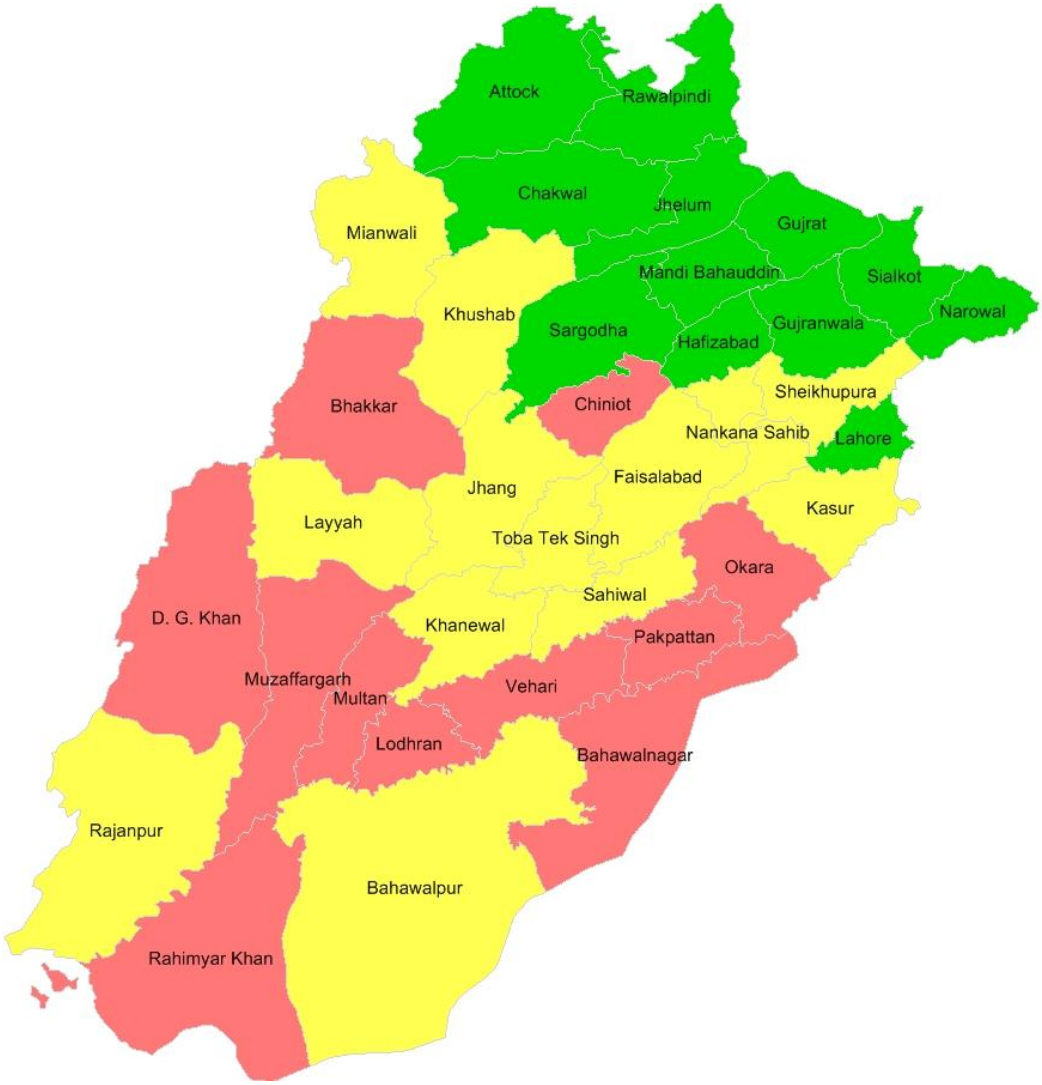
Punjab

Multiple Indicator Cluster Survey (MICS) 2014

SURVEY PLAN



Bureau of Statistics
Planning & Development Department
Government of the Punjab

SURVEY PLAN

Multiple Indicator Cluster Survey
(MICS) Punjab 2014 - Pakistan

Title: Survey Plan, Multiple Indicator Cluster Survey (MICS), Punjab 2014

Counterparts:
- Planning & Development Department, Government of the Punjab
- UNICEF, Pakistan

Execution By: Bureau of Statistics, Planning and Development Department, Government of the Punjab

Technical Assistance:
- UNICEF (Through Consultants)
- Pakistan Bureau of Statistics (Sample Design)

Duration: July, 2013 to December, 2014

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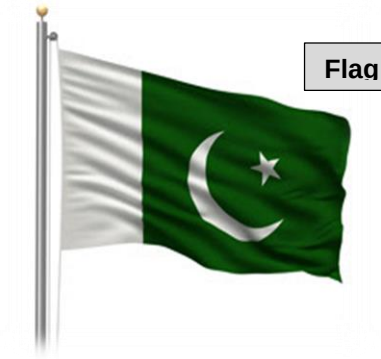
ACRONYMS

BOS	Bureau of Statistics
CSPro	Census and Survey Processing System
EB	Enumeration Block
PBS	Pakistan Bureau of Statistics
GPS	Geographic Positioning System
HIV/AIDS	Human Immunodeficiency Virus /Acquired immune deficiency syndrome
HU	Housing Units
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Surveys
P&D	Planning and Development
P&DD	Planning and Development Department
PCPS	Pakistan Contraceptive Prevalence Surveys
PDS	Pakistan Demographic Surveys
PRSP	Poverty Reduction Strategy Paper
PSLM	Pakistan Social and Living Standards Measurement Survey
PSUs	Primary Sampling Units
SMS	Short Messaging Service
SOP	Standard Operating Procedures
SPSS	Statistical Product and Service Solutions
SSUs	Secondary Sampling Units
UNICEF	United Nations Children's Fund
WFFC	World Fit for Children
WSC	World Summit for Children

PUNJAB PROFILE

National Signs of Pakistan/ Punjab

The Islamic Republic of Pakistan is located in the northern part of the Indian sub-continent. It has four provinces (Baluchistan, Sindh, Punjab and Khyber Pakhtunkhaw), Gilgit-Baltistan, Federally Administered Tribal Areas (FATA), Azad Jammu Kashmir (AJK) and the Islamabad Capital Territory (ICT). Punjab derives its name from five rivers Sutluj, Bias, Ravi, Chenab, and Jhelum ('Panj', meaning five and 'Aab' meaning water), passing through most of the area of the Punjab giving the life to millions of people living in it. It is the most thickly populated province with 56% (crossing 95 million) share of the total population of the country, however area wise it ranks second (205,344 Sq Km) i.e., 26% of the total area of Pakistan. Punjab consists of 9 administrative divisions and 36 districts. It is located between 27^0-40' to 34^0-01' north latitudes and 69^0-20' to 75^0-20' east longitudes.



Flag

Bird

It predominantly, comprises a leveled plain in addition to some mountainous and hilly areas. Adjacent to these mountains there is a Potwar Plateau. A desert belt, known as Cholistan, also lies in the south-eastern part of the province.

Flower

In view of its varied geographical features it is rich in variety of its flora at different elevations. Deodar, Biar, Paludar, Banangi, Shisham or Tahli, Kikar, Pipal etc., are some of the trees found in different regions of Punjab. Different types of animals, birds, reptiles and amphibious are found in different parts of the Punjab. Most common are tiger, leopard, bluebull, chinkara, wild boar, black buck, dear, hog dear, wolf and fox. Gray partridge, Quail, Crane, Ducks, Wild Peagon, Parrot, Kite and Lark are found everywhere in the province. A variety of most beautiful birds also exists in various parts of the province.

Animal

The climate of the Punjab is continental with marked temperature fluctuations both seasonal and diurnal with significant aridity. Most of the rainfall in the province is received in summer, especially caused by monsoon. Punjab had remained a center of great ancient civilizations such as Indus Vally, Harapa, Moenjodaro, Taxila from 5000 to 1300 B.C. Punjab is rich with magnificent cultural heritage of ancient times and of early Islamic period. A colourful and attractive culture, blend of old and new traditions prevails in Punjab. However the fundamental Islamic values and traditions are common.

BACKGROUND

The Government of Punjab is committed for rapid social development and economic growth of the province. The development stakeholders are keen to remain watchful on the outcome of the development efforts and monitor the progress through scientific investigation. This would not have been possible without a well-defined survey methodology.

The Multiple Indicator Cluster Survey (MICS) is an international household survey programme developed by United Nations Children's Fund (UNICEF). MICS is designed to collect statistically sound, internationally comparable estimates of key indicators that are used to assess the situation of children and women in the areas of health, education, child protection and HIV/AIDS. MICS can be used as a data collection tool to generate data for monitoring the progress towards national goals and global commitments aimed at promoting the welfare of children, including the Millennium Development Goals (MDGs).

Since the inception of MICS in the 1990s, more than 240 surveys have been carried out in about 100 countries. As part of the global effort to increase the availability of high quality data, UNICEF launched the new round of MICS surveys in 2012, with results expected to be available starting from the end of 2013. MICS will help countries to capture rapid changes in key indicators as the MDG target year 2015 approaches and aims to expand the evidence base for policies and programmes.

Data generated with MICS in 2013 and early 2014 will be critically important especially for the final MDG reporting. MICS surveys generate data on 21 MDG indicators. Considering that the United Nations Secretary General's Final MDG Progress Report will be launched in September 2015, UNICEF and all lead agencies will need to submit vetted data to the UN Statistics Division, which is coordinating the preparation of the report, by March 2015. This means that all country level data from MICS (or other surveys) need to be compiled and submitted to respective UN agencies by the summer of 2014, so that all inter-agency estimates can be submitted in time.

MICS IN PAKISTAN

In 1995, UNICEF, in collaboration with the Ministry of Health and Gallup Pakistan, conducted a nationwide MICS, using a representative sample of approximately 15,000 households. The Pakistan Bureau of Statistics (PBS) provided the sampling design for the survey. The outcome of this maiden MICS exercise in Pakistan contributed significantly to the Mid-Decade Review efforts of the government, as well as helped to refocus the country's attention on the World Summit Goals.

MICS IN PUNJAB

In Punjab three rounds of MICS 2003-04, 2007-08 and 2011 have been conducted to develop statistically valid district/tehsil-based benchmark data. The salient features of these rounds of MICS are given below:

MICS 2003-04

MICS Punjab 2003-04 provided a unique opportunity to the decision makers in the province of Punjab to analytically examine social development status at district level. MICS, for the first time provided data on majority of the common social development indicators. Few of which were segregated as districts, big cites, other urban, rural and in most of the cases by gender & age as well. It was the first full scale household survey provincially designed and implemented by the Bureau of Statistics (BOS) Punjab. Findings of the survey were warmly welcomed by provincial development partners being a timely input for major development initiatives including MDGs and Poverty Reduction Strategy Paper (PRSP).

This survey provided data for over 44 socio-economic indicators for the province as well as for all 34 districts and Lahore (including the six Towns and Cantonment). The field work involved 2,190 randomly selected survey sites spread over every part of the province, with interviews in 30,932 households. More than 700 people (Both male and female) from over 15 departments/ organizations with varied level of expertise contributed during different phases of the survey. MICS Punjab 2003-04 has set an excellent example of accomplishment through coordinated efforts of several role players.

MICS 2007-08

After four years, the second round of MICS 2007-08 was conducted with enhancing scope from District level to Tehsil (sub-district) level on the demand of district representatives. MICS had a total sample size of 6,368 PSUs and 91,280 Secondary Sampling Units (SSUs) (households) to provide estimates on more than 70 indicators for the province, area of residence (major cities, other urban and rural), 9 divisions, 35 districts and 143 tehsils/towns. Results are also available by gender, background characteristics, wealth index, and in some cases, by age groups. The survey reports were published in 36 volumes with the first one comprising the main report & technical appendices and 35 volumes, one for each district, presenting tehsil results. MICS was designed and implemented by the BOS Punjab with the technical collaboration of UNICEF. MICS Punjab 2007-08 allowed the provincial government and districts to gauge and monitor their respective status of human and social development with precise data on a variety of key indicators. It has assisted the decision-makers to move towards new avenues of human and social development.

MICS 2011

MICS 2011 was the third round based on MICS-4 methodology, a representative household survey with special reference to women and children with a total sample size of 7250 PSUs and 102,545 SSUs (households) to provide estimates on more than 100 indicators for the province, area of residence (major cities, other urban and rural), 9 divisions, 36 districts and 150 tehsils/towns. Results are also available by gender, background characteristics, wealth index, and in some cases, by age groups. The survey reports available in- 37 volumes with the first one comprising the main report (provincial report) & technical appendices and 36 volumes, one for each district, presenting tehsil results. The main feature of MICS 2011 was its international recognition by the UN MICS Statistical Office and UNICEF Regional Office for South Asia (ROSA). Each step of the survey from survey design, questionnaire development, training of field staff, data entry, data analysis to report writing was monitored by ROSA and UN MICS Statistical Office. The report is available at the UN subdomain website www.childinfo.org.

MICS VERSUS OTHER SURVEYS

Within Pakistan, the regular and better known national surveys for obtaining socioeconomic data include the Pakistan Social and Living Standards Measurement Survey (PSLM), Pakistan Demographic & Health Survey (PDHS), Pakistan Demographic Surveys (PDS), Pakistan Contraceptive Prevalence Surveys (PCPS) and the National Health Survey of Pakistan. Among these, however, the PSLM and MICS follow the same methodology but PSLM provides district based estimates whereas MICS provide results at tehsil/town level as well. The PSLM is essentially designed to provide household data for use in monitoring the Pakistan Government Social Action Program (SAP) with limited number of indicators, heavily emphasizing on the education sector. On the other hand MICS is designed to provide household data on key indicators necessary for monitoring the MDGs & other goals set in World Summits covering a wide range of indicators. Thus MICS is more comprehensive than PSLM and gives greater emphasis to health indicators, including anthropometric (nutrition), which are not covered by any other surveys in the country. MICS also ensures internationally comparable results, while satisfying national-level goals monitoring needs and commitments. MICS being provincially planned and implemented survey has higher level of acceptance amongst development partners. The 18th amendments shifted the social development from federation to the provinces thus the utility of MICS has increased.

MICS PUNJAB 2014

Three rounds of MICS have already been conducted in Punjab with good degree of statistical precision. To maintain time series and to assess the quantum of progress, the fourth round of MICS based on new MICS-5 methodology has been planned. Data generated in this round of MICS survey will be critically important for final MDGs reporting. Therefore, the Punjab Government has approved the conduct of

MICS 2014. It will generate data on more than hundred indicators including eighteen MDGs indicators. Like previous rounds of MICS, it will promote evidence based policy formulation and equitable development to help in improving the lives of the most disadvantaged segments of populations in Punjab. However the main objectives of MICS 2014 would be as follows:-

- Track the progress of MDGs
- Update and compare the results of indicators covered in previous three MICS of Punjab, with the results of indicators to be covered in MICS 2014-15 at district level
- Track the progress of World Summit for Children (WSC), World Fit for Children (WFFC), MDGs and PRSP indicators
- Highlight inter-district disparities on the basis of evidence so as to address these through appropriate district level social sector planning efforts by the Provincial Government
- Develop a strong advocacy tool for action on poor social services delivery
- Provide up-dated information by gender and areas of residence
- Build capacity of relevant government institutions through their active involvement in all phases of the survey
- Thematic research by research/ academic institutions, students and other researchers

MANAGEMENT STRUCTURE

The following management structure for MICS Punjab, 2014 has already been notified as a Steering Committee, Technical Committee, Planning & Coordination group and Operational group for overall quality assurance and overseeing the survey.

Steering Committee

A Steering Committee under the chair of the Chairman Planning & Development (P&D) Board with Secretaries of the social sector departments as member and representative of BOS, PBS, UNICEF, academia and research organizations has been notified with the following TORs:-

- Provide overall superintendence to the MICS processes and provide strategic insights
- Review and approve survey plan, methodology and indicators
- Address any matter that comes up during the course of MICS implementation
- Convene a meeting when required
- Review and approve final results and MICS Report

Planning & Coordination Group and Technical Committee

The Planning & Coordination group and technical committee under the chair of Chief Economist P&D Board have been notified to support and guide the Steering Committee. The Director General BOS, Punjab will act as secretary of the committees with Director (PERI & BOS), Representative of PBS, PM&E Officer of UNICEF and Chief (R&D) P&DD as members have been notified. The TORs of these committees are as under:-

Planning & Coordination Group

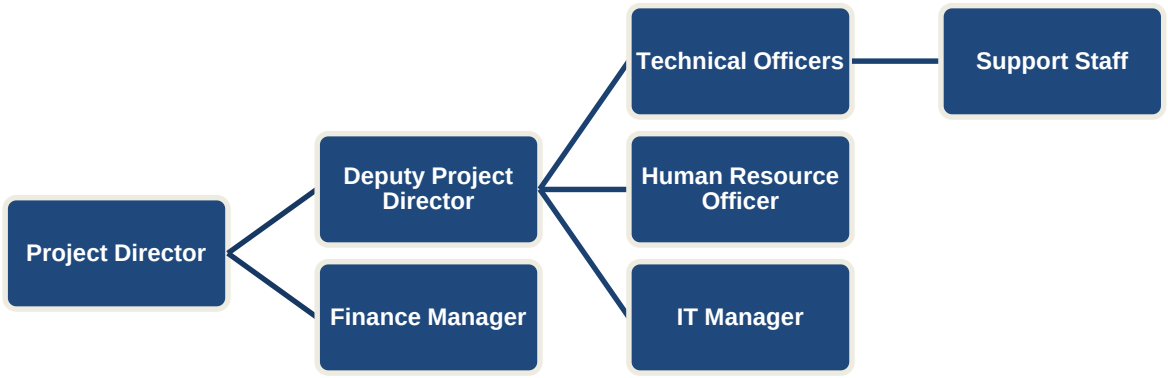
- Provide technical support and guidance to the Steering Committee
- Technical review of survey plan, its design, list of indicators, survey tools and manuals
- Present the finalized survey plan and design, list of indicators to the Steering Committee for approval
- Overseeing training of the field teams and field implementation of the survey through monitoring visits
- Review preliminary findings of the survey and draft reports before submission to the Steering Committee

Technical Committee

- Provide technical support to the Planning & Coordination Group
- Technically review and approve the sample design & survey planning
- Monitoring of listing and data collection process
- Review and approve questionnaires, their translation and pre-testing report
- Ensure the implementation of quality assurance plan
- Review and approve the draft results and report

Operational Group

The Director General, BOS will be the head of the operational group and Project Director MICS Punjab 2014. A focal person declared by P&D Department bridges this group with P&D Department. During the performance of multifarious nature of duties the project director will be assisted by Deputy Project Director and Technical Officers of BOS. The structure of the Operational Group will be as under:-



The operational group will provide technical support and will be responsible for the performance of all activities connected with the successful launching and completion of the survey. The specific TORs of the operational group will include the following:-

- Conducting of consultative meetings and need assessment workshop
- Support in conducting meetings of the Steering Committee, Technical Committee and Planning & Coordination Group
- Coordination with Regional Office for South Asia (ROSA), UNICEF and global MICS desk
- Orientation of the district governments through holding of meetings with district authorities / DCO's thereof to the planning & coordination group
- Preparation of survey plan, development of other survey tools viz customization/selection of indicators, preparation/customization of questionnaires, manual for supervisors & enumerators and translation
- Pre-testing of the questionnaires, sharing with stakeholders, documentation and incorporation of comments / feedback
- Preparation of time bound activities plan and ensure their implementation within the stipulated time frame
- Hiring of team supervisors, field editors, enumerators and measurers
- Preparation of training manual, training schedule and its implementation plan
- Facilitate smooth implementation of the field work with the coordination of district authorities in all the districts
- Ensuring all the logistical arrangements for the field work
- Customization of data entry software, data entry, data analysis
- To resolve any operational issues arising during the survey implementation
- Payment to field teams, maintain accounts and records of expenditure etc.

QUESTIONNAIRES

MICS Punjab 2014 will include the following four questionnaires under MICS5 methodology:-

1. Household Questionnaire
2. Questionnaire for Individual Women
3. Questionnaire for Children Under Five

The following modules will be included in the MICS Punjab Questionnaires 2014 and the list of indicators is at **Annex-III**:-

Household Questionnaire:

i.	Household information panel	viii.	Water and Sanitation
ii.	Household Listing	ix.	Remittances
iii.	Education	x.	Pension Benefits
iv.	Income & Employment	xi.	Safety Nets
v.	Child Labour	xii.	Hand Washing
vi.	Child Discipline	xiii.	Salt Iodization
vii.	Household Characteristics		

Questionnaire for Individual Women:

i.	Woman's Information Panel	viii.	Post-Natal Health Checks
ii.	Woman's Background	ix.	Illness Symptoms
iii.	Access to Mass Media and Use of Information and Communication Technology	x.	Contraception
		xi.	Unmet Need
		xii.	Attitude towards Domestic Violence
iv.	Marriage		
v.	Fertility	xiii.	HIV/AIDS
vi.	Desire for Last Birth	xiv.	Tobacco Use
vii.	Maternal and Newborn Health	xv.	Life Satisfaction

Questionnaire for Children Under Five:

i.	Under Five Child Information Panel	v.	Breastfeeding and Dietary Intake
ii.	Age	vi.	Immunization
iii.	Birth Registration	vii.	Care of Illness
iv.	Early Childhood Development	viii.	Anthropometry

*Coloured are Non MICS modules and Italics will be tested in pretesting before the inclusion.

SAMPLE DESIGN

A request was made to the PBS for the determination of sample size on the basis of prevalence rates of key indicators. The PBS is the key statistical agency of the country and custodian of National Sampling Frame. The sample size is based generally on the prevalence of relevant key indicators. The other factors such as cost and time are also considered at the time of calculation of the sample size. The sample size estimated by the PBS was reviewed in depth by Mr. Peter Wingfield Digby – an international sampling expert on MICS /consultant. Five days session was held with stakeholders including UNICEF personnel and PBS sample design experts at Islamabad. This session was followed by a meeting of Mr. Peter Wingfield

Digby with provincial government high-ups including Chief Economist P&D Board, Director General, BOS. A detailed meeting was held in BOS to finalize the sample size in the presence of Mr. Peter. Various refinements were tried. Initially the 'population at risk' estimates used in the calculation had been based on the age distribution from the 1998 Census, but after discussion the updated figures of 'population at risk' was used based on the District reports for the MICS Punjab 2011, and these were consistently lower than the census figures. As a result, the sample size required to reach the desired level of precision rises from 37,240 to 41,000. The allocation to the urban and rural parts of each district was made, using square root allocation. At the end of the meeting sheet containing the final calculations along with the assumptions was again shared with PBS. Eventually it was agreed that the sample size of 41,000 SSUs will be used in MICS Punjab 2014 with the following assumptions:-

- The estimated number of urban and rural housing units in December 2012 was used
- Response rate of 90 percent is used
- Design effect of 2.0 for all districts is used
- Household size was assumed to be 6.3 (Reference to the MICS Punjab 2011)
- Relative margin of error 0.15 was considered acceptable
- Prevalence of underweight indicator is used for the final computation of sample size

The final recommended allocation is 2,050 clusters with 20 households in each, giving a total sample of 41,000 households. Out of total 2,050 clusters, 774 clusters are allocated to urban areas; this represents 38 percent of all sample clusters, whereas the urban/rural split of housing units in the whole of the Punjab is in the ratio of 32/68.

Using the new sampling frame prepared by PBS will have two major advantages, as compared with the old frame. All large EBs and Villages have been split up into units (new EBs) of manageable size, usually consisting of about 200-250 households. There will thus be very little need for segmentation during the listing stage. Also, the measures of size used for selecting PSUs are likely to be fairly up-to-date, and there should not be a need for major reweighting as a result of the listing.

The Punjab plans to use a male questionnaire, in addition to the questionnaires for households, women and children. The issue then is what sampling rate should be used, in order to achieve a sample of sufficient size. The plan is to sample all men aged 15 to 49 in the selected households, as is done already in the case of women aged 15 to 49. The only issue is whether to select all households for the male questionnaire, or whether to subsample households within each cluster. In MICS 2011, the very large sample of just over 100,000 households produced more than 150,000 eligible women. We can therefore expect the 41,000 households in MICS 2014 to produce about 60,000 eligible women and a similar number of eligible men.

This works out on average at almost 1700 eligible men per district. Given that the male indicators are always based on the full sample of men, it would seem reasonable to reduce the number of households where samples of males are drawn. Selecting males in every second household should result in a sample of about 800 eligible men per district, which should be more than adequate for the male indicators. Selecting a smaller proportion (say 1 in 4) would result in a male sample of about 400 persons per district, which may be considered to be on the lower side, especially if any detailed analysis of the indicators was required, for instance by age. Therefore, a sampling rate of 1 in 2 is finalized.

The provincial report shall continue to include the mathematical details of the sampling errors information for a range of indicators, so that users can easily assess the reliability of the results for the selected sample size.

Universe

The universe consists of all the households and their members in all urban and rural areas of Punjab. Areas involving military installations and the homeless are excluded from the scope of the survey. The Universe in Punjab is administratively divided in to 9 divisions and 36 districts.

Sampling Frame and Sampling Units

For urban areas, the PBS has developed an updated sampling frame by doing a quick count in all the urban areas of Punjab. The quick count is a technique that allows updating a sampling frame by counting all the households and Housing Units (Hus) within an enumeration area or Enumeration Block (EB).The every city/ town is divided into a number of small compact areas of average size 200–250 households with well-defined boundaries. In addition, the PBS has carried out a socioeconomic stratification of each urban block into low, medium and high-income areas. The stratification of the EB was done by using quality of housing and living standards of the households that make up the block.

Stratification

There are eight large cities namely Lahore, Faisalabad, Rawalpindi, Gujranwala, Multan, Sargodha, Sialkot and Bahawalpur in the Punjab Province. All the major cities are further subdivided into "Towns" except Sargodha, Sialkot and Bahawalpur. Each one of these "Towns" constitutes a separate stratum which has been further sub-stratified according to the socioeconomic status of each one of the EBs within each "Town".

Each district in urban areas constitutes an independent stratum. The smallest domain of estimation is the District.

Rural Domain

Each administrative district has been treated as an independent and explicit stratum. The sample selection would be conducted separately within each rural part of the corresponding District.

Socio-Economic Strata

The stratification is not carried out for estimation but for selection purposes. A correct stratification reduces the actual sample size necessary to achieve a given precision. There is no socioeconomic stratification carried out in the rural domains since it is assumed that the rural domain in Punjab is very homogeneous with respect to any socioeconomic stratification. Even if there is a difference it does not justify the extra effort and use of resources required to carry out such stratification. The implicit stratification scheme used when selecting the sample would take into account the socioeconomic differences in the rural domains.

Sample Size and Allocation of EBs to the Strata

Similarly, the design for the MICS Punjab 2014 survey is based on the following important characteristics as well as lessons from all the previous MICS surveys in Punjab i.e., 2003-04, 2007-08 and 2011.

- Heterogeneity and variability of key study variables
- Desired level of precision
- Geographic level of estimates (District)
- Cost/ Field resources
- Time factor

Keeping in view the variability for the characteristics for which estimates are to be prepared, requirements of provincial government in terms of logistic cost, population distribution and main objectives of the survey, a sample of 41,000 households has been considered appropriate to provide reliable estimates of population parameters within acceptable reliability limits. The relative margins of errors will be relaxed considerably to show indicators at District level for various variables like child mortality, net primary school attendance, contraceptive prevalence and use of improved water and sanitation etc. the coefficient of variation (CV) will be expected to be 5 to 8% while for literacy related variables at 5% margin of error and 95% of confidence level. The entire sample of households (SSUs) is drawn from 2,050 Primary Sampling Units (PSUs) out of which 774 are urban and 1276 are rural. The sample households have been allocated to 36 domains i.e., Districts in proportion to their population according to the 1998 population census with adjustment. The results obtained for these indicators in the MICS Punjab 2011 were used to determine the sample size for the present MICS Punjab 2014 at District level.

Sample Design for MICS 2014

The sample has been selected in two stages. In the urban areas, the first-stage selection unit is the EB. In the rural areas, the first-stage selection unit is the village. From each of first-stage sample unit, a sample of twenty households will be selected both in rural and urban areas. The first-stage units are selected with probability proportional to size. The second-stage units are selected with equal probability. This gives a sample that is more or less self-weighting within each selection stratum. However, the self-weighting characteristic of the sample is lost after the field work due to adjustments such as non-response, changes in the occupancy status of the households, refusals, etc. Breakup of the sample size of MICS Punjab 2014 is given below:

	Urban	Rural	Total
Primary Sampling Unit (PSU's) – Clusters	774	1276	2050
Secondary Sampling Unit (SSU's) – Households	15,480	25,520	41,000

Listing of Households within Sample EBs

The listing sheets prepared during the listing operation will become the sampling frame for the final stage of selecting households. The updating is necessary in order to avoid coverage errors, since the weighting factors must reflect the universe in its entirety. The listing operation will allow, during the weighting of the sample, the universe to be reflected more accurately.

In general, during the listing operation only Housing Units (HUs) are listed, instead of households, because a one-to-one correspondence relation exists between the HU and the household. However, in the case of MICS Punjab 2014, where the definition of HU allows for the existence of more than one households, it will be necessary to write down, in addition to the HU, the number of households in each housing unit. Each line in the listing sheet will correspond with one and only one household, so that every household can have the same probability of being selected as any other household.

Consequently, we will define a new term, the "dwelling unit", as the space occupied by one household. That is, the space of the dwelling that corresponds to only one household. In the case of a vacant dwelling it would have to be considered as the "space to be occupied by only one household". Therefore, the listing operation will list "dwelling units".

Also, taking into account the need to control coverage errors (omissions and duplications), it would be worthwhile for the enumerator to register all the places where people live or might live; that is, every dwelling unit, whether or not it is occupied, vacant, being built, etc. At the same time, the enumerator will register the occupancy status of every unit:

- Occupied as principal residence

- Vacant
- Under construction (not occupied)
- Demolished or abandoned (not occupied)

Afterwards, in the office, the "valid" dwelling units will be determined, that is, those units that are occupied permanently (the first category mentioned above) and these are the only ones that will be used during the selection process.

Quality Control of House Listing

A well elaborated manifold plan is prepared for quality listing. Province will be distributed amongst 10 regions (Lahore division in two regions). A region will be supervised by the Regional Supervisor who will be responsible for the quality of listing in his/her respective region. Monitoring teams constituted by the Project Director will also monitor the listing as per approved criteria and will submit their reports to be included in quality control report.

It is planned that the activities of the monitors will be supervised by using the services of mobile phone. The listers will write down the mobile number of some of the households listed which will be used for monitoring. Any member of the committees notified in the management structure may also be a part of monitoring.

Procedure to Select Housing Units

Whatever the distribution of sample EBs in the different sub-strata might be, the selection of HUs (or dwelling units, as are defined above), will follow the same procedure in all sub-strata.

- A fixed number of valid HUs (20 in the urban and rural areas) will be selected systematically and with equal probability from the Listing Form.
- In Punjab, the response rate is very high (97% in the last MICS) and, therefore, it will not be necessary to select reserve units.

SURVEY INSTRUMENTS

Following instruments will be required during the process of the survey:-

Type A (Provided by UNICEF)

- Measuring Boards
- Weighing Scales
- Salt test kits
- Geographic Positioning System (GPS) devices
- Visual aids such as vitamin A tablets etc.
- Equipment for establishing the Data Processing Unit

Type B (Purchased by the Executing Agency)

- Household, Woman, Man and Under Five Children Questionnaires
- Enumerator's Cluster Control Sheets
- Team Supervisors Manual
- Instructions for Editors
- Enumerator's Manual
- Instructions for measurers
- Identification documents
- Clipboards
- Blue ballpoint pens
- Bags to carry the questionnaires
- Any personal items Umbrella, water bottle, etc
- Local/ National Calendars, literacy cards, etc.
- Consumables

RECRUITMENT AND TRAINING OF FIELDWORK STAFF

Recruitment

For carrying out the field work following staff will be required:-

- Field Supervisors
- Male / Female Field Editors
- Male / Female Enumerators
- Female Measurers
- Data Processing Manager
- Data Entry Operators

Field Supervisors of Grade 17 or higher will be selected from the existing staff of BOS. The Field Editors will be selected both among the officers of BOS and from the market. The Enumerators will be hired both among the staff of BOS and from the market if necessary. The Female Measurers will be hired from the market. The staff to be engaged from BOS will be finalized by a Human Resource committee as per minimum requirement. The balance staff will be hired from the market by the Human Resource Committee.

Training of Field Workforce

The expected work force required to train is given as below:

Workforce	Required No. (10% Additional)
❖ House Listers	135
❖ Regional Supervisors	10
❖ Team supervisors	33
❖ Field Editors	66
❖ Male Enumerators	132
❖ Female Enumerators	132
❖ Female Measurers	66

Four types of following training will be organized at different stages of the survey:

Sr. No.	Training type/ purpose	Duration	Trainers
1	Listing	3 days	By experienced officers of PBS
2	Training of Trainers (TOT)	10 days	By Technical officers who prepared the questionnaire along with Professionals Trainers
3	Training of Supervisors/ Editors/ Enumerators	18 days	By TOT's along with Professionals Trainers
4	Training of Measurers	3 days	Nutrition Specialists
5	Training of Data Entry Operators / Supervisor	3 days	By Technical officers who prepared the questionnaire

Due to the large number of trainees, the field work training will be organized at three different places i.e. Central, North and Southern parts of the Punjab in manageable groups. The two trainings at Central and Southern Punjab will be simultaneous whereas the third training in Northern part will be conducted after about two weeks of field monitoring. The training venue will be chosen based on the groups of trainees. The training will be imparted on standard protocols required for such type of trainings. The following material always remains useful:

- Flip charts, pointers/laser light, markers, sticky tack or tape and small prizes
- Flip chart papers with each of these slogans, do & don't, motivations etc.
- Multimedia
- Identity cards per participant, with string looped to make a necklace
- One writing pad with folder for each participant
- One presentation evaluation form per presenter, per participant

- To maintain the interest and energy level during long hours for 18 days a standard training schedule will be implemented.
- Refreshment/ lunch etc.

Guidelines in conducting the training sessions

- **Participatory approach** is best strategy/technique for such trainings. Trainers should encourage trainees to ask questions and make sure that everything is clear and participants have achieved uniform level of understanding of tools and concepts before the actual fieldwork starts. In addition, trainers should ask questions from trainees, make them to read the questionnaires aloud, and practice the administration of questionnaires as much as possible
- **Class-based Practice:** There are several ways of ensuring that trainees get experience of real working environments. This will be done through demonstration interviews, front-of-class interviews and mock interviews. Additionally, real respondents would be brought into the classroom for practice, and/or Enumerators may be taken to households in the vicinity of the training venue to ask questions from real respondents, even before the main pilot study begins
- It is best to schedule practices in the latter part of the day
- Use audio-visual aids, such as multimedia, during the training
- Inviting a high-level official to open and close the training course can help ensure that trainees believe in the importance of the survey and conduct in a responsible manner
- In addition to practice sessions in the classroom and in households, trainees may be given homework assignments, including readings, and they can be asked to complete interviews at night, perhaps with other family members, relatives and neighbors

FIELD WORK

Field work would be the crucial activity of the survey. This activity is planned to be completed in 75 days. However, this is likely to be done in geographical phases, partly overlapping with the listing and data entry/cleaning activities, so as to save time and improve quality of data collection through two-way feedback system. The key highlights of the field work process are summarized below:

- Split of Punjab into 10 regions for survey management purposes
- Each field team will have a Team Supervisor, a Field Editor, four Male Enumerators, four Female Enumerators and two Measurers.
- The cluster comprising of 20 households will be covered by four male and four female enumerators. The enumerators will be working in pairs (one

male and one female). Each pair will be responsible to complete five interviews.

- Field editor will accompany the survey teams with responsibility to edit all filled questionnaires before team leaves the cluster.
- Anthropometric measurers will be trained separately and work as part of the team.
- Administrative support from district government for security will be provided on need basis.

Regional Supervisors

The province will be divided into ten operational regions for the purpose of implementation of the field work with each region comprising of 3-4 districts. The field operation in each region will be supervised by a Regional Supervisor who will be the key person responsible for smooth operations relating to the field work in respective region. The responsibilities of the Regional Supervisor are to:

- Obtain the basic materials and identification for all the PSUs included in the sample from MICS secretariat, Lahore
- Obtain copies of all listing materials (listing manual, mapping and listing forms) including salt testing kits, child height measuring boards and weighing machines etc.,
- Assign teams to PSUs in his region
- Collect the DSA bills and transmit it to MICS secretariat on fortnightly basis after verification/ countersigning
- Ensure smooth availability of transport services for the field teams
- Receive the completed questionnaires from the Team Supervisors and transmission to the MICS secretariat
- Coordinate /supervise the survey teams and manage trouble shooting

Team Supervisors

As indicated earlier, the field work of the survey has been planned in a way that each cluster will be covered in one day. The field work in each cluster will be supported and supervised by a Team Supervisor deployed with the following responsibilities.

- Obtain sample household lists and/or maps for each cluster in which his/her teams will be working and discuss any special problems
- Become familiar with the cluster where the teams will be working and determine the best arrangements for travel and stay
- Contact local authorities to inform them about the survey and to gain their support and cooperation
- Obtain all monetary advances, supplies and equipment necessary for the team to complete its assigned interviews. Careful preparation by the

supervisor is important for facilitating the work of the team in the field, for maintaining Enumerators' morale, and for ensuring contact with the central office throughout the fieldwork

- Assign work to Enumerators, taking into account their linguistic competence, and ensure that there is an equitable distribution of the workload.
- Maintain fieldwork control sheets and make sure that assignments are carried out
- Regularly send completed questionnaires and progress reports to the Regional Supervisor and keep MICS secretariat informed of the team's location
- Communicate any problems to the respective Regional Supervisor
- Take charge of the team vehicle(s), ensuring that it is kept in good condition and that is used only for project work
- Ensure that questionnaires are kept confidential and that Enumerators do not discuss the results of the interviews among themselves or with others
- Make an effort to develop a positive team spirit; a congenial work atmosphere, along with careful planning of field activities and contribute to the overall quality of a survey
- Any additional duty related to the project work assigned

Field Editors

The survey has planned to deploy one field editor under the supervision of the Team Supervisor for each survey cluster as part of quality assurance measure. The Field Editor will change the team every week to ensure elimination of chances of subjectivity and biases. The Field editor will ensure finalization of questionnaire both in terms of completeness and accuracy before team leaves the survey cluster. The Field editor will also document the areas that require follow up visit of the team to complete the left over interviews. The key responsibilities of the Field Editor will include the following.

- Observe/ back check at least 2 completed interviews every day
- Edit all completed questionnaires in the field – editing must be completed prior to leaving the sample area where the data was collected
- Keep record of all mistakes identified in each of the edited questionnaire for subsequent use in review sessions and periodic reporting to the survey head quarter
- Conduct regular review sessions with Enumerators and advise them of any problems found in their questionnaires
- The Field Editor will be rotated after 7 days and schedule will be conveyed by the Regional Supervisors accordingly

- Document and share with the Team Supervisor points/ areas that might require follow up/ revisiting of the team to the cluster
- Report on overall working of the team on a standardized checklist at the end of the week

Enumerators

As indicated earlier, each survey cluster will be covered by a team comprising of four pairs of Enumerators to complete it in one day. Each pair of Enumerators will comprise of one female and one male. Two female in the teams will be trained as 'measurer' with key responsibility to take all measurements. The responsibilities of the Enumerators are:

- Motivate and obtain permission of the household for the interview
- Be neutral throughout the interview
- Never suggest answers/put words in the mouth of the respondent
- Do not change the wording or sequence of questions
- Handle hesitant respondents tactfully
- Do not create expectations about assistance based on the responses
- Full cooperation with team supervisor/field editors
- Help the Measurer during Anthropometry

Measurers

In each team there will be two female measurers who will be responsible for the following:

- The measurer will receive child height measuring board and weighing machines with all the accessories from the Team Supervisor
- Before proceeding to the field, shall ensure that the machines are in perfect working order
- Take sufficient batteries with them that may be required in case of emergency
- Take height and weight of children under 5 as per instructions given during the training and mentioned in the instruction for the anthropometry measurement
- Ensure entering the reading at proper place of the questionnaire

PRE-TESTING OF QUESTIONNAIRE

The customized Urdu translated questionnaire needs to be pretested in the community, using respondents similar to the respondents likely to be in the survey sample. This pretest will identify any problem areas, misinterpretations or cultural objections to the questions. A pretest can provide a great deal of information for

designing the final questionnaire and for planning other aspects of the survey process. The pretest can explain the following:

- Are respondents willing to answer the questions in the form we propose to use?
- What are the sensitive response categories?
- Do Enumerators understand the questions?
- Extra training can focus on these questions
- Do the respondents misinterpret the questions or questions or find it difficult to understand?
- The pretest will indicate where changes in wording or improved translations are needed?
- Is the flow of questionnaire smooth?
- Is there adequate space on the form and are the answers clearly coded?
- How long does an interview take? The answer to this question will help us to decide how many Enumerators are needed and how long the work will take?

The questionnaire will be pretested in Southern, Central and Northern zone of province Punjab. One district will be selected randomly and within the district, one urban and rural cluster will be enumerated as per guidelines of MICS5 methodology. In this way, 120 questionnaires will be filled up. The future planning of the survey will be reviewed in the light of the results of the pretest.

MONITORING MECHANISM

The monitoring of field work for quality data collection will included conventional as well as innovative methods. Under the conventional method all the participating organizations will carry out the monitoring including Chairman P&D Board, Secretary P&DD, Chief Economist P&D Board, Focal Person P&DD, Programme Monitoring and Evaluation (PM&E) Officer, UNICEF, Director General and Senior Staff of BOS and National Consultant on MICS. This monitoring will be of two broad types, supportive monitoring and surprize monitoring. All these activities will be coordinated at BOS and ensured that each field team is visited more than once by the monitors. All the monitors will submit their monitoring reports at the end of their visits based on which instructions will be issued to the field teams.

In the innovative methods, GPS will be used to monitor the movement of field teams. Each Team Supervisor will have GPS device through which they will send GPS coordinates at headquarters both at the time of entering and leaving the cluster. This system will allow BOS to monitor the field teams that they visited the cluster. Moreover, the time spent in the cluster can be evaluated from the arriving and leaving time of the teams. The information on eligible children, women, anthropometry and response level will also be obtained through Short Messaging Service (SMS). It will also enable BOS to evaluate the performance of field teams.

DATA ENTRY AND DATA PROCESSING

The data entry and cleaning operation will be organized at a central location Lahore under the supervision of a qualified data manager. This process will be completed within a 15 days of completion of fieldwork. Double data entry by using CSPro will be undertaken to minimize data entry errors. The filled-in questionnaires will be received from the field through courier in MICS Secretariat and handed over to data manager. Data entry will be started shortly after the field work commences. The preparation for data entry involves the following steps:

- Obtaining computer equipment and setting up a data-processing space
- Identifying and recruiting appropriate personnel
- Adapting computer programs to the MICS Punjab questionnaire by customizing the MICS5 methodology
- Setting up a system for managing the questionnaires and data files
- Developing Standard Operating Procedures (SOPs) and protocols for handling questionnaires and data during data entry, cleaning and analysis stages.
- Develop quality assurance system for data management

As soon as the quality tables are generated, these will be transmitted to MICS Secretariat with comments. The MICS secretariat will immediately take action by sending the feedback to the field formations through Fax/Phone, Email/SMS or through personal visits, if necessary.

The data entry staff will be arranged out of the existing staff of BOS and the additional staff will be hired from the market if necessary. Three days training of data entry staff is planned which will be conducted at the provincial headquarters Lahore. Census and Survey Processing System (CSPro) software package will be used for data entry. The CSPro software will be provided to the implementing agency by UNICEF MICS Team at the MICS Data Processing Workshop. The Statistical Product and Service Solutions (SPSS) will be used for analysis. A licensed copy of the software will be provided to the implementing agency by UNICEF HQ.

Primary Data Processing

The goal of primary data processing is to produce clean, edited data files. Primary data processing involves the following steps:

- Entering all questionnaires for a cluster into a data file
- Checking the structure of the data file
- Generating field check tables to monitor survey quality
- Entering the data second time (double entry) and then verifying the data file

- Backing up the checked and verified data files
- Performing secondary editing on the data files
- Backing up the edited, or final, data files

Secondary Data Processing

The goal of secondary data processing is to produce analysis data files and to create the MICS5 standard tables. Secondary data processing involves the following steps:

- Concatenating all cluster data files into one data file
- Exporting the data to the SPSS software
- Calculating sample weights
- Computing wealth index quintiles
- Recoding variables to simplify analysis
- Creating the tables required to analyze the data as per finalized indicators
- Archiving and distributing the data files

DATA ANALYSIS AND REPORT WRITING

Data will be analyzed by using customized and standardized statistical software. Initial analysis should include examining frequency distribution of all variables and looking at possible errors in data entry and otherwise for cleaning purposes. Dummy tables reflecting cross-tables between dependent and independent variables need to be generated right away for the executive summary focusing on presenting frequencies and simple bi-variate tables.

It is planned that the Final Report of the MICS will be completed within a maximum of 10 months after completion of fieldwork and the Summary Findings Report within four months after completion of the fieldwork. This final report will consist of main report with provincial, divisional and district results along with technical notes and essential appendices. The development of the report will be supported by either an international consultant, or by a group of local experts. The entire process of data analysis and report writing will be led by the Project Director. The preliminary results will be shared with the Steering Committee before starting report drafting process. The concerns/ guidance of Steering Committee will be accommodated in the survey report.

ARCHIVING AND DISSEMINATION

The SPSS data and survey documents will be archived using the IHSN Microdata Management Toolkit. The toolkit (a software package) and training on how to use it will be provided by UNICEF during the MICS Data Processing Workshop.

The first draft of the report will be shared with stakeholders/survey partners in the Planning and Coordination Group for review and feedback. Once a second draft of

the survey is ready, the provincial government will organize a workshop for all concerned stakeholders to receive and vet the findings of the survey jointly. After that, the draft report will be finalized for the approval of the Steering Committee. The final draft report will be approved by the Steering Committee and released for printing and wider sharing.

The Micro data set of the survey will be shared both through the child info website as well as on request for the data users.

BUDGET

The cost estimates of this Household survey are as under:

Sr. No.	Activity	Cost (Million PKRs.)	Cost (US$) @Rs.105
A	Government of Punjab	115.910	1,103,895
01	Survey office & Institutional arrangements	2.019	19,229
02	Fieldwork of the Household survey	50.320	479,235
03	Printing of Survey tools	7.743	73,744
04	Sampling & House listing	6.030	57,426
05	Trainings (Field Staff)	26.498	252,361
06	Supervision and Monitoring	11.950	113,810
06	Data Entry, Editing, Cleaning & Analysis	5.830	55,524
07	Contingencies (Government)	5.520	52,566
B.	UNICEF	20.150	191,470
01	MICS Technical Consultant	4.000	38,095
02	Supervision & Monitoring	6.106	58,150
03	Trainings (TOT & Field Staff)	4.391	41,819
04	Report Writing & Dissemination & Secondary Analysis	4.800	45,283
05	Contingencies (UNICEF)	0.853	8,123
	GRAND TOTAL:-	136.060	1,296,410

TIMETABLE

The estimated time schedule of the survey is listed below:

Activities	Days
Estimated time for listing	45
Field workers training (each training)	18
Field work	75
Data entry/ cleaning	90
Data analysis & Summary Finding Report	60
Disseminations	120

Status of Progress

Activity	Status/ Target Date
Management Structure	Notified
Survey Secretariat	Established
Budget Finalization & Approval of PC-II	June 2013
Signing of MOU with UNICEF	December 2013
Sample Design by PBS	January 2014
Finalization of Indicators	March 2014
Development of Draft Questionnaires	March 2014
House Listing Training	January 2014
House Listing	January - March 2014
TOTs	March 2014
Pre-testing	April 2014
Field workforce Training	April - May 2014
Field Work	May-Aug 2014
Data Entry Software	March 2014
Data Entry/ Cleaning	June - October 2014
Finalization of Tabulation Plan / SPSS Syntax files	May 2014
Data Analysis	November 2014
Sharing of Summary Findings Report	December 2014
Report Writing	January – February 2015
Reviews of Draft Report	February - March 2015
Approval of MICS 2014 Report	March 2015
Printing of Report	March – April 2015
Provincial dissemination workshop	May - June 2015
Divisional / Sectoral / Stakeholder workshops	May - June 2015

The detail activity chart is at **Annexure-I**.

TECHNICAL GUIDANCE AND SUPPORT

Technical support, which includes online support and in-country visits, will be provided by the UNICEF Regional Office (through the regional MICS Coordinator and the experts to be mobilized by the Regional Office) and by UNICEF New York MICS Team as described in the MICS Technical Assistance Framework.

The country and provincial office UNICEF Pakistan will support and coordinate all the survey activities and bridge it with global and Regional MICS team.

The implementation team of BOS has already attended a survey design workshop on MICS5 methodology organized by UNICEF Regional Office for Middle East and North Africa & UNICEF New York MICS Team in Dubai. The representative of BOS has already participated in the Data Processing workshop held in October 2013 at Dubai.

ANNEX-I: SURVEY SCHEDULE OF MICS PUNJAB 2014

Activity/ Milestone	2013					2014																		2015				
								March				April																
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	W 1	W 2	W 3	W 4	W 1	W 2	W 3	W 4	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May - Jun
MOU with UNICEF																												
Survey Plan																												
Finalization of Indicators																												
Questionnaire Customization																												
House Listing																												
Translation of Questionnaire																												
Finalization of Manuals																												
Training of Trainers (ToT)																												
Pre Testing																												
Editing after Pretesting																												
Training of Field Staff																												
Field Work																												
Data Entry / Double Entry																												
Data Cleaning																												
Data Analysis																												
Initial Results																												
Data/ Tables review by ROSA																												
Report Writing																												
Report review by P&DD																												
Report review by UNICEF																												
Printing of Report																												
Dissemination																												

ANNEX-II: MANAGEMENT STRUCTURE

MULTIPLE INDICATOR CLUSTER SURVEY (MICS) PUNJAB, 2014

STEERING COMMITTEE

under the chair of the Chairman P&D Board with Secretaries of the social sector departments (Health, Education, Finance, Social Welfare, LG & CD, PW, HUD &PHE) as member and representative of BOS, PBS, UNICEF, academia and research organizations

- Provide overall superintendence to the MICS processes and provide strategic insights
- Review and approve survey plan, methodology and indicators
- Address any matter that comes up during the course of MICS implementation
- Convene a meeting when required
- Review and approve final results and MICS Report

PLANNING & COORD. GROUP

Chair: Chief Economist, P&D Board, Chief (R&D) P&DD, BOS, PBS, PERI, Education, Health, S.W, LG&CD, HUD, PHE, UNICEF as members

Director General BOS, Punjab will act as secretary of the committee

- Provide technical support and guidance to the Steering Committee
- Technical review of survey plan, its design, list of indicators, survey tools and manuals
- Present the finalized survey plan and design, list of indicators to the Steering Committee for approval
- Overseeing training of the field teams and field implementation of the survey through monitoring visits
- Review preliminary findings of the survey and draft reports before submission to the Steering Committee

TECHNICAL COMMITTEE

Chair: Chief Economist, P&D Board, Chief (R&D) P&DD, BOS, PBS, PERI, Education, Health, S.W, LG&CD, HUD, PHE, UNICEF as members

Director General BOS, Punjab will act as secretary of the committee

- Provide technical support to the Planning & Coordination Group
- Technically review and approve the sample design & survey planning
- Monitoring of listing and data collection process
- Review and approve questionnaire, its translation and pre-testing report
- Ensure the implementation of quality assurance plan
- Review and approve the draft results and report

OPERATIONAL GROUP

Chair: Director General BOS, Chief R&D, P&DD and Technical Officers Of BOS

- Contribution to finalize the sample design
- Support for questionnaire development, translation and field testing
- Recruitment and training support
- Logistical arrangement and financial disbursements
- Survey implementation and field work coordination
- Support for Data editing/entry
- Contribution to analysis and report writing

Pakistan Bureau of Statistics (PBS)

- sample design
- Technical support for listing

Data Entry Cell | **Field Editor**

Regional Supervisor (M/F)

For each Region

PBS Regional Office

- Listing Training
- Identification of PSUs

Team Supervisors 01 **(M/F)**
Field Editors 02 (01M/01F)

Female Measurers 02

Urban & Rural Team

3 Males & 5 Female Enumerators

MICS ANNEX–III: MICS5 INDICATORS

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference2
MORTALITY 3					
1.2	Infant mortality rate	CM	Probability of dying between birth and the first birthday		MDG 4.2
1.5	Under-five mortality rate	CM	Probability of dying between birth and the fifth birthday		MDG 4.1
NUTRITION					
2.1a 2.1b	Underweight prevalence	AN	Number of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for age of the WHO standard	Total number of children under age 5	MDG 1.8
2.2a 2.2b	Stunting prevalence	AN	Number of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median height for age of the WHO standard	Total number of children under age 5	
2.3a 2.3b	Wasting prevalence	AN	Number of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for height of the WHO standard	Total number of children under age 5	
2.4	Overweight prevalence	AN	Number of children under age 5 who are above two standard deviations of the median weight for height of the WHO standard	Total number of children under age 5	
2.5	Children ever breastfed	MN	Number of women with a live birth in the last 2 years who breastfed their last live-born child at any time	Total number of women with a live birth in the last 2 years	
2.6	Early initiation of breastfeeding	MN	Number of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth	Total number of women with a live birth in the last 2 years	
2.7	Exclusive breastfeeding under 6 months	BD	Number of infants under 6 months of age who are exclusively breastfed4	Total number of infants under 6 months of age	

[1] Some indicators are constructed by using questions in several modules in the MICS questionnaires. In such cases, only the module(s) which contains most of the necessary information is indicated.

[2] Millennium Development Goals (MDG) indicators, effective 15 January 2008 - http://mdgs.un.org/unsd/mdg/Host.aspx?Content=Indicators/OfficialList.htm, accessed 10 June 2013.

[3] When the Birth History module is used, mortality indicators are calculated for the last 5-year period. When the indicators are estimated indirectly (using the Fertility module only), the rates refer to dates as estimated by the indirect technique.

[4] Infants receiving breast milk, and not receiving any other fluids or foods, with the exception of oral rehydration solution, vitamins, mineral supplements and medicines

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference2
2.8	Predominant breastfeeding under 6 months	BD	Number of infants under 6 months of age who received breast milk as the predominant source of nourishment5 during the previous day	Total number of infants under 6 months of age	
2.9	Continued breastfeeding at 1 year	BD	Number of children age 12-15 months who received breast milk during the previous day	Total number of children age 12-15 months	
2.10	Continued breastfeeding at 2 years	BD	Number of children age 20-23 months who received breast milk during the previous day	Total number of children age 20-23 months	
2.11	Duration of breastfeeding	BD	The age in months when 50 percent of children age 0-35 months did not receive breast milk during the previous day		
2.12	Age-appropriate breastfeeding	BD	Number of children age 0-23 months appropriately fed6 during the previous day	Total number of children age 0-23 months	
2.13	Introduction of solid, semi-solid or soft foods	BD	Number of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	Total number of infants age 6-8 months	
2.14	Milk feeding frequency for non-breastfed children	BD	Number of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	Total number of non-breastfed children age 6-23 months	
2.15	Minimum meal frequency	BD	Number of children age 6-23 months who received solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum number of times7 or more during the previous day	Total number of children age 6-23 months	
2.16	Minimum dietary diversity	BD	Number of children age 6-23 months who received foods from 4 or more food groups8 during the previous day	Total number of children age 6-23 months	
2.17a 2.17b	Minimum acceptable diet	BD	(a) Number of breastfed children age 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day (b) Number of non-breastfed children age 6–23 months who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day	(a) Number of breastfed children age 6–23 months (b) Number of non-breastfed children age 6–23 months	
2.18	Bottle feeding	BD	Number of children age 0-23 months who were fed with a bottle during the previous day	Total number of children age 0-23 months	
2.19	Iodized salt consumption	SI	Number of households with salt testing 15 parts per million or more of iodate	Total number of households in which salt was tested or where there was no salt	

[5] Infants who receive breast milk and certain fluids (water and water-based drinks, fruit juice, ritual fluids, oral rehydration solution, drops, vitamins, minerals, and medicines), but do not receive anything else (in particular, non-human milk and food-based fluids)

[6] Infants age 0-5 months who are exclusively breastfed, and children age 6-23 months who are breastfed and ate solid, semi-solid or soft foods

[7] Breastfeeding children: Solid, semi-solid, or soft foods, two times for infants age 6-8 months, and three times for children 9-23 months; Non-breastfeeding children: Solid, semi-solid, or soft foods, or milk feeds, four times for children age 6-23 months

[8] The indicator is based on consumption of any amount of food from at least 4 out of the 7 following food groups: 1) grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference2
2.20	Low-birthweight infants	MN	Number of most recent live births in the last 2 years weighing below 2,500 grams at birth	Total number of most recent live births in the last 2 years	
2.21	Infants weighed at birth	MN	Number of most recent live births in the last 2 years who were weighed at birth	Total number of most recent live births in the last 2 years	
2.21a (CS)	Vitamin A supplementation (children under age 5)	IM	Number of children age 6-59 months who received at least one high-dose vitamin A supplement in the 6 months preceding the survey	Total number of children age 6-59 months	
CHILD HEALTH					
3.1	Tuberculosis immunization coverage	IM	Number of children age 12-23 months who received BCG vaccine by their first birthday	Total number of children age 12-23 months	
3.2	Polio immunization coverage	IM	Number of children age 12-23 months who received the third dose of OPV vaccine (OPV3) by their first birthday	Total number of children age 12-23 months	
3.3	Diphtheria, pertussis and tetanus (DPT) immunization coverage	IM	Number of children age 12-23 months who received the third dose of DPT vaccine (DPT3) by their first birthday	Total number of children age 12-23 months	
3.4	Measles immunization coverage9	IM	Number of children age 12-23 months who received measles vaccine by their first birthday	Total number of children age 12-23 months	MDG 4.3
3.5	Hepatitis B immunization coverage	IM	Number of children age 12-23 months who received the third dose of Hepatitis B vaccine (HepB3) by their first birthday	Total number of children age 12-23 months	
3.6	Haemophilus influenzae type B (Hib) immunization coverage	IM	Number of children age 12-23 months who received the third dose of Hib vaccine (Hib3) by their first birthday	Total number of children age 12-23 months	
3.8	Full immunization coverage	IM	Number of children age 12-23 months who received all vaccinations recommended in the national immunization schedule by their first birthday	Total number of children age 12-23 months	
3.9	Neonatal tetanus protection	MN	Number of women age 15-49 years with a live birth in the last 2 years who were given at least two doses of tetanus toxoid vaccine within the appropriate interval10 prior to the most recent birth	Total number of women age 15-49 years with a live birth in the last 2 years	
3.10	Care-seeking for diarrhoea	CA	Number of children under age 5 with diarrhoea in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	Total number of children under age 5 with diarrhoea in the last 2 weeks	
3.11	Diarrhoea treatment with oral rehydration salts (ORS) and zinc	CA	Number of children under age 5 with diarrhoea in the last 2 weeks who received ORS and zinc	Total number of children under age 5 with diarrhoea in the last 2 weeks	
3.12	Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding	CA	Number of children under age 5 with diarrhoea in the last 2 weeks who received ORT (ORS packet, pre-packaged ORS fluid, recommended	Total number of children under age 5 with diarrhoea in the last 2 weeks	

[9] In countries where measles vaccination is administered at or after 12 months of age according to the vaccination schedule, the indicator is calculated as the proportion of children age 24-35 months who received the measles vaccine by 24 months of age

[10] See the MICS tabulation plan for a detailed description

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference2
			homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea		
3.13	Care-seeking for children with acute respiratory infection (ARI) symptoms	CA	Number of children under age 5 with ARI symptoms in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	Total number of children under age 5 with ARI symptoms in the last 2 weeks	
3.14	Antibiotic treatment for children with ARI symptoms	CA	Number of children under age 5 with ARI symptoms in the last 2 weeks who received antibiotics	Total number of children under age 5 with ARI symptoms in the last 2 weeks	
3.15	Use of solid fuels for cooking	HC	Number of household members in households that use solid fuels as the primary source of domestic energy to cook	Total number of household members	
3.20	Care-seeking for fever	CA	Number of children under age 5 with fever in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	Total number of children under age 5 with fever in the last 2 weeks	
3.22	Anti-malarial treatment of children under age 5	CA	Number of children under age 5 with fever in the last 2 weeks who received any antimalarial treatment	Total number of children under age 5 with fever in the last 2 weeks	MDG 6.8
3.23	Treatment with Artemisinin-based Combination Therapy (ACT) among children who received anti-malarial treatment	CA	Number of children under age 5 with fever in the last 2 weeks who received ACT (or other first-line treatment according to national policy)	Total number of children under age 5 with fever in the last 2 weeks who received any anti-malarial drugs	
3.25	Intermittent preventive treatment for malaria during pregnancy	MN	Number of women age 15-49 years who received three or more doses of SP/Fansidar, at least one of which was received during an ANC visit, to prevent malaria during their last pregnancy that led to a live birth in the last 2 years	Total number of women age 15-49 years with a live birth in the last 2 years	
WATER AND SANITATION					
4.1	Use of improved drinking water sources	WS	Number of household members using improved sources of drinking water	Total number of household members	MDG 7.8
4.2	Water treatment	WS	Number of household members in households using unimproved drinking water who use an appropriate treatment method	Total number of household members in households using unimproved drinking water sources	
4.3	Use of improved sanitation	WS	Number of household members using improved sanitation facilities which are not shared	Total number of household members	MDG 7.9
4.4	Safe disposal of child's faeces	CA	Number of children age 0-2 years whose last stools were disposed of safely	Total number of children age 0-2 years	
4.5	Place for handwashing	HW	Number of households with a specific place for hand washing where water and soap or other cleansing agent are present	Total number of households	
4.6	Availability of soap or other cleansing agent	HW	Number of households with soap or other cleansing agent	Total number of households	

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference2
REPRODUCTIVE HEALTH					
5.1	Adolescent birth rate11	CM - BH	Age-specific fertility rate for women age 15-19 years		MDG 5.4
5.2	Early childbearing	CM - BH	Number of women age 20-24 years who had at least one live birth before age 18	Total number of women age 20-24 years	
5.3	Contraceptive prevalence rate	CP	Number of women age 15-49 years currently married who are using (or whose husband is using) a (modern or traditional) contraceptive method	Total number of women age 15-49 years who are currently married	MDG 5.3
5.4	Unmet need12	UN	Number of women age 15-49 years who are currently married who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	Total number of women age 15-49 years who are currently married	MDG 5.6
5.5a 5.5b	Antenatal care coverage	MN	Number of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth (a) at least once by skilled health personnel (b) at least four times by any provider	Total number of women age 15-49 years with a live birth in the last 2 years	MDG 5.5
5.6	Content of antenatal care	MN	Number of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples during the last pregnancy that led to a live birth	Total number of women age 15-49 years with a live birth in the last 2 years	
5.6a (CS)	Contents of antenatal care (All four)	MN	Number of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured, weight measured and gave urine and blood samples during the last pregnancy that led to a live birth	Total number of women age 15-49 years with a live birth in the last 2 years	
5.7	Skilled attendant at delivery	MN	Number of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth	Total number of women age 15-49 years with a live birth in the last 2 years	MDG 5.2
5.8	Institutional deliveries	MN	Number of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered in a health facility	Total number of women age 15-49 years with a live birth in the last 2 years	
5.9	Caesarean section	MN	Number of women age 15-49 years whose most recent live birth in the last 2 years was delivered by caesarean section	Total number of women age 15-49 years with a live birth in the last 2 years	
5.10	Post-partum stay in health facility	PN	Number of women age 15-49 years who stayed in the health facility for 12 hours or more after the delivery of their most recent live birth in the last 2 years	Total number of women age 15-49 years with a live birth in the last 2 years	
5.11	Post-natal health check for the newborn	PN	Number of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	Total number of last live births in the last 2 years	
5.12	Post-natal health check for the mother	PN	Number of women age 15-49 years who received a health check while in	Total number of women age 15-49 years with a live birth	

11 When the Birth History module is used, the indicator is calculated for the last 3-year period. When estimated using the Fertility module only, the rate refers to the last one year

12 See the MICS tabulation plan for a detailed description

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference2
			facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth in the last 2 years	in the last 2 years	
CHILD DEVELOPMENT					
6.1	Attendance to early childhood education	EC	Number of children age 36-59 months who are attending an early childhood education programme	Total number of children age 36-59 months	
6.2	Support for learning	EC	Number of children age 36-59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the last 3 days	Total number of children age 36-59 months	
6.3	Father's support for learning	EC	Number of children age 36-59 months whose father has engaged in four or more activities to promote learning and school readiness in the last 3 days	Total number of children age 36-59 months	
6.4	Mother's support for learning	EC	Number of children age 36-59 months whose mother has engaged in four or more activities to promote learning and school readiness in the last 3 days	Total number of children age 36-59 months	
6.5	Availability of children's books	EC	Number of children under age 5 who have three or more children's books	Total number of children under age 5	
6.6	Availability of playthings	EC	Number of children under age 5 with two or more types of playthings	Total number of children under age 5	
6.7	Inadequate care	EC	Number of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the last week	Total number of children under age 5	
6.8	Early child development index	EC	Number of children age 36-59 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains	Total number of children age 36-59 months	
LITERACY AND EDUCATION					
7.1	Literacy rate among young women	WB	Number of women age 15-24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education	Total number of women age 15-24 years	MDG 2.3
7.1a (CS)	Literacy rate 10+ *(Reported)*	HL	Number of household members age 10 years or older where it is reported that they are able to both read & write with understanding in any language (excluding quranic reading, if this was the only response.	Total household members age 10 year or older surveyed	
7.1b (CS)	Literacy rate 15+ *(Reported)*	HL	Number of household members age 15 years or older where it is reported that they are able to both read & write with understanding in any language (excluding quranic reading, if this was the only response.	Total household members age 15 year or older surveyed	
7.1c (CS)	Literacy rate 15-24 Years *(Reported)*	HL	Number of household members age 15-24 years where it is reported that they are able to both read & write with understanding in any language (excluding quranic reading, if this was the only response.	Total household members age 15-24 years or older surveyed	
7.2	School readiness	ED	Number of children in first grade of primary school who attended pre-school during the previous school year	Total number of children attending the first grade of primary school	

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference2
7.3	Net intake rate in primary education	ED	Number of children of school-entry age who enter the first grade of primary school	Total number of children of school-entry age	
7.4	Primary school net attendance ratio (adjusted)	ED	Number of children of primary school age currently attending primary or secondary school	Total number of children of primary school age	MDG 2.1
7.5	Secondary school net attendance ratio (adjusted)	ED	Number of children of secondary school age currently attending secondary school or higher	Total number of children of secondary school age	
7.6	Children reaching last grade of primary	ED	Proportion of children entering the first grade of primary school who eventually reach last grade		MDG 2.2
7.7	Primary completion rate	ED	Number of children attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school)	
7.8	Transition rate to secondary school	ED	Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year	Total number of children attending the last grade of primary school during the previous school year	
7.9	Gender parity index (primary school)	ED	Primary school net attendance ratio (adjusted) for girls	Primary school net attendance ratio (adjusted) for boys	MDG 3.1
7.10	Gender parity index (secondary school)	ED	Secondary school net attendance ratio (adjusted) for girls	Secondary school net attendance ratio (adjusted) for boys	MDG 3.1
7.11 (CS)	Government school attendance rate (Primary)	ED	Number of children aged 5-9 years attending Government primary schools	Total number of children aged 5-9 years attending primary schools	
CHILD PROTECTION					
8.1	Birth registration	BR	Number of children under age 5 whose births are reported registered	Total number of children under age 5	
8.2	Child labour	CL	Number of children age 5-17 years who are involved in child labour13	Total number of children age 5-17 years	
8.3	Violent discipline	CD	Number of children age 1-14 years who experienced psychological aggression or physical punishment during the last one month	Total number of children age 1-14 years	
8.4	Marriage before age 15	MA	Number of women age 15-49 years who were first married age 15	Total number of women age 15-49 years	
8.5	Marriage before age 18	MA	Number of women age 20-49 years who were first married before age 18	Total number of women age 20-49 years	
8.6	Young women age 15-19 years currently married	MA	Number of women age 15-19 years who are married	Total number of women age 15-19 years	
8.8a 8.8b	Spousal age difference	MA	Number of women who are married and whose spouse is 10 or more years older, (a) among women age 15-19 years, (b) among women age 20-24 years	Total number of women who are married (a) age 15-19 years, (b) age 20-24 years	

[13] Children involved in child labour are defined as children involved in economic activities above the age-specific thresholds, children involved in household chores above the age-specific thresholds, and children involved in hazardous work. See the MICS tabulation plan for more detailed information on thresholds and classifications

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference2
8.12	Attitudes towards domestic violence	DV	Number of women who state that a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	Total number of women age 15-49 years	
8.14	Prevalence of children with one or both parents dead	HL	Number of children age 0-17 years with one or both biological parents dead	Total number of children age 0-17 years	
8.15	Children with at least one parent living abroad	HL	Number of children 0-17 years with at least one biological parent living abroad	Total number of children 0-17 years	
HIV/AIDS					
9.1 (CS)	Knowledge about HIV prevention among young women	HA	Number of women age 15-24 years who correctly identify ways of preventing the sexual transmission of HIV14, and who reject major misconceptions about HIV transmission	Total number of women age 15-24 years	MDG 6.3
9.2	Knowledge of mother-to-child transmission of HIV	HA	Number of women age 15-49 years who correctly identify all three means15 of mother-to-child transmission of HIV	Total number of women age 15-49 years	
9.3	Accepting attitudes towards people living with HIV	HA	Number of women age 15-49 years expressing accepting attitudes on all four questions16 toward people living with HIV	Total number of women age 15-49 years who have heard of HIV	
9.4	Women who know where to be tested for HIV	HA	Number of women age 15-49 years who state knowledge of a place to be tested for HIV	Total number of women age 15-49 years	
9.5	Women who have been tested for HIV and know the results	HA	Number of women age 15-49 years who have been tested for HIV in the last 12 months and who know their results	Total number of women age 15-49 years	
9.7	HIV counselling during antenatal care	HA	Number of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they received counselling on HIV during antenatal care	Total number of women age 15-49 years who had a live birth in the last 2 years	
9.8	HIV testing during antenatal care	HA	Number of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they were offered and accepted an HIV test during antenatal care and received their results	Total number of women age 15-49 years who had a live birth in the last 2 years	
ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY					
10.1	Exposure to mass media	MT	Number of women age 15-49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	Total number of women age 15-49 years	

[14] Using condoms and limiting sex to one faithful, uninfected husband

[15] Transmission during pregnancy, during delivery, and by breastfeeding

[16] Women (1) who think that a female teacher with the AIDS virus should be allowed to teach in school, (2) who would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus, (3) who would not want to keep it as a secret if a family member became infected with the AIDS virus, and (4) who would be willing to care for a family member who became sick with the AIDS virus

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference2
10.2	Use of computers	MT	Number of young women age 15-24 years who used a computer during the last 12 months	Total number of women age 15-24 years	
10.3	Use of internet	MT	Number of young women age 15-24 who used the internet during the last 12 months	Total number of women age 15-24 years	
SUBJECTIVE WELL-BEING					
11.1	Life satisfaction	LS	Number of women age 15-24 years who are very or somewhat satisfied with their life, overall	Total number of women age 15-24 years	
11.2	Happiness	LS	Number of women age 15-24 years who are very or somewhat happy	Total number of women age 15-24 years	
11.3	Perception of a better life	LS	Number of women age 15-24 years whose life improved during the last one year, and who expect that their life will be better after one year	Total number of women age 15-24 years	
TOBACCO USE					
12.1	Tobacco use	TA	Number of women age 15-49 years who smoked cigarettes, or used smoked or smokeless tobacco products at any time during the last one month	Total number of women age 15-49 years	
12.2	Smoking before age 15	TA	Number of women age 15-49 years who smoked a whole cigarette before age 15	Total number of women age 15-49 years	
ADULT HEALTH CARE AND HEALTH CARE					
13.1 (CS)	Care provided by Lady Health Worker (LHW)		Number of women aged 15–49 years who have given birth in the previous 2 years and were visited by a Lady Health Worker (LHW) in the last month	Total number of women surveyed aged 15–49 years	
13.2 (CS)	Prevalence of chronic cough	HL	Number of household members with cough that lasted for the past 3 weeks	Total household members surveyed	
13.3 (CS)	Reported tuberculosis	HL	Number of household members that were diagnosed with tuberculosis in the past year	Total household members surveyed	
13.4 (CS)	Reported hepatitis	HL	Number of household members that were diagnosed with hepatitis in the past year	Total household members surveyed	
SOCIO ECONOMIC DEVELOPMENT					
14.1 (CS)	Ownership of assets: House, land, livestock		Number of household members living in a household that own a house, land or livestock	Total number of household members in households surveyed	
14.2 (CS)	Unemployment rate (10+ years)	IE	Number of household members aged 10 years or older who are unemployed and are seeking jobs	Total number of household members in the active labour force [Government and private sector employees, self employees, labourers, those working in agriculture, livestock, poultry and fishery]	
14.3	Proportion of population working outside		Number of family members working outside village/town/abroad	Total number of household members in households	

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference2
(CS)	village/town/abroad			surveyed plus members working outside village/town/abroad	
14.4 (CS)	Receiving remittances from Pakistan		Number of household members who received remittances from Pakistan during the year preceding the survey	Total number of household members in households surveyed	
14.5 (CS)	Receiving remittances from abroad		Number of household members living in a household that received remittances from abroad during the year preceding the survey	Total number of household members in households surveyed	
14.6 (CS)	Receiving cash donation		Number of household members living in a household that received cash donation such as zakat or other means during the year preceding the survey	Total number of household members in households surveyed	
14.7 (CS)	Safety nets (Getting benefits from government schemes of social protection)		Number of household members living in a household that got benefits from government schemes of social protection [Benefits include: zakat, dearness allowance, health subsidy, education subsidy, marriage grant, subsidised food, others]	Total number of household members in households surveyed	
14.8 (CS)	Purchasing goods from government utility stores		Number of household members living in a household that purchase goods from government utility stores	Total number of household members in households surveyed	
14.8b (CS)	Regular purchase from utility stores		Number of household members who purchase goods from government utility stores regularly	Total number of household member purchasing goods from utility stores	
14.9 (CS)	Receiving pensions		Number of household who received pension during the year preceding the survey	Total number of households surveyed	
14.10 (CS)	Mean household size		Number of members in a household	Total number of households surveyed	
14.11 (CS)	Currently married population		Number of household members of age 10 years and above currently married	Total number of household members aged 10 years and above	
14.12 (CS)	Mean number of persons per room		Number of persons per room	Total number of households surveyed	
14.13 (CS)	Household characteristics		Main material of floor, roof and wall [finished floor (pacca); finished roof (pacca); finished wall (pacca)]	Total number of households surveyed	
14.14 (CS)	Per cent of household members who own three or more possessions		Number of household members living in a HH that own three or more possessions [Electricity, gas, radio, TV, cable TV, Telephone, mobile, computer, internet, fridge/ freezer, air conditioner, washing machine, cooler/ fan, cooking range/ microwave, stitching machine, iron, water filter, donkey pump or turbine]	Total number of household members in households surveyed	
14.15 (CS)	Per cent of household members who use at least one utility		Number of household members living in a HH that use at least one utility [Watch, bicycle, motorcycle/scooter, car or other vehicle, animal drawn-cart]	Total number of household members in households surveyed	