrollment
Number of children enrolled in primary school who belong to the age group, that officially corresponds to primary schooling, divided by the total population of the same age group.
Source: UNICEF, *The State of the World's Children 2002*

Primary school entrants reaching grade 5
Percentage of children entering first grade of primary school who eventually reach grade 5.
Source: UNICEF, The State of the World's Children 2002 and for OPT the data is from the End-Decade Multiple Indicator Survey (MICS) 2000 B26

Secondary school enrollment ratio (gross)
Number of children enrolled in secondary school, regardless of age, divided by the population of the age group that officially corresponds to secondary school level.
Source: UNICEF, *The State of the World's Children 2002*

Total population
Includes all residents regardless of legal status or citizenship, except for refugees not permanently settled in their country of asylum. Population estimates are usually based on national censuses.
Source: UNICEF, *The State of the World's Children 2002* and for the regional population the data is from: UN Population Division, *World Population Prospects: Population Database,* http://esa.un.org/unpp/ *(Medium variant)*

Projected population
Future size of the population, based on United Nations methods.
Source: UNICEF, *The State of the World's Children 2002* and for the regional population the data is from: UN Population Division, *World Population Prospects: Population Database,* http://esa.un.org/unpp/ *(Medium variant)*

Population annual growth rate
The average annual rate of change of the size of the population during a specified period. It is calculated using the exponential endpoint method, expressed as a percentage.
Source: UNICEF, *The State of the World's Children 2002* and for the regional population the data is from: UN Population Division, *World Population Prospects: Population Database,* http://esa.un.org/unpp/ *(Medium variant)*

Population urbanized
Percentage of population living in urban areas as defined according to the national definition used in the most recent population census.
Source: UNICEF, *The State of the World's Children 2002*

Growth rate of urbanized population
Rate of urban growth of urban population.
Source: UNICEF, *The State of the World's Children 2002*

Total fertility rate
The number of children that would be born per woman if she were to live to the end of her child-bearing years and bear children at each age in accordance with prevailing age-specific fertility rates.
Source: UN Population Division, *World Population Prospects: The 2000 Revision*

GNI per capita (US$)
Gross national income (GNI) is the sum of value added by all resident producers plus any product taxes (less subsidies) not included in the valuation of output plus net receipts of primary income (compensation of employees and property income) from abroad. GNI per capita is divided by mid-year population. GNI per capita in US dollars is converted using the World Bank Atlas method.
Source: UNICEF, *The State of the World's Children 2002*

Population aged 15-24
Source: UN Population Division, *World Population Prospects: Population Database,* http://esa.un.org/unpp/ *(Medium variant)*

Note on regions and countries

This report focuses on Algeria, Bahrain, Iraq, Lebanon, Occupied Palestinian Territory, Sudan, Syria, and Tunisia, the countries among the Middle East and North Africa (MENA) region which implemented the 2000 Multiple Indicator Cluster Survey (MICS2), as well as Egypt and Iran which implemented the Demographic and Health Survey (DHS) during that same time period. Data on more than two hundred indicators are presented from the 42 tables of the MICS2 survey." As is the convention within UNICEF, and other United Nations agencies, the report contrasts indicators with averages for "Developing Countries," "Least Developing Countries,"

and "Industrialized Countries."[2] It is important to note that the "Least Developed Countries" are a subset of the "Developing Countries."

Middle East and North Africa Region

Algeria; Bahrain; Djibouti; Egypt; Iran; Iraq; Jordan; Kuwait; Lebanon; Libya; Morocco; Occupied Palestinian Territory (OPT); Oman; Qatar; Saudi Arabia; Sudan; Syria; Tunisia; United Arab Emirates (UAE); Yemen.[3]

Developing countries

Afghanistan; Algeria; Angola; Antigua and Barbuda; Argentina; Armenia; Azerbaijan; Bahamas; Bahrain; Bangladesh; Barbados; Belize; Benin; Bhutan; Bolivia; Botswana; Brazil; Brunei Darussalam; Burkina Faso; Burundi; Cambodia; Cameroon; Cape Verde; Central African Rep.; Chad; Chile; China; Colombia; Comoros; Congo; Congo, Dem. Rep.; Cook Islands; Costa Rica; Côte d'Ivoire; Cuba; Cyprus; Djibouti; Dominica; Dominican Rep.; Ecuador; Egypt; El Salvador; Equatorial Guinea; Eritrea; Ethiopia; Fiji; Gabon; Gambia; Georgia; Ghana; Grenada; Guatemala; Guinea; Guinea-Bissau; Guyana; Haiti; Honduras; India; Indonesia; Iran; Iraq; Israel; Jamaica; Jordan; Kazakhstan; Kenya; Kiribati; Korea, Dem. People's Rep.; Korea, Rep. of; Kuwait; Kyrgyzstan; Lao People's Dem. Rep.; Lebanon; Lesotho; Liberia; Libya; Madagascar; Malawi; Malaysia; Maldives; Mali; Marshall Islands; Mauritania; Mauritius; Mexico; Micronesia, Fed. States of; Mongolia; Morocco; Mozambique; Myanmar; Namibia; Nauru; Nepal; Nicaragua; Niger; Nigeria; Niue; Oman; Pakistan; Palau; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Qatar; Rwanda; Saint Kitts and Nevis; Saint Lucia; Saint Vincent/Grenadines; Samoa; Sao Tome and Principe; Saudi Arabia; Senegal; Seychelles; Sierra Leone; Singapore; Solomon Islands; Somalia; South Africa; Sri Lanka; Sudan; Suriname; Swaziland; Syria; Tajikistan; Tanzania; Thailand; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Turkmenistan; Tuvalu; Uganda; United Arab Emirates; Uruguay; Uzbekistan; Vanuatu; Venezuela; Viet Nam; Yemen; Zambia; Zimbabwe.

Industrialized countries

Andorra; Australia; Austria; Belgium; Canada; Denmark; Finland; France; Germany; Greece; Holy See; Iceland; Ireland; Israel; Italy; Japan; Liechtenstein; Luxembourg; Malta; Monaco; Netherlands; New Zealand; Norway; Portugal; San Marino; Slovenia; Spain; Sweden; Switzerland; United Kingdom; United States.

Least developed countries

Afghanistan; Angola; Bangladesh; Benin; Bhutan; Burkina Faso; Burundi; Cambodia; Cape Verde; Central African Rep.; Chad; Comoros; Congo, Dem. Rep.; Djibouti; Equatorial Guinea; Eritrea; Ethiopia; Gambia; Guinea; Guinea-Bissau; Haiti; Kiribati; Lao People's Dem. Rep.; Lesotho; Liberia; Madagascar; Malawi; Maldives; Mali; Mauritania; Mozambique; Myanmar; Nepal; Niger; Rwanda; Samoa; Sao Tome and Principe; Sierra Leone; Solomon Islands; Somalia; Sudan; Tanzania; Togo; Tuvalu; Uganda; Vanuatu; Yemen; Zambia.

[2] *Source: http://www.unicef.org/sowc01/tables/country_list.htm*

[3] Please note that the unsettled country boundary between Egypt and Sudan, on East Coast of Africa is indicated with a dotted line in the Maps. This is a non-specified territory called "Halaib Triangle"

TABLES - NON-MICS2 DATA

Table 15: Additional Data on MENA Countries - HEALTH

Country	Under 5 mortality rate 2000	Infant mortality rate 2000	Life expectancy at birth, male 2000	Life expectancy at birth, female 2000	Maternal mortality ratio (most recent)	Contraceptive prevalence, any method 1995-2001	Births attended by trained health personnel (%) 1995-2000	Age-specific fertility rate 15-19 2001
	a, b	a, b	c	c	d, e	a, b	a	c
Algeria	65	50	68.1	71.1	150	56.9	77	21
Bahrain	16	13	71.6	75.8	38	61.8	98	19
Djibouti	146	102	41.7	44.2	520	- - -	- - -	67
Egypt	43	37	65.7	68.9	170	56.1	61	40
Iran	44	36	68.0	70.0	130	72.9	86	31
Iraq	130	105	60.3	63.4	370	13.7	54	42
Jordan	34	28	69.1	71.8	41	56.7	97	39
Kuwait	10	9	74.5	78.6	25	50.2	98	30
Lebanon	32	28	71.5	74.6	130	62.7	89	26
Libya	20	17	68.8	72.8	120	45.2	94	30
Morocco	46	41	65.8	69.5	390	58.8	40	30
OPT	29	26	70.3	73.5	37	51.4	97	98
Oman	14	12	69.7	72.6	120	40.4	91	86
Qatar	16	12	68.7	71.3	41	43.2	98	33
Saudi Arabia	29	24	70.5	73.0	23	31.7	91	50
Sudan	108	66	54.6	57.4	1500	9.9	86	59
Syria	29	24	70.0	72.4	200	45.8	76	40
Tunisia	28	22	69.0	71.5	70	65.5	90	15
UAE	9	8	73.7	78.0	30	27.5	96	66
Yemen	117	85	59.5	61.7	850	20.8	22	125
Middle East and North Africa	64	49	64.8	67.6	360	56.5	67	41
Industrialized countries	6	6	71.0	79.0	21	76.0	98	27
Developing countries	91	63	62.0	65.0	440	62.0	53	55
Least developed countries	161	102	50.0	52.0	1000	29.0	27	129
World	83	57	63.0	68.0	400	63.0	57	51

Sources:
a UNICEF, *The State of the World's Children 2002*
b OPT: the data are from Palestinian Central Bureau of Statistics, 2000, *Health Survey-2000.*
c UN Population Division, *World Population Prospects: The 2000 Revision*
d UNFPA, *The State of World Population 2001*
e OPT: the data are from Palestinian Ministry of Health, *The status of Health in Palestine,* 2001
Note: - - - Not available

Table 16: Additional Data on MENA Countries - NUTRITION

Country	Infants with low birth weight	Children exclusively breastfed (0-3 months)	Children breastfed with complementary food (6-9 months)	Children still breastfeeding (20-23 months)	Under 5's suffering from underweight, moderate and severe	Under 5's suffering from underweight, severe	Under 5's suffering from wasting, moderate and severe	Under 5's suffering from stunting, moderate and severe	Vitamin A supplementation coverage rate	Households consuming iodized salt
	1995-2000	1995-2000	1995-2000	1995-2000	1995-2000	1995-2000	1995-2000	1995-2000	1999	1997-2000
	a	a	a	a	a	a	a	a	a	a
Algeria	7	16	38	22	6	1	3	18	- - -	69
Bahrain	10	34	65	41	9	2	5	10	- - -	- - -
Djibouti	- - -	- - -	- - -	- - -	18	6	13	26	- - -	- - -
Egypt	10	68	71	30	12	3	6	25	- - -	56
Iran	7	66	96	41	11	2	5	15	- - -	94
Iraq	23	- - -	- - -	25	16	- - -	- - -	22	- - -	40
Jordan	10	15	68	12	5	1	2	8	- - -	88
Kuwait	7	12	26	9	10	3	11	24	- - -	- - -
Lebanon	6	27	35	11	3	0	3	12	- - -	87
Libya	7	- - -	- - -	23	5	1	3	15	- - -	90
Morocco	9	31	33	20	9	2	2	23	- - -	- - -
OPT	9	29	78	11	4	- - -	3	7	- - -	37
Oman	8	31	- - -	- - -	24	4	13	23	- - -	61
Qatar	10	12	48	21	6	- - -	2	8	- - -	- - -
Saudi Arabia	3	31	60	30	14	3	11	20	- - -	- - -
Sudan	- - -	14	45	44	17	7	- - -	- - -	79	96
Syria	6	- - -	50	- - -	13	4	9	21	- - -	40
Tunisia	5	12	- - -	16	4	1	2	12	- - -	97
United Arab Emirates	- - -	34	52	29	14	3	15	17	- - -	- - -
Yemen	26	25	79	41	46	15	13	52	100	39
Middle East and North Africa	11	45	68	30	15	4	7	53	- - -	70
Industrialized countries	7	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -
Developing countries	14	46	50	51	28	10	9	32	50	70
Least developed countries	18	41	59	59	37	11	10	43	80	59
World	14	46	50	51	27	10	8	32	50	69

Source:
a UNICEF, *The State of the World's Children 2002*

Note: - - - Not available

Table 17: Additional Data on MENA Countries - EDUCATION

Country	Adult literacy rate 2000, male	Adult literacy rate 2000, female	Primary school enrollment ratio 1995-99 (gross), male	Primary school enrollment ratio 1995-99 (gross), female	Primary School Net enrollment 1996-2000, male	Primary School Net enrollment 1996-2000, female	% Primary school entrants reaching grade 5 1995-99	Secondary school enrollment ratio 1995-97 (gross), male	Secondary school enrollment ratio 1995-97 (gross), female
	a, b	a, b	a, b	a, b	a	a	a, f	a	a
Algeria	75	51	97	93	98	96	95	65	62
Bahrain	91	83	103	104	96	98	99	91	98
Djibouti	65	38	45	33	39	28	83	17	12
Egypt	67	44	103	96	88	84	92	80	70
Iran	84	70	111	102	99	96	95	81	73
Iraq	71	45	110	95	98	88	72	51	32
Jordan	95	84	93	93	95	94	98	52	54
Kuwait	84	80	101	97	89	85	97	65	65
Lebanon	92	80	113	108	98	98	91	78	85
Libya	91	68	110	110	- - -	- - -	- - -	95	95
Morocco	62	36	94	76	77	64	75	44	34
OPT	94	84	95	95	93	94	99	- - -	- - -
Oman	80	62	100	95	90	88	95	68	65
Qatar	80	83	106	100	96	92	88	81	79
Saudi Arabia	84	67	97	90	81	73	96	65	57
Sudan	68	46	48	43	43	37	76	21	19
Syria	88	60	98	93	99	98	92	45	40
Tunisia	81	60	119	112	95	93	92	66	63
UAE	85	93	104	102	98	98	95	77	82
Yemen	67	25	89	45	75	40	74	53	14
Middle East and North Africa	75	54	95	84	84	77	88	64	55
Industrialized countries	- - -	- - -	104	103	- - -	- - -	99	105	107
Developing countries	82	66	98	89	82	78	73	55	46
Least developed countries	61	40	84	69	- - -	- - -	61	23	14
World	85	74	99	90	83	80	75	61	54

Sources

a UNICEF, *The State of the World's Children 2002*

b OPT:A34 the data are from Palestinian Central Bureau of Statistics, 2000, *Health Survey-2000.*

f OPT, the data are from the *End-Decade Multiple Indicator Survey (MICS2) 2000*

Note: - - - Not available

Table 18: Additional Data on MENA Countries - DEMOGRAPHY AND ECONOMY

Country	Total population 2000 (Thousands)	Projected population 2005 (Thousands)	Projected population 2010 (Thousands)	Projected population 2015 (Thousands)	Projected population 2050 (Thousands)	Population annual growth rate 2000-2005	Population annual growth rate 2005-2010	Population annual growth rate 2010-2015	% of population urbanized 2000	Growth rate of urbanized population 2000-2005	Total fertility rate 2001	GNI per capita (US$) 2000
	a, g	a, g	a, g	a, g	a, g	a, g	a, g	a, g	a	a	c	a
Algeria	30291	33076	35635	38022	51180	1.8	1.5	1.3	57	2.7	2.9	1590
Bahrain	640	696	744	793	1008	1.7	1.3	1.3	92	2.0	2.4	7640
Djibouti	632	666	679	703	1068	1.0	0.4	0.7	84	1.3	5.9	840
Egypt	67884	73807	79260	84425	113840	1.7	1.4	1.3	43	1.8	3.0	1490
Iran	70330	75366	80809	87103	121424	1.4	1.4	1.5	64	2.4	2.9	1630
Iraq	22946	26322	29917	33550	53574	2.8	2.6	2.3	68	2.7	4.9	2170
Jordan	4913	5652	6423	7191	11709	2.8	2.6	2.3	79	3.0	4.4	1680
Kuwait	1914	2175	2473	2766	4001	2.6	2.6	2.2	96	2.6	2.7	19020
Lebanon	3496	3779	4017	4219	5018	1.6	1.2	1.0	90	1.9	2.2	3750
Libya	5290	5905	6531	7058	9969	2.2	2.0	1.6	88	2.5	3.5	5540
Morocco	29878	32663	35324	37680	50361	1.8	1.6	1.3	55	2.9	3.1	1180
OPT	3191	3819	4525	5317	11821	3.6	3.4	3.2	67	4.0	5.7	1610
Oman	2538	2989	3515	4110	8751	3.3	3.2	3.1	76	4.0	5.6	4940
Qatar	565	610	653	693	831	1.5	1.4	1.2	93	1.7	3.4	12000
Saudi Arabia	20346	23765	27588	31748	59683	3.1	3.0	2.8	86	3.6	5.7	6900
Sudan	31095	34887	38667	42433	63530	2.3	2.1	1.9	36	4.7	4.6	320
Syria	16189	18389	20781	23206	36345	2.6	2.4	2.2	51	3.2	3.8	990
Tunisia	9459	10013	10629	11257	14076	1.1	1.2	1.1	66	2.1	2.2	2090
UAE	2606	2840	3056	3230	3709	1.7	1.5	1.1	87	2.2	3.0	18060
Yemen	18349	22484	27359	33118	102379	4.1	3.9	3.8	25	5.3	7.6	380
Middle East and North Africa	342552	379903	418585	458622	724277	2.0	2.0	1.8	56	2.8	3.7	1326
Industrialized countries	1191429	1201109	1208405	1213857	1181108	0.2	0.1	0.1	- - -	- - -	1.5	28077
Developing countries	4865286	5239892	5617331	5993504	8141143	1.5	1.4	1.3	- - -	- - -	3.0	1175
Least developed countries	658192	746649	844205	949686	1829542	2.5	2.5	2.4	- - -	- - -	5.3	290
World	6056715	6441001	6825736	7207361	9322251	1.2	1.2	1.1	- - -	- - -	2.7	5192

Sources

a UNICEF, *The State of the World's Children 2002*

c UN Population Division, *World Population Prospects: The 2000 Revision*

g For the regional population the data are from: UN Population Division, *World Population Prospects: Population Database,* http://esa.un.org/unpp/ (Medium variant)

Note: - - - Not available

Table 19: Additional Data on MENA Countries - YOUTH

Country	Population aged 15-24			Population aged 15-24 Projection			Population aged 15-24 Projection			Population aged 15-24 Projection			Population aged 15-24 Projection		
	2000 Total	2000 Male	2000 Female	2005 Total	2005 Male	2005 Female	2010 Total	2010 Male	2010 Female	2015 Total	2015 Male	2015 Female	2050 Total	2050 Male	2050 Female
	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g
Algeria	6586	3359	3225	6942	3546	3395	6933	3544	3390	6867	3505	3361	6762	3456	3307
Bahrain	99	52	49	112	58	54	125	65	61	124	63	61	118	60	57
Djibouti	123	61	61	137	68	68	154	77	77	169	85	84	226	114	112
Egypt	13799	7107	6692	15656	8030	7627	15862	8108	7754	15594	7964	7629	15278	7809	7468
Iran	15380	7835	7545	18406	9393	9013	18372	9424	8948	16248	8345	7903	15628	8012	7617
Iraq	4610	2364	2246	5410	2766	2644	5942	3030	2912	6497	3313	3184	7342	3747	3596
Jordan	1032	533	500	1111	568	542	1193	611	582	1367	700	667	1672	856	816
Kuwait	445	230	214	551	283	267	480	247	234	350	180	170	469	239	231
Lebanon	654	330	324	714	362	352	758	385	372	717	366	351	607	311	297
Libya	1252	637	615	1299	662	637	1147	586	560	1175	601	574	1378	706	672
Morocco	6158	3132	3026	6486	3295	3190	6646	3378	3268	6832	3472	3361	6893	3518	3375
Oman	491	248	243	618	313	305	713	362	352	773	393	379	1612	825	787
OPT	596	307	289	740	379	360	890	456	435	1072	547	525	2208	1130	1078
Qatar	71	37	33	87	44	42	98	50	48	104	53	51	108	56	53
S. Arabia	3925	1997	1928	4719	2412	2308	5546	2831	2715	6106	3117	2989	9857	5043	4814
Sudan	6138	3113	3025	6777	3440	3337	7522	3822	3701	8368	4255	4114	9046	4605	4441
Syria	3591	1821	1770	4234	2149	2085	4348	2214	2134	4309	2199	2109	4909	2512	2396
Tunisia	1994	1019	975	2053	1049	1004	1949	998	952	1743	898	846	1744	901	844
UAE	400	226	173	495	271	224	500	268	232	439	232	207	455	235	220
Yemen	3332	1709	1623	3975	2038	1937	5195	2658	2536	6771	3458	3313	21038	10716	10322
Middle East and North Africa	63991	29467	28196	64948	33150	31792	69297	35341	33959	73330	37381	35947	102003	52009	49994
Developing countries	899816	- - -	- - -	982946	- - -	- - -	1030974	- - -	- - -	1043484	- - -	- - -	1165860	- - -	- - -
Least developed countries	130300	- - -	- - -	149877	- - -	- - -	169622	- - -	- - -	190036	- - -	- - -	335095	- - -	- - -
World	1062283	543745	518537	1145467	587401	558066	1186099	608925	577174	1186259	608865	577395	1290211	658733	631479

Source:
g For the regional population the data are from: UN Population Division, *World Population Prospects: Population Database,* http://esa.un.org/unpp/ (Medium variant) Note: - - - Not available

ANNEX 3 - SAMPLING DETAILS

This appendix contains more technical information and is intended mainly for sample specialists. It contains the following sections, all of which are referred to in Chapter 4:

- Sample size calculation
- Procedures for sampling with PPS - option 2
- Procedures for sampling with PPS - option 3
- Computation of the post-stratification weights

Sample Size Calculation

The current section describes how the sample size can be calculated when the survey situation fits neither that used for table 4.1 nor for table 4.2 in Chapter 4. The sample size calculation applies only to persons, since the most important indicators for end-decade assessment are person-based. Household sample size calculations would not only require a different formula, but also very different deff values, of 10 or more.

The calculating formula, taking into account the parameters and assumptions discussed in the Chapter 4, is given by

$$n = [4\,(r)\,(1 - r)\,(f)\,(1.1)] / [(e^2)\,(p)\,(n_h)], \text{ where } (1)$$

(taking the components in order),
n is the required sample size for the KEY (rarest) indicator,
4 is a factor to achieve the 95 percent level of confidence,
r is the predicted or anticipated prevalence (coverage rate) for the key indicator, which is based upon the *smallest target group* (in terms of its proportion of the total population),
1.1 is the factor necessary to raise the sample size by 10 percent for non-response,
f is the design effect, or *deff*,
e is the margin of error to be tolerated,
p is the proportion of the total population that the smallest group comprises, and
n_h is the average household size.

A numerical example is provided to illustrate the calculation.

✎ **EXAMPLE (MODERATE-TO-HIGH COVERAGE RATE):**

Suppose the target group in your country which comprises the smallest percentage of the total population is one-year-old children (recall that we are purposely excluding the 4-month age groups that form the base for the breast-feeding indicators) and this group comprises 3 percent of the population. Further suppose that their DPT coverage is anticipated to be the lowest of all the indicator coverages—50 percent, for which we want our margin of error to be 5 percentage points. If your average household size is 6 persons and we assume the sample design effect is moderate, or 1.75, then the values of your parameters will be as follows:

r = .5
p = .03
f = 1.75
e = .05
n_h = 6.

Substituting, you have

n = {4 x 0.5 x (1-0.5) x 1.75 x 1.1} / {$(.05)^2$ x .03 x 6}
= 4278.

This is the number of households you would need to survey in order to estimate DPT coverage of about 50 percent with a margin of error of 5 percentage points. Those households would contain about 25,667 persons, of which about 770 would be one-year old children.

Formula (1) can be re-written in shortcut version for easy calculation whenever the values of p, f, e and n_h are fixed at .03, 1.75, .05 and 6, respectively, and when the 95 percent level of confidence and non-response adjustment (factors of 4 and 1.1, respectively) are not changed. In that case the shortcut version is given by

$$n = (17111)\, r\, (1- r). \qquad (2)$$

It is recommended to use the formulas (long or shortcut) instead of Table 4.1 in Chapter 4 if your moderate-to-high prevalence rate is not close to 50 percent, which is the value that the table is based upon. You would have to use the long version (formula 1) if you want to change one or more of the p, e, f or n_h values.

You might also want to consider using the long version if your non-response is not expected to be as high as 10 percent, in which case you would substitute for the factor of 1.1 accordingly.

It is recommended that you use the formula instead of Table 4.1 if your least coverage indicator is quite high, (for example, 75 percent), because the sample size will be considerably less. For an r value of 0.75, for example, n would be 3208 (short formula).

Another example is provided for the case where your key indicator has low coverage.

✎ **EXAMPLE (LOW COVERAGE RATE):**

Let us take another example where coverage is low. Suppose your polio coverage is expected to be about 25 percent. In that case you would want your margin of error to be

3 percentage points instead of 5 (so that the confidence interval for the coverage estimate is 22–28 percent, as opposed to 20–30 percent). The other parameter values are the same as in the first example. Substituting, you would have

$$n = \{4 \times 0.25 \times (1-0.25) \times 1.75 \times 1.1\} / \{(.03)^2 \times .03 \times 6\}$$
$$= 8912.$$

You can readily see that with stricter tolerance for the margin of error, necessary for the low coverage indicator, the sample size is much larger. This is why it is important in selecting the key indicator upon which to base your sample size that both the smallest target group be identified, and, within that group, the indicator which has the lowest coverage.

The shortcut version for calculating sample sizes for different low coverage indicators is given by:

$$n = 47531\, r\, (1- r), \text{ whenever} \quad (3)$$

p, e, f, and n_h are fixed at .03, .03, 1.75 and 6 respectively.

The formulas should be used, instead of Table 4.2 in Chapter 4, if your low coverage indicator has a value that departs significantly from 25 percent, since the latter is the value that Table 4.2 is based upon.

Procedures for sampling with PPS - Option 2

In this section we give an illustration of how to select the first-stage units using *pps*. The illustration also shows you how to combine systematic *pps* sampling with geographic arrangement of the sampling frame to achieve *implicit* stratification.

For the illustration we take option 2 from Chapter 4, the standard segment design, and we will select a national sample. Suppose (1) the standard segment size under option 2 is to be 500 persons, or about 100 households; (2) census enumeration areas (EAs) are to be the sample frame; and, (3) the number of PSUs to be selected is 300. The steps of the first-stage selection, which follow, *should be done as a computer operation*, although it is possible to do them manually:

Step 1. Sort the file of EAs by urban and rural.

Step 2. Within the urban category, further sort the file in geographic serpentine order according to the administrative subdivisions of your country (for example, province or state, district, commune, etc.).

Step 3. Repeat step 2 for the rural category.

Step 4. In one column show the census population count of the EA.

Step 5. In the next column compute the number of standard segments, which is equal to the population count divided by 500, and rounded to the nearest integer. This is the measure of size for the EA.

Step 6. Cumulate the measures of size in the next column.

Step 7. Compute the sampling interval, I, by dividing the total cumulant by 300, to one decimal place. In this illustration suppose the total cumulant is 5281. Then the sampling interval, I, would be equal to 5281/300, or 17.6.

Step 8. Select a random start between 0 and 17.6. The way to do this, in practice, is to use a table of random numbers and select a three-digit number between 001 and 176 and insert the decimal afterward. Suppose you select 042; then your random start is 4.2. Then your first sample PSU would be the one for which the cumulant measure of size is the smallest value equal to or greater than 4.2.[1]

Step 9. Add 4.2 to I, or 4.2 + 17.6 = 21.8; then your next sample PSU would be the one whose cumulant corresponds to the smallest value equal to or greater than 21.8.

Step 10. Add 21.8 to I, or 21.8 + 17.6 = 39.4; the next sample PSU is the one with cumulant corresponding to the smallest value equal to or greater than 39.4.

Step 11. Continue as above, through the urban EAs followed by the rural ones, until all 300 PSUs have been selected.

The procedure is further demonstrated in Box A7.1.

The two sample PSUs which are depicted in the illustration are those in EAs 003 of commune 01 and EA 002 of commune 03, both in district 01 and province 01. In the case of the first EA, its measure of size is 3, which would mean that three segments would have to be created, each of roughly 540 persons (1630 divided by 3), and then one of the segments would be selected at random for listing and subsampling of households. In the second sample EA, two segments would be created, each containing about 590 persons, before selecting one of them at random.

The illustration demonstrates the many advantages of implicit stratification. First, it is very easy to achieve, merely requiring that the frame of enumeration areas be sorted geographically before then selecting the sample systematically with *pps*. Secondly, it automatically provides a sample of PSUs that is proportionately distributed by urban and rural and by province (or other geographic subdivisions). For example, if 10 percent of your

[1] Kish recommends rounding down when the sampling interval is fractional. See Kish, L. (1965) Survey Sampling, Wiley, New York, page 116.

population is located in Province 12, then 10 percent of your sample will also be selected in that province. Third, it can be easily implemented on the computer.

Box A7.1
Illustration of Systematic *pps* Sampling and Implicit Stratification—Sample Option 2

	Population	Measure of size (segments of 500 population)	Cumulative
Urban			
Province 01			
District 01			
Commune 01			
EA 001	1470	3	3
EA 002	562	1	4
EA 003	1630	3	7 selected
EA 004	1006	2	9
Commune 02			
EA 001	412	1	10
EA 002	1537	3	13
EA 003	1312	3	16
EA 004	397	1	17
Commune 03			
EA 001	1540	3	20
EA 002	1181	2	22 selected
EA 003	1025	2	24
District 02			
Commune 01			
EA 001	567	1	25
EA 002	1111	2	27
EA 003	409	1	28
*			
*			
etc.			
Rural			
Province 12			
District 05			
Commune 05			
EA 001	512	1	5280
EA 002	493	1	5281

Once the PSUs have been selected, under option 2, segmentation will have to be carried out in those PSUs where the measure of size (number of segments) is two or more, followed by one segment being selected at random in each PSU. Then, a new household listing will have to be made in the selected segments plus the one-segment PSUs. The final step in the selection procedure for option 2 is to select the sample households within the selected segments. *This procedure is described in Box A7.2 with an illustration.*

Box A7.2
Selecting the Households—Option 2

Suppose your standard segment size is 500 persons. Let your desired cluster size for the survey be designated as ñ households.

1. Calculate the average households per segment by dividing 500 by the average household size in your country. Let this be s_h.
2. Divide s_h by ñ. This is your sampling interval, I, for selecting households within each sample segment.

(Note, if your standard segment size is other than 500, that value must be used of course.)

Illustration:

Suppose your average household size is 5.5. Then s_h is 500/5.5, or 90.9. Suppose you want your cluster size, ñ, to be 25. Divide 90.9 by 25 (1 decimal place) = 90.9/25, or 3.6. Then, select households in each segment at the rate of 1 in 3.6, starting with a random number between 01 and 36 (inserting the decimal after selecting the number).

Procedures for sampling with PPS - Option 3

If option 3, the modified segment design described in Chapter 4, is used instead of option 2, implicit stratification is done in the same way, *although the measure of size is different*. Under option 3, if we suppose as an example that our segment size is going to be 20 households (on average), then the measure of size would be calculated by dividing the census count of households by 20, rounded to the nearest integer. Note that under option 3 the second column in Box A7.3 must be number of households rather than population. You would calculate the sampling interval, I, by dividing the total cumulant—suppose it is 26425—by the desired number of PSUs, again let it be 300. So, you would have 26425/300 = 88.1. If the random start is chosen to be 19.4, the first two PSUs selected, as illustrated in Box A7.3, would be those corresponding to the smallest cumulants exceeding the values, 19.4 and 107.5 (88.0 + 19.4), respectively. They are EA 002 in commune 01 and EA 002 in commune 03 of province 01, district 01.

Recall that under option 3 the measure of size is equivalent to the number of segments of predesignated size (in our illustration, that is 20) that must be created. So, for the sample PSUs chosen, 6 segments of approximate size 20 households each must be formed in the first PSU and 12 in the second. Again, one of the segments would then be selected at random within each sample PSU, *and all of the households within that segment would be interviewed for the survey*, even if the actual number of households in the segment departs significantly from its expected size.

Chapter 6 details the procedures for creating segments both for option 2 and option 3.

Box A7.3

Illustration of Systematic *pps* Sampling and Implicit Stratification—Sample Option 3

Urban	Population	Measure of size (segments of 500 population)	Cumulative
Province 01			
District 01			
Commune 01			
EA 001	290	14	14
EA 002	120	6	20 selected
EA 003	325	16	36
EA 004	200	10	46
Commune 02			
EA 001	81	4	50
EA 002	307	15	65
EA 003	261	13	78
EA 004	80	4	82
Commune 03			
EA 001	308	15	97
EA 002	236	12	109selected
EA 003	205	10	119
*			
*			
*			
etc.			
Rural			
Province 12			
District 05			
Commune 05			
EA 001	102	5	26400
EA 002	99	5	26405

Computation of Post-Stratification Weights

The procedure for applying the post-stratification weights depends on whether (i) weighting is done at the level of each sample person (or household) before the computation of any aggregate measures such as separate indicators, or (ii) if separate indicators (such as by urban-rural or region) are computed first and then put together with appropriate weights.

Alternative (i) Weighting at the Sample Case Level

This involves the assignment of a weight to each sample person (or household). Within each weighting domain (e.g., region or by urban-rural), all records are given the same uniform weight equal to the *ratio* of the domain's population as a proportion of the national population according to the census or some other reliable source, *to* the domain's sample as a proportion of the total sample. For non-self-weighting samples, the denominator is computed after the application of the design weights to the sample units.

Let:

P_i = population of domain i as a proportion of the total national population

according to the census or other reliable source (such as current population projections)

p_i = sample population of domain i as a proportion of the total population enumerated in the survey, (weighted by design weights plus non-response adjustment if applicable).

The weights applied at the level of the individual sample case are $W_i = P_i / p_i$, which implies post-stratification by domain. The sample population distribution by the weighting domains is adjusted to match the corresponding census distribution. No post-stratification adjustment is implied by other subgroups of the population, since it is expected that the sample would provide a reasonable representation of the proportion of these subgroups in the population. All indicators, whether at the national or domain level, and whether applicable to the whole population or to specific subgroups (such as children at a particular age or gender), automatically incorporate the post-stratification adjustment since these weights have been applied at the level of the individual cases.

Alternative (ii) Weighting at the Aggregation of Indicators Level

Indicators may be computed separately by domain and then aggregated across the domains. This may be done to simplify data processing—to reduce the size of the data file to be dealt with at a given time, to avoid weighting the data at the micro-level, to permit simple hand computations after the data have been processed, etc. One reason for seeking such simplifications is that post-stratification weights often become available only after some initial tabulation of the data.

Let:

I_i = an indicator computed for domain i,

P_i = population of domain i as a proportion of the total national population according to the census or other reliable source,

I = weighted index at the national level, where

$I = \sum P_i \, I_i$ [the summation is over all domains].

Note that P_i refers only to the population which is used as the base in computing the domain indicators I_i. For indicators based on children of a particular age or gender (such as proportion immunized), P_i is the number of children in the domain as a proportion of the total number of children in that category in the whole country. For indicators based on households (e.g., the proportion of households with access to safe water), P_i refers to the number of

households in the domain as a proportion of the total households. Hence the weights to be used for this purpose depend on the base population involved in the computation of the indicators concerned.

In all cases, P_i is computed on the basis of external data, and not on the basis of numbers in the sample. Unlike weighting at the level of individual units (alternate i), the sample numbers are not involved as such.

The computation of indicator I requires reliable external information in more detail than alternative (i). Thus, it requires external information on the domain distribution of households and population subgroups used in the computation of various indicators, such as children by age and gender. It is more precise than alternative (i) in the sense that it implies post-stratification not only in terms of the distribution of the total population by domain, but also in terms of various population subgroups.

Note also that alternatives (i) and (ii) are not mutually exclusive. Indicators at the domain level may first be computed using individual level weights if applicable. When those weights do not vary within domains, but vary only across domains, then weighting has no effect on the computation of domain level indicators. Then the domain level indicators may be aggregated using alternative (ii).

ANNEX 4 - SURVEY INSTRUMENTS

INSTRUMENTS AND TECHNIQUES USED FOR

ANTHROPOMETRIC MEASUREMENTS

The UNICEF Electronic Scale 890

The UNICEF Electronic Scale

The UNICEF Electronic Scale was designed to assist health workers monitor the weight of children and pregnant women.

The scale makes weighing fast, easy, and accurate. It can be used in two ways:

1. Pregnant mothers or older children can line up for weighing, stepping on the scale one after the other.
2. Babies and very small children can be weighed while being held in the arms of a mother or helper. This second method of weighing is called "tared weighing."

The scale is powered by long-lasting lithium batteries. These will complete at least one million weighing cycles, or 400 weighings every day of the year (except weekends and holidays) for at least ten years. The batteries and the electronic "heart" of the scale are in a sealed unit to withstand damage from heart, humidity, and dust. The solar cell is used only to turn the scale on and to tare the scale.

The scale switches off automatically if it is not used for two minutes. This helps increase battery life.

Preparing the UNICEF Electronic Scale for use

1. Place the scale on a hard, level surface (wood, concrete, or firm earth). Soft or uneven surfaces may cause small errors in weighing.
2. The scale will not function correctly if it becomes too warm. It is best to use the scale in the shade, or indoors. If the scale becomes hot and does not work correctly, place it in a cooler area and wait 15 minutes before using again.
3. The scale must adjust to changes in temperature. If the scale is moved to a new site with a different temperature, wait for 15 minutes before using the scale again.
4. Handle the scale carefully:
   - Do not drop or bump the scale.
   - Do not weigh loads with a total weight of more than 150 kg.
   - Do not store the scale in direct sunlight or other hot places.
   - Protect the scale against excess humidity or wetness.
   - Do not use the scale at tempera-tures before 0ºC or above 45º C.

Cleaning

To clean the scale, wipe surfaces with a damp cloth. Never put the scale into water.

Storage

Do not store the scale in direct sunlight or other hot places.

Weighing an Infant or Young Child Held by a Health Worker or Helper (Tared Weighing)

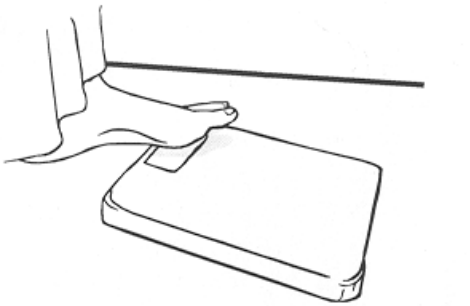
Note:

is used to symbolize the mother and child image that appears in the left side of the display whenever the scale has been tared.

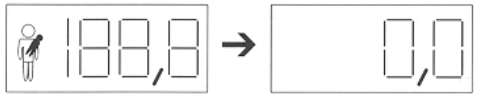
1. Turn the scale on by covering the solar cells for less than one second.

   The display should show 188.8 first, then 0.0.

   Wait until the display shows 0.0 before stepping on the scale.



Cover the solar cells for less than one second.



The scale is preparing itself for use. *The scale is ready for use.*

2. Ask your helper to stand on the scale. Make sure the solar cells are not covered by a skirt or by the person's feet. Your helper's weight will appear in the display within two seconds.

NOTE:

The person being weighed must stand still on the scale.

Your helper's weight appears in the display.

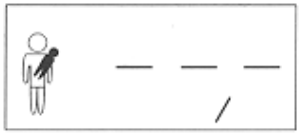
3. With your helper standing still on the scale, cover the solar cell for less than one second.

   The display will read 0.0. The small picture of the mother and baby means the scale is adjusting (taring) itself to ignore the helper's weight and preparing itself to weigh only the baby.

Cover the solar cells for less than one second to tare the helper's weight. Once tared, the display will show 0.0.

4. The helper can now get off the scale to get the baby or the mother can hand the baby to her.

   If the helper gets off the scale to get the baby, the display will show --.-.



If the helper gets off the scale, the display shows that the scale has been tared for the helper's weight.

5. After the helper steps back onto the scale and holds the baby, only the weight of the baby will be displayed.

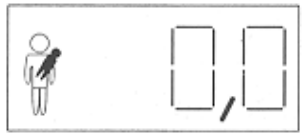
   Record the baby's weight.

NOTE:

The scale will continue to show only the weight of the baby until the solar cell is covered or the helper returns the baby to its mother.

Now the helper can hold the baby and get back on the scale. Only the baby's weight will show in the display.

6. After the baby is given back to its mother, the display will again show 0.0 (as long as the helper remains standing on the scale). If the helper steps off the scale to get another baby, the display will show --.-.



If the helper gives the baby to someone else to hold, the tared scale will again display 0.0.

7. Repeat steps 4 and 5 to weigh another baby.

Remember: The scale switches off automatically two minutes after the last weighing. If this happens, follow the instructions to turn it on again.

Taring Weights: Important Points

- The weight of the person who will hold the child must be displayed (and then tared) before the child is given to them for weighing.
- The same person whose weight is tared must also hold the child.
- The weight of the child being weighed must be more than 2 kg if the helper stays on the scale to receive the child.
- If the helper gets off the scale to get a child while the display shows 0.0 (tared weighing mode), the next child can weigh less than 2 kg.
- The tare can be deactivated by quickly covering the solar cell or by waiting until the scale switches off automatically.
- The scale will always display -.- if the new load weighs less than the tared weight.
- If there is too much movement on the scale during measurement, the display will switch between 1. and .1 until the load becomes stable.

Possible reasons for the scale not taring weight:

- There was no weight on the scale to tare. Put some weight on the scale and try again.
- The solar cell was not covered completely.
- The solar cell was covered for more than one second. Try covering it for less than one second.
- It is too dark. Put the scale in a brighter place.
- The load weighs more than 120 kg. Use a lighter load.

What to Do if the Scale Display Shows . . .

E01:
The scale has to adjust itself. Get off the scale and wait until E01 no longer appears.

E02
and switches off automatically:
Be sure there is no load on the scale and try to start the scale.

E03
and switches off automatically:
The scale is either too cold or too hot. Move it to a different place with the temperature between 0ºC and 45ºC. Wait 15 minutes for it to adjust to the new temperature, then start the scale.

E04
after measuring:
The load is too heavy (more than 150 kg.). Get off the scale and reduce the load.

E05
for a few seconds after trying to start the tare function:
The load is too heavy for taring (more than 120 kg.). Get off the scale and reduce the load.

INSTRUCTIONS FOR SUPERVISORS

I. PROCEDURES AND PRECAUTIONS BEFORE MEASURING

A. Layout of the Procedures

Each step of the measurement procedures is directed at specific participants, who are named in bold letters at the beginning of each step: e.g., **"Measurer", "Assistant", etc.**

B. Two Trained People Required

Two trained people are required to measure a child's height and length. The measurer holds the child and takes the measurements. The assistant helps hold the child and records the measurements on the questionnaire. If there is an untrained assistant such as the mother, then the trained measurer should also record the measurements on the questionnaire. One person alone can take the weight of a child and record the results if an assistant is not available.

C. Measuring Board and Scale Placement

Begin to observe possible places where the electronic scale and board can be positioned as soon as you walk towards a sample household. Be selective about where you place the measuring board and electronic scale. It is best to measure outdoors during daylight hours. If it is cold, raining or if too many people congregate and interfere with the measurements, it may be more comfortable to weigh and measure a child indoors. Make sure there is adequate light.

D. Age Assessment

Before you measure, determine the child's age. If the child is less than two years, measure length. If the child is two years of age or older, measure height. If accurate age is not possible to obtain, measure length if the child is less than 85cm. Measure height if the child is equal to or greater than 85cm.

E. When to Weigh and Measure

Weigh and measure after verbal information has been recorded on the questionnaire. This will allow you to become familiar with the members of the household. DO NOT weigh and measure at the beginning of the interview, i.e. as soon as you enter a household, which would be more of an upsetting intrusion.

F. Weigh and Measure One Child at a Time

If there is more than one eligible child in the household, complete the entire questionnaire, including the weighing and measuring of one child. Then proceed with the next eligible child's questionnaire in the household. DO NOT weigh and measure all the children together. This can easily cause confusion and will create a greater chance for error such as recording one child's measurements on another child's questionnaire. Return measuring equipment to their storage bags immediately after you complete the measurements for each household.

G. Control the Child

When you weigh and measure, you must control the child. The strength and mobility of even very young children should not be underestimated. Be firm yet gentle with children. Your own sense of calm and self confidence will be felt by the mother and the child.

When a child has contact with any measuring equipment, i.e. on a measuring board, on the electronic scale, you must hold and control the child so the child will not trip or fall. Never

leave a child alone with a piece of equipment. Always have physical contact with the child except when you must let go of a child for a few seconds while taking the weight.

H. Coping With Stress

Since weighing and measuring requires touching and handling children, normal stress levels for this type of survey work are higher than for surveys where only verbal information is collected.

Explain the weighing and measuring procedures to the mother, and to a limited extent, the child, to help minimize possible resistance, fears or discomfort they may feel. You must determine if the child or mother is under so much stress that the weighing and measuring must stop. Remember, young children are often uncooperative; they tend to cry, scream, kick and sometimes bite . If a child is under severe stress and is crying excessively, try to calm the child or return the child to the mother for a moment before proceeding with the weighing and measuring.

Do not weigh or measure a child if:

- The mother refuses.
- The child is too sick or too distressed.
- The child is physically deformed which will interfere with or give an incorrect measurement. To be kind, you may want to measure such a child and make note of the deformity on the questionnaire.

I. Recording Measurements and Being Careful

Record the measurements in pen. If you make an error, completely erase the error and rewrite the correct numbers. Keep objects out of your hands and pens out of your mouth, hair or breast pocket when you weigh and measure so that neither the child nor you will get hurt due to carelessness. When you are not using a pen, place it in your equipment pack, pen case or on the survey form. Make sure you do not have long fingernails. Remove interfering rings and watches before you weigh and measure. Do not smoke when you are in a household or when you weigh and measure.

J. Strive for Improvement

You can be an expert measurer if you strive for improvement and follow every step of every procedure the same way every time. The quality and speed of your measurement will improve with practice. You may be working with a partner to form a team. If so, you will be responsible for not only your own work, but also for the quality of work of your team.

You will be required to weigh and measure many children.. Do not take these procedures for granted even though they may seem simple and repetitious. It is easy to make errors when you are not careful. Do not omit any steps. Concentrate on what you are doing.

NUTRITIONAL STATUS MEASUREMENT
SUMMARY PROCEDURES

A. CHILD HEIGHT SUMMARY PROCEDURE (ILLUSTRATION 1) [1]

1. **Measurer or Assistant:** Place the measuring board on a hard flat surface against a wall, table, tree, staircase, etc. Make sure the board is stable.

2. **Measurer or Assistant:** Ask the mother to remove the child's shoes and unbraid any hair that would interfere with the height measurement. Ask her to walk the child to the board and to kneel in front of the child (if she is not the assistant)

3. **Assistant:** Place the questionnaire and pencil on the ground (Arrow 1) Kneel with both knees on the right side of the child (Arrow 2).

4. **Measurer:** Kneel on your right knee only, for maximum mobility, on the child's left side (Arrow 3).

5. **Assistant:** Place the child's feet flat and together in the centre of and against the back and base of the board. Place you right hand just above the child's ankles on the shins (Arrow 4), your left hand on the child's knees (Arrow 5) and push against the board. Make sure the child's legs are straight and the heels and calves are against the board (Arrows 6 and 7). Tell the measurer when you have completed positioning the feet and legs.

6. **Measurer:** Tell the child to look straight ahead at the mother if she is in front of the child. Make sure the child's line of sight is level with the ground (Arrow 8). Place your open left hand on the child's chin. Gradually close your hand (Arrow 9). Do not cover the child's mouth or ears. Make sure the shoulders are level (Arrow 10), the hands are at the child's side (Arrow 11), and the head, shoulder blades and buttocks are against the board (Arrows 12,13 and 14). With your right hand, lower the headpiece on top of the child's head. Make sure you push through the child's hair (Arrow 15).

7. **Measurer and Assistant:** Check the child's position (Arrow 1-15). Repeat any steps necessary.

8. **Measurer:** When the child's position is correct, read and call out the measurement to the nearest 0.1cm. Remove the headpiece from the child's head, your left hand from the child's chin and support the child during the recording.

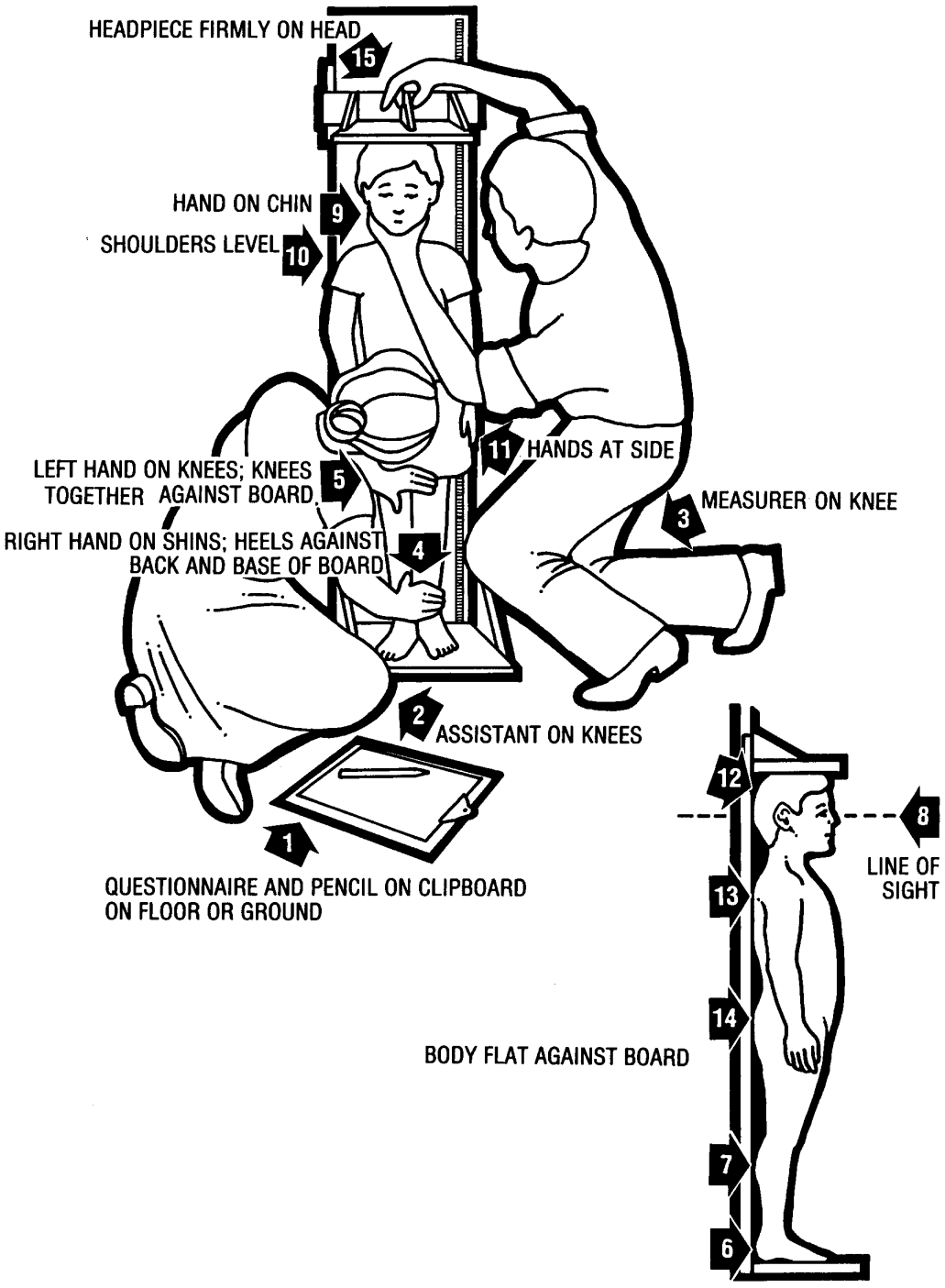
9. **Assistant:** Immediately record the measurement and show it to the measurer.

   NOTE: If the assistant is untrained, the measurer records the height.

10. **Measurer:** Check the recorded measurement on the questionnaire for accuracy and legibility. Instruct the assistant to erase and correct any errors.

[1] If the assistant is untrained, e.g. the mother, then the measurer should help the assistant with the height procedure.

Illustration 1



B. CHILD LENGTH SUMMARY PROCEDURE (ILLUSTRATION 2)[2]

1. **Measurer or Assistant:** Place the measuring board on a hard flat surface, i.e. ground, floor or steady table.

2. **Assistant:** Place the questionnaire and pencil on the ground, floor or table (Arrow 1). Kneel with both knees behind the base of the board, if it is on the ground floor. (Arrow 2).

3. **Measurer:** Kneel on the right side of the child so that you can hold the footpiece with your right hand (Arrow 3).

4. **Measurer and Assistant:** With the mother's help, lay the child on the board by doing the following:

   Assistant: Support the back of the child's head with your hands and gradually lower the child onto the board.

   Measurer: Support the child at the trunk of the body.

5. **Measurer or Assistant:** If she is not the assistant, ask the mother to kneel on the opposite side of the board facing the measurer to help keep the child calm.

6. **Assistant:** Cup your hands over the child's ears (Arrow 4). With your arms comfortably straight (Arrow 5), place the child's head against the base of the board so that the child is looking straight up. The child's line of sight should be perpendicular to the ground (Arrow 6). Your head should be straight over the child's head. Look directly into the child's eyes.

7. **Measurer:** Make sure the child is lying flat and in the centre of the board (Arrows 7). Place your left hand on the child's shins (above the ankles) or on the knees (Arrow 8). Press them firmly against the board. With your right hand, place the footpiece firmly against the child's heels (Arrow 9).

8. **Measurer and Assistant:** Check the child's position (arrows 1-9). Repeat any steps as necessary.

9. **Measurer:** When the child's position is correct, read and call out the measurement to the nearest 0.1 cm. Remove the footpiece, release your left hand from the child's shins or knees and support the child during the recording.

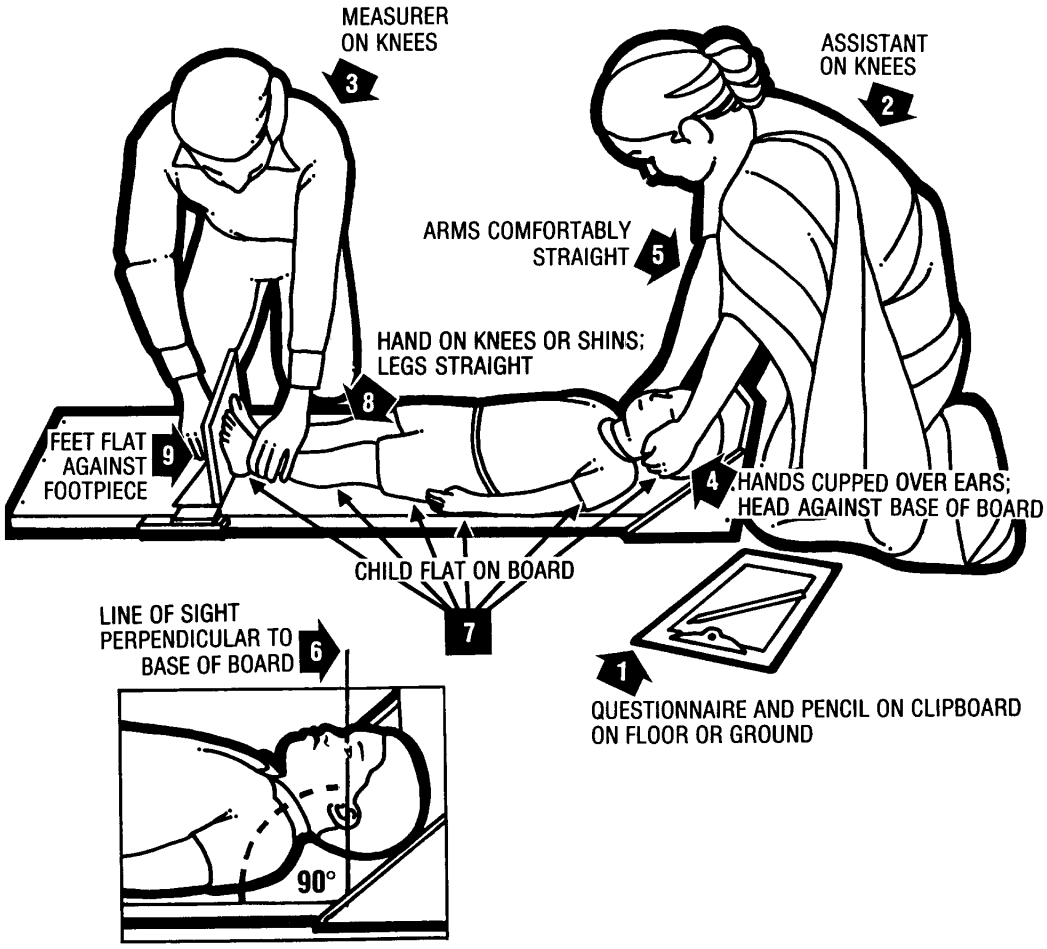
10. **Assistant:** Immediately release the child's head, record the measurement, and show it to the measurer.

    NOTE: If the assistant is untrained, the measurer records the length on the questionnaire.

11. **Measurer:** Check the recorded measurement on the questionnaire for accuracy and legibility. Instruct the assistant to erase and correct any errors.

[2] If the assistant is untrained, e.g. the mother, then the measurer should help the assistant with the length procedure.

Illustration 2



ANNEX 5 - SAMPLE QUESTIONNAIRE

END-DECADE
MULTIPLE INDICATOR CLUSTER SURVEY

Model Questionnaire

UNITED NATIONS CHILDREN'S FUND

NOVEMBER 1999

FLOW OF MODULES

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

Household questionnaire
Household information panel
Household listing form (all residents) and orphanhood questions (birth to 14)
Education module: educational attainment (age 5 or over), school attendance (age 5-17)
Child labour module (age 5-14*)
Water and sanitation module (all households)
Salt iodization module (all households)
** Upper limit beyond age 14 may be set by individual country*

Questionnaire for individual women (women of reproductive age, 15-49)
Women's information panel (all eligible women, 15-49)
Child mortality module (all eligible women)
Tetanus toxoid module (all mothers with last birth within last year)
Maternal and newborn health module (all mothers with last birth within last year)
Contraceptive use module (currently married women, 15-49)
HIV/AIDS module (all women, 15-49)

Questionnaire for children under five
Birth registration and early learning module
Vitamin A module
Breastfeeding module
Care of illness module
Malaria module (for high-risk areas)
Immunization module
Anthropometry module

DESIGN FEATURES

Changes in font are used to indicate the various components of the questionnaire. Questions that the interviewer will be asking appear in small capital letters in Arial font (QUESTIONS VERBALIZED BY INTERVIEWERS), to distinguish them from responses and general instructions. With the exception of skip instructions, general instructions to the interviewer are provided in italics, Times New Roman font (*instructions to interviewers*). Skip instructions are provided in a 'skip column' in Arial (⇨Q.6) and at the end of modules in bold capitals, Times New Roman (**GO TO NEXT MODULE**). For purposes of saving space, DK is used to abbreviate "doesn't know" and HH is sometimes used to abbreviate "household". The questionnaires that follow are not intended to be completely self-explanatory; detailed instructions for the interviewer are provided in Appendix One.

Throughout this model questionnaire, two asterisks (**) and bold italics, Arial (***note for country adaptation***) indicate where country adaptation may be necessary. See adaptation notes in the Instructions for Interviewers, Appendix One. Each country should tailor identification information (including indicators of household socioeconomic status in the Household Information Panel) and the interviewer's introduction as appropriate. The introduction should assure respondents that answers will remain confidential. A pre-test will be necessary to estimate the time it takes to administer the questionnaire.

HOUSEHOLD QUESTIONNAIRE

WE ARE FROM (***country-specific affiliation***). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (***number*****) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD. MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL **	
1. Cluster number: ___ ___ ___	2. Household number: ___ ___ ___
3. Day/Month/Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___	4. Interviewer number: ___ ___
5. Name of head of household: _____	
6. Area: Urban .....1 Rural 2	7. ***Region:***** North ..... 1 East..... 2 South ..... 3 West..... 4
8. Material of dwelling floor:** Wood/tile.....1 Planks/concrete .....2 Dirt/straw.....3 Other(*specify*) _____4 ***Sample question to ascertain household socioeconomic status.***	9. Number of rooms in dwelling:** ___ ___ ***Sample question to ascertain household socioeconomic status.***
10. Result of HH interview: Completed .....1 Refused .....2 Not at home .....3 HH not found/destroyed .....4 Other (*specify*) _____5	
11. No. of women eligible for interview: ___ ___	12. No. of women interviews completed: ___ ___
13. No. of children under age 5: ___ ___	14. No. of child interviews completed: ___ ___
15. Data entry clerk: ___ ___	
Interviewer/supervisor notes*: Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.*	

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

Cluster no. __ __ __ Household no. __ __ __

HOUSEHOLD LISTING FORM

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HH.

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

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

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

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

Cluster no. __ __ __ Household no. __ __ __

EDUCATION MODULE

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

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

*For children **age 5 through 17 years**, continue on, asking Qs. 17-22*

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

Now for each woman age 15-49 years, write her name and line number at the top of each page in the Women's Questionnaire.
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker at the top of each page in the Children's Questionnaire.
You should now have a separate questionnaire for each eligible woman and child in the household.

Cluster no. __ __ __ Household no. __ __ __

CHILD LABOUR MODULE

To be administered to caretaker of each child resident in the household age 5 through 14 years. ***** Country-specific adaptation may change age range through to age 17.***
Copy line number of each eligible child from household listing.
NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

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

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

Cluster no. __ __ __ Household no. __ __ __

WATER AND SANITATION MODULE		
This module is to be administered once for each household visited. *Record only one response for each question.* *If more than one response is given, record the most usual source or facility.*		
1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped into dwelling.....01 Piped into yard or plot.....02 Public tap.....03 Tubewell/borehole with pump .....04 Protected dug well .....05 Protected spring.....06 Rainwater collection.....07 Bottled water.....08 Unprotected dug well .....09 Unprotected spring.....10 Pond, river or stream .....11 Tanker-truck, vendor.....12 Other (*specify*) _____ 13 No answer or DK 99	
2. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes.....__ __ __ Water on premises.....888 DK.....999	
3. WHAT KIND OF TOILET FACILITY DOES YOUR HOUSEHOLD USE?	Flush to sewage system or septic tank ..... 1 Pour flush latrine (water seal type)..... 2 Improved pit latrine (e.g., VIP) ..... 3 Traditional pit latrine..... 4 Open pit ..... 5 Bucket..... 6 Other (*specify*) _____ 7 No facilities or bush or field..... 8	8⇨Q.5
4. IS THIS FACILITY LOCATED WITHIN YOUR DWELLING, OR YARD OR COMPOUND?**	Yes, in dwelling/yard/compound ..... 1 No, outside dwelling/yard/compound ..... 2 DK..... 9	
5. WHAT HAPPENS WITH THE STOOLS OF YOUNG CHILDREN (0-3 YEARS) WHEN THEY DO NOT USE THE LATRINE OR TOILET FACILITY?	Children always use toilet or latrine ..... 1 Thrown into toilet or latrine..... 2 Thrown outside the yard ..... 3 Buried in the yard..... 4 Not disposed of or left on the ground ..... 5 Other (*specify*) _____ 6 No young children in household..... 8	

GO TO NEXT MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __

SALT IODIZATION MODULE		
1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT? *Once you have examined the salt, circle number that corresponds to test outcome.* ***Categories correspond to test kit recommended by UNICEF to be used in all MICS surveys.***	Not iodized 0 PPM (no colour) ..... 1 Less than 15 PPM (weak colour) ..... 2 15 PPM or more (strong colour)..... 3 No salt in home ..... 8 Salt not tested 9	

GO TO WOMEN'S QUESTIONNAIRE ⇨

Cluster no. __ __ __ Household no. __ __ __ Woman line no. __ __

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

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

GO TO NEXT MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Woman line no. __ __

CHILD MORTALITY MODULE		
This module is to be administered to all women age 15-49. *All questions refer only to LIVE births.* *Follow instructions as provided in training. See Instructions for Interviewers.*		
1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? *If "NO" probe by asking:* I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes ..... 1 No 2	2⇨ CONTRA-CEPTIVE USE MODULE
2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR IS THE CHILD OF A MAN OTHER THAN YOUR CURRENT PARTNER. *Or:* 2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Date of first birth Day/Month/Year ..... __ __/__ __/__ __ __ __ DK date of first birth ..... 99999999 *Or:* Completed years since first birth ..... __ __	DK⇨2B
3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes ..... 1 No 2	2⇨Q.5
4. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU?	Sons at home ..... __ __ Daughters at home ..... __ __	
5. 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⇨Q.7
6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?	Sons elsewhere ..... __ __ Daughters elsewhere ..... __ __	
7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?	Yes ..... 1 No 2	2⇨Q.9
8. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?	Boys dead ..... __ __ Girls dead ..... __ __	
9. Sum answers to Q. 4, 6, and 8.	Sum ..... __ __	
10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number*) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?	☐ Yes ⇨ *Go to Q.11* ☐ No ⇨ *Check responses and make corrections before proceeding to Q.11*	
11. OF THESE (*total number*) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?	Date of last birth Day/Month/Year ..... __ __/__ __/__ __ __ __	

*Did the woman's last birth occur within the last year, that is, since (**insert date**)?*

☐ *Yes, live birth in last year. ⇨ GO TO TETANUS TOXOID MODULE*

☐ *No live birth in last year. ⇨ GO TO CONTRACEPTIVE USE MODULE*

Cluster no. __ __ __ Household no. __ __ __ Woman line no. __ __

TETANUS TOXOID (TT) MODULE

This module is to be administered to all women with a live birth in the year preceding date of interview.

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

GO TO MATERNAL AND NEWBORN HEALTH MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Woman line no. __ __

MATERNAL AND NEWBORN HEALTH MODULE		
This module is to be administered to all women with a live birth in the year preceding date of interview.		
Use Q.7 and Q.8 only in countries where a local term for night blindness exists.		
1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH, DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS? *Show 200,000 IU capsule or dispenser.*	Yes ..... 1 No ..... 2 DK 9	
2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY? *If yes*: WHOM DID YOU SEE? ANYONE ELSE? *Probe for the type of person seen and circle all answers given.*	Health professional: Doctor ..... 1 Nurse/midwife ..... 2 Auxiliary midwife ..... 3 Other person Traditional birth attendant ..... 4 Other (*specify*) _____ 6 No one 0	
3. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (*or name*)? ANYONE ELSE? *Probe for the type of person assisting and circle all answers given.*	Health professional: Doctor ..... 1 Nurse/midwife ..... 2 Auxiliary midwife ..... 3 Other person Traditional birth attendant ..... 4 Relative/friend ..... 5 Other (*specify*) _____ 6 No one 0	
4. WHEN YOUR LAST CHILD (*name*) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large ..... 1 Larger than average ..... 2 Average ..... 3 Smaller than average ..... 4 Very small ..... 5 DK 9	
5. WAS (*name*) WEIGHED AT BIRTH?	Yes ..... 1 No ..... 2 DK 9	 2⇨Q.7 9⇨Q.7
6. HOW MUCH DID (*name*) WEIGH? *Record weight from health card, if available.*	From card ..... 1 (grams) __ , __ __ __ From recall ..... 2 (grams) __ , __ __ __ DK 99999	
7. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU HAVE DIFFICULTY WITH YOUR VISION DURING THE DAYLIGHT?	Yes ..... 1 No ..... 2 DK 9	
8. DURING THAT PREGNANCY, DID YOU SUFFER FROM NIGHT BLINDNESS (***insert local term***)?	Yes ..... 1 No ..... 2 DK 9	

GO TO NEXT MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Woman line no. __ __

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

GO TO NEXT MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Woman line no. __ __

HIV/AIDS MODULE		
This module is to be administered to all women age 15-49. *See Instructions for Interviewers for further discussion of these questions.*		
1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT WHAT YOU KNOW ABOUT SERIOUS ILLNESS, IN PARTICULAR, ABOUT HIV AND AIDS. HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes ..... 1 No 2	 2⇨Q.18
2. IS THERE ANYTHING A PERSON CAN DO TO AVOID GETTING HIV, THE VIRUS THAT CAUSES AIDS?	Yes ..... 1 No ..... 2 DK 9	 2⇨Q.8 9⇨Q.8
3. NOW I WILL READ SOME QUESTIONS ABOUT HOW PEOPLE CAN PROTECT THEMSELVES FROM THE AIDS VIRUS. THESE QUESTIONS INCLUDE ISSUES RELATED TO SEXUALITY WHICH SOME PEOPLE MIGHT FIND DIFFICULT TO ANSWER. HOWEVER, YOUR ANSWERS ARE VERY IMPORTANT TO HELP UNDERSTAND THE NEEDS OF PEOPLE IN (***country name***). AGAIN, THIS INFORMATION IS ALL COMPLETELY PRIVATE AND ANONYMOUS. PLEASE ANSWER YES OR NO TO EACH QUESTION. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE UNINFECTED SEX PARTNER WHO ALSO HAS NO OTHER PARTNERS?	Yes ..... 1 No ..... 2 DK 9	
4. DO YOU THINK A PERSON CAN GET INFECTED WITH THE AIDS VIRUS THROUGH SUPERNATURAL MEANS?**	Yes ..... 1 No ..... 2 DK 9	
5. CAN PEOPLE PROTECT THEMSELVES FROM THE AIDS VIRUS BY USING A CONDOM CORRECTLY EVERY TIME THEY HAVE SEX?	Yes ..... 1 No ..... 2 DK 9	
6. CAN A PERSON GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes ..... 1 No ..... 2 DK 9	
7. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes ..... 1 No ..... 2 DK 9	
8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK 9	
9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD?	Yes ..... 1 No ..... 2 DK 9	 2⇨Q.13 9⇨Q.13

10. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD DURING PREGNANCY?	Yes ..... 1 No ..... 2 DK 9	
11. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD AT DELIVERY?	Yes ..... 1 No ..... 2 DK 9	
12. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD THROUGH BREAST MILK?	Yes ..... 1 No ..... 2 DK 9	
13. IF A TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD HE OR SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ..... 1 No ..... 2 DK 9	
14. IF YOU KNEW THAT A SHOPKEEPER OR FOOD SELLER HAD AIDS OR THE VIRUS THAT CAUSES IT, WOULD YOU BUY FOOD FROM HIM OR HER?	Yes ..... 1 No ..... 2 DK 9	
15. I AM NOT GOING TO ASK YOU ABOUT YOUR HIV STATUS (*use term understood locally*), BUT WE ARE INTERESTED TO KNOW HOW MUCH DEMAND THERE IS IN YOUR COMMUNITY FOR HIV TESTING AND COUNSELLING. SO, I WOULD LIKE TO ASK YOU: I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes ..... 1 No 2	2⇨Q.17
16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes ..... 1 No 2	
17. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes ..... 1 No 2	

18. Is the woman a caretaker of any children under five years of age?

☐ *Yes. ⇨ GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE*
and administer one questionnaire for each child under five for whom she is the caretaker.

☐ *No. ⇨ CONTINUE WITH Q.19*

19. Does another eligible woman reside in the household?

☐ *Yes. ⇨ End the current interview by thanking the woman for her cooperation and*
GO TO QUESTIONNAIRE FOR INDIVIDUAL WOMEN
to administer the questionnaire to the next eligible woman.

☐ *No. ⇨ End the interview with this woman by thanking her for her cooperation.*
Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.

Cluster no. __ __ __ Household no. __ __ __ Caretaker line no. __ __ Child line no. __ __

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

This questionnaire is to be administered to all women who care for a child that lives with them and is under the age of 5 years (see Q.4 of the HH listing). A separate form should be used for each eligible child. Questions should be administered to the mother or caretaker of the eligible child (see Q.7 of the HH listing). Fill in the line number of each child, the line number of the child's mother or caretaker,and the household and cluster numbers in the space at the top of each page.

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

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

GO TO NEXT MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Caretaker line no. __ __ Child line no. __ __

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

GO TO NEXT MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Caretaker line no. __ __ Child line no. __ __

BREASTFEEDING MODULE		
1. HAS (*name*) EVER BEEN BREASTFED?	Yes ..... 1 No ..... 2 DK 9	 2⇨Q.4 9⇨Q.4
2. IS HE/SHE STILL BEING BREASTFED?	Yes ..... 1 No ..... 2 DK 9	 2⇨Q.4 9⇨Q.4
3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: *Read each item aloud and record response before proceeding to the next item.*	Y N DK	
3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	A. Vitamin supplements 1 2 9	
3B. PLAIN WATER?	B. Plain water 1 2 9	
3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice 1 2 9	
3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS 1 2 9	
3E. TINNED, POWDERED OR FRESH MILK OR INFANT FORMULA?	E. Milk 1 2 9	
3F. ANY OTHER LIQUIDS?	F. Other liquids (*specify*) _____ 1 2 9	
3G. SOLID OR SEMI-SOLID (MUSHY) FOOD?	G. Mushy food 1 2 9	
4. SINCE THIS TIME YESTERDAY, HAS (*name*) BEEN GIVEN ANYTHING TO DRINK FROM A BOTTLE WITH A NIPPLE OR TEAT?	Yes ..... 1 No ..... 2 DK 9	

GO TO NEXT MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Caretaker line no. __ __ Child line no. __ __

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

7. WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	Yes ..... 1 No ..... 2 DK 9	 2⇨Q.11 9⇨Q.11
8. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Blocked nose ..... 1 Problem in chest ..... 2 Both ..... 3 Other (*specify*) _____ 4 DK 9	1⇨Q.11 4⇨Q.11
9. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes ..... 1 No ..... 2 DK 9	 2⇨Q.11 9⇨Q.11
10. FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE? *Circle all providers mentioned, but do NOT prompt with any suggestions.*	Hospital ..... 01 Health centre ..... 02 Dispensary ..... 03 Village health worker ..... 04 MCH clinic ..... 05 Mobile/outreach clinic ..... 06 Private physician ..... 07 Traditional healer ..... 08 Pharmacy or drug seller ..... 09 Relative or friend ..... 10 Other (*specify*) _____ 11	
Ask this question (Q.11) only once for each caretaker. 11. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY? *Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, but do NOT prompt with any suggestions.*	Child not able to drink or breastfeed ..... 01 Child becomes sicker ..... 02 Child develops a fever ..... 03 Child has fast breathing ..... 04 Child has difficult breathing ..... 05 Child has blood in stool ..... 06 Child is drinking poorly ..... 07 Other (*specify*) _____ 08 Other (*specify*) _____ 09 Other (*specify*) _____ 10	

GO TO NEXT MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Caretaker line no. __ __ Child line no. __ __

MALARIA MODULE		
This module is for use in countries or regions at high risk of malaria. See manual for definition.		
1. IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST, HAS (*name*) BEEN ILL WITH A FEVER?	Yes ..... 1 No ..... 2 DK 9	 2⇨Q.8 9⇨Q.8
2. WAS (*name*) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes ..... 1 No ..... 2 DK 9	 2⇨Q.6 9⇨Q.6
3. DID (*name*) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes ..... 1 No ..... 2 DK 9	 2⇨Q.5 9⇨Q.5
4. WHAT MEDICINE DID (*name*) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY? *Circle all medicines mentioned.*	Paracetamol ..... 1 Chloroquine ..... 2 Fansidar ..... 3 ***Develop categories to include locally-used drugs, then pre-test*** Other (*specify*)_____ 4 DK 9	
5. WAS (*name*) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes ..... 1 No ..... 2 DK 9	1⇨Q.7 2⇨Q.8 9⇨Q.8
6. WAS (*name*) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes ..... 1 No ..... 2 DK 9	 2⇨Q.8 9⇨Q.8
7. WHAT MEDICINE WAS (*name*) GIVEN? *Circle all medicines given before visiting a health facility or if no visit was made to a health facility.*	Paracetamol ..... 1 Chloroquine ..... 2 Fansidar ..... 3 ***Develop categories to include locally-used drugs, then pre-test*** Other (*specify*)_____ 4 DK 9	
8. DID (*name*) SLEEP UNDER A BEDNET LAST NIGHT?	Yes ..... 1 No ..... 2 DK 9	 2⇨NEXT MODULE 9⇨NEXT MODULE

9. WAS THIS BEDNET EVER TREATED WITH A PRODUCT TO KILL MOSQUITOS?	Yes ..... 1 No ..... 2 DK 9	 2⇨NEXT MODULE 9⇨NEXT MODULE
10. WHEN WAS THE BEDNET LAST TREATED?	Months ago ..... __ __ DK 99	

GO TO NEXT MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Caretaker line no. __ __ Child line no. __ __

IMMUNIZATION MODULE

If an immunization card is available, copy the dates in Qs.2-5 for each type of immunization recorded on the card. Qs.7-15 are for recording vaccinations that are not recorded on the card. Qs.7-15 will only be asked when a card is not available.

1. IS THERE A VACCINATION RECORD FOR (*name*)?		Yes, seen ..... 1 Yes, not seen ..... 2 No 3										 2⇨Q.7 3⇨Q.7
(a) Copy dates of all vaccinations from the card. *(b) Write '44' in day column if card shows that vaccination was given but no date recorded.*		Date of Immunization										
		DAY		MONTH		YEAR						
2. BCG	BCG											
3A. OPV0	OPV0											
3B. OPV1	OPV1											
3C. OPV2	OPV2											
3D. OPV3	OPV3											
4A. DPT1	DPT1											
4B. DPT2	DPT2											
4C. DPT3	DPT3											
5. MEASLES	MEASLES											
6. IN ADDITION TO THE VACCINATIONS SHOWN ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS - INCLUDING VACCINATIONS RECEIVED IN A NATIONAL IMMUNIZATION DAY? *Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, and/or Measles vaccine(s). Go to Q.15 after you finish.*		Yes ..... 1 *(Probe for vaccinations and write '66' in the corresponding day column on Q. 2 to Q. 5.)* No ..... 2 DK 9										1⇨Q.15 2⇨Q.15 9⇨Q.15

7. HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A NATIONAL IMMUNIZATION DAY CAMPAIGN?	Yes ..... 1 No ..... 2 DK 9	 2⇨Q.15 9⇨Q.15
8. HAS (*name*) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE LEFT SHOULDER THAT CAUSED A SCAR?	Yes ..... 1 No ..... 2 DK 9	
9. HAS (*name*) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes ..... 1 No ..... 2 DK 9	 2⇨Q.12 9⇨Q.12
10. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH OR LATER?	Just after birth ..... 1 Later 2	
11. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times ..... __ __	
12. HAS (*name*) EVER BEEN GIVEN "VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes ..... 1 No ..... 2 DK 9	 2⇨Q.14 9⇨Q.14
13. HOW MANY TIMES?	No. of times ..... __ __	
14. HAS (*name*) EVER BEEN GIVEN "VACCINATION INJECTIONS" – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes ..... 1 No ..... 2 DK 9	
15. PLEASE TELL ME IF (*name*) HAS PARTICIPATED IN ANY OF THE FOLLOWING NATIONAL IMMUNIZATION DAYS: ***Date/type of campaign A*** ***Date/type of campaign B*** ***Date/type of campaign C*** ***Insert date and type of vaccination given in the most recent NID campaigns.***	Y N DK ***Campaign A*** ..... 1 2 9 ***Campaign B*** ..... 1 2 9 ***Campaign C*** 1 2 9	

GO TO NEXT MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Caretaker line no. __ __ Child line no. __ __

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

Interviewer's Cluster Control Sheet

District Name_____ Cluster Number:_____

Interviewer Number_____ Date: _____

HH No. (1)	Name of Head of Household (2)	Final Result (3)	Number of Eligible		Interviews Completed		Notes (8)
			Women (4)	Children (5)	Women (6)	Children (7)	
Total:							

Notes: (continue on reverse side, as needed)

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