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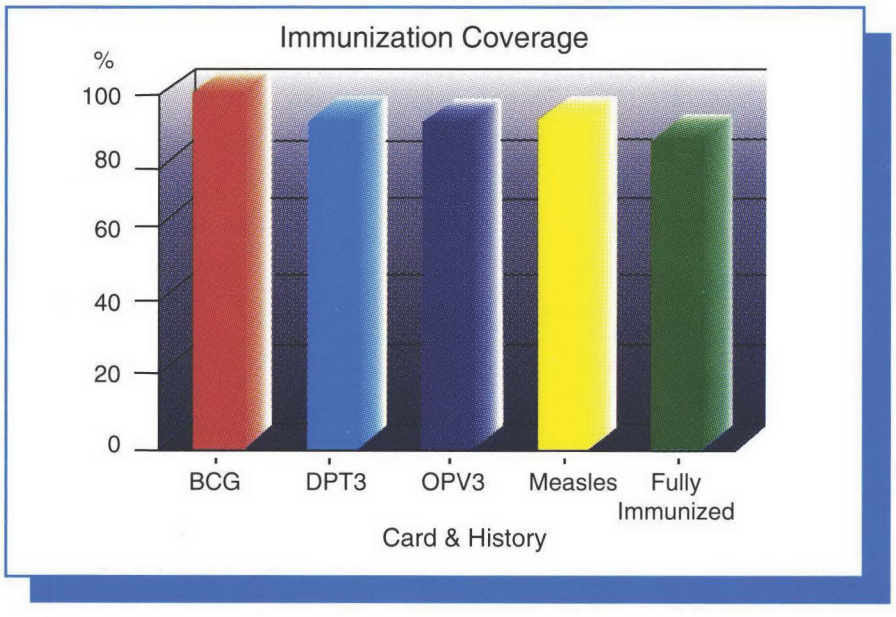
THE GAMBIA MULTIPLE INDICATOR CLUSTER SURVEY REPORT - 1996



Statistics & Monitoring
EPP, UNICEF
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Central Statistics Department,
Department of State for Finance & Economic Affairs
Department of State for Health, Social Welfare & Women's Affairs
Department of State for Education
in collaboration with UNICEF

July 1998

THE GAMBIA
MULTIPLE INDICATOR CLUSTER SURVEY
On Mid-Decade Goals / World Summit for Children
1996

Central Statistics Department,
Department of State for Finance & Economic Affairs
Department of State for Health, Social Welfare & Women's Affairs
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Foreword

The Multiple Indicator Cluster Survey (MICS) was designed by the United Nations Children's Fund (UNICEF) in collaboration with WHO, UNFPA and the Centre for Disease Control of the US Public Health Services to assist countries to rapidly conduct a survey to assess the progress towards the achievement of the Mid Decade Goals and the Year 2000 Goals adopted at the World Summit for Children in 1990. The Declaration and the Plan of Action of the World Summit for Children stipulate the first major global action for the implementation of the Convention on the Rights of the Child (CRC) adopted by the United Nations General Assembly in 1989.

As a signatory to the World Summit for Children Declaration in 1990, The Gambia developed its National Plan of Action (NPA) in 1992 which marked the important step towards implementing the Convention on the Rights of the Child. The Government of The Gambia, in collaboration with UNICEF and other partners, conducted the MICS in early 1996 to assess the situation of the Gambian children at mid-decade.

The MICS provides the very first consolidated national data for the assessment of the situation of Gambian children and will serve primarily as a tool for planning, implementation and monitoring progress towards the Year 2000 Goals and complement/reinforce existing data. It allows for international comparison with other countries that conducted the MICS. The report also serves as an important advocacy tool for the well-being of the Gambian children.

The report is commended to policy makers, managers at various levels of government programme management, NGOs, UN agencies and donors.

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May 1998

Preface

This report is the result of monitoring the progress made by The Gambia towards the attainment of Mid Decade Goals set during the 1990 World Summit for Children. The Gambia like many UN member states committed herself to the improvement of the plight of children and women by the year 2000; through the ratification and implementation of the Convention on the Rights of the Child (CRC) and the Convention for the Elimination of all forms of Discrimination against Women (CEDAW).

The two conventions are not only comprehensive and holistic in nature but have synergic resultant effects on the plight of children and women when implemented simultaneously. To monitor the efforts towards the implementation of these conventions, UNICEF in collaboration with other UN agencies such as WHO, UNFPA and the US Public Health Service developed the Multiple Indicator Cluster Survey (MICS) which is a household survey that examines the behaviour of a comprehensive list of indicators related to the welfare of children and women. The statistical modules examined include variables on education, water and sanitation and health i.e. Immunisation, Nutrition, Breast-feeding, Diarrhoea, ARI and Malaria.

In 1996, the Government of The Gambia in collaboration with UNICEF and other partners carried out the first MICS to monitor progress made at mid-decade as articulated in the National Plan of Action. The Survey was conducted through inter-agency collaboration involving the Central Statistics Department (CSD), Department of State for Education (DoSE), Department of State for Health and Social Welfare (DoSH) and ActionAid The Gambia. The prototype instrument of the MICS developed by UNICEF was reviewed and adapted to suit the local conditions. MICS in The Gambia introduced a module on Malaria using the indicator of 'children under fives having fever' and 'percentage of under fives using dipped bed-nets'.

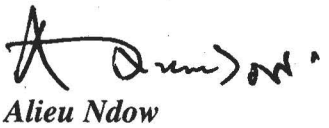
In summary, based on the findings of the survey, there has been considerable progress in the status of children and women in some areas in the attainment of some of the Mid Decade goals. For example, "Immunization Coverage" and "Access to Safe and Convenient Water" have achieved the mid decade goals. However, it is important to draw attention to the low rates for some of the key indicators on child care. The MICS indicated insufficient knowledge or practice of mothers on the treatment of diarrhoeal diseases, acute respiratory infection (ARI) and breast-feeding practices. It is important to note the difference between the high ORT use rate (pre-1993 definition) and the low ORT use rate (new definition) indicating that many mothers were familiar with the ORT, however, few mothers knew the importance of giving adequate food and fluid, simultaneously, to their children suffering from diarrhoea. Mothers knowledge of how to detect symptoms of ARI to seek appropriate treatment (19%) was also low as compared to the Mid Decade Goal of 50%. As for the exclusive breast-feeding, the overall rate of 39.4% was considered to be too high. MICS also showed divisional variations in many of the indicators. Such variations should be taken into account in future programme/project development and implementation.

In the light of the recent socio-economic development that The Gambia has been witnessing, it

is imperative that the achievements made so far should be accelerated to attain the Year 2000 Goals as customized in the National Plan of Action. The efforts required should be reflective of the rapid population growth of 4.2 per cent, the persistent high total fertility rate (TFR) of 6.0 children per woman, the high maternal mortality rate (MMR) of 1050/100,000, the high infant mortality rate (IMR) OF 92/1000 children and under five mortality rate (URMR) of 129/1000, coupled with the prevalence of malaria and HIV/AIDS. These statistics compound and contribute to the low life expectancy at birth of 55 years and a National Human Development Index of 0.350.

I hope that this MICS report will be an invaluable source of reference for policy and research.

Finally, on behalf of The Gambian Government, I thank the UNICEF Banjul office, in particular the Assistant Representative Mr. Youssouf Oomar for his support throughout the study. I also take the opportunity to thank the staff of the Department of State for Education and Department of State for Health and Social Welfare, ActionAid The Gambia and the Central Statistics Department for their invaluable contributions on the different phases of this exercise.



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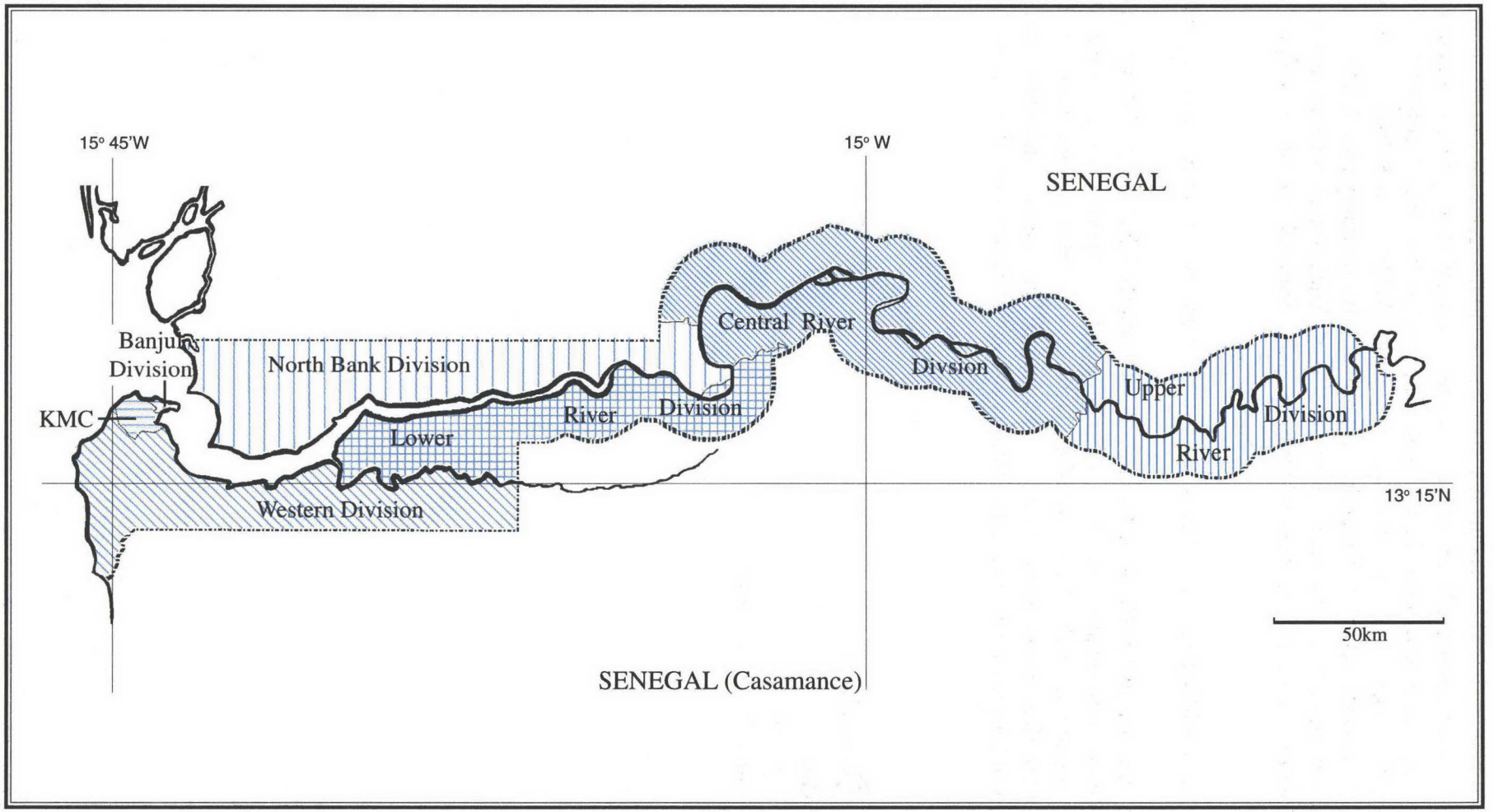
May 1998

Map of The Gambia



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1. INTRODUCTION

In September 1990, the World Summit for Children adopted the Declaration on the Survival, Protection and Development of Children and a Plan of Action for implementing the Declaration in the 1990s. The World Summit for Children was the first major global action for the implementation of the Convention on the Rights of the Child (CRC) which was adopted by the United Nations General Assembly in November 1989. Together the Declaration, Plan of Action of the World Summit for Children and the Convention on the Rights of the Child constitute an agenda for the well being of children to be achieved by the year 2000.

Specifically, MICS was designed to **monitor progress towards the achievement of Mid-Decade Goals (MDG) and End-Decade Goals (Year 2000 Goals) for children (Table 1.1)**, as they are articulated in the National Plan of Action (NPA) (Table 1.1). Having signed the Summit Declaration in 1991 and formulated its NPA in 1992, the Government of The Gambia adopted the MICS in 1996 to serve the following objectives:

* Assess the Mid-Decade situation of The Gambian children and women;
* Be used primarily for planning and monitoring progress toward the Mid-Decade & the Year 2000 Goals;
* Provide baseline data for monitoring the Year 2000 Goals;
* Complement and reinforce existing data collection systems rather than replace them;
* Provide baseline data for those indicators without any existing data;
* Produce the first consolidated data disaggregated at the sub-national level by geographic divisions and by gender;
* Fill in the information gap for social indicators relating to children;
* Strengthen national capacity to monitor social sector indicators.

This report presents the findings and recommendations of The Gambia Multiple Indicator Cluster Survey (MICS). MICS was developed by the Programme Division of UNICEF New York to assist state parties to the World Summit for Children Declaration .

Table 1.1 Mid-Decade Goals & National Plan of Action

MDG No.	WORLD SUMMIT DECLARATION	NATIONAL PLAN OF ACTION (1992-2003)
1	Elevation of immunization coverage for the six antigens of the Expanded Immunization to 80% or more in all countries	- To achieve an EPI coverage of at least 80% for BCG, POLIO4 and DPT4 (1997 goal). - To achieve 90% coverage for under 1 year old fully immunized (2003 goal) - To eradicate Polio by 2000
6	Universal Iodization of Salt in Iodine Deficiency Disorder (IDD) affected countries	To ensure iodization of all salt for human consumption.
7	Achievement of 80 % usage of ORT (increased fluids) and continued feeding as part of the programme to control diarrhoeal diseases.	To achieve 80 % usage of ORT (for under five years old children) with diarrhoea.
11	Reduction of 1990 levels of severe and moderate malnutrition by one-fifth or more.	To reduce malnutrition in children under five years old by 25% (1997 goal)
12	Strengthen basic education so as to achieve reduction by one-third of the gap between (1) Primary school enrolment and retention rates in 1990 and universal enrolment and retention in primary education of at least 80 % of school age children (2) Primary school enrolment and retention rates of boys and girls in 1990.	- Increase primary school enrolment to 80% of the relevant age group (1997 goal) - Increase primary school enrolment to 90% of the relevant age group (2003 goal). - Reduction of female illiteracy rate by 25% (1997 goal).
13	Increased water supply and sanitation so as to narrow the gap between 1990 levels and universal access by the year 2000 by one-forth (water) and one-tenth (sanitation) respectively.	To narrow the gap between 1990 levels and universal access by the year 2000 of water by one-forth and of sanitation by one-tenth.
16	Empowerment of all women to breastfeed their children exclusively for 4 to 6 months, and continue breastfeeding, with complementary food, well into the second year.	
24	Reduction by one-third in deaths due to acute respiratory infections (ARI) in children under five years old.	
		Reduction in the proportion of children in especially difficult situations.
		Widespread acceptance and observance of the Convention on the Rights of the Child.

The NPA was formulated for the period 1992-2003 with the years 1997 and 2003 set as the mid-decade and end-decade years respectively. Accordingly, the NPA-MDGs and End-decade Goals were set for the year 1997 and 2003.

2. SURVEY DESIGN

2.1. QUESTIONNAIRE DESIGN

The Gambia modified the MICS prototype questionnaires that were developed by UNICEF, New York to suit the specific needs of the country. The questionnaire comprised of 13 sections [See Annex].

Section 1: Water and Sanitation
Section 2: Salt Iodization
Section 3: Household Roster
Section 4: Care of Acute Respiratory Infections
Section 5: Rehydration Solution
Section 6: Tetanus Toxoid Immunization
Section 7. Education
Section 8. Malaria
Section 9. Diarrhoea
Section 10. Breast-feeding
Section 11. Immunization
Section 12. Pregnancy form
Section 13. Anthropometry

2.2 SAMPLING DESIGN

Computer programme designed for the MICS by UNICEF-New York was used to determine the sample size required.
The sample size required was calculated to be 2247 households (Table 2.2.1).
Due to operational reasons, this sample size was increased to 2280 Households.

The sampling frame was based on the 1993 Population and Housing Census enumeration areas (EAs) and the sample was selected in two stages. The national sample of 2280 is proportionately divided between the seven administrative divisions according to the population recorded in the 1993 Census. Such a design captures the divisional variation of the indicators to be monitored. As evident from previous studies, marked variations exist between divisions for some of the variables. These reflect differences in access to social services such as basic health care, education and sanitation. As the design allows comparison across divisions, more focused targeting for subsequent programme design, monitoring and evaluation is made feasible.

STAGE I:

The first stage involved the selection of enumeration areas from the divisional sampling frame. For each division the total number of sample EAs was determined using probability proportionate to size (PPS). The total population of the division was divided by the number of sample EAs (Table 2.2.2, col. 6) to obtain the sampling interval (Table 2.2.2. col. 7).

The selection of sample EAs was done according to the following method:

A random number between 0 and 1 was chosen (0.871) which was then multiplied by the sampling interval (col. 7) to determine the random start (col. 8). Then a systematic procedure was used in selecting the EAs. All the EAs that the nth person falls in are selected as the primary sampling units.

STAGE II:

The second stage was the random selection of 20 households from the list of households in each selected EA. Two spare households were selected to allow for refusals and to avoid enumerators making substitutions in the field. The sample size was 2280 households, representing about 2% of the estimated number of households in The Gambia.

Table 2.2.1 Sample Size Calculation

Basic assumptions	*Low*	*High*
Design effect	2.0	10
Persons per household	8.9	
Pct of population < 5 yrs	0.16	
Prevalence of diarrrhoea 15 days	0.25	

Formula of required target sample n=4*p* (1-p) * deff/e^2

Goal number	Indicator	Target population	Estimated prevalence	Margin of error	Required target sample	Required number of household
1.1	DPT3 coverage	12-23 months	0.93	0.05	208	731
1.2	Measles coverage	12-23 months	0.86	0.05	385	1353
1.3	OPV3 coverage	12-23 months	0.89	0.05	313	1100
1.4	BCG coverage	12-23 months	0.98	0.05	63	220
6.1	Iodized salt consumption	Households	0.5	0.05	800	800
7.1	Use of ORT(1) in diarrhoea	Diar <5 yrs	0.5	0.05	800	2247
7.2	Use of ORT(2) in diarrhoea	Diar <5 yrs	0.5	0.05	800	2247
11.1	Percent low weight & height /age	All <5 yrs	0.16	0.05	430	302
12.4	School enrolment	7-13 yrs	0.55	0.05	792	556
13.1	Safe water	Households	0.53	0.05	3986	448
13.2	Sanitation	Households	0.3	0.05	3360	378
Total required number of households						2247

Table 2.2.2 Summary of Population and Sample Size by Division

(1) Division	(2) Population	(3) No. of Households	(4) Sample Fraction	(5) No. of Households Selected	(6) No. of Sample EAs Selected	(7) Sampling Interval (col.2/col.6)	(8) Random Start (0.871*col.7)
Banjul	42,326	7,032	4.1	100	5	8465	7373
KMC	228,214	31,426	22.0	500	25	9128	7950
WD	234,917	25,649	22.6	520	26	9035	7869
LRD	65,146	8,227	6.3	140	7	9306	8105
NBD	156,462	16,695	15.1	340	17	9203	8015
CRD	156,021	15,580	15.0	340	17	9177	7993
URD	155,059	11,392	14.9	340	17	9121	7944
TOTAL	**1,038,145**	**116,001**	**100.0**	**2,280**	**114**	****	****

3. PROCESS/METHODOLOGY

3.1 REGIONAL WORKSHOP ON MICS

A MICS workshop was organized in Guinea Bissau by UNICEF - WCARO and UNICEF - Guinea Bissau from 23rd January to 1st February 1996 in which three participants from The Gambia attended. The objective of the workshop was to finalize the selection of modules based on the indicators to be measured, review/adapt the questionnaires, adopt sampling methodology, etc. Participation in this workshop facilitated the process of questionnaires adaptation/finalization, selection of indicators and also contributed to the capacity building in-country.

A follow-up regional workshop was held in Nouakchott, Mali (7-12 April 1996) to provide guidelines on :

- Usage of Epi Info software package.
- Standardisation of variables .
- Adaptation of the prototype New York questionnaire to the country situation.

The following issues were also covered:

- Development of an analysis program for the Malaria module which was not included in the prototype analysis program.
- Usage of "CSAMPLE" to calculate confidence intervals for means and proportions of variables in sample surveys.
- Tetanus Toxoid Module: how to calculate relevant indicators from the questionnaire.
- Possibilities of adopting IMPS>SPSS>DBASE>Epi Info for analysis and constraints.

3.2 CONDUCT OF THE SURVEY

3.2.1 Training and supervision of enumerators

A three-day training course was held at the Gambia Girl Guides Vocational Centre from 14th to 16th March 1996. Enumerators, supervisors, data entry clerks and field coordinators were trained by senior staff from the Central Statistics Department and the Ministries of Health and Education. Mock interviews were also conducted using four local languages in order to assist the field staff to familiarize with the questions. Enumerator's manual was developed and given to the enumerators to guide them in the field.

3.2.2 Data collection

The data collection commenced on 18th March and ended on 17th April 1996. There were six teams comprising four enumerators, one supervisor, one driver and one field

technician. Each team covered one enumeration area of twenty households a day. Interviews were conducted in local languages. The responsibilities of the supervisors included the identification of the enumeration areas for the enumerators and the assurance of full coverage and complete forms before submission to the CSD. Two field coordinators were assigned to coordinate the field work each being responsible for the supervision of three teams. Completed questionnaires were checked by the supervisors and the field coordinators.

3.2.3 Data cleaning, data entry, and data processing

Data entry training was held at the Central Statistics Department from 6th to 8th May 1996. Six data entry operators from the Ministries of Health, Education, and the Central Statistics Department (CSD) were trained. The trainers were selected from the CSD and the Ministry of Health. The Epi Info software package was used in the training. Data entry began on 9th May 1996 and was initially scheduled to last for twenty days. Due to some technical difficulties, this had to be extended. Those forms that did not meet the standards were referred back to the field for verification. After the data entry, operators were required to run a consistency/validation check to ascertain the accuracy of their entries.

3.2.4 Data analysis and report writing

Epi Info was used for the data analysis. Data was analysed by the Task-force having held a range of consultive review meetings.
Report was completed by the Task-force in close consultation with UNICEF.

4. IMMUNIZATION

MDG1
Elevation of immunization coverage for the six antigens of the Expanded Programme on Immunization to 80% or more in all countries

Indicator 1.1: Proportion of children receiving each immunization (BCG, DPT3, OPV3, Measles) before their first birthday

a) Valid Immunization Coverage:

Information is obtained from the vaccination card. If no date for vaccination is recorded or if no card is available, they are not included in the numerator. Only children with immunization dates for BCG, DPT3, OPV3 or Measles occurring before the first birthday and verified by card are included in the numerator. (Table 4.1 & 4.2)

b) Card Only' Immunization Coverage:

Information is obtained from the vaccination card. Number of 12-23 months old receiving BCG, DPT3, OPV3, or Measles vaccine by the time of the survey (verified by a card entry) are included in the numerator. (Table 4.1 & 4.3)

c) 'Card & History' Immunization Coverage:

Information is obtained from both vaccination cards and mother's reporting (for those cases where vaccination card is not available or date for vaccination is not recorded). Number of 12-23 months vaccinated with DPT3, OPV3 or measles vaccine, either entered on the card or reported by the mother, are included in the numerator; denominator excludes those children whose mothers answered "don't know" to the questions. (Table 4.1 & 4.4)

Summary of Findings

- Overall immunization coverage has reached the MDG except for the fully immunized coverage.
- There are divisional variations in the Immunization Coverage.

Table 4.1 Overall Immunization Coverage

% with	Valid Immunization Coverage n=440	Card Only n=440	Card & History n=438
BCG	96.4	97.0	99.8
DPT3	88.4	84.1	92.5
OPV3	88.2	84.3	91.8
Measles	84.9	84.5	92.7
Fully immunized	76.6	78.2	87.0

Table 4.2 Valid Immunization Coverage

% with	Banjul n=13	KMC n=81	WD n=93	LRD n=14	NBD n=84	CRD n=77	URD n=78	Urban n=94	Rural n=346	Overall n=440
Fully Immunized	92.3	77.8	75.3	78.6	77.4	81.8	67.9	79.8	75.7	76.6
BCG	100.0	96.3	98.9	100.0	94.0	94.8	96.2	96.8	96.2	96.4
DPT3	92.3	82.7	91.4	85.7	91.7	89.6	85.9	84.0	89.6	88.4
OPV3	100.0	80.2	91.4	92.9	86.9	93.5	85.9	83.0	89.6	88.2
Measles	100.0	87.7	84.9	85.7	83.3	90.9	75.6	89.4	83.8	85.0

Table 4.3 Card Only

% with	Banjul n=13	KMC n=81	WD n=93	LRD n=14	NBD n=84	CRD n=77	URD n=78	Urban n=94	Rural n=346	Overall n=440
Fully Immunized	92.3	76.5	72.0	64.3	77.4	90.9	75.6	78.7	78.0	78.2
BCG	92.3	95.1	96.8	92.9	96.4	100	98.7	94.7	97.7	97.0
DPT3	100	81.5	77.4	64.3	84.5	93.5	85.9	84.0	84.1	84.1
OPV3	100	80.2	78.5	71.4	83.3	93.5	87.2	83.0	84.7	84.3
Measles	100	85.2	75.3	71.4	83.3	94.8	85.9	87.2	83.8	84.5

Table 4.4 Card & History

Card & History 12-23 months	Banjul n=13	KMC n=81	WD n=92	LRD n=14	NBD n=84	CRD n=76	URD n=78	Urban n=94	Rural n=346	Overall n=440
Fully Immunized	100	82.7	88.0	85.7	90.5	93.4	78.2	85.1	87.5	87.0
BCG	100	98.8	100	100	100	100	100	98.9	100	99.8
DPT3	100	87.7	93.5	85.7	96.4	96.1	88.5	89.4	93.3	92.5
OPV3	100	84.0	94.6	92.9	94.0	94.7	89.7	86.2	93.3	91.8
Measles	100	90.1	92.4	92.9	94.0	97.4	88.5	91.5	93.0	92.7

☐ Covered area indicates achievement of the Mid-Decade Goal

5. IODINE DEFICIENCY DISORDER

MDG 6
Universal Salt Iodization of Salt in IDD-affected Countries

Indicator 6 : Percentage of households consuming adequate iodated salt

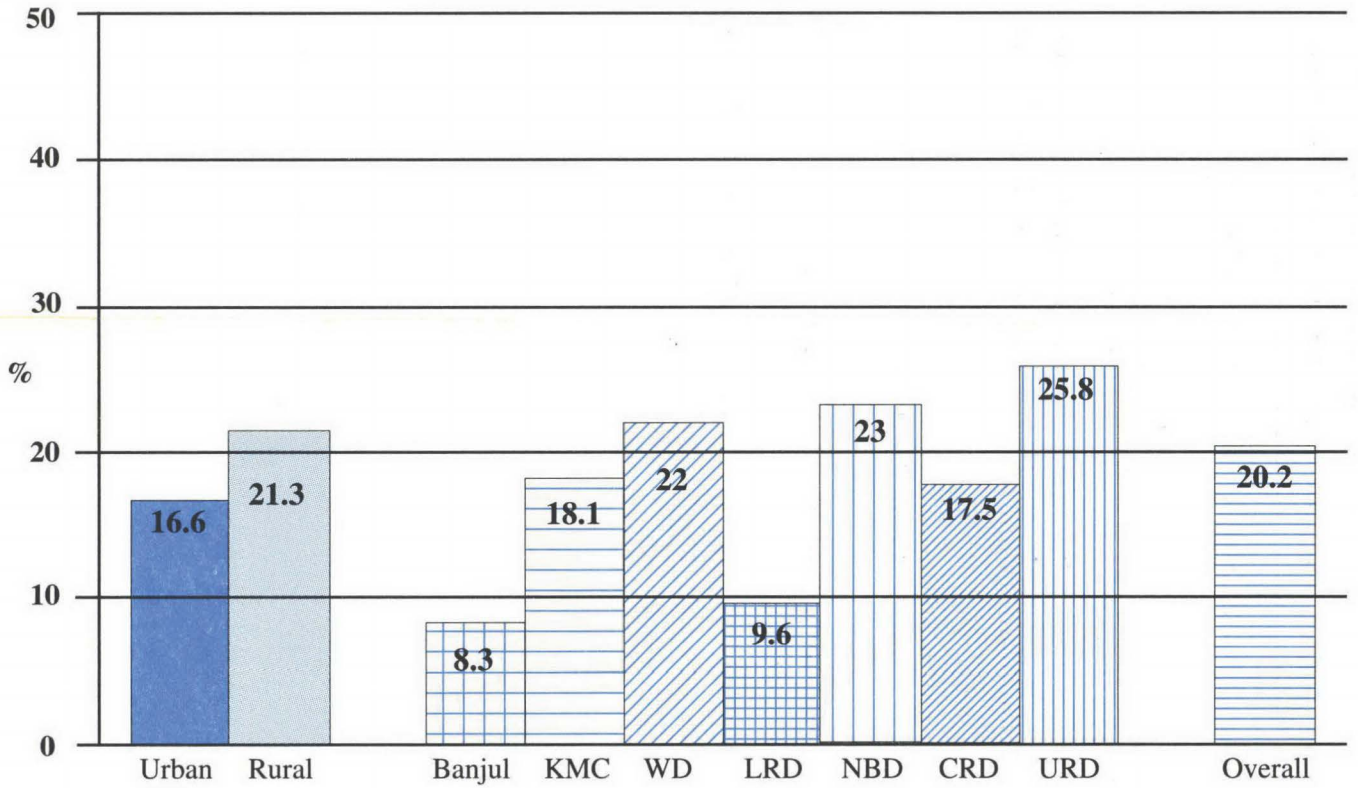
Number of households with salt positive for iodine out of the total number of households tested (Figure 5.1).

Test kits were provided to all enumerators. Salt that became any shade of purple from the test was recorded " iodized" and salt that did not change colour was recorded "not iodized (salt that does not contain iodine)". The survey did not verify the level of iodine content in the salt.

Summary of Findings

- The proportion of households consuming iodated salt is 20 % which is low considering the MDG of 100%.
  However, there is no comprehensive clinical information/data that provides a full picture of the IDD prevalence in The Gambia.

Figure 5.1 Iodated Salt Consumption



	Urban	Rural	Banjul	KMC	WD	LRD	NBD	CRD	URD	Overall
Year 2000 Goal / 100%	- 83.4	-78.7	- 91.7	- 81.9	- 78	- 90.4	- 77	- 82.5	- 74.2	- 79.8
Sample Size	487	1491	72	415	460	94	352	285	299	1977

6. DIARRHOEA

MDG 7
Achievement of 80% usage of ORT (increased fluids) and continued feeding as part of the programme to control diarrhoeal diseases

Indicator 7.1 : Percentage of diarrhoea cases in children under five years of age treated with oral rehydration salt (ORS) and/or recommended home fluids: Use of ORT (pre-1993 definition)

Number of children with diarrhoea who received ORS and/or recommended home fluids out of the total number of diarrhoea cases among under-fives in two weeks preceding the survey (Figure 6.1). Following fluids were identified as "recommended fluids" : breastmilk; cereal based gruel or gruel made from roots; rice and coos, wonjo, baobab syrups, ORS packet solution, sugar/salt solution, other milk or infant formula and water.

Indicator 7.2 : Percentage of diarrhoea cases in children under five years of age treated with oral rehydration therapy (ORT-increased fluids and continued feeding) Use of ORT (new-definition)

Number of children with diarrhoea treated with 'more' fluids and 'continued' feeding (less, the same or more food) out of the total number of diarrhoea cases among under fives in two weeks preceding the survey (Figure 6.2 & Table 6.1).

Other information :

(a) type of fluid intake (Figure 6.3);

(b) mothers of under-fives who have seen ORS Packet before (Figure 6.4);

(c) mothers of under-fives who know how to prepare ORS Packet correctly (Figure 6.5);

(d) mothers who have access to ORS when child is having diarrhoea (Figure 6.6);

(e) mothers of under-fives who know the correct preparation of Sugar/Salt Solution (SSS) (Figure 6.7).

Summary of Findings

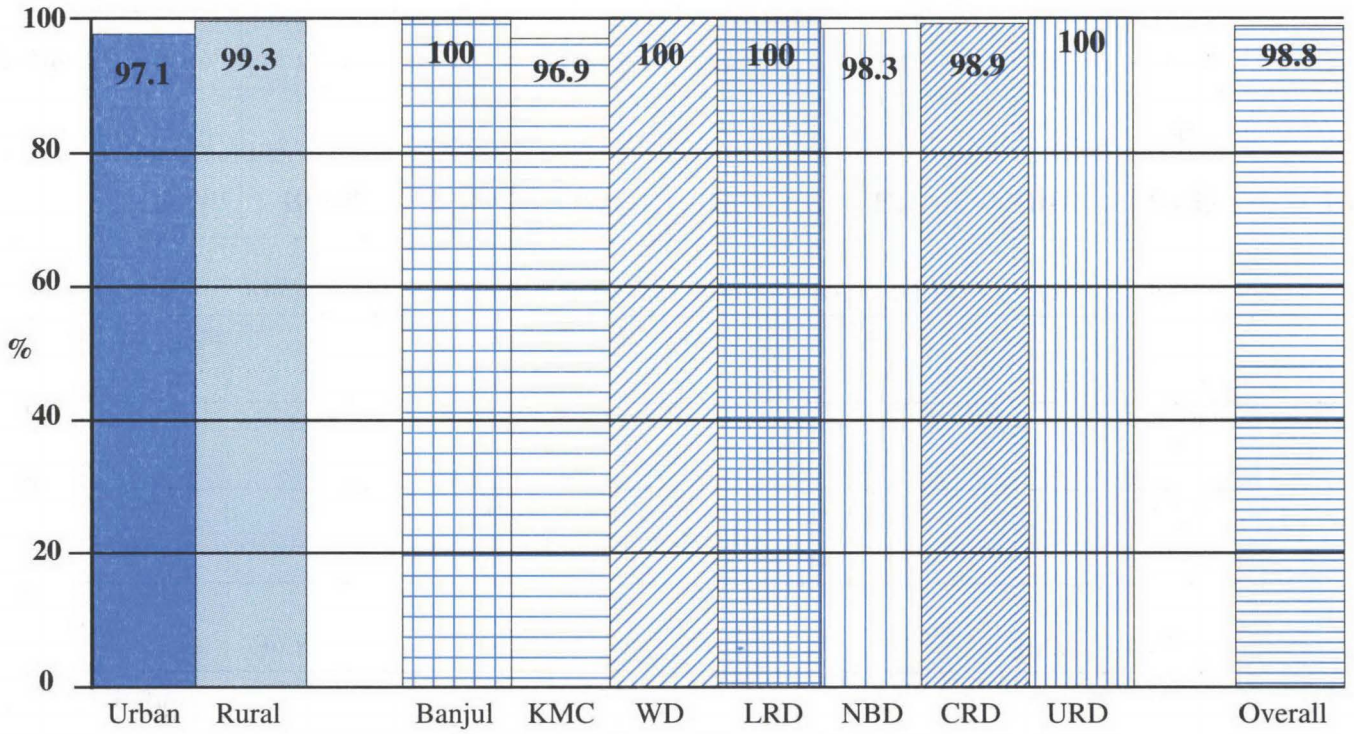
- ORT use (pre-1993 definition) has met the MDG of 80 % while the ORT use (new definition) has only met 1/2 (half) of the MDG of 80%.

  The gap between the ORT-use between "pre-1993" and the "new definition" indicates mothers' insufficient knowledge on the amount of fluid and food to give when child is having diarrhoea.

- ORS Packet is widely known by mothers throughout the country.

- Mothers who can correctly prepare Sugar/Salt Solution (SSS) are fewer than mothers who can prepare ORS Packet.

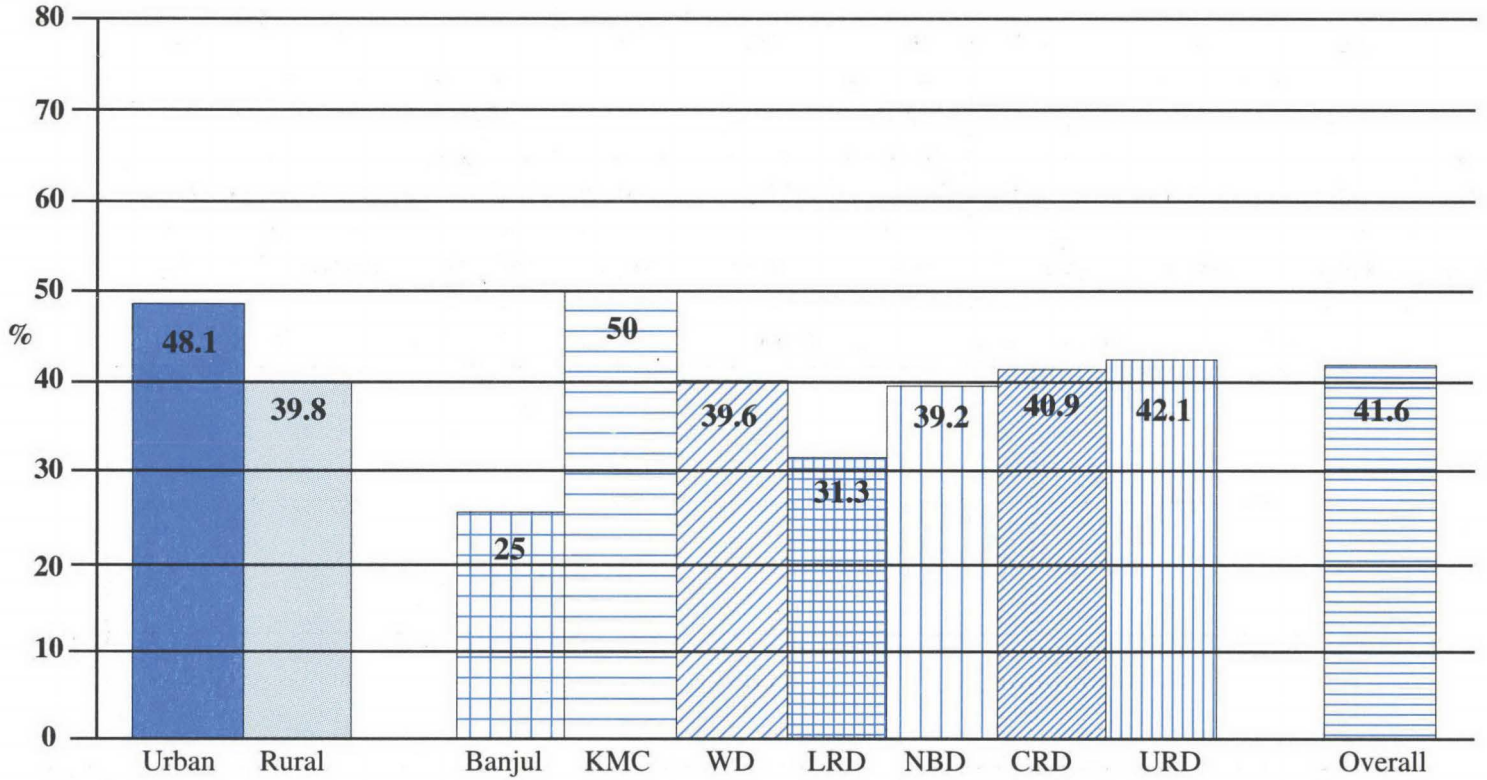
Figure 6.1 ORT USE RATE - Pre-1993 definition



	Urban	Rural	Banjul	KMC	WD	LRD	NBD	CRD	URD	Overall
MDG/80%	+ 17.1	+ 19.3	+ 20.0	+ 16.9	+ 20.0	+ 20.0	+18.3	+18.9	+ 20.0	+ 18.8
Year 2000 Goal/100%	- 2.9	- 0.7	**met**	- 3.1	**met**	**met**	- 1.7	- 1.1	**met**	- 1.2
Sample Size	104	405	8	96	96	16	120	95	77	50

☐ Covered area indicates achievement of MDG.

Figure 6.2 ORT USE RATE - New Definition



	Urban	Rural	Banjul	KMC	WD	LRD	NBD	CRD	URD	Overall
MDG /80%	-31.9	-40.2	- 55	- 30	- 40.4	- 48.7	- 40.8	- 39.1	- 37.9	- 38.4
Year 2000 Goal/ 100%	- 51.9	- 60.2	-75	- 50	- 60.4	- 68.7	- 60.8	- 59.1	- 57.9	- 58.4
Sample Size	104	402	8	96	96	16	120	93	76	505

Table 6.1 Amount of Fluid (drink) and Food (Eat) Intake of children under-five yrs of age

Drink	Eat				Total
	much less	less	same	more	
less	13	94	15	17	139
more	59	130	42	45	276
same	6	18	59	5	88
much less	1	6	4	0	11
Total	79	248	120	67	514

■ Coverd areas indicate the number of mothers who were giving the accepted amount of fluid and food.

Figure 6.3 Type of Fluid Intake

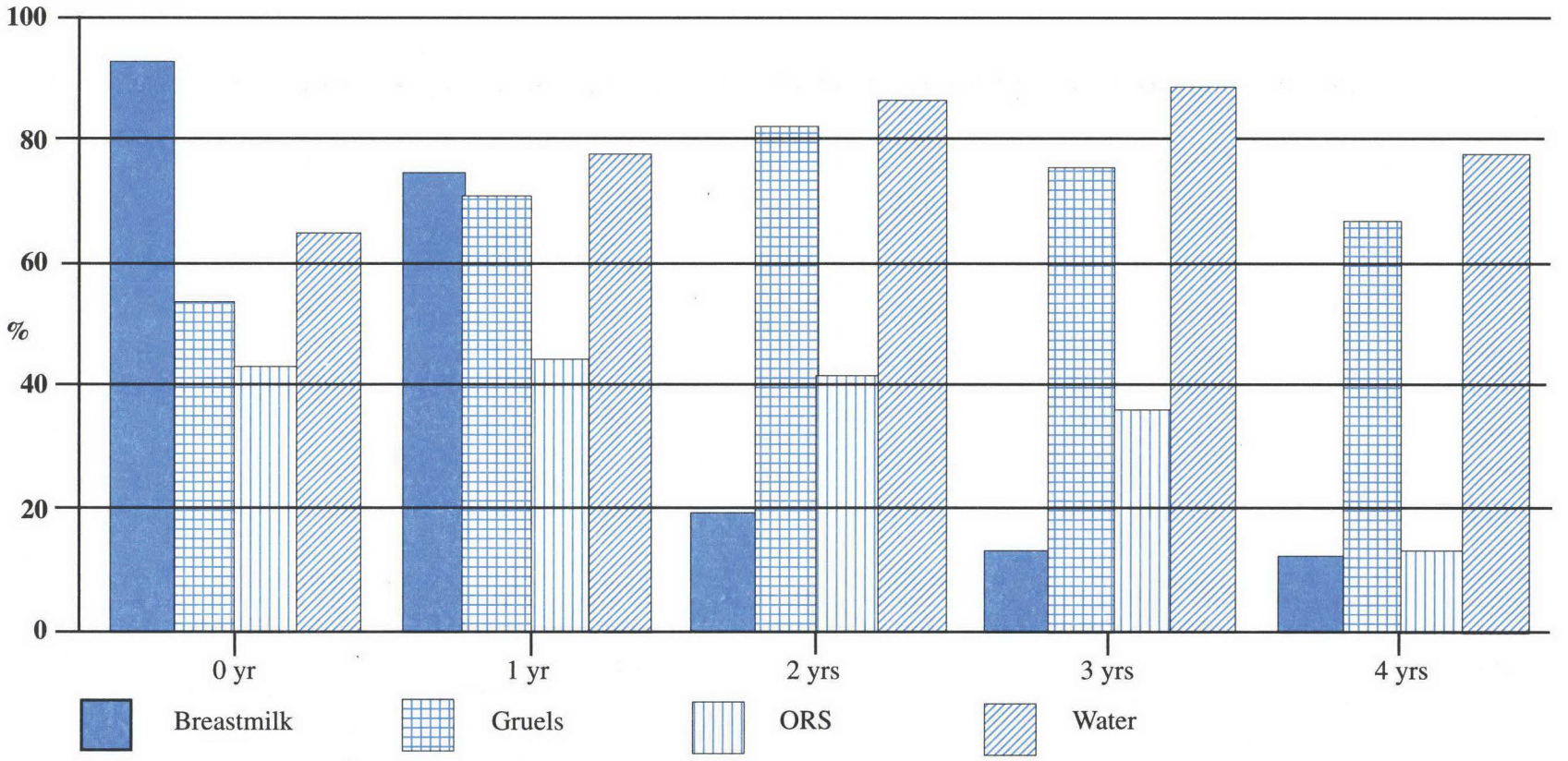
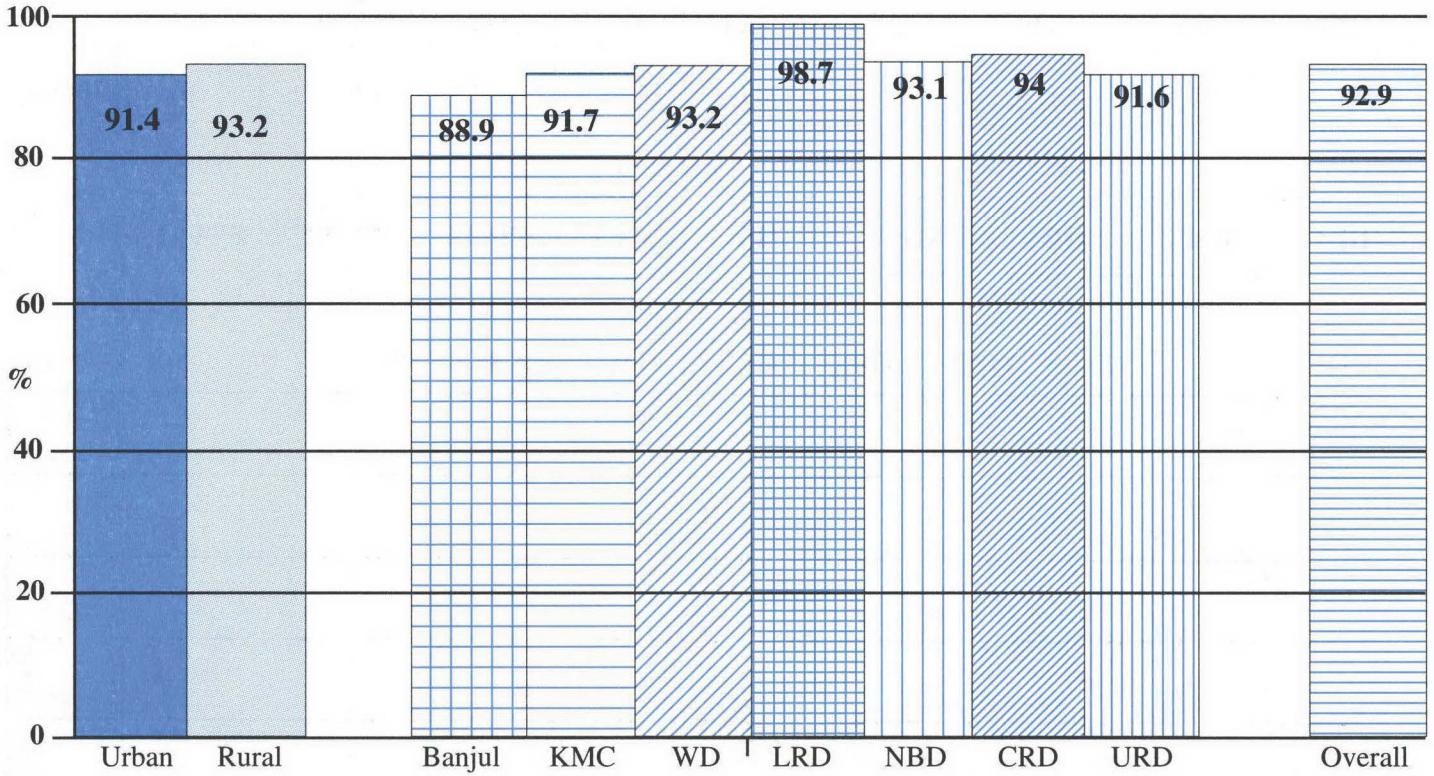
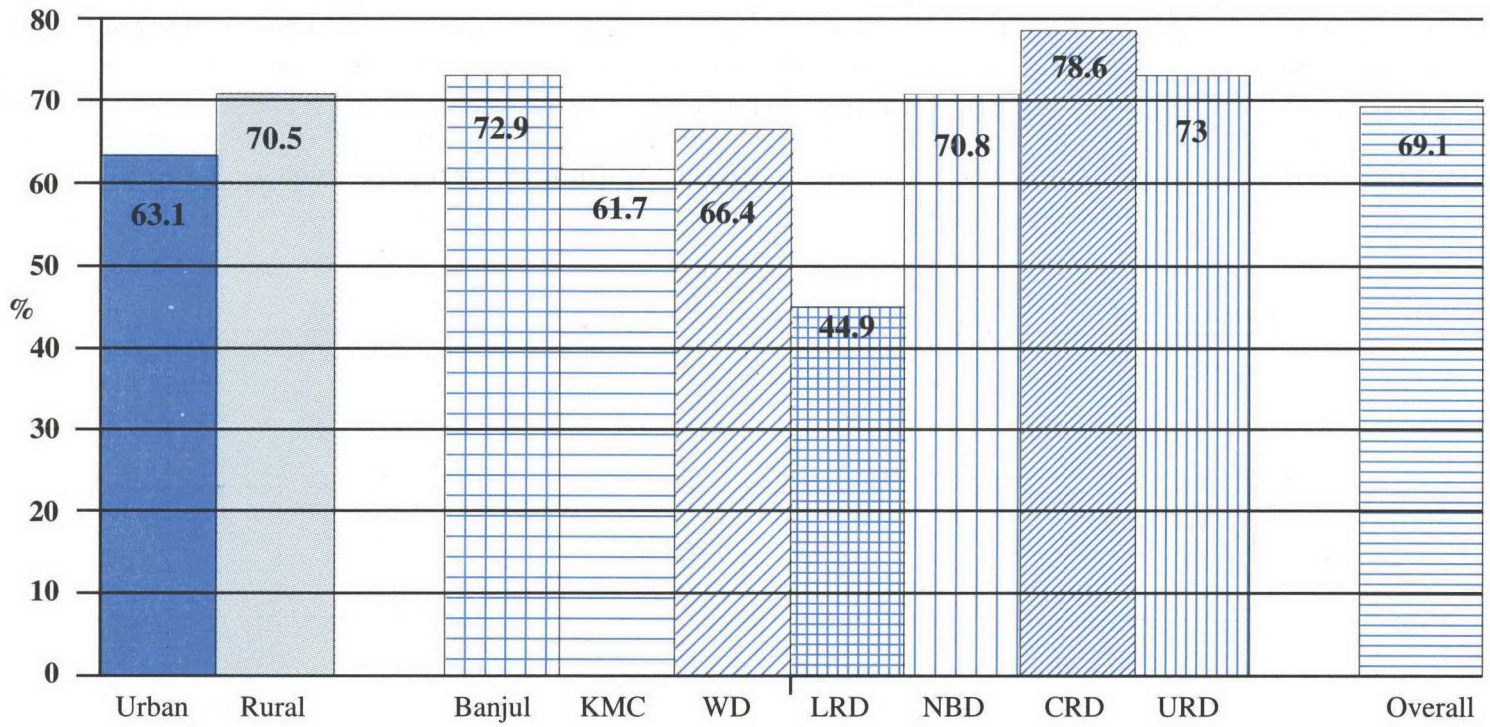


Figure 6.4 Mothers who have seen ORS Packet



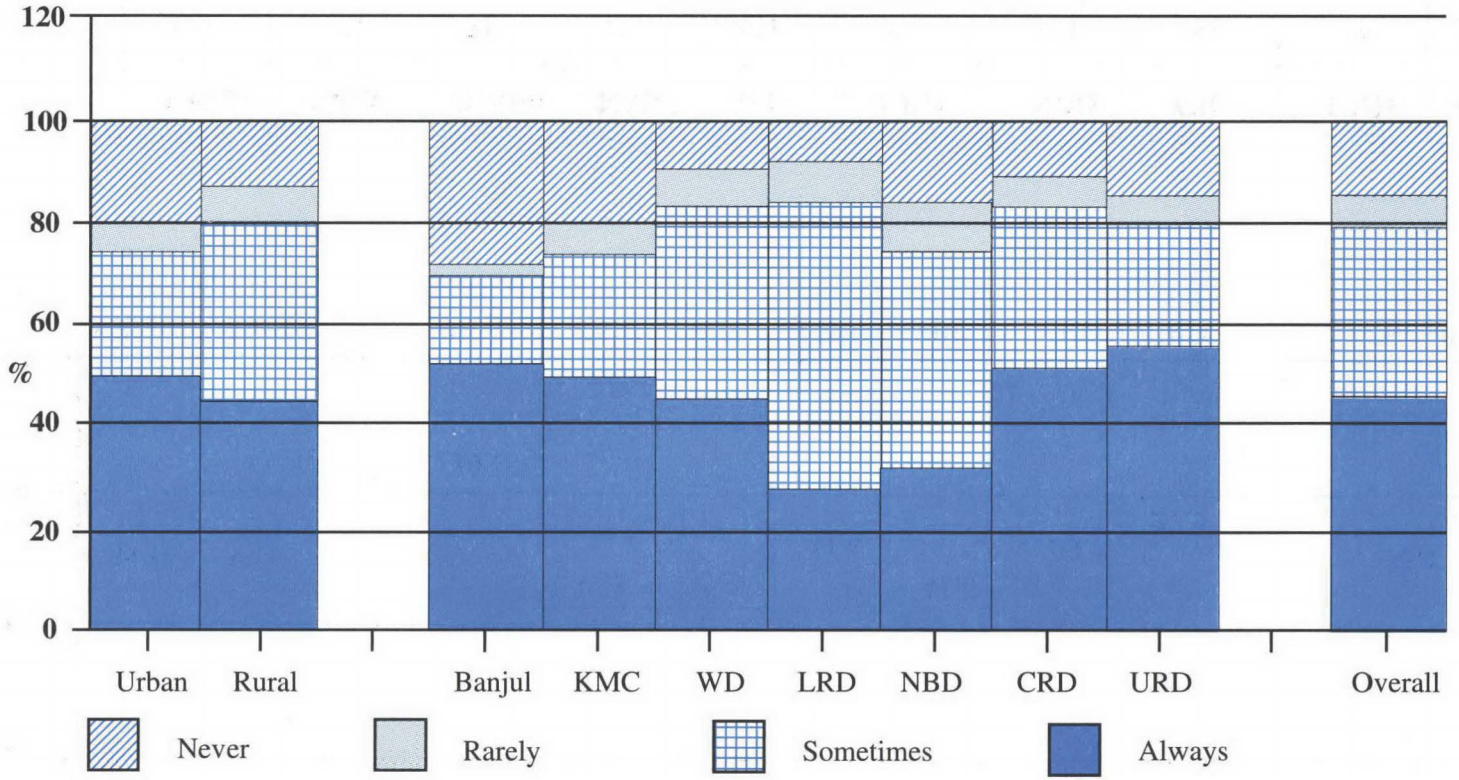
	Urban	Rural	Banjul	KMC	WD	LRD	NBD	CRD	URD	Overall
MDG/80%	+11.4	+13.2	+8.9	+11.7	+13.2	+18.7	+13.1	+14.0	+11.6	+12.9
Year 2000 / 100%	- 8.6	- 6.8	- 11.1	- 8.3	- 6.8	- 1.3	- 6.9	- 6.0	- 8.4	- 7.1
Sample Size	417	1703	54	363	454	79	423	365	381	2119

Figure 6.5 Mothers' knowledge of ORS Preparation



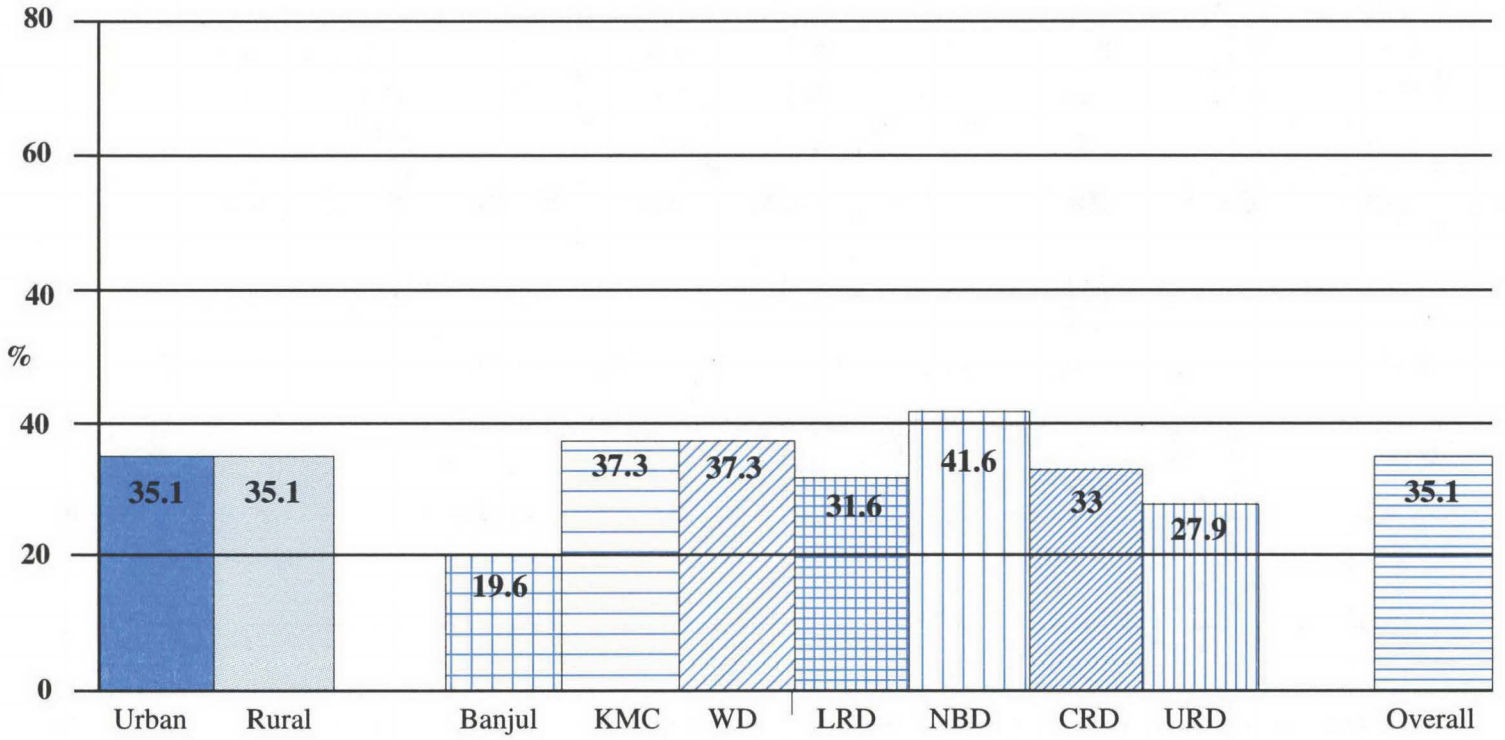
	Urban	Rural	Banjul	KMC	WD	LRD	NBD	CRD	URD	Overall
MDG/80%	- 16.9	- 9.5	- 7.1	- 18.3	- 13.6	- 35.1	- 9.2	- 1.4	- 7.0	- 10.9
Year 2000 Goal / 100%	- 36.9	- 29.5	- 27.1	- 38.3	- 33.6	- 55.1	- 29.2	- 21.4	- 27.0	- 30.9
Sample Size	382	1601	48	334	422	78	400	341	359	1982

Figure 6.6 ORS-Availability when child is having Diarrhoea



	Urban	Rural	Banjul	KMC	WD	LRD	NBD	CRD	URD	Overall
Always	49.6	44.8	51.9	49.3	45.5	27.8	31.9	51.2	55.5	45.8
Sometimes	23.6	35.4	17.3	24.5	37.6	55.7	42.5	31.6	24.2	33.0
Rarely	7.0	6.5	1.9	7.7	6.3	7.6	9.4	5.8	3.9	6.6
Never	19.8	13.3	28.8	18.5	10.6	8.9	16.2	11.4	16.3	14.6
Sample size	415	1679	52	363	444	79	414	361	380	2093

Figure 6.7 Mothers' knowledge on SSS Preparation



	Urban	Rural	Banjul	KMC	WD	LRD	NBD	CRD	URD	Overall
Sample Size	410	1678	51	359	451	79	413	358	376	2087

7. NUTRITION

MDG 11
Reduction of 1990 levels of severe and moderate malnutrition by one-fifth or more

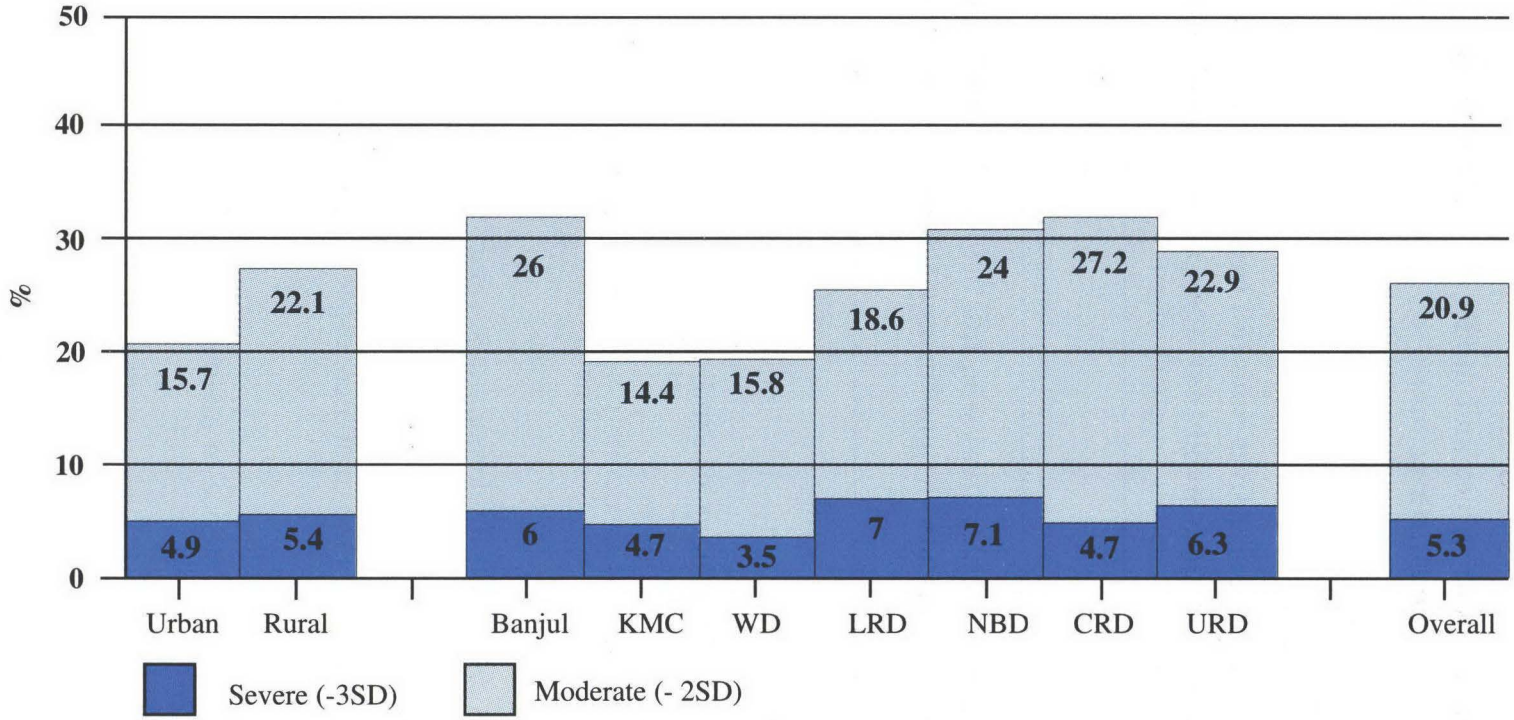
Indicator 11.2 : Proportion of under-fives who fall below -2 and -3 standard deviation of median weight-for-age (acute malnutrition)
(Figure 7.1)

Indicator 11.4 : Proportion of under-fives who fall below -2 and -3 standard deviation of median height-for-age (chronic malnutrition)
(Figure 7.2)

Summary of Findings

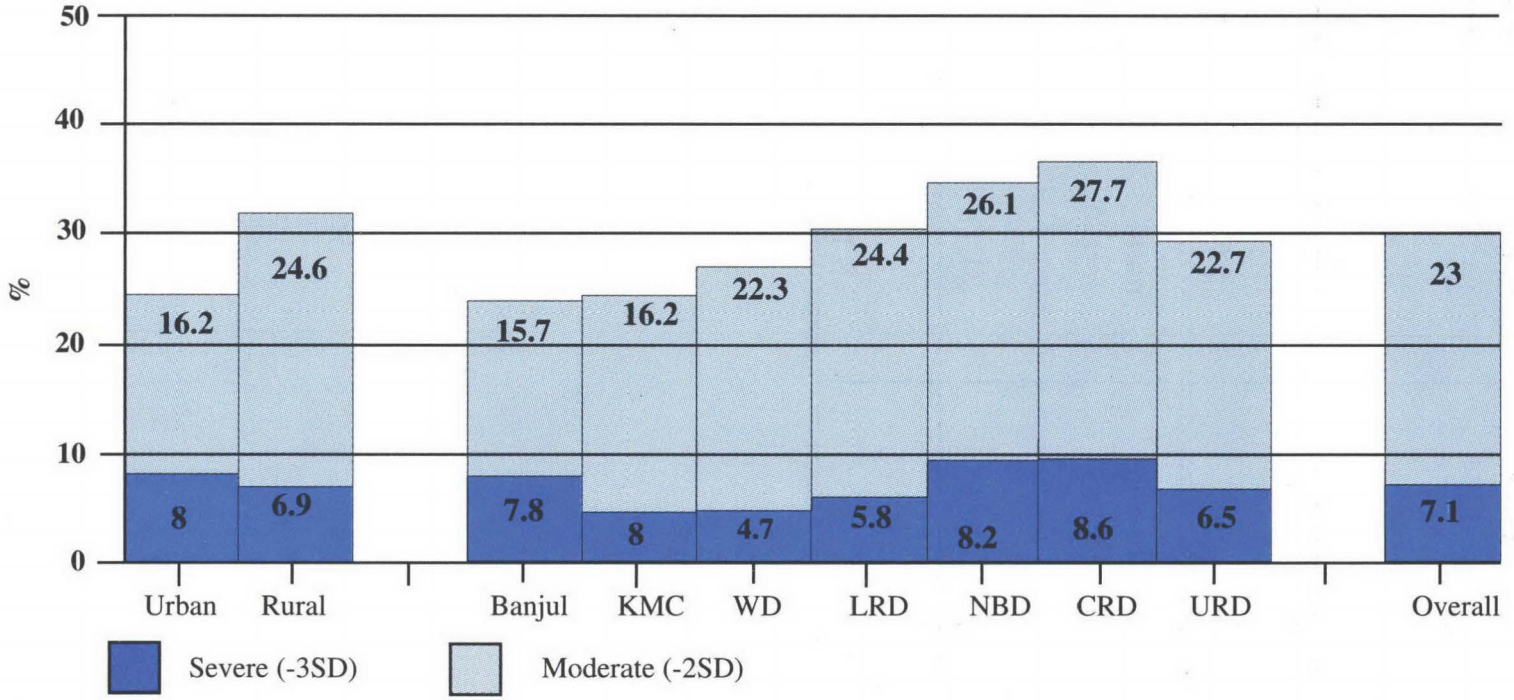
- One in four Gambian children is moderately or severely malnourished by weight-for-age.
- One in three Gambian children is moderately or severely malnourished by height-for-age.
- Malnutrition is more common in the rural area, especially in the CRD, than in the urban area.
- There is no significant gap/difference in malnutrition by gender (Table 7.1).

Figure 7.1 Malnutrition - Weight for Age -2SD & -3 SD
< 5 yrs



	Urban	Rural	Banjul	KMC	WD	LRD	NBD	CRD	URD	Overall
Sample Size	452	1950	50	402	518	86	491	426	428	2401

Figure 7.2 Malnutrition - Height for Age -2SD & -3 SD
< 5 yrs



	Urban	Rural	Banjul	KMC	WD	LRD	NBD	CRD	URD	Overall
Sample Size	439	1921	51	388	507	86	476	419	432	2359

Table 7.1 Malnutrition by Gender

(%)	**female** n=1204	**male** n=1276	**Total** n=2480
Weight for age -2 SD (moderate)	20.0	21.9	21.0
Weight for age -3 SD (severe)	5.0	5.6	5.3
	female n=1184	**male** n=1252	**Total** n=2436
Height for age -2 SD (moderate)	22.0	24.4	23.2
Height for age -3 SD (severe)	6.3	8.1	7.2

8. EDUCATION

MDG 12

Strengthen basic education so as to achieve reduction by one-third of the gap between

(a) Primary school enrolment and retention rates in 1990 and universal enrolment and retention in primary education of at least 80 per cent of school age children,

(b) Primary school enrolment and retention rates of boys and girls in 1990.

Indicator 12.2 :	**Net Enrolment Rate - Proportion of children enrolled in primary school who belong in the relevant age group (7-13 years old) expressed as a percentage of the total number in that age group.**

Number of children currently enrolled in primary school of primary-school age (7-13 years old) out of the total number of children of primary-school age surveyed (Figure 8.1).

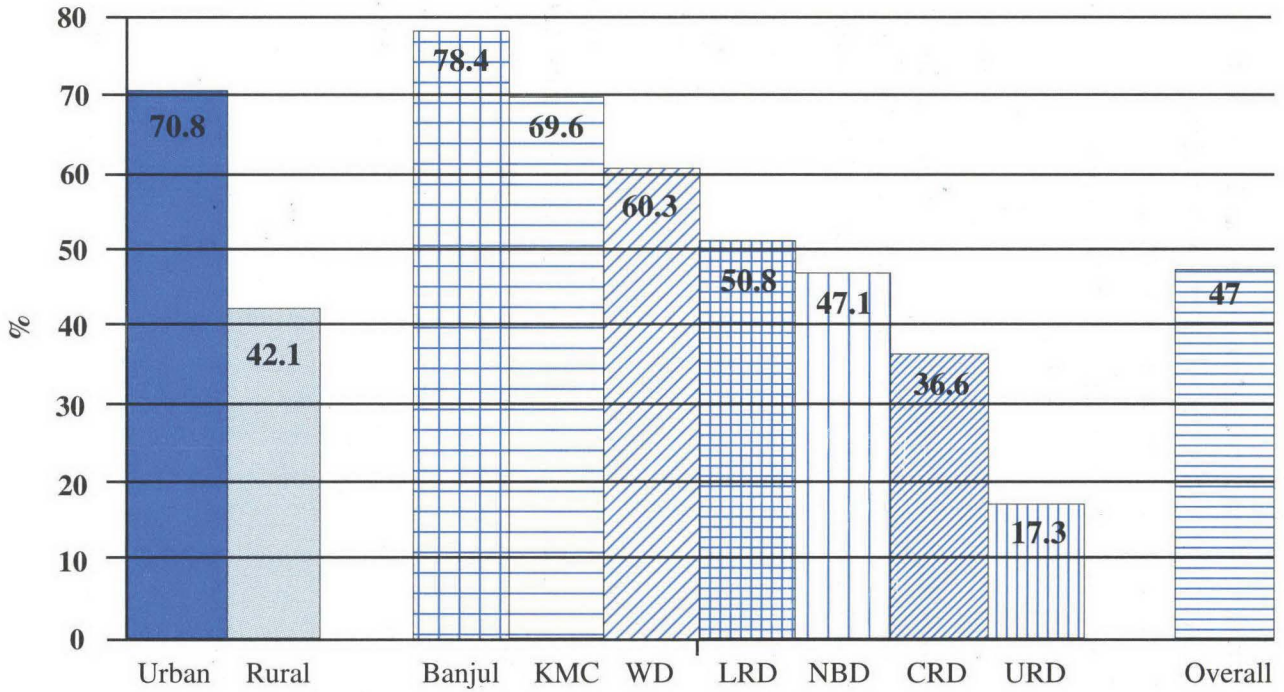
Indicator 12.4	**Gross Enrolment Rate - Proportion of children enrolled in primary school out of total number of primary school-age children.**

Number of under-15 years old currently enrolled in primary school out of the total number of children of primary-school age surveyed (Figure 8.2).

Summary of Findings

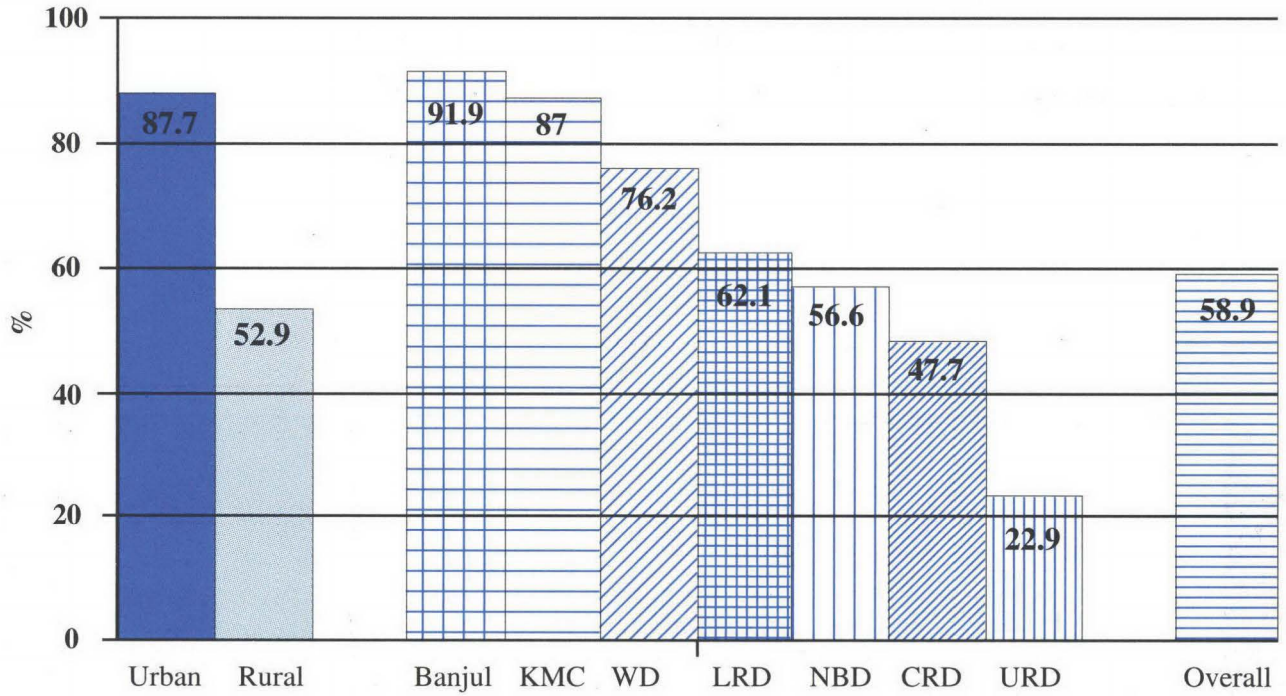
- The MDG of 70% for both net and gross enrolment rates in the urban area has been met.
- There is a wide gap/disparity between the urban and rural area for both net and gross enrolment rates. None of the rural areas have achieved the MDG.
- There is a gap for both net and gross enrolment rates by gender.

Figure 8.1 Net Enrolment Rate



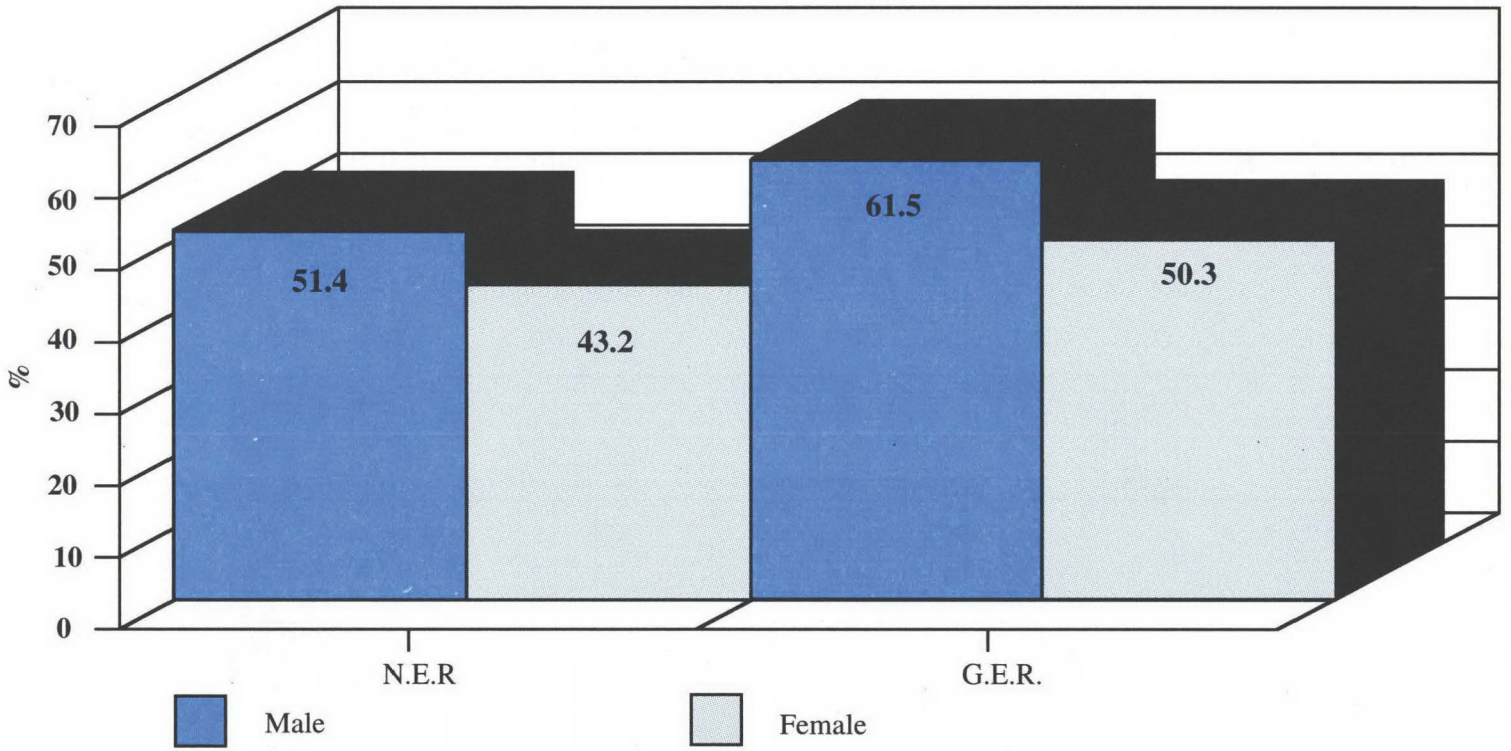
	Urban	Rural	Banjul´	KMC	WD	LRD	NBD	CRD	URD	Overall
Year 2000 Goal 80%	- 9.2	- 37.9	- 1.6	- 10.4	- 19.7	- 29.2	- 32.9	- 43.4	- 62.7	- 33
Sample Size	535	2601	74	461	740	124	645	484	612	3136

Figure 8.2 Gross Enrolment Rate



	Urban	Rural	Banjul	KMC	WD	LRD	NBD	CRD	URD	Overall
Year 2000 Goal 100%	- 12.3	- 47.1	- 8.1	- 13	- 23.8	- 37.9	- 43.4	- 52.3	- 77.1	- 41.1
Sample Size	535	2601	74	461	740	124	645	484	612	3136

Figure 8.3 NER & GER by Gender



	NET ENROLMENT RATE		GROSS ENROLMENT RATE	
	Male	**Female**	**Male**	**Female**
Sample Size	1645	1610	1645	1610

9. WATER & SANITATION

MDG 13
Increased water supply and sanitation so as to narrow the gap between 1990 levels and universal access by the year 2000 by one-forth (water) and one-tenth (sanitation) respectively.

Indicator 13.1	**Percentage of households with access to "safe and convenient" drinking water**

"Safe" was defined as water sources of "Public Tap", "Own Tap" or "Pumped Well" (Table 9.1).
"Convenient" was defined as water that is available "On premises/distance" or "Less than 100 meters /distance" (Table 9.2); and "Less than 30 minutes /time" (Table 9.3). Number of households that has access to both "safe" & "convenient" water out of the total number of households surveyed (Figure 9.1).

Indicator 13.2 :	**Percentage of households with access to "safe and convenient" sanitary excreta disposal facilities**

"Safe" was defined as types of sanitary facilities of "WC", "Private Pan/Pail", or "Public Latrine" (Table 9.4).

"Convenient" was defined as sanitary facilities that are available "On premises /distance or "Less than 50 meters away /distance" (Table 9.5). Number of households that have access to both "safe" and "convenient" sanitary excreta disposal facilities, out of the total number of households surveyed was not analysed.

Summary of Findings

- Access to "safe" and "convenient" water in Banjul, KMC, LRD and NBD has met the Year 2000 Goal of 70 %.

- Access to "safe" and "convenient" water is lowest in WD where usage of traditional wells is the highest among all the divisions.
  The low coverage in WD is followed by URD and CRD.

- Reliable data on access to "safe" and "convenient" sanitary facilities could not be obtained because type and quality of latrine were not defined correctly (Table 9.4).

Table 9.1 Source of Water

Source (%)	Banjul n=101	KMC n=497	WD n=516	LRD n=105	NBD n=377	CRD n=320	URD n=338	Total n=2254
Public Tap	46.5	47.9	35.0	37.1	42.6	15.3	43.3	38.2
Own Tap	51.5	31.4	4.1	1.0	6.4	1.9	3.9	12.1
Pumped Well	1.0	0.8	12.0	45.7	34.8	47.2	22.0	20.9
River or Lake	0	0	0	0	0.3	1.6	0.3	0.3
Traditional Well	1.0	13.1	46.4	16.2	14.9	33.4	30.3	26.1
Other	0	6.8	2.5	0	1.1	0.6	0.3	2.4

■ Lined area defined as "safe".

Table 9.2 Distance to Water

Source (%)	Banjul	KMC	WD	LRD	NBD	CRD	URD	Total
On premises	54.5	48.1	33.5	9.5	12.0	7.2	14.8	26.4
Less than 100m	45.5	38.0	57.4	90.5	81.4	80.6	72.4	63.7
More than 100m	0	13.9	9.1	0	6.6	12.2	12.8	9.9

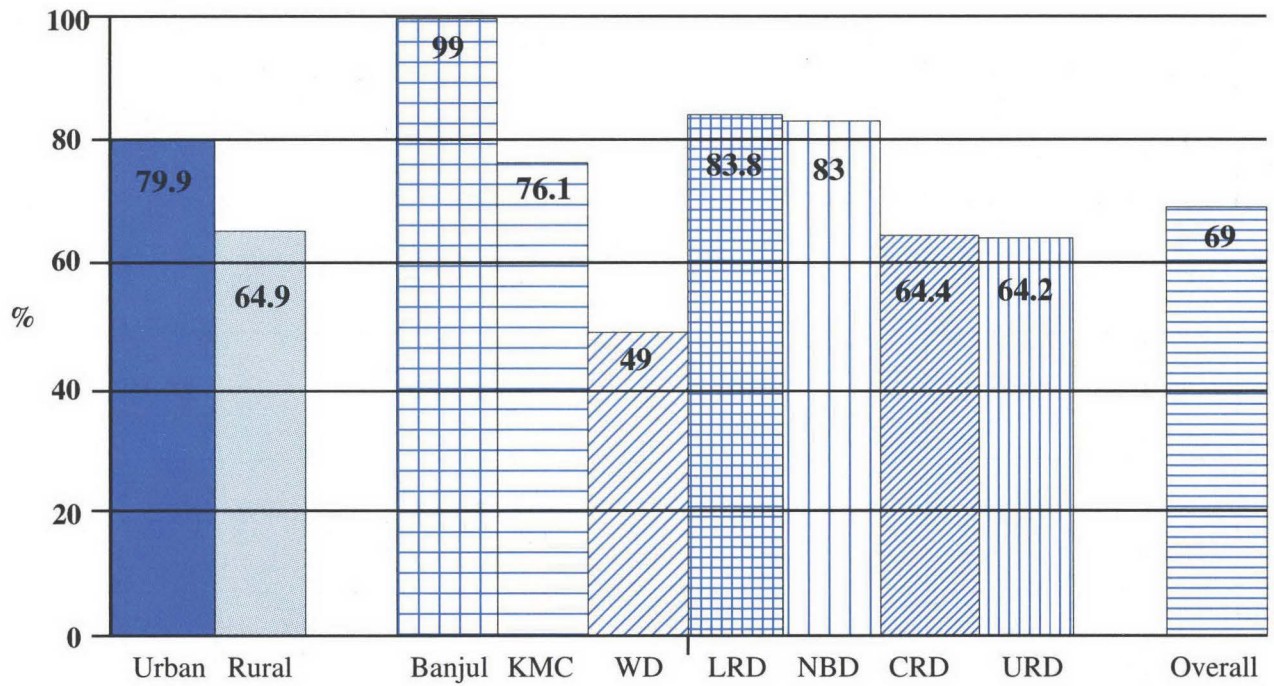
■ Lined area defined as "convenient".

Table 9.3 Time to Water

Source (%)	Banjul	KMC	WD	LRD	NBD	CRD	URD	Total
Less than 30 min.	83.2	63.8	57.1	39.0	74.2	52.2	52.4	60.4
30 min to 1 hr.	16.8	29.4	37.7	60.0	24.5	41.6	40.2	34.7
More than 1 Hr.	0	6.8	5.2	1.0	1.3	6.3	7.4	5.0

■ Lined area defined as "convenient".

Figure 9.1 Access to Safe & Convenient Water



	Urban	Rural	Banjul	KMC	WD	LRD	NBD	CRD	URD	Overall
Year 2000 Goal 70%	+ 9.9	- 5.1	+ 29	+ 6.1	- 2.1	+ 13.8	+ 13.0	- 5.6	- 5.8	- 1.0
Sample Size	598	1662	101	497	516	105	377	320	338	2254

☐ Covered area indicates achievement of the Year 2000 Goal.

Table 9.4 Type of Toilet

Source (%)	Banjul n=101	KMC n=497	WD n=515	LRD n=105	NBD n=374	CRD n=320	URD n=337	Total n=2249
WC	70.3	20.5	3.1	0	2.4	0.9	0.9	9.1
Private pan/pail	1.0	0.4	0.6	0	0.5	1.3	0.3	0.6
Public pit	3.0	0.6	0.8	0	1.6	0.3	0	0.8
Private pit	5.9	75.9	85.6	89.5	77.5	69.1	93.8	77.6
Other	19.8	2.6	9.9	10.5	17.9	28.4	5.0	12.0

Definition of type and quality of private pit and others were vague. This caused difficulty in distinguishing sanitary household latrines from unsanitary ones.

■ Lined area defined as "safe".

Table 9.5 Distance to Toilet

Source (%)	Banjul n=101	KMC n=496	WD n=503	LRD n=99	NBD n=372	CRD n=315	URD n=336	Total n=2249
On premises	96.0	88.3	85.1	90.9	75.3	57.8	89.9	81.8
Less than 50m away	3.0	10.9	11.9	6.1	9.1	21.0	5.4	10.8
50m or more away	1.0	0.8	3.0	3.0	15.6	21.3	4.8	7.4

■ Lined area defined as "convenient".

10. BREAST-FEEDING

MDG 16
Empowerment of all women to breast-feed their children exclusively for 4 to 6 months, and continue breast-feeding, with complementary food, well into the second year

Indicator 16.1 :	**Exclusively breast-feeding : Proportion of infants less than 4 months of age exclusively breast-fed.** (Figure 10.1)

Indicator 16.2 :	**Timely complementary feeding: Proportion of infants 6 - 9 months of age receiving breastmilk and complementary food.** (Figure 10.2)

Indicator 16.3 :	**Continued breast-feeding : Proportion of children 12 - 15 months old who are breast-fed** (Figure 10.3)

Indicator 16.4 :	**Continued breast-feeding at 2 years : Proportion of children 20-23 months old who are breast-fed** (Figure 10.4)

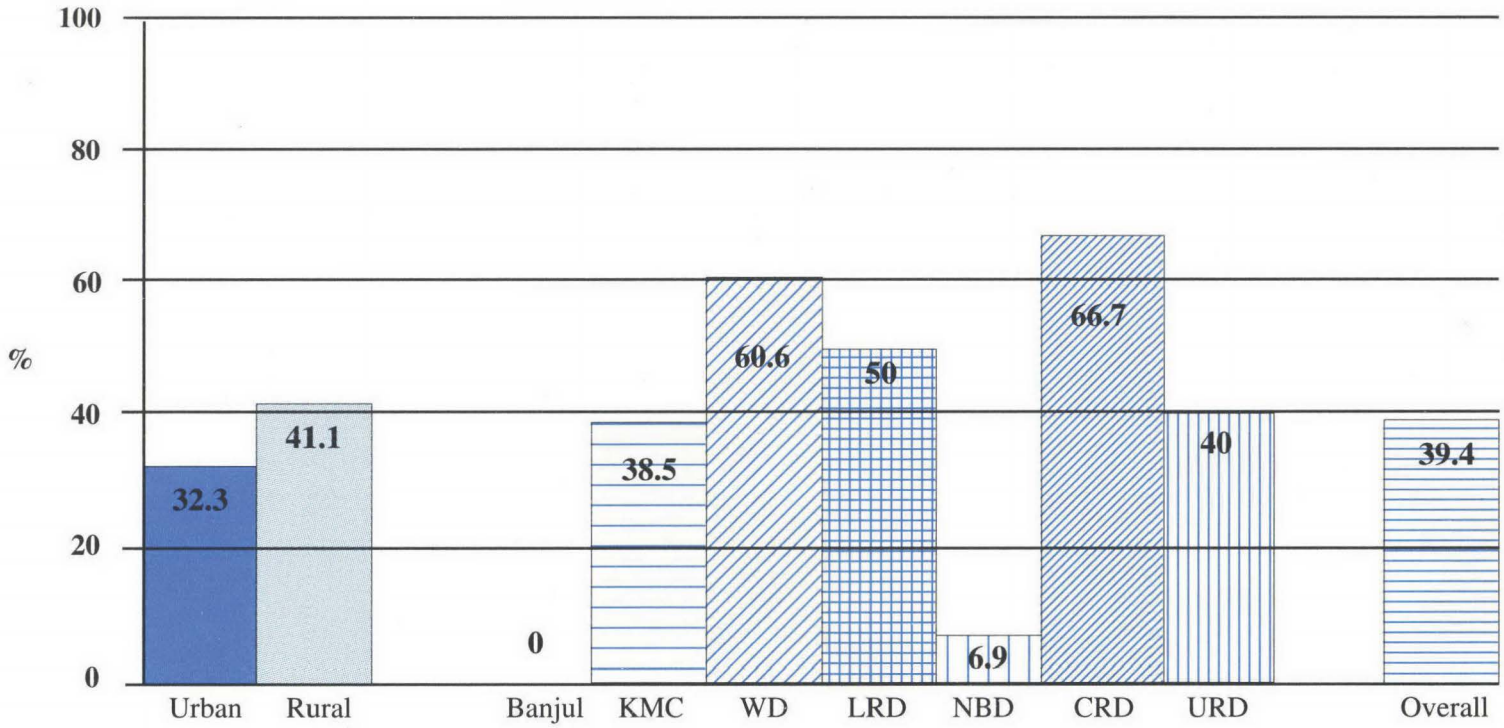
Indicator 16.5 :	**Bottle feeding : Proportion of infants less than 12 months of age receiving any food or drink from a bottle (current status)** (Figure 10.5)

Other information : (a) Mothers of children under 24 months who gave colostrum

Summary of Findings

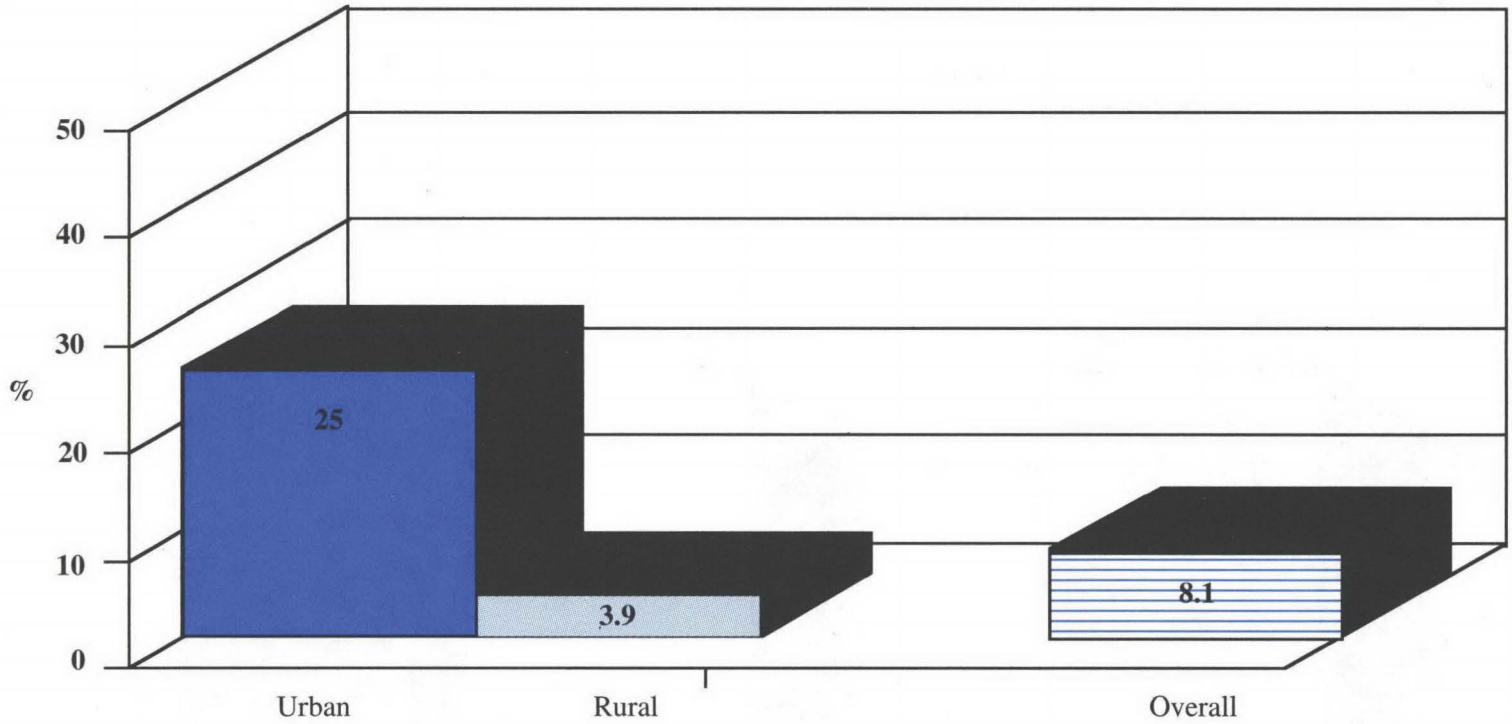
- The overall rate of exclusive breast-feeding is low with regional variation in the rate;
- The rate of timely complementary feeding is low. There is a gap between the urban and rural areas;
- The majority of children are continuously breast-fed over 12 months of age;
- Bottle-feeding rate is highest in Banjul followed by KMC but the overall rate is low;
- Most Gambian mothers have given colostrum.

Figure 10.1 Exclusive Breast-feeding < 4 months



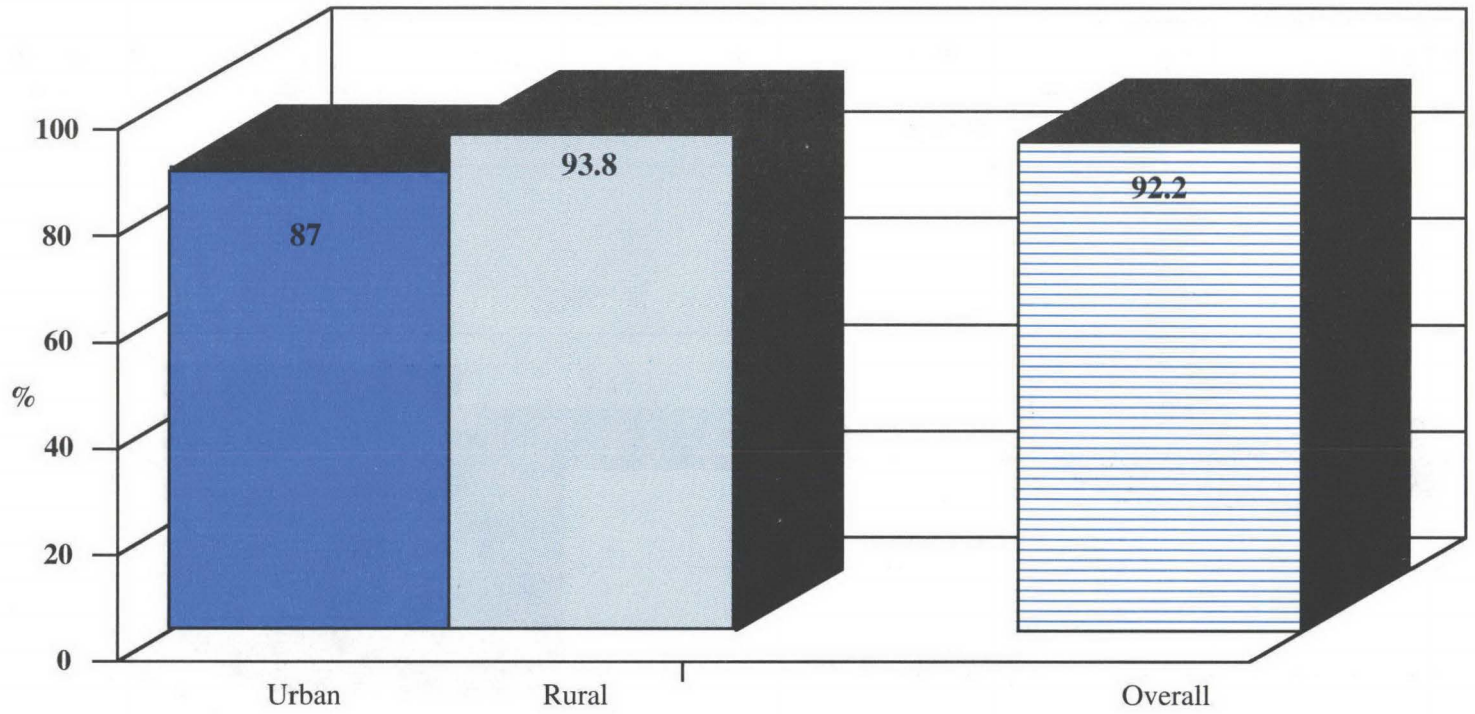
	Urban	Rural	Banjul	KMC	WD	LRD	NBD	CRD	URD	Overall
Year 2000 Goal 100%	- 67.7	- 58.9	- 100	- 61.5	- 39.4	- 50	- 93.1	- 33.3	- 60	- 60.6
Sample Size	31	107	5	26	33	4	29	15	25	133

Figure 10.2 Timely Complementary Feeding 6-9 months



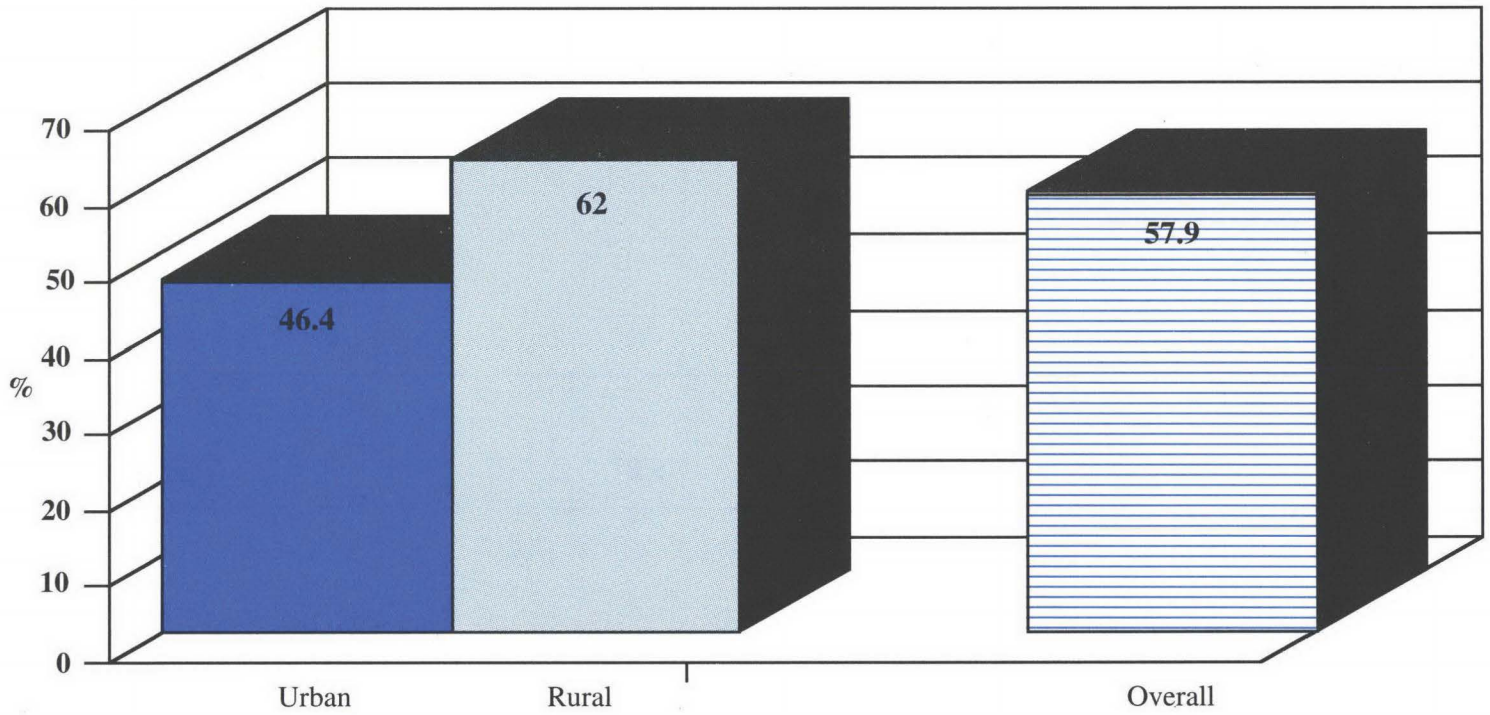
	Urban	Rural	Overall
Year 2000 Goal 100%	- 75	- 96.1	- 91.9
Sample Size	32	128	160

Figure 10.3 Continued Breast-feeding 12-15 months



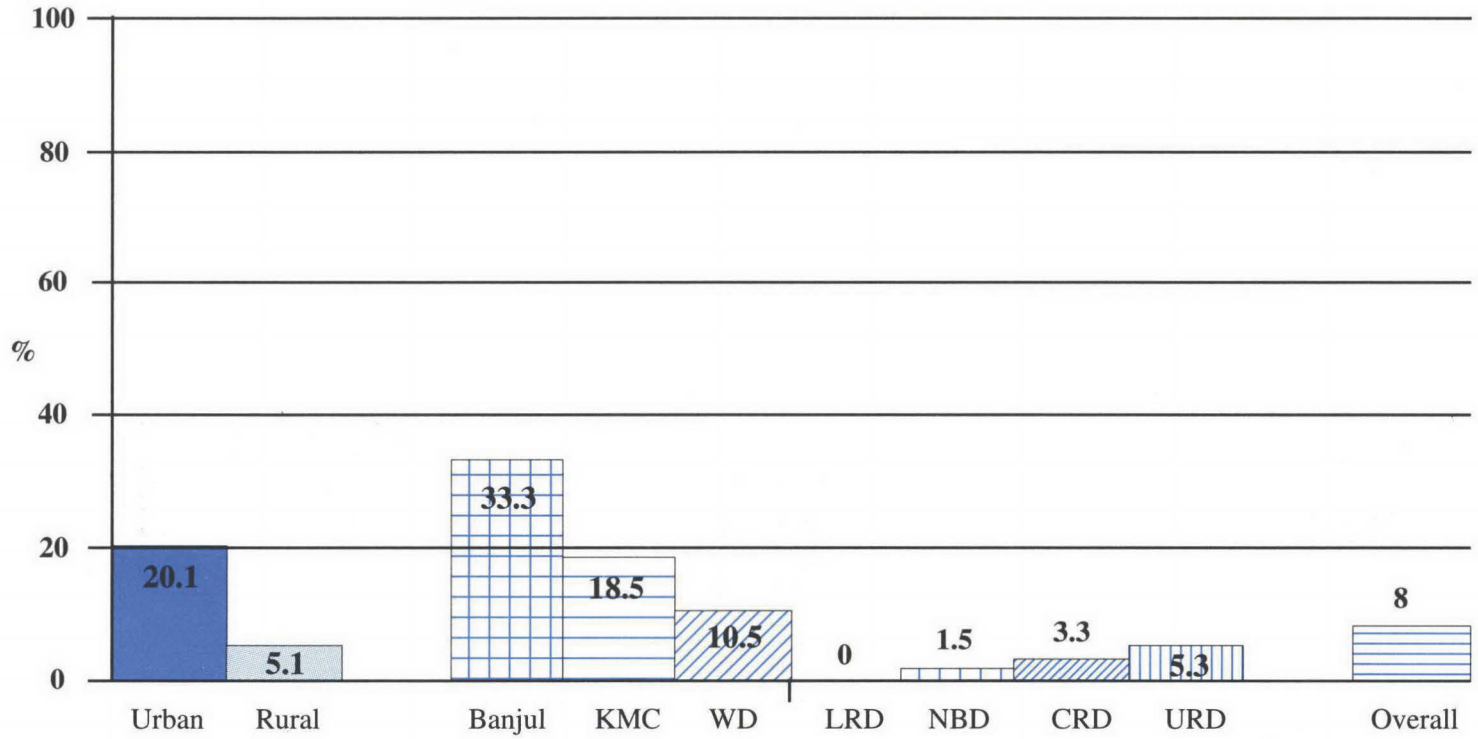
	Urban	Rural	Overall
Sample Size	46	160	206

Figure 10.4 Continued Breast-feeding 20-23 months



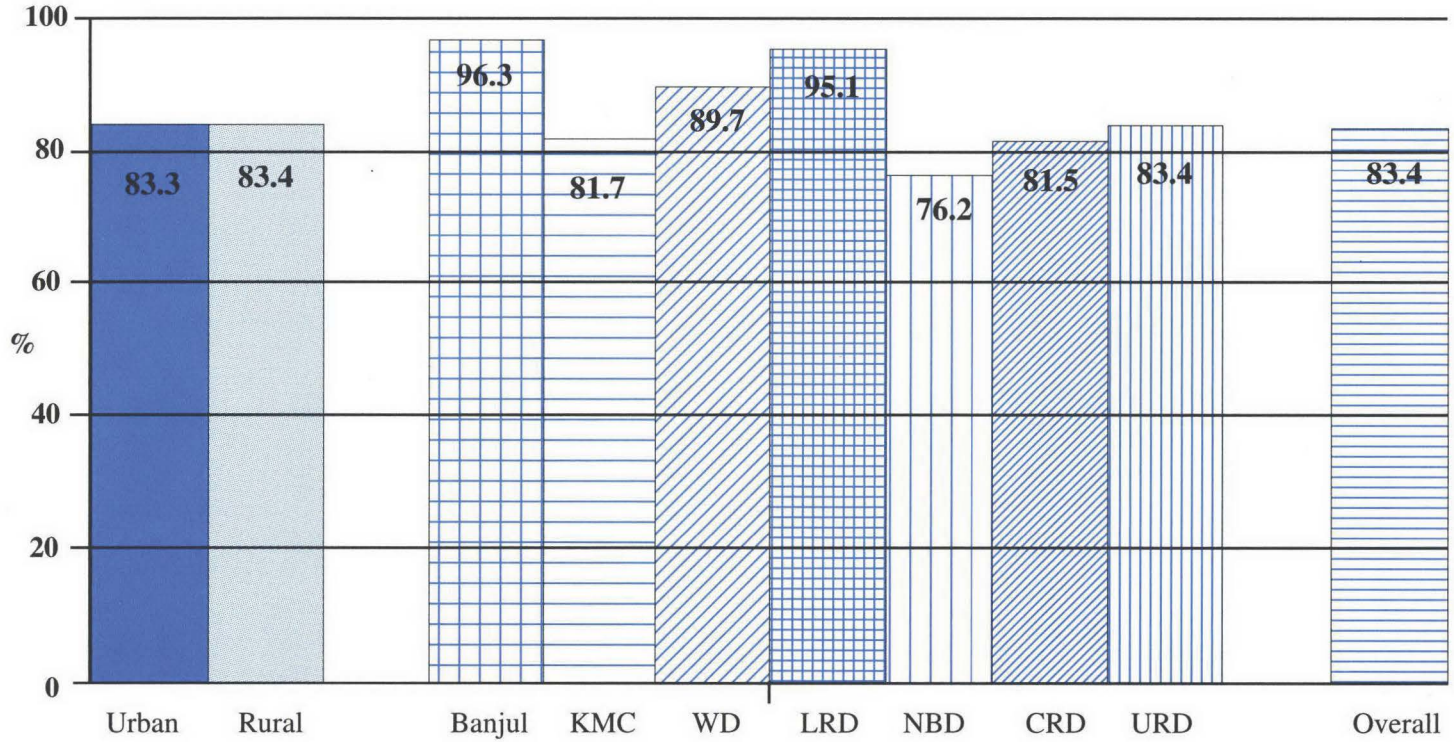
	Urban	Rural	Overall
Sample Size	28	79	107

Figure 10.5 Bottle Feeding < 12 months



	Urban	Rural	Banjul	KMC	WD	LRD	NBD	CRD	URD	Overall
Sample Size	134	568	15	119	152	24	136	123	132	701

Figure 10.6 Mothers giving Colostrum < 24 months



	Urban	Rural	Banjul	KMC	WD	LRD	NBD	CRD	URD	Overall
Year 2000 Goal 100%	- 16.7	- 16.6	- 3.7	- 18.3	- 10.3	- 4.9	- 23.8	- 18.5	- 16.6	- 16.6
Sample Size	246	951	27	219	252	41	235	205	217	1196

11: ACUTE RESPIRATORY INFECTION (ARI)

MDG 24
Reduction by one-third in deaths due to acute respiratory infections (ARI) in children under fives years old

Indicator 24.1 : Percentage of mothers of under-fives who know the signs of ARI

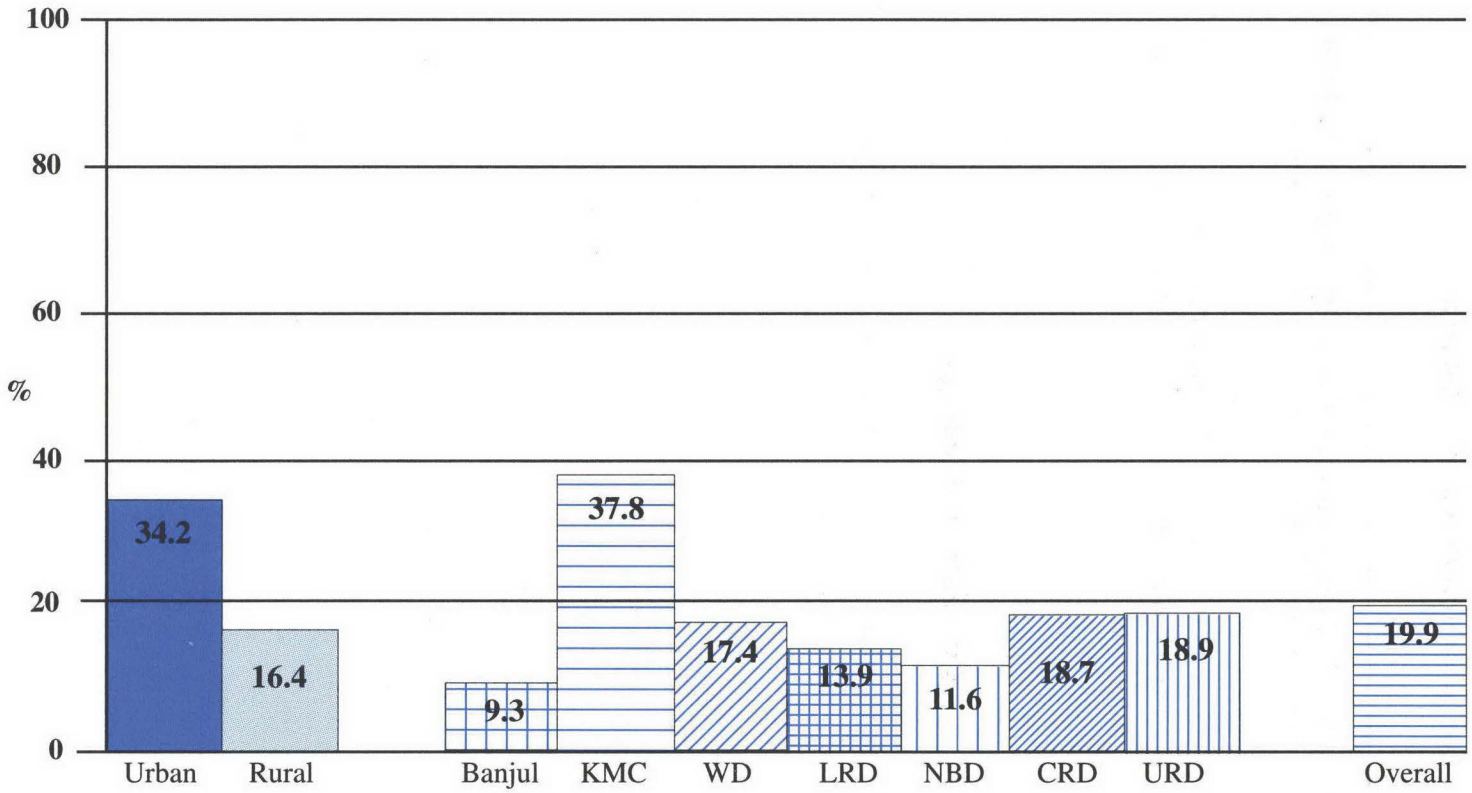
Number of mothers of under-fives who know the signs of ARI (fast breathing and difficulty in breathing irrespective of other answers) out of the total number of mothers of under-fives surveyed (Figure 11.1).

Summary of Findings

- Mothers' knowledge to distinguish symptoms of fast breathing and difficulty in breathing in order to take prompt action to seek for appropriate treatment is low considering the MDG of 50%.

- The proportion of mothers who know the signs of ARI is lower in the rural area than in the urban area.

Figure 11.1 Percentage of Mothers who know the signs of ARI



	Urban	Rural	Banjul	KMC	WD	LRD	NBD	CRD	URD	Overall
MDG 50%	- 15.8	- 33.6	- 40.7	- 12.2	- 32.6	- 36.1	- 38.4	- 31.3	- 31.1	- 30.1
Year 2000 Goal 100%	- 65.8	- 83.6	- 90.7	- 62.2	- 82.6	- 86.1	- 88.4	- 81.3	- 81.1	- 80.1
Sample Size	424	1723	54	370	459	79	439	358	387	2146

12: MALARIA

Specific Module for The Gambia

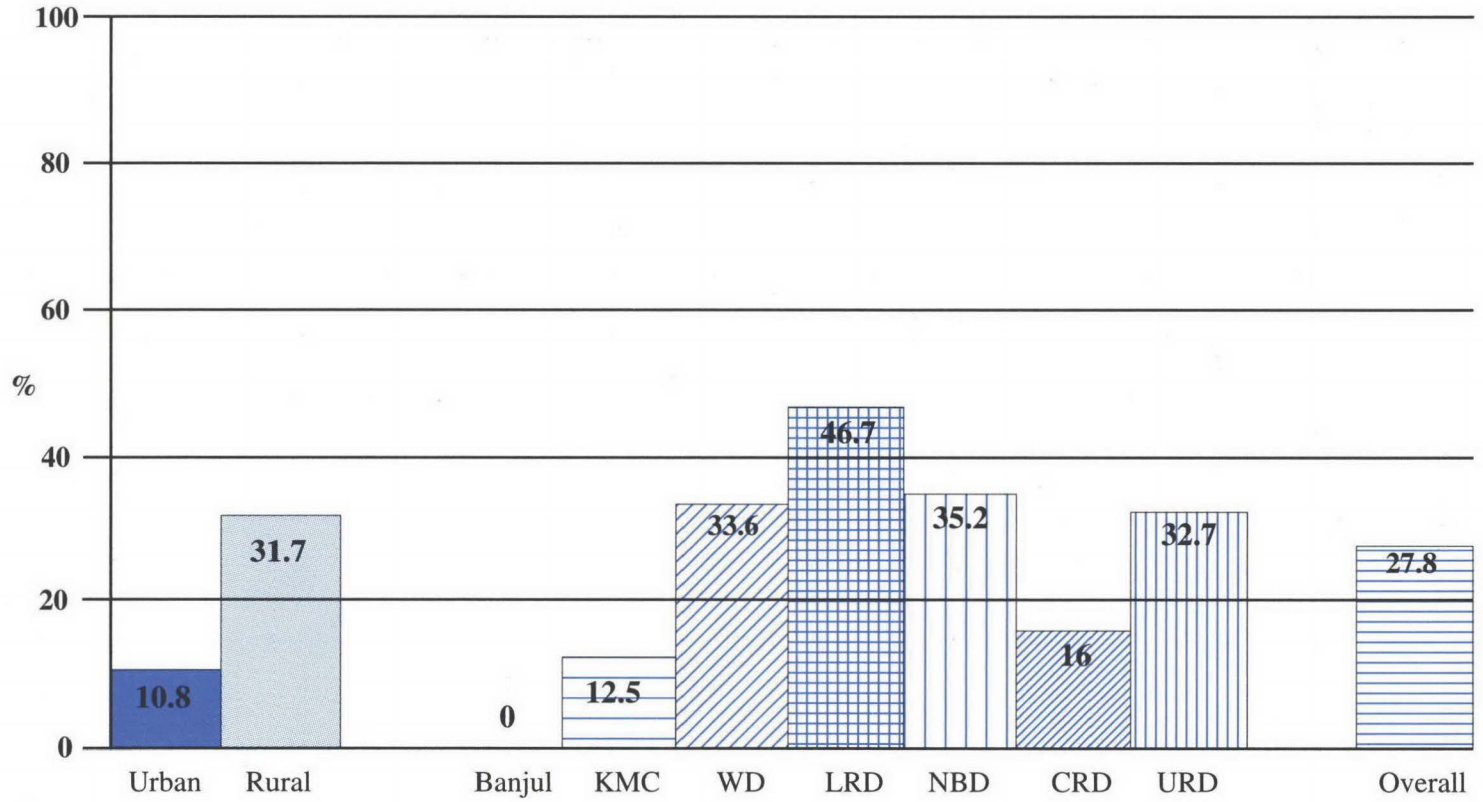
Indicator: Percentage of children under five using dipped bed net

Number of children under five sleeping under a bed net dipped before the last rains out of the total children of under fives having fever preceding two weeks of the survey (Figure 12.1).

Summary of Findings

- Usage of dipped bed net among children with a history of current fever is higher in the rural area than in the urban area.

Figure 12.1 Usage of Dipped Bednets



	Urban	Rural	Banjul	KMC	WD	LRD	NBD	CRD	URD	Overall
Sample Size	111	489	15	96	119	15	176	75	104	600

13. SUMMARY OF INDICATORS

Table 13.1 Variance Analysis of Indicators

Goal	Indicator	Actual Sample Collected	Point Estimate	Standard Error	Lower Limit	Upper Limit	Design Effect
MDG 1	Immunization Coverage						
	1.1 BCG	440	96.4	0.614	95.265	97.671	1.001
	1.2 DPT	440	88.4	1.086	85.731	89.987	1.001
	1.3 OPV	440	88.2	1.520	85.202	91.161	1.951
	1.4 Measles	440	84.9	1.682	81.703	88.297	1.953
	1.5 Fully Immunized children	440	76.6	2.005	72.661	80.520	0.986
MDG 6	6.1 Percentage of house-holds consuming iodised salt	1977	20.2	0.903	18.403	21.941	1.001
MDG 7	7.1 ORT use (pre-1993 definition)	508	98.8	0.464	97.947	99.767	1.002
	7.2 ORT use (new definition)	505	41.6	2.193	37.302	45.898	-
MDG 11	11.2 Percentage of under-5's who fall below -2SD Moderate Weight-for-age	2401	20.9	0.818	19.365	22.570	1.000
	11.2 Percentage of under-5's who fall below -3SD Severe, Weight-for-age	2401	5	0.449	4.402	6.163	1.000
	11.4 Percentage of under-5's who fall below -2SD Moderate, Height-for-age	2359	23	0.856	21.557	24.912	1.000
	11.4 Percentage of under-5's who fall below -3SD Severe, Height-for-age	2359	7	0.525	6.197	8.253	1.000
MDG 12	12.2 Net Enrolment Rate 7-13 yrs old	3136	47	0.891	45.253	48.746	-
	12.4 Gross Enrolment Rate	3136	59	0.878	57.279	60.720	-

Goal	Indicator	Actual Sample Collected	Point Estimate	Standard Error	Lower Limit	Upper Limit	Design Effect
MDG 13	13.1 Percentage of household residents with access to 'safe and convenient' drinking water supply	2254	69	0.689	67.499	70.200	1.000
	13.2 Percentage of household residents with access to 'safe and convenient' sanitary facilities	2249	10	0.451	9.148	10.915	1.000
MDG 16	16.1 Percentage of infants less than four months of age who are exclusively breastfed	133	39	4.082	30.461	46.462	1.007
	16.2 Percentage of infants 6-9 months receiving breastmilk and complementary food	160	8	2.141	3.828	12.221	1.006
	16.3 Percentage of children 12 to 15 months who have been breast fed	206	92	1.835	88.784	95.978	1.005
	16.4 Percentage of children 20-23 months who have been breastfed	107	58	4.725	48.922	67.442	1.009
	16.5 Percentage of children who have been bottle fed	701	8	1.004	5.926	9.863	1.001
MDG 24	24.1 Percentage of mothers who know signs of ARI	2146	19.9	0.861	18.213	21.588	-
Specific	Percentage of children under-fives sleeping under dipped bednets	600	27.8	1.829	24.215	31.385	-

14. CONCLUSION

Constraints

- Difficulty in coordination among different ministerial sectors. Lack of coordination was reflected in every stage especially at the data entry, analysis and report writing stage.

- The Gambia modified/adapted the MICS prototype questionnaire to suit the local conditions. This made the whole exercise extremely difficulty in terms of revising the indicator programme to suit the data collected using the adapted questionnaire.

- At the data entry and analysis phase, it became clear that the government did not have the capacity to revise the analysis program to fit the variables in the modified questionnaire.

- Additional support was sought through an external computer programmer to assist the team. Indicator programme had to be revised accordingly for some indicators while relevant data for calculation were missing for other modules. i.e. TT module: Questionnaire was designed in such a way that it was not possible to obtain the numerator. ORT module (new definition): Fluid intake and Food intake variables were formed in the same column of the questionnaire with the same classification - less, same, more and much less. This differed from the prototype MICS and at the analysis stage caused problems in determining the selection of numerator. Such difficulties delayed the data entry, analysis and report writing tremendously. Almost all the modules had to be re-looked at during the data entry and analysis phase.

- Non-response or wrongly filled-in questionnaires were detected at the editing and data entry phase resulting in reduced sample size. Revisits and closer supervision at the field level consumed a lot of additional time and effort.

- Training and supervision of enumerators (quality control of data) were reviewed. Suggestions were raised that technical advisers from the relevant ministries may need to have been thoroughly and extensively involved throughout the exercise.

  Some key members representing relevant ministries were not well represented in the exercie;
  i.e. The Ministry of Agriculture was not well represented resulting in key government partners of UNICEF such as the Department of Water Resources not fully involved in the survey. This may have reflected the problems encountered in the water module. Definition of safe sanitation was not clearly understood by the enumerators.

- The application of EPI info. was difficult and challenging. A staff from the CSD participated in regional workshop on MICS, however, its full application in the department is yet to be explored. The computer programming was very much

dependant on the staff who attended the workshop and there was need to ask for external assistance for modification of the programme.

- Need to develop statistical concepts, definitions, classifications at the national level emerged during the exercise especially in adapting the prototype MICS.
- It was difficult to agree on standard definitions of indicators when respective ministries have been very much familiar with using their definitions at the ministry level.
- Although NPA was formulated, it was not adequately used as a tool for planning, monitoring and implementation of actions towards the WSGs.

Strengths

- The national goals for survival, protection and development of Gambian children were brought to the attention of the actors involved in the MICS and other implementing agencies.
- MICS fostered multi-sectoral collaboration between the different social sectors. Lesson were learnt extensively through out the exercise.
- MICS introduced EPI Infor Version 6 software to The Central Statistics Department.
- MICS Manual was useful and appreciated by all participants in the exercise.
- MICS served as the first inter-sectoral consolidated data on the situation of the Gambian children.

Recommendations

- NPA goals should be critically reviewed and adjusted in light of the trends in the social sector development and government policies. NPA goals need to be realistic.
- More technical support either from the regional office or New York on adaptation of questionnaire to the Gambian situation, adjustment of computer programme, analysis would help facilitate such survey like MICS in the future.
- Lessons learnt from MICS exercise should be effectively applied for future joint works.
- MICS result should be used for reviewing and revising strategies used in programme to achieve the end-decade goals for children and women of the Gambia.

Abbreviations

ARI	Acute Respiratory Infection
CRC	Convention on the Rights of the Child
CRD	Central River Division
CSD	Central Statistics Department
DPT3	Diphtheria, Pertussis, Tetanus (3 doses)
EA s	Enumeration Areas
EPI	Expanded Programme on Immunization
GER	Gross Enrolment Rate
IDD	Iodine Deficiency Disorder
KMC	Kanifing Municipal Council
LRD	Lower River Division
MDG	Mid-Decade Goal
MICS	Multiple Indicator Cluster Survey
NBD	North Bank Division
NER	Net Enrolment Rate
NPA	National Plan of Action
OPV3	Oral Polio Vaccine (3 doses)
ORS	Oral Rehydration Salt
ORT	Oral Rehydration Therapy
PPS	Probability Proportionate to Size
SSS	Sugar Salt Solution
URD	Upper River Division
WD	Western Division

The Gambia
Multiple Indicator Cluster Survey
On Mid-Decade Goals/ World Summit for Children
1996

Conducted by
Central Statistics Department
Ministries of Health, Education and Agriculture
with the support of, and in collaboration with,
UNICEF.

A. DATA COLLECTION

Interviewer ..... **Date** .....

Supervisor ..... **Checking Date** .....

B. DATA ENTRY

Operator ..... **Entry date** .....

Supervisor ..... **Editing date** .....

Division	Banjul	B	_____
	Kombo-St Mary	K	
	Western	W	
	Lower River	L	
	Central River	C	
	Upper River	U	
	North Bank	N	

District _____

EA Number _____

Selected Household _____

Name of Head.....

Address.....

Survey number _____of_____

Time interview commenced _____

Section 1 Water and Sanitation Module

No.	Questions	Categories and Codes	
1.	What is the main construction material of the walls?	Cement 1 Mud 2 Wood/Planks 3 Thatch 4 Other (Specify) 5	
2.	What is the main construction material of the roof?	Concrete 1 Corrugated Iron 2 Thatch 3 Other (Specify) 4	
3.	What is the main construction material of floor?	Tiles 1 Concrete 2 Mud 3 Wood/Planks 4 Other 5	
4.	Number of rooms in dwelling (Exclude toilets, stores, kitchens)		
5.	How many people live in this household?		
6.	What is the main source of drinking water?	Public tap 1 Own tap 2 Pumped-well 3 River or lake 4 Traditional well 5 Other 6	
7.	How far is the source of drinking water from your dwelling?	On premises 1 Less than 100m 2 More than 100km3	
8.	How long does it take to get there, get water and come back?	Less than 30 min.1 30 Min — 1 Hr 2 More than 1 Hr 3	
9.	What kind of toilet facility does your household use?	WC 1 Private pan/pail 2 Public latrine 3 Private pit 4 Other (Specify) 5	
10.	How far is toilet facility from your dwelling?	On premises 1 Less than 50m away 2 50m or more away 3	
11.	Is toilet shared with other households?	Yes 1 No 2	

Section 2 Salt Iodization

No.	Questions	Categories and Codes	
1.	Record test outcome	Iodized 1 Not iodized 2 No salt in home 3 Not tested 9	

Section 3 Household Roster

Write down the names of all children and mothers or others who care for children who are not more than fifteen years of age. (**Note:** List all children each woman cares for immediately after her, even if they are not her biological children)

ID No	1 **Name**	2 **Sex** Male 1 Female 2	3 **Age** (Years)	4 **Ethnicity** Mandinka 1 Wolof 2 Fula 3 Serahulleh 4 Jola 5 Serere 6 Other (specify) 7	5 **Literacy** Can the mother read or write? Yes 1 No 2
1	2	3	4	5	6

Section 4 Education Module (For children aged five to Fifteen years)

ID NO.	1 Has (name) ever attended school? Yes 1 No >>Next 2	2 Is he/she currently attending school? Yes 1 No >>Q 4 2	3 Which level and grade is he/shc currently attending?		4 Was (Name) attending school last year? Yes 1 No >>Next 2	5 Which level and grade did (name) attend last year?	
			Primary 1 Madrasse 2 Others 3	Form or Grade		Primary 1 Madrasse 2 Others 3	Form or Grade
1	2	3	4	5	6	7	8

Section 5 Care of Acute Respiratory Infection Module (for mothers of under-fives)

ID No	1 When your child is sick with a cough and/or cold, what further signs or symptoms would lead you to take him/her to a health care provider? Breathing Fast 1 Difficulty breathin 2 Has Fever 3 Blocked Nose 4 Other (Specify) 5	2 What can you do to prevent your child from having Fast Breathing? Immunize against Measles & Whooping Cough 1 Give Solid & Nutritious foods 2 Breast-feed Exclusively 3 Keep child away from smoke 4 Other (Specify) 5	3 When your child is sick with the following signs or symptoms where would you take him/her **first for treatment?** Village Health worker 1 MCH Clinic 2 Health centre/Hospital 3 Pharmacy/Drug Store 4 Traditional healers 5 Other (specify) 6								
			Breathing Fast	Difficulty breathin	Has Fever	Blocked Nose	Common Cold	Trouble sleeping or eating	Ill for a long time	Other (Specify)	Don't Know
1	2	3	4	5	6	7	8	9	10	11	12

Section 6 Rehydration solutions (For mothers of under-five

ID No	1. Have you ever seen this ORS packet before? Yes 1 No >> Q3 2	2. If yes, can you tell me its preparation? Correct 1 Incorrect 2	3. Was ORS Available when you needed it? Always 1 Sometimes 2 Rarely 3 Never 4	4. Where did you usually get it? VHW 1 MCH 2 HC/Hospital 3 Pharmacy 4 Other (Specify) 5	5. Tell me how to prepare SSS Correct 1 Incorrect 2
1	2	3	4	5	6

Section 7 Tetanus toxoid immunization (For mothers of under-fives)

KEYS

Date = Copy date of immunization from card, if available.
\+ = Mother reports immunization was given.
0 = Immunization was not given

SOURCES

OUT = Outreach
HOS = Hospital
HC = Health Centre
PRI = Private/Non-Government

1		ID No.										
2	TT 1	Source:										
3		Date / + / 0										
4	TT 2	Source:										
5		Date / +/ 0										
6	TT 3	Source:										
7		Date / + / 0										
8	TT 4	Source:										
9		Date / + / 0										
10	TT 5	Source:										
11		Date / + / 0										

Section 8 **Malaria Module** (for children under five)

ID No	1 During the last two weeks has (NAME) suffered from any fever? Yes 1 No. next Sec 2	2. During (NAME's) fever did you take him/her to a health care provider? Yes 1 No >>**Q 5** 2	3. Where did you take him/her? Village Health worker 1 MCH Clinic 2 Health Centre/ Hosp. 3 Pharmacy/ Drug Store 4 Other(specify) 5	4. Did you give (NAME) any medicines before taking him/ her to the health care provider? Yes >> **Q 6** 1 No >> **Q 8** 2	5. During (NAME's) fever did you give him/her any medicine Yes 1 No **next sect.** 2	6. Was this medicine already available at home? Yes 1 No 2	7. Where was the medicine obtained from? Public Health facility 1 Pharmacy/ Drug Store 2 Drug Peddlers 3 Other(specify) 4	8. Does this child usually sleep under a bed net that has been dipped before the last rains? Yes 1 No 2
1	2	3	4	5	6	7	8	9

Section 9 Diarrhoea Module (for children under five years of age)

ID No	1. Has (name) had Diarrhoea in the last two weeks? Yes 1 No 2 >> next Sect.	2. During this last episode of Diarrhoea, did (name) drink any of the following Yes 1 No 2										3 During (name's) diarrhoea, did he/she drink/eat much less, about the same, or more than usual? Less 1 Same 3 More 2 Much Less 4		4 During (name)'s diarrhoea, did you take him/her to a health provider? Yes 1 No 2
		Breast milk	Cereal based gruel or gruel made from roots, rice or coos	Other home fluids (e.g Wonjo, Baobab syrups)	ORS packet solution	Sugar/ Salt Solution **(SSS)**	Other milk or infant formula	Water with feeding during some part of the day	Water alone	Other herbal fluids (Specify)	Nothing	Drink	Eat	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Section 10 Breast-feeding Module (for children under two years of age i.e. 0-23 months)

ID No	1. Has (name) ever been breast- fed? Yes 1 No 2 >>Q 6	2. Was (name) given Colostrum Yes 1 No 2	3. Is he/she still being breast-fed? Yes 1 No 2	4. At what age was breast feeding stopped? (months)	5. Was (name) Exclusively Breast-fed up to the age of four months? Yes 1 No 2	6. Since this time yesterday did he/she receive any of the following.. Yes 1 No 2					7. Since this time yesterday, has (name) been given any thing to drink from a bottle with a nipple or teat? Yes 1 No 2
						Oral Rehydration Solution (**ORS**)	Tinned, powdered or fresh milk or infant formula	Other liquids (specify)	Solid or semi-solid (mushy) food	ONLY breast milk	
1	2	3	4	5	6	7	8	9	10	11	12

Section 11 Immunization (For children aged 0-23 months)

KEYS

Date = Copy date of immunization from card, if available.
\+ = Mother reports immunization was given.
0 = Immunization was not given

SOURCES

OUT = Outreach
HOS = Hospital
HC = Health Centre
PRI = Private/Non-Government

1		Child ID No.										
2	**BCG**	Source:										
3		Date / + / 0										
4	**BCG Scar**	Yes 1 No 2										
5	**HEP.B 1**	Source:										
6		Date / + / 0										
7	**HEP.B 2**	Source:										
8		Date / + / 0										
9	**HEP.B 3**	Source:										
10		Date / + / 0										
11	**OPV 0**	Source:										
12		Date / + / 0										
13	**OPV 1**	Source:										
14		Date / + / 0										
15	**OPV 2**	Source:										
16		Date / + / 0										
17	**OPV 3**	Source:										
18		Date / + / 0										
19	**OPV 4**	Source:										
20		Date / +/ 0										
21	**OPV 5**	Source:										
22		Date / + / 0										
23	**DPT 1**	Source:										
24		Date / + / 0										
25	**DPT 2**	Source:										
26		Date / + / 0										
27	**DPT 3**	Source:										
28		Date / + / 0										
29	**Booster**	Source:										
30		Date / + / 0										
31	**Measles**	Source:										
32		Date / + / 0										
33	**Yellow**	Source:										
34	**Fever**	Date / + / 0										

Section 12
Pregnancy History Form (for all women with at least one birth alive or dead)

1 Pregnancy	2 Pregnancy Outcome Live birth 1 Stillbirth 2 Miscarriage/ abortion 3	3 Child's name	4 For live births only						
			Sex: male 1 Female 2	Date of birth: (dd/mm/yy)			Still alive Yes 1 No 2	Age at death (months)	Cause of death Measles 1 Tetanus 2 Other 3
1	2	3	4	5a	5b	5c	6	7	8
1. Last									
2. Next-last									
3. Second-last									

Section 13 Anthropometry Form (for children under five)

Woman's Name:.....ID No:

ID No	Child's name:	1. Sex Male 1 Female 2	2. Date of birth (dd/mm/yy)			3. Age in years	4. Is child measured? Yes 1 No 2	5. Why not measured? Absent 1 Illness 2 Refusal 3 Others 4	6. Weight Nearest 0.1kg	7. Height Nearest cm
1	2	3	4a	4b	4c	5	6	7	8	9

Page number _____of_____

Time interview ended _____

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