Multiple Indicator Cluster Surveys Overview

First Regional Conference on Child and Adolescent Indicators

6-7 September 2011, Mexico City





Global household survey programmes

- Since 1970s
- Multi-topic, multiple indicator surveys
 - World Fertility Surveys (1970s, early 1980s)
 - Contraceptive Prevalence Surveys (1980s)
 - Demographic and Health Surveys (since 1980s, USAID)
 - Multiple Indicator Cluster Surveys (since 1995, UNICEF)
 - Reproductive Health Surveys (since 1990s, CDC)





Multiple Indicator Cluster Surveys

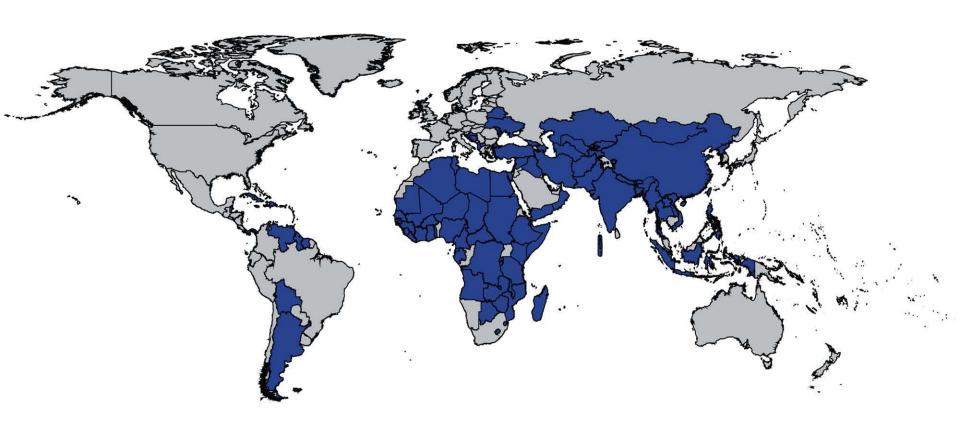
- Household survey program, developed by UNICEF in the
 1990s
 - to assist countries in filling data gaps on children's and women's well-being for tracking progress toward World Summit for Children Goals
- Nationally representative household sample surveys
- Standard tools face to face interviews, observations, measurements
- Modular structure modules can be easily added/deleted
- Standardized/harmonized data and reports





Multiple Indicator Cluster Surveys (MICS)

Since 1995, more than 100 countries and close to 230 surveys



Notes: Countries with at least one MICS survey Including sub-national surveys and ongoing MICS4 surveys





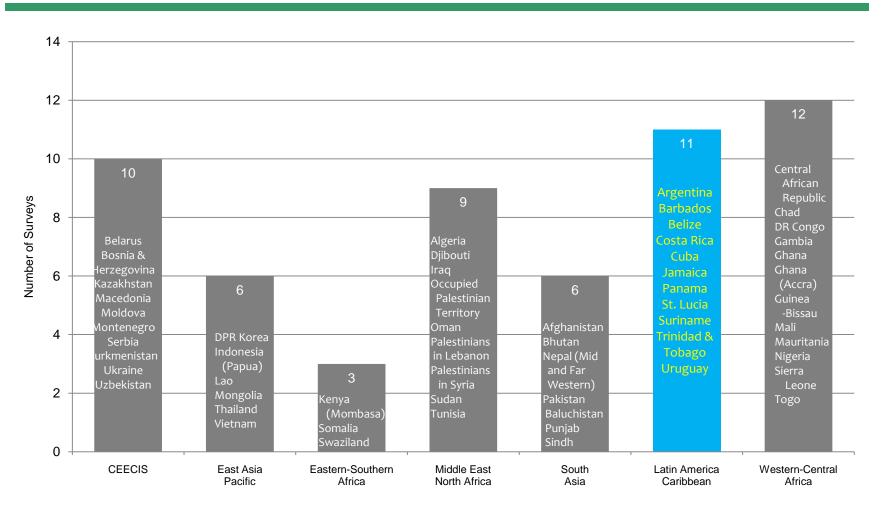
MICS Surveys since 1995

- MICS1 1995 60 surveys
- MICS2 2000 59 surveys
- MICS3 2005-2006 54 surveys
- Increased periodicity (every 3 years)
- MICS4 2009-2011
 - Ongoing 57 surveys
 - National 47 surveys
 - Selected regions/zones 10 surveys
- MICS5 2012-2014
 - [MDG reporting in 2015]





MICS4 Surveys by Region









MICS in Latin America and the Caribbean

- Seen as a useful tool for middle or upper-middle income countries of the region
- Countries with high statistical capacity and good administrative systems
- MICS provides
 - new data on emerging issues that cannot be measured by routine data collection systems
 - A different data source for indicators measured through routine data collection systems





MICS in Latin America and the Caribbean

Cuba

Interest in breastfeeding and complimentary feeding

• Costa Rica

- Data needs on special populations (Afrodescendents and indigenous)
- Interest in child protection issues
- Interest in additional HIV/AIDS indicators





MICS and Other Household Surveys

Collaboration with other household surveys

- MICS-PAPFAM surveys in Middle East and North Africa region in MICS3
- Dominican Republic MICS₃ (ENHOGAR)
- Guinea-Bissau (MICS-CDC-DHS)
- Lao (MICS-DHS)

Addition of MICS modules to other household surveys

Haiti (MEASURE DHS+MICS)





The MICS system - Technical Assistance

- UNICEF New York
 - Development of standards, survey tools
- UNICEF Regional Offices
 - Regional coordination
- UNICEF Country Offices
 - Country level support

Consultants (Local, regional, international)





Regional Workshops – MICS4

- Workshops on Survey Design (7)
- Workshops on Data Processing (6)
- Workshops on Data Dissemination and Further Analysis (3 completed in 2011)

- 80+ Countries, ~350 Participants trained in:
 - MICS contents, topics and indicators, Sampling,
 Household survey methodology, Data processing
- Capacity Building





Country ownership and Capacity building

- Countries customize survey tools to their context,
 with technical support
- Steering Committees
- Implementation by governments No survey activity performed on behalf of countries
- Data analysis and report writing by national experts
- Review (in-country and online) and feedback at different stages of survey implementation





Funding

- Main source of funding UNICEF Country Office regular resources (85 percent)
- Funding provided by UNICEF New York to cover shortfalls
- Government contribution
- Partners (UNFPA, UNDP, USAID, Global Fund and others)
- MICS3: More than 70 percent of surveys received funding support from other stakeholders (UNFPA, UNDP, Global Fund, USAID....)





Questions and MICS indicators

 All questions contribute to either the numerator or denominator of a well-defined indicator

- Indicators are mostly those adopted and endorsed by the international community
 - MDGs, interagency indicator sets, other international commitments





MICS4 indicators: the starting point

http://www.childinfo.org/mics4 tools.html

3. C	HILD HEALTH				
	MICS Indicator	Module	Numerator	Denominator	MDG
3.4	Measles immunization coverage	IM	Number of children age 12-23 months who received measles vaccine before 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 before their first birthday	Total number of children age 12-23 months	
3.6	Yellow fever immunization coverage	IM	Number of children age 12-23 months who received yellow fever vaccine before their first birthday	Total number of children age 12-23 months	
3.7	Neonatal tetanus protection	MN	Number of women age 15-49 years with a live birth in the 2 years preceding the survey who were given at least two doses of tetanus toxoid vaccine within the appropriate interval prior to giving birth	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	
3.8	Oral rehydration therapy with continued feeding	CA	Number of children under age 5 with diarrhoea in the previous 2 weeks who received ORT (ORS packet or recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	Total number of children under age 5 with diarrhoea in the previous 2 weeks	





Criteria for inclusion in MICS

- Relevant to UNICEF programmes and priority areas
- Relevant MDG indicators
- Well tested validated modules/questions
- Interagency agreement on indicators
- Possible to collect through household surveys
- Easy to administer
- Applicable to significant numbers of countries





MICS4 Indicators

5	MORTALITY
19	NUTRITION
21	CHILD HEALTH
6	WATER AND SANITATION
13	REPRODUCTIVE HEALTH
7	CHILD DEVELOPMENT
10	LITERACY AND EDUCATION
14	CHILD PROTECTION
21	HIV/AIDS, SEXUAL BEHAVIOUR AND ORPHANS
3	ACCESS TO MASS MEDIA AND USE OF
	INFORMATION/COMMUNICATION TECHNOLOGY
3	SUBJECTIVE WELL-BEING
4	TOBACCO AND ALCOHOL USE







HOUSEHOLD QUESTIONNAIRE

[name of country]

HOUSEHOLD INFORMATION PANEL	НН
HH1. Cluster number:	HH2. Household number:
HH3. Interviewer name and number.	HH4. Supervisor name and number:
Name	Name
HH5. Day / Month / Year of interview:	
HH6. Area: Urban	HH7. Region: Region 1. 1 Region 2. 2 Region 3. 3 Region 4. 4

We are from (country-specific affiliation). We are working on a project concerned with family Health and education. I would like to talk to you about these subjects. The interview will take about (number) minutes. All the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.

MAY I START NOW?

- Yes, permission is given ⇒ Go to HHI 8 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete HH9. Discuss this result with your supervisor.

After all questionnaires for the household have been com	plated fill in the following information:
HH8. Name of head of household:	
HH9. Result of household interview: Completed	HH10. Respondent to household questionnaire: Name: Line Number: HH11. Total number of household
Other (&pecify) 96	members:
HH12. Number of women age 15-49 years:	HH13. Number of woman's questionnaires completed:
HH14. Number of children under age 5:	HH15. Number of under-5 questionnaires
HH16. Field edited by (Name and number):	HH17. Data entry clerk (Name and number):
Name	Name

Household and members

- DEMOGRAPHICS
- ORPHANHOOD
- EDUCATION
- WATER AND SANITATION
- Household Characteristics
- INSECTICIDE TREATED NETS
- INDOOR RESIDUAL SPRAYING
- CHILD LABOUR
- CHILD DISCIPLINE
- HANDWASHING
- SALT IODIZATION







QUESTIONNAIRE FOR INDIVIDUAL WOMEN

[name of country]

WOMAN'S INFORMATION PANEL This questionnairs is to be administered to all women	WM age 15 through 49 (see HouseholdListing Form, column HL7).
A separate questionnaire should be used for each elig	
WM1. Cluster number:	WM2. Household number:
WM3. Woman's name: Name	WM4. Woman's line number:
WM5. Interviewer name and number:	WM6. Day / Month / Year of interview:
Name	
	Now I would like to talk to you more about your health and other topics. This interview will take about (number) minutes. Again, all the information we obtain will remain strictly
WM7. Result of woman's interview	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5
	Other (\$\pscift)9

WOMEN AGE 15-49

- AGE AND LITERACY
- Access to Mass Media and Use of ICT
- CHILD MORTALITY (WITH OR WITHOUT BIRTH HISTORIES)
- Desire for Last Birth
- Antenatal, Delivery, Post-natal care
- ILLNESS SYMPTOMS
- CONTRACEPTION, UNMET NEED
- FGM
- ATTITUDES TOWARD DOMESTIC VIOLENCE
- Marriage/Union
- SEXUAL BEHAVIOUR
- HIV/AIDS
- MATERNAL MORTALITY
- TOBACCO AND ALCOHOL USE
- LIFE SATISFACTION



WM9. Data entry clerk (Name and number):



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

[name of country]

UNDER-FIVE CHILD INFORMATION PANEL	UF					
This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL0) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL0). A separate questionnaire should be used for each eligible child						
UF1. Cluster number:	UF2. Household number:					
UF3. Child's name:	UF4. Child's line number.					
Name						
UF5. Mother's / Caretaker's name: Name	UF6. Mother's / Caretaker's line number:					
UF7. Interviewer name and number:	UF8. Day / Month / Year of interview:					
Name						

Repeat greeting if not already read to this respondent:

WE ARE FROM (country-specific affiliation). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (name)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT (number) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR BROJECT TEAM.

LIF9. Result of interview for children under 5

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

Now I would like to talk to you more about (child's name from UT3)'s health and other topics. This interview will take about (number) minutes. Again, all the information We obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.

MAY I START NOW?

Vec	nerwissian is given	A Car	- IIF12+	. was and the time	and than b	

No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor

Codes refer to mother/caretaker.	Not at home 2 Refused 3 Partiy completed 4 Incapacitated 5 Other (₯scify) 9
UF10. Field edited by (Name and number):	UF11. Data entry clerk (Name and number): Name

CHILDREN UNDER AGE 5

- AGE
- BIRTH REGISTRATION
- Pre-school attendance, Early
 Chil Dhood Devel opment
- Breastfeeding, Infant and Young Child Feeding
- Care of Illness (Diarrhoea, Pneumonia, Malaria)
- IMMUNIZATION
- ANTHROPOMETRY
- Immunization Module for Health Facilities



Other Questionnaires

- Men's Questionnaire (15-49 or 15-59)
- Child disability

- Anemia, HIV testing in a few countries
- Testing PDAs in selected countries
 - Oman and Costa Rica





Adolescent and Youth Indicators in MICS

MICS indicators already available for adolescents and youth (age groups 10-24)

- MDG indicator: "Adolescent" birth rate: age 15-19 years
- UNGASS indicator: "Young women" who never had sex: age 15-24 years
- Child protection indicator: "Young women" age 15-19 years currently married

Information already available in existing MICS standard tables for age groups 10-24

There are also additional information that can be extracted from MICS datasets





Adolescent and Youth Indicators in MICS

Indicators

- Adolescent birth rate, early childbearing
- Early marriage
- Literacy, attendance
- Child labour, discipline, FGM
- Knowledge about HIV, sexual behaviour
- Orphanhood

Youth Specific Indicators

- Life satisfaction
- Access to Media
- Tobacco and alcohol use





Adolescent and Youth Indicators in MICS

- Information/data collected for adolescents and youth on their
 - Current status
 - From Household Questionnaire (10-24)
 - i.e., Child labor, school attendance
 - From Individual Women Questionnaire (15-24)
 - i.e., Literacy rate
 - Retrospective status
 - From Individual Women Questionnaire (15-49)
 - i.e., Age at first birth, age at first sex
 - (data collected from age 15-49 can give some information about age group 10-24)





Disaggregation

Data collection through MICS is a primary source of disaggregated data MICS provides data for more than 100 indicators which can be disaggregated by:

- geozones
- residence (urban, urbanpoor, rural)
- gender
- education
- age
- wealth
- ethnicity/religion/language
- other stratifiers
- combinations of the above



Highlights on use of MICS

- Serbia parliamentary paper on Roma population exclusively based on MICS results
- New thinking on Iraq mortality initiated by MICS results
- Malawi produced district level data on children and women for the first time





Dissemination

Global level:

- Use of survey results in UNICEF's flagship publications, thematic analyses, joint interagency publications – e.g.
 State Of the World's Children, Countdown report
- Major data source for MDG reporting
- Global comparative analysis: e.g. Global Poverty Study

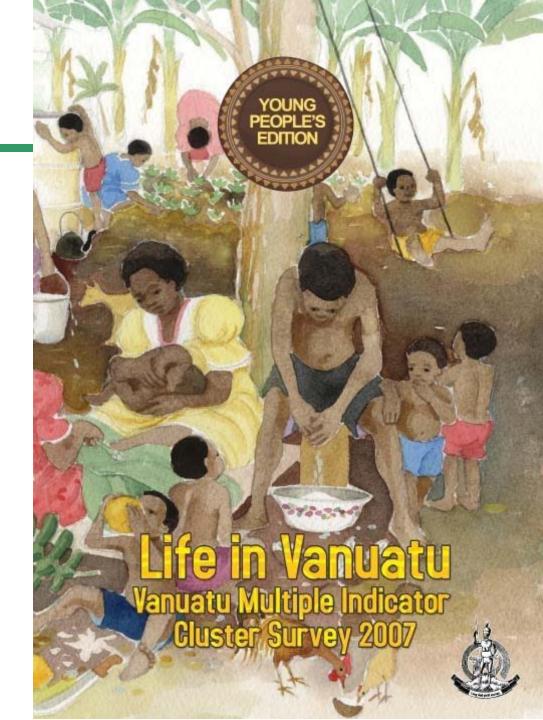
Country Level:

- Preliminary and Final Reports
- Examples...





Examples from MICS3 Vanuatu







In Vanuatu

2 out of 10 children are underweight (have low weight for their age, usually because they are not eating enough healthy food)







"This finding is linked to the education level of mothers — see page X"

2 out of 10 children are stunted (have low height for their age, usually because they are not eating enough healthy food)







*This finding is linked to the education level of mothers - see page X

2 out of 10 households use iodized salt (8 out of 10 households do not use iodized salt)





What can I do?



Boil my family's drinking water to make it safe

Collect rainwater for drinking (and keep it covered to prevent mosquitoes breeding in it)

Keep my family's drinking water safe by storing it properly in a clean, covered container

Use separate cups for drinking and for drawing water

Cover wells and springs to protect the water and keep it clean

Keep the area near the well or spring clean, so that the water does not become polluted

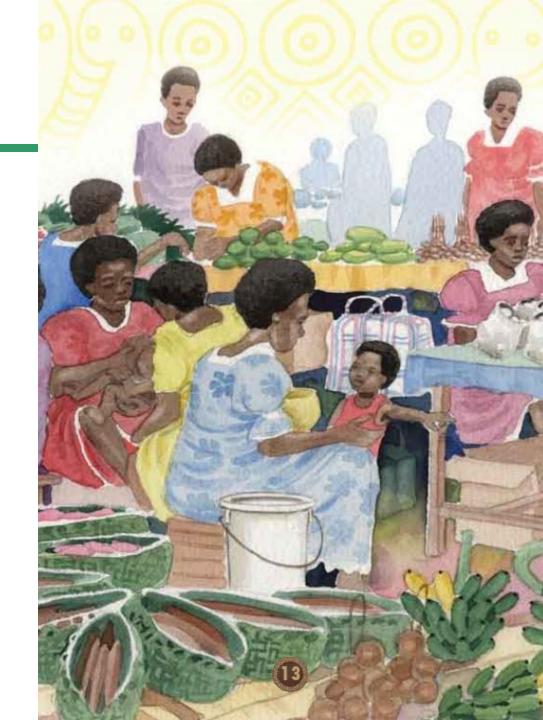




Spread the word about the importance of drinking safe water









Examples from MICS3 Trinidad and Tobago





Monitoring the situation of children and women

Multiple Indicator Cluster Survey 3

Statistical Digest











tan 07 Berklat.gep 12/4/07 10:40 58 Pag

Send I telement in terminal planes and telement in terminal planes and telement in terminal planes and telement in telement in

agent a gift aged to for state transaction of pages at gift aged to for state transaction for TLI per core!", Sexual assual and reper agents to get specific proposed to the Palacia, do disposed in the transaction and most to the being a forward and to the control of the state of the specific property of states of the disposed transaction and the expectations and rather than on the expectations and rather than on the expectation and rather than one of the order of the expectation and the expectation of the extraction and the expectation and the exp

Most sylvess consolited by delicen are consolited to beyone, when he main of early gender socialization, including greater against to delicent, and alphod drop cate. The second state of the second state of the consolited to the consolited in second cate the top of the 2D delicent designed p 100°C of the 2D delicent designed p 100°C or locky. How are presently activated to the property of the property of the property of the property of the prosided in the property of the prosided in the property of the protection of the property of the protection of the property of the prolated in the property of the protection of the process of the property of the protection of the proterior of the protection of the

Neathy one-quarter of all martiets in the past home years was a mealt of domestic violenc against secreen." Fifty per cent of men reported having bit their partners and 30 per cost of adolescents indicated that they worry to be a supplied an application of the designation to the supplied an application of the designation is supplied an application of the designation of the tension of the designation of the designation of the property of the designation of the designation of the tension of the designation of the designation of the designation. Consider designation of the tension of the designation of the designation of the property of the designation of the designation of the tension of the designation of the

mothers being statent - often to magnationpresence of a negative parental rise model, assaily a father, and a number of changes in parenting arrangements.*
Appreciational sales of birds are given by adolescent girls. As clear



caused in the solved Light and the Schallands in the Schallands has a child grown both to a child in one coul of the better. With a subschedule just general order proported by 70 per cent of girles, proported by 70 per cent of girles, representations on with "super dischollands have with "super dischollands have been been superficient to the second broad and second broad and the secon

menty planning needs arrong the abblewort propositions, and expectably for gafe. A beth appropriates to the proposition of the

While the HIV apidemic continues to allight more gens and has women overall, additionance gens are increasingly vehicles before the property of the same gens of the same growth and the first more for the same age. This is as a mail of physiological and social badon, similar to

Some intelliging for the purposition, and intelliging from the purposition, and intelliging from the analysis of the control dependence and includings and control dependence and includings and control dependence and in these had come good maries from the hash had come good maries from the control dependence and the lower hash had come good maries and the control dependence and the lower depend



could be considered active genetic could be could be considered active genetic could be could be considered by the could be completed by the could be completed by the could be completed by the could be could be

Systematic approaches must be put in place to fill in capacity gaps at policy, service, community and family levels. Jameter Statistics (JamStatey), the Medium Term

Socio-Ficanomic Framework, the 2007-2011
National Framework of Action for Children
National Framework of Action for Children
He National Promework of Action for Children
Longitude Commission of Children
Longit

The metalson of the Early Childhood correlation, the scaling up of Health and family Life Sciencian in pre-primary, primar and secondary institutions, and the development of possible handle health previous and gate, along the life option and in various unitings. As the exclusion inform looks at various ways to improve quality in the solucation replane.



of make gender disparthy reduction as injuryal dimension of the design, gioverestation, monitoring and evaluation of exclusion relieves. Making activation man yea and girth is a key strategy in exclused, were sometimed of the strength of the control and the strength of the strength of the strength of the strength of the return that the strength of the return that the strength of the return that the parties of professionals, institutions and returnships to implement and monitor the design of the strength of the design of desig

prevention, acong wets the based to work our strategies for youth unemployment. Capacities of professionals, institutions and communities to implement and monitor the 2004 Child Care and Production Ad need now to be strengthened. The implementation of the National Plan of Action on Child Justice will further inflations the profession of Juniaism children, and especially loops who are over-operaturated in the justice system. To before providing ofthe and loops from IVV including previous softher road gradients explorers; chains got to account gradients explorers; chains got to account gradient account and comment of the providing of exposuring sublemped only to respect the providing soft of the providing of the providing soft o

The dissipanced of a Nitronal Providing Policy informed by seazonalsh Communitybiased injuversions, properly costed, monocared, and supported by a public schooling company sed such train public schooling company and such train public schooling company and such train public schooling community and public schooling schooling schooling amenting specialism. Bell in mind superior special public schooling school schooling schooling schooling school schooling schooling schooling school schooling schooling schooling school schooling schooling school schooling schooling school sc



the properties than states in the plant has been plant has been plant been plant by the begunial problem. It is begunial problem, the later and make to excompast a motion of the NICL can be transfer programme subscripts problem, the later and make to excompast a subscript problem, the later and later and problem placed by women, boys and later to problem be branch branched has been problem, and alter an exclusion, and it is branched to be a subscript to the later and the la

this potential to help Lignages right the goal of the potential to help Lignages right the goal of men, boys and gifts alles licentifying and prolyting pender upon in a systematic way to lawly to eliborating eliborate throughts to his properties and promote behaviour change.

NOT THE REPORT OF THE PARTY OF



Situation Analysis on Gender Disparities in Jamaica

and the Sandy Parket

unicef @

....

rine with the state of the fact that the state of the sta

.

another section and the second

State of Sta





Examples from MICS3 Guyana CHILD PROTECTION
Guyana 2006 Multiple Indicator Cluster Survey CHILD HEALTH
Guyana 2006 Multiple Indicato EDUCATION
Guyana 2006 Multiple Indicator Ci MATERNAL HEALTH

Guyana 2006 Multiple Indicator Cluster Survey (MICS) HIVIAIDS Guyana 2006 Multiple Indicator ⊕ unicef € B 10

			URBAN	RURAL	INTERIOR	TOTAL	1
	211		COASTAL		85.7	93.3	٦
INDICATO			95.9	94.5	36.1	16.4	1
Birth registration (0-59 months of age) Child labour: 28 hours of domestic wo) ar at least 1 hour	(aged 5-11)	9.0	14.9		4.6	
			3.1	5.1	6.3	21.4	
			15.0	23.8	27.1	477.6	
Young women aged 15-49 married/ii	in union before age 1	8 -1.10		17.2	24.6		
Young women aged 15-49 married/ir Young women aged 20-49 married/ir Young women aged 20-24 whose husband/ Women aged 21-49 who believe their	/partner is 10 or mor ir husband/partner i	e years older s justified in	7.7	19.8	38.6	17.9	
Women aged 13-49 the beating his wife/partner					TAL COAS	TAI INTERIC	\o.
The state of the s			d in some			ALALES STORY	
moer of childre	en aged 0-59 months tivities to promote le			64,	8 62	5 74.4	
readiness in the pa Child has access to	ast 3 days before the	survey	chool	ged 44.	55,	49.0	
Road Child is enrolled in	n some form of pre-so	books in th	e home	73.5	5 54.0	200	
	Aug Hr	chool		56.8		16.7.03	
MORTALITY Under-five mortality rate (died before	0	-		BRI			
Underweight rate (died before the	ore age 5 years)	C(CURAL	WYChie			
MORTALITY Under-five mortality rate (died before first underweight (weight for age) NUTRITION	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	28.0	OASTAL 38.0	INTERIOR	TOTAL	ş	
Wasting (height for age)	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	28.0 34.0	38.0 17.0	MTERIOR 49.0	TOTAL 47.0	ş	
Munting (height for age) Wasting (reduced weight for a	1	28.0 34.0 3.7 1.0	38.0 17.0 2.5	49,0 61,0	707AL 47.0 37.0	Se	3
Stanting (height for age) Wasting (reduced weight for height) Low birth weight (< 2,500a) BREASTEEDING	1 1	28.0 34.0 3.7 1.0 1.0	38.0 17.0 2.5 1.9	49.0 64.0 10.6	47.0 37.0 2.4	and a second	3
Starting (height for age) Wasting (reduced weight for height) BREASTFEEDMAN Timelo	1 1	28.0 34.0 3.7 1.0 1.0 1.8 7	38.0 17.0 2.5 1.9	49.0 64.0 10.6 121.3 1	47.0 37.0 2.4 3.7	1	3
Stanting (height for age) Wasting (reduced weight for height) Low birth weight (< 2,500a)	1 1	28.0 34.0 3.7 1.0 1.0 1.8 7. 3.3 17	38.0 17.0 2.5 1.9	49.0 64.0 10.6 121.3 1.3 3.3 7	707AL 47.0 37.0 2.4 3.7	and the second	3
Starting (height for age) Wasting (reduced weight for height) Low birth weight (< 2,500c)	1 1	28.0 34.0 3.7 1.0 1.0 1.8 7. 3.3 12.5 46.	0ASTAL 38.0 17.0 2.5 1.9 .9 .9 .9	49.0 64.0 10.6 121.3 1.3 3.3 7.3,7 18	47.0 37.0 2.4 3.7 .6	and a second	3
Starting (height for age) Wasting (reduced weight for height) Low birth weight (< 2.500a)	1 1	28.0 34.0 3.7 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	0ASTAL 38.0 17.0 2.5 1.9 .9 .9 .9 .4 .3 .0	49.0 64.0 10.6 121.3 1.3 3.3 7 13.7 18 5.1 43.	707AL 47.0 37.0 2.4 3.7 66	1000	920
Stanting (height for age) Wasting (reduced weight for height) Low birth weight (< 2,500g) Immely initiation of breastfeeding (with Exclusive breastfeeding rate (under 6 m Measles immunization coverage (18-29)	1 1	28.0 34.0 3.7 1.0 1.0 1.8 7. 3.3 12.5 46.	0ASTAL 38.0 17.0 2.5 1.9 .9 .9 .9 .4 .3 .0	49.0 64.0 10.6 121.3 1.3 3.3 7 33.7 18 5.1 43.6 21.3	47.0 37.0 2.4 3.7 .6 .9		320
Stunting (height for age) Wasting (reduced weight for height) Low birth weight (< 2500g) ITimely initiation of breastfeeding (with Exclusive breastfeeding rate (under 6 n Messles immunization coverage (18-29)	(thin 1 hour) 41. months) 20. 2 months) 94.5	28.0 34.0 3.7 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	0ASTAL 38.0 17.0 2.5 1.9 .9 .9 .9 .4 .3 .0	49.0 64.0 10.6 121.3 1.3 3.3 7 13.7 18 5.1 43.	47.0 37.0 2.4 3.7 .6 .9	and and	32
BREASTFEEDING BRIANTEDING BRIANTEDING BRIANTEDING BRIANTEDING BRIANTEDING BRIANTEDING BRIANTEDING BRIANTEDING BRIANTEDING AND NEWFORN N	thin 1 hour) 41. months) 20. months) 94.	28.0 34.0 3.7 1.0 1.0 1.0 2.8 7. 3 1.3 1.7 5 46. 9 1.2 9 1.2	0ASTAL 38.0 17.0 2.5 1.9 .9 .9 .9 .4 .3 .0	49.0 64.0 10.6 121.3 1.3 3.3 7 33.7 18 5.1 43.6 21.3	47.0 37.0 2.4 3.7 .6 .9	and and	32
Stanting (height for age) Wasting (reduced weight for height) Low birth weight (< 2,500g) BREASTFEEDING Timely initiation of breastfeeding (with a feedback of the feedbac	thin 1 hour) 41. months) 20. months) 94.5 regnancy)	28.0 34.0 3.7 1.0 1.0 1.8 7.3 1.7 5 46.9 9.12.0 95.4	DASTAL 38:0 17:0 25:1 19:9 99:2 4:33:0 4:3	49.0 64.0 10.6 121.3 1.3 3.3 723.7 18 5.1 43.5 5.6 21.1 95.4	107AL 47.0 37.0 2.4 3.7 6.6 3.9 1.4	Server Contract	320
Stanting (height for age) Wasting (reduced weight for height) Low birth weight (< 2,500g) BREASTFEEDING Timely initiation of breastfeeding (with Exclusive breastfeeding rate (under 6 n NewBORN HEALTH Blee) AND NEWBORN HEALTH Blee Ins	thin 1 hour) 17 thin 1 hour) 41 months) 20.0 months) 94.5 regnancy) ood sample taken du ood pressure measur	28.0 34.0 3.7 1.0 1.0 1.8 7.3 1.7 5 46.9 9.12.0 95.4	DASTAL 38:0 17:0 25:1 19:9 99:2 4:33:0 4:3	MTERIOR	707AL 47.0 37.0 2.4 3.7 6.6 9.9 1.4 4.1	See	
BREASTFEEDING IMMUNIZATION Measles immunization coverage (18-29 AND NEWBORN HEALTH Ble	thin 1 hour) 17 thin 1 hour) 41 months) 20: 0 months) 91,5 regnancy) tood sample taken du ood sample taken du ood sample taken du ood sample taken du ood sample taken du	28.0 34.0 3.7 1.0 1.0 1.0 8 7.3 1.7 5 46. 9 12.0 93.4 viring ANC	DASTAL 38:0 17:0 25:1 19:9 99:2 4:33:0 4:3	MTERIOR 49,0 64,0 10,6 11,0 121,3 1,1 13,3 3,3 7,3 18,5 1,4 3,6 6,6 21,5 1,4 3,5 1,5	707AL 47.0 37.0 37.0 2.4 3.7 6.6 9.1 4 1	55.7	
Stanting (height for age) Wasting (reduced weight for height) Low birth weight (< 2.500g) Itmely initiation of breastfeeding (with Exclusive breastfeeding rate (under 6 in Measles immunization coverage (18-29) AND NEWBORN HEALTH Blo PERSON AND ASSISTING ASSISTING Cor OT OT OT OT OT OT OT OT OT O	thin 1 hour) 11 10 10 11 10 10 11 10 10 1	28.0 34.0 3.7 1.0 1.0 1.0 8 7.3 1.7 1.3 1.7 1.3 1.3 1.7 1.3 1.0 1.3 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	0.557aL 388.0 17.0 2.5 1.9 9.9 9.9 4.4 3.0 4.4 3.6 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4	MTERIOR 49,0 64,0 10,6 11,0 121,3 1,3,3 7,7 18,5,1 43,5,6 21,1 95,4 15,5,6 21,1 85,7 88,5 88,9	707AL 47.0 37.0 2.4 3.7 3.6 4.9 1.1 4.1 93.1 59.1 90.5	55.7 54.6	
BREASTFEEDING Immunization coverage (18-29) AND NEWBORN HEALTH PERSON ASSISTING AT DELIVERY Tra	thin 1 hour) 11 10 10 11 10 10 11 10 10 1	28.0 34.0 3.7 1.0 1.0 1.0 8 7.3 1.7 1.3 1.7 1.3 1.3 1.7 1.3 1.0 1.3 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	0.557aL 388.0 17.0 2.5 1.9 9.9 9.9 4.4 3.0 4.4 3.6 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4	MTERIOR 49,0 61,0 61,0 10,6 1 10,6 1 121,3 1,3,3 7,3,7 18,5,1 43,5,6 21,1 95,5 88,5 88,9 0,0	707AL 47.0 37.0 2.4 3.7 6.6 9.9 1.1 4.1 99.1 90.5 1.7	55.7 54.6 12.8	32
Stanting (height for age) Wasting (reduced weight for height) Low birth weight (< 2,500g) BREASTFEEDING Timely initiation of breastfeeding (with Exclusive breastfeeding rate (under 6 in NEWBORN HEALTH Blo PERSON ASSISTING AT DELIVERY Tra	thin 1 hour) 17 thin 1 hour) 41 months) 20: 0 months) 91,5 regnancy) tood sample taken du ood sample taken du ood sample taken du ood sample taken du ood sample taken du	28.0 34.0 3.7 1.0 1.0 1.0 8 7.3 1.7 1.3 1.7 1.3 1.3 1.7 1.3 1.0 1.3 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	0.557aL 388.0 17.0 2.5 1.9 9.9 9.9 4.4 3.0 4.4 3.6 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4	85.7 85.5 85.7 88.5 80.0 0.7	707AL 47.0 37.0 2.4 3.7 3.6 6.6 9.9 1.1 4.1 93.1 90.5 1.7 3.9	55.7 55.6 12.8 22.3	8 8 8
Musting (height for age) Wasting (reduced weight for height) Low birth weight (< 2.500g) Timely initiation of breastfeeding (with Exclusive breastfeeding rate (under 6 m Newborn Health Blo Newborn Health Blo Newborn Assisting An Assisting At Cord At Cord No.	thin 1 hour) 17 thin 1 hour) 41. months) 20. months) 94.5 months) 94.5 regnancy) lood sample taken du lood sample taken du lood pressure measur stitutional deliveries ny skilled personnel mmunity health wor aditional birth attend o attendant	28.0 34.0 3.7 1.0 1.0 1.0 8 7.3 1.7 1.3 1.7 1.3 1.3 1.7 1.3 1.0 1.3 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	0.557aL 388.0 17.0 2.5 1.9 9.9 9.9 4.4 3.0 4.4 3.6 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4	MTERIOR 49,0 61,0 61,0 10,6 1 10,6 1 121,3 1,3,3 7,3,7 18,5,1 43,5,6 21,1 95,5 88,5 88,9 0,0	707AL 47.0 37.0 2.4 3.7 6.6 9.9 1.1 4.1 99.1 90.5 1.7	55.7 54.6 12.8	8 8 8 3 6
BREASTFEEDING BREASTFEEDING Imply initiation of breastfeeding (with Exclusive breastfeeding rate (under 6 m Newborn Health Blo Person Assisting AT Tra Delivery Tra	thin 1 hour) 17 thin 1 hour) 41 months) 20 months) 94 m	28.0 34.0 3.7 1.0 1.0 1.0 8 7.3 17.5 9 12.0 9 12.0 95.4 96.0 97.0 97.0 97.0 97.0 97.0 97.0 97.0 97	0.5574. 0.5574. 0.5574. 0.577.0. 0.255. 0.99. 0.99. 0.99. 0.44. 0.30. 0.47.0.	MTERIOR	707AL 47.0 37.0 2.4 3.7 3.6 6.6 9.9 1.1 4.1 93.1 90.5 1.7 3.9	55.7 55.6 12.8 22.3	8 8 8 3 6
Stanting (height for age) Wasting (reduced weight for height) Low birth weight (< 2.500g) Timely initiation of breastfeeding (with the present leading to the	thin 1 hour) 17 thin 1 hour) 41. months) 20. months) 94.5 months) 94.5 regnancy) lood sample taken du lood sample taken du lood pressure measur stitutional deliveries ny skilled personnel mmunity health wor aditional birth attend a attendant	28.0 34.0 3.7 11.0 1.0 2.8 7.5 3.17 5 46.0 9 12.0 95.4 wring ANC red during A	0.5374, 38.0 47.0 2.5 1.9 9.9 9.9 4.3 0.0 4.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1	MTERIOR	707AL 47.0 37.0 2.4 3.7 3.6 6.6 9.9 1.1 4.1 93.1 90.5 1.7 3.9	55.7 55.6 12.8 22.3	8 8 8 3 6
Stanting (height for age) Wasting (reduced weight for height) Low birth weight (< 2,500g) Timely initiation of breastfeeding (with Exclusive breastfeeding rate (under 6 m NewBorn HEALTH Blown Measles immunization coverage (18-29) AND NEWBORN HEALTH Blown Measles immunization coverage (18-29) Does not know any way of HIV transmission prevalentify three common misconceptions about HIV Comprehensive knowledges for age)	thin 1 hour) thin 1 hour) months) months	28.0 34.0 3.7 1.0 1.0 1.0 3.7 3.1 3.3 1.7 5 46.9 9 12.0 95.4 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0	0.85741 388.0 17.0 2.5 1.9 9.9 9.9 4 3.3 0.0 4.1 0.0 1.0 0.0 1.0 0.0 0.0 0.0 0	MTERIOR	707AL 47.0 37.0 2.4 3.7 3.6 6.6 9.9 1.1 4.1 93.1 90.5 1.7 3.9	55.7 55.6 12.8 22.3	88888
Stunting (height for age) Wasting (reduced weight for height) Low birth weight (< 2,500g) BREASTFEEDING Timely initiation of breastfeeding (with Exclusive breastfeeding rate (under 6 m NEWBORN NEWB	thin 1 hour) 17 thin 1 hour) 41. months) 20: months) 94.5	28.0 34.0 3.7 11.0 1.0 1.0 3.7 3.17 5.46,9 9.12 95.4 oring ANC red during A	0.85741 388.0 17.0 2.5 1.9 9.9 9.9 1.4 3.8 0.0 4.1 3.8 0.0 4.1 0.0 1.0 0.0 1.0 0.0 1.0 0.0 0	MTERIOR	707AL 47.0 37.0 2.4 3.7 3.6 6.6 9.9 1.1 4.1 93.1 90.5 1.7 3.9	55.7 55.6 12.8 22.3	8 8 8
Stunting (height for age) Wasting (reduced weight for height) Low birth weight (< 2,500g) Timely initiation of breastfeeding (with Exclusive breastfeeding rate (under 6 no NEWBORN PERSON ASSISTING AT Transmission prevailed the property of the property	thin 1 hour) 17 thin 1 hour) 41. months) 20: months) 94.5	28.0 34.0 3.7 1.0 1.0 1.0 8 7.3 3.17 5 46.9 95.4 95.4 95.4 ed during A	0.85741 388.0 17.0 2.5 1.9 9.9 9.9 1.4 3.8 0.0 4.1 3.8 0.0 4.1 0.0 1.0 0.0 1.0 0.0 1.0 0.0 0	MTERIOR	707AL 47.0 37.0 2.4 3.7 3.6 6.6 9.9 1.1 4.1 93.1 90.5 1.7 3.9	55.7 55.6 12.8 22.3	3
Description Stunting (height for age) Wasting (reduced weight for height) Low birth weight (< 2,500g) Timely initiation of breastfeeding (with limitiation of breastfeeding for the limitiation of breastfeeding rate (under 6 m Newsles immunization coverage (18-29) AND NEWBORN HEALTH Blow Messles immunization coverage (18-29) AND NEWBORN HEALTH Blow Messles immunization coverage (18-29) Does not know any way of HIV transmission prevallentify three common misconceptions about HIV Comprehensive knowledge about HIV prevention young women (15-24 years) Non-discriminatory attitude towards people with HW Women who know whose to be a second to the limitiation of the same prevalentiation of the limitiation of	thin 1 hour) 17 thin 1 hour) 41. months) 20: months) 94.5	28.0 34.0 3.7 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	0.5574, 0.574, 0	85.7 85.5 88.5 88.9 0.0 99 30.8 66.2 121.3 121.3 133.3 7.18 18.5 18.5 18.5 18.5 18.5 18.5 18.5 1	707AL 47.0 37.0 2.4 3.7 3.6 6.6 9.9 1.1 4.1 93.1 90.5 1.7 3.9	55.7 55.6 12.8 22.3	8 8 8
Stunting (height for age) Wasting (reduced weight for height) Low birth weight (< 2,500g) Timely initiation of breastfeeding (with the property of the prop	thin 1 hour) 17 thin 1 hour) 41. months) 20: months) 94.5	28.0 34.0 3.7 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	0.5574. 38.0 47.0 2.5 1.9 9.9 9.9 4.4 3.6 0.4 4.7 0.6 4.8 1.6 5.5 1.3 6.2 24.0 24.0	MTERIOR	707AL 47.0 37.0 2.4 3.7 3.6 6.6 9.9 1.1 4.1 93.1 90.5 1.7 3.9	55.7 55.6 12.8 22.3	88 3 6 1

Data access

- Public access to micro data sets recommended
- Data sets anonymised and shared once final reports are published
- Users gain access to all data sets with the same password
- MICS2 (44) and MICS3 (42) data sets available for download at childinfo.org.
- 1100+ requests since January 2008





Childinfo

Monitoring the Situation of Children and Women



HOME

DATA COLLECTIO DATA ANALYSIS

DISSEMINATION

BY AREA

TABLES

BY COUNTR'

PUBLICATIONS

Search



MULTIPLE INDICATOR CLUSTER SURVEYS / MICS4

MICS4

Backgrou<u>nd</u>

Pilot survey

Survey tools

Workshops

Surveys

MICS Home

Home

Back

(a) P

Printer friendly

Email this page

Last update: Sep 2009



Multiple Indicator Cluster Surveys - Round 4

The fourth round of Multiple Indicator Cluster Surveys (MICS) is scheduled for 2009-2011 and survey results are expected to be available from 2010 on. The need for MICS4 is outlined in an Executive Directive (Ex.Dir.CF/EXD/2009-002)





Download [15 MB]

In response to the increased demand for up-to-date, high quality data with which

to monitor the situation of children and women around the world, UNICEF will be providing assistance to countries to carry out MICS surveys at more frequent intervals - every three years instead of every five years - starting with the new round of surveys.

This will provide countries with the opportunity to monitor progress toward national goals and global commitments, including the Millennium Development Goals (MDGs) as the target year 2015 approaches. MICS will help countries to capture rapid changes in key indicators and expand the evidence-base for policies and programmes. MICS will also continue to address

www.childinfo.org



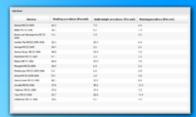




Access to Multiple Indicator Cluster Survey Data









Access key indicators collected through the Multiple Indicator Cluster Surveys.

MICS Compiler allows users to search across surveys and indicators and the results are displayed in the form of tables and graphs. The indicators in MICS Compiler use standard definitions for international comparability and are based on nationally representative samples.

Click START to begin.

Take a Tour

User's Guide



www.childinfo.org

Home

About us

Disclaimer

Powered by DevInfo

www.micscompiler.org





Thank you

Turgay Unalan

Statistics Specialist (Household Surveys)

Statistics and Monitoring Section

Division of Policy and Practice

UNICEF, New York

tunalan@unicef.org



