BALOCHISTAN
(Province of Pakistan)

Monitoring the Situation of Children and Women

Multiple Indicator Cluster Survey

2010

Government of Balochistan

MICS

Map of Balochistan

BALOCHISTAN

MULTIPLE INDICATOR CLUSTER SURVEY

2010

Planning and Development (P&D) Department
Government of Balochistan

In collaboration with
UNICEF
(United Nations Children's Fund)

[November, 2011]

Summary Table of Findings

Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) Indicators, Balochistan, 2010

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator	Value	
CHILD MORTALITY					
Child mortality	1.1	4.1	Under-five mortality rate	89	per thousand
			Under- five mortality rate - male	74	Per thousand
			Under- five mortality rate - female	107	Per thousand
	1.2	4.2	Infant mortality rate	72	per thousand
			Under- five mortality – male	63	Per thousand
			Under- five mortality – female	82	Per thousand
NUTRITION					
Breastfeeding and infant feeding	2.4		Children ever breastfed	94.1	percent
	2.6		Exclusive breastfeeding under 6 months	39.7	percent
	2.7		Continued breastfeeding at 1 year	85.7	percent
	2.8		Continued breastfeeding at 2 years	62.3	percent
	2.9		Predominant breastfeeding under 6 months	57.0	percent
	2.10		Duration of breastfeeding	23.9	Months
	2.11		Bottle feeding	36.0	percent
	2.12		Introduction of solid, semi-solid or soft foods	37.7	percent
	2.13		Minimum meal frequency	20.3	percent
	2.14		Age-appropriate breastfeeding	44.3	percent
	2.15		Milk feeding frequency for non-breastfed children	59.8	percent
Salt iodization	2.16		Iodized salt consumption	10.2	Percent

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator		Value
CHILD HEALTH					
Vaccinations	3.1		Tuberculosis immunization coverage	34.5	percent
	3.2		Polio immunization coverage	46.1	percent
	3.3		Immunization coverage for diphtheria, pertussis and tetanus (DPT)	12.2	percent
	3.4	4.3	Measles immunization coverage	22.9	percent
	3.5		Hepatitis B immunization coverage	6.7	percent
Tetanus toxoid	3.7		Neonatal tetanus protection	17.4	percent
Care of illness	3.8		Oral rehydration therapy with continued feeding	55.7	percent
	3.9		Care seeking for suspected pneumonia	54.9	percent
	3.10		Antibiotic treatment of suspected pneumonia	37.3	percent
Solid fuel use	3.11		Solid fuels	72.1	percent
Malaria	3.12		Household availability of insecticide-treated nets (ITNs)	2.9	percent
	3.14		Children under age 5 sleeping under any mosquito net	1.5	percent
	3.15	6.7	Children under age 5 sleeping under insecticide-treated nets (ITNs)	0.6	percent
	3.16		Malaria diagnostics usage	25.8	Percent
	3.17		Antimalarial treatment of children under 5 the same or next day	24.1	percent
	3.18	6.8	Antimalarial treatment of children under age 5	33.5	percent
	3.19		Pregnant women sleeping under insecticide-treated nets (ITNs)	0.9	percent
	3.20		Intermittent preventive treatment for malaria	3.1	percent
WATER AND SANITATION					
Water and sanitation	4.1	7.8	Use of improved drinking water sources	73.7	percent
	4.2		Water treatment	3.5	percent
	4.3	7.9	Use of improved sanitation facilities	61.4	percent
	4.4		Safe disposal of child's faeces	22.7	percent
	4.5		Place for hand washing	63.8	Percent
	4.6		Availability of soap	75.3	Percent

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator		Value
REPRODUCTIVE HEALTH					
Contraception and unmet needs	5.2		Early childbearing	11.0	percent
	5.3	5.3	Contraceptive prevalence rate	14.7	Percent
		5.5	Antenatal care coverage		
	5.5a		At least once by skilled personnel	39.1	percent
	5.5b		At least four times by any provider	11.2	percent
	5.6		Content of antenatal care	20.2	percent
	5.7	5.2	Skilled attendant at delivery	28.9	percent
	5.8		Institutional deliveries	24.2	percent
CHILD DEVELOPMENT					
Child development	6.1		Support for learning	37.9	percent
	6.2		Father's support for learning	60.7	percent
	6.3		Learning materials: children's books	2.1	percent
	6.4		Learning materials: playthings	46.7	percent
	6.5		Inadequate care	32.4	percent
	6.6		Early child development index	60.2	percent
	6.7		Attendance to early childhood education	3.2	percent

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator		Value
EDUCATION					
Literacy and education	7.1	2.3	Literacy rate among young women	32.9	percent
	7.2		School readiness	80.1	percent
	7.3		Net intake rate in primary education	19.8	percent
	7.4	2.1	Primary school net attendance rate (adjusted)	44.1	percent
	7.5		Secondary school net attendance rate (adjusted)	27.8	percent
	7.6	2.2	Children reaching last grade of primary	99.1	percent
	7.7		Primary completion rate	56.0	percent
	7.8		Transition rate to secondary school	91.1	percent
	7.9		Gender parity index (primary school)	0.83	ratio
	7.10		Gender parity index (secondary school)	0.6	ratio
CHILD PROTECTION					
Birth registration	8.1		Birth registration	22.9	percent
Child labour	8.2		Child labour	17.3	percent
	8.3		School attendance among child labourers	46.8	percent
	8.4		Child labour among students	18.0	percent
Early marriage	8.6		Marriage before age 15	6.7	percent
	8.7		Marriage before age 18	34.6	percent
	8.8		Young women age 15-19 currently married	6.9	percent
Domestic violence	8.14		Attitudes towards domestic violence	61.5	percent

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator		Value
HIV/AIDS, SEXUAL BEHAVIOUR, AND ORPHANED AND VULNERABLE CHILDREN					
HIV/AIDS Knowledge and attitudes	9.3		Knowledge of mother- to-child transmission of HIV	4.1	percent
	9.4		Accepting attitude towards people with HIV	18.9	percent
Orphaned children	9.17		Children not living with their biological parents	1.0	percent
	9.18		Prevalence of children with at least one parent dead	3.5	percent

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AJK	Azad Jammu and Kashmir
ANC	Ante Natal care
BCG	Bacillus Calmette-Guérin
CD	Child Development
CH	Child Health
CO	Carbon Monoxide
CP	Child Protection
CSPro	Census and Survey Processing System
DPT	Diphtheria, Pertussis, Tetanus
DQ	Data Quality
EB	Enumeration Block
ECDI	Early Child Development Index
EPI	Expanded program on Immunization
FBS	Federal Bureau of Statistics
GAVI	Global Alliance for Vaccines and Immunization
GPI	Gender Parity Index
HH	Household
HIV	Human Immunodeficiency Virus
HL	Household Listing
IDD	Iodine Deficiency Disorders
IMR	Infant Mortality Rate
INGO	International Non Governmental Organization
IPT	Intermittent Preventive Treatment
IQ	Intelligent Quotient
ITN	Insecticide treated Net
IUD	Intra Uterine Device
JMP	Joint Monitoring Programme
KIO$_3$	Potassium Iodate
LAM	Lactational Amenorrhea
LHV	Lady Health Visitor
LLN	Long Lasting Net
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MNCH	Maternal, Neonatal and Child Health
NADRA	National Database and Registration Authority
NU	Nutrition
ORS	Oral Rehydration Solutions
ORT	Oral Rehydration Therapy
PCO	Population Census organization
PPM	Parts per Million
PSI	Population Services International
PSU	Primary Sampling Unit
RH	Reproductive Health
RHF	Recommended Home Fluid

List of Abbreviations

SO$_2$	Sulpher Dioxide
SP	Sulphadoxine Pyrimethamine
SPSS	Statistical Package for the Social Sciences
SSU	Secondary Sampling Unit
STIs	Sexually Transmitted Infections
TBA	Traditional Birth Attendant
TT	Tetanus Toxide
U5MR	Under 5years Mortality Rate
UN	United Nation
UNDP	United Nation Development Program
UNICEF	The United Nations Children's Fund
WFFC	World Fir for Children
WHO	World Health Organization
WS	Water Supply

Foreword

The Balochistan Multiple Indicator Cluster Survey (MICS) 2010 was undertaken to assess the situation of women and children in order to assist the Government of Balochistan for establishing long-term strategic plans for achieving improvements in the health conditions of women and young children who are always at higher risks of morbidity and mortality. The survey provides updated information on the prevalence of child mortality; breastfeeding practices; consumption of iodized salt; vitamin A supplementation for children under 5 years of age; immunization status of children; prevalence of diarrhea and pneumonia among young children and treatment sought; prevalence of malaria, its treatment and use of mosquito nets; health care seeking behavior during and after pregnancy; deliveries assisted by health practitioners; access to improved drinking water sources; water treatment before use; hand washing practices; availability of sanitation facilities; reproductive health of women including family planning practices; child development care; literacy and education level; child labour; early marriages; attitude towards domestic violence and knowledge about HIV and AIDS. The collected information is very vital and must be used by all development partners for designing appropriate strategies to combat health risks currently faced by women and children in Balochistan.

I appreciate the efforts of the Planning and Development Department, Government of Balochistan for taking this initiative and also recognize the technical and financial support of UNICEF and other donors for making this happen.

I acknowledge and appreciate the hard work done by the men and women of Balochistan who contributed as enumerators and collected an enormous wealth of information. We all also feel indebted to the women of Balochistan who volunteered this information and assure them through this publication that all possible efforts will be made to improve their health and the health of their children and their living conditions.

Ali Zaheer Hazara,
Additional Chief Secretary,
Planning and Development Department,
Government of Balochistan)

Acknowledgement

The work of the Innovative Development Organization (IDO) as 3rd party monitors of the MICS is highly appreciated by the Government of Balochistan.

I assure that the Government of Balochistan would utilize MICS 2010 data to ensure evidence-based decision making for resource allocation, planning and monitoring.

Shahid Pervez
Chief Economist
Government of Balochistan

Executive Summary

The Balochistan Multiple Indicator Cluster Survey (MICS) was conducted by the Planning and Development Department, Government of Balochistan in May through September 2010. The main objective of the survey was to provide updated information about the health of young children and their mothers to formulate strategic planning for their improvement in future. A total of 12,378 households were sampled out of which 12,069 were found to be occupied at the time of survey of which 11,612 were successfully interviewed, giving a response rate of 96.2 percent. Questionnaires were completed for 1) households, 2) women aged 15-49 years and 3) mothers or caretakers of under-five children.

Infant and under-five mortality

Infant and under-five mortality were estimated at 72 and 89 per thousand live births respectively. Infant and under-five mortality were higher in rural (IMR 75; and under-five mortality 93) compared with urban areas (IMR 58; and under-five mortality 70). Both mortality indices were higher when mother was uneducated or was in the poorest segment of the society.

Breastfeeding and supplementary food

Forty percent of children aged less than six months were being exclusively breastfed. Girls were more exclusively breastfed than boys. Exclusive breastfeeding was slightly higher in rural areas and among poor families. Predominant breastfeeding among children age 0-5 months was 57 percent.

Thirty-six percent of children ages 0-23 months were fed with bottle with a nipple at the time of survey. The practice was slightly higher among male children, those living in urban areas, whose mothers had higher level of education and those in the richest wealth quintile.

Thirty-eight percent children aged 6-8 months were receiving supplementary food. The proportion of children receiving supplementary food was higher among males compared to females but was almost similar on the basis of rural-urban residence.

Salt iodization

In the interviewed households, salt used for cooking was tested for iodine content using iodine testing solution. Only 10 percent households in Balochistan were using iodized salt. The use of iodized salt was relatively higher among urban and affluent households.

Immunization

Child immunization was not very common in Balochistan. Only 35 percent of children age 12-23 received BCG at birth before their first birthday. Polio-1 was administered to 61 percent children at any time before the survey which receded to 46 percent for Polio-3. DPT-1 was given to 24 percent children dropping to 12 percent for DPT-3. Hepb3 was reported for less than 7 percent children. Twenty-three percent children received measles vaccination at

any time before the survey. Overall, only two percent children age 12-23 months were completely immunized by age 12 months and 4 percent at any time before the survey.

Diarrhoea and Oral rehydration treatment

Twenty-one percent children age less than five years had diarrhoea in two weeks prior to the survey. The incidence of diarrhoea was similar among male and female children. The peak of diarrhoea was noted among children 12-23 months. The prevalence of diarrhoea was highest in Sibi and lowest in Quetta region.

Seventy-one percent of children who had diarrhoea received ORS or government recommended homemade fluids while 29 percent received no treatment at all. Use of ORS was higher in urban (77 percent) compared with rural areas (70 percent) and among children of educated mothers and those in the richest families.

Prevalence of pneumonia and treatment

Nearly 5 percent of children less than five years of age were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Of these children, 55 percent were taken to an appropriate health provider, while 17 percent were taken to traditional practitioners and friends /relatives. Thirty-seven percent children with suspected pneumonia received antibiotics. Educational level of mother, economic status of household and urban residence was strongly correlated with seeking appropriate treatment for pneumonia in a child.

Use of solid fuel

Seventy-two percent households were using solid fuel for cooking and wood was the most common solid fuel used. Sixty-three percent households cooked food in a separate room or in a kitchen and 29 percent elsewhere in the house.

Malaria

Eighteen percent children less than 5 years of age suffered from fever in two weeks before the survey. Nearly 26 percent children having fever were finger or heel pricked for blood test. Among those who had fever, nearly one-quarter were reported to have received anti-malaria drugs on the same or the following day

Availability and use of mosquito nets

Nine percent households had at least one mosquito net of any type. The insecticide treated nets (ITN) and long lasting treated nets (LLTN) were found in 2.9 percent and 2.2 percent households respectively. Only 1.5 percent children less than 5 years of age slept the night prior to the survey under any kind of mosquito net while only 0.6 percent under an ITN/LLTN. In the households owning ITN/LLTN, 22 percent children who slept in the household the night before the survey, were reported to have used ITN/LLTN. Only 3 percent pregnant women slept under any kind of mosquito net while less than one percent under ITN/LLTN. However, 28 percent pregnant women in households with ITNs/LLTNs used them the night before the survey.

Hand washing

In 66 percent households a specific place for hand washing was observed. In households having specific place for hand washing, 64 percent had both water and soap present at the designated place, 15 percent had only water available, and 8 percent had only soap.

Improved source of drinking water

Seventy-four percent of population was using an improved source of drinking water. Use of improved water source was higher in urban compared to rural areas. However, eighty-six percent household members were not using any water-treatment method to make it safer for drinking. Their proportion was highest (95 percent) in Zhob and Makran regions, slightly higher in rural than urban areas (87 vs 84 percent), among households headed by uneducated persons compared to higher educated (88 vs 80 percent), and among poorest compared to the richest (93 vs 79 percent). Though disparities exist yet the proportions of population not using any method of treating water across all divide is very high in Balochistan.

Sanitation facilities

Seventy percent of population was found living in households using improved sanitation facilities, much higher in urban (93 percent) compared to rural areas (63 percent). A significant proportion (23 percent) of population had no sanitation facility and resorting to open fields/bushes for defecation. Faeces of only 23 percent children up to 2 years of age were safely disposed off.

Antenatal care

Thirty-nine percent mothers received antenatal care from a skilled health provider at least once and 11 percent at least 4 times from any provider during their last pregnancy in two years preceding the survey. Those who gave birth two years preceding the survey, 23 percent women's blood sample was taken during antenatal visits, 37 had their blood pressure checked and 28 percent gave a urine specimen.

Institutional deliveries and assistance during delivery

Twenty-four percent mothers delivered their last birth in two years prior to the survey at a public or private health facility while the rest delivered at home. Of all the births, 29 percent, especially those from urban areas, in younger age group and those from richest wealth quintile were assisted by skilled health personnel.

Early Child Development Index (ECDI)

Sixty percent children aged 36-59 months were found to be developmentally on track. Higher ECDI was seen in children attending pre-school (87 percent) compared to 59 percent for those not attending preschool. With reference to four domains of ECDI, 91 percent children were on track in the physical domain, 78 percent in learning domain, 69 percent in social-emotional and 20 percent in literacy numeracy.

Birth registration

Birth registration of 23 percent children was reported, but interviewers could only verify registration of 3 percent children by actually seeing the birth certificate. Majority of mothers or caretakers were unable to show the birth certificate.

Child labour

Seventeen percent children in the age group 5-14 years were involved in child labour. Participation rate in labour activity was highest (26 percent) in Sibi and lowest (10 percent) in Quetta region. It was higher among males compared to females (19 vs 16 percent), in rural compared to urban areas (19 vs 12 percent), in poorest families compared to richest (25 vs 9 percent), and among children of uneducated mothers compared to children of women with higher education (18 vs 4 percent).

Early marriage

Nearly 7 percent girls were married before reaching their 15th birthday and 35 percent before 18th birthday, while 7 percent in the age group 15-19 years were currently married. Trend of early age marriage of girls is slowly falling. For example, in the current cohort of 15-19 years age girls, only 1.4 percent were married before the 15th birthday; while in the age cohort 40-44 years, 9 percent got married before the age of 15 and 41 percent before reaching the age of 18 years.

Education

Eighty percent children attending first grade were in pre-school in the previous year, this proportion was slightly higher among females (82 percent) compared with males (79 percent). Net intake rate in primary education was 20 percent while net primary school attendance adjusted ratio was 44 percent. Net secondary school attendance ratio was 28 percent. Gender Parity Index (GPI) for primary school Net Attendance Ratio (NAR) and that for secondary school attendance adjusted NAR of girls to boys was 0.8 and 0.6 respectively.

Knowledge of HIV/AIDS

Seventeen percent women aged 15-49 years had heard of AIDS. Only 9 percent women had the knowledge that a healthy looking person can have the HIV virus. Twelve percent women confirmed that HIV/AIDS can't be transmitted by ways like mosquito bite while 14 percent were of the opinion that supernatural means or sharing food with HIV infected person can cause infection. Only 5 percent respondents rejected two common misconceptions about HIV transmission. Overall, nearly 11 percent women knew that HIV could be transmitted from mother to child, while 4 percent knew all three ways of mother-to-child transmission.

Seventy-nine percent women accepted that they would care for a family member sick with AIDS while 60 percent stated that they would buy fresh vegetables from an HIV positive vendor or an HIV positive female teacher should be allowed to teach in the school. Thirty-seven percent women would not want to keep secret the HIV status of a family member. However, accepting attitude on all four indicators comes down to a low level of 19 percent.

I   Introduction

1.1   Background

1.   This report is based on the Balochistan Multiple Indicator Cluster Survey (MICS4), conducted in 2010 by the Planning and Development Department of the Government of Balochistan. This is the second MICS conducted in Balochistan; the first was conducted in 2004. The survey provides valuable information on the situation of women and children in Balochistan province of Pakistan. The survey aims to monitor progress towards achievement of the goals and targets set under international agreements, the Millennium Declaration adopted by 191 United Nations member states in September 2000, the Plan of Action adopted by 189 member states at the United Nations Special Session on Children in May 2002 and commitments made at the 1990 World Summit for Children. Pakistan has committed itself to improving conditions of women and children under these agreements and to monitor progress towards this end.

2.   The Multiple Indicator Cluster Survey applies a standardized approach used internationally. In Pakistan, the MICS-3 methodology and standardized research instruments were used by the governments of Punjab, Sindh, Khyber Pakhtoon Khwa (formerly known as North West Frontier Province) and Balochistan provinces, but outside the Global UNICEF MICS Program. The MICS-4 approach, an improved version of the MICS-3, has been used for the first time in Balochistan province.

3.   The implementation of the MICS4 in Balochistan was contracted to *SoSec* Consulting Services, under an agreement with the UNICEF. The survey was undertaken in close collaboration and guidance of the Planning and Development Department of the Government of Balochistan and UNICEF. The fieldwork was carried out from 17 May till 25 October, 2010. The Federal Bureau of Statistics, Islamabad provided sample design for the survey while the UNICEF provided equipment, and technical and financial support for the survey.

1.2   Survey Objectives

4.   The Balochistan MICS 2010 has the following primary objectives:
   i.   Provide information on the situation of children and women and assist the Government of Balochistan in establishing long term plans, and measure progress to report on the MDGs.
   ii.   Identify inter-district and inter-region disparities with respect to selected indicators.
   iii.   Strengthen technical expertise of the Government of Balochistan in the design, implementation, and analysis of MICS and other social sector surveys.
   iv.   Contribute toward the improvement of data monitoring systems in Balochistan province.
   v.   Furnish indicator specific data needed for monitoring the progress towards the Millennium Development Goals, and the goals of A World Fir for Children (WFFC) as a basis for future action.

1.3   Indicators

5.   The indicators covered in the survey were adapted from standard list of MICS4 indicators and finalized by the Government of Balochistan through a consultative process involving all development partners. The indicators relate to: mortality of infants and children <5years; nutritional status of children and breastfeeding practices; child health and immunization; water and sanitation facilities; reproductive health and health seeking behavior of women especially during prenatal, natal and postnatal periods; literacy and education; child protection; knowledge about HIV/AIDS; and family planning practices. A list of the indicators along with their values, as obtained from this survey, is given in the Summary Table of Indicators at the beginning of the report.

1.4   The report

6.   The report is divided into chapters as outlined in the table of contents. A number of annexes serve as reference and background information to the report. Most of the tables refer to "MICS4 Indicators". The computation of these indicators is explained in detail in Appendix E. For further referencing, the survey questionnaires are placed at Appendix F.

II Sample and Survey Methodology

2.1 Sample Design

7. The primary focus of the Balochistan 2010 MICS was to provide estimates of key population and health indicators for the province on overall basis, urban and rural areas and six regions. The sample design was provided by the Federal Bureau of Statistics, Islamabad. A two-stage stratified sample design was used for the survey. At the first stage of sampling, 844 primary sampling units (241 urban and 603 rural) were selected. The clusters in each district of a region were selected with probability proportional to their size. At the second stage, 12 households from each urban PSU and 16 households from each rural PSU were selected using systematic random sampling procedure. However, 3 clusters were excluded from survey due to refusal, noncooperation and security reasons. Only households occupied by Pakistani nationals were included in the sample. A more detailed description of the sample design is placed at Appendix A.

2.2 Questionnaires

8. Three sets of questionnaires were used in the survey:
- A household questionnaire was used to collect information on all *de jure* household members, household characteristics and to identify eligible women and individuals for detailed interviews. The household questionnaire included eight modules comprising: Household Listing, Education, Water and Sanitation, Household characteristics' Insecticide treated nets, Child Labor, Hand Washing and Salt Iodization.
- A woman questionnaire to collect information from all women aged 15-49 years registered in the household questionnaire. The women questionnaire also included eight modules comprising: Woman's Background, Marriage, Child Mortality, Maternal and Newborn Health, Illness Symptoms, Contraception, Attitude toward Domestic Violence and Knowledge about HIV/AIDS
- A questionnaire for under 5 children, to be administered to mothers or caretakers living in the household, has seven modules, comprising : Birth Registration, Early Childhood Development, Breastfeeding, Care during Illness, Malaria, Immunization, and Anthropometry

9. The questionnaires are based on the MICS-4 model questionnaires, modified to fit the Balochistan social and cultural norms and in line with prevalence of certain diseases like HIV/AIDS. The questionnaires were translated into Urdu and then translated back into English. The questionnaires were then pre-tested in non-sampled areas and modified on the basis of pre-test feedback before application in the survey for data collection from the sample households. The pre-test assisted in modifications to wording and flow of the questions. Copy of the questionnaires is at Appendix F. While administering the questionnaires, field teams also tested the salt used for cooking in the households to determine iodine level in the cooking salt, and measured the height and weight of all children less than 5 years of age (0-59 months).

2.3   Training and Fieldwork

10.   Before starting the training, questionnaires and instructional material (instructional manual, transparencies, hands on exercises, handouts, and etc) were made available in the Urdu language to the trainee supervisors/ editors/ and interviewers. The training material was developed with assistance from MICS3 manual.

11.   A total of 68 interviewers and 21 supervisors participated in the main fieldwork training, conducted for three weeks from 18th January, 2010. The trainers included Lead Consultant and data processing supervisor besides some subject specialists such as MNCH specialist.   The training included lectures on interviewing techniques, discussion on the questionnaires, and mock interviews among trainees to acquire skills in asking questions. All interviewers were further trained in testing iodine in salt and taking the height and weights of all under-five children. Towards the end of the training, trainees spent two days conducting field interviews in areas not included in the sample. From among the trained pool of staff only those supervisors and interviewers were selected who performed well in the field practice, and participation in class and assessment test.

12.   The trainers kept in view the following key points while conducting the training:
- Framework for the survey and indicators was fully described.
- The whole survey procedure was discussed.
- General overview of survey instruments was presented including a good description of all modules.
- The questionnaires were thoroughly discussed module by module.
- Interviewing techniques were discussed including asking questions exactly as they are worded.
- Training of fieldworkers to perform salt test for detection of iodine content.
- About half a day was spent in anthropometry techniques[1].
- Practice sessions were conducted in a participatory way.
- Trainers encouraged the trainees to ask questions for achieving clarity and full understanding.
- Practice in administration of questions as much as possible e.g. mock interviews.
- Interviewers were taken to the households in the vicinity of the training venue to ask questions from the real respondents.
- Homework assignments were given including reading and completing a questionnaire in the neighboring household.
- A two days pilot study was conducted as the last event of the training
- Finally a written test was administered to all trainees.
- Lastly administrative arrangements for the survey were fully discussed.

13.   Data collection was done by 16 teams, each comprising three interviewers, one driver, and a supervisor. Height and weight measurement was taken by the interviewers who were assisted by the team supervisors[2]. The fieldwork was started in mid May, 2010 and lasted for five months.

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[1] Global MICS protocols recommend at least three days for anthropometry training.
[2] Global MICS4 protocols recommend that field teams include 1 supervisor, 1 editor, 1 measurer and interviewers.

2.4   Data management

14.   The processing of the data entry started shortly after the fieldwork commenced. Completed questionnaires were received regularly from the field to *SoSec* office in Islamabad, where these were edited and entered by the data processing staff, specifically trained for this task. A well qualified and experienced Data Analyst supervised the data processing. Other data processing personnel included questionnaire administrator and office editors who ensured that the expected number of questionnaires from each cluster was received and duly edited. Well trained Data Entry Operators worked on two shift basis using double entry system. The concurrent processing of the data was undertaken to advise field teams of problems detected during the data entry. Field check tables were timely generated and, as a result, specific feedback was given to the field teams to improve performance.

15.   The data management was based on MICS3 Manual 2005, selected guidelines for undertaking MICS4 survey and technical support provided by UNICEF. CSPro version 4.0, duly modified in line with the Balochistan questionnaire, was used for data entry with interactive process using range, skip and consistency checks. Data processing involved the following steps to produce clean and edited data files.
   - Entering all questionnaires for a cluster onto a data file
   - Production of field check tables
   - Checking the structure of the data file
   - Entering the data a second time and then verifying the data file
   - Backing up the checked and verified data file
   - Performing secondary editing on the data file
   - Backing up the edited final data file

16.   The goal of secondary data processing was to produce analysis data files and to create the MICS4 standard tables, using model syntax and tabulation plans developed by UNICEF. Archiving and distribution of data files will be done after the MICS report is finalized. Secondary data processing involved the following steps:
   - Bringing together all cluster data files into one data file
   - Exporting the data to the SPSS software
   - Recoding some variables to be used in analysis
   - Calculating sample weights and adding to data files
   - Computing wealth index and adding to data files
   - Creating the tables required to analyse the data

17.   Finally data was exported from CSPro to SPSS 18.0 software tabulation program for construction of analysis files (comprising HH: Household, HL: Household listing, WM: Women and CH: Children); production of tabulations; analysis of sampling errors/confidence intervals; and production of datasets and tabulations for report writing.

2.5   Field Problems

18.   A number of problems were encountered during the field work. Initially, the sample design was inordinately delayed due to procedural requirements at the Federal Bureau of Statistics. The Federal Bureau of Statistics was not able to provide household listings.

Alternatively, special arrangements were made to prepare household listing which was also a cumbersome exercise because of wide spread geographic area of Balochistan with a thinly spread population across its plains and rouged mountains. As a result, field work was started after three and half months of the main training. Though reorientation of the data collection personnel was organized, it affected the quality of the survey in some areas. The data collection teams also faced hostilities due to law and order situation in a wide spread area of Balochistan. In some areas, data collection was possible after hours of deliberations with the community elders. In some areas, special arrangements were made by the district administration for the security of survey teams. Migration in summer in certain parts of Balochistan also affected the response rates.

19.   Data on anthropometric measurement was dropped from the analysis because of poor quality. The main factors that contributed to poor quality of anthropometric measurements included:
- Only half day training on anthropometry was provided to the field staff.
- Teams did not have dedicated measurers for anthropometric measurements.
- The questionnaire contained an error, i.e. a decimal point was not included in the space for where weight measurements were recorded. This resulted in 93% of weights being recorded as rounded numbers.
- Field supervision by senior staff of *SoSec* and UNICEF remained irregular due to uncertain security situation in the province resulting in restricted movement.

III Sample Coverage and Characteristics of Households and Respondents

20. This chapter presents basic information on the sample coverage, and socio-economic and demographic characteristics of the household population with a focus on age, sex, region, place of residence and socio-economic conditions of households. Respondents' characteristics include age distribution, education, marital status, motherhood status, and their distribution by wealth quintiles.

3.1 Sample Coverage

21. Table HH.1 shows households and individuals response rates for MICS Balochistan 2010. A total of 12,378 households were sampled, 12,069 were found occupied during data collection and 11,612 households were successfully interviewed, giving a response rate of 96.2 per cent.

22. In the surveyed households, 18,958 women 15-49 years were identified as eligible for interview and 17,732 were successfully interviewed, yielding a response rate of 93.5 per cent. In addition, 10,432 children under age five were listed in the household questionnaires while 9,734 children questionnaires were completed giving a response rate of 93.3 per cent. Overall response rates of 90.0 and 89.8 per cent are calculated for the women's and under-5's interviews respectively. Response rates at various levels are slightly low compared to MICS-3 undertaken in 2003 because of deteriorating law and order situation in Balochistan.

23. Response rates were slightly higher in rural compared to urban areas. The lowest response rate was noted for Nasirabad and Quetta regions. Culturally, rural residents are more cooperative and humble in dealing with visitors. Similar trends have been observed in other surveys as well (Balochistan-MICS, 2003; NIPS, 2008; Punjab-MICS, 2008).

Table HH.1: Results of household, women and under-five interviews
Numbers of households, women and children under 5 by results of the household, women's and under-five's interviews, and household, women's and under-five's response rates, Balochistan Province, Pakistan, 2010

	Area		Region						Total
	Urban	Rural	Quetta	Kalat	Sibi	Zhob	Nasirabad	Makran	
Households Sampled	2,873	9,505	2,448	2,973	1,818	2,330	1,608	1,201	12,378
Households Occupied	2,770	9,299	2,334	2,892	1,795	2,293	1,591	1,164	12,069
Households Interviewed	2,626	8,986	2,220	2,780	1,724	2,256	1,505	1,127	11,612
Household response rate	94.8	96.6	95.1	96.1	96.0	98.4	94.6	96.8	96.2
Women Eligible	4,632	14,326	4,186	4,058	2,614	3,657	2,741	1,702	18,958
Women Interviewed	4,240	13,492	3,812	3,793	2,435	3,539	2,501	1,652	17,732
Women response rate	91.5	94.2	91.1	93.5	93.2	96.8	91.2	97.1	93.5
Women's overall response rate	86.8	91.0	86.6	89.8	89.5	95.2	86.3	94.0	90.0

Table HH.1: Results of household, women and under-five interviews
Numbers of households, women and children under 5 by results of the household, women's and under-five's interviews, and household, women's and under-five's response rates, Balochistan Province, Pakistan, 2010

	Area		Region						Total
	Urban	Rural	Quetta	Kalat	Sibi	Zhob	Nasirabad	Makran	
Children under 5 Eligible	2,349	8,083	2,270	2,159	1,504	2,318	1,456	725	10,432
Children under 5 Mother/Caretaker Interviewed	2,149	7,585	2,040	2,012	1,407	2,278	1,295	702	9,734
Child response rate	91.5	93.8	89.9	93.2	93.6	98.3	88.9	96.8	93.3
Children's overall response rate	86.7	90.7	85.5	89.6	89.9	96.7	84.1	93.7	89.8

3.2   Characteristics of Households

24.   The age and sex distribution of survey population is provided in Table HH.2 and population pyramid figure HH 1. A total of 89,218 members were listed in 11,612 households comprising 48,774 males and 40433 females with an average household size of 7.7 persons.

25.   Children under 15 years constitute 42 per cent of the total population, working age population (15-64 year) at nearly 56 per cent and old age population (65+ years) at around 2 per cent. Nearly half of the population (49 per cent) is composed of children 0-17 years while other half (51 percent) are adults (18 years and above). Comparison with 1998 census data shows that the proportion of young population has declined by 5 percent points with corresponding increase in the working age population.

Table HH.2: Household age distribution by sex
Per cent and frequency distribution of household population by five-year age groups, dependency age groups, by child (age 0-17 years) and adult populations, by sex, Balochistan Province, Pakistan, 2010

Age Distribution by Sex		Males		Females		Missing		Total	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Age in Years	0-4	5,697	11.7	4,917	12.2	4	34.7	10,618	11.9
	5-9	7,779	15.9	6,324	15.6	0	3.6	14,103	15.8
	10-14	6,923	14.2	5,742	14.2	2	19.2	12,668	14.2
	15-19	6,035	12.4	4,651	11.5	3	27.8	10,689	12.0
	20-24	4,106	8.4	3,241	8.0	1	9.3	7,349	8.2
	25-29	3,724	7.6	3,330	8.2	0	0.0	7,053	7.9
	30-34	2,771	5.7	2,505	6.2	0	0.0	5,275	5.9
	35-39	2,287	4.7	2,297	5.7	0	0.0	4,584	5.1
	40-44	2,073	4.3	1,752	4.3	0	0.0	3,825	4.3
	45-49	1,777	3.6	1,501	3.7	0	0.0	3,278	3.7
	50-54	1,842	3.8	1,959	4.8	0	0.0	3,801	4.3
	55-59	1,214	2.5	776	1.9	0	0.0	1,991	2.2
	60-64	1,187	2.4	716	1.8	0	0.0	1,903	2.1
	65-69	608	1.2	325	0.8	0	0.0	933	1.0
	70-74	402	0.8	182	0.5	0	0.0	584	0.7
	75-79	134	0.3	77	0.2	0	0.0	211	0.2
	80-84	128	0.3	86	0.2	0	0.0	213	0.2
	85+	75	0.2	49	0.1	0	0.0	125	0.1
Dependency age groups	0-14	20,399	41.8	16,984	42.0	6	57.5	37,389	41.9
	15-64	27,016	55.4	22,729	56.2	4	37.1	49,748	55.8
	65+	1,347	2.8	718	1.8	0	0.0	2,066	2.3
Children and adult populations	Children age 0-17	24,123	49.5	19,677	48.7	8	76.0	43,808	49.1
	Adults 18+	24,640	50.5	20,754	51.3	2	18.6	45,396	50.9
Total		48,774	100.0	40,433	100.0	10	100.0	89,218	100.0

Note: 15 numbers of cases with missing age are not shown in the table

26.   The age pyramid figure HH1and Appendix Table DQ.1suggest age misreporting, age displacements and a high degree of digit preference at 0 and 5 years. The age pyramid also suggests that the proportion of children under age 5 was lower than 5-9 either suggesting fertility decline in the recent past or shifting of older children in the age group 0-4 years to the next cohort (age displacement), which could partly be an attempt by the fieldworkers to reduce the number of children eligible for filling-in the children questionnaire. A similar pattern is observed between the age groups 10-14 and 15-19 years. The pyramid also suggests significant shifting of women in their forties to the age group 50-54, again could partly be an attempt by the interviewers to reduce workload. Such displacements are also noted in other surveys as well.

Figure HH.1: Age and sex distribution of household population, *Balochistan Province, Pakistan, 2010*
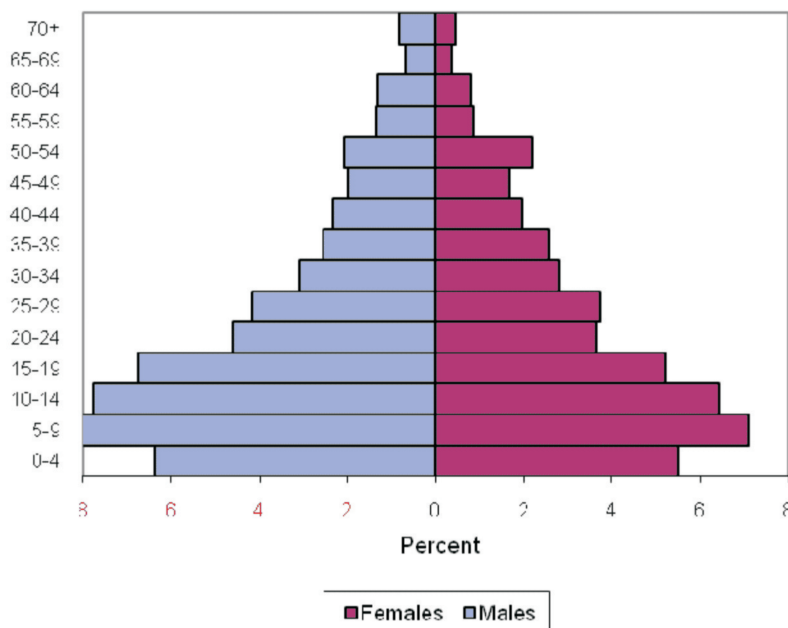
27.   Table HH.3 and Table HH.3a provide basic background information on the households covering sex and educational status of the household head, region, urban/rural status, wealth quintiles, number of household members and mean household size. The table also shows the proportions of households where at least one child under 5, at least one child under 18, and at least one woman age 15-49 were found. The total weighted and un-weighted numbers of households are equal, since sample weights were normalized (See Appendix A). These background characteristics are also used in subsequent tables in this report; the figures in the table are also intended to show the numbers of observations by major categories of analysis in the report.

28.   Balochistan is basically a tribal society and like other provinces of Pakistan is male dominated. Culturally, male is supposed to be the head of the household irrespective of his age. Hence, universal male headship, as shown in table HH. 3, is not surprising. Household size is large. Only 25 percent households have five or less numbers whereas three-fourths of households have six or more people. Joint family system is prominently visible as one in five households (21 percent) has 10 or more persons. Ninety-one per cent households had at least one minor (less than 18 years) while 59 percent had at least one child less than 5 years. Ninety-four percent households had at least one woman of reproductive age (see table HH.3a).

Household Characteristics		Weighted per cent	Number of households weighted	Number of households un-weighted
Sex of household head	Male	99.6	11,560	11,571
	Female	0.4	52	41
Region	Quetta	23.4	2,715	2,220
	Kalat	24.4	2,835	2,780
	Sibi	8.6	997	1,724
	Zhob	14.4	1,677	2,256
	Nasirabad	15.9	1,849	1,505
	Makran	13.3	1,539	1,127
Area	Urban	23.4	2,720	2,626
	Rural	76.6	8,892	8,986
Number of household members	1	(*)	14	17
	2	2.1	243	244
	3	4.1	479	474
	4	7.3	852	896
	5	11.0	1,275	1,351
	6	13.9	1,613	1,689
	7	15.0	1,738	1,683
	8	18.8	2,187	2,105
	9	6.9	800	781
	10+	20.8	2,412	2,372
Education of household head	None	60.3	7,006	7,162
	Preschool	(*)	12	12
	Primary	7.6	884	811
	Middle	6.0	702	683
	Matric	13.8	1,606	1,608
	Higher	11.6	1,349	1,273
	Madrassa	(0.3)	32	41
Wealth quintiles	Poorest	21.8	2528	2702
	Second	20.7	2402	2437
	Middle	19.5	2270	2280
	Fourth	18.8	2185	2174
	Richest	19.2	2227	2019
Total		100.0	11,612	11,612

Note 1: 22 un-weighted households didn't mention the educational level of the head of the household
Note 2: Figures denoted by an asterisk (*) are based on denominators of 24 un-weighted cases and less.
Note 3: Figures shown in parenthesis are based on denominators of 25-49 un-weighted cases
Note 4 for Wealth Index: Principal components analysis was performed by using information on the ownership of household goods and amenities (assets) to assign weights to each household asset, and obtain wealth scores for each household in the sample (The assets used in these calculations were as follows: electricity, radio, television, non-mobile telephone, refrigerator, computer, sewing/embroidery machine, watch, mobile phone, bicycle, motor cycle/scooter, animal drawn cart, car/truck, , tractor, agricultural land, livestock, source of drinking water, type of sanitation facility, type of cooking fuel, type of materials used for floor, roof, and wall). Each household was then weighted by the number of household members, and the household population was divided into five groups of equal size, from the poorest quintile to the richest quintile, based on the wealth scores of households they were living in. The wealth index is assumed to capture the underlying long-term wealth through information on the household assets, and is intended to produce a ranking of households by wealth, from poorest to richest. The wealth index does not provide information on absolute poverty, current income or expenditure levels, and the wealth scores calculated are applicable for only the particular data set they are based on. Further information on the construction of the wealth index can be found in Rutstein and Johnson, 2004, and Filmer and Pritchett, 2001.

Table HH.3a: Household composition
Percent distribution of households by selected characteristics, Balochistan Province, Pakistan, 2010

Household Characteristics	Weighted percent	Number of households weighted	Number of households un-weighted
At least one child age 0-4 years	58.9	11,612	11,612
At least one child age 0-17 years	91.4	11,612	11,612
At least one woman age 15-49 years	94.4	11,612	11,612
Mean household size	7.7	11,612	11,612

3.3   Characteristics of Respondents

29.   Tables HH.4 and HH.5 provide information on the background characteristics of female respondents 15-49 years of age and of children under age 5, respectively. In both tables, the total numbers of weighted and un-weighted observations are equal, since sample weights have been normalized (standardized). The tables also show the numbers of observations in each background category.

30.   Table HH.4, on background characteristics of female respondents 15-49 years of age, includes information on the distribution of women according to region, urban-rural areas, age, marital status, motherhood status, education[3], and wealth index quintiles. Of the total women sampled for the survey, 25 percent were living in urban and 75 percent in rural areas. The highest proportion of sampled women were found in the age group 15-19 years (24 percent) followed by those in age group 20-24 and 25-29 (17 percent in each group), age group 30-34 (13 percent), age group 35-39 (12 percent), 40-44 years age group (9 percent) and 8 percent in the terminal age group of 45-49 years.

31.   Nearly two-thirds of women between 15-49 years (64 percent) were currently married while less than a percent were formerly married and 36 percent never married. Among ever married women, 91 percent reported to have ever given a birth while 9 percent had never given birth by the time of the survey.

32.   In terms of education, 75 percent women had no schooling at all, 6 percent had some schooling at primary level and nearly 13 percent had some schooling at the secondary level. The proportion of women living in households in the richest quintile was 22 percent. Variations in weighted and un-weighted numbers of observations in some categories are the result of over sampling in urban areas.

33.   Table HH.5 shows background characteristics of children under 5 which include distribution by several attributes: sex, region, area of residence, age in months, mother or caretaker's education, and by wealth quintiles. The proportion of male children reported in the household roster was higher (54 percent) compared to female (46 percent). More children were sampled from rural households (79 percent) than from the urban areas households (21 percent). The proportion of children was highest from Quetta region (26 percent) and lowest from Sibi. In terms of distribution of children by age, nearly 25 percent each were in the age group 36-47 months and 48-59 months, followed by 20 percent in the age group 24-35 months, 15 percent between 12-23 months and 14 percent were less than 12 months of age.

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[3] Unless otherwise stated, "education" refers to educational level attended by the respondent throughout this report when it is used as a background variable.

Majority of the mothers (86 percent) whose children were less than five years of age had no education. Only 4 percent had some primary level and 7 percent some secondary level or above education. The proportion of children living in households across the 5 wealth quintiles varied slightly, fewer children were found to be living in the richest households (18 percent) compared to the poorest households (21 percent).

Table HH.4: Women's background characteristics
Per cent distribution of women age 15-49 years by background characteristics, Balochistan Province, Pakistan, 2010

		Weighted per cent	Number of women weighted	Number of women un-weighted
Region	Quetta	27.4	4,852	3,812
	Kalat	21.7	3,848	3,793
	Sibi	7.0	1,236	2,435
	Zhob	14.1	2,499	3,539
	Nasirabad	17.8	3,164	2,501
	Makran	12.0	2,132	1,652
Area	Urban	24.9	4,414	4,240
	Rural	75.1	13,318	13,492
Age	15-19	24.0	4,250	4,113
	20-24	16.8	2,972	2,976
	25-29	17.3	3,074	3,156
	30-34	13.1	2,332	2,373
	35-39	12.1	2,146	2,185
	40-44	8.9	1,580	1,575
	45-49	7.8	1,378	1,354
Marital status	Currently married	63.5	11,260	11,305
	Widowed	0.5	87	84
	Divorced	(*)	23	23
	Separated	(*)	11	10
	Never married	35.8	6,351	6,310
Motherhood status of ever married women	Ever gave birth	90.7	10,318	10,338
	Never gave birth	9.3	1,063	1,084
Births in last 2 years by ever married women	Yes	24.1	2,491	2,358
	No	75.9	7,826	7,980
Education	No formal education	75.4	13,420	13,714
	Primary	6.4	1,138	1,129
	Middle	4.6	819	829
	Matric	7.9	1,397	1,275
	Higher	5.4	957	783
Wealth index quintiles	Poorest	19.6	3,482	3,780
	Second	19.9	3,537	3,612
	Middle	19.1	3,378	3,440
	Fourth	19.8	3,506	3,468
	Richest	21.6	3,829	3,432
Total		100.0	17,732	17,732

Note 1: 2 numbers of cases with missing education of women are not shown.
Note 2: Figures denoted by an asterisk (*) are based on denominators of 24 un-weighted cases and less.

Table HH.5: Children's background characteristics
Per cent distribution of children under five years of age by background characteristics, Balochistan Province
Pakistan, 2010

Children's background characteristics		Weighted per cent	Number of under-5 children weighted	Number of under-5 children un-weighted
Sex	Male	53.7	5,222	5,216
	Female	46.3	4,508	4,516
Region	Quetta	26.2	2,548	2,040
	Kalat	21.1	2,054	2,012
	Sibi	8.2	798	1,407
	Zhob	16.5	1,608	2,278
	Nasirabad	17.9	1,743	1,295
	Makran	10.1	982	702
Area	Urban	20.8	2,028	2,149
	Rural	79.2	7,706	7,585
Age in months	0-5	7.7	749	751
	6-11	6.3	613	560
	12-23	15.3	1,493	1,440
	24-35	20.3	1,973	2,003
	36-47	25.5	2,479	2,528
	48-59	24.9	2,426	2,452
Mother's education	None formal education	85.7	8,338	8,463
	Primary	4.4	428	411
	Middle	2.2	210	219
	Matric	4.3	420	382
	Higher	3.3	321	259
Wealth index quintiles	Poorest	20.9	2,033	2,176
	Second	20.8	2,025	2,022
	Middle	21.2	2,062	2,032
	Fourth	19.2	1,868	1,866
	Richest	17.9	1,746	1,638
Total		100.0	9,734	9,734

Note: Sex of 2 children is missing.

IV Child Mortality

34.   One of the overarching goals of the Millennium Development Goals (MDGs) and the World Fit for Children (WFFC) is to reduce infant and under-five mortality. Specifically, the MDGs call for the reduction in under-five mortality by two-thirds between 1990 and 2015. Monitoring progress towards this goal is an important but difficult task. Measuring childhood mortality may seem easy, but attempts using direct questions, such as "Has anyone in this household died in the last year?" give inaccurate results. Using direct measures of child mortality from birth histories is time consuming, more expensive, and requires greater attention to training and supervision. Alternatively, indirect methods developed to measure child mortality produce robust estimates that are comparable with the ones obtained from other sources. Indirect methods minimize the pitfalls of memory lapses, in exact or misinterpreted definitions, and interviewing technique.

35.   The infant mortality rate is the probability of dying before the first birthday. The under-five mortality rate is the probability of dying before the fifth birthday. In MICS surveys, infant and under five mortality rates are calculated based on an indirect estimation technique known as the Brass method (United Nations, 1983; 1990a; 1990b). The data used in the estimation are: the mean number of children ever born for five year age groups of women from age 15 to 49, and the proportion of these children who are dead, also for five-year age groups of women (Table CM.1). The technique converts these data into probabilities of dying by taking into account both the mortality risks to which children are exposed and their length of exposure to the risk of dying, assuming a particular model age pattern of mortality. Based on previous information on mortality in Balochistan province, the East model life table was selected as most appropriate.

36.   The data used for mortality estimation are shown in Table CM1. The mean number of children ever born rises from 0.032 among women 15-19 years old to 6.175 among 45-49 years old. The proportion of children dead decreases with the increasing age of women in age groups 15-19 to 30-34 and then again starts rising in the subsequent age groups.

Table CM.1: Children ever born, children surviving and proportion dead
Mean and total numbers of children ever born, children surviving and proportion dead by age of women,
Balochistan Province, Pakistan, 2010
(Both sexes)

		Mean number of children ever born	Total number of children ever born	Mean number children surviving	Total number of children surviving	Proportion dead	Number of women
Age	15-19	0.032	138	0.029	123	0.110	4,250
	20-24	0.581	1,726	0.537	1,596	0.075	2,972
	25-29	2.148	6,605	1.971	6,058	0.083	3,074
	30-34	3.927	9,156	3.615	8,428	0.079	2,332
	35-39	4.969	10,664	4.548	9,762	0.085	2,146
	40-44	5.892	9,308	5.327	8,416	0.096	1,580
	45-49	6.157	8,485	5.551	7,650	0.098	1,378
Total	Total	2.599	46,083	2.370	42,032	0.088	17,732

37.   Table CM.2 and figure CM. 1 provides estimates of infant and under-5 mortality rates by various background characteristics. The infant mortality rate (IMR) is estimated at 72 per thousand live births, while the probability of dying under-5 (U5MR) is around 89 per thousand live births. These estimates have been calculated by averaging mortality estimates obtained from women age 25-29 and 30-34.

38.   The probability of dying a female infant or a female child under five is much higher (IMR 82 and U5MR at 107) compared to male infant or a male child (IMR 63 and U5MR at 74); a similar pattern was observed in MICS for NWFP conducted during 2008. However, the differentials are large and it is quite unusual for IMR to have such a big disparity between male and female. Infant and under-5 mortality rates are lowest in Makran region, while these are nearly twice as high in Kalat region compared to Makran region.

39.   There are also significant differences in mortality in terms of rural-urban residence, mother's educational level and wealth quintiles based on household possessions. In particular, the probabilities of dying among children living in the upper three quintile households is considerably lower than those in two poorest quintiles. Similarly, the probability of dying among children of uneducated women is much higher (IMR at 73 and U5MR at 91) compared to those who have some primary education (IMR at 52 and U5MR at 61). Infant and under-5 mortality rates by educational level of mothers display considerable differentials and needs further in-depth analysis of the data, particularly the increase in mortality of children from mothers with 'middle level' education is very odd.

Table CM.2: Child Mortality
Infant and Under-five Mortality Rates, East Model, Balochistan Province, Pakistan, 2010

		Infant Mortality Rate - IMR [1]	Under-five Mortality Rate – U5MR [2]
Sex	Male	63	74
	Female	82	107
Region	Quetta	59	71
	Kalat	88	112
	Sibi	59	71
	Zhob	87	110
	Nasirabad	77	96
	Makran	47	55
Area	Urban	58	70
	Rural	75	93
Mother's Education	None	73	91
	Primary	52	61
	Middle	83	106
	Matric	66	82
	Higher	56	66
Wealth Index Quintiles	Poorest	84	106
	Second	86	109
	Middle	64	78
	Fourth	65	79
	Richest	56	67
	Total	72	89

[1] MICS indicator 1.1; MDG indicator 4.1
[2] MICS indicator 1.2; MDG indicator 4.2

Figure CM.1: Under-5 mortality rates by selected background characteristics, Balochistan Province, Pakistan, 2010
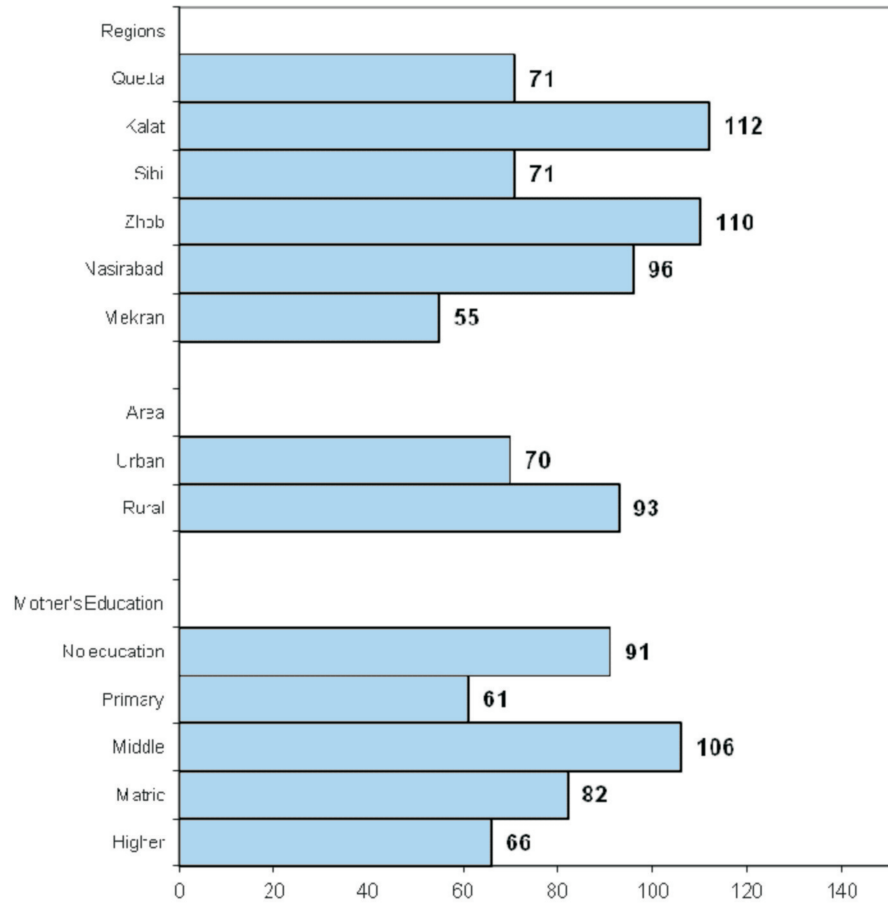
V Nutrition

40.   Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply, are not exposed to repeated illness, and are well cared for, they reach their growth potential and are considered well nourished.

41.   Malnutrition is associated with more than half of all child deaths worldwide. Undernourished children are more likely to die from common childhood ailments, and for those who survive, have recurring sicknesses and faltering growth. The Millennium Development target is to reduce by half the proportion of people who suffer from hunger between 1990 and 2015. A reduction in the prevalence of malnutrition will also assist in the goal to reduce child mortality.

42.   As mentioned earlier under methodology in paragraph 19, data on anthropometric measurement of young children was dropped from the analysis because of data quality issues.

5.1   Breastfeeding and Infant and Young Child Feeding

43.   Breastfeeding should be initiated within one hour of birth. Breastfeeding for the first two years of life protects children from infection, is an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon for various personal reasons. There is often temptation to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and is unsafe if clean water is not used to prepare the milk formula.

44.   WHO/UNICEF have the following feeding recommendations:
- Exclusive breastfeeding for first six months
- Continued breastfeeding for two years or more
- Safe, appropriate and adequate complementary foods beginning at 6 months
- Frequency of complementary feeding: 2 times per day for 6-8 month olds; 3 times per day for 9-11 month olds

45.   The recommendations for child feeding practices are as follows:
- Early initiation of breastfeeding (within 1 hour of birth)
- Exclusive breastfeeding (< 6 months)
- Predominant breastfeeding (< 6 months)
- Continued breastfeeding (at 1 year and at 2 years)
- Duration of breastfeeding
- Age-appropriate breastfeeding (0-23 months)
- Introduction of solid, semi-solid and soft foods (6-8 months)
- Minimum meal frequency (6-23 months)
- Milk feeding frequency for non-breastfeeding children (6-23 months)
- Bottle feeding (0-23 months)

46.   Table NU.1 provides the proportion of children born in the last two years who were ever breastfed and those who received a pre-lacteal feed. Mothers up to 94 percent reported to have ever breastfed their youngest child less than two years of age. Only small differences were observed across regions: Makran region had the highest ever breastfed rate of 97 percent while Nasirabad had the lowest at 91 percent. Ninety-three percent children in the age group 12-23 months were ever breastfed compared to 95 percent in the age group 0-11 months. Differentials in breastfeeding practices were not very evident on the basis of mother's education, urban-rural residence, and those who received assistance of a trained health personnel during delivery or otherwise. Percentage of ever breastfed children from households in the poorest quintile was higher by 3 percent points than those from the richest quintile (97 versus 94 percent).

47.   A little over 49 percent of children born in two years preceding the survey had received pre-lacteal feed. The proportion of such children was much less in Quetta and Nasirabad regions (36 percent) and highest in Makran region at 89 percent. A relatively higher proportion of children born at home-or assisted by traditional birth attendant and in the poorest wealth quintile received pre-lacteal feed.

Table NU.1: Initial Breastfeeding
Percentage of Last-born Children in the 2 Years Preceding the Survey Who were Ever Breastfed, and
Percentage Who Received a Pre-lacteal Feed, Balochistan Province, Pakistan, 2010

		Percentage Ever Breastfed [1]	Percentage Who Received a Pre-lacteal Feed	Number of Last-born Children in the Two Years Preceding the Survey
Region	Quetta	93.3	35.5	792
	Kalat	96.0	69.7	565
	Sibi	94.0	52.6	166
	Zhob	96.2	39.6	286
	Nasirabad	90.5	35.5	476
	Makran	97.4	88.7	207
Area	Urban	94.1	48.3	602
	Rural	94.1	49.6	1,889
Months Since Last Birth	0-11 months	94.9	49.4	1,360
	12-23 months	93.1	49.0	1,130
Assistance at Delivery	Skilled Attendant	95.4	43.1	720
	Traditional Birth Attendant	94.6	52.5	1,684
Place of Delivery	Public Sector Health Facility	94.7	43.4	342
	Private Sector Health Facility	96.1	38.2	262
	Home	94.7	52.9	1,826
	No formal education	94.0	49.3	2,025
	Primary	93.7	45.1	136
Mother's Education	Middle	95.2	46.0	73
	Matric	92.6	55.0	140
	Higher	97.6	48.6	117
Wealth Index Quintiles	Poorest	96.8	60.9	464
	Second	94.0	56.8	539
	Middle	93.4	45.8	485
	Fourth	92.5	44.0	490
	Richest	93.9	39.1	513
Total		94.1	49.3	2,491

[1] MICS indicator 2.4
Note: 87 cases with missing information on 'assistance at delivery' not shown and 62 cases with missing information on 'place of delivery' not shown.

48.   In Table NU.2, breastfeeding status is based on the reports of mothers/caretakers of children's consumption of food and fluids in the 24 hours prior to the interview. *Exclusively breastfed* refers to infants who received only breast milk (and vitamins, mineral supplements, or medicine). The table shows exclusive breastfeeding of infants during the first six months of life, as well as continued breastfeeding of children at 12-15 and 20-23 months of age.

		Children 0-5 months			Children 12-15 months		Children 20-23 months	
		Percent exclusively breastfed [1]	Percent predominantly breastfed [2]	Number of children	Percent breastfed (Continued breastfeeding at 1 year) [3]	Number of children	Percent breastfed (Continued breastfeeding at 2 years) [4]	Number of children
Sex	Male	37.5	55.5	380	84.0	342	58.0	237
	Female	42.0	58.5	369	87.7	297	67.0	219
Region	Quetta	35.6	51.2	244	72.6	170	47.5	134
	Kalat	47.9	58.7	151	91.0	152	55.4	113
	Sibi	34.2	64.3	26	(75.8)	37	(84.2)	45
	Zhob	38.2	60.2	125	84.5	96	(70.9)	50
	Nasirabad	52.1	66.8	140	93.3	108	76.6	103
	Makran	13.9	44.3	63	100.0	77	(*)	11
Area	Urban	37.3	59.2	183	86.8	147	65.5	97
	Rural	40.5	56.3	566	85.4	492	61.4	360
Mother's education	None	41.9	59.2	603	86.1	538	64.1	376
	Any education	31.0	48.3	146	83.2	101	58.2	80
Wealth index quintiles	Poorest	47.5	65.9	157	86.8	137	56.9	94
	Second	42.2	60.1	166	83.0	121	69.4	92
	Middle	32.5	44.0	120	88.9	130	68.5	93
	Fourth	31.4	52.9	159	90.6	127	59.8	90
	Richest	43.6	58.9	146	78.8	124	56.7	88
Total		39.7	57.0	749	85.7	639	62.3	456

Note 1: Figures shown in parenthesis are based on denominators of 25-50 un-weighted cases.
Note 2: Figures denoted by an asterisk (*) are based on denominators of 24 un-weighted cases and less.
[1] MICS indicator 2.6
[2] MICS indicator 2.9
[3] MICS indicator 2.7
[4] MICS indicator 2.8

49.   Approximately 40 percent of children less than six months we exclusively breastfed, a level considerably lower than recommended. By age 12-15 months, 86 percent of children were still being breastfed and 62 percent by age 20-23 months. Girls were more likely to be exclusively breastfed than boys (42 percent vs 38 percent). Exclusive breastfeeding practice was most common in Nasirabad region at 52 percent and least likely in Makran region at 14 percent. Higher proportion of exclusively breastfed infants was noted in rural areas at 41 percent compared to the urban areas at 37 percent. Similarly, it was relatively higher among uneducated and poor families. Further details of exclusively breastfed infants are shown in figure NU.1.
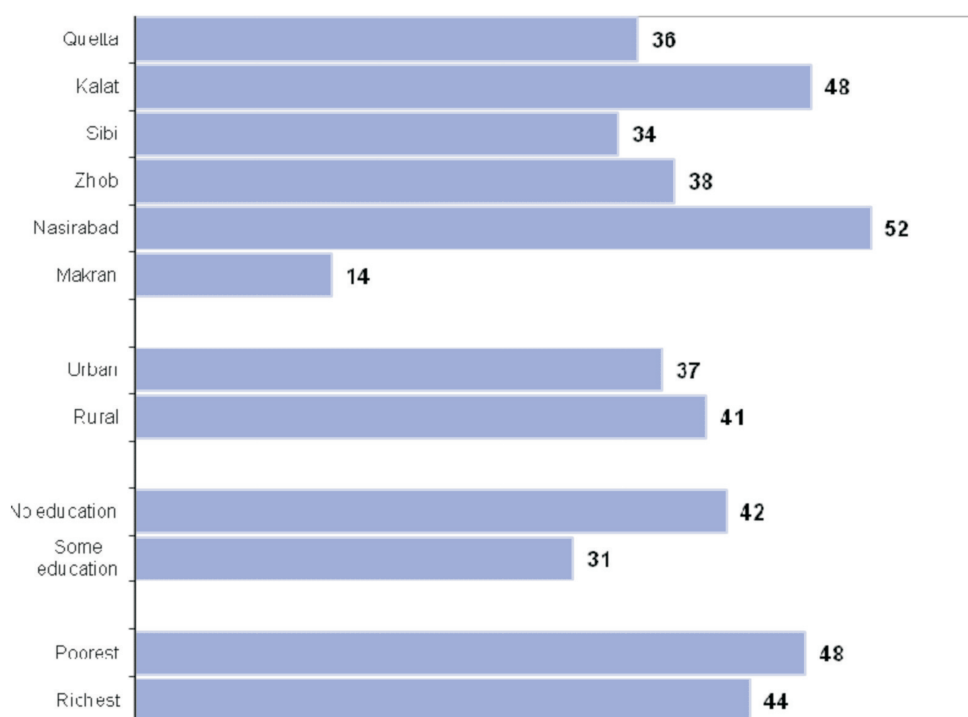
50.   Predominant breastfeeding refers to children age 0-5 months that are exclusively breastfed or receiving plain water and non-milk liquids only. Table NU.2 shows that 57 percent–of infants were predominantly breastfed in Balochistan; the proportion of female infants was higher by 3 percent points than males and 1.5 percent points from the average. The proportion of predominantly breastfed infants was highest in Nasirabad region at 66.8 percent and lowest in Makran at 44.3 percent – a difference of 22.5 percent points between two extremes. A difference of 3 percent points was observed on residence basis between 59 percent in urban and 56 percent in rural areas. The proportion of predominantly breastfed infants was also higher in poorest quintile households by 7 percent points than those in the richest quintile (65.9 versus 58.9 percent) and where mothers had no education.

51.   Table NU.2 also shows that 86 percent children age 12-15 months were receiving continued breastfeeding at age one year. This proportion was slightly higher for females at 88 percent compared to males at 84 percent and highest in Nasirabad region at 93 percent and lowest in Quetta at 73 percent. A difference of 2 percent points was noted in this respect between urban rural residence with 87 percent in urban and 85 percent in rural areas. The proportion of children 12-15 months who received continued breastfeeding was higher among households in the poorest quintile at 87 percent than those in richest households at 79 percent.

52.   Overall, 62 percent children between 20-23 months were still receiving breastfeeding, higher in Sibi region at 84 percent and in urban areas at 66 percent. No clear pattern was noted on the basis of education and wealth index quintiles. Figure NU.2 shows the-pattern of breastfeeding by the child's age in months. Even at the earliest ages, majority of children were receiving liquids or foods other than breast milk.
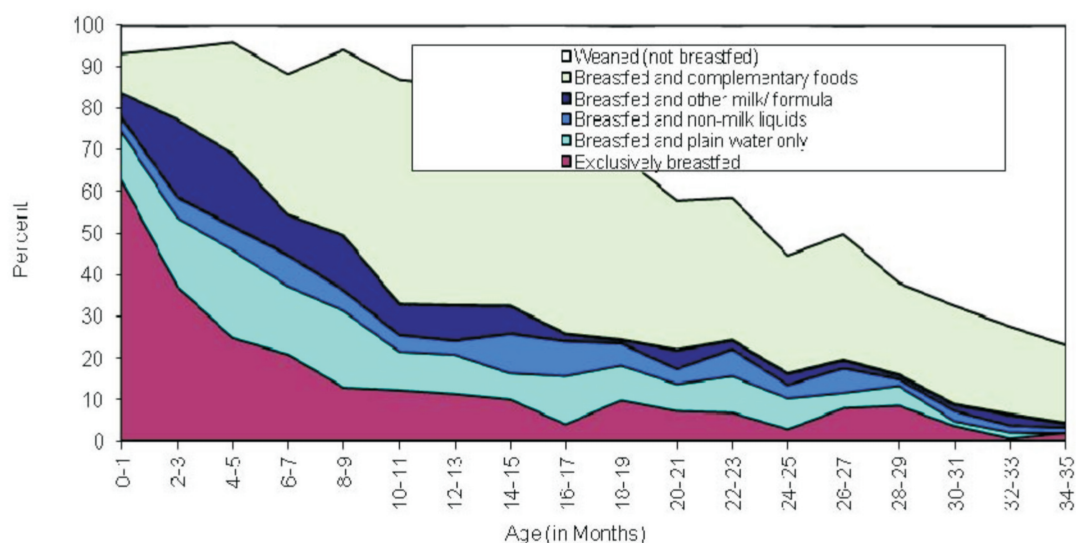
5.2   Duration of breastfeeding

53.   Table NU.3 shows the median duration of breastfeeding among children under 3-years ago by selected background characteristics. The median duration is 25 months for 'any breastfeeding', while the mean average for 'exclusive breastfeeding' was nearly 5 months and for 'predominant breastfeeding' it was 8 months. Median duration for any breastfeeding was: higher for female children (26 months) compared to males (24 months); highest in Kalat region (29 months) and lowest in Quetta region (21 months); and higher among poorest (28 months) compared to affluent households (22 months). The median duration for any kind of breastfeeding was higher among uneducated mothers (25 months) compared to those who had some schooling.

		Median duration (in months) of			Number of children age 0-35 months
		Any breastfeeding [1]	Exclusive breastfeeding	Predominant breastfeeding	
Sex	Male	23.5	1.4	3.3	2,542
	Female	25.7	1.9	4.3	2,285
Region	Quetta	20.9	1.4	2.6	1,377
	Kalat	28.5	2.4	3.8	1,024
	Sibi	28.1	0.6	3.8	344
	Zhob	25.8	0.7	8.5	803
	Nasirabad	27.3	2.7	5.1	907
	Makran	25.4	.6	2.2	375
Area	Urban	24.3	1.2	4.0	1,061
	Rural	24.9	1.8	3.6	3,767
Mother's education	None	25.2	1.8	4.0	4,047
	Primary	23.3	1.5	1.9	237
	Middle	21.9	1.0	2.5	121
	Matric	22.6	.7	2.2	225
	Higher	18.6	1.3	4.6	189
Wealth index quintile	Poorest	28.1	2.3	5.8	1,020
	Second	25.5	1.7	4.8	1,001
	Middle	24.3	0.7	1.4	972
	Fourth	24.0	0.7	3.0	927
	Richest	22.3	2.1	3.5	908
Median		24.8	1.6	3.7	4,829
Mean for all children (0-35 months)		23.9	4.6	8.0	4,829

[1] MICS indicator 2.10
Note: 10 number of cases with mother's education as Preschool or Madrassa are not shown

5.3   Complementary feeding

54.   For infants aged 0-5 months, exclusive breastfeeding is considered as adequate feeding Adequate complementary feeding of children from six months to two years is important for growth and development of children and prevention of under nutrition. Therefore, continued breastfeeding beyond six months should be accompanied by consumption of nutritionally adequate, safe and appropriate complementary foods that help meet nutritional requirements of child when breast milk is no longer sufficient. Breastfed infants of 6-8 months require two or more meals of solid, semi-solid or soft foods and three or more meals if they are 9-23 months of age. For children 6-23 months and older, who are not breastfed, four or more meals of solid, semi-solid or soft foods or milk feeds are needed.

55.   The feeding practices of children under 24 months are provided in Table NU.4. About 40 percent of infants less than 6 months of age are exclusively breastfed fed in Balochistan. The proportion of such infants is higher in Nasirabad region (52 percent) and lowest in Makran region (14 percent). Relatively higher proportion of female infants is exclusively

breastfed (42 percent) compared to male infants (38 percent). Exclusively breastfeeding of infants under 6 months of age is relatively more prevalent in rural (41 percent) compared to urban areas (37 percent) and among infants from the poorest quintile households (48 percent).

56.   Among children aged 6-23 months old, 46 percent were appropriately fed on the day before survey, slightly more males than females. In this age group, 57 percent children from Makran region are adequately fed against 32 percent in Nasirabad region. More children from the urban areas were adequately fed by about 5 percent points than the rural children (49.5 versus 44.9 percent). Women who have some schooling and those who are in the richest wealth quintile are slightly more likely to provide adequate feeding (48 percent) to their children.

57.   Overall, among children 0-23 months, 44 percent are appropriately fed with little difference between male and female. The proportion of appropriately fed children is highest in Quetta, Kalat and Zhob to the level of around 47 percent and as low as 37 percent in Nasirabad region and slightly higher in urban (46 percent) compared to rural areas (44 percent). On the basis of wealth index quintiles, the percentage of children age 0-23 months receiving appropriate feeding was almost similar in the poorest and the richest quintiles (47 percent).

Table NU.4: Age-appropriate breastfeeding
Percentage of children age 0-23 months who were appropriately breastfed during the previous day,
Balochistan Province, Pakistan, 2010

		Children age 0-5 months		Children age 6-23 months		Children age 0-23 months	
		Percent exclusively breastfed [1]	Number of children	Percent currently breastfeeding and receiving adequate solid, semi-solid or soft foods	Number of children	Percent appropriately breastfed [2]	Number of children
Sex	Male	37.5	380	46.6	1,097	44.3	1,477
	Female	42.0	369	45.3	1,009	44.4	1,379
Region	Quetta	35.6	244	51.1	631	46.8	875
	Kalat	47.9	151	46.6	487	46.9	639
	Sibi	34.2	26	44.1	144	42.6	170
	Zhob	38.2	125	50.8	270	46.8	395
	Nasirabad	52.1	140	31.5	428	36.6	567
	Makran	13.9	63	57.1	146	44.0	209
Area	Urban	37.3	183	49.5	470	46.1	653
	Rural	40.5	566	44.9	1,636	43.8	2,202
Mother's education	None	41.9	603	45.6	1,742	44.7	2,345
	Primary	(22.6)	44	49.1	108	41.5	152
	Middle	(*)	24	48.8	59	45.3	83
	Matric	(31.5)	41	53.3	107	47.3	148
	Higher	(34.9)	36	39.4	85	38.1	121
Wealth index quintiles	Poorest	47.5	157	46.5	415	46.8	572
	Second	42.2	166	44.3	442	43.7	608
	Middle	32.5	120	47.2	444	44.0	565
	Fourth	31.4	159	44.1	382	40.4	541
	Richest	43.6	146	47.6	423	46.6	569
Total		39.7	749	46.0	2,106	44.3	2,855

Note 1: Figures shown in parenthesis are based on denominators of 25-40 un-weighted cases.
Note 2: Figures denoted by an asterisk (*) are based on denominators of 24 un-weighted cases and less
Note 3: 7 number of cases with mother's education as Preschool or Madrassa are not shown
[1] MICS indicator 2.6
[2] MICS indicator 2.14

5.4   Initiation of solid, semi-solid or soft food in 6-8 months infants

58.   Overall, 38 percent infant of 6-8 months age had started receiving solid, semi-solid, or soft foods , as per details given in Table NU.5, more male infants (40 percent) were benefiting than female infants (35 percent) and also those residing in urban (41 percent) than in rural areas (37 percent). Among currently breastfeeding infants a similar pattern was observed. The number of un-weighted children 6-8 months, who were not currently breastfed, was small and hence dropped from analysis.

Table NU.5: Introduction of solid, semi-solid or soft food
Percentage of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day,
Balochistan Province, Pakistan, 2010

		Currently breastfeeding		Currently not breastfeeding		All	
		Percent receiving solid, semi-solid or soft foods	Number of children age 6-8 months	Percent receiving solid, semi-solid or soft foods	Number of children age 6-8 months	Percent receiving solid, semi-solid or soft foods [1]	Number of children age 6-8 months
Sex	Male	41.4	158	(*)	18	39.8	181
	Female	34.0	144	(*)	7	35.2	157
Area	Urban	39.3	62	(*)	5	41.1	70
	Rural	37.5	239	(*)	20	36.8	268
Total		37.9	301	(*)	25	37.7	338

Note: Figures denoted by an asterisk (*) are based on denominators of 24 un-weighted cases and less

[1] MICS indicator 2.12

5.5 Frequency of minimum number of meals

59. Table NU.6 presents the proportion of children 6-23 months who received the minimum number of times or more the semi-solid or soft foods during the previous day. Minimum meal frequency among currently breastfeeding children age 6-8 months, is defined as children who also received solid, semi-solid or soft foods at least 2 times or more,–and those in age group 9-23 months,–received solid, semi-solid or soft foods at least 3 times or more. For non-breastfeeding children age 6-23 months, minimum meal frequency is defined as children receiving solid, semi-solid or soft foods and milk feeds at least 4 times or more during the previous day. However, for the ease of presentation, the currently breastfeeding children fulfilling the criteria of minimum meals frequency have been lumped together.

60. Overall, about one-fifth of children age 6-23 months (20.3 percent) fulfilled the criteria of minimum meal frequency on the day before survey. A slightly higher proportion of males (21 percent) were enjoying the minimum meal frequency compared to females (19 percent). A much higher proportion of children from Quetta and Kalat regions (around 24 percent) fulfilled the criteria of minimum meal frequency than those from Makran region (4.6 percent). Urban based children also had a better access to minimum meal frequency criteria than the rural children by about 6 percent points (25.2 versus 18.9 percent). Education of mother also influenced in favour better meals frequency of target children on the scale of minimum meals frequency. More details on 'currently breastfeeding' and 'currently not breastfeeding' target children, by background characteristics, are presented in Table NU.6.

Table NU.6: Minimum meal frequency
Percentage of children age 6-23 months who received solid, semi-solid, or soft foods (and milk feeds for non-breastfeeding children) the minimum number of times or more during the previous day, according to breastfeeding status, Balochistan Province, Pakistan, 2010

		Currently breastfeeding		Currently not breastfeeding			All	
		Percent receiving solid, semi-solid and soft foods the minimum number of times	Number of children	Percent receiving at least 2 milk feeds [1]	Percent receiving solid, semi-solid and soft foods or milk feeds 4 times or more	Number of children	Percent with minimum meal frequency [2]	Number of children
Sex	Male	12.2	854	57.4	52.7	243	21.2	1,097
	Female	9.8	831	63.0	63.9	178	19.4	1,009
Age	6-8 months	19.8	301	(48.6)	(31.6)	37	21.1	338
	9-11 months	5.4	252	(*)	(*)	22	11.4	275
	12-17 months	10.1	709	65.4	62.9	140	18.8	849
	18-23 months	9.7	422	57.4	56.0	222	25.6	644
Region	Quetta	10.9	450	56.5	56.9	181	24.1	631
	Kalat	12.5	393	78.6	74.5	94	24.5	487
	Sibi	11.3	118	51.5	46.1	26	17.6	144
	Zhob	10.3	226	(70.6)	(65.5)	44	19.2	270
	Nasirabad	12.9	360	42.5	38.1	67	16.9	428
	Makran	3.0	137	(*)	(*)	9	4.6	146
Area	Urban	12.9	374	73.7	73.3	96	25.2	470
	Rural	10.5	1,311	55.7	52.7	325	18.9	1,636
Mother's education	None	10.7	1,412	58.5	54.6	330	19.0	1,742
	Primary	19.3	81	(65.6)	(70.5)	27	32.0	108
	Middle	(7.7)	46	(*)	(*)	13	18.4	59
	Matric	14.7	86	(*)	(*)	21	22.0	107
	Higher	4.6	55	(73.4)	(81.9)	30	31.7	85
Wealth index quintiles	Poorest	9.4	332	71.4	65.6	82	20.6	415
	Second	9.1	370	57.0	57.1	73	17.0	442
	Middle	12.3	367	50.4	39.6	77	17.1	444
	Fourth	6.3	311	43.8	41.9	71	12.9	382
	Richest	18.4	305	69.0	72.9	118	33.6	423
Total		11.0	1,685	59.8	57.4	421	20.3	2,106

Note 1: Information of 5 children 6-23 months whose mother had education in Madrassa is not shown.
Note 2: Figures shown in parenthesis are based on denominators of 25-49 un-weighted cases
Note 3: Figures shown by an (*) are based on denominators of 24 un-weighted cases and less.
[1] MICS indicator 2.15
[2] MICS indicator 2.13

61.   Among currently breastfeeding children 6-23 months, only 11 percent were meeting the minimum meals frequency criteria number of times and this proportion was slightly higher among males (12 percent) compared to females (10 percent). Among non-breastfeeding children, nearly six out of every ten children were receiving solid, semi-solid and soft foods or milk feeds 4 times or more. The proportion of those who were receiving milk feeds at least 2 times was slightly higher (60 percent). The feeding practices vary by age of child, region, mother's education and wealth quintiles but do not show any specific pattern except for urban-rural residence. One would expect that with increase in the age of the currently breastfed as well as non-breastfed child, use of solid, semi-solid and soft food would also increase but this pattern does not seem to be clearly emerging in Balochistan, and needs further probing and in-depth analysis.

5.6   Bottle feeding

62.   The continued practice of bottle-feeding is a concern because of the possible contamination due to unsafe water and lack of hygiene in preparing feed. Table NU.7 shows that bottle-feeding is quite prevalent in Balochistan. Overall, more than one-third (36 percent) of children age 0-23 months are fed with bottle and nipple. The practice of bottle feeding is common among children <2years in all age brackets: 29 percent in–under 6 months, 39 percent in age group 6-11 months and 38 percent of children aged 12-23 months. Bottle feeding is found more common in Sibi (51 percent), Quetta and Makran regions (46 percent each) and is lowest in Nasirabad region (18 percent). The bottle feeding practice is also high in urban (41 percent) compared to rural areas (35 percent). Women with some education are more likely to bottle feed their children compared to those with no education (35 percent). Women in two richest quintiles are also more like to bottle feed their young children than those in the two poorest quintiles.

Table NU.7: Bottle feeding
Percentage of children age 0-23 months who were fed with a bottle with a nipple during the previous day, Balochistan Province, Pakistan, 2010

Background characteristics		Percentage of children age 0-23 months fed with a bottle with a nipple [1]	Number of children age 0-23 months:
Sex	Male	37.1	1,477
	Female	34.8	1,379
Age	0-5 months	29.0	749
	6-11 months	38.7	613
	12-23 months	38.4	1,493
Region	Quetta	45.6	875
	Kalat	41.3	639
	Sibi	50.5	170
	Zhob	20.7	395
	Nasirabad	17.9	567
	Makran	46.4	209
Area	Urban	40.7	653
	Rural	34.7	2,202
Mother's education	None	34.7	2,345
	Primary	41.3	152
	Middle	40.9	83
	Matric	37.7	148
	Higher	49.0	121
Wealth index quintiles	Poorest	31.4	572
	Second	31.1	608
	Middle	37.0	565
	Fourth	37.4	541
	Richest	43.7	569
Total		36.0	2,855

[1] MICS indicator 2.11
Note: 7 number of cases with mother's education as Preschool or Madrassa are not shown

5.7   Salt iodization

63.   Iodine Deficiency Disorders (IDD) is the world's leading cause of preventable mental retardation and impaired psychomotor development in young children. In its most extreme form, iodine deficiency causes cretinism. It also increases the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated with goitre. IDD takes its greatest toll in impaired mental growth and development, contributing in turn to poor school performance, reduced intellectual ability, and impaired work performance. The international goal was to achieve sustainable elimination of iodine deficiency by 2005 and the indicator was-the percentage of households consuming adequately iodized salt (>15 parts per million).

64.   In Pakistan iodine deficiency is a serious public health problem. According to UNICEF (1998)[4] around 50 million people were suffering from iodine deficiency, 6.5 million of whom were facing severe type of deficiency. A relatively recent global report on vitamin and mineral deficiency in children estimates that in Pakistan on average for 2000-2007 period only 17 percent households were consuming adequately iodised salt and nearly 64 percent school aged children were iodine deficient (Global Report, 2009[5]). According to the literature reviewed by Khan up to 90 percent population of hilly areas of Khyber Pakhtoon Khwa, Azad Jammu and Kashmir (AJK) and Northern Areas and numerous pockets of population in Punjab were iodine deficient. Over a third of women of reproductive age and children less than five years of age were suffering from severe iodine deficiency (Khan, 2008[6]).

65.   In Pakistan, the Iodine Deficiency Program was started in 1994 as a joint effort of the Government, UNICEF and Population Services International (PSI). Under this program, public support was harnessed through generating awareness about iodine deficiency and its health impacts, by utilizing print, electronic and inter-personal communication channels; encouraging salt producers to iodize salt; and involving doctors, teachers and opinion leaders to sensitise people about iodine deficiency and its implications.

66.   A national strategic plan was developed and approved by the Government of Pakistan under the Five Year Plan (2005-2011) The plan envisages universal availability of iodized salt by the year 2011 to reduce the prevalence of Iodine Deficiency Disorders in northern endemic areas from 60 percent to 15 percent during the plan period. The plan involves private sector for import, distribution and utilization of iodine (KIO_3); promotes legislation and quality control through provincial governments; and formalizes national coalition on iodine deficiency control. UNICEF continues to provide the substance KIO_3 (iodine) until "arrangements for its import" are in place (Khan, 2008).

67.   Table NU.8 shows that cooking salt was tested for iodine content in 96 percent households by using salt testing kits while in 2 percent household salt was not available at the time of survey. Testing revealed that in only 10 percent households, cooking salt contained 15 parts per million (ppm) or more of iodine. Use of iodized salt was found highest in Makran region to the tune of 24.7 percent households (see figure NU.3) followed by those in the urban areas (17.4 percent) and in the households falling in the richest quintile (16.7 percent).

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[4] United Nations Children Fund (UNICEF). 1998. *The State of the World's Children*. Oxford University Press, New York.

[5] Investing in the future: A united call to action on vitamin and mineral deficiencies. Retrieved from www.unitedcalltoaction.org

[6] Khan, Mehwish. 2008. The Iodine deficiency in Pakistan. Retrieved from (http// socialmarketing.wetpaint.com) on January 23, 2011.

Table NU.8: Iodized salt consumption
Percent distribution of households by consumption of iodized salt, Balochistan Province, Pakistan, 2010

| | | Percent of households in which salt was tested | Number of households | Percent of households with salt test result | | | | | Number of households in which salt was tested or with no salt |
				Percent of households with no salt	Not iodized 0 PPM	>0 and <15 PPM	15+ PPM [1]	Total	
Region	Quetta	95.0	2,715	1.0	59.9	29.3	9.8	100.0	2,605
	Kalat	95.4	2,835	3.1	58.0	31.7	7.1	100.0	2,791
	Sibi	98.0	997	0.7	61.0	33.7	4.6	100.0	984
	Zhob	96.7	1,677	0.4	70.7	25.2	3.7	100.0	1,629
	Nasirabad	97.6	1,849	1.6	65.8	20.4	12.3	100.0	1,834
	Makran	95.1	1,539	4.0	45.4	25.8	24.7	100.0	1,524
Area	Urban	96.1	2,720	1.4	51.1	30.2	17.4	100.0	2,652
	Rural	96.0	8,892	2.1	62.8	27.1	8.1	100.0	8,715
Wealth index quintiles	Poorest	94.6	2,528	3.8	68.4	21.0	6.8	100.0	2,487
	Second	96.0	2,402	1.8	63.6	26.0	8.5	100.0	2,347
	Middle	97.0	2,270	0.9	62.5	27.6	9.1	100.0	2,222
	Fourth	96.3	2,185	1.4	55.0	32.9	10.7	100.0	2,135
	Richest	96.4	2,227	1.3	49.4	32.6	16.7	100.0	2,177
Total		96.0	11,612	1.9	60.1	27.8	10.2	100.0	11,367

[1] MICS indicator 2.16

Figure NU.3: Percentage of households consuming adequately iodized salt, Balochistan Province, Pakistan, 2010
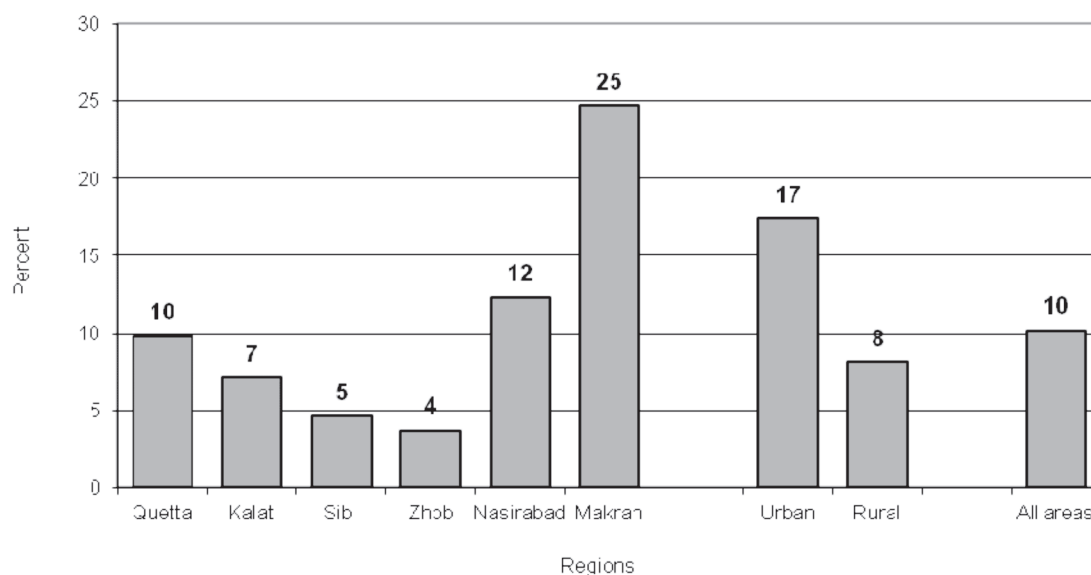
VI Child Health

6.1   Vaccinations

68.   The Millennium Development Goal (MDG) 4 is to reduce child mortality by two thirds between 1990 and 2015. Immunization plays a key part in achieving this goal. Immunizations have saved the lives of millions of children in the three decades since the launch of the Expanded Program on Immunization (EPI) in 1974. Worldwide there are still 27 million children overlooked by routine immunization and as a result, vaccine-preventable diseases cause more than 2 million deaths every year. A World Fit for Children Goal is to ensure full immunization of children under one year of age at 90 percent nationally, with at least 80 percent coverage in every district or equivalent administrative unit.

69.   According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, four doses of polio vaccine, and a measles vaccination by the age of 12 months. Mothers were asked to provide vaccination cards for children under the age of five. Interviewers copied vaccination information from the cards onto the MICS questionnaire.

70.   Overall, 23 percent mothers or caretakers of children <5years stated having vaccination card, but only 4 percent could show to the survey team. The possible reason for such a low response could be due to the cultural pattern that written papers or documents are generally kept by male head of the household who are not usually available at home during the day time. If the child did not have a card, the mother was asked to recall whether or not the child had received each of the vaccinations and, for DPT and Polio, how many times. Table CH.1 shows the percentage of children age 12-23 months who received each of the vaccinations at any time before the survey according to vaccination card, mother's recall and by either source. The last column of Table CH 1 indicates vaccination by 12 months of age. Complete immunization means that the child has received BCG, three doses of polio and DPT vaccines, a shot for measles and vaccinations for hepatitis. The denominator for the table is comprised of children age 12-23 months so that only children who are old enough to be fully vaccinated are counted. For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards.

71.   Though, nearly 64 percent children had received at least one vaccination, the overall complete vaccination rate was only 4 percent for those who were vaccinated at any time before the survey and in the age group 12-23 months. This includes both recording from vaccination cards and recall by mothers. The percentage of children, who were fully vaccinated before their first birth day, was only 2 percent. With regard to polio and DPT vaccines, the rate for subsequent doses, showed a declining trend.

72.   Approximately 35 percent of children age 12-23 months received a BCG vaccine by the age of 12 months which is similar to the rate at any time before the survey (BCG is given at birth). The rate of the first dose for Polio 1 was 60 percent which declined to 43 percent for

Polio-3. Similarly, the rate of DPT dropped from 23 percent for DPT-1 to 11 percent for DPT-3 which is lowest of all other vaccinations (Figure CH.1). The coverage for measles vaccine by 12 months was nearly 17 percent. As a result, the percentage of children who had all the recommended vaccinations by their first birthday was only 2 percent and at any age before interview was 4 percent before their second birthday.

Table CH.1: Vaccinations in first year of life
Percentage of children age 12-23 months immunized against childhood diseases at any time before the survey and before the first birthday, Balochistan Province, Pakistan, 2010

	Vaccinated at any time before the survey according to: Vaccination card	Vaccinated at any time before the survey according to: Mother's report	Vaccinated at any time before the survey according to: Either	Vaccinated by 12 months of age
BCG [1]	1.8	32.7	34.5	34.5
Polio 0	1.1	17.5	18.6	18.6
Polio 1	1.6	59.8	61.4	59.5
Polio 2	1.4	55.1	56.5	54.4
Polio 3 [2]	1.1	45.0	46.1	43.2
DPT 1	1.5	22.0	23.5	22.6
DPT 2	1.2	20.0	21.2	20.2
DPT 3 [3]	0.8	11.4	12.2	11.1
Measles [4]	0.9	22.0	22.9	16.6
HepB at birth	0.5	6.2	6.8	6.8
HepB 1	1.0	16.5	17.5	16.6
HepB 2	0.9	12.9	13.8	13.0
HepB 3 [5]	0.8	6.0	6.7	6.1
All vaccinations	0.5	3.6	4.1	2.1
No vaccinations	0.0	36.3	36.3	36.3
Number of children age 12-23 months	1,493	1,493	1,493	1,493

[1] MICS indicator 3.1
[2] MICS indicator 3.2
[3] MICS indicator 3.3
[4] MICS indicator 3.4; MDG indicator 4.3
[5] MICS indicator 3.5

73.   Target children whose immunization status under the MICS survey was to be reviewed were in the age group 12-59 months and their vaccination status was to determine while they were at age 12-23 months. Hepatitis B vaccine as component of pentavalent vaccine was introduced somewhere in 2008 in Balochistan; hence majority of target children received Hep B vaccine and not the pentavalent vaccine. Approximately 17 percent of children age 12-23 months had received the first dose of Hepatitis B vaccine (Table CH.1). As with other vaccination series, the proportion receiving the subsequent dose declined to 13 percent for the second and 6 percent for the third dose.

74.   Table CH.2 shows vaccination coverage rates among children 12-23 months by background characteristics. The figures indicate children receiving the vaccinations at any time up to the date of the survey, and are based on information from both the vaccination cards and mothers'/caretakers' recall. Overall, complete immunization was slightly higher for female children. Highest rate of complete immunization was noted in Makran region (7 percent) and lowest in Zhob region (0.5 percent). Children in urban areas were more likely to receive complete immunisation compared to rural areas (10.4 versus 2.4percent). Similarly, mother's education and their economic status are positively related to improved levels of complete immunization of children.

75.   Overall, 36 percent children at age less than 24 months had not received any vaccination in Balochistan. The proportion of such children was highest in Sibi (56 percent) and lowest in Makran region (19 percent).

Table CH.2: Vaccinations by background characteristics
Percentage of children age 12-23 months currently vaccinated against childhood diseases, Balochistan Province, Pakistan, 2010

		BCG	Polio at birth	Polio 1	Polio 2	Polio 3	DPT 1	DPT 2	DPT 3	Measles	HepB at birth	HepB 1	HepB 2	HepB 3	None	All	Percentage with vaccination card seen	Number of children age 12-23 months
								Percentage of children who received:										
Sex	Male	35.0	18.2	61.5	56.7	45.9	22.1	19.9	12.2	22.8	5.8	15.7	11.6	5.3	36.3	3.5	2.6	776
	Female	33.9	18.9	61.3	56.2	46.3	24.9	22.6	12.2	23.0	7.9	19.5	16.3	8.2	36.3	4.8	1.6	717
Region	Quetta	28.5	13.5	54.2	52.9	49.4	17.2	14.0	6.4	18.0	4.2	13.1	10.6	4.6	43.6	3.5	3.3	446
	Kalat	35.1	15.0	67.7	60.4	42.6	26.9	24.2	13.4	27.5	6.7	20.2	13.7	7.6	31.1	4.4	1.1	325
	Sibi	13.7	24.8	42.5	37.4	25.5	6.4	5.5	3.9	10.4	2.6	5.1	4.1	3.0	56.2	2.2	3.6	118
	Zhob	18.6	14.2	70.1	55.3	46.0	5.8	3.5	3.1	12.8	0.7	3.7	1.9	1.5	27.2	0.5	1.6	203
	Nasirabad	45.7	30.0	63.0	62.3	57.2	34.6	32.8	21.8	21.6	14.2	25.2	23.5	10.0	35.9	6.7	2.0	288
	Makran	78.0	21.1	71.8	67.1	36.6	59.3	59.3	31.4	62.0	13.5	46.8	34.5	18.2	19.0	7.1	0.0	114
Area	Urban	52.2	26.0	67.9	63.8	54.3	40.1	36.7	24.5	33.9	9.8	30.0	25.7	14.5	28.4	10.4	7.3	328
	Rural	29.4	16.5	59.6	54.4	43.8	18.9	16.9	8.8	19.9	6.0	14.2	10.7	4.7	38.5	2.4	0.7	1,166
Mother's education	None	30.9	17.8	61.3	55.8	45.1	19.9	17.9	9.1	19.4	5.7	14.3	11.0	4.8	36.6	2.9	1.8	1,238
	Primary	43.1	20.4	60.9	58.2	49.5	31.0	28.9	23.3	31.4	3.9	28.5	26.1	15.2	38.6	9.9	2.9	84
	Middle	(37.5)	(24.9)	(56.9)	(55.0)	(47.3)	(40.8)	(36.5)	(26.0)	(32.7)	(7.0)	(33.4)	(30.1)	(19.4)	(41.9)	(11.7)	(7.2)	42
	Matric	64.9	21.4	63.4	66.7	50.6	47.6	45.1	32.7	44.2	13.8	37.8	34.2	15.4	27.8	8.2	2.9	71
	Higher	(56.8)	(25.8)	(63.1)	(55.8)	(53.7)	(45.1)	(40.2)	(27.1)	(49.7)	(23.3)	(35.4)	(18.9)	(14.1)	(33.4)	(10.3)	(3.7)	56
Wealth index quintiles	Poorest	21.8	8.9	65.9	56.2	39.7	13.0	12.0	3.0	17.5	3.5	7.6	4.4	0.8	33.2	0.6	0.0	308
	Second	34.2	16.3	61.8	59.4	48.4	19.2	17.3	10.8	17.8	7.5	16.8	13.2	4.2	35.8	2.0	0.8	281
	Middle	28.3	18.6	51.1	46.0	37.2	20.6	19.1	11.8	22.3	8.5	16.4	12.7	7.5	47.2	4.4	0.5	311
	Fourth	39.4	22.7	63.1	58.8	50.1	29.0	25.8	17.4	25.2	6.0	21.0	17.2	8.3	34.6	4.9	2.4	291
	Richest	48.8	26.6	65.4	62.4	55.3	35.9	32.1	18.4	31.7	8.6	26.5	22.2	12.9	30.4	8.7	6.9	302
Total		34.5	18.6	61.4	56.5	46.1	23.5	21.2	12.2	22.9	6.8	17.5	13.8	6.7	36.3	4.1	2.1	1,493

Note 1: Information of two children whose mother had Madrassa education not shown.
Note 2: Figures shown in parenthesis are based on denominators of 25-49 cases.

6.2   Neonatal Tetanus Protection

76.   One of the MDGs is to reduce by three quarters the maternal mortality ratio, with one strategy to eliminate maternal tetanus. In addition, another goal is to reduce the incidence of neonatal tetanus to less than 1 case of neonatal tetanus per 1000 live births in every district. A World Fit for Children Goal is to eliminate maternal and neonatal tetanus by 2005.

77.   Prevention of maternal and neonatal tetanus is to assure that all pregnant women receive at least two doses of tetanus toxoid vaccine. However, if women have not received two doses of the vaccine during the pregnancy, they (and their newborn) are also considered to be protected if the following conditions are met:

- Received at least two doses of tetanus toxoid, the last within the prior 3 years;
- Received at least 3 doses, the last within the prior 5 years;
- Received at least 4 doses, the last within 10 years;
- Received at least 5 doses during lifetime.

78.   Table CH.3 shows the protection status from tetanus of women who have had a live birth within the last 2 years. Figure CH.2 shows the protection of women against neonatal tetanus by major background characteristics. Overall 17 percent women were found to be protected against tetanus in Balochistan. Geographically, Makran region was leading, at 34 percent while Sibi region lagged behind the others at 8 percent of women having protection from tetanus. Urban women were nearly thrice (33 percent) more likely to get TT protection compared to their counterparts in rural areas (12 percent). Similarly, educated women and those with higher means were more likely to seek TT protection compared to uneducated and poor women.

Table CH.3: Neonatal tetanus protection
Percentage of ever married women age 15-49 years with a live birth in the last 2 years protected against neonatal tetanus, Balochistan Province, Pakistan, 2010

| | | Percentage of women who received at least 2 doses during last pregnancy | Percentage of women who did not receive two or more doses during last pregnancy but received: | | | | Protected against tetanus [1] | Number of women with a live birth in the last 2 years |
			2 doses, the last within prior 3 years	3 doses, the last within prior 5 years	4 doses, the last within prior 10 years	5 or more doses during lifetime		
Area	Urban	27.4	4.5	0.4	0.7	0.3	33.4	602
	Rural	10.4	1.3	0.2	0.1	0.3	12.3	1,889
Region	Quetta	15.9	3.1	0.3	0.2	0.0	19.5	792
	Kalat	12.0	1.4	0.0	0.1	0.1	13.6	565
	Sibi	7.3	.5	0.0	0.0	0.0	7.8	166
	Zhob	4.6	1.1	0.4	0.0	0.3	6.3	286
	Nasirabad	19.7	1.4	0.0	0.0	0.0	21.1	476
	Makran	23.3	4.0	1.0	2.3	3.1	33.7	207
Education	None	10.5	1.3	0.2	0.1	0.3	12.4	2,019
	Primary	26.6	2.2	0.0	0.0	0.0	28.7	136
	Middle	24.8	6.0	0.0	0.0	0.0	30.7	73
	Matric	42.5	2.7	0.0	2.9	1.0	49.1	140
	Higher	30.3	12.3	1.2	0.9	0.0	44.8	117
Wealth index quintiles	Poorest	6.9	.7	0.0	0.0	0.0	7.6	464
	Second	9.4	1.0	0.0	0.3	0.0	10.8	539
	Middle	9.3	1.1	0.0	0.2	1.2	11.8	485
	Fourth	15.2	3.0	0.6	0.6	0.2	19.6	490
	Richest	30.9	4.4	0.5	0.3	0.2	36.3	513
Total		14.5	2.1	0.2	0.3	0.3	17.4	2,491

[1] MICS indicator 3.7

Note: Information for 1 woman with pre-school education and 5 women with Madrassa education not shown.

6.3   Oral rehydration treatment

79.   Diarrhoea is the second leading cause of death among children under five worldwide. Most diarrhoea-related deaths in children are due to dehydration from loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhoea – either through oral rehydration solutions (ORS) or a recommended home fluid (RHF) - can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea.

80.   The world goals are to: 1) reduce by one half deaths due to diarrhoea among children under five by 2010 compared to 2000 (A World Fit for Children); and 2) reduce by two third the mortality rate among children under five by 2015 compared to 1990 (Millennium Development Goals). In addition, the World Fit for Children calls for a reduction in the incidence of diarrhoea by 25 percent.

81.   The indicators to monitor include:

- Prevalence of diarrhoea
- Oral rehydration therapy (ORT)
- Home management of diarrhoea
- ORT with continued feeding

82.   In the MICS questionnaire, mothers (or caretakers) were asked to report whether their child had had diarrhoea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child was given to drink and eat during the episode and whether this was more or less than the child usually ate and drank.

83.   Overall, 21 percent of under five children had diarrhoea in the two weeks preceding the survey (Table CH.4). Diarrhoea prevalence was higher in Sibi (44percent) and lowest in Quetta region (14 percent). The peak of diarrhoea prevalence occurred, among children age 12-23 months (28 percent).

84.   Table CH.4 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhoea. Since mothers were able to name more than one type of liquid, the percentages do not necessarily add to 100. About 63 percent children received fluids from ORS packets or pre-packaged ORS fluids and 22 percent received government recommended homemade fluids[7]. Overall, 71 percent of children with diarrhoea received ORS or government recommended home-made fluids, while 29 percent received no treatment. Use of ORT was highest (89 percent) in Makran and surprisingly lowest (52 percent) in Quetta region which is relatively more urbanised. Overall, the ORT use rate was higher in urban (77 percent) than in rural areas (70 percent). The use rate was considerably higher among children of mothers with some education compared to those who had no education. It was also noted that women who were economically better off were more likely to provide ORT treatment to their children compared to the poorest class.

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[7] Comprises water mixed with sugar, common salt and lemon, local language called '*Skanjbeen*'.

Table CH.4: Oral rehydration solutions and recommended homemade fluids
Percentage of children age 0-59 months with diarrhea in the last two weeks, and treatment with oral rehydration solutions and recommended homemade fluids, Balochistan Province, Pakistan, 2010

		Had diarrhea in last two weeks	Number of children age 0-59 months	Children with diarrhea who received:			Number of children aged 0-59 months with diarrhea
				ORS (Fluid from ORS packet or pre-packaged ORS fluid)	Govt. recommended homemade fluid	ORS or any recommended homemade fluid	
Sex	Male	21.0	5,222	63.7	20.8	71.7	1,098
	Female	21.3	4,508	61.7	22.7	71.1	960
Region	Quetta	14.3	2,548	35.8	25.7	51.6	366
	Kalat	23.4	2,054	58.7	15.3	64.3	480
	Sibi	44.0	798	77.0	36.8	88.1	351
	Zhob	15.5	1,608	50.8	18.3	63.5	249
	Nasirabad	22.7	1,743	73.6	10.9	78.1	396
	Makran	22.1	982	87.5	27.9	89.4	217
Area	Urban	15.4	2,028	69.3	21.5	76.8	313
	Rural	22.7	7,706	61.5	21.7	70.3	1,746
Age	0-11	22.2	1,362	48.1	16.4	57.8	302
	12-23	27.8	1,493	66.1	21.1	72.5	415
	24-35	22.2	1,973	66.6	24.4	77.5	438
	36-47	19.1	2,479	63.5	22.9	71.5	474
	48-59	17.8	2,426	64.8	21.7	73.1	431
Mother's education	No education	21.5	8,338	60.4	21.3	69.2	1,797
	Some education	18.9	1,380	78.1	23.6	85.6	261
Wealth index quintiles	Poorest	23.1	2,033	41.9	17.2	50.9	469
	Second	21.6	2,025	62.5	14.9	70.0	438
	Middle	19.6	2,062	74.3	26.7	82.7	404
	Fourth	23.6	1,868	74.2	26.6	83.1	442
	Richest	17.6	1,746	63.0	24.3	72.5	307
Total		21.2	9,734	62.7	21.7	71.3	2,060

Note 1: 2 number of children with missing sex are not shown
Note 2: Figures shown in parenthesis are based on denominators of 25-49 cases

Figure CH.3 Percentage of children aged 0-59 months with diarrhoea who received oral rehydration treatment, Balochistan Province, Pakistan, 2010
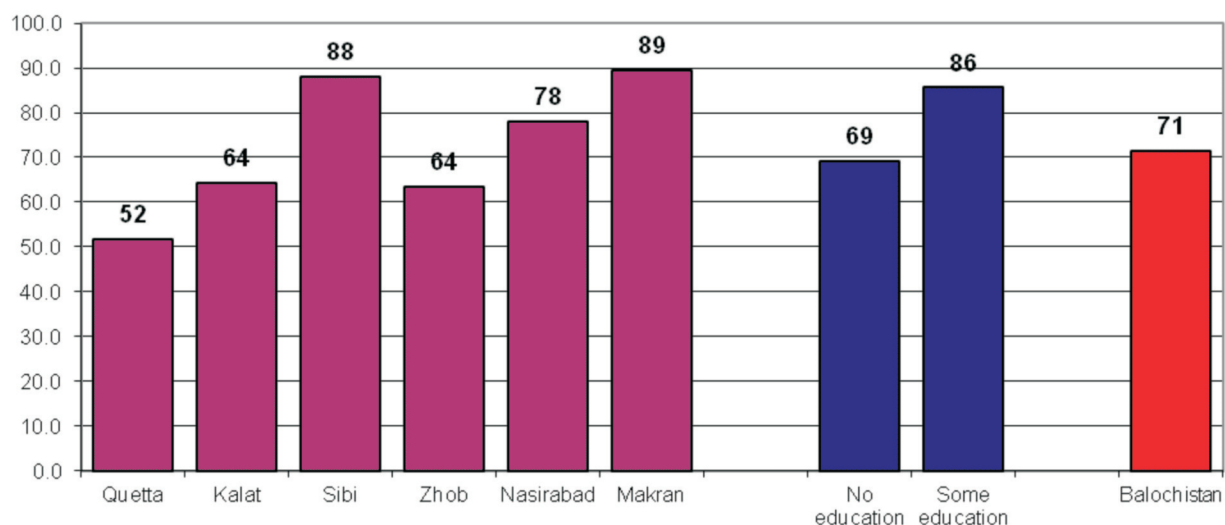
6.4   Liquid and food intake during diarrhoea

85.   Table CH.5 shows that nearly one in every six (16 percent) under-5 children with a diarrhoea episode drank more than usual and over one-third (35 percent) were given the same amount of liquid. However, one-fourth was given less than usual amount of liquid while one in nine children (11 percent) with diarrhoea received much less than what they were taking before diarrhoea. Nearly 5 percent were given no liquid at all. Variations were observed on the basis of residence, area, age of child, mother's education and wealth index quintiles, however, no specific pattern was visible.

86.   Twenty-nine percent children were given the same amount of food during diarrhoea while 14 percent received more than usual. Those who received less or much less than what they were eating before the diarrhoeal episode were 38 percent of the affected children. Overall, 77 percent ate somewhat less, same or more (continued feeding), but 12 percent ate much less or ate almost none.

Table CH.5: Feeding practices during diarrhoea

Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea, Balochistan Province, Pakistan 2010

		Had diarrhoea in last two weeks	Number of children age 0-59 months	Drinking practices during diarrhoea:							Eating practices during diarrhoea:								Number of children aged 0-59 months with diarrhoea
				Given much less to drink	Given somewhat less to drink	Given about the same to drink	Given more to drink	Given nothing to drink	Missing/DK	Total	Given much less to eat	Given somewhat less to eat	Given about the same to eat	Given more to eat	Stopped food	Had never been given food	Missing/DK	Total	
Sex	Male	21.0	5222	10.7	25.5	34.6	16.1	5.3	7.9	100.0	9.2	26.7	35.0	13.7	4.1	3.5	7.8	100.0	1098
	Female	21.3	4508	12.2	26.3	36.3	15.3	3.7	6.1	100.0	8.8	31.4	34.5	13.5	1.9	3.5	6.4	100.0	960
Region	Quetta	14.3	2548	10.0	29.7	47.4	11.7	.6	0.6	100.0	5.2	42.2	46.8	3.4	1.1	.7	0.7	100.0	366
	Kalat	23.4	2054	9.4	30.5	34.9	17.2	4.6	3.5	100.0	9.3	31.0	32.1	16.1	3.6	3.8	4.2	100.0	480
	Sibi	44.0	798	6.1	9.9	23.4	31.6	4.8	24.2	100.0	4.0	9.3	24.1	33.3	4.8	.3	24.3	100.0	351
	Zhob	15.5	1608	10.0	29.4	44.3	14.1	1.0	1.3	100.0	5.6	29.7	44.5	17.7	.8	.0	1.8	100.0	249
	Nasirabad	22.7	1743	16.1	26.5	33.4	8.1	7.0	9.0	100.0	14.0	27.2	34.6	4.0	2.8	8.7	8.7	100.0	396
	Mekran	22.1	982	19.7	30.4	28.9	9.3	10.3	1.3	100.0	18.0	36.4	26.3	5.8	5.7	7.8	0.0	100.0	217
Area	Urban	15.4	2028	12.1	32.3	34.6	14.7	3.4	2.9	100.0	8.7	32.4	37.9	10.0	5.3	3.2	2.5	100.0	313
	Rural	22.7	7706	11.2	24.8	35.5	15.9	4.8	7.8	100.0	9.1	28.4	34.1	14.2	2.7	3.6	7.9	100.0	1746
Age	0-11	22.2	1362	12.1	24.8	44.6	7.4	7.4	3.7	100.0	7.4	26.3	44.7	6.5	.7	9.9	4.5	100.0	302
	12-23	27.8	1493	13.8	26.4	32.8	14.9	7.0	5.2	100.0	11.9	27.1	34.1	11.7	4.4	5.0	5.8	100.0	415
	24-35	22.2	1973	11.1	25.2	39.8	14.5	2.6	6.9	100.0	8.2	28.6	38.6	14.4	2.6	1.5	6.2	100.0	438
	36-47	19.1	2479	10.4	25.2	30.3	21.6	3.5	9.0	100.0	8.7	30.0	28.7	18.7	2.7	2.0	9.2	100.0	474
	48-59	17.8	2426	9.9	27.9	32.6	17.1	3.4	9.2	100.0	8.5	31.8	31.0	13.9	4.5	1.4	8.9	100.0	431
Mother's Education - 2	No education	21.5	8354	10.7	25.6	35.4	15.9	4.5	7.8	100.0	8.4	28.2	34.8	14.0	3.2	3.3	8.1	100.0	1800
	Some education	18.9	1380	16.2	28.0	35.3	14.2	4.6	1.7	100.0	13.0	34.3	33.9	10.9	2.5	4.8	0.7	100.0	260
Wealth index quintiles	Poorest	23.1	2033	12.5	28.9	40.9	9.1	5.1	3.4	100.0	11.1	33.9	35.6	9.6	2.2	3.4	4.2	100.0	469
	Second	21.6	2025	10.7	30.8	36.7	12.6	3.1	6.1	100.0	7.8	31.5	38.7	10.4	1.5	4.2	5.9	100.0	438
	Middle	19.6	2062	10.9	19.1	32.7	22.7	3.8	10.8	100.0	8.6	23.7	31.1	19.5	3.6	3.1	10.6	100.0	404
	Fourth	23.6	1868	12.6	22.2	31.5	16.8	8.2	8.6	100.0	11.9	23.1	30.8	13.8	6.1	5.2	9.1	100.0	442
	Richest	17.6	1746	9.2	28.6	34.1	19.8	1.4	6.8	100.0	3.9	33.3	38.0	16.2	1.7	.8	5.9	100.0	307
Total		21.2	9734	11.4	25.9	35.4	15.7	4.5	7.1	100.0	9.0	29.0	34.7	13.6	3.1	3.5	7.1	100.0	2060

6.5   Oral rehydration therapy with continued feeding and other treatments

87.   Table CH.6 shows the use of oral rehydration therapy with continued feeding and other treatments during diarrhoea of children age 0-59 months. Overall, two-third (66 percent) of children with diarrhoea were given ORS or increased fluids. Those who received Oral Rehydration Therapy (ORS or recommended homemade fluids or increased fluids) were 74 percent at the aggregate level. However, the proportion of children who received ORT together with continued feeding during diarrhoeal episode declined to 56 percent at the aggregate level. There were significant differences in the management of diarrhoea by background characteristics. The proportion of children who received ORT with continuous feeding was slightly higher among female (58 percent) compared to male (54 percent). The practice was found highest in Zhob (61 percent) and lowest in Quetta and Nasirabad regions (52 percent each). Though no specific pattern emerges on the basis of level of education of mothers, the proportion of children who received ORT together with continuous feeding was considerably higher where the mother had some education (66 percent) compared to those where the mother had no education at all (54 percent). Similarly, children in the richer households were more likely to receive ORT with continuous feeding compared to those who were very poor. Other more common treatments provided during diarrhoea were home remedies/herbal medicines (16 percent) followed by antibiotics (13 percent) and zinc. Nearly 6 percent children were given green tea, honey-water solution among other things which are categorised under "Other". In 11 percent cases, the type of treatment/ medicines provided during the diarrhoea was not known.

88.   Those who had diarrhoea in the two weeks before the survey, nearly 12 percent did not receive any treatment at all. The proportion of such children was highest in Zhob region (18 percent) and lowest in Sibi (5 percent). Women, who had no education, were poor and residing in rural areas, their children were more likely to be deprived of receiving any treatment during diarrhoea.

Table CH.6: Oral rehydration therapy with continued feeding and other treatments

Percentage of children age 0-59 months with diarrhea in the last two weeks who received oral rehydration therapy with continued feeding, and percentage of children with diarrhea who received other treatments, Balochistan Province, Pakistan, 2010

		Children with diarrhea who received:			Other treatment:												Not given any treatment or drug	Number of children aged 0-59 months with diarrhea
		ORS or increased fluids	ORT (ORS or homemade fluids or increased fluids)	ORT with continued feeding [1]	Pill or syrup: Antibiotic	Pill or syrup: Antimotility	Pill or syrup: Zinc	Pill or syrup: Other	Pill or syrup: Unknown	Injection: Antibiotic	Injection: Non-antibiotic	Injection: Unknown	Intravenous	Home remedy/ Herbal medicine	Other		
Sex	Male	67.4	73.7	53.7	11.3	1.6	5.9	3.3	12.1	1.1	0.1	1.1	0.3	16.4	6.4	11.3	1,098
	Female	65.3	73.8	58.1	14.1	1.6	5.2	2.4	10.7	0.8	0.2	2.0	0.6	16.3	4.7	11.7	960
Region	Quetta	41.4	56.9	52.3	9.1	1.0	0.4	1.8	7.6	0.8	0.0	1.8	0.0	24.2	14.9	12.7	366
	Kalat	64.7	69.0	54.8	16.2	2.5	7.2	3.6	21.3	0.6	0.0	2.1	0.0	28.0	3.2	15.8	480
	Sibi	80.7	88.4	59.0	3.1	0.0	0.9	0.0	2.9	0.2	0.0	.3	0.4	4.9	2.3	5.4	351
	Zhob	53.4	64.7	60.6	7.7	1.0	2.7	0.6	10.9	0.0	0.5	1.1	0.0	12.7	7.8	18.0	249
	Nasirabad	75.2	78.8	52.4	20.9	0.9	14.2	8.5	8.6	3.0	0.4	1.9	2.0	12.3	2.4	8.4	396
	Makran	87.8	89.4	58.5	17.3	5.4	5.7	0.3	15.6	0.3	0.0	1.3	0.0	7.4	3.9	7.8	217
Area	Urban	72.6	78.3	60.2	20.9	3.4	8.3	4.8	17.1	1.9	0.2	3.0	1.0	15.2	6.1	7.3	313
	Rural	65.2	72.8	54.9	11.2	1.3	5.1	2.6	10.4	0.8	0.1	1.2	0.3	16.5	5.5	12.2	1,746
Age	0-11	50.7	60.0	44.4	14.6	0.6	4.0	3.8	15.6	0.6	0.2	1.5	1.8	21.6	9.9	13.2	302
	12-23	69.6	74.5	53.8	12.9	1.9	5.3	4.1	12.5	0.6	0.3	1.9	0.0	14.5	7.9	9.9	415
	24-35	70.0	79.2	62.6	13.9	1.7	60.2	2.0	12.0	1.0	0.3	2.8	0.0	17.6	4.4	9.1	438
	36-47	69.4	75.7	59.1	9.7	1.8	6.5	3.5	10.2	1.9	0.0	0.6	0.8	16.5	5.8	12.0	474
	48-59	67.3	74.5	54.7	13.3	1.9	5.4	1.4	8.3	0.4	0.0	.8	0.0	12.9	1.3	13.6	431
Mother's Education	No education	64.3	71.9	54.2	11.4	1.0	5.6	2.8	11.7	0.7	0.2	1.4	0.4	17.0	5.3	12.7	1,800
	Some education	80.5	85.7	66.4	21.4	6.0	5.2	3.8	9.9	2.2	0.0	1.8	0.9	11.7	7.4	2.8	261
Wealth index quintiles	Poorest	46.9	55.4	44.7	13.2	0.6	7.2	4.5	12.1	0.5	0.0	.5	0.2	23.4	4.5	23.2	469
	Second	65.7	71.6	56.5	14.0	0.8	5.8	2.4	16.4	0.4	0.1	2.4	0.6	19.5	5.9	12.3	438
	Middle	77.4	84.7	62.1	13.5	2.6	3.5	0.6	9.4	1.0	0.6	2.3	0.1	13.5	4.2	6.7	404
	Fourth	77.1	84.2	55.2	10.2	1.3	6.2	3.2	8.4	0.8	0.0	.9	0.3	9.1	7.7	7.3	442
	Richest	67.2	75.0	63.7	12.5	3.6	4.8	3.8	10.4	2.3	0.0	1.5	1.0	15.2	5.6	4.7	307
Total		66.4	73.7	55.7	12.7	1.6	5.6	2.9	11.4	0.9	0.1	1.5	0.4	16.3	5.6	11.5	2,060

Figure CH.4: Percentage of children aged 0-59 with diarrhoea who received ORT or increased fluids, and continued feeding, Balochistan Province, Pakistan, 2010
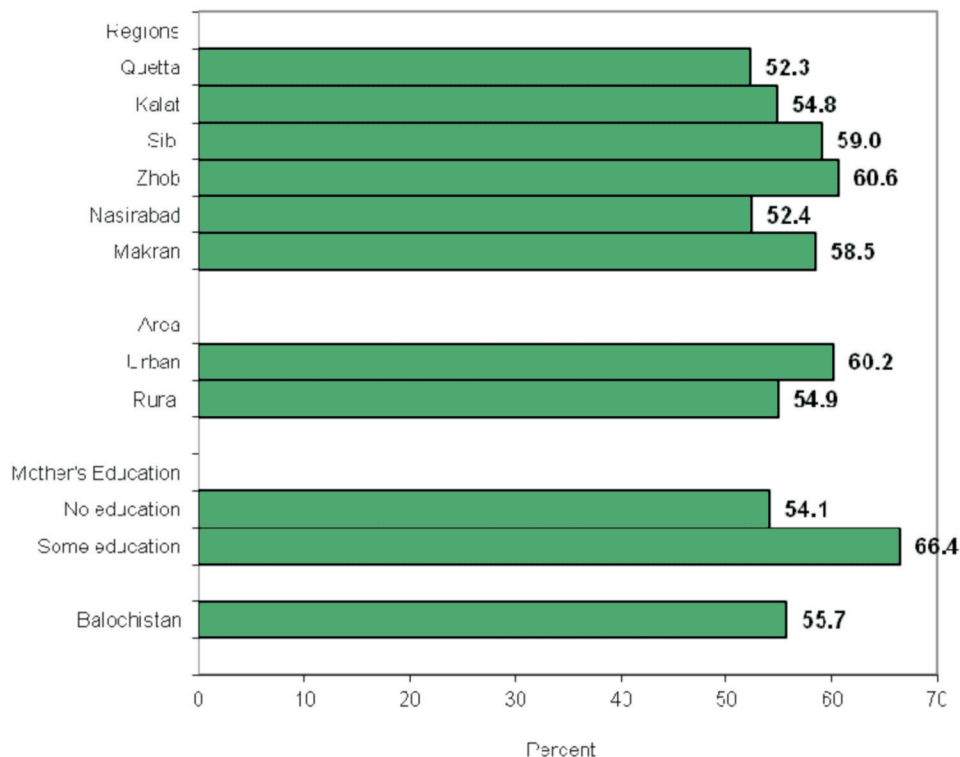
6.6 Care seeking and antibiotic treatment of pneumonia

89. Pneumonia is the leading cause of death in children and the use of antibiotics in under-5s with suspected pneumonia is a key intervention. A World Fit for Children Goal is to reduce by one-third the deaths due to acute respiratory infections.

90. Children with suspected pneumonia are those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were NOT due to a problem in the chest and a blocked nose.

91. The indicators to monitor are:
   - Prevalence of suspected pneumonia
   - Care seeking for suspected pneumonia
   - Antibiotic treatment for suspected pneumonia
   - Knowledge of the danger signs of pneumonia

92. Table CH.7 presents the prevalence of suspected pneumonia and, if care was sought outside the home, the site of care. Nearly 5 percent of children age 0-59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Of these children, 55 percent were taken to an appropriate health provider, while 17 percent were taken to traditional practitioners and friends /relatives. Overall, 37 percent children with

suspected pneumonia received antibiotics. There was a strong correlation between the education level of the mother as well as the economic status of the household and the appropriate treatment of suspected pneumonia in a child. Similarly, children from urban areas were more likely (74 percent) to get appropriate treatment compared to children living in rural areas (51 percent). Male children were more likely to receive an appropriate (61 percent) than a female (48 percent).

93.   Table CH.8 shows a number of health problems in a young child which would require consultation with the health professional. The table also shows percentage of mothers/caretakers knowledge about two danger signs of pneumonia. Mothers' knowledge of the danger signs is an important determinant of care-seeking behaviour. Overall, 14 percent of women knew of the two danger signs of pneumonia – fast and difficult breathing. Highest proportion of women in Sibi region (28 percent) and the lowest in Makran region could recognise two danger signs of pneumonia. Though slight variations in the recognition of the two important danger signs of pneumonia were observed on the basis of level of education, not much difference was visible when women with no education and those who had some education were compared. The most commonly identified symptom for taking a child to a health facility was sickness (56 percent) or getting fever (51 percent). Thirty-two percent of mothers identified fast breathing and 30 percent identified difficult breathing as symptoms for taking child immediately to a health care provider.

Table CH.7: Care seeking for suspected pneumonia and antibiotic use during suspected pneumonia

Percentage of children age 0-59 months with suspected pneumonia in the last two weeks who were taken to a health provider and percentage of children who were given antibiotics, Balochistan Province, Pakistan, 2010

Children with suspected pneumonia who were taken to:

		Had suspected pneumonia in the last two weeks	Number of children age 0-59 months	Public sector: Government hospital	Public sector: Dispensary	Public sector: Government health center	Public sector: Village health centre	Other public	Private hospital / clinic	Private physician	Private pharmacy	Dispenser / compounder	Other private medical	Relative / Friend	Homeopathic	Hakim	Other	Any appropriate provider [1]	Percentage of children with suspected pneumonia who received antibiotics in the last two weeks [2]	Number of children age 0-59 months with suspected pneumonia in the last two weeks
	Male	4.4	5222	30.1	3.4	1.4	2.2	0.2	12.5	14.4	0.0	0.0	0.0	7.7	0.0	7.0	0.9	61.1	36.9	227
Sex	Female	4.6	4508	27.1	8.7	0.0	1.5	0.0	8.2	10.2	1.2	0.3	0.0	10.7	0.8	7.2	0.4	48.1	37.8	207
	Missing	0.0	4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	0
	Quetta	4.1	2548	22.1	15.1	0.0	0.8	0.0	8.1	7.6	1.4	0.0	0.0	2.4	1.6	0.0	1.5	40.1	37.3	104
	Kalat	7.0	2054	36.6	4.8	0.0	2.2	0.4	4.6	7.2	0.3	0.0	0.0	18.9	0.0	18.0	0.0	53.2	36.2	144
	Sibi	2.1	798	26.1	4.1	0.0	0.0	0.0	26.5	9.3	0.0	3.2	0.0	1.3	0.0	1.3	6.7	63.2	29.6	17
Region	Zhob	3.8	1608	18.8	0.0	1.9	3.5	0.0	1.5	14.9	1.2	0.0	0.0	8.8	0.0	1.9	0.0	39.4	16.3	61
	Nasirabad	4.6	1743	26.7	3.0	2.6	0.0	0.0	29.8	25.2	0.0	0.0	0.0	2.0	0.0	0.0	0.0	84.3	41.6	79
	Mekran	2.9	982	40.5	0.0	0.0	6.8	0.0	4.1	17.4	0.0	0.0	0.0	9.5	0.0	11.6	0.0	63.6	80.8	29
Area	Urban	3.6	2028	28.9	5.6	0.0	0.0	0.0	19.9	28.2	0.6	0.5	0.0	1.1	2.3	4.0	0.0	73.9	52.3	72
	Rural	4.7	7706	28.6	6.0	0.9	2.3	0.1	8.6	9.3	0.6	0.0	0.0	10.8	0.0	7.7	0.8	51.1	34.3	362
	0-11	5.6	1362	28.6	5.8	1.5	2.8	0.0	11.2	22.8	0.0	0.0	0.0	6.1	0.0	4.8	1.3	66.6	32.1	76
	12-23	4.6	1493	29.5	4.3	0.0	2.8	0.0	13.3	11.2	0.0	0.2	0.0	6.7	2.4	7.7	1.4	58.9	39.3	69
Age	24-35	3.6	1973	30.8	3.5	0.0	1.8	0.0	10.3	13.9	0.6	0.0	0.0	4.4	0.0	9.0	0.0	55.8	39.4	71
	36-47	4.2	2479	21.2	5.2	0.9	1.1	0.0	9.2	8.3	2.1	0.4	0.0	16.2	0.0	9.6	0.7	44.8	24.7	104
	48-59	4.7	2426	33.8	9.2	1.0	1.5	0.5	9.4	9.0	0.0	0.0	0.0	9.2	0.0	4.7	0.0	53.4	49.9	113
Mother's education	None	4.5	8338	27.4	6.0	0.9	1.9	0.1	9.2	12.8	0.5	0.1	0.0	9.0	0.0	5.8	0.5	51.8	35.8	376
	Some education	4.2	1396	44.8	5.2	0.0	3.4	0.0	20.6	12.1	1.7	0.0	10.3	0.0	1.7	15.5	1.7	70.7	46.5	58
Wealth index	Poorest	6.4	2033	19.9	3.0	0.0	2.5	0.0	7.3	10.7	0.0	0.0	0.0	17.5	0.0	5.5	1.3	40.7	30.3	130
	Second	5.4	2025	29.6	8.6	2.1	0.9	0.5	7.5	8.3	0.7	0.0	0.0	9.8	0.0	11.4	0.9	55.6	29.1	110

Table CH.7: Care seeking for suspected pneumonia and antibiotic use during suspected pneumonia

Percentage of children age 0-59 months with suspected pneumonia in the last two weeks who were taken to a health provider and percentage of children who were given antibiotics, Balochistan Province, Pakistan, 2010

Children with suspected pneumonia who were taken to:

		Had suspected pneumonia in the last two weeks	Number of children age 0-59 months	Public sector: Government hospital	Public sector: Dispensary	Public sector: Government health center	Public sector: Village health centre	Other public	Private hospital / clinic	Private physician	Private pharmacy	Dispenser / compounder	Other private medical	Relative / Friend	Homeop athic	Hakim	Other	Any appropriat e provider [1]	Percentage of children with suspected pneumonia who received antibiotics in the last two weeks [2]	Number of children age 0-59 months with suspected pneumonia in the last two weeks
quintile s	Middle	3.7	2062	35.5	4.4	1.2	2.6	0.0	11.8	12.5	0.0	0.2	0.0	6.6	0.0	12.9	0.0	60.5	46.1	76
	Fourth	2.9	1868	27.9	10.3	0.0	3.7	0.0	8.3	25.8	2.7	0.0	0.0	2.4	0.0	1.0	0.0	60.9	32.6	54
	Richest	3.7	1746	37.3	5.3	0.0	0.0	0.0	21.9	11.7	0.6	0.6	0.0	0.0	2.5	1.1	0.0	70.6	58.9	65
	Total	4.5	9734	28.7	5.9	0.7	1.9	0.1	10.5	12.4	0.6	0.1	0.0	9.2	0.4	7.1	0.6	54.9	37.3	434

Note 1: 4 number of children with missing sex are not shown.
Note 2: Figures shown in parenthesis are based on denominators of 25-49 cases.
Note 3: Figures shown by asterisks (*) are based on denominators of 24 un-weighted cases or less.
[1] **MICS indicator 3.9**
[2] **MICS indicator 3.10**

Table CH.8: Knowledge of the two danger signs of pneumonia

Percentage of mothers and caretakers of children age 0-59 months by symptoms that would cause them to take the child immediately to a health facility, and percentage of mothers who recognize fast and difficult breathing as signs for seeking care immediately, Balochistan Province, Pakistan 2010

Percentage of mothers/caretakers who think that a child should be taken immediately to a health facility if the child:

		Is not able to drink or breastfeed	Becomes sicker	Develops fever	Has fast breathing	Has difficulty breathing	Has blood in stool	Is drinking poorly	Has other symptoms	Mothers/caretakers who recognize the two danger signs of pneumonia	Number of mothers/caretakers of children age 0-59 months
Region	Quetta	19.7	58.3	43.1	28.0	38.2	17.9	23.9	10.3	15.4	1,599
	Kalat	34.7	62.2	60.1	29.7	24.1	18.2	20.6	8.1	11.7	1,576
	Sibi	67.8	67.9	55.5	57.5	49.6	30.9	22.7	2.7	27.7	649
	Zhob	25.5	47.7	53.4	23.0	21.7	17.4	15.9	6.0	11.4	1,101
	Nasirabad	34.9	52.6	46.3	42.5	34.6	27.1	26.5	5.1	16.9	1,229
	Makran	13.2	47.6	46.8	17.0	16.6	12.8	38.9	19.8	3.7	753
Area	Urban	30.3	55.5	50.6	31.0	31.1	19.5	23.3	9.3	13.4	1,438
	Rural	30.7	56.4	50.8	32.0	30.3	20.4	24.0	8.3	14.2	5,469
Education	None	31.2	57.1	51.3	32.1	30.1	20.6	23.4	7.6	14.1	5,878
	Primary	29.1	48.9	50.0	28.5	40.2	19.1	25.7	12.2	15.4	298
	Middle	30.1	56.4	46.3	40.2	35.5	17.5	20.7	9.3	16.7	155
	Matric	19.2	56.1	46.0	25.4	22.5	14.7	33.5	15.5	8.3	307
	Higher	32.3	46.5	49.8	31.4	33.7	22.5	23.7	14.9	16.1	258
Wealth index quintiles	Poorest	25.0	49.6	57.7	25.9	18.1	13.3	19.0	6.8	8.4	1,455
	Second	28.0	58.3	46.8	27.3	28.5	20.4	22.9	9.8	11.9	1,456
	Middle	34.2	58.9	48.9	36.8	35.7	26.2	29.1	7.3	16.6	1,442
	Fourth	34.0	56.3	52.5	35.0	35.0	20.9	28.0	9.8	17.3	1,324
	Richest	32.3	58.4	47.5	34.6	36.2	20.3	20.3	8.9	17.0	1,230
Total		30.6	56.2	50.8	31.8	30.4	20.2	23.9	8.5	14.1	6,907

Note: 4 number of cases with pre-school education and 8 with Madrassa education not shown.

6.7   Solid fuel use

94.   More than half of the world population rely on solid fuels (biomass and coal) for their basic energy needs, including cooking and heating (Eva Rehfuss et al, 2006)[8]. Cooking and heating with solid fuels leads to high levels of indoor smoke, a complex mix of health-damaging pollutants. The main problem with the use of solid fuels is products of incomplete combustion, including CO, polyaromatic hydrocarbons, SO_2, and other toxic elements. Use of solid fuels increases the risks of acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, low birth weight, cataract, and asthma. The primary indicator is the proportion of the population using solid fuels as the primary source of domestic energy for cooking.

95.   Table CH.9 shows the percent distribution of household members according to type of cooking fuel used by the households. Nearly three-fourth (72 percent) of sample population was living in households using solid fuel for cooking. Solid fuel consists of coal, charcoal, wood, straw/shrubs/grass, animal dung, and agricultural crops residue. Use of solid fuel was low in urban areas (41 percent), but very high in rural areas (81 percent). One of the major reasons of using solid fuel in rural areas is the non availability of natural gas. The findings show that use of solid fuel was found very common among households in Zhob (92 percent), Makran (90 percent) and Kalat regions (86 percent). It was considerably lower in Sibi (44 percent) and Quetta regions (45 percent). The use of solid fuel was also higher among uneducated (79 percent) and poorest families (100 percent) as compared to those who had higher education (48 percent) or were very rich (20 percent).

96.   Wood was the most common solid fuel used in Balochistan. It is important to note that in Balochistan, nearly two-third (63 percent) of the households cooked food in a separate room or in a kitchen and 29 percent elsewhere in the house (see Table CH.10). The use of separate room or kitchen was highest in Quetta region (83 percent) and lowest in Sibi (27 percent). It was also higher in urban (79 percent) than in rural areas (61 percent). The use of kitchen or separate room for cooking was also positively related to education level of head of the household and the wealth quintiles. Solid fuel use alone is a poor proxy for indoor air pollution, since the concentration of the pollutants is different when the same fuel is burnt in different stoves or fires. Use of closed stove with chimney minimizes indoor pollution, while open stove or fire with no chimney or hood means that there is no protection from the harmful effects of solid fuels even if food is cooked in a separate room or a kitchen.

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[8] Eva Rehfuss, Sumi Mehta, and Annette Pruss, 2006. Assessing household Solid Fuel Use: Multiple Implications for Millennium Development Goals. Environment Health Perspectives, Volume 114, Number 3, 2006.

Percent distribution of household members according to type of cooking fuel used by the household, and percentage of household members living in households using solid fuels for cooking, Balochistan Province, Pakistan, 2010

Background characteristics		Percentage of household members in households using:															Solid fuels for cooking [1]	Number of household members
		Electricity	Liquefied Petroleum Gas (LPG)	Natural gas	Biogas	Kerosene	Coal	Charcoal	Wood	Straw / Shrubs / Grass	Animal dung	Agricultural crop residue	No food cooked in household	Other	Missing	Total		
Region	Quetta	1.4	4.1	48.5	0.2	0.1	0.8	3.0	36.9	3.1	0.9	0.3	0.0	0.1	0.5	100.0	45.0	21966
	Kalat	3.8	1.7	7.2	0.2	0.1	0.7	1.7	65.3	14.9	2.9	0.7	0.0	0.0	0.7	100.0	86.2	19510
	Sibi	25.0	1.4	28.9	0.2	0.0	1.9	1.8	31.8	6.8	1.6	0.2	0.0	0.1	0.2	100.0	44.2	8128
	Zhob	5.3	1.0	0.3	0.6	0.0	2.0	2.0	79.5	7.3	1.0	0.2	0.0	0.0	0.7	100.0	92.1	13430
	Nasirabad	2.7	0.1	18.6	0.4	0.1	2.2	0.5	50.7	3.2	20.7	0.2	0.0	0.1	0.5	100.0	77.6	15142
	Mekran	0.1	9.6	0.1	0.1	0.0	0.1	0.8	82.1	4.5	1.9	0.5	0.1	0.0	0.2	100.0	89.8	11041
Area	Urban	3.1	5.7	49.1	0.2	0.1	0.5	0.9	36.7	1.5	1.2	0.2	0.0	0.1	0.8	100.0	40.9	20570
	Rural	5.2	2.0	10.5	0.3	0.0	1.4	2.0	63.1	8.5	6.0	0.4	0.0	0.0	0.4	100.0	81.4	68648
Education of household head	None	5.2	1.3	13.8	0.4	0.0	1.0	1.6	60.6	9.4	5.8	0.4	0.0	0.1	0.5	100.0	78.7	53554
	Primary	1.5	5.2	22.4	0.1	0.2	0.7	1.6	56.6	5.9	4.8	0.1	0.0	0.0	0.8	100.0	69.8	7450
	Middle	5.0	2.6	24.2	0.1	0.0	2.9	3.2	51.4	3.7	6.1	0.3	0.0	0.0	0.5	100.0	67.5	5620
	Matric	5.7	3.3	23.8	0.1	0.2	2.0	3.2	55.1	2.5	3.0	0.6	0.0	0.0	0.4	100.0	66.4	12026
	Higher	3.3	8.8	39.3	0.2	0.0	0.6	0.5	43.8	1.0	1.8	0.2	0.0	0.1	0.5	100.0	47.9	10046
Wealth index quintiles	Poorest	0.0	0.0	0.0	0.0	0.0	0.7	1.0	71.7	18.9	6.9	0.5	0.0	0.0	0.0	100.0	99.7	17850
	Second	1.4	0.1	0.3	0.3	0.0	1.2	1.8	72.7	11.1	10.4	0.4	0.0	0.0	0.5	100.0	97.5	17836
	Middle	7.3	1.1	4.4	0.8	0.2	1.6	3.2	71.1	3.7	5.6	0.1	0.0	0.1	0.9	100.0	85.3	17843
	Fourth	8.9	4.1	28.3	0.1	0.1	1.6	2.5	51.8	0.5	1.2	0.5	0.0	0.1	0.4	100.0	58.0	17863
	Richest	6.0	9.0	63.9	0.2	0.0	0.9	0.5	17.8	0.1	0.3	0.4	0.0	0.1	0.8	100.0	20.0	17827
Total		4.7	2.9	19.4	0.3	0.1	1.2	1.8	57.0	6.9	4.9	0.4	0.0	0.0	0.5	100.0	72.1	89218

[1] MICS indicator 3.11

Note: 99 cases where education of head of the household was Preschool, 25 cases where head of household had education of madrassa and 173 cases where education of head of the households was missing /DK are not shown.

Table CH.10: Solid fuel use by place of cooking

Percent distribution of household members in households using solid fuels by place of cooking, Balochistan Province, Pakistan, 2010

| | | Place of cooking: | | | | | | | Number of household members in households using solid fuels for cooking |
		In a separate room used as kitchen	Elsewhere in the house	In a separate building	Outdoors	Other	Missing	Total	
Region	Quetta	83.3	10.3	0.2	4.1	1.1	1.1	100.0	9895
	Kalat	70.7	17.8	0.5	8.0	0.6	2.4	100.0	16811
	Sibi	27.4	72.0	0.0	0.0	0.0	0.6	100.0	3592
	Zhob	57.9	38.2	0.2	0.7	0.4	2.6	100.0	12365
	Nasirabad	42.4	50.9	1.1	3.6	0.1	2.0	100.0	11752
	Mekran	73.6	13.4	0.2	9.9	1.0	2.0	100.0	9913
Area	Urban	79.1	16.3	0.2	2.3	0.1	2.1	100.0	8423
	Rural	60.6	30.9	0.5	5.5	0.6	2.0	100.0	55906
Education of household head	None	57.8	33.1	0.6	5.8	0.7	2.1	100.0	42164
	Primary	74.7	18.4	0.1	4.4	0.3	2.1	100.0	5197
	Middle	64.8	26.2	0.1	7.5	0.4	1.0	100.0	3796
	Matric	70.7	24.4	0.3	2.7	0.4	1.5	100.0	7989
	Higher	83.2	13.8	0.2	0.6	0.5	1.7	100.0	4808
Wealth index quintiles	Poorest	41.7	40.2	0.8	13.3	1.2	2.8	100.0	17802
	Second	61.9	31.8	0.6	3.0	0.7	2.1	100.0	17388
	Middle	67.9	28.4	0.2	1.8	0.1	1.6	100.0	15215
	Fourth	83.8	14.1	0.1	0.7	0.1	1.2	100.0	10366
	Richest	93.5	4.4	0.4	0.0	0.1	1.6	100.0	3558
Total		63.0	28.9	0.4	5.0	0.6	2.0	100.0	64329

Note: 75 cases where education of head of the household was Preschool, 196 cases where head of household had education of madrassa and 103 cases where education of head of the households was missing /DK are not shown.

6.8   Malaria

97.   Among the four provinces of Pakistan, Balochistan has the highest prevalence of malaria (NIPS, 2008). Malaria contributes to anaemia in children and is a common cause of school absenteeism. Preventive measures, especially the use of mosquito nets treated with insecticide (ITNs), can dramatically reduce malaria morbidity rates among children and elders. In areas where malaria is common, international recommendations suggest treating any fever in children as if it were malaria and immediately giving the child a full course of recommended anti-malarial tablets. Children with severe malaria symptoms, such as fever or convulsions, should be taken to a health facility. Also, children recovering from malaria should be given extra liquids and food and, for younger children, should continue breastfeeding.

6.9   Availability of Mosquito Nets

98.   The questionnaire includes questions on the availability and use of bed nets, both at household level and among children under five years of age and pregnant women, as well as anti-malarial treatment, intermittent preventive therapy for malaria, and indoor residual spraying of households. Table CH.11 shows that 9 percent of households in Balochistan had at least one mosquito net of any type. Availability of any kind of mosquito net was more common in the Sibi region with 21 percent households having at least one net, followed by those in Makran region (19 percent). In Nasirabad region, the availability of any type of mosquito net was lowest (3.6 percent). More households in rural areas (10 percent) had mosquito nets of any type compared to urban areas (6.5 percent). Households headed by educated members were relatively more likely to have any kind of net compared to those where head of the household had no education. Similarly, the availability of any kind of net was higher among the households in fourth and fifth wealth quintiles compared to those in the lower three quintiles.

99.   The insecticide treated nets (ITN) and long lasting treated nets (LLN) were found in very few households, 2.9 percent and 2.2 percent respectively. The households in Makran region, those having educated household head and in the 4th wealth quintile were relatively more likely to have at least one LLNs or an ITN.

		Percentage of households with at least one mosquito net	Percentage of households with at least one long-lasting treated net	Percentage of households with at least one ITN [1]	Number of households
Region	Quetta	8.3	2.7	3.6	2,715
	Kalat	6.1	2.7	3.1	2,835
	Sibi	20.6	0.5	0.8	997
	Zhob	5.4	1.2	1.4	1,677
	Nasirabad	3.6	0.9	1.1	1,849
	Makran	19.2	4.3	6.2	1,539
Area	Urban	6.5	1.8	2.4	2,720
	Rural	9.9	2.3	3.0	8,892
Education of household head	None	7.6	1.9	2.3	7,050
	Primary	5.2	0.9	1.4	884
	Middle	11.4	3.5	4.0	702
	Matric	12.0	3.1	4.0	1,606
	Higher	15.1	3.0	4.9	1,349
Wealth index quintiles	Poorest	5.1	1.7	2.2	2,528
	Second	5.8	2.2	2.5	2,402
	Middle	9.5	1.7	2.5	2,270
	Fourth	14.7	3.2	4.1	2,185
	Richest	11.2	2.3	3.2	2,227
Total		9.1	2.2	2.9	11,612

[1] MICS indicator 3.12,
Note: 12 cases where education of head of the household was Preschool, 32 cases where head of household had education of madrassa and 21 cases where education of head of the households was missing /DK are not shown.

6.10   Use of mosquito nets

101.   Table CH.12 shows the use of mosquito nets by children under five years of age according to their background characteristics. Overall, only 1.5 percent children under age 5 years slept the night prior to the survey, under any kind of mosquito net. The proportion of those who slept under an insecticide treated net was only 0.6 percent. In the households owning insecticide treated nets, 22 percent of children who slept in the household the night before the survey, were reported to have used the insecticide treated nets. The proportion of such children was higher among female (27 percent) compared to male (18 percent). Education of head of the household was positively related to the use of mosquito net by the children under five years of age. No specific pattern was observed on the basis of wealth quintiles.

102.   Table CH.13 shows that among women who were pregnant, only 3 percent slept under any kind of mosquito net while less than one percent reported to have slept under ITN. A very small number of pregnant women were living in HH with ITNs and results cannot be disaggregated by background variables. However, it can be mentioned that at the provincial level 28 percent of pregnant women in households with ITNS used them the night before the survey.

6.11   Prevalence and treatment of malaria

103.   Table CH.14 shows the percentage of children under 5 years of age who had fever in the last two weeks before the survey and those who received ante-malarial drugs. Nearly 18 percent children under age 5 years had suffered from fever in two weeks before the survey. Regional differences in fever prevalence were found. The highest prevalence was reported in Sibi (32 percent) followed by Nasirabad (26 percent) and Makran (21 percent) regions. The lowest incidence of fever was reported in Zhob (10 percent). Fever was found almost equally prevalent across all ages and gender. Fever was slightly lower among children whose mothers had secondary or higher education than among children of less educated mothers.

104.   Those who had fever, nearly one-quarter were reported to have received antimalarial drugs the same or the following day. The percentage of children who received antimalarial drugs was higher in the areas where the prevalence was also high.

Table CH.12: Children sleeping under mosquito nets
Percentage of children age 0-59 months who slept under a mosquito net during the previous night, by type of net, Balochistan Province, Pakistan, 2010

		Percentage of children age 0-59 who stayed in the household the previous night	Number of children age 0-59 months	Percentage of children who: Slept under any mosquito net [1]	Percentage of children who: Slept under an insecticide treated net [2]	Number of children age 0-59 months who slept in the household the previous night	Percentage of children who slept under an ITN living in households with at least one ITN	Number of children age 0-59 living in households with at least one ITN
Sex	Male	98.5	5,222	1.4	0.6	5,146	18.4	168
	Female	98.9	4,508	1.7	0.7	4,459	27.2	115
Region	Quetta	98.4	2,548	0.7	0.5	2,508	13.8	93
	Kalat	99.5	2,054	0.9	0.5	2,044	19.1	52
	Sibi	94.6	798	3.2	0.3	755	(*)	7
	Zhob	99.2	1,608	0.4	0.2	1,596	(12.0)	32
	Nasirabad	99.0	1,743	1.2	0.3	1,725	(*)	23
	Makran	99.8	982	6.1	2.8	981	36.4	76
Area	Urban	98.7	2,028	1.2	0.6	2,002	(25.1)	48
	Rural	98.7	7,706	1.6	0.7	7,607	21.4	236
Age	0-11	98.9	1,362	0.8	0.6	1,347	(29.2)	30
	12-23	98.9	1,493	1.5	0.6	1,477	(17.9)	46
	24-35	98.3	1,973	1.7	0.7	1,940	(27.0)	50
	36-47	98.8	2,479	1.5	0.5	2,449	16.0	82
	48-59	98.7	2,426	1.9	0.8	2,396	24.7	76
Mother's education	None	98.9	8,354	1.2	0.4	8,259	16.4	216
	Some Education	97.8	1,380	4.8	2.0	1,349	39.4	67
Wealth index quintiles	Poorest	99.8	2,033	0.9	0.5	2,028	(26.2)	40
	Second	98.9	2,025	1.0	0.6	2,002	21.7	51
	Middle	98.3	2,062	1.4	0.5	2,027	(26.2)	41
	Fourth	99.0	1,868	2.4	0.8	1,848	18.0	85
	Richest	97.5	1,746	2.3	0.9	1,702	22.2	66
Total		98.7	9,734	1.5	0.6	9,609	22.0	284

Note 1: Figures shown in parenthesis are based on denominators of 25-49 un-weighted cases
Note 2: Figures denoted by an asterisk (*) are based on denominators of 24 un-weighted cases and less
[1] MICS indicator 3.14
[2] MICS indicator 3.15; MDG indicator 6.7

Table CH.13: Pregnant women sleeping under mosquito nets
Percentage of pregnant women who slept under a mosquito net during the previous night, by type of net, Balochistan Province, Pakistan, 2010

		Percentage of pregnant women who stayed in the household the previous night	Number of pregnant women	Percentage of pregnant women who: Slept under any mosquito net	Percentage of pregnant women who: Slept under an insecticide treated net [1]	Number of pregnant women who slept in the household the previous night
Region	Quetta	97.8	519	1.3	1.0	507
	Kalat	97.6	487	1.6	1.0	476
	Sibi	99.1	282	6.6	0.9	279
	Zhob	98.3	279	1.5	0.4	274
	Nasirabad	98.8	455	0.6	0.0	450
	Makran	99.7	342	10.7	2.5	341
Area	Urban	98.2	419	3.1	1.2	412
	Rural	98.5	1,945	3.3	0.9	1,916
Age	15-19	91.8	95	0.7	0.0	87
	20-24	97.2	340	0.4	0.0	331
	25-29	98.0	604	2.4	1.5	592
	30-34	99.5	501	4.8	1.6	498
	35-39	99.7	493	4.3	0.5	492
	40-44	99.0	192	3.6	0.0	190
	45-49	99.2	138	5.7	1.6	137
Education	None	98.5	1,993	2.5	0.5	1,964
	Primary	95.0	89	1.3	1.3	85
	Middle	97.3	75	1.8	0.7	73
	Matric	100.0	134	10.3	5.1	134
	Higher	100.0	70	15.9	5.5	70
Wealth index quintiles	Poorest	98.9	420	4.0	1.6	415
	Second	98.1	551	1.0	0.4	541
	Middle	99.6	532	1.6	0.3	529
	Fourth	97.5	463	5.1	2.2	451
	Richest	98.1	398	5.8	0.4	390
Total		98.5	2,364	3.3	0.9	2,328

[1] MICS indicator 3.19
Note: Information of 2 pregnant women with Madrassa education is not shown.

Table CH.14: Anti-malarial treatment of children with anti-malarial drugs

Percentage of children age 0-59 months who had fever in the last two weeks who received anti-malarial drugs, Balochistan Province, Pakistan, 2010

Children with a fever in the last two weeks who were treated with:

		Had a fever in last two weeks	Number of children age 0-59 months	Anti-malarials: SP / Fansidar	Anti-malarials: Chloroquine	Anti-malarials: Armodiaquine	Anti-malarials: Quinine	Anti-malarials: Artemisnin based combinations	Anti-malarials: Country specific CBD	Anti-malarials: Other Anti-malarial	Anti-malarials: Any anti-malarial drug [1]	Other medications: Antibiotic pill / syrup	Other medications: Antibiotic injection	Other medications: Paracetamol / Panadol / Acetaminophan	Other medications: Aspirin	Other medications: Ibuprofen	Other medications: Other	Don't know	Percentage who took an anti-malarial drug same or next day [2]	Number of children with fever in last two week
Sex	Male	17.9	5,222	18.8	12.1	1.2	12.5	0.3	0.0	1.1	34.4	6.7	0.7	21.4	4.5	18.0	3.7	2.8	25.9	933
	Female	17.5	4,508	18.0	11.6	1.2	8.9	0.2	0.2	0.8	32.6	6.8	1.9	18.4	4.4	17.2	6.4	4.2	22.0	788
Region	Quetta	12.7	2,548	3.5	1.7	0.0	2.5	0.0	0.0	1.4	7.4	5.7	0.7	26.9	0.4	25.4	13.4	5.0	3.5	324
	Kalat	15.7	2,054	13.6	7.3	2.6	8.3	0.0	0.4	1.4	20.5	10.2	1.8	13.4	8.7	20.2	3.2	4.9	11.7	322
	Sibi	32.2	798	30.1	27.1	1.8	13.8	0.1	0.2	0.5	71.5	3.5	0.7	11.3	6.6	12.2	1.2	1.6	49.2	257
	Zhob	10.2	1,608	10.1	9.9	0.8	7.2	0.0	0.0	0.0	25.0	1.6	2.1	13.0	8.0	9.4	2.5	6.3	17.2	164
	Nasirabad	25.8	1,743	24.9	13.1	0.2	4.8	0.9	0.0	1.0	36.4	8.7	1.5	33.1	1.9	11.2	0.9	2.1	30.3	449
	Makran	20.9	982	27.6	14.8	2.6	40.8	0.0	0.0	0.8	48.1	6.9	0.8	7.4	4.4	29.1	10.0	1.5	36.5	205
Area	Urban	16.7	2,028	13.6	5.2	0.2	7.0	0.2	0.4	2.4	23.4	10.4	3.4	23.9	5.0	20.4	6.4	5.4	15.8	339
	Rural	17.9	7,706	19.6	13.5	1.5	11.8	0.3	0.0	0.6	36.0	5.9	0.7	19.1	4.4	17.0	4.6	2.9	26.2	1,382
Age	0-11	18.7	1,362	7.0	3.4	0.3	7.6	0.4	0.2	2.9	15.8	4.0	0.5	22.1	2.6	20.1	9.2	6.9	12.5	255
	12-23	19.2	1,493	16.9	11.1	0.9	11.4	0.0	0.0	0.4	32.9	7.0	0.7	23.2	5.2	20.6	5.7	3.2	21.0	287
	24-35	17.4	1,973	15.0	12.4	0.7	7.4	0.0	0.0	1.3	30.5	6.4	2.0	20.6	5.7	14.5	2.8	3.7	19.9	343
	36-47	17.9	2,479	23.5	11.1	1.3	11.3	0.4	0.3	0.2	37.7	7.0	1.8	22.3	4.0	18.3	4.9	3.3	27.5	445
	48-59	16.1	2,426	24.3	18.5	2.4	15.1	0.3	0.0	0.6	43.6	8.4	0.9	13.3	4.6	16.0	3.6	1.2	33.8	391
Mother's education	None	17.6	8,338	19.0	12.1	1.4	10.6	0.3	0.0	1.1	34.9	6.2	1.5	19.7	4.6	16.0	4.4	3.2	25.1	1,469
	Primary	17.9	428	17.6	6.9	0.0	8.8	0.0	0.0	0.0	27.8	8.4	0.0	39.2	4.4	26.6	3.2	6.2	18.7	77
	Middle	(16.4)	210	(4.1)	(10.3)	(2.4)	(1.1)	0.0	(3.8)	(1.1)	(20.4)	(5.6)	0.0	(13.1)	(3.1)	(5.6)	(11.4)	2.8	(10.5)	34
	Matric	21.9	420	15.9	15.0	0.0	25.3	0.0	0.0	0.0	30.5	11.5	0.0	13.5	5.1	34.6	11.3	2.6	26.0	92
	Higher	12.7	321	(15.4)	(4.3)	0.0	1.0	0.0	0.0	0.0	(16.9)	(16.4)	0.0	(21.1)	0.0	(28.9)	(9.6)	2.0	(12.0)	41
Wealth index quintiles	Poorest	16.9	2,033	11.8	5.9	0.8	5.5	0.0	0.1	1.3	16.9	5.4	0.6	16.1	2.7	17.1	3.4	2.6	10.1	344
	Second	16.7	2,025	18.3	13.4	2.4	10.1	0.3	0.0	0.9	30.6	8.8	1.5	24.5	5.8	16.4	6.5	3.3	21.6	339
	Middle	16.1	2,062	23.3	17.4	1.1	15.7	0.7	0.0	0.4	49.2	5.8	1.4	14.3	5.9	19.8	3.0	4.4	37.5	331
	Fourth	20.2	1,868	24.2	15.5	1.5	12.9	0.0	0.0	0.8	45.1	5.5	1.1	21.1	4.6	15.1	4.3	3.1	30.8	376
	Richest	19.0	1,746	14.1	6.9	0.2	10.1	0.2	0.4	1.4	25.1	8.5	1.7	24.0	3.5	20.4	7.7	3.6	20.2	331
Total		17.7	9,734	18.4	11.9	1.2	10.9	0.2	0.1	0.9	33.5	6.8	1.3	20.0	4.5	17.7	5.0	3.4	24.1	1,721

Note1: Figures shown in parenthesis are based on denominators of 25-49 cases; and those shown by an asterisk (*) are based on denominators of 24 un-weighted cases and less
Note 2: 7 cases with mother's education of preschool and 10 cases with mothers' education of Madrassa are not shown
[1] MICS indicator 3.18; MDG indicator 6.8
[2] MICS indicator 3.17

6.12   Malaria diagnostics usage

105.   Mothers were also asked whether the child who had fever was tested for the presence of malaria. Table CH.15 shows that nearly 26 percent children were finger or heel pricked for blood test for malaria. The data shows that in Sibi region, blood test for malaria was very high (82 percent) whereas in Quetta which is the most urbanised region of Balochistan, only 9 percent children who had fever were tested for malaria. Surprisingly, blood test for malaria was higher in rural (27 percent) than in urban areas (21 percent). Blood test for malaria was found to be rising with the increase in age of child. No specific pattern was, however, observed on the basis of mother's education. Except for the fifth quintile, malaria diagnosis steadily increased with the rise in wealth index.

Table CH.15: Malaria diagnostics usage
Percentage of children age 0-59 months who had a fever in the last two weeks and who had a finger or heel stick for malaria testing, Balochistan Province, Pakistan, 2010

		Children age 0-59 months with fever in last two week	
		Had a finger or heel stick [1]	Number of children
Sex	Male	28.9	933
	Female	22.2	788
Region	Quetta	9.2	324
	Kalat	13.4	322
	Sibi	81.7	257
	Zhob	20.0	164
	Nasirabad	15.2	449
	Makran	29.5	205
Area	Urban	20.5	339
	Rural	27.1	1,382
Age	0-11	11.4	255
	12-23	22.4	287
	24-35	24.9	343
	36-47	31.4	445
	48-59	32.3	391
Mother's education	None	26.9	1,469
	Primary	13.0	77
	Middle	(16.0)	34
	Matric	24.2	92
	Higher	(24.0)	41
Wealth index quintiles	Poorest	5.1	344
	Second	17.5	339
	Middle	37.8	331
	Fourth	40.7	376
	Richest	27.0	331
Total		25.8	1721

Note 1: 8 number of cases with mother's education either as "pre-school or *Madrassa*" are not shown.
Note 2: Figures shown in parenthesis are based on denominators of 25-49 un-weighted cases
[1] MICS indicator 3.16

6.13   Intermittent preventive treatment for malaria among women

106.   Pregnant women living in places where malaria is highly prevalent are four times more likely than other adults to get malaria and twice as likely to die of the disease. Once infected, pregnant women risk anemia, premature delivery and stillbirth. Their babies are likely to be of low birth weight, which makes them unlikely to survive their first year of life. For this reason, steps are taken to protect pregnant women by distributing insecticide-treated mosquito nets and treatment during antenatal check-ups with drugs that prevent malaria infection (Intermittent preventive treatment or IPT).   In Balochistan MICS, ever married women were asked about the medicines they had received in their last pregnancy during the 2 years preceding the survey. Women are considered to have received intermittent preventive therapy if they have received at least 2 doses of SP/Fansidar during the pregnancy.

107.   Intermittent preventive treatment for malaria in pregnant women who gave birth in the two years preceding the survey is presented in Table CH.16. Results show that only 39 percent women had received antenatal care during their last pregnancy in two years preceding the survey. Those who had received antenatal care, only 12 percent were given a medicine to prevent malaria at any ANC visit. Eight percent had received SP/Fansidar at least once while 3 percent had received these medicines two or more times during their last pregnancy. The highest proportion of such women was found in Makran region. Very few women in the most urbanized region of Quetta reported having receiving any preventive medicine for malaria during their last pregnancy.

		Percentage of women who received antenatal care (ANC)	Number of women who gave birth in the preceding two years	Percentage of pregnant women who took:			Number of women who had a live birth in the last two years and who received antenatal care
				Any medicine to prevent malaria at any ANC visit during pregnancy	SP/Fansidar at least once	SP/Fansidar two or more times [1]	
Region	Quetta	44.7	792	6.5	2.4	1.4	354
	Kalat	30.0	565	12.5	7.7	1.7	170
	Sibi	48.1	166	21.6	10.5	4.2	80
	Zhob	31.8	286	16.8	12.5	.5	91
	Nasirabad	33.6	476	10.8	7.3	1.7	160
	Makran	57.5	207	20.4	18.1	13.3	119
Area	Urban	63.4	602	9.6	5.5	2.6	381
	Rural	31.3	1,889	13.8	9.0	3.4	592
Education	None	31.3	2,019	11.7	7.4	2.6	631
	Primary	55.2	136	14.2	7.7	00.8	75
	Middle	68.0	73	(13.1)	(7.3)	(3.7)	50
	Matric	76.3	140	17.2	11.4	10.0	107
	Higher	90.2	117	8.5	5.7	0.4	106
Wealth index quintiles	Poorest	18.3	464	15.0	13.3	5.3	85
	Second	24.2	539	13.6	8.7	2.3	130
	Middle	32.3	485	13.1	6.3	2.0	157
	Fourth	48.2	490	14.6	10.1	4.5	236
	Richest	71.1	513	9.0	4.9	2.4	365
Total		39.1	2,491	12.1	7.6	3.1	973

Note 1: Figures shown in parenthesis are based on denominators of 25-49 unweighted cases
Note 2: One case where mother education is preschool and 3 casess where mothers' education is madrassa are not shown.
[1] MICS indicator 3.20

6.14   Hand washing

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

109.   In Balochistan, in two-third (66 percent) households a specific place for hand washing was observed while in 21 percent households no specific place could be indicated where household members usually wash their hands and seven percent of the households did not give a permission to see the place used for hand washing (see Table CH.17). Of those households where place for hand washing was observed, 64 percent had both water and soap present at the designated place. In 15 percent of the households only water was available at the designated place, while in nearly 8 percent of the households the place only had soap but

no water. The remaining 14 percent of households had neither water nor soap available at the designated place for hand washing.

110.   Highest proportion of households where separate place for hand washing was available and also observed were found in Zhob and Makran regions (77 percent). In Nasirabad region nearly half of the households (48 percent) had no specific place within the dwelling for hand washing. The Quetta region, the most urbanized in Balochistan, ranked highest on the basis of availability of both water and soap at the place of hand washing, while Zhob region despite ranking high in terms of availability of separate place for hand washing, fell lowest with regard to availability of both water and soap at the designated hand washing place. Availability of water and soap at the hand washing place was positively related to area of residence, education and economic and social prosperity at the household level.

111.   Table CH.18 shows availability of soap anywhere in the dwelling both for households where the availability was observed at the hand washing place and those where dedicated place for hand washing could not be observed. Overall, it was noted that soap was available in three-fourth (75 percent) of the households at the aggregate level. The availability of soap was highest in Quetta region and lowest in Makran region. The availability of soap in the dwelling was also positively correlated with area of residence, education of head of the household and economic status.

Table CH.17: Water and soap at place for handwashing
Percentage of households where place for handwashing was observed and percent distribution of households by availability of water and soap at place for handwashing, Balochistan Province, Pakistan, 2010

		Percentage of households where place for handwashing was observed	Percentage of households where place for handwashing was not observed					Percent distribution of households where place for handwashing was observed, where:							Number of households where place for handwashing was observed
			Not in dwelling/plot/yard	No permission to see	Other reasons	Missing	Total	Number of households	Water and soap are available [1]	Water is available, soap is not available	Water is not available, soap is available	Water and soap are not available	Missing	Total	
Region	Quetta	66.9	13.7	9.9	9.2	0.3	100.0	2715	81.5	13.5	2.7	2.3	0.0	100.0	1815
	Kalat	67.8	22.3	8.7	0.7	0.6	100.0	2835	62.9	15.1	7.1	14.5	0.4	100.0	1922
	Sibi	65.4	15.9	15.8	2.7	0.1	100.0	997	64.3	7.6	22.5	5.5	0.2	100.0	652
	Zhob	77.1	8.1	5.8	8.4	0.5	100.0	1677	42.5	11.0	13.8	32.6	0.0	100.0	1293
	Nasirabad	45.5	47.5	3.3	3.1	0.6	100.0	1849	60.4	18.9	6.8	13.8	0.1	100.0	840
	Mekran	77.0	20.1	1.5	1.0	0.4	100.0	1539	63.4	19.3	1.4	16.0	0.0	100.0	1185
Area	Urban	75.3	12.6	8.5	2.9	0.7	100.0	2720	85.4	8.2	4.0	2.2	0.2	100.0	2048
	Rural	63.6	24.1	7.0	4.9	0.4	100.0	8892	56.0	16.7	8.9	18.3	0.1	100.0	5659
Education of household head	None	64.3	23.2	7.8	4.3	0.5	100.0	7050	56.1	15.8	9.4	18.6	0.1	100.0	4532
	Primary	67.9	18.0	6.0	7.5	0.5	100.0	884	69.2	19.0	4.2	7.3	0.3	100.0	600
	Middle	60.3	27.1	7.7	4.7	0.2	100.0	702	69.9	14.8	6.8	8.4	0.0	100.0	423
	Matric	70.1	18.9	6.6	4.1	0.4	100.0	1606	73.1	10.6	6.7	9.4	0.1	100.0	1125
	Higher	74.6	14.6	6.7	3.6	0.5	100.0	1349	81.9	9.6	2.7	5.6	0.2	100.0	1007
Wealth index quintiles	Poorest	60.2	28.7	5.2	5.6	0.3	100.0	2528	28.0	20.9	7.9	43.0	0.2	100.0	1521
	Second	59.3	29.2	6.3	4.8	0.4	100.0	2402	54.9	21.5	7.5	16.0	0.1	100.0	1425
	Middle	67.8	20.6	7.9	3.2	0.5	100.0	2270	66.1	16.8	9.3	7.6	0.1	100.0	1540
	Fourth	70.2	16.4	8.5	4.2	0.7	100.0	2185	75.6	10.1	9.2	4.8	0.2	100.0	1535
	Richest	75.7	10.6	9.1	4.2	0.4	100.0	2227	90.7	4.5	4.3	.6	0.0	100.0	1687
Total		66.4	21.4	7.3	4.4	0.4	100.0	11612	63.8	14.5	7.6	14.1	0.1	100.0	7708

[1] MICS indicator 4.5
Note 1: 12 cases with head of household education as preschool; 32 cases with head of household education as madrassa and 21 cases with missing or DK education of head of household are not whown for households where place of handwashing <u>was not observed</u>.
Note 2: 7 cases with head of household education as preschool; 20 cases with head of household education as madrassa and 21 cases with missing or DK education of head of household are not whown for households where place of handwashing <u>was observed</u>

Table CH.18: Availability of soap
Percent distribution of households by availability of soap in the dwelling, Balochistan Province, Pakistan 2010

		Place for handwashing observed						Place for handwashing not observed					Percentage of households with soap anywhere in the dwelling [1]	Number of households
		Soap observed	Soap shown	No soap in household	Not able /Does not want to show soap	Missing	Total	Soap shown	No soap in household	Not able /Does not want to show soap	Missing	Total		
Region	Quetta	84.2	6.5	8.7	0.4	0.2	100.0	74.5	17.2	5.4	3.0	100.0	85.3	2715
	Kalat	69.9	14.1	14.5	0.9	0.6	100.0	47.5	49.5	2.1	0.9	100.0	72.3	2835
	Sibi	86.8	8.0	4.3	0.6	0.3	100.0	54.5	42.1	3.1	0.4	100.0	80.8	997
	Zhob	56.3	26.3	16.3	0.8	0.2	100.0	46.5	51.8	1.5	0.2	100.0	74.4	1677
	Nasirabad	67.2	20.9	10.4	1.4	0.1	100.0	62.2	35.0	2.5	0.3	100.0	74.0	1849
	Mekran	64.8	5.3	29.4	0.5	0.0	100.0	35.6	61.7	2.1	0.7	100.0	62.1	1539
Area	Urban	89.4	3.9	6.1	0.3	0.3	100.0	71.2	21.5	4.9	2.3	100.0	87.8	2720
	Rural	64.8	16.6	17.4	0.9	0.2	100.0	54.0	42.6	2.6	0.8	100.0	71.5	8892
Education of household head	None	65.5	15.9	17.3	0.9	0.3	100.0	52.8	43.5	2.8	0.9	100.0	71.2	7050
	Primary	73.4	17.2	8.9	0.2	0.3	100.0	72.2	23.2	4.4	0.2	100.0	84.7	884
	Middle	76.7	8.9	13.3	1.1	0.1	100.0	56.3	37.3	3.1	3.2	100.0	74.0	702
	Matric	79.9	8.7	10.6	0.7	0.2	100.0	55.3	40.4	2.5	1.8	100.0	78.6	1606
	Higher	84.6	5.6	9.4	0.1	0.2	100.0	77.1	18.6	3.9	0.4	100.0	86.9	1349
Wealth index quintiles	Poorest	35.9	31.3	31.0	1.2	0.5	100.0	39.4	58.2	1.6	0.8	100.0	56.1	2528
	Second	62.4	17.9	18.6	0.9	0.2	100.0	58.6	38.3	2.9	0.2	100.0	71.5	2402
	Middle	75.4	10.6	12.9	0.9	0.2	100.0	57.8	38.8	2.4	1.0	100.0	76.9	2270
	Fourth	84.8	5.5	9.1	0.3	0.2	100.0	62.2	31.3	4.2	2.4	100.0	82.0	2185
	Richest	94.9	2.4	2.1	0.4	0.2	100.0	79.3	13.6	5.1	1.9	100.0	93.0	2227
Total		71.3	13.2	14.4	0.7	0.3	100.0	57.0	39.0	3.0	1.1	100.0	75.3	11612

[1] MICS indicator 4.6
Note 1: 12 cases with head of household's education as preschool, 32 cases with head of household as Madrassa and 21 cases where education of head of household is missing or DK are not shown

VII Water and Sanitation

112.   Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as trachoma, cholera, typhoid and schistosomiasis. Drinking water can also be tainted with chemical, physical and radiological contaminants with harmful effects on human health. In addition to its association with disease, access to drinking water may be particularly important for women and children, especially in rural areas, who bear the primary responsibility for carrying water, often for long distances.

113.   The MDG goal is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. The World Fit for Children Goal calls for a reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one-third.

114.   The list of indicators used in MICS is as follows:

Water
- Use of improved drinking water sources
- Use of adequate water treatment method
- Time to source of drinking water
- Person collecting drinking water

Sanitation
- Use of improved sanitation facilities
- Sanitary disposal of child's faeces

7.1   Use of improved water sources

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

116.   Overall, 74 percent of the population was using an improved source of drinking water – 91 percent in urban areas and 69 percent in rural areas. The situation in Nasirabad region was found considerably worse than in other regions; only 41 percent of the population in this region get its drinking water from an improved source.

117.   The source of drinking water for the population varied strongly by region (see Table WS.1). In Quetta region, where there is higher concentration of people (especially in the provincial capital city of Quetta), 63 percent of the population was using drinking water that is piped into their dwelling or into their yard or plot. In contrast, in Sibi and Zhob regions, only 19 and 20 percent respectively were using piped water. A small minority (2 percent) got

piped water from their neighbours. Tube-well and borehole were more common in Kalat and Sibi regions where nearly 24 percent of the population got water for drinking whereas 32 percent of the population used drinking water from a protected well in Makran region. Rain-water which is an improved source of drinking water, was not common in Balochistan - used by less than 2 percent of the population. Nearly 7 percent of the population used water from unprotected wells. Households where the head had some education were more likely to use improved source of drinking water compared to those where the head of the household had no education. Similarly, the use of improved source of drinking water was positively related with the economic conditions of the households (51 percent among the poorest and 92 percent among the richest were using improved source of drinking water).

Figure WS.1: Percentage distribution of household members by source of drinking water, Balochistan Province, Pakistan, 2010
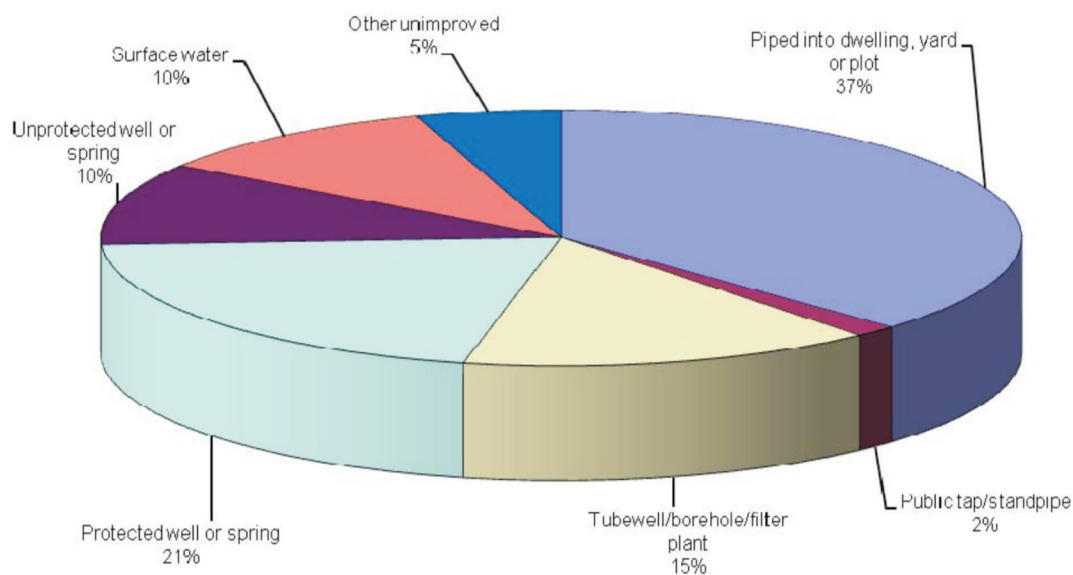
Table WS.1: Use of improved water sources

Percent distribution of household population according to main source of drinking water and percentage of household population using improved drinking water sources, Balochistan Province, Pakistan, 2010

| | Main source of drinking water | | | | | | | | | | | | | | | | | Total | Percentage using improved sources of drinking water [1] | Number of household members |
| | Improved sources | | | | | | | | | Unimproved sources | | | | | | | | | | |
	Piped into dwelling	Piped into compound, yard or plot	Piped to neighbor	Public tap / standpipe	Filter Plant	Tube well, Borehole	Protected well	Protected spring	Rainwater collection	Unprotected well	Unprotected spring	Tanker-truck	Cart with small tank / drum	Surface water (river, stream, dam, lake, pond, canal, irrigation channel)	Bottled water	Other	Missing			
Region																				
Quetta	60.7	2.1	0.8	0.3	0.1	12.9	9.5	2.4	0.5	2.5	0.9	6.1	0.9	0.2	0.0	0.1	0.1	100.0	89.2	21966
Kalat	24.4	1.4	2.0	1.8	0.2	23.9	22.2	2.7	1.0	11.4	4.7	1.6	0.6	0.7	0.0	1.3	0.1	100.0	79.7	19510
Sibi	16.8	2.4	5.6	1.5	0.4	23.7	18.8	4.8	2.1	3.7	2.5	4.8	3.2	9.5	0.0	0.2	0.0	100.0	76.0	8128
Zhob	16.0	3.9	2.8	3.5	0.4	14.2	18.9	4.9	3.2	10.4	9.4	1.8	0.8	5.7	0.0	3.5	0.4	100.0	67.9	13430
Nasirabad	22.5	3.9	1.0	1.2	2.0	5.7	1.1	0.7	3.0	2.4	2.7	0.9	0.9	48.8	0.0	3.0	0.1	100.0	41.2	15142
Mekran	37.3	1.1	3.6	1.7	0.1	3.6	32.2	0.5	2.3	11.2	1.6	3.1	0.1	1.3	0.1	0.0	0.1	100.0	82.4	11041
Area																				
Urban	73.7	2.3	1.6	1.1	0.6	5.1	6.0	0.1	0.1	1.5	0.1	5.1	0.3	1.6	0.0	0.8	0.0	100.0	90.6	20570
Rural	20.4	2.5	2.4	1.7	0.5	16.8	18.9	3.3	2.3	8.4	4.6	2.5	1.1	13.1	0.0	1.5	0.2	100.0	68.6	68648
Education of household head																				
None	24.7	1.7	2.3	1.6	0.4	15.7	17.1	2.9	2.4	8.8	4.7	3.0	1.0	12.2	0.0	1.3	0.1	100.0	68.8	53554
Preschool	33.0	37.7	0.0	0.0	0.0	0.0	7.5	0.0	0.0	0.0	8.1	4.8	8.9	0.0	0.0	0.0	0.0	100.0	78.2	99
Primary	40.4	4.7	0.7	1.1	0.2	14.1	15.0	3.5	0.5	2.9	2.4	2.7	1.0	10.1	0.0	0.4	0.2	100.0	80.2	7450
Middle	38.0	3.2	1.7	1.5	0.8	14.4	15.7	3.0	1.7	3.9	2.3	2.6	1.0	8.1	0.1	2.1	0.0	100.0	79.9	5620
Matric	40.2	3.1	3.0	1.5	0.9	12.5	14.9	1.8	0.8	4.8	1.8	3.0	0.7	8.6	0.0	2.2	0.1	100.0	78.8	12026
Higher	57.4	3.1	2.0	1.6	0.9	7.6	12.1	0.7	0.4	2.8	0.9	4.3	0.4	4.3	0.1	1.1	0.3	100.0	85.8	10046
Madrassa	20.5	0.2	0.0	0.0	0.0	17.6	7.7	4.6	7.4	16.4	2.9	7.4	4.3	6.2	0.1	4.8	0.0	100.0	58.0	250
Missing/DK	62.0	0.0	0.0	0.0	0.0	7.3	6.9	0.0	0.0	0.0	0.0	1.0	0.0	22.9	0.0	0.0	0.0	100.0	76.2	173
Wealth index quintiles																				
Poorest	1.5	0.6	1.0	1.3	0.2	10.1	23.6	6.2	6.1	19.7	13.4	0.2	1.2	13.2	0.0	1.8	0.0	100.0	50.5	17850
Second	9.6	2.0	2.5	1.8	0.3	22.4	21.2	3.8	1.5	7.8	2.6	1.4	0.9	20.2	0.0	1.8	0.1	100.0	65.2	17836
Middle	26.3	5.3	3.0	1.9	1.0	19.0	17.1	1.6	1.1	5.1	1.1	3.0	1.3	11.1	0.0	1.7	0.4	100.0	76.4	17843
Fourth	49.4	2.8	2.7	1.6	0.3	14.1	12.7	1.0	0.2	1.3	0.5	5.6	1.0	5.7	0.0	1.1	0.0	100.0	84.7	17863
Richest	76.5	1.5	1.8	1.2	0.8	4.9	5.0	0.0	0.0	0.2	0.2	5.3	0.2	1.8	0.0	0.4	0.1	100.0	91.8	17827
Total	32.7	2.4	2.2	1.5	0.5	14.1	15.9	2.5	1.8	6.8	3.6	3.1	0.9	10.4	0.0	1.4	0.1	100.0	73.7	89218

[1] MICS indicator 4.1; MDG indicator 7.8 [Note: 522 cases where head of the household has preschool education or Madrassa education or the information on education is missing or not known, are not shown]

7.2   In-house treatment of drinking water

118.   Use of in-house water treatment is presented in Table WS.2. Households were asked the ways they may be treating water at home to make it safer to drink; boiling, adding bleach or chlorine, using a water filter, and using solar disinfection were considered as proper treatment methods of drinking water. The Table WS.2 shows percentage of household members living in households using unimproved water sources but using appropriate water treatment methods. About 86 percent of the households reported that they do not use any water-treatment methods to make it safer for drinking. Among those who were getting water from any source, only seven percent reported to have been using appropriate water-treatment methods (boiling water; adding bleach/chlorine; using water filer; and solar disinfection), before use. Among households' members who were receiving drinking water from an unimproved source, less than four percent were applying treatment-method for making water safer.

119.   Treatment of water varies among regions, urban-rural residence, educational levels and wealth quintiles. Among those getting drinking water from an un-improved source, 17 percent in Sibi region used an appropriate water treatment method while none used any method in Makran. Similarly, 7 percent of such persons used an appropriate method in urban areas compared to 3 percent in rural areas. The use of treatment procedures was higher among population with secondary and higher education compared to those who had either no or lesser education. Similar pattern was observed on the basis of wealth quintiles.

120.   The amount of time it takes to obtain water is presented in Table WS.3 and the person who usually collected the water in Table WS.4. Note that these results refer to one roundtrip from home to drinking water source. Information on the number of trips made in one day was not collected.

121.   Table WS.3 shows that in nearly 64 percent of households, the drinking water source was on the premises. For 13 percent of all households, it took less than 30 minutes to get to the water source and bring water, while 18 percent of households spent 30 minutes or more for this purpose. In rural areas 22 percent of the households spent 30 minutes or more in collecting water compared to 5 percent in urban areas. One striking finding is that over one-fourth of the households in Nasirabad region spent30 minutes or more to go to a source and fetch drinking water.

Table WS.2: Household water treatment

Percentage of household population by drinking water treatment method used in the household, and for household members living in households where an unimproved drinking water source is used, the percentage who are using an appropriate treatment method, Balochistan Province, Pakistan, 2010

Background characteristics		Water treatment method used in the household								Number of household members	Percentage of household members in households using unimproved drinking water sources and using an appropriate water treatment method [1]	Number of household members in households using unimproved drinking water sources
		None	Boil	Add bleach / chlorine	Strain through a cloth	Use water filter	Solar disinfection	Let it stand and settle	Other /Don't know			
Region	Quetta	89.1	6.3	0.1	2.8	1.6	0.0	0.4	0.1	21966	8.4	2370
	Kalat	91.1	3.4	0.5	4.5	0.1	0.2	2.5	0.1	19510	1.7	3969
	Sibi	72.5	15.3	0.6	5.6	0.3	6.7	1.0	0.0	8128	17.3	1955
	Zhob	95.3	2.1	0.7	1.5	0.0	0.3	0.1	0.0	13430	0.7	4316
	Nasirabad	67.8	2.1	0.1	26.7	2.0	0.4	1.7	1.0	15142	2.0	8905
	Mekran	95.1	3.0	0.6	3.9	0.0	3.3	0.4	0.1	11041	0.0	1942
Area	Urban	84.0	8.2	0.5	6.2	2.2	0.9	0.7	.33	20570	7.3	1925
	Rural	86.7	3.7	0.4	7.8	0.4	1.3	1.2	0.2	68648	3.1	21532
Education of household head	None	88.4	3.4	0.3	6.5	0.2	1.0	1.2	0.1	53554	2.3	16879
	Primary	88.5	2.8	0.1	7.5	1.5	0.4	0.4	0.4	7450	3.8	1473
	Middle	82.1	5.6	0.7	11.4	0.1	1.5	1.2	0.2	5620	4.4	1128
	Matric	82.2	6.4	0.7	8.8	1.1	1.8	0.9	0.5	12026	6.6	2553
	Higher	79.6	11.0	0.7	7.8	3.7	2.0	0.7	0.4	10046	9.3	1425
Wealth index quintiles	Poorest	92.7	.5	0.0	6.2	0.0	0.7	1.7	0.0	17850	0.6	8832
	Second	88.3	1.1	0.4	8.8	0.1	0.6	1.4	0.0	17836	1.2	6215
	Middle	86.9	3.6	0.3	8.1	0.2	0.9	0.6	0.1	17843	3.3	4213
	Fourth	83.8	6.1	0.8	7.3	0.8	1.6	0.6	0.3	17863	13.4	2727
	Richest	78.8	12.5	0.5	6.5	2.9	2.1	1.1	0.7	17827	11.9	1470
Total		86.1	4.8	0.4	7.4	0.8	1.2	1.1	0.3	89218	3.5	23457

[1] MICS indicator 4.2   [Note: 522 cases with preschool or madrassa education or missing information on education are not shown under water treatment method used while 168 cases of preschool or madrassa or missing information on education are not shown under households using unimproved drinking water source]

Table WS.3: Time to source of drinking water

Percent distribution of household population according to time to go to source of drinking water, get water and return, for users of improved and unimproved drinking water sources, Balochistan Province, Pakistan, 2010

		Time to source of drinking water								Total	Number of household members
		Users of improved drinking water sources				Users of unimproved drinking water sources					
		Water on premises	Less than 30 minutes	30 minutes or more	Missing/DK	Water on premises	Less than 30 minutes	30 minutes or more	Missing/DK		
Region	Quetta	79.7	2.9	5.6	1.1	2.9	1.5	4.9	1.5	100.0	21966
	Kalat	53.2	7.0	15.8	3.7	6.8	2.5	9.8	1.2	100.0	19510
	Sibi	57.9	13.8	3.1	1.2	3.6	12.7	6.1	1.7	100.0	8128
	Zhob	42.7	9.4	11.1	4.7	7.4	6.5	9.9	8.4	100.0	13430
	Nasirabad	33.3	3.8	3.6	0.5	9.4	18.7	28.0	2.7	100.0	15142
	Mekran	72.2	4.7	3.9	1.7	7.3	6.8	2.6	0.9	100.0	11041
Area	Urban	86.8	1.0	1.9	0.9	2.8	1.9	3.4	1.3	100.0	20570
	Rural	48.8	7.7	9.7	2.5	7.2	8.6	12.6	3.0	100.0	68648
Education of household head	None	49.4	7.1	9.8	2.5	6.8	8.0	13.3	3.1	100.0	54076
	Primary	66.2	3.9	8.4	1.6	2.7	5.3	8.9	3.0	100.0	7450
	Middle	65.8	6.4	5.6	2.1	4.9	7.8	6.4	1.0	100.0	5620
	Matric	66.8	6.0	4.4	1.5	7.0	5.9	6.1	2.2	100.0	12026
	Higher	78.7	2.8	2.9	1.5	4.7	4.4	4.0	1.2	100.0	10046
Wealth index quintiles	Poorest	20.6	8.0	17.7	4.2	8.4	12.4	23.6	5.1	100.0	17850
	Second	40.6	9.2	12.5	2.8	8.9	9.4	14.2	2.3	100.0	17836
	Middle	61.7	6.8	6.1	1.8	7.3	6.8	6.4	3.1	100.0	17843
	Fourth	75.6	5.1	2.9	1.1	4.1	4.8	5.0	1.3	100.0	17863
	Richest	89.1	1.5	0.2	1.0	2.1	1.8	3.1	1.2	100.0	17827
Total		57.5	6.1	7.9	2.2	6.2	7.1	10.5	2.6	100.0	89218

Note: 522 cases with preschool or madrassa or missing information of education of the head of the household are not shown.

Table WS.4: Person collecting water

Percentage of households without drinking water on premises, and percent distribution of households without drinking water on premises according to the person usually collecting drinking water used in the household, Balochistan Province, Pakistan, 2010

		Percentage of households without drinking water on premises	Number of households	Person usually collecting drinking water							Number of households without drinking water on premises
				Adult woman (age 15+ years)	Adult man (age 15+ years)	Female child (under 15)	Male child (under 15)	DK	Missing	Total	
Region	Quetta	16.6	2715	55.3	24.7	5.7	2.6	8.9	2.8	100.0	451
	Kalat	40.7	2835	65.7	22.7	4.1	3.4	2.5	1.6	100.0	1154
	Sibi	37.6	997	65.5	26.1	1.0	4.9	0.2	2.4	100.0	375
	Zhob	50.6	1677	44.8	37.8	5.5	7.8	2.5	1.6	100.0	849
	Nasirabad	58.8	1849	55.7	39.6	1.5	1.4	0.6	1.2	100.0	1086
	Mekran	21.2	1539	46.8	28.9	10.9	4.0	0.7	8.7	100.0	326
Area	Urban	9.3	2720	24.1	56.2	1.5	4.0	11.6	2.5	100.0	252
	Rural	44.9	8892	58.4	29.4	4.3	3.8	1.8	2.2	100.0	3990
Education of household head	None	44.3	7006	58.3	30.3	4.1	3.3	1.8	2.1	100.0	3127
	Primary	31.9	884	58.3	24.1	5.8	5.4	3.3	3.1	100.0	282
	Middle	30.7	702	53.9	30.7	3.8	7.8	3.1	0.7	100.0	216
	Matric	25.5	1606	50.0	36.4	3.4	4.4	2.9	2.8	100.0	409
	Higher	15.4	1349	40.9	41.1	3.3	4.4	7.1	3.1	100.0	208
Wealth index quintiles	Poorest	71.1	2528	61.4	25.6	5.5	4.5	1.1	1.9	100.0	1798
	Second	49.3	2402	59.2	30.6	4.1	3.1	.9	2.0	100.0	1184
	Middle	29.5	2270	51.9	35.7	2.6	4.6	2.9	2.2	100.0	671
	Fourth	19.2	2185	50.2	37.1	2.0	2.6	5.6	2.5	100.0	420
	Richest	7.6	2227	16.4	57.6	1.4	1.8	15.7	7.2	100.0	170
Total		36.5	11612	56.4	31.0	4.1	3.9	2.4	2.2	100.0	4242

Note: 22 cases with preschool or madrassa or missing information on education of head of household are not included

122. Table WS.4 shows that for the majority of households (56 percent), an adult female is usually the person collecting the water, when the source of drinking water is not on the premises. Adult men collect water in nearly one-third (31 percent) of cases, while for the rest of the households, female or male children under age 15 collect water (8 percent). Adult women living in rural areas, those who had no formal education, and poorest were more likely to bring water from a distant source compared to urban dwellers, educated and richer counterparts.

7.3   Use of sanitation facilities

123. Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio. An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Improved sanitation can reduce diarrheal diseases by more than a third, and can significantly lessen the adverse health impacts of other disorders responsible for death and disease among millions of children in developing countries. Improved sanitation facilities for excreta disposal include flush or pour flush to a piped sewer system, septic tank, or latrine; ventilated improved pit latrine, pit latrine with slab, and composting toilet.

124. Seventy percent of the population was found living in households using improved sanitation facilities (Table WS.5). This proportion is much higher in urban (93 percent) compared to urban areas (63 percent). Residents of Zhob were less likely than others to use improved facilities. The Table WS.5 indicates that use of improved sanitation facilities was strongly correlated with wealth, urban residence and educational level. The most common facilities in urban areas were proper flush system and ventilated improved pit latrines whereas in rural areas over one-third (28 percent) population had no facility at all. The findings show that 41 percent of population living in Zhob region had no toilet facility at all. Similarly, majority of the poorest segments of the society (62 percent) had no toilet facility compared to less than one percent among the richest.

125. Access to safe drinking-water and to basic sanitation is measured by the proportion of population using an improved sanitation facility. MDGs and WHO / UNICEF Joint Monitoring Program (JMP) for Water Supply and Sanitation classify households as using an unimproved sanitation facility if they are using otherwise acceptable sanitation facilities but sharing a facility between two or more households or using a public toilet facility (WHO/UNICEF, 208).

126. Table WS.6 shows that 61 percent of the household population had access to an improved unshared sanitation facility while nearly 8 percent of the population was using improved sanitation facilities but on sharing basis. Seven percent of the population was using unimproved sanitation facilities while the remaining 23 percent of the population was defecating in open fields and bushes. The use of unshared improved sanitation facility was more common in Makran (81 percent) followed by Quetta region (74 percent) and relatively less common in Zhob region (42 percent). A substantial proportion (41 percent) of population in Zhob region was using open fields and bushes for defecation. Unshared improved sanitation was higher in urban compared to rural areas (82 vs 55 percent), among highly educated compared to uneducated (80 vs 55 percent), and among the richest compared to the poorest household population (86 vs 27 percent). Overall, 62 percent of the poorest household population had no access to any sanitation facility.

Table WS.5: Types of sanitation facilities

Percent distribution of household population according to type of toilet facility used by the household, Balochistan Province, Pakistan, 2010

| | | Type of toilet facility used by household | | | | | | | | | | | | | | Total | Number of household members |
| | | Improved sanitation facility | | | | | | | | Unimproved sanitation facility | | | | | | | |
		Flush to piped sewer system	Flush to septic tank	Flush to pit (latrine)	Flush to somewhere else	Flush to unknown place / Not sure / DK where	Ventilated Improved Pit latrine (VIP)	Pit latrine with slab	Composting toilet	Pit latrine without slab / Open pit	Bucket	Public/ communal latrine	Other	Missing	No facility, Bush, Field		
Region	Quetta	13.6	7.1	17.2	14.0	3.9	15.9	8.4	0.2	1.0	9.4	0.0	0.4	0.3	8.5	100.0	21966
	Kalat	3.2	2.2	19.5	1.3	1.6	20.2	21.2	0.7	1.8	0.2	0.1	0.3	0.5	27.2	100.0	19510
	Sibi	5.4	3.9	32.2	5.2	6.7	11.2	5.3	0.5	1.9	1.8	0.3	0.3	0.9	24.5	100.0	8128
	Zhob	3.9	4.4	11.7	1.3	2.3	17.3	8.4	0.7	1.5	4.2	0.4	1.4	1.6	41.0	100.0	13430
	Nasirabad	10.6	5.8	10.0	0.4	1.2	20.5	7.9	3.4	5.3	1.1	0.9	0.6	1.1	31.1	100.0	15142
	Mekran	2.7	2.9	42.8	0.9	1.6	29.2	7.1	0.1	2.3	0.1	0.0	0.2	0.8	9.4	100.0	11041
Area	Urban	22.4	12.2	28.1	9.4	4.3	9.2	7.2	0.2	1.3	0.5	0.0	0.1	0.6	4.6	100.0	20570
	Rural	2.7	2.3	17.8	3.1	2.2	22.0	11.7	1.2	2.5	4.2	0.3	0.6	0.9	28.4	100.0	68648
Education of household head	None	4.7	2.6	19.0	3.2	2.3	18.9	11.0	1.1	2.6	3.2	0.4	0.6	0.8	29.7	100.0	53903
	Primary	5.0	4.4	14.1	5.1	3.9	23.1	19.3	0.7	2.0	4.9	0.2	0.3	0.7	16.2	100.0	7450
	Middle	7.6	3.4	19.9	9.9	3.5	20.9	8.4	0.3	2.5	6.0	0.0	0.3	0.4	16.8	100.0	5620
	Matric	10.9	6.3	24.1	6.6	2.6	19.7	8.6	0.9	1.8	3.5	0.2	0.3	0.9	13.5	100.0	12026
	Higher	17.9	14.4	26.8	6.3	3.1	15.1	6.0	0.5	1.0	1.2	0.0	0.4	10.1	6.2	100.0	10046
	Missing/DK	16.8	2.3	25.9	10.2	3.4	26.5	5.6	0.0	0.0	0.0	0.0	0.0	0.0	9.3	100.0	173
Wealth index quintiles	Poorest	0.0	0.0	3.1	0.2	0.4	16.1	9.2	1.5	3.2	2.5	0.4	0.3	0.6	62.4	100.0	17850
	Second	0.5	1.0	12.7	0.7	1.0	29.7	12.5	1.9	3.9	4.6	0.4	1.2	1.2	28.7	100.0	17836
	Middle	2.0	2.0	25.7	2.0	1.9	27.1	15.2	0.4	2.2	4.7	0.2	0.5	1.0	15.2	100.0	17843
	Fourth	6.7	6.1	32.5	6.4	3.8	16.6	13.0	0.8	1.5	3.8	0.3	0.4	0.5	7.5	100.0	17863
	Richest	27.1	13.8	26.9	13.7	6.2	5.8	3.4	0.0	0.3	1.1	0.0	0.2	0.8	0.8	100.0	17827
Total		7.3	4.6	20.2	4.6	2.7	19.0	10.7	0.9	2.2	3.3	0.3	0.5	0.8	22.9	100.0	89218

Note: 522 cases with educational level of preschool or madrassa or missing information /DK are not shown.

Table WS.6: Use and sharing of sanitation facilities

Percent distribution of household population by use of private and public sanitation facilities and use of shared facilities, by users of improved and unimproved sanitation facilities, Balochistan Province, Pakistan, 2010

		Users of improved sanitation facilities					Users of unimproved sanitation facilities				Open defecation (no facility, bush field)	Total	Number of household members
		Not shared [1]	Public facility	Shared by: 5 households or less	Shared by: More than 5 households	Missing/DK	Not shared	Public facility	Shared by: 5 households or less	Missing/DK			
Region	Quetta	74.4	4.9	0.9	0.0	0.2	10.9	0.1	0.2	0.0	8.5	100.0	21966
	Kalat	58.1	10.7	0.3	0.2	0.6	2.4	0.5	0.0	0.0	27.2	100.0	19510
	Sibi	66.7	3.5	0.2	0.0	0.0	4.8	0.3	0.0	0.0	24.5	100.0	8128
	Zhob	41.5	8.1	0.3	0.0	0.1	8.3	0.6	0.1	0.0	41.0	100.0	13430
	Nasirabad	47.6	10.5	0.4	0.0	1.3	7.3	1.4	0.2	0.1	31.1	100.0	15142
	Mekran	81.2	3.3	0.1	0.2	2.5	3.1	0.3	0.0	0.0	9.4	100.0	11041
Area	Urban	81.5	10.6	0.6	0.0	0.2	2.1	0.4	0.0	0.0	4.6	100.0	20570
	Rural	55.4	6.3	0.4	0.1	0.9	7.8	0.6	0.1	0.0	28.4	100.0	68648
Education of household head	None	54.6	7.0	0.4	0.0	0.6	6.8	0.7	0.1	0.0	29.7	100.0	53554
	Preschool	58.7	8.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	32.6	100.0	99
	Primary	67.6	6.9	0.3	0.0	0.8	8.0	0.1	0.1	0.0	16.2	100.0	7450
	Middle	64.7	7.8	0.9	0.2	0.4	8.8	0.1	0.3	0.0	16.8	100.0	5620
	Matric	71.0	7.5	0.3	0.2	0.8	6.4	0.3	0.0	0.0	13.5	100.0	12026
	Higher	79.8	8.3	0.5	0.1	1.3	3.3	0.3	0.0	0.2	6.2	100.0	10046
	Madrassa	54.6	5.6	1.7	0.0	0.0	2.4	0.0	0.0	0.0	35.7	100.0	250
	Missing/DK	82.2	3.2	5.3	0.0	0.0	0.0	0.0	0.0	0.0	9.3	100.0	173
Wealth index quintiles	Poorest	26.6	3.1	0.2	0.0	0.7	6.0	0.8	0.1	0.0	62.4	100.0	17850
	Second	52.8	5.6	0.6	0.1	1.0	10.6	0.6	0.2	0.0	28.7	100.0	17836
	Middle	66.9	7.9	0.3	0.2	0.9	7.6	0.8	0.1	0.1	15.2	100.0	17843
	Fourth	75.0	9.6	0.6	0.0	0.7	5.9	0.5	0.1	0.0	7.5	100.0	17863
	Richest	86.0	10.1	0.5	0.1	0.3	2.4	0.0	0.0	0.0	0.8	100.0	17827
Total		61.4	7.3	0.4	0.1	0.7	6.5	0.5	0.1	0.0	22.9	100.0	89218

[1] MICS indicator 4.3; MDG indicator 7.9

Note: 522 cases with preschool or madrassa or missing information on educational level are not shown

7.4 Disposal of child's faeces

127. Safe disposal of a child's faeces is disposing of the stool using a toilet or by rinsing the stool into a toilet or latrine. The MICS indicator for the safe disposal of a child faeces looks at whether or not a child's (up to age two years) most recent stool (at the time of survey interview) was disposed into a toilet or rinsed in a toilet or latrine. Table WS.7 shows that faeces of nearly one-quarter (23 percent) of children aged 0-2 years was safely disposed of. The proportion of safe disposal was higher in Quetta region (38 percent) and lowest in Zhob (12 percent). Overall, in 50 percent cases the faeces was either thrown into garbage or left in the open. Such practice was more common among rural (55 percent), uneducated (53 percent), and the poorest (68 percent).

7.5 Drinking water and sanitation facilities

128. Table WS.8 presents the percentages of household population by use of improved drinking water sources and sanitation facilities. Overall, 74 percent of the household population had an improved source of drinking water and 61 percent were using improved sanitary means of excreta disposal. Half of the population (50 percent) in Balochistan had improved sources of drinking water as well as improved sanitary means of excreta disposal. The proportion of such population was highest in Makran region (70 percent), among urban residents (75 percent), and those who were in the richest wealth quintile (79 percent).

		Place of disposal of child's faeces									Total	Percentage of children whose stools were disposed of safely [1]	Number of children age 0-2 years
		Child used toilet / latrine	Put / Rinsed into toilet or latrine	Put / Rinsed into drain or ditch	Thrown into garbage (solid waste)	Buried	Left in the open	Other	DK	Missing			
Type of sanitation facility in dwelling	Improved	6.7	22.1	17.6	25.9	3.7	15.7	1.1	1.8	5.5	100.0	28.8	3234
	Unimproved	8.2	8.9	13.6	35.3	2.9	23.7	1.0	3.5	2.9	100.0	17.1	431
	Open defacation	2.7	5.0	11.9	38.5	5.0	30.1	1.7	1.7	3.4	100.0	7.7	1164
Region	Quetta	13.2	24.8	21.9	24.2	0.9	8.4	0.1	2.0	4.5	100.0	38.0	1378
	Kalat	3.1	14.5	15.9	22.4	2.8	31.9	0.7	2.4	6.4	100.0	17.6	1023
	Sibi	2.5	12.4	19.6	31.5	7.8	21.5	0.6	2.3	1.8	100.0	14.9	346
	Zhob	2.8	9.2	14.2	46.1	0.9	19.2	0.2	2.1	5.3	100.0	12.0	806
	Nasirabad	4.0	12.5	9.9	32.8	6.3	23.0	4.9	1.7	4.9	100.0	16.6	900
	Mekran	0.6	24.6	8.6	26.2	15.3	21.0	0.9	0.0	2.7	100.0	25.2	375
Area	Urban	10.8	36.2	12.8	20.9	1.5	9.9	1.1	2.3	4.6	100.0	46.9	1063
	Rural	4.5	11.4	16.8	32.3	4.6	22.6	1.3	1.8	4.8	100.0	15.9	3766
Mother's education	None	4.7	14.1	16.7	30.9	3.9	21.9	1.1	1.9	4.8	100.0	18.8	4058
	Primary	14.9	27.5	15.7	24.0	1.3	11.7	1.3	0.5	3.1	100.0	42.4	237
	Middle	7.7	38.8	15.3	18.6	0.0	7.3	4.1	2.6	5.7	100.0	46.5	120
	Matric	6.6	30.6	11.1	20.4	6.6	13.6	1.1	2.8	7.2	100.0	37.2	225
	Higher	19.0	31.5	3.9	29.0	6.6	1.4	3.4	3.3	2.0	100.0	50.5	189
Wealth index quintiles	Poorest	2.4	5.7	11.4	36.2	5.4	31.4	1.0	1.9	4.5	100.0	8.1	1018
	Second	2.9	9.8	17.2	33.2	4.9	24.4	1.3	1.3	5.0	100.0	12.7	1005
	Middle	3.5	11.9	22.8	28.3	4.8	21.0	0.8	2.0	4.9	100.0	15.4	969
	Fourth	6.8	18.0	17.5	32.2	3.1	14.9	1.1	2.5	3.9	100.0	24.7	926
	Richest	14.7	41.0	10.4	17.8	1.0	5.6	2.1	1.9	5.4	100.0	55.7	910
Total		5.9	16.8	15.9	29.8	3.9	19.8	1.2	1.9	4.8	100.0	22.7	4829

[1] MICS indicator 4.4
Note: 10 cases of preschool and madrassa level of education are not shown

Table WS.8: Use of improved water and improved sanitation facilities
Percentage of household population using both improved drinking water sources and improved sanitation facilities, Balochistan Province, Pakistan, 2010

| | **Percentage of household population:** | | | |
	Using improved sources of drinking water[1]	Using improved sanitation facilities[2]	Using improved sources of drinking water and improved sanitation facilities	Number of household members
Region				
Quetta	89.2	74.4	68.7	21966
Kalat	79.6	58.1	49.8	19510
Sibi	76.0	66.7	55.0	8128
Zhob	67.9	41.5	31.6	13430
Nasirabad	41.2	47.6	24.9	15142
Makran	82.4	81.2	69.6	11041
Area				
Urban	90.7	81.5	74.7	20570
Rural	68.7	55.4	43.1	68648
Education of household head				
None	68.8	54.6	42.5	53554
Primary	80.3	67.6	57.9	7450
Middle	79.9	64.7	55.4	5620
Secondary	78.7	71.0	61.3	12026
Higher	85.8	79.8	71.5	10046
Wealth index quintile				
Poorest	50.6	26.6	15.6	17850
Second	65.1	52.8	37.7	17836
Middle	76.4	66.9	54.4	17843
Fourth	84.7	75.0	64.9	17863
Richest	91.8	86.0	79.4	17827
Total	73.7	61.4	50.4	89218

[1] **MICS indicator 4.1; MDG indicator 7.8**

[2] **MICS indicator 4.3; MDG indicator 7.9**
Note: 522 cases of preschool, madrassa or missing information/DK are not shown

VIII Reproductive Health

129.   The data and information presented in this chapter was collected from ever-married women of reproductive age except for contraception which was collected from currently married women of reproductive age.

8.1   Early child bearing

130.   Sexual activity and childbearing early in life carries significant risks for young people all around the world. Table RH.1 presents some early childbearing indicators for women age 15-19 and 20-24 while Table RH.2 presents the trends for early childbearing. As shown in Table RH.1, slightly over 2 percent of women age 15-19 already had a birth, 2 percent were pregnant with their first child, over 4 percent had begun childbearing and half a percent had a live birth before age 15. In Nasirabad region, nearly 5 percent and in Sibi 4 percent women age 15-19 already had a live birth while in Quetta region 1 percent of women in the same age group had a live birth. Urban-rural differentials are nonexistent. Differentials are visible on the basis of education and wealth quintiles. Over 3 percent women with no education had already given birth to a live child compared to 1 percent women with higher education. Similarly 3 percent of the poorest women age 15-19 had already given birth compared to the 1 percent among the richest.

131.   Table RH.1 also shows that 11 percent of ever married women aged 20-24 had a live birth before they were 18 years of age. Highest proportion of such women was noted in Kalat region and the lowest in Quetta. The women living in rural areas, those who were the poorest and uneducated were more likely to begin childbearing before of age 18 years.

132.   Table RH.2 shows that compared to younger ever married women, older women were more likely to begin childbearing at an early age. Higher percentage of women age 30-34 reported that they had a live birth before age 15 compared to all other age groups. The pattern however, was different in urban area where the highest proportion of women age 40-44 reported a live birth before age 15. Those reporting a live birth before age 18, the pattern were similar among urban and rural women of reproductive age.

Table RH.1: Early Childbearing
Percentage of ever married women age 15-19 who have had a live birth or who are pregnant with the first child; percentage of ever married women age 15-19 who have begun childbearing before age 15, and the percentage of ever married women age 20-24 who have had a live birth before age 18, Balochistan Province, Pakistan, 2010

		Ever married women age 15-19					Percentage of ever married women age 20-24 who have had a live birth before age 18 [1]	Number of ever married women age 20-24
		Have had a live birth	Are pregnant with first child	Have begun childbearing	Have had a live birth before age 15	Number of ever married women age 15-19		
Region	Quetta	0.9	1.6	2.5	0.0	1,357	6.5	931
	Kalat	2.5	2.3	4.8	0.6	824	14.2	645
	Sibi	4.1	0.5	4.5	0.3	199	9.6	137
	Zhob	1.7	1.6	3.3	0.5	550	10.8	412
	Nasirabad	4.9	3.3	8.2	1.0	815	13.8	553
	Makran	2.3	1.8	4.1	0.9	505	13.7	293
Area	Urban	2.4	1.3	3.8	0.5	1,135	8.2	854
	Rural	2.4	2.3	4.7	0.5	3,115	12.1	2,118
Education	None	3.4	2.8	6.2	0.8	2,439	13.6	1,947
	Primary	1.4	1.4	2.8	0.3	524	6.6	227
	Middle	1.3	0.7	2.0	0.0	445	7.4	171
	Matric	0.6	1.2	1.8	0.0	610	7.7	327
	Higher	1.1	.0	1.1	0.0	205	3.2	298
Wealth index quintiles	Poorest	2.9	2.1	5.0	0.4	789	12.3	512
	Second	2.5	3.1	5.6	1.3	856	14.5	575
	Middle	2.7	2.5	5.2	0.6	794	11.7	527
	Fourth	2.8	1.7	4.6	0.1	856	9.0	600
	Richest	1.3	0.9	2.2	0.0	956	8.5	759
Total		2.4	2.0	4.4	0.5	4,250	11.0	2,972

Note 1: 7 cases with preschool and madrassa level of education among women age 20-24 are not shown
Note 2: 25 cases with preschool, madrassa and missing information on educational level are not shown
[1] MICS indicator 5.2

Table RH.2: Trends in early childbearing

Percentage of ever married women who have had a live birth by age 15 and 18, by age groups, Balochistan Province, Pakistan, 2010

Age	Urban				Rural				All			
	Percentage of women with a live birth before age 15	Number of women	Percentage of women with a live birth before age 18	Number of women	Percentage of women with a live birth before age 15	Number of women	Percentage of women with a live birth before age 18	Number of women	Percentage of women with a live birth before age 15	Number of women	Percentage of women with a live birth before age 18	Number of women
15-19	0.5	1135	.	0	.5	3,115	.	0	0.5	4,250	.	0
20-24	1.9	854	8.2	854	3.1	2,118	12.1	2,118	2.8	2,972	11.0	2,972
25-29	4.7	728	15.2	728	4.7	2,346	18.9	2,346	4.7	3,074	18.0	3,074
30-34	6.5	536	24.7	536	7.5	1,796	23.5	1,796	7.3	2,332	23.8	2,332
35-39	5.3	498	22.2	498	3.1	1,648	14.0	1,648	3.6	2,146	15.9	2,146
40-44	7.9	354	23.5	354	4.6	1,226	13.5	1,226	5.4	1,580	15.8	1,580
45-49	3.0	309	13.3	309	2.4	1,070	9.2	1,070	2.5	1,378	10.1	1,378
Total	3.5	4,414	16.7	3,279	3.5	13,318	15.9	10,203	3.5	17,732	16.1	13,482

8.2   Contraception

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

134.   Current use of contraception was reported by 15 percent of women currently married (Table RH.3). The use rate has increased merely by one percentage point since 2006-07 (NIPS, 2008). The most popular method is the pill which is used by one in twenty (5 percent) married women in Balochistan. The next most popular method is Injectable, which accounts for nearly 3 percent of married women. Nearly 4 percent of women were using female sterilization, male condom and IUD. Overall, nearly 13 percent women were using modern methods while the use of traditional methods which include lactational amenorrhea (LAM), withdrawal and abstinence was reported by merely 2 percent women.

135.   Contraceptive prevalence was highest in Makran region at nearly 29 percent followed by Quetta region with 21 percent. The lowest prevalence of contraception was in Zhob region where only 3 percent of currently married women were using contraception. In Sibi region, the current use of contraception among currently married women was 6 percent. Adolescents were far less likely to use contraception than older women. Only about 6 percent married women aged 15-19 currently used a method of contraception compared to 10 percent of 20-24 and 20 percent in the age group 40-44 years.

136.   Women's education level is strongly associated with contraceptive prevalence. The percentage of women using any method of contraception rises from 14 percent among those with no education to 22 percent among women with primary education, and to 25 percent among women with secondary or higher education. Contraceptive use was higher among urban (21 percent) compared to rural women (13 percent) and increased with number of living children from less than 11 percent with one living child to 18 percent with 4 or more living children. It was also higher among affluent women (23 percent) compared to the poorest (7 percent). The most striking finding of the survey in terms of contraceptive use is that contraceptive pill was the most preferred method in Balochistan among all women irrespective of their background characteristics including age, number of living children, area, residence, education and economic status.

Table RH.3: Use of contraception

Percentage of currently married women age 15-49 years who are using (or whose husband is using) a contraceptive method, Balochistan Province, Pakistan, 2010

Percent of currently women who are using:

		Not using any method	Female sterilization	Male sterilization	IUD	Injectables	Implants	Pill	Male condom	Female condom	Lactational amenorrhoea method (LAM)	Periodic abstinence/ Rhythm	Withdrawal	Any modern method	Any traditional method	Any method [1]	# of women currently married
Region	Quetta	78.9	3.4	0.0	1.5	2.6	0.1	8.0	3.7	0.1	0.6	0.2	0.9	19.4	1.7	21.1	2,650
	Kalat	88.3	0.7	0.0	0.4	2.8	0.1	4.8	1.4	0.1	0.8	0.5	0.1	10.2	1.4	11.7	2,584
	Sibi	93.6	0.4	0.0	0.3	1.1	0.0	2.3	0.7	0.1	0.4	0.3	0.5	5.1	1.3	6.4	912
	Zhob	96.9	0.3	0.0	0.1	0.5	0.0	0.8	0.8	0.0	0.0	0.2	0.3	2.5	0.6	3.1	1,665
	Nasirabad	85.9	2.4	0.0	2.2	3.0	0.2	2.9	0.3	0.0	2.6	0.2	0.2	11.0	3.0	14.1	2,113
	Makran	71.4	2.1	0.6	2.0	5.4	0.3	10.8	0.6	1.9	3.9	0.2	0.3	24.0	4.6	28.6	1,336
Area	Urban	78.7	3.4	0.1	1.6	4.1	0.3	5.9	3.4	0.2	1.3	0.3	0.8	18.9	2.4	21.3	2,545
	Rural	87.3	1.3	0.1	1.0	2.2	0.1	4.9	0.9	0.3	1.3	0.3	0.3	10.8	1.9	12.7	8,715
Age	15-19	94.4	0.0	0.1	0.0	0.3	0.0	2.1	1.8	0.0	1.3	0.0	0.0	4.3	1.3	5.6	293
	20-24	89.7	0.2	0.0	0.8	2.0	0.0	3.2	1.3	0.0	2.5	0.2	0.0	7.7	2.7	10.3	1,292
	25-29	86.1	0.5	0.0	1.2	2.4	0.3	4.9	1.4	0.2	2.3	0.3	0.4	10.9	3.0	13.9	2,471
	30-34	86.2	0.6	0.1	1.2	2.3	0.0	5.3	2.0	0.3	1.2	0.3	0.5	11.7	2.1	13.8	2,223
	35-39	83.6	1.7	0.1	1.3	3.3	0.0	6.7	1.4	0.3	0.5	0.6	0.4	14.7	1.6	16.4	2,086
	40-44	80.4	3.9	0.1	1.4	4.1	0.3	6.6	1.4	0.4	0.5	0.4	0.5	18.2	1.4	19.6	1,556
	45-49	85.0	5.4	0.2	1.0	1.9	0.2	3.6	1.1	0.6	0.6	0.0	0.4	14.0	1.0	15.0	1,340
Number of living children	0	98.6	0.0	0.0	0.0	0.4	0.2	0.5	0.3	0.0	0.0	0.1	0.0	1.3	0.1	1.4	1,097
	1	89.3	0.2	0.0	0.8	1.6	0.0	3.2	2.0	0.1	2.5	0.1	0.0	8.1	2.6	10.7	1,243
	2	85.8	0.8	0.0	1.4	2.3	0.1	4.2	2.4	0.0	2.3	0.2	0.5	11.2	3.0	14.2	1,424
	3	85.0	1.0	0.2	1.7	2.6	0.1	4.7	1.7	0.0	1.6	0.7	0.7	12.1	3.0	15.0	1,617
	4+	82.0	2.8	0.1	1.2	3.3	0.2	6.7	1.4	0.5	1.0	0.3	0.5	16.2	1.8	18.0	5,879
Education	None	87.0	1.7	0.0	0.9	2.3	0.1	4.8	1.1	0.3	1.2	0.3	0.3	11.2	1.8	13.0	9,663
	Primary	77.6	2.7	0.3	1.4	4.8	0.3	8.7	2.0	0.4	1.2	0.5	0.0	20.7	1.7	22.4	449
	Middle	77.1	0.8	0.0	0.5	3.4	0.0	8.1	5.9	0.2	1.2	1.3	1.4	19.0	3.9	22.9	249
	Matric	73.8	0.5	0.1	3.5	3.4	0.3	7.5	3.3	0.9	5.0	0.0	1.4	19.8	6.4	26.2	487
	Higher	73.2	2.9	0.9	3.7	5.0	0.5	4.9	6.4	0.0	0.3	0.2	1.4	24.9	1.9	26.8	401
Wealth index quintiles	Poorest	92.6	0.4	0.0	0.4	1.4	0.0	3.4	0.3	0.0	0.9	0.2	0.3	6.0	1.4	7.4	2,343
	Second	87.8	1.5	0.0	0.9	2.2	0.1	4.0	0.6	0.3	2.0	0.3	0.4	9.6	2.7	12.2	2,351
	Middle	83.4	1.5	0.0	1.3	2.5	0.2	6.7	2.0	0.6	1.1	0.3	0.3	14.8	1.9	16.6	2,245
	Fourth	84.9	1.5	0.0	1.2	2.7	0.1	5.9	1.1	0.4	1.6	0.4	0.1	12.9	2.1	15.1	2,138
	Richest	77.4	3.9	0.3	2.1	4.3	0.3	5.9	3.6	0.1	0.9	0.2	0.9	20.5	2.1	22.6	2,183
Total		85.3	1.7	0.1	1.1	2.6	0.1	5.1	1.5	0.3	1.3	0.3	0.4	12.6	2.0	14.7	11,260

[1] MICS indicator 5.3; MDG indicator 5.3   Note 1: 4 cases with 'other type of contraceptive method' are not shown. Note2: 4 cases with preschool and 8 cases with madrassa education are not shown

8.3   Antenatal care

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

138.   WHO recommends a minimum of four antenatal visits based on a review of the effectiveness of different models of antenatal care. WHO guidelines are specific on the contents of antenatal care visits, which include:
- Blood pressure measurement
- Urine testing for bateriuria and proteinuria
- Blood testing to detect syphilis and severe anaemia
- Weight/height measurement (optional)

139.   Table RH.4 shows the type of personnel providing antenatal care to women aged 15-49 years who gave birth in the two years preceding the survey. The MICS findings indicate that 39 percent of the surveyed mothers received antenatal care from a skilled health provider (doctor, nurse or a midwife) at least once during their last pregnancy in two years. The highest level of antenatal care was found in Makran (58 percent) and the lowest in Kalat region (30 percent). Nearly three-fourth (63 percent) of urban women received antenatal care from a health professional compared to nearly one-third (31 percent) in rural areas. Younger women were more likely to visit a health professional for antenatal checkups compared to older women. Similarly, antenatal checkups are strongly correlated with education and socio-economic conditions. The survey shows that 35 percent women visited a doctor during their last pregnancy for checkups while 4 percent visited a Nurse/Lady Health Visitor or a Midwife. However, majority of the women (54 percent) who gave birth in the two years before the survey did not receive any antenatal care. The proportion of such women was highest in Zhob region and lowest in Makran.

140.   UNICEF and WHO recommend a minimum of at least four antenatal care visits during pregnancy. Table RH.5 shows number of antenatal care visits during the last pregnancy during the two years preceding the survey, regardless of provider by selected characteristics. Almost one-third of mothers (32 percent) received antenatal care more than

once while only 11 percent of mothers received antenatal care at least four times. Mothers from the poorest households and those with primary education were less likely than more advantaged mothers to receive ANC four or more times. For example, only 2 percent of the women living in poorest households reported four or more antenatal care visits compared with 31 percent among those living in richest households.

141. The types of services the pregnant women received are shown in Table RH.6. Among those women who had given birth to a child during the two years preceding the survey, 23 percent reported that a blood sample was taken during antenatal care visits, 37 percent reported that their blood pressure was checked, and 28 percent said that urine specimen was taken. The proportion of women checked for blood test, measurement of blood pressure and testing urine varies across region. The proportion of women who were tested for blood, urine and blood pressure was highest in Makran while lowest proportions of women reported in Zhob that their blood sample was taken or urine tested. The findings show that younger women, women residing in urban areas, those who had some education and were relatively richer were more likely to be clinically examined during antenatal visits compared to rural, uneducated and poor women.

Table RH.4: Antenatal care provider

Percent distribution of ever married women aged 15-49 who gave birth in the two years preceding the survey by type of personnel providing antenatal care, **Balochistan Province, Pakistan, 2010**

| | | Person providing antenatal care | | | | | | | | Total | At least once by skilled personnel [1] | Number of women who gave birth in the preceding two years |
		Doctor	Nurse / Midwife	Lady health visitor	Lady health worker	Traditional birth attendant	Relative / friend	Other / missing	No antenatal care received			
Region	Quetta	42.6	1.0	1.1	1.1	3.1	0.0	0.3	50.8	100	44.7	792
	Kalat	27.2	0.6	2.2	1.6	11.5	0.4	0.1	56.3	100	30.0	565
	Sibi	42.4	3.3	2.4	0.8	4.5	0.0	0.0	46.7	100	48.1	166
	Zhob	29.2	2.4	0.3	1.0	2.7	0.4	0.8	63.3	100	31.8	286
	Nasirabad	25.0	8.0	0.5	0.6	4.6	0.0	0.0	61.3	100	33.6	476
	Mekran	52.5	4.5	0.5	1.6	9.3	0.0	0.0	31.5	100	57.5	207
Area	Urban	59.0	3.6	0.8	0.8	4.0	0.0	0.1	31.8	100	63.4	602
	Rural	27.4	2.6	1.3	1.2	6.4	0.2	0.3	60.5	100	31.3	1889
Mother's age at birth	Less than 20	34.0	7.7	0.0	2.4	6.3	0.0	0.0	49.6	100	41.7	165
	20-34	38.2	2.8	1.4	0.9	5.8	0.1	0.3	50.6	100	42.3	1818
	35-49	24.1	1.7	0.9	1.6	5.8	0.1	0.1	65.6	100	26.7	507
Education	None	27.6	2.7	1.0	1.1	6.2	0.1	0.3	61.1	100	31.3	2019
	Primary	49.4	3.8	1.9	3.2	9.4	0.0	0.0	32.2	100	55.2	136
	Middle	63.3	2.5	2.2	0.7	6.3	1.5	0.0	23.5	100	68.0	73
	Matric	69.0	4.8	2.5	0.3	2.2	0.0	0.0	21.2	100	76.3	140
	Higher	86.6	3.3	0.3	1.3	0.4	0.0	0.0	8.1	100	90.2	117
Wealth index quintiles	Poorest	16.5	0.9	0.9	1.0	6.1	0.0	0.2	74.4	100	18.3	464
	Second	21.8	2.0	0.3	0.6	9.7	0.2	0.1	65.2	100	24.2	539
	Middle	27.9	3.7	0.7	2.1	6.7	0.3	0.3	58.4	100	32.3	485
	Fourth	41.0	5.0	2.2	1.7	5.1	0.2	0.5	44.3	100	48.2	490
	Richest	66.7	2.7	1.8	0.4	1.5	0.0	0.1	26.9	100	71.1	513
Total		35.0	2.9	1.2	1.1	5.8	0.1	0.2	53.6	100	39.1	2491

[1] MICS indicator 5.5a; MDG indicator 5.5

Note 1: One case with missing "age of mother at birth" is not shown. Note 2: One case with "Pre-school education and 5 cases with madrassa education are, not shown.

Table RH.5: Number of antenatal care visits

Percentage of ever married women who had a live birth during the two years preceding the survey by number of antenatal care visits by any provider, Balochistan Province, Balochistan, 2010

	No antenatal care visits	One visit	Two visits	Three visits	4 or more visits [1]	Missing/DK	Total	Number of women who gave birth in the preceding two years
		Percent of women who had:						
Region								
Quetta	51.0	3.8	11.5	10.6	16.7	6.3	100	792
Kalat	56.4	5.3	10.0	7.6	7.5	13.3	100	565
Sibi	46.7	5.8	11.6	20.0	12.3	3.6	100	166
Zhob	63.7	5.6	10.0	4.8	2.2	13.7	100	286
Nasirabad	61.3	4.9	10.8	10.4	11.4	1.2	100	476
Mekran	31.5	4.6	4.8	19.4	11.8	28.0	100	207
Area								
Urban	31.8	5.5	10.8	16.5	24.5	10.9	100	602
Rural	60.7	4.5	10.2	8.7	7.0	8.9	100	1889
Mother's age at birth								
Less than 20	49.6	3.5	11.7	16.6	11.0	7.5	100	165
20-34	50.8	5.2	10.7	11.0	12.6	9.7	100	1818
35-49	65.6	3.6	8.5	7.0	6.3	8.9	100	507
Education								
None	61.3	4.7	9.6	9.4	7.3	7.9	100	2025
Primary	32.5	8.7	18.5	13.4	13.9	13.0	100	136
Middle	23.5	4.5	11.1	15.1	29.9	15.9	100	73
Matric	21.2	3.7	14.6	21.2	25.0	14.4	100	140
Higher	8.1	3.3	7.6	13.3	47.0	20.7	100	117
Wealth index quintiles								
Poorest	74.6	4.4	7.0	5.2	2.3	6.4	100	464
Second	65.2	3.3	9.2	6.8	6.3	9.2	100	539
Middle	58.6	5.2	11.0	9.7	4.9	10.7	100	485
Fourth	44.3	6.1	13.5	13.3	11.0	11.8	100	490
Richest	27.2	5.0	10.8	17.6	30.7	8.6	100	513
Total	53.7	4.8	10.3	10.6	11.2	9.4	100	2491

[1] MICS indicator 5.5b; MDG indicator 5.5 [Note 1: one case with missing "age of mother at birth", One case with preschool and 5 cases with madrassa level of education are not shown]

		Percent of pregnant women who had:				
		Blood pressure measured	Urine specimen taken	Blood test taken	Blood pressure measured, urine specimen and blood test taken [1]	Number of women who gave birth in two years preceding survey
Region	Quetta	43.3	36.0	32.7	30.8	792
	Kalat	29.2	18.3	14.6	9.0	565
	Sibi	48.2	39.4	36.7	33.4	166
	Zhob	33.3	13.4	9.7	6.7	286
	Nasirabad	26.4	21.7	13.0	10.1	476
	Makran	59.6	52.7	41.7	41.3	207
Area	Urban	60.5	49.0	42.6	37.9	602
	Rural	30.1	21.6	17.0	14.5	1,889
Mother's age at birth	Less than 20	40.5	31.1	23.3	21.9	165
	20-34	40.4	30.1	25.7	22.3	1,818
	35-49	25.7	20.8	14.3	12.1	507
Education	None	30.3	21.4	16.6	14.5	2,025
	Primary	51.8	38.5	34.9	26.9	136
	Middle	67.2	56.6	45.6	38.9	73
	Matric	68.6	59.9	51.7	43.8	140
	Higher	85.4	78.8	75.3	70.5	117
Wealth index quintiles	Poorest	18.4	9.6	7.0	4.6	464
	Second	22.3	16.2	11.6	9.0	539
	Middle	31.7	23.6	18.8	15.8	485
	Fourth	46.0	34.1	26.8	24.0	490
	Richest	67.7	56.7	50.8	46.6	513
Total		37.4	28.3	23.2	20.2	2,491

[1] MICS indicator 5.6
Note: One case of missing age at birth of child, one case of preschool and 5 cases of madrassa level of education are not shown

8.4   Assistance at delivery

142.   Three quarters of all maternal deaths occur during delivery and the immediate post-partum period. The single most critical intervention for safe motherhood is to ensure a competent health worker with midwifery skills is present at every birth, and transport is available to a referral facility for obstetric care in case of emergency. A World Fit for Children Goal is to ensure that every pregnant woman has ready and affordable access to skilled attendance at delivery. The indicators are the proportion of births with a skilled attendant and proportion of institutional deliveries. The skilled attendant at delivery indicator is also used to track progress toward the Millennium Development target of reducing the maternal mortality ratio by three quarters between 1990 and 2015.

143.   The MICS included a number of questions to assess the proportion of births attended by a skilled attendant. *A skilled attendant* includes a doctor, nurse, midwife or an auxiliary midwife.

144.   Table RH.7 shows that about 29 percent of births occurring in the two years preceding the MICS survey were delivered by skilled personnel-(doctor 23 percent; Nurse /midwife 5 percent and LHV-1 percent) This percentage was highest in Makran region at 49 percent and lowest in Sibi at 17 percent. Younger women were more likely to get skilled birth attendant assistance compared to older women. Similarly, the more educated or a wealthier a woman was the more likely to have delivered with the assistance of a skilled birth attendant.

145.   More than half of all births (53 percent) in the two years preceding the MICS survey were assisted by traditional birth attendants (TBA) and about 15 percent by relatives or friends. The TBA assisted births were more common in Nasirabad region and relatively less common in Zhob region. More rural women seek delivery assistance from TBAs (58 percent). Women who were older in age, had no or little education and poor were more likely to deliver with the assistance of TBA across the regions.

Table RH.7: Assistance during delivery

Percent distribution of ever married women age 15-49 who had a live birth in the two years preceding the survey by person assisting at delivery and percentage of births delivered by C-section, Balochistan Province, Pakistan, 2010

		Person assisting at delivery								Total	Any skilled personnel [1]	Number of women who gave birth in preceding two years
		Doctor	Nurse / Midwife	Auxiliary midwife	Community health worker	Traditional birth attendant	Relative / Friend	Other/missing	No attendant			
Region	Quetta	34.6	3.1	0.8	1.4	39.5	19.2	0.9	0.6	100.0	38.5	792
	Kalat	12.7	3.2	1.6	0.9	63.0	15.9	2.3	0.4	100.0	17.5	565
	Sibi	11.7	3.0	2.6	1.9	69.3	10.4	0.8	0.3	100.0	17.3	166
	Zhob	17.7	4.5	.2	2.5	31.4	36.8	2.6	4.5	100.0	22.3	286
	Nasirabad	15.6	8.8	1.2	0.6	71.7	0.7	0.4	0.9	100.0	25.6	476
	Mekran	37.0	11.6	0.5	0.8	49.6	0.0	0.6	0.0	100.0	49.1	207
Area	Urban	45.8	6.9	0.9	2.6	36.8	5.3	1.3	0.3	100.0	53.7	602
	Rural	15.4	4.5	1.1	0.8	58.0	17.7	1.3	1.2	100.0	21.0	1889
Mother's age at birth	Less than 20	23.1	7.0	0.0	0.8	54.0	12.0	2.4	0.9	100.0	30.0	165
	20-34	24.8	5.1	1.1	1.4	51.4	14.4	1.3	0.5	100.0	31.0	1818
	35-49	15.3	4.3	1.4	0.6	57.8	17.0	0.9	2.8	100.0	21.0	507
Place of delivery	Public sector health facility	85.1	8.4	3.4	0.4	2.2	0.2	0.0	0.3	100.0	96.8	342
	Private sector health facility	80.1	12.3	1.0	2.0	1.1	2.2	0.8	0.4	100.0	93.4	262
	Home	3.3	3.5	0.6	1.2	69.9	19.6	0.9	0.9	100.0	7.5	1826
Education	None	16.0	4.8	0.9	1.2	57.8	16.8	1.4	1.0	100.0	21.7	2025
	Primary	34.2	3.5	1.2	0.1	50.2	10.0	0.4	0.3	100.0	38.9	136
	Middle	40.4	4.6	1.6	0.7	46.6	4.3	1.0	0.8	100.0	46.6	73
	Matric	53.5	10.3	3.7	1.3	25.0	4.5	1.8	0.0	100.0	67.4	140
	Higher	77.1	4.0	0.7	2.9	9.6	4.3	0.4	0.9	100.0	81.9	117
Wealth index quintiles	Poorest	7.3	4.1	0.9	1.1	53.9	28.4	1.7	2.6	100.0	12.3	464
	Second	9.4	5.1	0.6	0.5	64.4	17.5	1.5	0.9	100.0	15.1	539
	Middle	14.7	4.1	0.7	1.0	66.1	11.5	1.2	0.7	100.0	19.5	485
	Fourth	24.8	5.6	1.1	1.3	54.8	10.5	1.6	0.3	100.0	31.5	490
	Richest	56.2	6.5	2.0	2.2	25.4	6.6	0.6	0.5	100.0	64.7	513
Total		22.7	5.1	1.1	1.2	52.9	14.7	1.3	1.0	100.0	28.9	2491

[1] MICS indicator 5.7; MDG indicator 5.2 [2] MICS indicator 5.9

Note 1: 6 cases with missing information on "place of delivery" are not shown. Note 2: One case with missing "mother's age at birth" is not shown. One case of preschool and 5 cases of madrassa level of education are not shown.

8.5   Place of delivery

146.   Increasing the proportion of births that are delivered in health facilities is an important factor in reducing the health risks to both the mother and the baby. Proper medical attention and hygienic conditions during delivery can reduce the risks of complications and infection that can cause morbidity and mortality to either the mother or the baby. Table RH.8 presents the percent distribution of women age 15-49 who had a live birth in the two years preceding the survey by place of delivery and the percentage of births delivered in a health facility, according to background characteristics.

147.   Table RH.8 shows that nearly one-fourth (24 percent) of births in Balochistan were delivered in a health facility; 14 percent of deliveries in public sector facilities and 11percent in private sector facilities. Nearly three-fourth (73 percent) of deliveries took place at home. Women in urban areas were more likely to deliver in a health facility (49 percent) compared with their rural counterparts (16 percent). Makran had the highest proportion of institutional deliveries (38 percent), followed by Quetta (37 percent), while Kalat had the lowest proportion (11percent). Women with higher levels of educational attainment were more likely to deliver in a health facility than women with less education or no education. The proportion of births occurring in a health facility increased steadily with increasing wealth quintile, from 7 percent of births in the lowest wealth quintile to 60 percent among those in the highest quintile.

Table RH.8: Place of delivery
Percent distribution of ever married women age 15-49 with a birth in two years preceding the survey by place of delivery, Balochistan Province, Pakistan, 2010

		Place of delivery						Delivered in health facility [1]	Number of women who gave birth in preceding two years
		Public sector health facility	Private sector health facility	Home	Other	Missing/DK	Total		
Region	Quetta	23.4	13.3	62.4	0.2	0.7	100	36.7	792
	Kalat	5.8	5.6	86.9	0.2	1.5	100	11.4	565
	Sibi	8.8	7.3	81.6	0.1	2.1	100	16.1	166
	Zhob	5.2	8.9	82.7	0.6	2.6	100	14.1	286
	Nasirabad	6.1	15.7	72.0	0.3	6.0	100	21.8	476
	Mekran	31.8	5.7	61.1	0.0	1.4	100	37.5	207
Area	Urban	26.8	22.5	47.2	0.5	3.0	100	49.4	602
	Rural	9.5	6.7	81.6	0.2	2.0	100	16.2	1889
Mother's age at birth	Less than 20	9.8	14.5	69.1	1.1	5.6	100	24.2	165
	20-34	14.9	11.0	71.8	0.2	2.1	100	25.9	1818
	35-49	10.7	7.6	79.8	0.0	1.9	100	18.4	507
Percent of women who had:	None	4.4	3.1	89.2	0.2	3.1	100	7.5	1339
	1-3 visits	22.8	17.0	58.7	0.3	1.2	100	39.8	639
	4+ visits	34.2	32.2	32.0	0.6	1.0	100	66.4	280
	Missing/DK	17.6	9.3	71.2	0.0	1.9	100	26.9	234
Education	None	10.0	7.1	80.5	0.2	2.2	100	17.1	2025
	Primary	20.9	15.3	59.6	0.0	4.2	100	36.2	136
	Middle	18.2	23.4	51.7	2.3	4.4	100	41.6	73
	Matric	35.1	25.4	38.5	0.9	0.1	100	60.5	140
	Higher	41.1	35.6	21.1	0.0	2.2	100	76.7	117
Wealth index quintiles	Poorest	2.4	4.2	92.0	0.0	1.4	100	6.6	464
	Second	5.7	4.4	87.3	0.4	2.3	100	10.1	539
	Middle	9.2	5.4	81.7	0.3	3.4	100	14.6	485
	Fourth	19.7	8.5	69.5	0.1	2.1	100	28.2	490
	Richest	30.9	29.3	37.4	0.3	2.1	100.0	60.1	513
Total		13.7	10.5	73.3	0.2	2.3	100	24.2	2491

Note 1: One case with missing "age of mother at birth" is not shown, one case of preschool and 5 cases of madrassa level of education are not shown
[1] MICS indicator 5.8

IX Child Development

9.1 Early childhood education and learning

148. Attendance to pre-school education in an organized learning or child education program is important for the readiness of children to school.

149. Table CD.1 shows that only 3 percent of children aged 36-59 months were attending pre-school. The proportion of male and female children is also similar (3 percent). Makran region, which is predominantly rural, had surprisingly higher proportion of children attending preschool compared to other regions including Quetta which is more urbanised (9 percent vs 2 percent). The lowest level of preschool attendance was observed in Sibi region. Urban-rural differentials are visible (6 percent in urban and 2.5 percent in rural areas) though overall the level was low even in urban areas. Differentials by education of head of the household and socioeconomic status were significant. Six percent of children living in rich households attended pre-school, while the figure dropped to 2 percent in poor households. Preschool attendance was increasing with the increase in age of child. Attendance in pre-school at ages 36-47 months was nearly 2 percent while in age group 48-59 months it was nearly 5 percent.

150. It is well recognized that a period of rapid brain development occurs in the first 3-4 years of life, and the quality of home care is the major determinant of the child's development during this period. In this context, adult activities with children, presence of books in the home for the child and the conditions of care are important indicators of quality of home care. Children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn.

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

152. Nearly four out of every ten children (38 percent) of age less than five years, an adult household member engaged in more than four activities that promote learning and school readiness during the 3-days preceding the survey (see Table CD.2). The average number of activities that adults engaged with children was three (3). The table also indicates that the father's involvement in such activities was also encouraging. Father's involvement with one or more activities was 61 percent. Less than 2 percent of children were living in a household without their fathers.

Table CD.1: Early childhood education
Percentage of children age 36-59 months who are attending some form of organized early childhood education program, Balochistan Province, Pakistan, 2010

Background characteristics		Percentage of children age 36-59 months currently attending early childhood education [1]	Number of children aged 36-59 months
Sex	Male	3.0	2,682
	Female	3.3	2,224
Region	Quetta	2.4	1,171
	Kalat	2.6	1,031
	Sibi	1.1	454
	Zhob	2.8	806
	Nasirabad	2.6	836
	Makran	8.5	607
Area	Urban	6.0	966
	Rural	2.5	3,939
Age of child	36-47 months	1.7	2,479
	48-59 months	4.7	2,426
Mother's education	No formal schooling	2.2	4294
	Primary	6.0	192
	Middle	10.2	88
	Matric	12.3	196
	Higher	13.3	132
Wealth index quintiles	Poorest	2.3	1,013
	Second	2.1	1,023
	Middle	2.7	1,090
	Fourth	3.1	941
	Richest	6.2	838
Total		3.2	4,905

[1] MICS indicator 6.7
Note: One case of missing in sex, 4 cases of preschool and 2 cases of madrassa levels of education are not shown

153.   There were no gender differentials in terms of adult activities including fathers with children. Larger proportions of adults engaged in learning and school readiness activities with children in urban areas (52 percent) than in rural areas (34 percent). Strong differentials by region and socio-economic status were also observed. Adult engagement in activities with children was greatest in the Makran region (80 percent) and lowest in Zhob region (18 percent). Adult engagement with children increased with mother's and father's educational level and also with the socioeconomic status of the household.

Table CD.2: Support for learning
Percentage of children age 36-59 months with whom an adult household member engaged in activities that promote learning and school readiness during the last three days, Balochistan Province, Pakistan, 2010

Background characteristics		Percentage of children aged 36-59 months		Mean number of activities			
		With whom adult household members engaged in four or more activities [1]	With whom the father engaged in one or more activities [2]	Any adult household member engaged with the child	The father engaged with the child	Percentage of children not living with their natural father	Number of children aged 36-59 months
Sex	Male	38.4	62.4	3.1	1.1	1.4	2,681
	Female	37.4	58.7	3.0	1.1	2.1	2,223
Region	Quetta	32.2	45.4	2.8	0.7	1.8	1,171
	Kalat	41.3	66.3	3.2	1.3	1.4	1,031
	Sibi	30.7	76.5	2.9	1.2	0.5	454
	Zhob	17.9	41.4	2.3	0.7	1.2	806
	Nasirabad	34.4	67.6	2.9	1.1	1.9	836
	Makran	80.2	85.1	4.6	1.9	3.8	607
Area	Urban	52.4	65.2	3.5	1.3	2.7	966
	Rural	34.4	59.6	2.9	1.1	1.5	3,939
Age	36-47 months	35.4	57.5	2.9	1.0	1.4	2,479
	48-59 months	40.5	64.0	3.2	1.2	2.1	2,426
Mother's education	None	34.5	59.4	2.9	1.0	1.7	4,291
	Primary	43.1	49.3	3.3	1.0	0.6	192
	Middle	63.2	80.4	4.0	1.6	1.5	88
	Matric	66.4	76.9	4.3	1.8	3.5	196
	Higher	83.1	83.2	4.8	2.1	3.7	132
Father's education	None	35.1	60.5	2.9	1.0	0.0	2,555
	Primary	23.8	59.8	2.7	0.9	0.0	463
	Middle	32.5	58.0	2.9	0.9	0.0	377
	Matric	41.6	61.9	3.2	1.1	0.0	772
	Higher	56.8	66.8	3.8	1.6	0.0	612
	Father not in household	53.3	39.1	3.6	0.8	100	86
Wealth index quintiles	Poorest	31.4	49.3	2.8	0.9	2.1	1,013
	Second	32.4	60.8	2.9	1.1	1.4	1,023
	Middle	33.3	66.7	2.9	1.1	1.2	1,090
	Fourth	40.6	63.6	3.2	1.2	1.2	941
	Richest	55.6	63.4	3.7	1.2	3.1	838
Total		37.9	60.7	3.1	1.1	1.8	4,905

Note 1: 2 number of children with missing information on their "sex" are not shown.
Note 2: 4 number of children with their "mother's education in "pre-school" are not shown.
Note 3: 3 number of children with their "mother's education in "*Madrassa*" are not shown.
Note 4: 9 number of children with their "father's education in pre-school" are not shown.
Note 5: 20 number of children with their "father's education in "*Madrassa*" are not shown.
Note 6:14 number of cases with missing "father's education "are not shown.
[1] MICS indicator 6.1
[2] MICS Indicator 6.2

9.2   Exposure of children to learning materials

154.   Exposure to books in early years not only provides the child with greater understanding of the nature of print, but may also give the child opportunities to see others reading, such as older siblings doing school work. Presence of books is important for later school performance and IQ scores. The mother/caretaker of all children under 5 were asked about number of children's books or picture books they had for the child, household objects or outside objects, and homemade toys or toys from a shop that were available at home.

155.   Overall, only 2 percent of children age 0-59 months were living in households where at least 3 children's books were present (see Table CD.3). Hardly any household was found where 10 or more children's books were available. While no gender differentials were observed, urban children appeared to have more access to children's books than those living in rural households. The proportion of under-5 children who had 3 or more children's books was 5 percent in urban areas compared to one percent in rural areas. The presence of children's books was found positively correlated with the child's age. In the homes of 3 percent of children aged 0-59 months, there were 3 or more children's books, while the figure was 0.3 percent for children aged 0-23 months.

156.   Table CD.3 also shows that 47 percent of children aged 0-59 months had 2 or more playthings to play with in their homes. The playthings included homemade toys (such as dolls and cars, or other toys made at home), toys that came from a store, and household objects (such as pots and bowls) or objects and materials found outside the home (such as sticks, rocks, animal shells, or leaves). It is interesting to note that 44 percent of children played with toys that came from a store; however, the percentages for other types of toys that are made at home were slightly higher. Differentials on the basis of gender virtually did not exist. Urban-rural differentials were however, observed in this respect. Differences were also observed in terms of mother's education – 60 percent of children whose mothers were educated had 2 or more playthings, while the proportion was 45 percent for children whose mothers had no education. Differentials also existed by socioeconomic status of the households, and regions.

		Household has for the child:		Child plays with:			Two or more types of playthings [2]	Number of children under age 5
		3 or more children's books [1]	10 or more children's books	Homemade toys	Toys from a shop/ manufactured toys	Household objects/objects found outside		
Sex	Male	2.1	0.1	52.7	44.2	44.0	47.1	5,222
	Female	2.2	0.1	53.0	42.6	43.4	46.2	4,508
Region	Quetta	1.5	0.3	50.2	48.8	46.7	51.4	2,548
	Kalat	1.6	0.1	70.4	42.9	48.4	56.0	2,054
	Sibi	0.7	0.0	68.3	33.8	53.0	53.7	798
	Zhob	2.4	0.1	25.3	28.5	26.3	25.6	1,608
	Nasirabad	1.4	0.0	48.1	44.3	47.2	43.1	1,743
	Makran	7.2	0.0	63.7	61.7	40.6	49.8	982
Area	Urban	4.9	0.4	58.3	63.4	51.5	59.4	2,028
	Rural	1.4	0.0	51.4	38.2	41.6	43.3	7,706
Age	0-23 months	0.3	0.1	36.3	30.5	29.8	31.6	2,855
	24-59 months	2.9	0.1	59.7	48.9	49.4	52.9	6,879
Mother's Education	No education	1.5	0.1	52.1	39.5	42.8	44.5	8,354
	Some education	6.2	0.5	57.1	67.6	48.9	59.9	1,380
Wealth index quintiles	Poorest	0.8	0.0	45.6	25.1	33.5	33.8	2,033
	Second	0.8	0.0	51.0	36.3	40.3	40.8	2,025
	Middle	1.4	0.1	59.3	43.1	50.3	54.0	2,062
	Fourth	3.0	0.1	52.5	49.3	44.5	46.9	1,868
	Richest	5.2	0.4	56.1	67.3	50.7	59.6	1,746
Total		2.1	0.1	52.8	43.5	43.7	46.7	9,734

[1] MICS indicator 6.3
[2] MICS indicator 6.4
Note: 4 cases of missing sex are not shown

9.3   Adequacy of care

157.   Leaving children alone or in the presence of other young children is known to increase the risk of accidents. In MICS, two questions were asked to find out whether children aged 0-59 months were left alone during the week preceding the interview, and whether children were left in the care of other children under 10 years of age.

158.   Table CD.4 shows that 28 percent of children aged 0-59 months were left in the care of other children, while a similar proportion of children were left alone during the week preceding the interview. Combining the two care indicators, it is calculated that one-third (32 percent) of children were left with inadequate care during the week preceding the survey, either by being left alone or in the care of another child. No differences were observed by the

sex of the child however, the proportion of such children was higher in rural (34 percent) than in urban areas (25 percent). On the other hand, inadequate care was more prevalent among children whose mothers had at least secondary education (21 percent), as opposed to children whose mothers had no education (33 percent). Children aged 24-59 months were left with inadequate care more (37 percent) than those who were aged 0-23 months (22 percent). Differences were also observed in regard to socioeconomic status of the household.

Table CD.4: Inadequate care
Percentage of children under age 5 left alone or left in the care of other children under the age of 10 years for more than one hour at least once during the past week, Balochistan Province, Pakistan, 2010

Background characteristics		Percentage of children under age 5			
		Left alone in the past week	Left in the care of another child younger than 10 years of age in the past week	Left with inadequate care in the past week [1]	Number of children under age 5
Sex	Male	28.7	28.3	33.0	5,222
	Female	27.5	27.0	31.5	4,508
Region	Quetta	29.5	24.8	31.2	2,548
	Kalat	25.6	26.9	32.3	2,054
	Sibi	38.4	38.3	40.8	798
	Zhob	19.6	17.7	21.8	1,608
	Nasirabad	31.9	36.8	40.0	1,743
	Makran	29.6	29.1	32.2	982
Area	Urban	20.8	19.6	24.5	2,028
	Rural	30.1	29.9	34.4	7,706
Age	0-23	18.7	18.6	22.0	2,855
	24-59	32.1	31.6	36.6	6,879
Mother's education	None	28.9	28.4	33.1	8,338
	Primary	27.5	28.6	32.0	428
	Middle	35.5	30.7	39.6	210
	Matric	20.3	20.6	24.0	420
	Higher	18.0	18.3	20.6	321
Wealth index quintiles	Poorest	22.8	24.0	27.5	2,033
	Second	28.1	28.9	33.7	2,025
	Middle	31.4	28.9	35.0	2,062
	Fourth	33.0	32.5	36.2	1,868
	Richest	25.8	24.5	29.3	1,746
Total		28.2	27.8	32.4	9,734

[1] MICS indicator 6.5
Note: 4 cases of missing sex, 7 cases of preschool and 10 cases of madrassa levels of education are not shown

9.4   Early childhood development

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

160.   A 10-item module developed for the MICS program was used to calculate the Early Child Development Index (ECDI). The indicator is based on some benchmarks that children would be expected to have if they are developing as the majority of children in that age group. The primary purpose of the ECDI is to inform public policy regarding the developmental status of children in Balochistan province.

161.   Each of the 10 items is used in one of the four domains, to determine if children are developmentally on track in that domain. The domains in question are:

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

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

163.   The results are presented in Table CD.5. Overall 60 percent of children aged 36-59 months were found to be developmentally on track. ECDI was slightly higher among boys (61 percent) than girls (59 percent). As expected, ECDI was higher among 48-59 months old (65 percent) compared to 55 percent among 36-47 months old, since children mature more skills with increasing age. Higher ECDI was seen in children attending pre-school (87 percent) compared to 59 percent for those who were not attending preschool. Children living in poorest households had lower ECDI (59 percent) compared to children living in richest households (72 percent). The analysis of four domains of child development shows that 91 percent of children were on track in the physical domain, but much less on track in literacy numeracy (20 percent), social-emotional (69 percent) and learning (78 percent) domains. In each individual domain the higher score was invariably associated with children living in richest households, with children attending preschool, older children, and among boys.

Table CD.5: Early child development index
Percentage of children age 36-59 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains, and the early child development index score, Balochistan Province, Pakistan, 2010

Background characteristics		Percentage of children age 36-59 months who are developmentally on track for indicated domains				Early child development index score [1]	Number of children age 36-59 months
		Literacy-numeracy	Physical	Social-Emotional	Learning		
Sex	Male	20.1	90.9	69.3	78.5	60.9	2,681
	Female	19.9	89.9	67.6	77.6	59.4	2,223
Region	Quetta	14.1	88.7	74.7	83.5	64.2	1,171
	Kalat	20.2	92.7	59.3	73.2	51.7	1,031
	Sibi	12.1	90.4	63.6	62.3	40.9	454
	Zhob	18.6	93.3	76.1	80.6	70.8	806
	Nasirabad	20.1	90.0	80.5	87.4	72.7	836
	Makran	38.6	86.8	49.5	71.3	50.2	607
Area	Urban	34.2	91.3	69.9	83.3	69.6	966
	Rural	16.5	90.3	68.2	76.8	57.9	3,939
Age	36-47 months	12.9	88.1	70.4	73.5	55.4	2,479
	48-59 months	27.2	92.8	66.7	82.7	65.1	2,426
Preschool attendance	Attending preschool	65.3	93.1	74.1	90.3	87.1	155
	Not attending preschool	18.5	90.4	68.4	77.7	59.3	4,750
Mother's education	None	17.5	90.7	68.4	77.6	59.1	4,291
	Primary	27.3	88.8	74.1	87.0	70.6	192
	Middle	38.5	90.1	67.3	87.2	66.7	88
	Matric	44.1	87.7	64.5	74.8	67.3	196
	Higher	44.8	88.8	71.2	78.3	67.4	132
Wealth index quintiles	Poorest	11.9	93.2	68.6	79.9	59.2	1,013
	Second	18.1	89.0	67.8	75.0	59.5	1,023
	Middle	16.6	92.1	65.5	74.9	54.4	1,090
	Fourth	22.5	87.1	67.8	76.8	58.0	941
	Richest	33.9	90.6	74.2	85.1	72.4	838
Total		20.0	90.5	68.5	78.1	60.2	4,905

Note 1: 2 number of children with missing information on their "sex" are not shown.
Note 2: 4 number of children with "pre-school education of their mother" are not shown.
Note 3: 3 number of children with "Madrassa education of their mother" are not shown.
[1] MICS indicator 6.6

X Education

10.1   Pre-school attendance and school readiness

164.   Attendance to pre-school education in an organized learning and child education program is important for the readiness of children to school. One of the World Fit for Children Goals is the promotion of early childhood education.

Table ED.1: School readiness
Percentage of children attending first grade of primary school who attended pre-school the previous year,
Balochistan Province, Pakistan, 2010

		Percentage of children attending first grade who attended preschool in previous year [1]	Number of children attending first grade of primary school
Sex	Male	78.9	645
	Female	81.9	448
Region	Quetta	84.2	318
	Kalat	67.1	234
	Sibi	(62.7)	34
	Zhob	69.2	81
	Nasirabad	81.2	176
	Makran	92.3	250
Area	Urban	80.6	313
	Rural	80.0	780
Mother's education	None	79.0	882
	Primary	(82.4)	49
	Middle	(86.3)	35
	Matric	84.2	84
	Higher	(91.5)	41
Wealth index quintiles	Poorest	71.1	128
	Second	79.5	222
	Middle	80.6	228
	Fourth	84.6	251
	Richest	80.3	264
Total		80.1	1,093

Note 1:Figures shown in parenthesis are based on denominators of 25-49 un-weighted cases
Note 2: Figures marked by an asterisk (*) are based on denominators of 24 un-weighted cases and less.
Note 3: 2 mothers not in household are not shown.
[1] MICS indicator 7.2

165.   As seen from table ED2, 80.1 percent of children attending first grade were in pre-school in the previous year on overall basis, slightly more females (81.9%) than males (78.9%) and marginally more urban children than those from the rural areas. School readiness preparation was found highest among children from Makran region at 92.3 percent and lowest among those from Sibi region at 62.7 percent, while minimum variation were observed among children from various wealth index quintiles.

10.2   Primary and secondary school participation

166.   Universal access to basic education and the achievement of primary education by the world's children is one of the most important goals of the Millennium Development Goals and A World Fit for Children.   Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

167.   In the formal education system of Pakistan, there are four stages to complete high school graduation.   Both public sector and private sector schools provide pre-primary education for two years as a proxy for early childhood education. The age group for pre-primary is 3 to 5 years. Primary schooling consists of five classes and enrolls children of 5-9 years. Middle schooling is for three years aimed at the age group of 10-12 years. The high school stage is for two years comprising classes 9 and 10; the secondary school certificate is awarded on qualifying an examination conducted by a regional board.

168.   The indicators for primary and secondary school attendance include the following and each indicator is discussed in detailed in the paragraphs that follow:
- Net intake rate in primary education
- Net primary school attendance rate
- Net secondary school attendance rate
- Net primary school attendance rate of children of secondary school age
- Female to male education ratio (or gender parity index - GPI)

10.2.1   Net intake rate in primary education

169.   Information of children on primary school entry age entering grade 1 is presented in Table ED.2.

170.   The percentage of children of primary school entry age (age 5) entering grade 1 was found as low as 19.8 percent with boys slightly on the higher side (20.7%) than girls (18.6%) and also in urban versus rural children at 28.5 percent and 17.4 respectively. The net intake rate was highest in Makran region at 36.7 percent and lowest in Zhob and Sibi regions at 8.9 and 9.4 percent respectively. Similar variations in net intake rate were also observed in children coming from richest wealth quintile at 31.1 percent and whose mothers had some formal education ranging from 26.3 percent to 49.4 percent.

10.2.2   Children of primary school age attending primary or secondary school

171.   As seen from Table ED.3[9], overall 56% of children age 6-11 are not attending primary or secondary school. The net attendance ratio (adjusted) was 44 percent with slightly higher ratio for male children at 47.6 percent than girls at 39.6 percent. Urban resident children had much higher attendance ratio at 57.4 percent against 40.5 percent in rural children; this ratio was also higher for both urban and rural male children at 59.9 percent and 44.5 percent

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[9] Ratios presented in table ED. 3 are "adjusted" since they include not only primary school attendance, but also secondary school attendance in the numerator.

respectively than for urban girls (54.6%) and rural (35.2%). Thus, male children were found at advantage over female children in terms of net attendance ratio and also urban children over rural children.

172.   Children were found late starters (or may be repeaters) in the school system as just over half of the children age 10 and 11 years were attending primary school. Mother's education was found as a contributing factor towards higher net attendance ratio as well as those hailing from upper two and middle wealth quintiles.

Table ED.2: Primary school entry
Percentage of children of primary school entry age entering grade 1 (net intake rate), Balochistan Province, Pakistan, 2010

		Percentage of children of primary school entry age entering grade 1 [1]	Number of children of primary school entry age
Sex	Male	20.7	1,643
	Female	18.6	1,382
Region	Quetta	26.0	624
	Kalat	19.6	644
	Sibi	9.4	319
	Zhob	8.9	476
	Nasirabad	15.1	540
	Makran	36.7	422
Area	Urban	28.5	649
	Rural	17.4	2,376
Mother's education	None	17.7	2,701
	Primary	26.3	95
	Middle	47.5	33
	Matric	49.4	106
	Higher	30.4	87
Wealth index quintiles	Poorest	10.9	598
	Second	16.2	622
	Middle	18.4	651
	Fourth	23.5	614
	Richest	31.1	539
Total		19.8	3,025

[1] MICS indicator 7.3
One case with preschool and 2 cases with madrassa level of education are not shown

Table ED.3: Primary school attendance
Percentage of children of primary school age attending primary or secondary school (Net attendance ratio), Balochistan Province, Pakistan, 2010

		Male		Female		Total	
		Net attendance ratio (adjusted) [1]	Number of children	Net attendance ratio (adjusted) [1]	Number of children	Net attendance ratio (adjusted) [1]	Number of children
Region	Quetta	57.2	2,029	43.0	1,656	50.8	3,685
	Kalat	39.3	2,064	34.8	1,658	37.3	3,722
	Sibi	48.0	1,082	41.3	621	45.6	1,703
	Zhob	31.4	1,449	23.3	1,115	27.9	2,564
	Nasirabad	40.8	1,551	29.5	1,246	35.7	2,797
	Makran	74.3	1,173	73.7	938	74.0	2,111
Area	Urban	59.9	1,899	54.6	1,629	57.4	3,528
	Rural	44.5	7,449	35.2	5,605	40.5	13,054
Age at beginning of school year	6	27.8	1,643	25.4	1,382	26.7	3,025
	7	40.0	1,675	32.2	1,235	36.7	2,910
	8	52.5	1,451	47.9	1,236	50.4	2,687
	9	55.5	1,714	42.8	1,244	50.2	2,958
	10	54.9	1,257	47.6	984	51.7	2,240
	11	57.2	1,608	45.3	1,154	52.2	2,762
Mother's education	None	45.2	8,523	36.4	6,572	41.3	15,113
	Primary	72.1	266	60.6	177	67.5	443
	Middle	66.8	104	80.0	94	73.1	197
	Matric	79.5	237	79.2	218	79.4	454
	Higher	71.9	204	70.4	168	71.2	371
Wealth index quintiles	Poorest	26.4	1,919	18.8	1,476	23.1	3,395
	Second	41.3	1,867	30.6	1,544	36.5	3,411
	Middle	53.2	2,013	38.4	1,511	46.8	3,524
	Fourth	54.6	1,912	48.3	1,353	52.0	3,265
	Richest	64.6	1,637	65.3	1,349	64.9	2,987
Total		47.6	9,348	39.6	7,233	44.1	16,582

Note: 3 numbers of cases with missing "mother's education" 8 preschool, 10 madrassa, one mother not at home are not shown
[1] MICS indicator 7.4; MDG indicator 2.1

10.2.3 Children of secondary school age attending secondary school or high school

173. Net secondary school attendance ratio means percentage of children of secondary school age currently attending secondary school or higher. The data related to this indicator is presented in Table ED. 4[10].

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[10] Ratios presented in table ED. 4 are "adjusted" since they include not only secondary school attendance, but also attendance to higher level in the numerator.

174.   The table 4 shows that only 27.8 percent children age group 12-17 years were currently attending either secondary school or higher class, showing males are at more advantage than females in accessing education by 16 percent points on overall basis (35.2% versus 19.1%), by 10 percent points in urban areas (46.5% versus 36.1%) and by 17 percent points in rural areas (31.8% versus 13.7%). Regional disparities were considerable; net secondary school attendance ratio was highest in Makran region at 55.3 percent and lowest in Zhob region at 16.5 percent. Similarly, intra-regional disparities between male and female students were also marked and net attendance ratios of female students in each region were found considerably less than those of male students, but relatively much less disparity in Makran region. Mother's education had a positive contribution in net attendance ratio. Age of students at the beginning of school year was nearly evenly distributed between ages 12 to 17 years.

10.2.4   Net primary school attendance rate of children of secondary school age

175.   Many children between the ages of 12-17 years were attending primary school as seen from Table ED.4. On overall basis, 9.4 percent children of secondary school age were enrolled at primary level, more so in case of boys on overall basis (11.6%) than girls (6.8%); however, there was little variation between urban and rural areas. Inter-region variations were also observed, e.g. 12.2 percent children of high school age were enrolled in primary school in Sibi region compared to 6.4 percent in Zhob. With respect to mother's education, much lesser proportion of older children with mother's education between middle to higher level were enrolled in primary classes (in the range of 5-8%).

10.2.5   Female to male education ratio (gender parity index)

176.   Data on gender parity index (GPI) is presented at Table ED. 5, given below. GPI for primary school adjusted Net Attendance Ratio (NAR) of girls to boys was observed at 0.83, with urban and rural ratios of 0.91 and 0.79 respectively, showing lower participation rate of girls from rural areas. GPI was either close to or more than 1.0 in children coming from richest wealth quintile, or where mother's education was either middle or matric or higher level, and also in Makran region.

177.   GPI for secondary school adjusted NAR of girls to boys was observed at 0.60, with urban and rural ratio of 0.86 and 0.48 respectively, showing much lower participation rate of girls at secondary level than that at primary level and also from the rural areas. The GPI for secondary schools was highest in Makran region at 0.86 and lowest in Sibi region at 0.22. With reference to wealth quintiles, GPI for girls to boys at secondary level was highest in richest quintile at 0.85 and almost at the same level in the rest of the four wealth quintiles (0.44 to 0.54).

178.   Three indicators related to school progression are shown below and their details are given in the paragraphs that follow.
- Survival rate to grade five
- Net primary completion rate
- Transition rate to secondary school

Table ED.4: Secondary school attendance
Percentage of children of secondary school age attending secondary school or higher (adjusted net attendance ratio), and percentage of children attending primary school, Balochistan Province, Pakistan, 2010

		Male			Female			Total		
		Net attendance ratio (adjusted) [1]	Percent attending primary school	Number of children	Net attendance ratio (adjusted) [1]	Percent attending primary school	Number of children	Net attendance ratio (adjusted) [1]	Percent attending primary school	Number of children
Region	Quetta	40.8	13.5	1,805	20.0	6.3	1,755	30.5	10.0	3,560
	Kalat	22.2	11.6	1,669	14.3	6.2	1,325	18.8	9.2	2,997
	Sibi	42.6	13.4	738	8.4	10.5	509	28.6	12.2	1,246
	Zhob	21.5	8.1	1,110	10.1	4.2	869	16.5	6.4	1,980
	Nasirabad	29.8	11.6	1,149	9.8	5.8	1,122	19.9	8.8	2,271
	Makran	58.7	10.6	1,159	50.9	10.0	897	55.3	10.3	2,056
Area	Urban	46.5	11.4	1,753	36.1	6.8	1,563	41.6	9.3	3,317
	Rural	31.8	11.6	5,877	13.7	6.7	4,913	23.6	9.4	1,0793
Age at beginning of school year	12 year	29.4	32.4	1,321	20.9	22.3	1,119	25.5	27.7	2,441
	13 year	38.0	17.8	1,108	21.8	9.0	1,119	29.9	13.4	2,228
	14 year	38.6	10.0	1,468	22.4	3.7	1,129	31.6	7.3	2,598
	15 year	37.7	3.8	1,450	14.7	2.2	1,065	27.9	3.2	2,514
	16 year	34.2	3.1	946	19.3	1.6	778	27.5	2.4	1,724
	17 year	32.7	1.9	1,338	15.7	0.9	1,267	24.4	1.4	2,604
Mother's educated	None	34.9	13.4	6,000	18.0	8.2	4,836	27.4	11.1	10,853
	Primary	54.1	21.4	102	41.9	7.6	114	47.7	14.2	217
	Middle	50.1	13.0	63	60.0	2.9	58	54.9	8.1	121
	Matric	72.8	7.0	145	46.8	9.8	158	59.3	8.4	303
	Higher	67.3	3.3	123	74.1	6.8	91	70.2	4.8	213
	Mother not in household	26.1	2.7	1,181	11.6	0.8	1,218	18.8	1.8	2,399
Wealth index quintiles	Poorest	12.2	7.7	1,539	6.5	3.3	1,280	9.6	5.7	2,819
	Second	26.2	13.0	1,433	11.8	7.0	1,325	19.3	10.1	2,757
	Middle	37.7	11.8	1,559	14.3	6.9	1,232	27.3	9.6	2,791
	Fourth	47.3	13.7	1,589	21.3	8.8	1,318	35.5	11.5	2,910
	Richest	51.8	11.7	1,510	40.8	7.8	1,322	46.7	9.9	2,833
Total		35.2	11.6	7,630	19.1	6.8	6,477	27.8	9.4	14,111

Note 1: Ratios presented in this table are "adjusted" since they include not only secondary school attendance, but also attendance to higher levels in the numerator.
Note 2: 4 number of cases with missing "adjusted net attendance ratio" are not shown.
Note3: 3 number of cases with missing "mother's education" are not shown.
Note 4: 6 number of cases with preschool and 7 cases with madrassa level of education of mother are not shown.
[1] MICS indicator 7.5

Table ED.5: Education gender parity
Ratio of adjusted net attendance ratios of girls to boys, in primary and secondary school,
Balochistan Province, Pakistan, 2010

		Primary school adjusted net attendance ratio (NAR), girls	Primary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school adjusted NAR [1]	Secondary school adjusted net attendance ratio (NAR), girls	Secondary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school adjusted NAR [2]
Region	Quetta	43.0	57.2	0.75	23.4	38.7	0.60
	Kalat	34.8	39.3	0.89	14.0	19.8	0.71
	Sibi	41.3	48.0	0.86	8.1	35.9	0.22
	Zhob	23.3	31.4	0.74	11.8	21.1	0.56
	Nasirabad	29.5	40.8	0.72	9.6	29.3	0.33
	Makran	73.7	74.3	0.99	52.1	60.3	0.86
Area	Urban	54.6	59.9	0.91	39.7	46.5	0.86
	Rural	35.2	44.5	0.79	14.1	29.5	0.48
Mother's education	None	36.4	45.2	0.80	17.3	31.4	0.55
	Primary	60.6	72.1	0.84	42.8	46.4	0.92
	Middle	80.0	66.8	1.20	71.6	53.3	1.34
	Matric	79.2	79.5	1.00	54.5	78.8	0.69
	Higher	70.4	71.9	0.98	78.8	76.6	1.03
Wealth index quintiles	Poorest	18.8	26.4	0.71	6.3	11.5	0.54
	Second	30.6	41.3	0.74	12.5	24.2	0.52
	Middle	38.4	53.2	0.72	15.0	34.1	0.44
	Fourth	48.3	54.6	0.88	22.5	43.5	0.52
	Richest	65.3	64.6	1.01	45.4	53.5	0.85
Total		39.6	47.6	0.83	20.2	33.4	0.60

[1] MICS indicator 7.9; MDG indicator 3.1
[2] MICS indicator 7.10; MDG indicator 3.1
Note1: 3 number of cases with missing "mother's education" are not shown.
Note 2: 6 number of cases with preschool and 7 cases with madrassa level of education of mother are not shown.

10.2.5. 1   Net primary completion rate

179.   This indicator measures the number of children of any age attending the last grade of primary school (excluding repeaters) divided by the number of children of primary school completion age. As seen from Table ED.7, net primary completion rate was at 56 percent on overall basis with a higher completion rate in boys at 59.4 percent than girls at 51.3 percent, and also higher completion rate in urban students at 67.3 percent than those from rural areas at 52.7 percent. The primary school completion rate was much lower in children coming from lowest wealth quintile (23.2%), Zhob region (33.2%) and in children from mothers with no-education (51%).

10.2.5.2   Survival rate to grade five

180.   As shown in Table ED.6, given below, 99.1 percent of children who entered grade 1were able to reach grade 5, meaning thereby that dropout rates were minimal. Since children reaching grade 5 is very high percentages have also been observed with reference to various variables like sex, region, area of residence, mother's education and wealth quintiles.

Table ED.6: Children reaching last grade of primary school
Percentage of children entering first grade of primary school who eventually reach the last grade of primary school
(Survival rate to last grade of primary school), Balochistan Province, Pakistan, 2010

		Percent attending grade 1 last year who are in grade 2 this year	Percent attending grade 2 last year who are attending grade 3 this year	Percent attending grade 3 last year who are attending grade 4 this year	Percent attending grade 4 last year who are attending grade 5 this year	Percent who reach grade 5 of those who enter grade 1 [1]
Sex	Male	99.9	99.8	99.8	99.9	99.6
	Female	100.0	99.8	99.0	99.4	98.2
Region	Quetta	100.0	99.8	99.2	99.6	98.6
	Kalat	99.9	99.2	99.5	100.0	98.6
	Sibi	100.0	100.0	99.8	100.0	99.8
	Zhob	100.0	100.0	100.0	100.0	100.0
	Nasirabad	100.0	100.0	98.8	99.7	98.6
	Makran	100.0	100.0	100.0	99.5	99.5
Area	Urban	100.0	100.0	100.0	99.5	99.5
	Rural	100.0	99.8	99.3	99.8	98.8
Mother's education	None	100.0	99.8	99.5	99.7	98.9
	Primary	100.0	100.0	100.0	100.0	100.0
	Middle	100.0	100.0	100.0	100.0	100.0
	Matric	100.0	100.0	100.0	100.0	100.0
	Higher	100.0	100.0	100.0	100.0	100.0
Wealth index quintiles	Poorest	99.7	99.5	99.7	100.0	98.9
	Second	100.0	99.7	99.2	100.0	98.9
	Middle	100.0	99.7	99.4	99.1	98.2
	Fourth	100.0	100.0	99.8	99.6	99.4
	Richest	100.0	100.0	99.6	100.0	99.6
Total		100.0	99.6	99.7	99.8	99.1

[1] MICS indicator 7.6; MDG indicator 2.2
Note1: 3 number of cases with missing "mother's education" are not shown.
Note 2: 6 number of cases with preschool and 7 cases with madrassa level of education of mother are not shown.

10.2.5. 3   Transition rate to secondary school

181.   This indicator measures the percentage of children attending the first grade of secondary school who were in the last grade of primary school during the previous years. The indicator thus helps in measuring the drop-out of students between the end of class 5 to the

beginning of class 6. As per data given in Table ED.7, the overall transition rate to secondary school was quite high to the level of 91 percent with little variation between male and female, different regions, in different wealth quintiles and with reference to mother's education.

Table ED.7: Primary school completion and transition to secondary school
Primary school completion rates and transition rate to secondary school, Balochistan Province, Pakistan, 2010

		Primary school completion rate [1]	Number of children of primary school completion age	Transition rate to secondary school [2]	Number of children who were in the last grade of primary school the previous year
Sex	Male	59.4	1,608	89.9	765
	Female	51.3	1,154	93.6	371
Region	Quetta	58.6	625	87.9	310
	Kalat	35.1	712	93.0	167
	Sibi	69.1	268	97.7	106
	Zhob	33.2	422	88.5	104
	Nasirabad	48.7	485	82.2	164
	Makran	147.0	251	97.0	284
Area	Urban	67.3	623	94.8	390
	Rural	52.7	2,139	89.1	745
Mother's education	No education	52.5	2,571	90.7	977
	Some education	104.0	191	93.4	158
Wealth index quintiles	Poorest	23.2	613	86.9	104
	Second	49.2	549	83.6	173
	Middle	60.6	543	91.1	232
	Fourth	67.3	555	94.8	270
	Richest	86.1	502	93.1	357
Total		56.0	2,762	91.1	1,135

[1] MICS indicator 7.7
[2] MICS indicator 7.8

10.3   Adult literacy

182.   One of the World Fit for Children Goals is to assure adult literacy. Adult literacy is also an MDG indicator, relating to both men and women. In MICS, since only a women's questionnaire was administered, the results are based only on females age 15-24 years. Literacy was assessed on the ability of women to read a short simple statement or on highest school attendance.

183.   Findings of the survey on "literacy among young women of age 15-24 years", as presented in TableED.8 show that around 1/3rd (33 percent) of young women in the sample were found literate on the basis of "ability to read a short simple statement". Further, women in the younger cohort had higher literacy levels at 35 percent than those in the next age bracket (30 percent) meaning that literacy rate has improved by 4 percent points in the recent past. Young women in urban areas had a much higher literacy rate to the tune of 59 percent than those residing in the rural areas at 23 percent.

184.   Literacy rate by regions show vide variation ranging from as low as 16 percent in Zhob region to as high as 69 percent in Makran region; understanding the dynamics of these variations requires further investigation in terms of access to schools, institutional arrangements, and poverty levels in various regions. The relationship between literacy and poverty in terms of wealth quintiles is also very alarming; only 7.5 percent women in the poorest wealth quintile and 16.6 percent in next upper quintile were literate compared to 67 percent in the richest quintile. This finding indicates that public sector expenditure on education is poorly targeted on poorest of the poor and demands further investigation to redesign the policies and programs for proper targeting of public subsidies.

185.   The table shows literacy level by women's educational background. While it is surprising that only 39 percent of women who have attended primary school can read a simple sentence, it should be noted that educational background is based on the highest level ever attended and does not imply that the women have attended up to grade 5 or have cleared the primary school examination.

Table ED.8: Literacy among young women
Percentage of women age 15-24 years who are literate, Balochistan Province, Pakistan, 2010

		Percentage literate [1]	Percentage not known	Number of women age 15-24 years
Region	Quetta	39.1	3.9	2,287
	Kalat	25.5	3.8	1,469
	Sibi	25.8	2.1	336
	Zhob	16.1	1.8	962
	Nasirabad	22.5	1.5	1,369
	Makran	69.5	5.6	798
Area	Urban	58.8	4.4	1,989
	Rural	23.0	2.8	5,233
Education	None	0.4	0.4	4,412
	Primary	39.4	2.6	751
	Middle	100.0	31.6	617
	Matric	100.0	0.0	937
	Higher	100.0	0.0	503
Age	15-19 years	34.8	3.7	4,250
	20-24 years	30.2	2.6	2,972
Wealth index quintiles	Poorest	7.5	1.7	1,301
	Second	16.5	2.6	1,430
	Middle	22.5	2.6	1,320
	Fourth	40.6	4.9	1,455
	Richest	67.2	4.0	1,715
Total		32.9	3.2	7,222

[1] MICS indicator 7.1; MDG indicator 2.3

X1 Child Protection

11.1 Birth Registration

186.   The Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. The World Fit for Children states the goal to develop systems to ensure the registration of every child at or shortly after birth, and fulfil his or her right to acquire a name and a nationality, in accordance with national laws and relevant international instruments. The indicator measures the percentage of children <5 years of age whose births are reported and registered.

187.   As seen from Table CP.1, birth of 23 percent children was reported as registered, but the interviewers could only verify registration of 3.2 percent of children by actually seeing the birth certificate. Large majority of mothers or caretakers of children were unable to show the birth certificate; this may be due to the reason that culturally men keep almost all records in the household in their custody and women may not have access to such records. Therefore, there is a possibility that some mothers or caretakers of children might have given incorrect information, not being the most appropriate respondent.

188.   Since 2004 there have been continued awareness raising campaign on birth registration in Balochistan by UNICEF and inclusive projects for birth registration services in district Quetta, Chagai and Gawader by UNICEF and UNDP respectively. The projects supported Local Government & Rural Development Department and National Database and Registration Authority (NADRA) in system strengthening and availing child birth registration services at Tehsil and union council levels through social mobilization, provision of subsidized rates of birth registration certification and capacity building of union council secretaries.

189.   The media campaign has had a great impact in raising the family's awareness on the issue of BR; for example, district government of Gawadar and Chagai declared year 2010 as the birth registration year backed by a communication campaign. As of mid-June, 2010 some 0.346 million children <5years had been issued birth registration by NADRA which constitutes about 25 percent of children <5years (taking population of Balochistan at 9.4 million and children <5years at 15 percent of total population). With the Support of UNICEF in 5 districts 232,841 children received their birth registration certificates. These efforts contributed in placing the sustainable structure for birth registration at UC level and sensitized the community on the benefits, effectiveness of the BR Certificates which resulted in demand of birth registration at communities' level and overall increase in BR ratio. Therefore, MICS survey results appear to be in line with NADRA records.

		Children under age 5 whose birth is registered with civil authorities					Children under age 5 whose birth is not registered	
		Has birth certificate		No birth certificate	Total registered [1]	Number of children	Percent of children whose mother/caretaker knows how to register birth	Number of children without birth registration
		Seen	Not seen					
Sex	Male	3.3	16.5	3.8	23.7	5,222	2.7	3,986
	Female	3.0	15.5	3.5	22.0	4,508	1.9	3,515
Region	Quetta	6.1	16.6	1.6	24.2	2,548	2.7	1,931
	Kalat	4.0	11.6	1.8	17.4	2,054	1.7	1,696
	Sibi	2.4	10.3	0.9	13.5	798	0.6	690
	Zhob	0.6	4.4	0.2	5.2	1,608	1.1	1,526
	Nasirabad	0.3	16.8	7.1	24.2	1,743	2.6	1,322
	Makran	4.0	46.3	15.0	65.3	982	11.4	341
Area	Urban	5.1	28.9	4.5	38.6	2,028	5.7	1,245
	Rural	2.7	12.7	3.4	18.8	7,706	1.7	6,259
Age	0-11	2.0	12.8	3.4	18.2	1,362	4.2	1,113
	12-23	3.5	16.2	3.4	23.2	1,493	2.2	1,148
	24-35	2.4	15.9	3.6	21.9	1,973	1.5	1,542
	36-47	4.0	17.9	3.7	25.6	2,479	1.9	1,845
	48-59	3.4	16.0	4.0	23.5	2,426	2.4	1,857
Mother's education	None	2.8	13.2	3.4	19.4	8,338	1.4	6,734
	Primary	1.8	16.6	5.3	23.7	428	3.0	327
	Middle	3.7	23.9	3.7	31.3	210	6.3	144
	Matric	6.3	42.5	6.9	55.7	420	15.4	186
	Higher	11.0	49.2	4.4	64.6	321	30.2	114
Wealth index quintiles	Poorest	0.8	8.3	2.5	11.6	2,033	0.7	1,797
	Second	1.8	12.6	3.5	17.8	2,025	1.3	1,664
	Middle	2.6	16.6	4.1	23.4	2,062	1.9	1,580
	Fourth	4.6	17.3	3.8	25.7	1,868	2.1	1,388
	Richest	6.8	27.2	4.5	38.4	1,746	7.5	1,075
Total		3.2	16.1	3.7	22.9	9,734	2.3	7,505

[1] MICS indicator 8.1
Note: 4 cases with missing sex; 7 cases with preschool and 10 cases with education level of madrassa are not reported

11.2 Child labour

190. Article 32 of the Convention on the Rights of the Child states: "States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development..." The World Fit for Children mentions nine strategies to combat child labour and the MDGs call for the protection of children against exploitation. In the MICS

questionnaire, a number of questions addressed the issue of child labour, that is, children 5-14 years of age involved in labour activities. A child is considered to be involved in child labour activities at the moment of the survey if during the week preceding the survey:

- Ages 5-11: at least one hour of economic work or 28 hours of domestic work per week.
- Ages 12-14: at least 14 hours of economic work or 28 hours of domestic work per week.

191. This definition allows differentiation between child labour and child work to identify the type of work that should be eliminated. As such, the estimate provided here is a minimum of the prevalence of child labour since some children may be involved in hazardous labour activities for a number of hours that could be less than the numbers specified in the criteria explained above. Table CP.2 presents the results of child labour by the type of work. Percentages do not add up to the total child labour as children may be involved in more than one type of work.

192. As seen from table CP2, the survey provides information on child labour on 19,111 children in the age group 5-11 years, and 7,661 in the age group 12-14 years and their economic activity is discussed separately.

11.3 Pattern of child labour in children age 5-11 years

193. Overall 18.8 percent children in this age group can be classified as involved in child labour; 0.5 percent were engaged in household chores for 28 hour a week or more and 18.6 percent in economic activity for at least one hour. Participation rate in labour activities was higher by: (i) 3.6 percent points in male than in female children; 8 percent points in rural than in urban children (20.5% versus 12.5%); (iii) 18.6 percent points in children from poorest wealth quintile than richest quintile (27.3% versus 8.7%); and (iv) 15.2 percent points in children whose mothers had 'no education' than those with higher level education (19.9% versus 4.7%). School participation had no impact on child labour.

11.4 Pattern of child labour in children age 12-14 years

194. Relatively lesser number of children from this age group are likely to be participating in child labour than those from the age group 5-11 years. On overall basis, 13.6 percent children in this age group participated in child labour; 3.1 percent were engaged in household chores for 28 hour a week or more and 11.4 percent in economic activity. Participation rate was higher by: (i) 1.9 percent points in male than in female children (14.5 % versus 12.6%); 4.3 percent points in rural than in urban children (14.6% versus 10.3%); (iii) 11.5 percent points in children from poorest wealth quintile than those from richest quintile (19.9% versus 8.4%); and (iv) 12.2 percent point in children whose mothers had 'no education' than those with higher level education (13.9% versus 1.7%). School participation had marginal influence on child labour.

Table CP.2: Child labour

Percentage of children by involvement in economic activity and household chores during the past week, according to age groups, and percentage of children age 5-14 involved in child labour, Balochistan Province, Pakistan, 2010

| | | Percentage of children age 5-11 involved in | | | | | | | | Percentage of children age 12-14 involved in | | | | | | | | | | |
| | | Economic activity — Working outside household | | | | | | | | Economic activity — Working outside household | | | | | | | | | | |
		Paid work	Unpaid work	Working for family business	Economic activity at least one hour	Household chores less than 28 hours	Household chores for 28 hours or more	Child labour	No. of children age 5-11	Paid work	Unpaid work	Working for family business	Economic activity less than 14 hours	Economic activity for 14 hours or more	Household chores less than 28 hours	Household chores for 28 hours or more	Child labour	Number of children age 12-14	Total child labour [1]	Number of children age 5-14 years
Sex	Male	1.5	2.4	18.8	20.3	20.6	0.3	20.4	10,622	5.5	8.0	38.8	29.2	13.3	37.7	2.1	14.5	4,080	18.8	14,702
	Female	0.9	1.7	15.1	16.4	27.6	0.8	16.8	8,488	4.1	4.9	32.0	25.4	9.2	59.4	4.2	12.6	3,579	15.5	12,067
Region	Quetta	0.4	0.9	10.3	11.1	18.0	0.4	11.4	4,244	3.6	1.9	26.8	24.1	5.1	40.7	2.3	6.9	1,687	10.1	5,932
	Kalat	1.3	4.3	21.6	25.0	34.4	1.2	25.5	4,153	2.6	12.7	44.2	31.0	18.9	55.7	7.5	23.9	1,737	25.0	5,890
	Sibi	0.5	1.9	28.5	29.4	27.8	0.0	29.4	1,997	14.4	16.3	54.5	44.9	16.6	70.6	0.0	16.7	760	25.9	2,757
	Zhob	0.6	1.8	18.4	18.9	14.5	0.4	18.9	3,069	2.1	5.4	39.4	25.3	15.2	36.4	2.1	16.4	1,099	18.2	4,168
	Nasirabad	0.9	1.8	13.7	15.2	26.6	0.3	15.5	3,228	5.1	3.3	30.1	26.2	6.4	56.2	2.5	8.8	1,195	13.7	4,423
	Makran	4.6	1.2	15.3	15.8	19.7	0.3	15.9	2,420	6.0	2.0	25.3	18.8	7.5	33.8	1.1	8.6	1,182	13.5	3,602
Area	Urban	0.7	2.4	9.9	12.0	22.8	0.6	12.5	3,982	3.5	3.9	20.6	17.9	6.7	41.1	4.0	10.3	1,735	11.8	5,717
	Rural	1.4	2.0	19.1	20.3	24.0	0.5	20.5	15,128	5.2	7.3	40.0	30.2	12.8	49.8	2.8	14.6	5,926	18.8	21,055
School participation	Yes	0.6	2.1	18.8	20.0	26.1	0.7	20.4	8,229	3.2	5.6	31.9	23.4	10.9	43.4	2.7	12.9	3,814	18.0	12,043
	No	1.7	2.1	15.9	17.5	22.0	0.4	17.6	10,882	6.5	7.4	39.2	31.4	11.9	52.2	3.5	14.3	3,847	16.7	14,729
Mother's education	None	1.4	2.2	18.2	19.6	24.4	0.5	19.9	17,263	5.1	6.8	36.7	28.4	11.7	48.7	3.1	13.9	7,092	18.1	24,355
	Primary	0.0	0.9	9.8	10.3	18.3	0.5	10.7	561	2.6	5.4	24.0	18.9	9.5	48.9	0.8	10.4	166	10.6	727
	Middle	0.0	2.6	10.8	12.2	25.5	1.3	12.8	250	.0	1.0	21.0	12.9	8.7	34.3	8.9	14.3	77	13.2	327
	Matric	1.0	1.1	6.5	7.8	16.0	0.2	8.0	572	1.9	1.4	26.4	15.1	12.0	35.4	2.8	14.7	191	9.7	763
	Higher	0.0	0.0	4.6	4.6	11.1	0.1	4.7	442	0.0	1.4	9.4	9.1	0.2	23.9	1.4	1.7	128	4.0	570
Wealth index quintiles	Poorest	3.4	2.6	25.7	27.1	27.9	0.9	27.3	3,899	5.7	9.8	51.0	36.0	18.1	52.9	3.7	19.9	1,633	25.1	5,533
	Second	1.4	2.3	19.7	20.9	25.2	0.4	21.1	4,035	4.4	7.0	40.8	29.7	13.9	52.4	3.2	16.2	1,525	19.8	5,560
	Middle	0.7	2.4	17.9	19.6	23.7	0.4	19.8	4,002	5.5	6.6	32.1	25.9	10.1	47.4	3.0	12.3	1,496	17.8	5,498
	Fourth	0.3	1.7	14.1	15.3	21.4	0.4	15.6	3,779	5.9	4.6	32.0	26.6	8.7	45.6	2.3	10.6	1,603	14.1	5,382
	Richest	0.4	1.3	7.0	8.3	19.7	0.4	8.7	3,396	2.3	4.3	19.8	17.3	5.5	40.0	3.2	8.4	1,403	8.6	4,799
Total		1.3	2.1	17.2	18.6	23.7	0.5	18.8	19,111	4.8	6.5	35.6	27.4	11.4	47.8	3.1	13.6	7,661	17.3	26,771

[1] MICS indicator 8.2; [Note: 2 cases with missing sex; 10 cases with preschool; 15 cases with madrassa level of education and 3 cases missing /DK of educational level are not shown]

195.   Table CP.3 presents the percentage of children classified as student labourers or as labourer students. Student labourers are the children attending school that were involved in child labour activities at the time of the surveys. From 45 percent of the children 5-14 years of age attending school, 18 percent were also involved in child labour activities, relatively more from the rural areas and those coming from poorest wealth quintile. On the other hand, out of the 17.3 percent of the children classified as child labourers, 47 percent were also attending school, relatively more from the urban areas and those belonging to richest wealth quintile.

Table CP.3: Child labour and school attendance

Percentage of children age 5-14 years involved in child labour who are attending school, and percentage of children age 5-14 years attending school who are involved in child labour, Balochistan Province, Pakistan, 2010

		Percentage of children involved in child labour	Percentage of children attending school	Number of children age 5-14 years	Percentage of child labourers who are attending school [1]	Number of children age 5-14 years involved in child labour	Percentage of children attending school who are involved in child labour[2]	Number of children age 5-14 years attending school
Sex	Male	18.8	50.1	14,702	52.8	2,764	19.8	7,368
	Female	15.5	38.7	12,067	38.1	1,874	15.3	4,674
Region	Quetta	10.1	54.6	5,932	57.7	599	10.7	3,237
	Kalat	25.0	36.0	5,890	41.2	1,475	28.6	2,121
	Sibi	25.9	44.9	2,757	59.0	713	33.9	1,239
	Zhob	18.2	28.8	4,168	34.1	760	21.5	1,201
	Nasirabad	13.7	35.5	4,423	37.9	607	14.6	1,570
	Makran	13.5	74.3	3,602	64.0	485	11.6	2,675
Area	Urban	11.8	61.8	5,717	65.0	676	12.4	3,534
	Rural	18.8	40.4	21,055	43.8	3,962	20.4	8,509
Age	5-11 years	18.8	43.1	19,111	46.7	3,594	20.4	8,229
	12-14 years	13.6	49.8	7,661	47.2	1,044	12.9	3,814
Mother's education	None	18.1	41.9	24,355	45.0	4,415	19.5	10,220
	Primary	10.6	67.0	727	80.7	77	12.8	487
	Middle	13.2	77.7	327	(85.9)	43	14.6	254
	Matric	9.7	80.9	763	83.8	74	10.1	617
	Higher	4.0	81.5	570	(*)	23	4.0	465
Wealth index quintiles	Poorest	25.1	22.0	5,533	24.6	1,391	28.2	1,215
	Second	19.8	36.9	5,560	45.0	1,100	24.1	2,053
	Middle	17.8	46.7	5,498	55.2	976	21.0	2,569
	Fourth	14.1	53.1	5,382	63.7	760	16.9	2,859
	Richest	8.6	69.8	4,799	76.1	412	9.4	3,347
Total		17.3	45.0	26,771	46.8	4,638	18.0	12,043

Note 1: Figures shown in parenthesis are based on denominators of 25-49 un-weighted cases
Note 2: Figures denoted by an asterisk (*) are based on denominators of 24 un-weighted cases and less
Note 3: 3 missing cases on sex; 15 cases with preschool and 22 cases with madrassa level of education are not shown
[1] MICS indicator 8.3
[2] MICS indicator 8.4

11.5   Early marriage

196.   Marriage before the age of 18 is a reality for many young girls. According to UNICEF's worldwide estimates, over 60 million women aged 20-24 were married or in union before the age of 18. Factors that influence child marriage rates include: the state of the country's civil registration system, which provides proof of age for children; the existence of an adequate legislative framework with an accompanying enforcement mechanism to address cases of child marriage; and the existence of customary or religious laws that condone the practice.

197.   In many parts of the world parents encourage the marriage of their daughters while they are still child in the hope that the marriage will benefit them both financially and socially, while also relieving financial burden on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. The Convention on the Elimination of all Forms of Discrimination against Women mentions the right to protection from child marriage in article 16, which states: "The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage..." While marriage is not considered directly in the Convention on the Rights of the Child, child marriage is linked to other rights - such as the right to express their views freely, the right to protection from all forms of abuse, and the right to be protected from harmful traditional practices - and is frequently addressed by the Committee on the Rights of the Child. Other international agreements related to child marriage are the Convention on Consent to Marriage, and Minimum Age for Marriage and Registration of Marriages.

198.   Young married girls are a unique group, though often invisible. Required to perform heavy amounts of domestic work, under pressure to demonstrate fertility, and responsible for raising children while still children themselves, married girls and child mothers face constrained decision-making and reduced life choices. Boys are also affected by child marriage but the issue impacts girls in far larger ways and with more intensity. Where a girl lives with a man and takes on the role of caregiver for him, the assumption is often that she has become an adult woman, even if she has not yet reached the age of 18 years.

199.   Research suggests that many factors interact to place a child at risk of marriage. Poverty, protection of girls, family honour and the provision of stability during unstable social periods are considered as significant factors in determining a girl's risk of becoming married while still a child. Women who married at younger age were more likely to believe that it is sometimes acceptable for a husband to beat his wife and were more likely to experience domestic violence themselves. The age gap between partners is thought to contribute to these abusive power dynamics and to increase the risk of untimely widowhood.

200. Closely related to the issue of child marriage is the age at which girls become sexually active. Women who are married before the age of 18 tend to have more children than those who marry later in life. Pregnancy related deaths are known to be a leading cause of mortality for married girls between the ages of 15 to 19, particularly among the youngest of this cohort.

201. Two of the indicators are to estimate the percentage of women married before 15 years of age and percentage married before 18 years of age, and statistics are provided in Table CP.4. The early marriage trend among married women in the reproductive age of 15-49 years by various age groups is provided in Table CP.5.

202. As seen from table CP.4, given below, the trend in early girls' marriage is quite common in Balochistan province. About 6.7 percent girls were married before reaching the 15th birthday and a little over 1/3rd (34.6%) before 18th birthday, while 6.9 percent in the age group 15-19 years are currently married. The early marriage trend is relatively more common in rural areas and in uneducated girls. The early marriage trend is not likely to be influenced by wealth quintiles of the households, and regions except in Quetta region – a more urban based population and with more access to communication resources.

203. As seen from table CP.5, given below, the trend of early age marriage of girls is slowly falling in the last 25-30 years. For example, in the current cohort of girls in 15-19 years age group, only 1.4 percent girls were married before the 15th birthday; while in the age cohort of 40-44 years, 9.2 percent got married before the age of 15 and 41 percent before reaching the age of 18 years.

Table CP.4: Early marriage
Percentage of women age 15-49 years who first married before their 15th birthday, percentages of women age 20-49 years who first married before their 15th and 18th birthdays, percentage of women age 15-19 years currently married, and the percentage of women currently married, Balochistan Province, Pakistan, 2010

		Percentage married before age 15 [1]	Number of women age 15-49 years	Percentage married before age 15	Percentage married before age 18 [2]	Number of women age 20-49 years	Percentage of women 15-19 years currently married [3]	Number of women age 15-19 years
Region	Quetta	4.3	4,852	5.7	24.0	3,495	4.3	1,357
	Kalat	7.7	3,848	9.4	35.1	3,024	8.0	824
	Sibi	7.3	1,236	8.3	58.3	1,037	6.1	199
	Zhob	4.9	2,499	6.2	34.6	1,950	6.7	550
	Nasirabad	7.7	3,164	9.4	41.3	2,349	11.4	815
	Makran	10.4	2,132	13.2	32.0	1,627	5.3	505
Area	Urban	6.1	4,414	7.8	29.0	3,279	5.5	1,135
	Rural	6.9	13,318	8.5	36.4	10,203	7.4	3,115
Age	15-19	1.4	4,250	.	.	0	6.9	4,250
	20-24	4.7	2,972	4.7	17.6	2,972	.	0
	25-29	8.7	3,074	8.7	32.8	3,074	.	0
	30-34	10.9	2,332	10.9	43.0	2,332	.	0
	35-39	9.7	2,146	9.7	44.9	2,146	.	0
	40-44	9.2	1,580	9.2	41.0	1,580	.	0
	45-49	8.0	1,378	8.0	38.1	1,378	.	0
Education	None	8.0	13,375	9.3	38.7	10,936	9.4	2,464
	Primary	2.4	1,138	3.8	23.2	614	5.0	524
	Middle	2.3	819	3.6	14.9	374	3.4	445
	Matric	3.7	1,397	6.6	21.1	787	3.0	610
	Higher	1.5	957	1.9	9.2	752	1.8	205
Wealth index quintiles	Poorest	6.5	3,482	8.0	34.2	2,694	7.8	789
	Second	7.7	3,537	9.6	38.3	2,681	7.6	856
	Middle	8.3	3,378	10.4	39.3	2,585	8.2	794
	Fourth	5.7	3,506	7.2	34.6	2,650	6.5	856
	Richest	5.3	3,829	6.7	27.5	2,872	4.8	956
Total		6.7	17,732	8.3	34.6	13,482	6.9	4,250

Note 1: 2 case with missing "mother's education" is not shown
Note 2: 14 cases of women age 15-49; 7 cases of women 20-49; and 7 cases of women age 15-19 with preschool level education are not shown.
Note 3: 31 cases of women age 15-49; 7 cases of women age 20-49 and 7 cases of women age 15-19 with madrassa level of education are not shown.
Note 4: one case of woman age 15-49 and one woman age 15-19 with missing information on education are not shown.
Note 5: Figures shown in parenthesis are based on denominators of 25-49 un-weighted cases
Note 6: Figures denoted by an asterisk (*) are based on denominators of 24 un-weighted cases and less
[1] MICS indicator 8.6
[2] MICS indicator 8.7
[3] MICS indicator 8.8

Table CP.5: Trends in early marriage

Percentage of women who were first married before age 15 and 18, by residence and age groups, Balochistan Province, Pakistan, 2010

		Urban				Rural				All			
		Percentage of women married before age 15	Number of women	Percentage of women married before age 18	Number of women	Percentage of women married before age 15	Number of women	Percentage of women married before age 18	Number of women	Percentage of women married before age 15	Number of women	Percentage of women married before age 18	Number of women
Age	15-19	1.0	1,135	.	0	1.5	3,115	.	0	1.4	4,250	.	0
	20-24	3.4	854	12.3	854	5.2	2,118	19.7	2,,118	4.7	2,972	17.6	2,972
	25-29	7.5	728	25.3	728	9.1	2,346	35.2	2,346	8.7	3,074	32.8	3,074
	30-34	12.0	536	35.5	536	10.6	1,796	45.3	1,796	10.9	2,332	43.0	2,332
	35-39	9.8	498	40.3	498	9.7	1,648	46.3	1,648	9.7	2,146	44.9	2,146
	40-44	8.5	354	40.2	354	9.3	1,226	41.3	1,226	9.2	1,580	41.0	1,580
	45-49	9.9	309	42.2	309	7.4	1,070	36.9	1,070	8.0	1,378	38.1	1,378
Total		6.1	4,414	29.0	3,279	6.9	13,318	36.4	10,203	6.7	17,732	34.6	13,482

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11.6   Domestic violence

204.   A number of questions were asked of women age 15-49 years to assess their attitudes towards whether husbands are justified to hit or beat their wives for a variety of scenarios. These questions were asked to get an indication of cultural beliefs that tend to be associated with the prevalence of violence against women by their husbands. The main assumption here is that women that agree with the statements indicating that husbands are justified to beat their wives under the situations described in reality tend to be abused by their own husbands. The responses to these questions can be found in Table CP.6

205.   Four out of ten (42 percent) women in Balochistan feel that a husbands has a right to beat his wife if they go out without telling or if they argue (39 percent); over one-fourth (28 percent) feel that a husband has a right to beat his wife if she neglects children; and nearly one in five (21 percent) felt that a husband has the right to beat a wife if she refuses sex or burns food (22 percent). Overall, 62 percent women feel that a husband has the right to beat his wife for any of these reasons. Differences were visible across regions, age group, education and residence. However, majority of women irrespective of their background felt that a husband is justified to beat his wife for one or other of these reasons.

11.7   Orphans and vulnerable children

206.   Children who are orphaned or in vulnerable households may be at increased risk of neglect or exploitation if the parents are not available to assist them. Monitoring the variations in different outcomes for orphans and vulnerable children and comparing them to their peers gives us a measure of how well communities and governments are responding to their needs.

207.   To monitor these variations, a measurable definition of orphaned and vulnerable children needed to be created. The UNAIDS Monitoring and Evaluation Reference Group developed proxy definition of children who have been affected by adult morbidity and mortality.   This definition classifies children as orphaned and vulnerable if they have experienced the death of either parent, if either parent is chronically ill, or if an adult (aged 18-59) in the household either died (after being chronically ill) or was chronically ill in the year prior to the survey.

208.   Table CP.7 presents the percent distribution of children 0-17 years of age by their living arrangements, and percentage of children age 0-17 years in households not living with a biological parent and percentage of children who have one or both parent dead. Out of 43,808 children of 0-17 years old, nearly 96 percent children in Balochistan were living with both of their parents while 3.5 percent children were those whose one or both parents were dead and one percent was not living with their biological parents. The highest proportion of children age 0-17 years living with both of their parents was noted in Sibi region (98 percent). It was also noted that the proportion of children living with both of their parents declines with the age of child.

		Percentage of women aged 15-49 years who believe a husband is justified in beating his wife:						Number of women aged 15-49 years
		When she goes out without telling him	When she neglects the children	When she argues with him	When she refuses sex with him	When she burns the food	For any of these reasons*[1]	
Region	Quetta	44.3	20.3	41.7	18.2	16.8	56.8	4,852
	Kalat	34.3	31.5	37.4	19.3	23.4	55.2	3,848
	Sibi	71.4	27.9	30.3	16.9	18.8	81.4	1,236
	Zhob	32.2	19.5	29.7	12.6	14.2	45.3	2,499
	Nasirabad	44.3	34.0	39.9	25.3	26.9	68.1	3,164
	Makran	46.3	43.8	50.6	36.5	38.0	81.4	2,132
Area	Urban	36.4	25.9	36.2	19.2	19.9	54.5	4,414
	Rural	44.6	29.3	40.0	21.7	23.2	63.8	13,318
Age	15-19	36.7	21.8	32.5	9.9	18.6	53.1	4,250
	20-24	40.9	27.0	39.3	16.0	20.0	58.3	2,972
	25-29	43.6	29.6	42.0	24.4	22.9	63.7	3,074
	30-34	47.9	32.0	41.9	27.6	23.3	68.4	2,332
	35-39	45.2	32.1	38.4	25.0	23.0	64.7	2,146
	40-44	46.6	32.0	42.0	28.9	29.2	66.8	1,580
	45-49	43.9	33.8	44.7	32.6	27.3	67.0	1,378
Marital status	Currently married	46.1	32.6	43.1	27.8	24.9	66.6	11,260
	Formerly married	39.5	24.3	28.5	18.8	23.0	56.3	120
	Never married	36.2	21.2	32.1	9.0	17.9	52.6	6,351
Education	None	43.5	29.4	39.7	22.3	23.0	62.5	14,376
	Primary	40.5	21.6	38.9	13.7	15.2	58.1	1,138
	Secondary +	37.0	25.7	34.7	16.4	21.8	56.9	2,216
Wealth index quintiles	Poorest	39.1	32.7	39.5	24.0	25.4	58.2	3,482
	Second	42.5	31.3	41.8	22.9	25.5	63.2	3,537
	Middle	46.0	28.9	39.5	19.8	25.4	67.1	3,378
	Fourth	46.9	27.7	40.6	20.4	21.2	66.1	3,506
	Richest	38.6	22.3	34.2	18.4	15.1	53.8	3,829
	Total	42.5	28.4	39.0	21.0	22.3	61.5	17,732

Note: 2 case with missing "education"; 16 cases with preschool and 33 cases with madrassa education are not shown
[1] MICS indicator 8.14

Table CP.7: Children's living arrangements and orphaned

Percent distribution of children age 0-17 years according to living arrangements, percentage of children age 0-17 years in households not living with a biological parent and percentage of children who have one or both parents dead, Balochistan Province, Pakistan, 2010

	Living with both parents	Living with neither parent				Living with mother only		Living with father only		Impossible to determine	Total	Not living with a biological parent [1]	One or both parents dead [2]	Number of children age 0-17 years
		Only father alive	Only mother alive	Both are alive	Both are dead	Father alive	Father dead	Mother alive	Mother dead					
Sex														
Male	95.8	0.0	0.0	0.2	0.6	0.4	1.9	0.0	0.8	0.3	100	0.8	3.3	24,123
Female	95.2	0.1	0.0	0.2	0.9	0.4	2.0	0.0	0.8	0.4	100	1.2	3.8	19,677
Region														
Quetta	95.1	0.1	0.0	0.1	0.5	0.5	2.3	0.0	1.0	0.3	100	0.8	3.9	10,458
Kalat	95.6	0.0	0.0	0.0	0.7	0.1	1.6	0.0	1.3	0.5	100	0.8	3.7	9,480
Sibi	97.6	0.0	0.0	0.1	0.5	0.0	1.0	0.0	0.6	0.3	100	0.6	2.0	4,118
Zhob	96.1	0.0	0.0	0.3	0.7	0.1	1.8	0.0	0.8	0.2	100	1.0	3.3	6,832
Nasirabad	93.8	0.0	0.0	0.2	1.4	0.1	3.3	0.0	0.5	0.7	100	1.7	5.3	7,343
Makran	96.3	0.3	0.0	0.5	0.5	1.7	0.6	0.0	0.2	0.1	100	1.2	1.5	5,577
Area														
Urban	95.0	0.1	0.0	0.3	0.6	0.4	2.6	0.0	0.7	0.4	100	1.0	3.9	9,497
Rural	95.7	0.1	0.0	0.1	0.8	0.4	1.7	0.0	0.8	0.4	100	1.0	3.4	34,310
Age														
0-4 years	98.1	0.1	0.0	0.0	0.2	0.5	0.7	0.0	0.2	0.1	100	0.3	1.2	10,618
5-9 years	97.2	0.1	0.0	0.1	0.2	0.4	1.2	0.0	0.6	0.2	100	0.5	2.1	14,103
10-14 years	95.4	0.0	0.0	0.2	0.7	0.4	2.1	0.0	1.0	0.1	100	1.0	3.9	12,668
15-17 years	88.0	0.0	0.0	0.5	2.7	0.3	5.0	0.0	1.8	1.6	100	3.3	9.6	6,419
Wealth index quintiles														
Poorest	95.2	0.2	0.0	0.1	0.8	0.3	1.7	0.0	1.4	0.3	100	1.1	4.1	9,011
Second	94.7	0.0	0.0	0.1	1.1	0.3	2.5	0.0	0.7	0.5	100	1.2	4.3	8,966
Middle	96.3	0.0	0.0	0.2	0.9	0.3	1.2	0.0	0.7	0.4	100	1.1	2.8	9,045
Fourth	96.9	0.0	0.0	0.1	0.3	0.5	1.4	0.0	0.4	0.3	100	0.4	2.2	8,700
Richest	94.5	0.1	0.0	0.4	0.6	0.6	2.8	0.0	0.8	0.3	100	1.1	4.3	8,087
Total	95.5	0.1	0.0	0.2	0.7	0.4	1.9	0.0	0.8	0.4	100	1.0	3.5	43,808

Note: 8 number of children with missing "sex" are not shown

[1] MICS indicator 9.17
[2] MICS indicator 9.18

XII Knowledge of HIV/AIDS

12.1   Knowledge of HIV Transmission

209.   One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and strategies for preventing transmission. Correct information is the first step toward raising awareness. Misconceptions about HIV are common and can confuse young people and hinder prevention efforts. Different regions are likely to have variations in misconceptions although some appear to be universal (for example that sharing food can transmit HIV or mosquito bites can transmit HIV). The UN General Assembly Special Session on HIV/AIDS (UNGASS) called on governments to improve the knowledge and skills of young people to protect themselves from HIV. The indicators to measure this goal as well as the MDG of reducing HIV infections by half include improving the level of knowledge of HIV and its prevention, and changing behaviours to prevent further spread of the disease. The HIV module was administered to women 15-49 years of age. However, two questions[11] from the standard MICS questionnaire were excluded due to perceived cultural sensitivities; hence two indicators related to comprehensive knowledge of respondents about HIV/AIDS could not be measured.

210.   Table HA.1 is a summary of knowledge about HIV transmission among respondent women in the age group 15-49 years. A little over 1/6th respondent had heard of AIDS. Their knowledge that 'a healthy looking person can have the HIV virus' was limited to 8.9 percent respondents. Further, respondents in the range of 12 -14 percent confirmed that HIV/AIDS can't be transmitted by ways like mosquito bite, supernatural means or sharing food with HIV infected person. Only 5 percent respondents rejected two common misconceptions about HIV transmission and knew that a healthy looking person can have AIDS virus. MICS survey results show a major knowledge gap in women of reproductive age on HIV, its transmission and to shun misconceptions about its spread.

211.   Table HA.1 further describes knowledge of respondents linked with different variables like age group, area of residence, marital status, educational level and wealth quintile. The correct knowledge under different variables was also found low except that respondents from urban areas, Sibi region, and richest wealth quintile were better equipped with correct knowledge. Respondent women with matric and higher education were found much better equipped with correct knowledge about HIV.

212.   As seen from table HA.2, nearly 1/5th of young women interviewed in the age group 15-24 years have heard of AIDS. Their knowledge that 'a healthy looking person can have the HIV virus' was even further limited as only one out of every 10 respondents gave the correct answer. Further, only few respondents (in the range of 15 to 17 percent) confirmed that HIV/AIDS can't be transmitted by mosquito bite, supernatural means or sharing food with HIV infected person. From cohort of young women 15-24 years old, only 6.3 percent

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[11] HA2. Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?
HA4. Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?

rejected two common misconceptions and knew that a healthy looking person can have AIDS virus. Finally, a major knowledge gap in young women was observed that requires mounting a context specific behaviour change communication campaign.

213. Table HA.2 also provides information on knowledge level of respondents with reference to their age group, area of residence, marital status, educational level and wealth quintile; however, correct answers under different variables were s awfully low except that respondents from urban areas, Makran region, and richest wealth quintile were better equipped with correct knowledge. Respondent women with matric and higher level education were found much better equipped with correct knowledge about HIV.

Table HA.1: Knowledge and misconceptions about HIV/AIDS

Percentage of women age 15-49 years who know that a healthy looking person can have the AIDS virus, and percentage who reject common misconceptions, Balochistan Province, Pakistan, 2010

		Percentage who have heard of AIDS	Percentage who know transmission can be prevented by: Percentage who know that a healthy looking person can have the AIDS virus	Percentage who know that HIV cannot be transmitted by:			Percentage who reject the two most common misconceptions and know that a healthy looking person can have the AIDS virus	Number of women
				Mosquito bites	Supernatural means	Sharing food with someone with AIDS		
Region	Quetta	18.7	11.4	14.2	15.9	14.9	8.3	4,852
	Kalat	13.0	5.7	10.0	11.0	8.7	2.6	3,848
	Sibi	22.2	15.7	14.0	18.8	8.9	4.2	1,236
	Zhob	7.4	4.2	4.3	4.7	4.0	2.3	2,499
	Nasirabad	18.2	9.9	10.8	13.8	11.0	4.8	3,164
	Makran	29.6	9.0	25.1	23.8	23.8	5.7	2,132
Area	Urban	34.5	19.2	26.1	28.3	25.6	12.3	4,414
	Rural	11.7	5.4	8.1	9.3	7.5	2.6	13,318
Age	15-24	21.0	10.7	15.4	17.1	14.9	6.3	7,222
	25-29	19.4	9.9	13.4	15.7	13.2	5.0	3,074
	30-39	15.3	8.2	11.6	12.4	10.2	4.7	4,478
	40-49	9.6	4.4	6.4	7.4	6.3	2.2	2,958
Marital status	Ever married	14.2	7.4	9.9	11.2	9.3	3.9	11,381
	Never married	23.1	11.6	17.5	19.2	16.8	7.0	6,351
Education	None	6.5	3.3	3.9	4.8	3.2	1.1	13,375
	Preschool	(*)	(*)	(*)	(*)	(*)	(*)	14
	Primary	22.0	11.6	14.5	18.5	12.7	5.3	1,138
	Middle	39.0	17.9	28.1	31.4	27.5	10.4	819
	Matric	62.0	30.6	48.3	49.9	48.3	20.4	1,397
	Higher	80.7	44.0	66.9	70.6	67.3	31.7	957
	Madrassa	(4.4)	(3.4)	(2.5)	(4.4)	(2.9)	0.0	31
Wealth index quintiles	Poorest	2.8	0.9	2.1	2.1	1.7	0.5	3,482
	Second	7.9	3.0	5.4	6.4	4.7	1.0	3,537
	Middle	12.3	5.9	8.6	9.7	7.1	2.2	3,378
	Fourth	20.8	10.6	14.6	16.4	13.6	5.6	3,506
	Richest	40.7	22.6	30.4	33.6	30.9	14.7	3,829
Total		17.4	8.9	12.6	14.0	12.0	5.0	17,732

Note 1: 2 cases with missing "education of woman"; 16 cases of preschool and 33 cases of women with madrassa level of education are not shown

Note 2: Figures shown in parenthesis are based on denominators of 25-49 un-weighted cases

Note 3: Figures marked by an asterisk (*) are based on denominators of 24 un-weighted cases and less

Table HA.2: Knowledge and misconceptions about HIV/AIDS among young people

Percentage of young women age 15-24 years who know that a healthy looking person can have the AIDS virus, percentage who reject common misconceptions, Balochistan Province, Pakistan, 2010

		Percentage who have heard of AIDS	Percentage who know transmission can be prevented by: Percentage who know that a healthy looking person can have the AIDS virus	Percentage who know that HIV cannot be transmitted by:			Percentage who reject the two most common misconceptions and know that a healthy looking person can have the AIDS virus	Number of women age 15-24
				Mosquito bites	Supernatural means	Sharing food with someone with AIDS		
Region	Quetta	20.0	11.5	14.8	17.2	15.7	7.9	2,287
	Kalat	17.1	7.3	12.6	14.0	11.0	3.4	1,469
	Sibi	24.3	16.4	13.7	20.2	10.1	3.5	336
	Zhob	10.4	6.3	6.8	7.4	6.1	3.7	962
	Nasirabad	22.0	12.7	14.6	17.9	14.5	7.1	1,369
	Makran	40.6	14.1	34.4	31.7	32.8	10.1	798
Area	Urban	38.3	20.2	28.9	31.8	29.0	12.7	1,989
	Rural	14.4	7.1	10.2	11.5	9.5	3.9	5,233
Age	15-19	19.6	9.7	14.5	15.8	13.5	5.3	4,250
	20-24	22.9	12.2	16.7	19.0	16.8	7.7	2,972
Marital status	Ever married	17.7	9.3	12.0	14.0	12.1	5.4	1,601
	Never married	21.9	11.1	16.3	18.0	15.6	6.6	5,620
Education	None	4.8	2.2	2.6	3.4	2.4	0.7	4,380
	Primary	20.5	10.5	14.1	17.1	10.4	4.5	751
	Middle	34.5	17.5	24.6	27.4	23.5	9.2	617
	Matric	58.1	29.9	46.2	48.0	45.5	20.4	937
	Higher	77.1	41.3	61.2	67.2	63.6	28.7	503
Wealth index quintiles	Poorest	3.8	1.4	3.0	3.1	2.3	1.1	1,301
	Second	10.7	4.6	7.0	8.3	6.3	2.0	1,430
	Middle	13.7	6.6	9.8	10.7	7.6	2.4	1,320
	Fourth	25.3	13.5	19.0	20.1	18.1	8.6	1,455
	Richest	44.6	23.5	32.9	37.5	34.4	14.9	1,715
Total		21.0	10.7	15.4	17.1	14.9	6.3	7,222

Note 1: 1 case with missing "education of woman" is not shown
Note 2: 10 cases with pre-school education are not shown
Note 3: 22 cases with Madrassa education are not shown

214.   Knowledge of mother-to-child transmission of HIV is also an important first step for women to seek HIV testing when they are pregnant to avoid infection in the baby. Women should know that HIV can be transmitted during pregnancy, delivery, and through breastfeeding. The level of knowledge among women age 15-49 years concerning mother-to-child transmission is presented in Table HA.3. Overall, 10.5 percent respondent women knew that HIV could be transmitted from mother to child. The percentage of women who knew all three ways of mother-to-child transmission was 4.1 percent, while 6.9 percent of women did not know any specific way.

215.   Table HA.3 also provides information on mother-to-child transmission with reference to a number of variables of respondent women. Respondents from urban areas were far more knowledgeable on the routes of mother-to-child transmission; for example, 20 percent identified transmission of HIV virus during pregnancy, 15.8 percent during delivery, 15.4 percent by breastfeeding and 11.1 percent mentioned all three means. Respondents having matric or higher education were the most informed group of women on 'how mother-to-child transmission' takes place followed by those who were in richest wealth quintile. Women from Quetta region were better informed on the routes of mother-to-child transmission than those from other five regions of Balochistan and so was the case with respondents in the age group 20-24 years. Respondents interviewed from poorest wealth quintile had least knowledge about the routes of HIV transmission from mother-to- child.

Table HA.3: Knowledge of mother-to-child HIV transmission
Percentage of women age 15-49 years who correctly identify means of HIV transmission from mother to child,
Balochistan Province, Pakistan, 2010

		Percentage who know HIV can be transmitted from mother to child	Percent who know HIV can be transmitted:				Does not know any of the specific means	Number of women
			During pregnancy	During delivery	By breastfeeding	All three means [1]		
Region	Quetta	13.4	12.3	9.8	9.0	7.4	5.3	4,852
	Kalat	8.3	6.8	5.3	4.8	2.8	4.7	3,848
	Sibi	12.2	3.4	3.8	10.3	1.7	10.0	1,236
	Zhob	2.3	1.0	0.8	1.5	0.4	5.1	2,499
	Nasirabad	12.2	8.5	8.3	9.8	6.0	6.0	3,164
	Makran	14.0	7.6	6.2	6.0	1.7	15.6	2,132
Area	Urban	23.1	20.0	15.8	15.4	11.1	11.4	4,414
	Rural	6.3	3.5	3.3	4.1	1.8	5.3	13,318
Age group	15-24	11.6	8.5	7.0	7.5	4.4	9.4	7,222
	25+	9.7	7.1	6.0	6.5	3.9	5.1	10,510
Age group	15-19	9.9	7.0	5.4	6.0	3.2	9.7	4,250
	20-24	14.1	10.6	9.3	9.7	6.1	8.8	2,972
	25-29	12.0	8.9	7.2	8.2	4.8	7.4	3,074
	30-39	10.4	7.3	6.2	7.1	4.0	4.9	4,478
	40-49	6.4	4.7	4.4	3.9	2.7	3.1	2,958
Marital status	Ever married	9.4	6.8	5.9	6.3	3.7	4.8	11,381
	Never married	12.5	9.1	7.4	8.0	4.7	10.6	6,351
Education	None	4.3	2.9	2.4	3.0	1.5	2.2	13,375
	Primary	13.5	8.2	7.5	10.0	4.5	8.5	1,138
	Middle	21.8	16.1	14.2	14.5	9.4	17.2	819
	Matric	35.1	25.1	21.9	21.1	12.7	26.9	1,397
	Higher	48.3	41.1	31.9	31.6	22.4	32.4	957
Wealth index quintiles	Poorest	1.5	0.8	0.9	0.7	0.3	1.3	3,482
	Second	4.9	3.0	2.4	2.9	1.3	3.0	3,537
	Middle	6.5	3.8	3.1	3.8	1.5	5.7	3,378
	Fourth	11.5	6.7	6.3	7.5	3.1	9.3	3,506
	Richest	26.5	22.2	18.2	18.5	13.2	14.2	3,829
Total		10.5	7.6	6.4	6.9	4.1	6.9	17,732

Note 1: 1 case with missing "education of woman" is not shown
Note 2: 14 cases of "pre-school" education are not shown
Note 3: 31 cases of "Madrassa" education are not shown
 [1] MICS indicator 9.3

216.   The indicators on attitudes toward people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are low if respondents report an accepting attitude on the following four questions: (i) would care for family member sick with AIDS; (ii) would buy fresh vegetables from a vendor who was HIV positive; (iii) thinks that a female teacher who is HIV positive should be allowed to teach in school; and (iv) would *not* want to keep HIV status of a family member a secret.

217.   Table HA.4 presents attitudes of women towards people living with HIV/AIDS, on the basis of four questions mentioned in the above paragraph. The response to first question 'would care for family member sick with AIDS' was very encouraging as 79 percent women reacted in a positive way; there was no major variation in the response rate on the basis of area of residence, age group, marital status, education status and wealth index quintiles except that response rate from Sibi region was as low as 39 percent.

218.   Attitude of respondents towards second question 'would buy fresh vegetables from a vendor who was HIV positive' was relatively less positive compared to first question, as only 3 out of every five women showed willingness to use the services of the vendor. The response rate from all categories of respondents was fairly uniform except lesser positive attitude from uneducated women (38%), and those from three lower wealth quintiles.

219.   Respondents' attitude towards third question 'thinks that a female teacher who is HIV positive should be allowed to teach in school' was similar to the second question, and 3 out of every five women showed a constructive outlook. The pattern of reply to question 3 from all categories of respondents was also fairly homogeneous except lesser optimistic opinion from uneducated women (38%), and those from the three lower wealth quintiles (38 to 39%).

220.   Opinion towards fourth question 'would not want to keep HIV status of a family member a secret' was found least positive, and only 37.4 respondent women had a positive outlook. The pattern of reply to this question was fairly homogeneous from all categories of respondents except a better response rate from residents of Makran region (52.5%).

221.   Agreement with at least one accepting attitude was fairly high among all categories of respondent women ranging from 87 to 100 percent except those from Sibi region at 64 percent. However, accepting attitude on all four indicators (a MICS composite indicator) came down to a low level of 19 percent (MICS indicator 9.4), and the response rate was in the range of 12 – 30 percent from respondents of different background, but with extremely low accepting response from Nasirabad region (2.8%), Sibi region (3.5%) and illiterate women (6.8%)

		Percent of women who:						
		Are willing to care for a family member with the AIDS virus in own home	Would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus	Believe that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus	Agree with at least one accepting attitude	Express accepting attitudes on all four indicators [1]	Number of women who have heard of AIDS
Region	Quetta	86.9	70.8	76.8	38.2	96.5	24.4	910
	Kalat	79.8	57.7	57.6	46.3	94.2	22.2	502
	Sibi	39.3	25.5	27.9	33.9	63.9	3.5	275
	Zhob	78.8	59.4	62.1	41.9	87.8	23.3	184
	Nasirabad	69.9	60.5	61.7	12.2	89.4	2.8	577
	Makran	91.9	58.4	47.6	52.5	98.6	28.4	631
Area	Urban	85.0	67.8	70.9	37.4	95.9	20.0	1,523
	Rural	72.8	51.3	48.6	37.5	87.8	17.8	1,556
Age group	15-24	81.5	62.2	64.1	36.1	93.5	19.3	1,515
	25+	76.3	56.8	55.2	38.7	90.2	18.5	1,564
Age group	15-19	80.2	60.9	62.1	36.0	94.2	18.1	833
	20-24	83.0	63.8	66.6	36.2	92.6	20.8	682
	25-29	77.0	59.4	59.4	35.7	91.2	16.7	598
	30-39	75.3	55.4	53.6	40.0	90.7	18.2	684
	40-49	77.5	54.6	50.5	42.1	86.8	22.9	283
Marital status	Ever married	76.9	55.9	55.7	38.0	90.5	17.2	1,613
	Never married	81.0	63.4	63.9	36.8	93.2	20.7	1,466
Education	None	62.9	38.1	38.5	30.0	81.5	6.8	870
	Primary	68.8	55.0	61.9	32.2	88.3	12.5	250
	Middle	80.2	64.3	63.2	43.2	94.9	24.6	319
	Matric	86.1	67.0	61.3	37.7	96.7	20.5	866
	Higher	91.7	74.5	79.2	44.9	98.0	30.4	772
Wealth index quintiles	Poorest	86.3	42.5	37.6	30.6	92.6	13.7	98
	Second	70.2	42.8	38.4	30.2	85.8	12.1	280
	Middle	71.9	48.8	39.3	38.0	86.2	14.8	415
	Fourth	73.9	54.2	54.6	41.2	88.8	19.4	728
	Richest	84.1	68.8	72.6	37.2	95.7	21.2	1,558
Total		78.9	59.5	59.6	37.4	91.8	18.9	3,079

Note 1: 1 case with missing "education of woman" is not shown
Note 2: 2 cases of preschool and 1case of madrassa level of education are not shown
[1] MICS indicator 9.4

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Appendices

Appendix-A   Sample Design

The major features of the sample design are described in this appendix. Sample design features include target sample size, sample allocation, sampling frame and listing, choice of domains, sampling stages, stratification, and the calculation of sample weights.

The primary objective of the sample design for the province of Balochistan, Multiple Indicator Cluster Survey was to produce statistically reliable estimates of most indicators, at the Balochistan level, for urban and rural areas, and for six regions of Balochistan, The six regions were defined as the sampling strata.

A two-stage, stratified cluster sampling approach was used for the selection of the survey sample.

Sample size and sample allocation

The target sample size for the Balochistan MICS was calculated as 12,378 households. For the calculation of the sample size, the indicators used were the immunisation, literacy rate, antenatal and postnatal care. The following formula was used to estimate the required sample size for these indicators:

$$n = \frac{[4(r)(1-r)(f)(1.05)]}{[(0.0966r)^2 (p)(\bar{n})]}$$

where

- n is the required sample size, expressed as number of households
- 4 is a factor to achieve the 95 percent level of confidence
- r is the predicted or anticipated value of the indicator, expressed in the form of a proportion
- 1.05 is the factor necessary to raise the sample size by 5 per cent for the expected non-response [the actual factor will be based on the non-response level experienced in previous surveys in the country]
- f is the shortened symbol for *deff* (design effect)
- $0.0966r$ is the margin of error to be tolerated at the 95 percent level of confidence, defined as 9.66 per cent (less than 10%) of r (relative margin of error of r)
- p is the proportion of the total population upon which the indicator, r, is based
- $\bar{n}$ is the average household size (number of persons per household)

For the calculation, *r full immunisation rate* W as assumed to be 35 percent. The value of *deff* (design effect) was taken as 1.5 based on estimates from previous surveys, p (percentage of children aged 12-23 month in the total population) was taken as 8 percent, $\bar{n}$ (average household size) was taken as 7.6 households, and the response rate is assumed to

be 95%. The key indicator used to fix sample size at regions(strata) was a combination of complete immunization and skilled birth attendance obtained from district-based Multiple Indicators Cluster Survey 2004   and Pakistan Social and living Standards Measurement survey(PSLM)2005.

The resulting number of average households from this exercise was 2063 households which is the sample size needed in each region – thus yielding about 12378 in total. The estimates of key variables would be valid at region level. The average number of households selected per cluster for the Balochistan MICS was determined as 12 and 16 households for urban and rural areas respectively, based on a number of considerations, including the design effect, the budget available, and the time that would be needed per team to complete one cluster. Dividing the total number of households by the number of sample households per cluster, it was calculated that on an average 140 sample clusters would need to be selected in each region.

A combination of proportional and square root type of allocation was used to distribute total sample size to the six regions. A sample size in the range of 85 to 176 sample clusters was allocated to six regions. On the average 140 clusters were allocated to each region. Consequently, a sample of 844 (sample areas) clusters was fixed for the entire six regions of Balochistan province. In each region, the clusters (primary sampling units) were distributed to urban and rural domains, proportional to the size of urban and rural populations in that region. Meanwhile, a higher proportion of sample was allocated to urban domain and smaller region(s) to get reliable estimates. The table below shows the allocation of clusters to six regions. Three sample clusters were not covered from Quetta region due to refusal/non contact and security reasons.

Table SD.1: Allocation of Sample Clusters (Primary Sampling Units) by Regions

Regions/Strata	Number of Clusters By		
	Urban	Rural	Total
Quetta Region	74	101	175
Kalat Region	40	107	147
Sibi Region	46	115	161
Nasirabad Region	19	78	97
Makran Region	33	52	85
Zhob Region	28	148	176
Total	240	601	841

Sampling frame and selection of clusters

The sampling frame developed for all urban areas of Balochistan province by Federal Bureau of Statistics during 2004 and village list published by Population Census Organisation as a result of population census during 1998 was used for the selection of clusters. Enumeration blocks in urban areas and village in rural areas of the province were defined as primary sampling units (PSUs), and were selected from each of the sampling strata by using systematic pps (probability proportional to size) sampling procedures, based on the estimated sizes of the enumeration areas from Urban area frame 2004 and the 1998 Population Census respectively. Selecting the required number of enumeration areas from each of the 6 regions, separately by urban and rural strata, thus completed the first stage of sampling.

Listing activities

Since the sampling frame in respect of urban areas developed during 2004 and in rural areas in the 1998 Population Census- was not up-to-date, a new listing of households was conducted in all the sample enumeration areas prior to the selection of households. For this purpose, listing teams were formed, who visited each enumeration area, and listed the occupied households.

Fresh listing of households was undertaken in all sample areas. For this purpose, a comprehensive training to the listers was imparted. In urban areas, enumeration blocks have been considered as Primary sampling units (PSUs). The sketch map of enumeration blocks demarcated by Federal Bureau of Statistics (FBS) in urban area of Baluchistan province was used to perform listing work. In rural areas, villages as per Population Census 1998 have been treated as Primary sampling units (PSUs). Large sample villages having population more than 2000 as per Population Census 1998 were split up into hamlets/blocks of equal size. One block was selected randomly for data collection. Small villages were completely listed. The listing of households was used to select a specified number of households from urban and rural sample areas.

Selection of households

The listing teams in the field for each enumeration area prepared lists of households. The households were then sequentially numbered from 1 to n (the total number of households in each enumeration area) at the Central Statistical Office, where the selection of 12 and 16 households in each enumeration area and village was carried out respectively using random systematic selection procedures.

Calculation of sample weights

The Balochistan Multiple Indicator Cluster Survey sample is not self-weighting. Essentially, by allocating different numbers of households to each of the regions, different sampling fractions were used in each region since the size of the regions varied. For this reason, sample weights were calculated and these were used in the subsequent analyses of the survey data.

The major component of the weight is the reciprocal of the sampling fraction employed in selecting the number of sample households in that particular sampling stratum (h) and PSU (i):

$$W_{hi} = \frac{1}{f_{hi}}$$

The term f_{hi}, the sampling fraction for the *i-th* sample PSU in the *h-th* stratum, is the product of probabilities of selection at every stage in each sampling stratum:

$$fhi=p1hi \; x \; p2hi$$

Where p_{shi} is the probability of selection of the sampling unit at stage*s* for the *i-th* sample PSU in the *h-th* sampling stratum.

Since the estimated number of households in each enumeration area (PSU) in the sampling frame used for the first stage selection and the updated number of households in the enumeration area from the listing were different, individual sampling fractions for households in each sample enumeration area (cluster) were calculated. The sampling fractions for households in each enumeration area (cluster) therefore included the first stage probability of selection of the enumeration area in that particular sampling stratum and the second stage probability of selection of a household in the sample enumeration area (cluster).

A second component in the calculation of sample weights takes into account the level of non-response for the household and individual interviews. The adjustment for household non-response is equal to the inverse value of:

RR_h = *Number of interviewed households in stratum h/ Number of occupied households listed in stratum h*

After the completion of fieldwork, response rates were calculated for each sampling stratum. These were used to adjust the sample weights calculated for each cluster. Response rates in the Balochistan Multiple Indicator Cluster Survey are shown in Table HH.1 in this report.

Similarly, the adjustment for non-response at the individual level (women and under-5 children) for each stratum is equal to the inverse value of:

RR_h = *Completed women's (or under-5's) questionnaires in stratum h / Eligible women (or under-5s) in stratum h*

The non-response adjustment factors for women's and under-5's questionnaires are applied to the adjusted household weights. Numbers of eligible women and under-5 children were obtained from the roster of household members in the Household Questionnaire for households where interviews were completed.

The design weights for the households were calculated by multiplying the above factors for each enumeration area. These weights were then standardized (or normalized), one purpose of which is to make the weighted sum of the interviewed sample units equal the total sample size at the provincial level. Dividing the aforementioned design weights by the average design weight at the provincial level performs normalization. The average design weight is calculated as the sum of the design weights divided by the un weighted total). A similar standardization procedure was followed in obtaining standardized weights for the women's

and under-5's questionnaires. Adjusted (normalized) weights varied between 0.08246123 and 3.8667738 in the 841 sample enumeration areas (clusters).

Sample weights were appended to all data sets and weighting each household, woman or under-5 with these sample weights performed analyses.

Appendix-B   List of Personnel Involved in the Survey

Planning and Development Department, Government of Balochistan

Mr. Arif Hussain Shah
Mr. Kamran Khan
Mr. Khalid Pervaiz

UNICEF
Mr. Zulfiqar Durrani

SoSec Consulting Services

Mr. Mehboob Sultan
Mr. Moin-ud-din
Dr. Bashir ul Haq
Dr. Riaz A Malik
Dr. Asma Bokhari.
Ms. Sadia Batool Naqvi
Mr. Kashif Malik
Mr. Imran Latif
Mr. Habib ullah Kakar
Mr. Sohail Asghar
Mr. Hanif Panezai
Mr. Raheel Shahzad
Mr. Imran Bin Younis
Ms. Adeela
Ms. Rashida
Ms. Nauzeen Sangeen
Ms. Saima Saghir
Ms. Tasneem Aslam
Ms. Shazia Khan
Mr. Shahid Mehmood
Mr. Idrees Ahmed
Mr. Waheed Mughal
Mr. Zaheer Sadiq

Regional Supervisors

Region-1   Akbar Khan Kakar
Region-2   Rashid Ahmad
Region-3   Bashir Ahmad
Region-4   Muhammad Siddique
Region-5   Qasim Jan
Region-6   Zahoor Ahmad

Field Staff

Region-1: **(Quetta, Pishin, Ziarat, Qilla Abdullah and Harnai)**

Team-A

Peer jan	Supervisor
Nasreen Gul	Interviewer
Saira Iqbal	Interviewer
Anila Younas	Interviewer
Zubaida	Interviewer

Team-B

Naseebullah	Supervisor
Bakht Zamina	Interviewer
Farzana Khan	Interviewer
Lailuma	Interviewer
Gul Nigar	Interviewer

Region-2: **(Mastung, Kalat, Awaran, Khuzdar, Lasbella)**

Team-A

Najee-ur-Rehman	Supervisor
Rashida	Interviewer
Sumaira	Interviewer
Shaista Bashir	Interviewer
Rabia Jamal	Interviewer

Team-B

Qambar	Supervisor
Aila Kausar	Interviewer
Azra Batool	Interviewer
Shabana Ahmad	Interviewer
Kah Kashan	Interviewer

Region-3: **(Jafaraba, Nasirabad, Jhal Magsi, Bolan, Sibi, Dera Bugti)**

Team-A

Shabir Ahmad	Supervisor
Habiba Khan	Interviewer
Tahira Jabeen	Interviewer
Nadeeha Noor	Interviewer
Salma	Interviewer

Team-B

Abdul Karim	Supervisor
Rukhsana	Interviewer
Nadia Noor	Interviewer
Fehmida	Interviewer
Farzana	Interviewer

Region-4:   (Noshiki, Chagi, Kharan, Washuk)

Team-A

Abid Hussain	Supervisor
Bilqees Anjum	Interviewer
Rubina Shah	Interviewer
Fehmida Shah	Interviewer
Bibi Halima	Interviewer

Team-B

Masood Rahki	Supervisor
Millat Syed	Interviewer
Shagufta	Interviewer
Zar Gul	Interviewer
Husna	Interviewer

Region-5:   (Panjgoor, Kech, Gawadar)

Team-A

Abdul Ahad	Supervisor
Farhana Gul	Interviewer
Nazia	Interviewer
Dur Jan	Interviewer
Sabeeta Abdullah	Interviewer

Team-B

Sanaullah	Supervisor
Mariam	Interviewer
Sakina Hameed	Interviewer
Safia	Interviewer
Shahnaz	Interviewer

Region-6:   (Qilla Abdullah, Zhob, Sherani, Musa Khel, Loralai, Barkhan, Kohlu)

Team-A

Sher Afghan	Supervisor
Fauzia Yasmin	Interviewer
Shal Bhat	Interviewer
Khubana Barki	Interviewer
Sumaira	Interviewer

Team-B

Moeen Akhtar Khan	Supervisor
Shaheen Kausar	Interviewer
Naik Bibi	Interviewer
Bibi Fauzia	Interviewer
Sultan Bibi	Interviewer

Appendix C   Estimates of sampling errors

Table SE.1: Indicators selected for sampling error calculations

List of indicators selected for sampling error calculations, and base populations (denominators) for each indicator, Balochistan Province, Pakistan, 2010

MICS4 Indicator		Base Population
		HOUSEHOLDS
2.16	Iodized salt consumption	All households
3.12	Household availability of insecticide-treated nets (ITNs)	All households
		HOUSEHOLD MEMBERS
4.1	Use of improved drinking water sources	All household members
4.3	Use of improved sanitation facilities	All household members
7.5	Secondary school net attendance ratio (adjusted)	Children of secondary school age
8.2	Child labour	Children age 5-14 years
		WOMEN
-	Pregnant women	Ever married women age 15-49 years
3.20	Intermittent preventive treatment for malaria	Ever married women age 15-49 years with a live birth in the 2 years preceding the survey
5.2	Early childbearing	Ever married women age 20-24 years
5.3	Contraceptive prevalence	Women age 15-49 years who are currently married
5.5a	Antenatal care coverage - at least once by skilled personnel	Ever married women age 15-49 years with a live birth in the 2 years preceding the survey
5.5b	Antenatal care coverage – at least four times by any provider	Ever married women age 15-49 years with a live birth in the 2 years preceding the survey
5.7	Skilled attendant at delivery	Ever married women age 15-49 years with a live birth in the 2 years preceding the survey
5.8	Institutional deliveries	Ever married women age 15-49 years with a live birth in the 2 years preceding the survey
7.1	Literacy rate among young women	Women age 15-24 years
8.7	Marriage before age 18	Women age 20-49 years
9.3	Knowledge of mother- to-child transmission of HIV	Women age 15-49 years
9.4	Accepting attitudes towards people living with HIV	Women age 15-49 years

UNDER-5s

2.6	Exclusive breastfeeding under 6 months	Total number of infants under 6 months of age
2.14	Age-appropriate breastfeeding	Children age 0-23 months
-	Tuberculosis immunization coverage	Children age 12-23 months
-	Received polio immunization	Children age 12-23 months
-	Received DPT immunization	Children age 12-23 months
-	Received measles immunization	Children age 12-23 months
-	Received Hepatitis B immunization	Children age 12-23 months
-	Diarrhoea in the previous 2 weeks	Children under age 5
-	Illness with a cough in the previous 2 weeks	Children under age 5
-	Fever in last two weeks	Children under age 5
3.8	Oral rehydration therapy with continued feeding	Children under age 5 with diarrhoea in the previous 2 weeks
3.10	Antibiotic treatment of suspected pneumonia	Children under age 5 with suspected pneumonia in the previous 2 weeks
3.15	Children under age 5 sleeping under insecticide-treated nets (ITNs)	Children under age 5
3.18	Anti-malarial treatment of children under age 5	Children under age 5 with fever in the previous 2 weeks
6.1	Support for learning	Children age 36-59 months
6.7	Attendance to early childhood education	Children age 36-59 months
8.1	Birth registration	Children under age 5

Estimates of Sampling Errors

Table SE.2: Sampling errors: Total sample

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits r - 2se	Confidence limits r + 2se
HOUSEHOLDS										
Iodized salt consumption	2.16	0.1023	0.0040	0.039	1.980	1.407	11,367	11,327	0.094	0.110
Household availability of insecticide-treated nets (ITNs)	3.12	0.0286	0.0027	0.095	3.092	1.758	11,612	11,612	0.023	0.034
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.7371	0.0091	0.012	4.978	2.231	89,218	11,612	0.719	0.755
Use of improved sanitation facilities	4.3	0.6145	0.0100	0.016	4.877	2.208	89218	11612	0.595	0.634
Secondary school net attendance ratio (adjusted)	7.5	0.2780	0.0077	0.028	3.988	1.997	14,111	13,603	0.263	0.293
Child labour	8.2	0.1733	0.0058	0.033	6.121	2.474	26,771	26,504	0.162	0.185
WOMEN										
Pregnant women	-	0.1333	0.0040	0.030	2.465	1.570	17,732	17,732	0.125	0.141
Intermittent preventive treatment for malaria	3.20	0.0308	0.0048	0.157	0.705	0.840	973	901	0.021	0.040
Early childbearing	5.2	0.1098	0.0069	0.063	1.444	1.202	2,972	2,976	0.096	0.124
Contraceptive prevalence	5.3	0.1465	0.0049	0.034	2.194	1.481	11,260	11,305	0.137	0.156
Antenatal care coverage - at least once by skilled personnel	5.5a	0.3906	0.0134	0.034	1.768	1.330	2,491	2,358	0.364	0.417
Antenatal care coverage – at least four times by any provider	5.5b	0.1125	0.0074	0.066	1.285	1.133	2,491	2,358	0.098	0.127
Skilled attendant at delivery	5.7	0.2889	0.0116	0.040	1.539	1.241	2,491	2,358	0.266	0.312
Institutional deliveries	5.8	0.2421	0.0100	0.041	1.291	1.136	2,491	2,358	0.222	0.262
Literacy rate among young women	7.1	0.3287	0.0117	0.036	4.413	2.101	7,222	7,089	0.305	0.352
Marriage before age 18	8.7	0.3465	0.0067	0.019	2.674	1.635	13,482	13,619	0.333	0.360
Knowledge of mother- to-child transmission of HIV	9.3	0.0408	0.0029	0.071	3.806	1.951	17,732	17,732	0.035	0.047
Accepting attitudes towards people living with HIV	9.4	0.1888	0.0122	0.065	2.752	1.659	3,079	2,827	0.164	0.213
UNDER-5s										
Exclusive breastfeeding under 6 months	2.6	0.3973	0.0155	0.039	0.752	0.867	749	751	0.366	0.428
Age-appropriate breastfeeding	2.14	0.4433	0.0109	0.025	1.328	1.152	2855	2,751	0.422	0.465
Tuberculosis immunization coverage	-	0.3447	0.0164	0.047	1.638	1.280	1437	1,384	0.312	0.377
Received polio immunization	-	0.4610	0.0193	0.042	1.996	1.413	1410	1,326	0.422	0.500

Table SE.2: Sampling errors: Total sample

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r − 2*se*	*r* + 2*se*
Received DPT immunization	-	0.1218	0.0114	0.094	1.634	1.278	1379	1,336	0.099	0.145
Received measles immunization	-	0.2291	0.0149	0.065	1.662	1.289	1365	1,318	0.199	0.259
Received Hepatitis B immunization	-	0.0673	0.0085	0.127	1.512	1.230	1358	1,308	0.050	0.084
Diarrhea in the previous 2 weeks	-	0.2116	0.0060	0.028	2.119	1.456	9734	9,734	0.200	0.224
Illness with a cough in the previous 2 weeks	-	0.0446	0.0028	0.062	1.767	1.329	9734	9,734	0.039	0.050
Fever in last two weeks	-	0.1768	0.0068	0.038	3.063	1.750	9734	9,734	0.163	0.190
Oral rehydration therapy with continued feeding	3.8	0.5570	0.0137	0.025	1.594	1.263	2060	2,102	0.530	0.584
Antibiotic treatment of suspected pneumonia	3.10	0.3733	0.0159	0.043	0.460	0.678	434	424	0.341	0.405
Children under age 5 sleeping under insecticide-treated nets (ITNs)	3.15	0.0065	0.0015	0.226	3.211	1.792	9609	9,611	0.004	0.009
Anti-malarial treatment of children under age 5	3.18	0.2411	0.0178	0.074	2.905	1.704	1721	1,676	0.205	0.277
Support for learning	6.1	0.3793	0.0111	0.029	2.627	1.621	4905	4,980	0.357	0.402
Attendance to early childhood education	6.7	0.0316	0.0030	0.096	1.503	1.226	4905	4,980	0.026	0.038
Birth registration	8.1	0.2290	0.0083	0.036	3.777	1.943	9734	9,734	0.212	0.246

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.1735	0.0094	0.054	1.589	1.260	2652	2553	0.155	0.192
Household availability of insecticide-treated nets (ITNs)	3.12	0.0242	0.0034	0.139	1.261	1.123	2720	2626	0.017	0.031
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.9064	0.0127	0.014	5.018	2.240	20570	2626	0.881	0.932
Use of improved sanitation facilities	4.3	0.8154	0.0149	0.018	3.848	1.962	20570	2626	0.786	0.845
Secondary school net attendance ratio (adjusted)	7.5	0.4160	0.0156	0.037	3.231	1.798	3317	3230	0.385	0.447
Child labour	8.2	0.1183	0.0082	0.069	3.690	1.921	5717	5760	0.102	0.135
WOMEN										
Pregnant women	-	0.0950	0.0065	0.069	2.104	1.451	4414	4240	0.082	0.108
Intermittent preventive treatment for malaria	3.20	0.0263	0.0072	0.276	0.704	0.839	381	344	0.012	0.041
Early childbearing	5.2	0.0819	0.0094	0.115	0.903	0.950	854	764	0.063	0.101
Contraceptive prevalence	5.3	0.2135	0.0120	0.056	2.152	1.467	2545	2514	0.189	0.237
Antenatal care coverage - at least once by skilled personnel	5.5a	0.6337	0.0243	0.038	1.509	1.229	602	593	0.585	0.682
Antenatal care coverage – at least four times by any provider	5.5b	0.2448	0.0196	0.080	1.225	1.107	602	593	0.206	0.284
Skilled attendant at delivery	5.7	0.5368	0.0263	0.049	1.643	1.282	602	593	0.484	0.589
Institutional deliveries	5.8	0.4936	0.0242	0.049	1.391	1.179	602	593	0.445	0.542
Literacy rate among young women	7.1	0.5875	0.0245	0.042	4.578	2.140	1989	1842	0.538	0.637
Marriage before age 18	8.7	0.2905	0.0139	0.048	2.955	1.719	3279	3162	0.263	0.318
Knowledge of mother- to-child transmission of HIV	9.3	0.1108	0.0094	0.085	3.827	1.956	4414	4240	0.092	0.130
Accepting attitudes towards people living with HIV	9.4	0.1999	0.0163	0.082	2.256	1.502	1523	1352	0.167	0.233
UNDER-5s										
Exclusive breastfeeding under 6 months	2.6	0.3733	0.0302	0.081	0.687	0.829	183	177	0.313	0.434
Age-appropriate breastfeeding	2.14	0.4612	0.0208	0.045	1.140	1.068	653	656	0.420	0.503
Tuberculosis immunization coverage	-	0.5225	0.0323	0.062	1.315	1.147	317	316	0.458	0.587
Received polio immunization	-	0.5428	0.0304	0.056	1.115	1.056	306	301	0.482	0.604

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

| | MICS Indicator | Value (*r*) | Standard error (*se*) | Coefficient of variation (*se/r*) | Design effect (*deff*) | Square root of design effect (*deft*) | Weighted count | Unweighted count | Confidence limits | |
									r - 2se	*r + 2se*
Received DPT immunization	-	0.2446	0.0291	0.119	1.374	1.172	297	300	0.186	0.303
Received measles immunization	-	0.3388	0.0309	0.091	1.253	1.119	291	294	0.277	0.401
Received Hepatitis B immunization	-	0.1449	0.0278	0.192	1.785	1.336	286	288	0.089	0.200
Diarrhea in the previous 2 weeks	-	0.1545	0.0094	0.061	1.463	1.210	2028	2149	0.136	0.173
Illness with a cough in the previous 2 weeks	-	0.0356	0.0042	0.119	1.120	1.058	2028	2149	0.027	0.044
Fever in last two weeks	-	0.1672	0.0116	0.069	2.076	1.441	2028	2149	0.144	0.190
Oral rehydration therapy with continued feeding	3.8	0.6024	0.0247	0.041	0.987	0.993	313	388	0.553	0.652
Antibiotic treatment of suspected pneumonia	3.10	0.5229	0.0220	0.042	0.146	0.382	72	76	0.479	0.567
Children under age 5 sleeping under insecticide-treated nets (ITNs)	3.15	0.0060	0.0019	0.309	1.230	1.109	2002	2134	0.002	0.010
Anti-malarial treatment of children under age 5	3.18	0.1576	0.0151	0.096	0.619	0.787	339	363	0.127	0.188
Support for learning	6.1	0.5243	0.0205	0.039	1.782	1.335	966	1060	0.483	0.565
Attendance to early childhood education	6.7	0.0602	0.0089	0.148	1.486	1.219	966	1060	0.042	0.078
Birth registration	8.1	0.3858	0.0201	0.052	3.680	1.918	2028	2149	0.345	0.426

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0806	0.0043	0.054	2.225	1.492	8,715	8,774	0.072	0.089
Household availability of insecticide-treated nets (ITNs)	3.12	0.0300	0.0034	0.113	3.572	1.890	8,892	8,986	0.023	0.037
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.6863	0.0112	0.016	5.256	2.293	68,648	8,986	0.664	0.709
Use of improved sanitation facilities	4.3	0.5543	0.0121	0.022	5.286	2.299	68648	8986	0.530	0.578
Secondary school net attendance ratio (adjusted)	7.5	0.2356	0.0088	0.037	4.413	2.101	10,793	10,373	0.218	0.253
Child labour	8.2	0.1882	0.0069	0.037	6.462	2.542	21,055	20,744	0.174	0.202
WOMEN										
Pregnant women	-	0.1460	0.0049	0.034	2.609	1.615	13,318	13,492	0.136	0.156
Intermittent preventive treatment for malaria	3.20	0.0337	0.0064	0.191	0.708	0.842	592	557	0.021	0.047
Early childbearing	5.2	0.1210	0.0089	0.073	1.643	1.282	2,118	2,212	0.103	0.139
Contraceptive prevalence	5.3	0.1270	0.0052	0.041	2.105	1.451	8,715	8,791	0.117	0.137
Antenatal care coverage - at least once by skilled personnel	5.5a	0.3132	0.0159	0.051	2.077	1.441	1,889	1,765	0.281	0.345
Antenatal care coverage – at least four times by any provider	5.5b	0.0703	0.0078	0.110	1.625	1.275	1,889	1,765	0.055	0.086
Skilled attendant at delivery	5.7	0.2100	0.0125	0.060	1.661	1.289	1,889	1,765	0.185	0.235
Institutional deliveries	5.8	0.1621	0.0101	0.062	1.331	1.154	1,889	1,765	0.142	0.182
Literacy rate among young women	7.1	0.2303	0.0123	0.054	4.509	2.123	5,233	5,247	0.206	0.255
Marriage before age 18	8.7	0.3645	0.0075	0.021	2.560	1.600	10,203	10,457	0.349	0.380
Knowledge of mother- to-child transmission of HIV	9.3	0.0176	0.0020	0.115	3.208	1.791	13,318	13,492	0.014	0.022
Accepting attitudes towards people living with HIV	9.4	0.1779	0.0180	0.101	3.252	1.803	1,556	1,475	0.142	0.214
UNDER-5s										
Exclusive breastfeeding under 6 months	2.6	0.4050	0.0181	0.045	0.778	0.882	566	574	0.369	0.441
Age-appropriate breastfeeding	2.14	0.4380	0.0127	0.029	1.370	1.170	2,202	2,095	0.413	0.463
Tuberculosis immunization coverage	-	0.2944	0.0189	0.064	1.832	1.353	1,120	1068	0.257	0.332
Received polio immunization	-	0.4383	0.0234	0.053	2.272	1.507	1,104	1,025	0.392	0.485

Table SE.4: Sampling errors: Rural areas

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits *r - 2se*	*r + 2se*
Received DPT immunization	-	0.0880	0.0124	0.141	1.977	1.406	1,082	1,036	0.063	0.113
Received measles immunization	-	0.1994	0.0171	0.086	1.882	1.372	1,073	1,024	0.165	0.234
Received Hepatitis B immunization	-	0.0466	0.0080	0.171	1.455	1.206	1,072	1,020	0.031	0.063
Diarrhea in the previous 2 weeks	-	0.2266	0.0072	0.032	2.230	1.493	7,706	7,585	0.212	0.241
Illness with a cough in the previous 2 weeks	-	0.0469	0.0033	0.071	1.888	1.374	7,706	7,585	0.040	0.054
Fever in last two weeks	-	0.1793	0.0080	0.045	3.282	1.812	7,706	7,585	0.163	0.195
Oral rehydration therapy with continued feeding	3.8	0.5489	0.0155	0.028	1.664	1.290	1,746	1,714	0.518	0.580
Antibiotic treatment of suspected pneumonia	3.10	0.3434	0.0183	0.053	0.514	0.717	362	348	0.307	0.380
Children under age 5 sleeping under insecticide-treated nets (ITNs)	3.15	0.0066	0.0018	0.270	3.639	1.908	7,607	7,477	0.003	0.010
Anti-malarial treatment of children under age 5	3.18	0.2616	0.0216	0.082	3.162	1.778	1,382	1,313	0.218	0.305
Support for learning	6.1	0.3438	0.0128	0.037	2.857	1.690	3,939	3,920	0.318	0.369
Attendance to early childhood education	6.7	0.0246	0.0031	0.125	1.535	1.239	3,939	3,920	0.018	0.031
Birth registration	8.1	0.1878	0.0090	0.048	3.999	2.000	7,706	7,585	0.170	0.206

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits r - 2se	Confidence limits r + 2se
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0983	0.0078	0.079	1.450	1.204	2,605	2,126	0.083	0.114
Household availability of insecticide-treated nets (ITNs)	3.12	0.0363	0.0041	0.112	1.049	1.024	2,715	2,220	0.028	0.044
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.8921	0.0144	0.016	4.776	2.185	21,966	2,220	0.863	0.921
Use of improved sanitation facilities	4.3	0.7437	0.0214	0.029	5.309	2.304	21966	2220	0.701	0.786
Secondary school net attendance ratio (adjusted)	7.5	0.3054	0.0179	0.059	4.313	2.077	3,560	2,849	0.270	0.341
Child labour	8.2	0.1010	0.0073	0.073	2.871	1.694	5,932	4,856	0.086	0.116
WOMEN										
Pregnant women	-	0.1069	0.0076	0.071	2.303	1.518	4,852	3,812	0.092	0.122
Intermittent preventive treatment for malaria	3.20	0.0139	0.0063	0.456	0.751	0.866	354	258	0.001	0.027
Early childbearing	5.2	0.0646	0.0096	0.149	1.098	1.048	931	717	0.045	0.084
Contraceptive prevalence	5.3	0.2108	0.0132	0.063	2.157	1.469	2650	2,061	0.184	0.237
Antenatal care coverage - at least once by skilled personnel	5.5a	0.4471	0.0246	0.055	1.506	1.227	792	614	0.398	0.496
Antenatal care coverage – at least four times by any provider	5.5b	0.1674	0.0141	0.084	0.871	0.933	792	614	0.139	0.196
Skilled attendant at delivery	5.7	0.3848	0.0227	0.059	1.334	1.155	792	614	0.339	0.430
Institutional deliveries	5.8	0.3671	0.0199	0.054	1.045	1.022	792	614	0.327	0.407
Literacy rate among young women	7.1	0.3911	0.0242	0.062	4.402	2.098	2,287	1,785	0.343	0.440
Marriage before age 18	8.7	0.2397	0.0137	0.057	2.818	1.679	3,495	2,744	0.212	0.267
Knowledge of mother- to-child transmission of HIV	9.3	0.0736	0.0086	0.117	4.140	2.035	4,852	3,812	0.056	0.091
Accepting attitudes towards people living with HIV	9.4	0.2442	0.0237	0.097	1.771	1.331	910	585	0.197	0.292
UNDER-5s										
Exclusive breastfeeding under 6 months	2.6	0.3564	0.0285	0.080	0.671	0.819	244	190	0.299	0.414
Age-appropriate breastfeeding	2.14	0.4681	0.0193	0.041	1.019	1.010	875	679	0.429	0.507
Tuberculosis immunization coverage	-	0.2852	0.0308	0.108	1.560	1.249	435	336	0.224	0.347
Received polio immunization	-	0.4942	0.0386	0.078	2.041	1.429	444	344	0.417	0.571

Table SF.5: Sampling errors: Quetta

Standard errors, coefficients of variation, design effects (*deft*), square root of design effects (*deff*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
Received DPT immunization	-	0.0640	0.0185	0.290	1.815	1.347	407	317	0.027	0.101
Received measles immunization	-	0.1805	0.0257	0.142	1.383	1.176	400	311	0.129	0.232
Received Hepatitis B immunization	-	0.0459	0.0167	0.365	1.993	1.412	404	312	0.012	0.079
Diarrhea in the previous 2 weeks	-	0.1435	0.0113	0.079	2.133	1.461	2,548	2,040	0.121	0.166
Illness with a cough in the previous 2 weeks	-	0.0407	0.0047	0.115	1.140	1.068	2,548	2,040	0.031	0.050
Fever in last two weeks	-	0.1271	0.0090	0.071	1.504	1.227	2,548	2,040	0.109	0.145
Oral rehydration therapy with continued feeding	3.8	0.5227	0.0268	0.051	0.875	0.935	366	304	0.469	0.576
Antibiotic treatment of suspected pneumonia	3.10	0.3727	0.0200	0.054	0.133	0.364	104	79	0.333	0.413
Children under age 5 sleeping under insecticide-treated nets (ITNs)	3.15	0.0051	0.0019	0.362	1.364	1.168	2,508	2,018	0.001	0.009
Anti-malarial treatment of children under age 5	3.18	0.0351	0.0090	0.255	0.591	0.769	324	250	0.017	0.053
Support for learning	6.1	0.3221	0.0253	0.078	2.766	1.663	1,171	948	0.272	0.373
Attendance to early childhood education	6.7	0.0236	0.0049	0.210	1.007	1.004	1,171	948	0.014	0.033
Birth registration	8.1	0.2423	0.0180	0.074	3.582	1.893	2,548	2,040	0.206	0.278

Table SE.6: Sampling errors: Kalat

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits *r - 2se*	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0714	0.0077	0.108	2.443	1.563	2791	2718	0.056	0.087
Household availability of insecticide-treated nets (ITNs)	3.12	0.0310	0.0061	0.198	3.493	1.869	2835	2780	0.019	0.043
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.7966	0.0208	0.026	7.391	2.719	19,510	2,780	0.755	0.838
Use of improved sanitation facilities	4.3	0.5807	0.0261	0.045	7.779	2.789	19510	2780	0.528	0.633
Secondary school net attendance ratio (adjusted)	7.5	0.1879	0.0157	0.083	4.455	2.111	2,997	2,776	0.157	0.219
Child labour	8.2	0.2505	0.0149	0.059	6.622	2.573	5,890	5,627	0.221	0.280
WOMEN										
Pregnant women	-	0.1267	0.0075	0.059	1.946	1.395	3,848	3,793	0.112	0.142
Intermittent preventive treatment for malaria	3.20	0.0165	0.0093	0.563	0.901	0.949	170	170	0.000	0.035
Early childbearing	5.2	0.1424	0.0198	0.139	2.101	1.450	645	653	0.103	0.182
Contraceptive prevalence	5.3	0.1168	0.0076	0.065	1.396	1.181	2,584	2,525	0.102	0.132
Antenatal care coverage - at least once by skilled personnel	5.5a	0.3004	0.0226	0.075	1.302	1.141	565	538	0.255	0.346
Antenatal care coverage – at least four times by any provider	5.5b	0.0749	0.0117	0.157	1.068	1.033	565	538	0.051	0.098
Skilled attendant at delivery	5.7	0.1752	0.0214	0.122	1.698	1.303	565	538	0.132	0.218
Institutional deliveries	5.8	0.1136	0.0162	0.142	1.392	1.180	565	538	0.081	0.146
Literacy rate among young women	7.1	0.2547	0.0223	0.088	3.785	1.946	1,469	1,440	0.210	0.299
Marriage before age 18	8.7	0.3514	0.0137	0.039	2.475	1.573	3,024	3,006	0.324	0.379
Knowledge of mother- to-child transmission of HIV	9.3	0.0281	0.0052	0.186	3.801	1.950	3,848	3,793	0.018	0.039
Accepting attitudes towards people living with HIV	9.4	0.2222	0.0216	0.097	1.495	1.223	502	553	0.179	0.266
UNDER-5s										
Exclusive breastfeeding under 6 months	2.6	0.4792	0.0259	0.054	0.405	0.636	151	152	0.427	0.531
Age-appropriate breastfeeding	2.14	0.4690	0.0246	0.052	1.476	1.215	639	609	0.420	0.518
Tuberculosis immunization coverage	-	0.3509	0.0254	0.072	0.820	0.905	313	291	0.300	0.402
Received polio immunization	-	0.4256	0.0301	0.071	1.089	1.043	320	294	0.365	0.486

Table SE.6: Sampling errors: Kalat

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
Received DPT immunization	-	0.1341	0.0164	0.123	0.661	0.813	302	285	0.101	0.167
Received measles immunization	-	0.2745	0.0209	0.076	0.615	0.784	304	282	0.233	0.316
Received Hepatitis B immunization	-	0.0758	0.0145	0.192	0.836	0.914	303	278	0.047	0.105
Diarrhea in the previous 2 weeks	-	0.2337	0.0130	0.056	1.898	1.378	2,054	2,012	0.208	0.260
Illness with a cough in the previous 2 weeks	-	0.0703	0.0086	0.122	2.260	1.503	2,054	2,012	0.053	0.087
Fever in last two weeks	-	0.1567	0.0134	0.086	2.745	1.657	2,054	2,012	0.130	0.184
Oral rehydration therapy with continued feeding	3.8	0.5476	0.0251	0.046	1.064	1.032	480	419	0.497	0.598
Antibiotic treatment of suspected pneumonia	3.10	0.3618	0.0356	0.099	0.754	0.868	144	138	0.291	0.433
Children under age 5 sleeping under insecticide-treated nets (ITNs)	3.15	0.0048	0.0017	0.350	1.192	1.092	2,044	1,997	0.001	0.008
Anti-malarial treatment of children under age 5	3.18	0.1175	0.0145	0.124	0.662	0.813	322	326	0.088	0.147
Support for learning	6.1	0.4128	0.0226	0.055	2.165	1.471	1,031	1,031	0.368	0.458
Attendance to early childhood education	6.7	0.0258	0.0065	0.253	1.748	1.322	1,031	1,031	0.013	0.039
Birth registration	8.1	0.1745	0.0142	0.082	2.834	1.684	2,054	2,012	0.146	0.203

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deff*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits r - 2se	r + 2se
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0464	0.0064	0.139	1.583	1.258	984	1,693	0.033	0.059
Household availability of insecticide-treated nets (ITNs)	3.12	0.0076	0.0024	0.314	1.300	1.140	997	1,724	0.003	0.012
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.75595	0.0177	0.023	2.966	1.722	8,128	1,724	0.724	0.795
Use of improved sanitation facilities	4.3	0.6668	0.0225	0.034	3.925	1.981	8128	1724	0.622	0.712
Secondary school net attendance ratio (adjusted)	7.5	0.2862	0.0123	0.043	1.528	1.236	1,246	2,071	0.262	0.311
Child labour	8.2	0.2585	0.0208	0.081	9.989	3.161	2,757	4,410	0.217	0.300
WOMEN										
Pregnant women	-	0.2278	0.0169	0.074	3.958	1.990	1,236	2435	0.194	0.262
Intermittent preventive treatment for malaria	3.20	0.0423	0.0243	0.576	2.033	1.426	80	140	0.000	0.091
Early childbearing	5.2	0.0959	0.0188	0.196	1.392	1.180	137	343	0.058	0.133
Contraceptive prevalence	5.3	0.0636	0.0078	0.123	1.751	1.323	912	1,697	0.048	0.079
Antenatal care coverage - at least once by skilled personnel	5.5a	0.4810	0.0377	0.078	1.864	1.365	166	328	0.406	0.556
Antenatal care coverage – at least four times by any provider	5.5b	0.1233	0.0286	0.232	2.467	1.571	166	328	0.066	0.180
Skilled attendant at delivery	5.7	0.1730	0.0296	0.171	2.004	1.416	166	328	0.114	0.232
Institutional deliveries	5.8	0.1612	0.0273	0.169	1.799	1.341	166	328	0.107	0.216
Literacy rate among young women	7.1	0.2584	0.0318	0.123	4.283	2.070	336	813	0.195	0.322
Marriage before age 18	8.7	0.5833	0.0193	0.033	3.025	1.739	1,037	1,965	0.545	0.622
Knowledge of mother- to-child transmission of HIV	9.3	0.0166	0.0041	0.249	2.551	1.597	1,236	2,435	0.008	0.025
Accepting attitudes towards people living with HIV	9.4	0.0354	0.0133	0.375	2.087	1.445	275	406	0.009	0.062
UNDER-5s										
Exclusive breastfeeding under 6 months	2.6	0.3418	0.0295	0.086	0.297	0.545	26	78	0.283	0.401
Age-appropriate breastfeeding	2.14	0.4262	0.0426	0.100	2.599	1.612	170	351	0.341	0.511
Tuberculosis immunization coverage	-	0.1366	0.0203	0.149	0.722	0.850	114	207	0.096	0.177
Received polio immunization	-	0.2547	0.0290	0.114	0.942	0.971	117	213	0.197	0.313

Table SE.7: Sampling errors: Sibi

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
Received DPT immunization	-	0.0387	0.0081	0.210	0.356	0.596	112	202	0.022	0.055
Received measles immunization	-	0.1036	0.0167	0.161	0.604	0.777	113	203	0.070	0.137
Received Hepatitis B immunization	-	0.0297	0.0101	0.341	0.728	0.853	113	205	0.009	0.050
Diarrhea in the previous 2 weeks	-	0.4402	0.0202	0.046	2.327	1.525	798	1,407	0.400	0.481
Illness with a cough in the previous 2 weeks	-	0.0209	0.0042	0.202	1.223	1.106	798	1,407	0.012	0.029
Fever in last two weeks	-	0.3220	0.0179	0.056	2.072	1.440	798	1,407	0.286	0.358
Oral rehydration therapy with continued feeding	3.8	0.5900	0.0342	0.058	2.487	1.577	351	515	0.522	0.658
Antibiotic treatment of suspected pneumonia	3.10	0.2958	0.0163	0.055	0.061	0.248	17	49	0.263	0.328
Children under age 5 sleeping under insecticide-treated nets (ITNs)	3.15	0.0029	0.0017	0.579	1.308	1.144	755	1,358	0.000	0.006
Anti-malarial treatment of children under age 5	3.18	0.4925	0.0592	0.120	5.001	2.236	257	358	0.374	0.611
Support for learning	6.1	0.3066	0.0372	0.121	4.972	2.230	454	764	0.232	0.381
Attendance to early childhood education	6.7	0.0113	0.0037	0.332	0.961	0.980	454	764	0.004	0.019
Birth registration	8.1	0.1353	0.0187	0.139	4.224	2.055	798	1,407	0.098	0.173

Table SE.8: Sampling errors: Zhob

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deff*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deff)	Weighted count	Unweighted count	Confidence limits r - 2se	r + 2se
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0369	0.0053	0.145	1.759	1.326	1629	2188	0.026	0.048
Household availability of insecticide-treated nets (ITNs)	3.12	0.0138	0.0041	0.295	2.744	1.656	1677	2256	0.006	0.022
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.6786	0.0256	0.038	6.762	2.600	13,430	2,256	0.627	0.730
Use of improved sanitation facilities	4.3	0.4147	0.0224	0.054	4.669	2.161	13430	2256	0.370	0.460
Secondary school net attendance ratio (adjusted)	7.5	0.1649	0.0106	0.064	2.129	1.459	1,980	2,621	0.144	0.186
Child labour	8.2	0.1823	0.0139	0.076	7.189	2.681	4,168	5,552	0.154	0.210
WOMEN										
Pregnant women	-	0.1117	0.0088	0.079	2.767	1.663	2,499	3,539	0.094	0.129
Intermittent preventive treatment for malaria	3.20	0.0046	0.0002	0.039	0.001	0.031	91	133	0.004	0.005
Early childbearing	5.2	0.1082	0.0139	0.129	1.184	1.088	412	590	0.080	0.136
Contraceptive prevalence	5.3	0.0309	0.0035	0.114	0.987	0.993	1,665	2,364	0.024	0.038
Antenatal care coverage - at least once by skilled personnel	5.5a	0.3178	0.0321	0.101	1.822	1.350	286	385	0.254	0.382
Antenatal care coverage – at least four times by any provider	5.5b	0.0219	0.0056	0.257	0.565	0.752	286	385	0.011	0.033
Skilled attendant at delivery	5.7	0.2231	0.0277	0.124	1.698	1.303	286	385	0.168	0.278
Institutional deliveries	5.8	0.1407	0.0193	0.137	1.181	1.087	286	385	0.102	0.179
Literacy rate among young women	7.1	0.1614	0.0145	0.090	2.083	1.443	962	1,344	0.132	0.190
Marriage before age 18	8.7	0.3460	0.0143	0.041	2.515	1.586	1,950	2,785	0.317	0.375
Knowledge of mother- to-child transmission of HIV	9.3	0.0044	0.0011	0.247	0.957	0.978	2,499	3,539	0.002	0.007
Accepting attitudes towards people living with HIV	9.4	0.2334	0.0460	0.197	3.782	1.945	184	321	0.141	0.325
UNDER-5s										
Exclusive breastfeeding under 6 months	2.6	0.3815	0.0263	0.069	0.529	0.727	125	181	0.329	0.434
Age-appropriate breastfeeding	2.14	0.4677	0.0242	0.052	1.345	1.160	395	571	0.419	0.516
Tuberculosis immunization coverage	-	0.1858	0.0254	0.137	1.212	1.101	191	286	0.135	0.237
Received polio immunization	-	0.4605	0.0503	0.109	2.145	1.465	147	212	0.360	0.561

Table SE.8: Sampling errors: Zhob

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deff*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
Received DPT immunization	-	0.0315	0.0145	0.460	1.894	1.376	184	276	0.003	0.060
Received measles immunization	-	0.1282	0.0221	0.173	1.178	1.085	179	270	0.084	0.172
Received Hepatitis B immunization	-	0.0147	0.0086	0.582	1.354	1.164	178	268	0.000	0.032
Diarrhea in the previous 2 weeks	-	0.1551	0.0101	0.065	1.761	1.327	1,608	2,278	0.135	0.175
Illness with a cough in the previous 2 weeks	-	0.0380	0.0059	0.156	2.184	1.478	1,608	2,278	0.026	0.050
Fever in last two weeks	-	0.1017	0.0095	0.094	2.270	1.507	1,608	2,278	0.083	0.121
Oral rehydration therapy with continued feeding	3.8	0.6064	0.0358	0.059	1.942	1.394	249	362	0.535	0.678
Antibiotic treatment of suspected pneumonia	3.10	0.1633	0.0402	0.246	0.924	0.961	61	79	0.083	0.244
Children under age 5 sleeping under insecticide-treated nets (ITNs)	3.15	0.0024	0.0017	0.711	2.794	1.671	1,596	2,259	0.000	0.006
Anti-malarial treatment of children under age 5	3.18	0.1721	0.0257	0.149	1.129	1.063	164	245	0.121	0.223
Support for learning	6.1	0.1793	0.0152	0.085	1.807	1.344	806	1,158	0.149	0.210
Attendance to early childhood education	6.7	0.0281	0.0054	0.191	1.219	1.104	806	1,158	0.017	0.039
Birth registration	8.1	0.0515	0.0066	0.128	2.015	1.419	1,608	2,278	0.038	0.065

Table SE.9: Sampling errors: Nasirabad

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits r - 2se	Confidence limits r + 2se
HOUSEHOLDS										
Iodized salt consumption	2.16	0.1226	0.0142	0.116	2.803	1.674	1,834	1,490	0.094	0.151
Household availability of insecticide-treated nets (ITNs)	3.12	0.0110	0.0028	0.251	1.057	1.028	1,849	1,505	0.005	0.017
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.4119	0.0275	0.067	4.701	2.168	15,142	1,505	0.357	0.467
Use of improved sanitation facilities	4.3	0.4758	0.0253	0.053	3.849	1.962	15142	1505	0.425	0.526
Secondary school net attendance ratio (adjusted)	7.5	0.1993	0.0170	0.085	3.345	1.829	2,271	1,843	0.165	0.233
Child labour	8.2	0.1371	0.0139	0.101	5.863	2.421	4,423	3,607	0.109	0.165
WOMEN										
Pregnant women	-	0.1439	0.0096	0.067	1.860	1.364	3,164	2,501	0.125	0.163
Intermittent preventive treatment for malaria	3.20	0.0166	0.0084	0.508	0.531	0.728	160	123	0.000	0.033
Early childbearing	5.2	0.1378	0.0160	0.116	0.947	0.973	553	439	0.106	0.170
Contraceptive prevalence	5.3	0.1409	0.0116	0.082	1.843	1.357	2,113	1,653	0.118	0.164
Antenatal care coverage - at least once by skilled personnel	5.5a	0.3359	0.0400	0.119	2.489	1.578	476	348	0.256	0.416
Antenatal care coverage – at least four times by any provider	5.5b	0.1139	0.0229	0.201	1.801	1.342	476	348	0.068	0.160
Skilled attendant at delivery	5.7	0.2565	0.0303	0.118	1.672	1.293	476	348	0.196	0.317
Institutional deliveries	5.8	0.2179	0.0266	0.122	1.440	1.200	476	348	0.165	0.271
Literacy rate among young women	7.1	0.2250	0.0293	0.130	5.338	2.310	1,369	1,085	0.166	0.284
Marriage before age 18	8.7	0.4130	0.0154	0.037	1.814	1.347	2,349	1,855	0.382	0.444
Knowledge of mother- to-child transmission of HIV	9.3	0.0601	0.0057	0.094	1.418	1.191	3,164	2,501	0.049	0.071
Accepting attitudes towards people living with HIV	9.4	0.0276	0.0073	0.264	0.952	0.976	577	484	0.013	0.042
UNDER-5s										
Exclusive breastfeeding under 6 months	2.6	0.5214	0.0504	0.097	0.976	0.988	140	97	0.421	0.622
Age-appropriate breastfeeding	2.14	0.3655	0.0262	0.072	1.166	1.080	567	395	0.313	0.418
Tuberculosis immunization coverage	-	0.4574	0.0530	0.116	2.209	1.486	276	196	0.351	0.563
Received polio immunization	-	0.5717	0.0514	0.090	2.125	1.458	277	198	0.469	0.674

Table SE.9: Sampling errors: Nasirabad

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
Received DPT immunization	-	0.2179	0.0380	0.175	1.623	1.274	272	192	0.142	0.294
Received measles immunization	-	0.2164	0.0488	0.226	2.598	1.612	263	186	0.119	0.314
Received Hepatitis B immunization	-	0.0997	0.0225	0.225	1.036	1.018	263	185	0.055	0.145
Diarrhea in the previous 2 weeks	-	0.2271	0.0152	0.067	1.711	1.308	1,743	1,295	0.197	0.258
Illness with a cough in the previous 2 weeks	-	0.0456	0.0059	0.130	1.037	1.019	1,743	1,295	0.034	0.057
Fever in last two weeks	-	0.2578	0.0221	0.086	3.300	1.817	1,743	1,295	0.214	0.302
Oral rehydration therapy with continued feeding	3.8	0.5243	0.0288	0.055	1.096	1.047	396	330	0.467	0.582
Antibiotic treatment of suspected pneumonia	3.10	0.4155	0.0268	0.065	0.157	0.396	79	54	0.362	0.469
Children under age 5 sleeping under insecticide-treated nets (ITNs)	3.15	0.0035	0.0019	0.551	1.352	1.163	1,725	1,279	0.000	0.007
Anti-malarial treatment of children under age 5	3.18	0.3031	0.0480	0.158	3.696	1.923	449	340	0.207	0.399
Support for learning	6.1	0.3437	0.0308	0.090	2.699	1.643	836	643	0.282	0.405
Attendance to early childhood education	6.7	0.0257	0.0081	0.315	1.679	1.296	836	643	0.009	0.042
Birth registration	8.1	0.2416	0.0212	0.088	3.172	1.781	1,743	1,295	0.199	0.284

Table SE.10: Sampling errors: Makran

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
HOUSEHOLDS										
Iodized salt consumption	2.16	0.2475	0.0140	0.057	1.172	1.083	1,524	1,112	0.219	0.276
Household availability of insecticide-treated nets (ITNs)	3.12	0.0618	0.0142	0.231	3.942	1.985	1,539	1,127	0.033	0.090
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.8241	0.0144	0.017	1.602	1.266	11,041	1,127	0.795	0.853
Use of improved sanitation facilities	4.3	0.8118	0.0215	0.026	3.392	1.842	11041	1127	0.769	0.855
Secondary school net attendance ratio (adjusted)	7.5	0.5527	0.0184	0.033	1.980	1.407	2,056	1,443	0.516	0.590
Child labour	8.2	0.1346	0.0130	0.096	3.549	1.884	3,602	2,452	0.109	0.161
WOMEN										
Pregnant women	-	0.1603	0.0125	0.078	1.906	1.380	2,132	1,652	0.135	0.185
Intermittent preventive treatment for malaria	3.20	0.1329	0.0220	0.165	0.319	0.565	119	77	0.089	0.177
Early childbearing	5.2	0.1375	0.0216	0.157	0.914	0.956	293	234	0.094	0.181
Contraceptive prevalence	5.3	0.2860	0.0186	0.065	1.703	1.305	1,336	1,005	0.249	0.323
Antenatal care coverage - at least once by skilled personnel	5.5a	0.5750	0.0484	0.084	1.383	1.176	207	145	0.478	0.672
Antenatal care coverage – at least four times by any provider	5.5b	0.1177	0.0259	0.220	0.933	0.966	207	145	0.066	0.170
Skilled attendant at delivery	5.7	0.4912	0.0458	0.093	1.211	1.100	207	145	0.400	0.583
Institutional deliveries	5.8	0.3754	0.0486	0.129	1.449	1.204	207	145	0.278	0.473
Literacy rate among young women	7.1	0.6948	0.0245	0.035	1.755	1.325	798	622	0.646	0.744
Marriage before age 18	8.7	0.3204	0.0211	0.066	2.574	1.604	1,627	1,264	0.278	0.362
Knowledge of mother- to-child transmission of HIV	9.3	0.0167	0.0060	0.360	3.647	1.910	2,132	1,652	0.005	0.029
Accepting attitudes towards people living with HIV	9.4	0.2836	0.0411	0.145	3.964	1.991	631	478	0.201	0.366
UNDER-5s										
Exclusive breastfeeding under 6 months	2.6	0.1389	0.0446	0.321	0.864	0.929	63	53	0.050	0.228
Age-appropriate breastfeeding	2.14	0.4404	0.0423	0.096	1.053	1.026	209	146	0.356	0.525
Tuberculosis immunization coverage	-	0.7798	0.0480	0.062	0.898	0.948	108	68	0.684	0.876
Received polio immunization	-	0.3663	0.0778	0.212	1.670	1.292	104	65	0.211	0.522

Table SE.10: Sampling errors: Makran

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
Received DPT immunization	-	0.3139	0.0575	0.183	0.968	0.984	102	64	0.199	0.429
Received measles immunization	-	0.6200	0.0798	0.129	1.756	1.325	106	66	0.460	0.780
Received Hepatitis B immunization	-	0.1819	0.0530	0.291	1.112	1.054	97	60	0.076	0.288
Diarrhea in the previous 2 weeks	-	0.2212	0.0175	0.079	1.253	1.119	982	702	0.186	0.256
Illness with a cough in the previous 2 weeks	-	0.0292	0.0076	0.260	1.430	1.196	982	702	0.014	0.044
Fever in last two weeks	-	0.2089	0.0291	0.139	3.582	1.893	982	702	0.151	0.267
Oral rehydration therapy with continued feeding	3.8	0.5850	0.0611	0.105	2.633	1.623	217	172	0.463	0.707
Children under age 5 sleeping under insecticide-treated nets (ITNs)	3.15	0.0281	0.0121	0.431	3.755	1.938	981	700	0.004	0.052
Anti-malarial treatment of children under age 5	3.18	0.3647	0.0600	0.165	2.426	1.558	205	157	0.245	0.485
Support for learning	6.1	0.8019	0.0242	0.030	1.600	1.265	607	436	0.754	0.850
Attendance to early childhood education	6.7	0.0849	0.0153	0.180	1.313	1.146	607	436	0.054	0.116
Birth registration	8.1	0.6531	0.0323	0.049	3.228	1.797	982	702	0.588	0.718

Appendix C-1 Estimates of sampling errors for selected indicators at districts level

Table D2: Sampling errors: Quetta Chilton town

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deff*)	Weighted count	Unweighted count	Confidence limits *r - 2se*	Confidence limits *r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0684	0.0125	0.182	0.974	0.987	543	400	0.043	0.093
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.8344	0.0431	0.052	5.537	2.353	4286	412	0.748	0.921
Use of improved sanitation facilities	4.3	0.8052	0.0329	0.041	2.839	1.685	4286	412	0.739	0.871
Secondary school net attendance ratio (adjusted)	7.5	0.3728	0.0296	0.079	1.915	1.384	704	513	0.314	0.432
WOMEN										
Contraceptive prevalence	5.3	0.2105	0.0284	0.135	1.892	1.375	525	391	0.154	0.267
Antenatal care coverage - at least once by skilled personnel	5.5a	0.6732	0.0573	0.085	1.537	1.240	132	104	0.559	0.788
Antenatal care coverage – at least four times by any provider	5.5b	0.2967	0.0400	0.135	0.791	0.889	132	104	0.217	0.377
Skilled attendant at delivery	5.7	0.6645	0.0308	0.046	0.439	0.663	132	104	0.603	0.726
Institutional deliveries	5.8	0.6113	0.0374	0.061	0.607	0.779	132	104	0.536	0.686
Literacy rate among young women	7.1	0.5605	0.0548	0.098	3.596	1.896	430	296	0.451	0.670
UNDER-5s										
Tuberculosis immunization coverage	-	0.4418	0.0823	0.186	1.346	1.160	63	50	0.277	0.606
Received polio immunization	-	0.6172	0.0709	0.115	1.062	1.031	63	51	0.476	0.759
Received DPT immunization	-	0.1902	0.0712	0.374	1.449	1.204	56	45	0.048	0.333
Received measles immunization	-	0.3267	0.0960	0.294	1.760	1.327	53	43	0.135	0.519
Received Hepatitis B immunization	-	0.1666	0.0691	0.415	1.548	1.244	59	46	0.028	0.305
Diarrhoea in the previous 2 weeks	-	0.1491	0.0213	0.143	1.222	1.105	421	342	0.106	0.192

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits *r − 2se*	Confidence limits *r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0501	0.0062	0.125	0.330	0.575	556	404	0.038	0.063
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.8982	0.0312	0.035	4.670	2.161	5527	439	0.836	0.961
Use of improved sanitation facilities	4.3	0.5171	0.0510	0.099	4.560	2.135	5527	439	0.415	0.619
Secondary school net attendance ratio (adjusted)	7.5	0.1938	0.0335	0.173	4.805	2.192	918	671	0.127	0.261
WOMEN										
Contraceptive prevalence	5.3	0.0911	0.0141	0.154	1.236	1.112	697	518	0.063	0.119
Antenatal care coverage - at least once by skilled personnel	5.5a	0.3715	0.0346	0.093	0.809	0.899	219	159	0.302	0.441
Antenatal care coverage – at least four times by any provider	5.5b	0.0780	0.0159	0.204	0.556	0.746	219	159	0.046	0.110
Skilled attendant at delivery	5.7	0.2541	0.0310	0.122	0.801	0.895	219	159	0.192	0.316
Institutional deliveries	5.8	0.2384	0.0278	0.117	0.672	0.820	219	159	0.183	0.294
Literacy rate among young women	7.1	0.2455	0.0418	0.170	3.918	1.979	571	416	0.162	0.329
UNDER-5s										
Tuberculosis immunization coverage	-	0.2199	0.0709	0.322	2.284	1.511	105	79	0.078	0.362
Received polio immunization	-	0.7822	0.0443	0.057	0.945	0.972	112	83	0.694	0.871
Received DPT immunization	-	0.0144	0.0161	1.118	1.367	1.169	100	76	0.000	0.046
Received measles immunization	-	0.1045	0.0368	0.352	1.028	1.014	97	72	0.031	0.178
Received Hepatitis B immunization	-	0.0000	0.0000	.	.	.	97	74	0.000	0.000
Diarrhoea in the previous 2 weeks	-	0.2391	0.0133	0.055	0.468	0.684	657	485	0.213	0.266

Table D4: Sampling errors: Qilla Abdullah

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0259	0.0087	0.335	1.155	1.075	493	389	0.009	0.043
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.9906	0.0065	0.007	1.813	1.346	4315	399	0.978	1.000
Use of improved sanitation facilities	4.3	0.9501	0.0292	0.031	7.141	2.672	4315	399	0.892	1.000
Secondary school net attendance ratio (adjusted)	7.5	0.2901	0.0491	0.169	6.665	2.582	729	571	0.192	0.388
WOMEN										
Contraceptive prevalence	5.3	0.3429	0.0325	0.095	1.973	1.405	524	423	0.278	0.408
Antenatal care coverage - at least once by skilled personnel	5.5a	0.1650	0.0628	0.381	4.153	2.038	182	146	0.039	0.291
Antenatal care coverage – at least four times by any provider	5.5b	0.0480	0.0096	0.199	0.290	0.538	182	146	0.029	0.067
Skilled attendant at delivery	5.7	0.1205	0.0459	0.381	2.887	1.699	182	146	0.029	0.212
Institutional deliveries	5.8	0.1409	0.0414	0.294	2.055	1.433	182	146	0.058	0.224
Literacy rate among young women	7.1	0.1618	0.0382	0.236	4.225	2.055	485	393	0.085	0.238
UNDER-5s										
Tuberculosis immunization coverage	-	0.0650	0.0277	0.425	1.070	1.034	115	86	0.010	0.120
Received polio immunization	-	0.1403	0.0772	0.550	4.298	2.073	117	88	0.000	0.295
Received DPT immunization	-	0.0056	0.0058	1.029	0.478	0.692	109	81	0.000	0.017
Received measles immunization	-	0.0551	0.0238	0.432	0.859	0.927	108	80	0.008	0.103
Received Hepatitis B immunization	-	0.0000	0.0000	.	.	.	107	79	0.000	0.000
Diarrhoea in the previous 2 weeks	-	0.0609	0.0141	0.232	1.967	1.402	727	564	0.033	0.089

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators,
Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0688	0.0101	0.147	0.462	0.680	63	292	0.049	0.089
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.4850	0.0577	0.119	3.983	1.996	556	300	0.370	0.600
Use of improved sanitation facilities	4.3	0.3302	0.0383	0.116	1.986	1.409	556	300	0.254	0.407
Secondary school net attendance ratio (adjusted)	7.5	0.3176	0.0408	0.128	2.988	1.729	83	390	0.236	0.399
WOMEN										
Contraceptive prevalence	5.3	0.0808	0.0112	0.138	0.610	0.781	74	363	0.058	0.103
Antenatal care coverage - at least once by skilled personnel	5.5a	0.2907	0.0655	0.225	1.811	1.346	18	88	0.160	0.422
Antenatal care coverage – at least four times by any provider	5.5b	0.0557	0.0336	0.604	1.870	1.368	18	88	0.000	0.123
Skilled attendant at delivery	5.7	0.1426	0.0400	0.281	1.140	1.068	18	88	0.063	0.223
Institutional deliveries	5.8	0.1426	0.0400	0.281	1.140	1.068	18	88	0.063	0.223
Literacy rate among young women	7.1	0.3757	0.0514	0.137	2.829	1.682	47	252	0.273	0.479
UNDER-5s										
Tuberculosis immunization coverage	-	0.3382	0.0473	0.140	0.470	0.686	10	48	0.244	0.433
Received polio immunization	-	0.6760	0.0647	0.096	0.916	0.957	10	49	0.547	0.805
Received DPT immunization	-	0.0147	0.0142	0.965	0.640	0.800	10	47	0.000	0.043
Received measles immunization	-	0.0362	0.0279	0.771	0.984	0.992	9	45	0.000	0.092
Received Hepatitis B immunization	-	0.0155	0.0149	0.963	0.657	0.811	9	46	0.000	0.045
Diarrhoea in the previous 2 weeks	-	0.2945	0.0361	0.123	1.761	1.327	59	282	0.222	0.367

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0657	0.0116	0.176	0.815	0.903	142	373	0.043	0.089
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.6749	0.0360	0.053	2.287	1.512	1129	388	0.603	0.747
Use of improved sanitation facilities	4.3	0.4078	0.0595	0.146	5.680	2.383	1129	388	0.289	0.527
Secondary school net attendance ratio (adjusted)	7.5	0.1621	0.0276	0.170	2.667	1.633	182	478	0.107	0.217
WOMEN										
Contraceptive prevalence	5.3	0.1415	0.0215	0.152	1.474	1.214	149	387	0.098	0.185
Antenatal care coverage - at least once by skilled personnel	5.5a	0.3449	0.0571	0.166	0.982	0.991	25	69	0.231	0.459
Antenatal care coverage – at least four times by any provider	5.5b	0.0408	0.0227	0.555	0.892	0.944	25	69	0.000	0.086
Skilled attendant at delivery	5.7	0.1691	0.0356	0.211	0.614	0.784	25	69	0.098	0.240
Institutional deliveries	5.8	0.1417	0.0347	0.245	0.673	0.820	25	69	0.072	0.211
Literacy rate among young women	7.1	0.1922	0.0523	0.272	3.837	1.959	82	219	0.088	0.297
UNDER-5s										
Tuberculosis immunization coverage	-	0.1871	0.0615	0.329	0.944	0.972	14	39	0.064	0.310
Received polio immunization	-	0.4616	0.0985	0.213	1.483	1.218	14	39	0.265	0.659
Received DPT immunization	-	0.0172	0.0167	0.974	0.597	0.773	13	37	0.000	0.051
Received measles immunization	-	0.1976	0.0512	0.259	0.627	0.792	14	39	0.095	0.300
Received Hepatitis B immunization	-	0.0162	0.0162	0.995	0.638	0.798	14	40	0.000	0.049
Diarrhoea in the previous 2 weeks	-	0.2357	0.0425	0.180	2.786	1.669	107	279	0.151	0.321

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0356	0.0067	0.189	0.466	0.683	273	356	0.022	0.049
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.8845	0.0249	0.028	2.184	1.478	2245	362	0.835	0.934
Use of improved sanitation facilities	4.3	0.5023	0.0775	0.154	8.677	2.946	2245	362	0.347	0.657
Secondary school net attendance ratio (adjusted)	7.5	0.1992	0.0252	0.126	1.815	1.347	363	457	0.149	0.250
WOMEN										
Contraceptive prevalence	5.3	0.1260	0.0181	0.144	1.038	1.019	282	350	0.090	0.162
Antenatal care coverage - at least once by skilled personnel	5.5a	0.3736	0.0686	0.184	1.870	1.367	79	94	0.236	0.511
Antenatal care coverage – at least four times by any provider	5.5b	0.1249	0.0286	0.229	0.696	0.834	79	94	0.068	0.182
Skilled attendant at delivery	5.7	0.3163	0.0828	0.262	2.946	1.716	79	94	0.151	0.482
Institutional deliveries	5.8	0.1704	0.0591	0.347	2.299	1.516	79	94	0.052	0.289
Literacy rate among young women	7.1	0.2841	0.0267	0.094	0.834	0.913	193	239	0.231	0.338
UNDER-5s										
Tuberculosis immunization coverage	-	0.5505	0.0668	0.121	0.993	0.996	44	56	0.417	0.684
Received polio immunization	-	0.6123	0.0773	0.126	1.385	1.177	45	56	0.458	0.767
Received DPT immunization	-	0.2205	0.0618	0.280	1.154	1.074	40	53	0.097	0.344
Received measles immunization	-	0.2755	0.0523	0.190	0.726	0.852	43	54	0.171	0.380
Received Hepatitis B immunization	-	0.1536	0.0520	0.339	0.978	0.989	38	48	0.050	0.258
Diarrhoea in the previous 2 weeks	-	0.2109	0.0182	0.086	0.633	0.796	248	318	0.174	0.247

Table D8: Sampling errors: Kalat

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

| | MICS Indicator | Value (*r*) | Standard error (*se*) | Coefficient of variation (*se/r*) | Design effect (*deff*) | Square root of design effect (*deft*) | Weighted count | Unweighted count | Confidence limits | |
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.1065	0.0148	0.139	0.958	0.979	455	416	0.077	0.136
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.8186	0.0468	0.057	6.255	2.501	3945	425	0.725	0.912
Use of improved sanitation facilities	4.3	0.5291	0.0497	0.094	4.198	2.049	3945	425	0.430	0.628
Secondary school net attendance ratio (adjusted)	7.5	0.2285	0.0284	0.124	2.222	1.491	521	488	0.172	0.285
WOMEN										
Contraceptive prevalence	5.3	0.0878	0.0124	0.141	0.851	0.922	472	445	0.063	0.113
Antenatal care coverage - at least once by skilled personnel	5.5a	0.1461	0.0471	0.322	2.008	1.417	117	114	0.052	0.240
Antenatal care coverage – at least four times by any provider	5.5b	0.0724	0.0256	0.354	1.106	1.052	117	114	0.021	0.124
Skilled attendant at delivery	5.7	0.1291	0.0373	0.289	1.399	1.183	117	114	0.054	0.204
Institutional deliveries	5.8	0.0690	0.0216	0.312	0.818	0.904	117	114	0.026	0.112
Literacy rate among young women	7.1	0.3132	0.0618	0.197	4.045	2.011	229	229	0.190	0.437
UNDER-5s										
Tuberculosis immunization coverage	-	0.1498	0.0225	0.150	0.235	0.485	70	60	0.105	0.195
Received polio immunization	-	0.4813	0.1013	0.210	2.385	1.544	69	59	0.279	0.684
Received DPT immunization	-	0.0801	0.0379	0.473	1.129	1.063	66	59	0.004	0.156
Received measles immunization	-	0.0764	0.0336	0.441	0.914	0.956	68	58	0.009	0.144
Received Hepatitis B immunization	-	0.0161	0.0039	0.243	0.056	0.237	69	59	0.008	0.024
Diarrhoea in the previous 2 weeks	-	0.2181	0.0267	0.122	1.693	1.301	428	406	0.165	0.271

Table D9: Sampling errors: Khuzdar

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits r - 2se	Confidence limits r + 2se
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0681	0.0162	0.238	2.026	1.423	867	489	0.036	0.101
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.7388	0.0480	0.065	5.884	2.426	5972	494	0.643	0.835
Use of improved sanitation facilities	4.3	0.6873	0.0498	0.072	5.684	2.384	5972	494	0.588	0.787
Secondary school net attendance ratio (adjusted)	7.5	0.0976	0.0209	0.214	2.897	1.702	1068	585	0.056	0.139
WOMEN										
Contraceptive prevalence	5.3	0.0617	0.0100	0.161	0.810	0.900	823	473	0.042	0.082
Antenatal care coverage - at least once by skilled personnel	5.5a	0.2544	0.0318	0.125	0.465	0.682	152	88	0.191	0.318
Antenatal care coverage – at least four times by any provider	5.5b	0.0381	0.0196	0.514	0.911	0.955	152	88	0.000	0.077
Skilled attendant at delivery	5.7	0.0789	0.0233	0.296	0.651	0.807	152	88	0.032	0.126
Institutional deliveries	5.8	0.0252	0.0179	0.711	1.137	1.066	152	88	0.000	0.061
Literacy rate among young women	7.1	0.1772	0.0409	0.231	3.060	1.749	437	268	0.095	0.259
UNDER-5s										
Tuberculosis immunization coverage	-	0.3046	0.0405	0.133	0.380	0.616	88	50	0.224	0.386
Received polio immunization	-	0.1429	0.0198	0.138	0.166	0.408	92	53	0.103	0.182
Received DPT immunization	-	0.0449	0.0209	0.464	0.496	0.705	88	50	0.003	0.087
Received measles immunization	-	0.2325	0.0460	0.198	0.533	0.730	81	46	0.141	0.324
Received Hepatitis B immunization	-	0.0272	0.0019	0.071	0.006	0.080	83	46	0.023	0.031
Diarrhoea in the previous 2 weeks	-	0.2175	0.0216	0.099	1.036	1.018	622	378	0.174	0.261

Table D10: Sampling errors: Awaran

Standard errors, coefficients of variation, design effects (*deft*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0070	0.0051	0.734	1.019	1.009	242	270	0.000	0.017
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.4716	0.0723	0.153	5.667	2.381	1308	271	0.327	0.616
Use of improved sanitation facilities	4.3	0.4168	0.0845	0.203	7.933	2.816	1308	271	0.248	0.586
Secondary school net attendance ratio (adjusted)	7.5	0.2452	0.0812	0.331	6.549	2.559	142	185	0.083	0.407
WOMEN										
Contraceptive prevalence	5.3	0.1856	0.0469	0.253	3.358	1.833	199	232	0.092	0.279
Antenatal care coverage - at least once by skilled personnel	5.5a	0.3054	0.0826	0.270	0.836	0.914	23	27	0.140	0.471
Antenatal care coverage – at least four times by any provider	5.5b	0.0896	0.0615	0.686	1.206	1.098	23	27	0.000	0.213
Skilled attendant at delivery	5.7	0.0266	0.0035	0.132	0.012	0.111	23	27	0.020	0.034
Institutional deliveries	5.8	0.0266	0.0035	0.132	0.012	0.111	23	27	0.020	0.034
Literacy rate among young women	7.1	0.2212	0.0826	0.374	3.924	1.981	81	100	0.056	0.386
UNDER-5s										
Tuberculosis immunization coverage	-	0.0726	0.0054	0.075	0.008	0.091	17	20	0.062	0.083
Received polio immunization	-	0.0000	0.0000	.	.	.	17	20	0.000	0.000
Received DPT immunization	-	0.0726	0.0054	0.075	0.008	0.091	17	20	0.062	0.083
Received measles immunization	-	0.1349	0.0094	0.070	0.016	0.126	18	22	0.116	0.154
Received Hepatitis B immunization	-	0.0348	0.0025	0.072	0.004	0.061	18	21	0.030	0.040
Diarrhoea in the previous 2 weeks	-	0.3592	0.0536	0.149	2.085	1.444	148	168	0.252	0.466

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.1021	0.0177	0.173	1.540	1.241	563	452	0.067	0.137
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.8877	0.0374	0.042	6.423	2.534	3544	458	0.813	0.963
Use of improved sanitation facilities	4.3	0.5756	0.0639	0.111	7.642	2.764	3544	458	0.448	0.703
Secondary school net attendance ratio (adjusted)	7.5	0.3144	0.0448	0.143	4.354	2.087	584	468	0.225	0.404
WOMEN										
Contraceptive prevalence	5.3	0.2315	0.0224	0.097	1.151	1.073	486	411	0.187	0.276
Antenatal care coverage - at least once by skilled personnel	5.5a	0.4679	0.0585	0.125	1.539	1.240	133	113	0.351	0.585
Antenatal care coverage – at least four times by any provider	5.5b	0.0845	0.0247	0.293	0.886	0.941	133	113	0.035	0.134
Skilled attendant at delivery	5.7	0.2889	0.0526	0.182	1.509	1.228	133	113	0.184	0.394
Institutional deliveries	5.8	0.2410	0.0474	0.197	1.376	1.173	133	113	0.146	0.336
Literacy rate among young women	7.1	0.3463	0.0511	0.148	3.430	1.852	357	298	0.244	0.449
UNDER-5s										
Tuberculosis immunization coverage	-	0.5703	0.0697	0.122	0.931	0.965	60	48	0.431	0.710
Received polio immunization	-	0.7950	0.0402	0.051	0.495	0.704	65	51	0.715	0.875
Received DPT immunization	-	0.3084	0.0520	0.169	0.571	0.755	56	46	0.204	0.412
Received measles immunization	-	0.6417	0.0590	0.092	0.713	0.844	61	48	0.524	0.760
Received Hepatitis B immunization	-	0.1797	0.0560	0.312	1.001	1.001	61	48	0.068	0.292
Diarrhoea in the previous 2 weeks	-	0.3011	0.0253	0.084	0.943	0.971	372	312	0.251	0.352

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.2465	0.0339	0.137	2.396	1.548	711	389	0.179	0.314
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.5739	0.0439	0.076	3.102	1.761	6322	395	0.486	0.662
Use of improved sanitation facilities	4.3	0.4871	0.0459	0.094	3.326	1.824	6322	395	0.395	0.579
Secondary school net attendance ratio (adjusted)	7.5	0.2231	0.0374	0.168	3.684	1.919	848	458	0.148	0.298
WOMEN										
Contraceptive prevalence	5.3	0.1221	0.0178	0.145	1.347	1.160	884	459	0.087	0.158
Antenatal care coverage - at least once by skilled personnel	5.5a	0.3733	0.0628	0.168	2.093	1.447	241	125	0.248	0.499
Antenatal care coverage – at least four times by any provider	5.5b	0.1408	0.0380	0.270	1.480	1.216	241	125	0.065	0.217
Skilled attendant at delivery	5.7	0.3090	0.0513	0.166	1.527	1.236	241	125	0.206	0.412
Institutional deliveries	5.8	0.2676	0.0448	0.167	1.270	1.127	241	125	0.178	0.357
Literacy rate among young women	7.1	0.3245	0.0686	0.212	5.417	2.327	489	253	0.187	0.462
UNDER-5s										
Tuberculosis immunization coverage	-	0.4308	0.0958	0.222	2.433	1.560	129	66	0.239	0.622
Received polio immunization	-	0.5216	0.0887	0.170	2.051	1.432	131	66	0.344	0.699
Received DPT immunization	-	0.1862	0.0582	0.312	1.519	1.232	134	69	0.070	0.303
Received measles immunization	-	0.2130	0.0907	0.426	3.139	1.772	126	65	0.032	0.394
Received Hepatitis B immunization	-	0.0549	0.0269	0.490	0.908	0.953	129	66	0.001	0.109
Diarrhoea in the previous 2 weeks	-	0.1316	0.0126	0.096	0.579	0.761	810	417	0.106	0.157

Table D13: Sampling errors: Naseerabad

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0647	0.0152	0.235	1.403	1.185	427	368	0.034	0.095
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.1593	0.0450	0.282	5.543	2.354	3560	368	0.069	0.249
Use of improved sanitation facilities	4.3	0.4127	0.0305	0.074	1.410	1.187	3560	368	0.352	0.474
Secondary school net attendance ratio (adjusted)	7.5	0.1692	0.0281	0.166	2.879	1.697	615	512	0.113	0.226
WOMEN										
Contraceptive prevalence	5.3	0.2099	0.0227	0.108	1.328	1.152	494	429	0.165	0.255
Antenatal care coverage - at least once by skilled personnel	5.5a	0.2996	0.0446	0.149	1.022	1.011	130	109	0.211	0.389
Antenatal care coverage – at least four times by any provider	5.5b	0.1120	0.0305	0.273	1.012	1.006	130	109	0.051	0.173
Skilled attendant at delivery	5.7	0.2174	0.0363	0.167	0.838	0.915	130	109	0.145	0.290
Institutional deliveries	5.8	0.1971	0.0378	0.192	0.974	0.987	130	109	0.122	0.273
Literacy rate among young women	7.1	0.1436	0.0286	0.199	2.108	1.452	381	318	0.086	0.201
UNDER-5s										
Tuberculosis immunization coverage	-	0.4887	0.0477	0.098	0.556	0.746	78	62	0.393	0.584
Received polio immunization	-	0.6427	0.0763	0.119	1.497	1.223	75	60	0.490	0.795
Received DPT immunization	-	0.1933	0.0430	0.222	0.675	0.822	73	58	0.107	0.279
Received measles immunization	-	0.2361	0.0438	0.186	0.606	0.779	73	58	0.149	0.324
Received Hepatitis B immunization	-	0.1495	0.0422	0.283	0.786	0.887	72	57	0.065	0.234
Diarrhoea in the previous 2 weeks	-	0.3818	0.0354	0.093	1.838	1.356	411	348	0.311	0.452

Table D14: Sampling errors: Jhal Magsi

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deff*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deff*)	Weighted count	Unweighted count	Confidence limits *r - 2se*	Confidence limits *r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0363	0.0100	0.275	0.854	0.924	185	301	0.016	0.056
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.2351	0.0408	0.174	2.842	1.686	1472	308	0.154	0.317
Use of improved sanitation facilities	4.3	0.4349	0.0350	0.080	1.530	1.237	1472	308	0.365	0.505
Secondary school net attendance ratio (adjusted)	7.5	0.1747	0.0205	0.117	1.136	1.066	243	390	0.134	0.216
WOMEN										
Contraceptive prevalence	5.3	0.2004	0.0180	0.090	0.603	0.776	188	300	0.164	0.236
Antenatal care coverage - at least once by skilled personnel	5.5a	0.3200	0.0840	0.263	1.168	1.081	23	37	0.152	0.488
Antenatal care coverage – at least four times by any provider	5.5b	0.0610	0.0420	0.689	1.110	1.053	23	37	0.000	0.145
Skilled attendant at delivery	5.7	0.0937	0.0365	0.390	0.565	0.752	23	37	0.021	0.167
Institutional deliveries	5.8	0.0937	0.0365	0.390	0.565	0.752	23	37	0.021	0.167
Literacy rate among young women	7.1	0.1439	0.0309	0.214	1.616	1.271	136	210	0.082	0.206
UNDER-5s										
Tuberculosis immunization coverage	-	0.5571	0.1116	0.200	1.061	1.030	15	22	0.334	0.780
Received polio immunization	-	0.7551	0.0637	0.084	0.526	0.725	16	25	0.628	0.882
Received DPT immunization	-	0.3590	0.0966	0.269	0.812	0.901	13	21	0.166	0.552
Received measles immunization	-	0.2574	0.1075	0.418	1.088	1.043	12	19	0.042	0.472
Received Hepatitis B immunization	-	0.2573	0.1236	0.480	1.519	1.233	13	20	0.010	0.505
Diarrhoea in the previous 2 weeks	-	0.3797	0.0454	0.120	1.582	1.258	114	182	0.289	0.470

Table D15: Sampling errors: Bolan

Standard errors, coefficients of variation, design effects (*deft*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deft)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0298	0.0066	0.223	0.658	0.811	511	432	0.017	0.043
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.4477	0.0617	0.138	6.659	2.581	3788	434	0.324	0.571
Use of improved sanitation facilities	4.3	0.5323	0.0545	0.102	5.163	2.272	3788	434	0.423	0.641
Secondary school net attendance ratio (adjusted)	7.5	0.2071	0.0207	0.100	1.258	1.122	564	483	0.166	0.248
WOMEN										
Contraceptive prevalence	5.3	0.0886	0.0226	0.255	2.937	1.714	548	465	0.043	0.134
Antenatal care coverage - at least once by skilled personnel	5.5a	0.2879	0.0800	0.278	2.374	1.541	82	77	0.128	0.448
Antenatal care coverage – at least four times by any provider	5.5b	0.0529	0.0234	0.442	0.832	0.912	82	77	0.006	0.100
Skilled attendant at delivery	5.7	0.2095	0.0590	0.282	1.598	1.264	82	77	0.091	0.327
Institutional deliveries	5.8	0.1401	0.0332	0.237	0.694	0.833	82	77	0.074	0.206
Literacy rate among young women	7.1	0.2066	0.0424	0.205	3.318	1.822	362	304	0.122	0.291
UNDER-5s										
Tuberculosis immunization coverage	-	0.4484	0.1198	0.267	2.610	1.616	54	46	0.209	0.688
Received polio immunization	-	0.5398	0.0888	0.164	1.459	1.208	55	47	0.362	0.717
Received DPT immunization	-	0.2986	0.1137	0.381	2.652	1.629	52	44	0.071	0.526
Received measles immunization	-	0.1874	0.0769	0.410	1.669	1.292	52	44	0.034	0.341
Received Hepatitis B immunization	-	0.1044	0.0633	0.606	1.757	1.326	50	42	0.000	0.231
Diarrhoea in the previous 2 weeks	-	0.2185	0.0238	0.109	1.155	1.075	408	348	0.171	0.266

Standard errors, coefficients of variation, design effects (*deft*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.1805	0.0306	0.169	2.478	1.574	157	393	0.119	0.242
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.7968	0.0638	0.080	9.994	3.161	1187	399	0.669	0.924
Use of improved sanitation facilities	4.3	0.7440	0.0425	0.057	3.780	1.944	1187	399	0.659	0.829
Secondary school net attendance ratio (adjusted)	7.5	0.3770	0.0394	0.104	2.938	1.714	182	446	0.298	0.456
WOMEN										
Contraceptive prevalence	5.3	0.1522	0.0315	0.207	2.831	1.682	153	369	0.089	0.215
Antenatal care coverage - at least once by skilled personnel	5.5a	0.5385	0.0636	0.118	1.319	1.148	35	82	0.411	0.666
Antenatal care coverage – at least four times by any provider	5.5b	0.2555	0.0518	0.203	1.141	1.068	35	82	0.152	0.359
Skilled attendant at delivery	5.7	0.4704	0.0633	0.135	1.302	1.141	35	82	0.344	0.597
Institutional deliveries	5.8	0.4563	0.0593	0.130	1.149	1.072	35	82	0.338	0.575
Literacy rate among young women	7.1	0.4634	0.0587	0.127	2.961	1.721	89	215	0.346	0.581
UNDER-5s										
Tuberculosis immunization coverage	-	0.3661	0.0661	0.180	0.903	0.950	21	49	0.234	0.498
Received polio immunization	-	0.5647	0.0577	0.102	0.704	0.839	23	53	0.449	0.680
Received DPT immunization	-	0.1871	0.0297	0.159	0.278	0.527	21	49	0.128	0.246
Received measles immunization	-	0.3227	0.0603	0.187	0.765	0.874	20	47	0.202	0.443
Received Hepatitis B immunization	-	0.1511	0.0473	0.313	0.804	0.896	20	47	0.056	0.246
Diarrhoea in the previous 2 weeks	-	0.2225	0.0276	0.124	1.279	1.131	127	292	0.167	0.278

Table D17: Sampling errors: Dera Bugti

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deff*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deff*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0000	0.0000	.	.	.	342	304	0.000	0.000
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.8294	0.0290	0.035	1.809	1.345	2861	306	0.771	0.887
Use of improved sanitation facilities	4.3	0.7501	0.0409	0.055	2.721	1.649	2861	306	0.668	0.832
Secondary school net attendance ratio (adjusted)	7.5	0.2306	0.0129	0.056	0.383	0.619	458	408	0.205	0.256
WOMEN										
Contraceptive prevalence	5.3	0.0028	0.0029	1.058	0.789	0.888	271	255	0.000	0.009
Antenatal care coverage - at least once by skilled personnel	5.5a	0.2255	0.1236	0.548	2.098	1.448	28	25	0.000	0.473
Antenatal care coverage – at least four times by any provider	5.5b	0.0381	0.0393	1.033	1.012	1.006	28	25	0.000	0.117
Skilled attendant at delivery	5.7	0.1369	0.0729	0.533	1.081	1.040	28	25	0.000	0.283
Institutional deliveries	5.8	0.0989	0.0628	0.635	1.063	1.031	28	25	0.000	0.225
Literacy rate among young women	7.1	0.0782	0.0569	0.727	1.660	1.288	39	38	0.000	0.192
UNDER-5s										
Tuberculosis immunization coverage	-	0.0000	0.0000	.	.	.	28	24	0.000	0.000
Received polio immunization	-	0.0000	0.0000	.	.	.	28	24	0.000	0.000
Received DPT immunization	-	0.0000	0.0000	.	.	.	28	24	0.000	0.000
Received measles immunization	-	0.0000	0.0000	.	.	.	28	24	0.000	0.000
Received Hepatitis B immunization	-	0.0000	0.0000	.	.	.	28	24	0.000	0.000
Diarrhoea in the previous 2 weeks	-	0.5294	0.0333	0.063	1.089	1.044	258	246	0.463	0.596

Table D18: Sampling errors: Noshki

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.1927	0.0366	0.190	2.500	1.581	155	291	0.119	0.266
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.8908	0.0473	0.053	7.064	2.658	1180	308	0.796	0.985
Use of improved sanitation facilities	4.3	0.5679	0.0530	0.093	3.509	1.873	1180	308	0.462	0.674
Secondary school net attendance ratio (adjusted)	7.5	0.2128	0.0418	0.196	3.536	1.880	180	340	0.129	0.296
WOMEN										
Contraceptive prevalence	5.3	0.0682	0.0175	0.257	0.881	0.939	112	184	0.033	0.103
Antenatal care coverage - at least once by skilled personnel	5.5a	0.3276	0.1170	0.357	2.423	1.557	27	40	0.094	0.562
Antenatal care coverage – at least four times by any provider	5.5b	0.1482	0.0431	0.291	0.575	0.758	27	40	0.062	0.234
Skilled attendant at delivery	5.7	0.2651	0.1122	0.423	2.519	1.587	27	40	0.041	0.489
Institutional deliveries	5.8	0.1442	0.0622	0.431	1.221	1.105	27	40	0.020	0.269
Literacy rate among young women	7.1	0.3033	0.0608	0.200	3.096	1.760	106	178	0.182	0.425
UNDER-5s										
Tuberculosis immunization coverage	-	0.2541	0.1094	0.430	1.010	1.005	13	17	0.035	0.473
Received polio immunization	-	0.3332	0.0629	0.189	0.303	0.550	13	18	0.207	0.459
Received DPT immunization	-	0.0588	0.0051	0.087	0.008	0.087	13	17	0.049	0.069
Received measles immunization	-	0.2566	0.1034	0.403	0.952	0.976	13	18	0.050	0.463
Received Hepatitis B immunization	-	0.0588	0.0051	0.087	0.008	0.087	13	17	0.049	0.069
Diarrhoea in the previous 2 weeks	-	0.0657	0.0240	0.366	1.252	1.119	104	134	0.018	0.114

Table D19: Sampling errors: Chagai

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.1476	0.0360	0.244	3.160	1.778	194	308	0.076	0.220
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.6660	0.0462	0.069	3.022	1.739	1373	316	0.574	0.758
Use of improved sanitation facilities	4.3	0.4468	0.0507	0.113	3.274	1.809	1373	316	0.345	0.548
Secondary school net attendance ratio (adjusted)	7.5	0.2014	0.0417	0.207	3.395	1.843	203	315	0.118	0.285
WOMEN										
Contraceptive prevalence	5.3	0.1073	0.0275	0.256	1.850	1.360	149	235	0.052	0.162
Antenatal care coverage - at least once by skilled personnel	5.5a	0.1883	0.0386	0.205	0.743	0.862	51	77	0.111	0.266
Antenatal care coverage – at least four times by any provider	5.5b	0.0110	0.0115	1.049	0.930	0.964	51	77	0.000	0.034
Skilled attendant at delivery	5.7	0.0110	0.0115	1.049	0.930	0.964	51	77	0.000	0.034
Institutional deliveries	5.8	0.0220	0.0231	1.049	1.880	1.371	51	77	0.000	0.068
Literacy rate among young women	7.1	0.2564	0.0547	0.213	3.630	1.905	145	232	0.147	0.366
UNDER-5s										
Tuberculosis immunization coverage	-	0.3410	0.0653	0.191	0.930	0.964	33	50	0.210	0.472
Received polio immunization	-	0.4619	0.0802	0.174	1.268	1.126	33	50	0.302	0.622
Received DPT immunization	-	0.1430	0.0546	0.382	1.143	1.069	31	48	0.034	0.252
Received measles immunization	-	0.2667	0.0599	0.225	0.880	0.938	32	49	0.147	0.386
Received Hepatitis B immunization	-	0.0235	0.0229	0.978	1.034	1.017	30	46	0.000	0.069
Diarrhoea in the previous 2 weeks	-	0.1634	0.0313	0.192	2.032	1.426	180	284	0.101	0.226

Table D20: Sampling errors: Kharan

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0517	0.0179	0.346	2.411	1.553	258	371	0.016	0.087
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.8785	0.0386	0.044	5.408	2.325	1804	388	0.801	0.956
Use of improved sanitation facilities	4.3	0.5394	0.0630	0.117	6.174	2.485	1804	388	0.414	0.665
Secondary school net attendance ratio (adjusted)	7.5	0.1611	0.0281	0.175	2.222	1.490	245	380	0.105	0.217
WOMEN										
Contraceptive prevalence	5.3	0.0885	0.0148	0.167	0.897	0.947	222	333	0.059	0.118
Antenatal care coverage - at least once by skilled personnel	5.5a	0.2451	0.0628	0.256	1.705	1.306	53	81	0.119	0.371
Antenatal care coverage – at least four times by any provider	5.5b	0.0824	0.0313	0.379	1.035	1.017	53	81	0.020	0.145
Skilled attendant at delivery	5.7	0.1317	0.0426	0.323	1.268	1.126	53	81	0.047	0.217
Institutional deliveries	5.8	0.1001	0.0460	0.460	1.880	1.371	53	81	0.008	0.192
Literacy rate among young women	7.1	0.1832	0.0272	0.148	0.955	0.977	132	194	0.129	0.238
UNDER-5s										
Tuberculosis immunization coverage	-	0.3866	0.0674	0.174	0.861	0.928	31	46	0.252	0.521
Received polio immunization	-	0.3254	0.0350	0.108	0.240	0.490	30	44	0.255	0.395
Received DPT immunization	-	0.1246	0.0435	0.349	0.780	0.883	31	46	0.038	0.212
Received measles immunization	-	0.1797	0.0572	0.318	0.976	0.988	30	45	0.065	0.294
Received Hepatitis B immunization	-	0.0704	0.0415	0.590	1.187	1.089	31	46	0.000	0.153
Diarrhoea in the previous 2 weeks	-	0.1345	0.0329	0.245	2.496	1.580	175	269	0.069	0.200

Table D21: Sampling errors: Washuk

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deff*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deff*)	Weighted count	Unweighted count	Confidence limits *r - 2se*	Confidence limits *r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0720	0.0116	0.162	0.735	0.857	133	364	0.049	0.095
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.8176	0.0602	0.074	9.272	3.045	693	382	0.697	0.938
Use of improved sanitation facilities	4.3	0.6529	0.0407	0.062	2.790	1.670	693	382	0.571	0.734
Secondary school net attendance ratio (adjusted)	7.5	0.1323	0.0380	0.287	2.661	1.631	74	213	0.056	0.208
WOMEN										
Contraceptive prevalence	5.3	0.0495	0.0133	0.270	1.059	1.029	102	281	0.023	0.076
Antenatal care coverage - at least once by skilled personnel	5.5a	0.2853	0.0507	0.178	0.252	0.502	7	21	0.184	0.387
Antenatal care coverage – at least four times by any provider	5.5b	0.0648	0.0239	0.369	0.188	0.434	7	21	0.017	0.113
Skilled attendant at delivery	5.7	0.1079	0.0147	0.136	0.045	0.212	7	21	0.079	0.137
Institutional deliveries	5.8	0.1079	0.0147	0.136	0.045	0.212	7	21	0.079	0.137
Literacy rate among young women	7.1	0.1158	0.0535	0.462	3.103	1.762	41	112	0.009	0.223
UNDER-5s										
Tuberculosis immunization coverage	-	0.3046	0.0000	0.000	0.000	0.000	4	11	0.305	0.305
Received polio immunization	-	0.4959	0.0000	0.000	0.000	0.000	4	11	0.496	0.496
Received DPT immunization	-	0.0000	0.0000	.	.	.	4	11	0.000	0.000
Received measles immunization	-	0.2271	0.0000	0.000	0.000	0.000	3	9	0.227	0.227
Received Hepatitis B immunization	-	0.0000	0.0000	.	.	.	4	10	0.000	0.000
Diarrhoea in the previous 2 weeks	-	0.1711	0.0328	0.191	1.211	1.100	61	161	0.106	0.237

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators,
Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deff*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0291	0.0065	0.225	0.521	0.722	363	345	0.016	0.042
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.7375	0.0154	0.021	0.439	0.663	2615	358	0.707	0.768
Use of improved sanitation facilities	4.3	0.8180	0.0422	0.052	4.263	2.065	2615	358	0.734	0.902
Secondary school net attendance ratio (adjusted)	7.5	0.4752	0.0466	0.098	3.869	1.967	451	445	0.382	0.568
WOMEN										
Contraceptive prevalence	5.3	0.1655	0.0187	0.113	0.727	0.853	287	289	0.128	0.203
Antenatal care coverage - at least once by skilled personnel	5.5a	0.2259	0.0272	0.120	0.038	0.195	10	10	0.172	0.280
Antenatal care coverage – at least four times by any provider	5.5b	0.5188	0.1545	0.298	0.860	0.928	10	10	0.210	0.828
Skilled attendant at delivery	5.7	0.2259	0.0272	0.120	0.038	0.195	10	10	0.172	0.280
Institutional deliveries	5.8	0.1250	0.0150	0.120	0.019	0.137	10	10	0.095	0.155
Literacy rate among young women	7.1	0.6892	0.0583	0.085	2.203	1.484	137	140	0.573	0.806
UNDER-5s										
Tuberculosis immunization coverage	-	0.0000	0.0000	.	.	.	5	5	0.000	0.000
Received polio immunization	-	0.0000	0.0000	.	.	.	5	5	0.000	0.000
Received DPT immunization	-	0.0000	0.0000	.	.	.	5	5	0.000	0.000
Received measles immunization	-	0.0000	0.0000	.	.	.	5	5	0.000	0.000
Received Hepatitis B immunization	-	0.0000	0.0000	.	.	.	5	5	0.000	0.000
Diarrhoea in the previous 2 weeks	-	0.3019	0.0300	0.099	0.558	0.747	130	132	0.242	0.362

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.3726	0.0252	0.068	1.154	1.074	846	425	0.322	0.423
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.8885	0.0196	0.022	1.647	1.283	6378	426	0.849	0.928
Use of improved sanitation facilities	4.3	0.8614	0.0268	0.031	2.558	1.599	6378	426	0.808	0.915
Secondary school net attendance ratio (adjusted)	7.5	0.6311	0.0233	0.037	1.450	1.204	1267	625	0.585	0.678
WOMEN										
Contraceptive prevalence	5.3	0.3619	0.0281	0.078	1.453	1.206	791	427	0.306	0.418
Antenatal care coverage - at least once by skilled personnel	5.5a	0.6438	0.0651	0.101	1.478	1.216	147	81	0.514	0.774
Antenatal care coverage – at least four times by any provider	5.5b	0.0896	0.0257	0.287	0.649	0.806	147	81	0.038	0.141
Skilled attendant at delivery	5.7	0.6188	0.0477	0.077	0.773	0.879	147	81	0.523	0.714
Institutional deliveries	5.8	0.4631	0.0591	0.128	1.123	1.060	147	81	0.345	0.581
Literacy rate among young women	7.1	0.7601	0.0325	0.043	1.525	1.235	477	265	0.695	0.825
UNDER-5s										
Tuberculosis immunization coverage	-	0.8210	0.0589	0.072	1.017	1.008	85	44	0.703	0.939
Received polio immunization	-	0.3146	0.0923	0.293	1.579	1.257	81	41	0.130	0.499
Received DPT immunization	-	0.2610	0.0699	0.268	0.988	0.994	79	40	0.121	0.401
Received measles immunization	-	0.6231	0.1010	0.162	1.782	1.335	83	42	0.421	0.825
Received Hepatitis B immunization	-	0.1199	0.0622	0.519	1.321	1.149	75	37	0.000	0.244
Diarrhoea in the previous 2 weeks	-	0.1758	0.0239	0.136	1.410	1.187	670	358	0.128	0.224

Table D24: Sampling errors: Gawader

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits *r - 2se*	Confidence limits *r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.1632	0.0233	0.143	1.356	1.165	315	342	0.117	0.210
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.7339	0.0426	0.058	3.173	1.781	2048	343	0.649	0.819
Use of improved sanitation facilities	4.3	0.6495	0.0513	0.079	3.955	1.989	2048	343	0.547	0.752
Secondary school net attendance ratio (adjusted)	7.5	0.3623	0.0241	0.066	0.933	0.966	338	373	0.314	0.410
WOMEN										
Contraceptive prevalence	5.3	0.1875	0.0193	0.103	0.707	0.841	259	289	0.149	0.226
Antenatal care coverage - at least once by skilled personnel	5.5a	0.4424	0.0297	0.067	0.190	0.436	49	54	0.383	0.502
Antenatal care coverage – at least four times by any provider	5.5b	0.1185	0.0418	0.353	0.888	0.942	49	54	0.035	0.202
Skilled attendant at delivery	5.7	0.1665	0.0418	0.251	0.667	0.817	49	54	0.083	0.250
Institutional deliveries	5.8	0.1665	0.0418	0.251	0.667	0.817	49	54	0.083	0.250
Literacy rate among young women	7.1	0.5291	0.0433	0.082	1.629	1.276	184	217	0.442	0.616
UNDER-5s										
Tuberculosis immunization coverage	-	0.8024	0.0397	0.049	0.179	0.423	18	19	0.723	0.882
Received polio immunization	-	0.7056	0.0419	0.059	0.152	0.390	18	19	0.622	0.789
Received DPT immunization	-	0.6363	0.0380	0.060	0.112	0.335	18	19	0.560	0.712
Received measles immunization	-	0.7805	0.0401	0.051	0.169	0.411	18	19	0.700	0.861
Received Hepatitis B immunization	-	0.5045	0.0644	0.128	0.282	0.531	17	18	0.376	0.633
Diarrhoea in the previous 2 weeks	-	0.3302	0.0215	0.065	0.441	0.664	183	212	0.287	0.373

Table D25: Sampling errors: Qilla Saifullah

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deff*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deff*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0490	0.0135	0.276	1.344	1.159	276	343	0.022	0.076
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.7997	0.0535	0.067	6.425	2.535	2774	360	0.693	0.907
Use of improved sanitation facilities	4.3	0.2341	0.0444	0.190	3.953	1.988	2774	360	0.145	0.323
Secondary school net attendance ratio (adjusted)	7.5	0.1168	0.0182	0.155	1.726	1.314	419	541	0.080	0.153
WOMEN										
Contraceptive prevalence	5.3	0.0299	0.0081	0.272	1.092	1.045	373	481	0.014	0.046
Antenatal care coverage - at least once by skilled personnel	5.5a	0.3390	0.0569	0.168	2.092	1.446	114	146	0.225	0.453
Antenatal care coverage – at least four times by any provider	5.5b	0.0264	0.0098	0.371	0.542	0.736	114	146	0.007	0.046
Skilled attendant at delivery	5.7	0.1695	0.0330	0.195	1.124	1.060	114	146	0.103	0.236
Institutional deliveries	5.8	0.1683	0.0339	0.201	1.191	1.091	114	146	0.100	0.236
Literacy rate among young women	7.1	0.1248	0.0271	0.217	2.038	1.427	233	304	0.071	0.179
UNDER-5s										
Tuberculosis immunization coverage	-	0.2216	0.0622	0.280	1.545	1.243	53	70	0.097	0.346
Received polio immunization	-	0.6243	0.1001	0.160	3.201	1.789	57	76	0.424	0.824
Received DPT immunization	-	0.0161	0.0155	0.964	1.032	1.016	52	69	0.000	0.047
Received measles immunization	-	0.1880	0.0666	0.354	1.949	1.396	50	68	0.055	0.321
Received Hepatitis B immunization	-	0.0167	0.0161	0.963	1.042	1.021	50	67	0.000	0.049
Diarrhoea in the previous 2 weeks	-	0.3007	0.0335	0.111	2.671	1.634	386	503	0.234	0.368

Table D26: Sampling errors: Zhob

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0230	0.0073	0.319	0.934	0.967	308	391	0.008	0.038
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.6990	0.0558	0.080	5.795	2.407	2763	392	0.587	0.811
Use of improved sanitation facilities	4.3	0.5025	0.0446	0.089	3.105	1.762	2763	392	0.413	0.592
Secondary school net attendance ratio (adjusted)	7.5	0.1835	0.0212	0.115	1.495	1.223	417	501	0.141	0.226
WOMEN										
Contraceptive prevalence	5.3	0.0074	0.0036	0.481	0.750	0.866	315	436	0.000	0.015
Antenatal care coverage - at least once by skilled personnel	5.5a	0.4568	0.0270	0.059	0.244	0.494	61	84	0.403	0.511
Antenatal care coverage – at least four times by any provider	5.5b	0.0394	0.0142	0.361	0.443	0.666	61	84	0.011	0.068
Skilled attendant at delivery	5.7	0.3217	0.0149	0.046	0.085	0.291	61	84	0.292	0.352
Institutional deliveries	5.8	0.0980	0.0068	0.070	0.044	0.209	61	84	0.084	0.112
Literacy rate among young women	7.1	0.1742	0.0353	0.203	2.531	1.591	221	293	0.104	0.245
UNDER-5s										
Tuberculosis immunization coverage	-	0.3111	0.0677	0.218	1.413	1.189	48	67	0.176	0.447
Received polio immunization	-	0.6012	0.0730	0.121	0.578	0.760	19	27	0.455	0.747
Received DPT immunization	-	0.0862	0.0632	0.733	2.840	1.685	41	57	0.000	0.213
Received measles immunization	-	0.0916	0.0443	0.483	1.225	1.107	38	53	0.003	0.180
Received Hepatitis B immunization	-	0.0458	0.0351	0.767	1.498	1.224	39	54	0.000	0.116
Diarrhoea in the previous 2 weeks	-	0.0932	0.0164	0.176	1.805	1.343	398	565	0.060	0.126

Table D27: Sampling errors: Sherani

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0578	0.0148	0.256	1.259	1.122	139	313	0.028	0.087
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.6118	0.0347	0.057	1.664	1.290	1028	329	0.542	0.681
Use of improved sanitation facilities	4.3	0.3944	0.0427	0.108	2.504	1.582	1028	329	0.309	0.480
Secondary school net attendance ratio (adjusted)	7.5	0.1284	0.0280	0.218	2.393	1.547	150	343	0.072	0.184
WOMEN										
Contraceptive prevalence	5.3	0.0570	0.0136	0.238	0.928	0.963	114	272	0.030	0.084
Antenatal care coverage - at least once by skilled personnel	5.5a	0.2818	0.1055	0.374	0.715	0.846	6	14	0.071	0.493
Antenatal care coverage – at least four times by any provider	5.5b	0.0000	0.0000	.	.	.	6	14	0.000	0.000
Skilled attendant at delivery	5.7	0.2338	0.1040	0.445	0.785	0.886	6	14	0.026	0.442
Institutional deliveries	5.8	0.1338	0.1010	0.755	1.144	1.069	6	14	0.000	0.336
Literacy rate among young women	7.1	0.0690	0.0144	0.209	0.479	0.692	67	149	0.040	0.098
UNDER-5s										
Tuberculosis immunization coverage	-	0.0460	0.0059	0.128	0.021	0.144	12	27	0.034	0.058
Received polio immunization	-	0.0775	0.0524	0.676	0.960	0.980	12	26	0.000	0.182
Received DPT immunization	-	0.0000	0.0000	.	.	.	12	27	0.000	0.000
Received measles immunization	-	0.0245	0.0032	0.128	0.011	0.104	12	27	0.018	0.031
Received Hepatitis B immunization	-	0.0000	0.0000	.	.	.	12	27	0.000	0.000
Diarrhoea in the previous 2 weeks	-	0.1336	0.0451	0.338	3.706	1.925	89	212	0.043	0.224

Table D28: Sampling errors: Musakhail

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits *r - 2se*	Confidence limits *r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0026	0.0026	1.002	1.006	1.003	201	384	0.000	0.008
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.4638	0.0878	0.189	11.907	3.451	1426	385	0.288	0.639
Use of improved sanitation facilities	4.3	0.2664	0.0741	0.278	10.780	3.283	1426	385	0.118	0.415
Secondary school net attendance ratio (adjusted)	7.5	0.1500	0.0211	0.141	1.209	1.099	179	346	0.108	0.192
WOMEN										
Contraceptive prevalence	5.3	0.0160	0.0089	0.559	2.137	1.462	202	422	0.000	0.034
Antenatal care coverage - at least once by skilled personnel	5.5a	0.0000	0.0000	.	.	.	15	43	0.000	0.000
Antenatal care coverage – at least four times by any provider	5.5b	0.0000	0.0000	.	.	.	15	43	0.000	0.000
Skilled attendant at delivery	5.7	0.0147	0.0149	1.014	0.643	0.802	15	43	0.000	0.044
Institutional deliveries	5.8	0.0147	0.0149	1.014	0.643	0.802	15	43	0.000	0.044
Literacy rate among young women	7.1	0.1625	0.0369	0.227	1.499	1.225	70	151	0.089	0.236
UNDER-5s										
Tuberculosis immunization coverage	-	0.0000	0.0000	.	.	.	20	45	0.000	0.000
Received polio immunization	-	0.5608	0.1742	0.311	1.724	1.313	7	15	0.212	0.909
Received DPT immunization	-	0.0000	0.0000	.	.	.	21	47	0.000	0.000
Received measles immunization	-	0.0118	0.0014	0.122	0.008	0.089	20	45	0.009	0.015
Received Hepatitis B immunization	-	0.0000	0.0000	.	.	.	21	47	0.000	0.000
Diarrhoea in the previous 2 weeks	-	0.0146	0.0083	0.566	1.639	1.280	159	346	0.000	0.031

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0511	0.0095	0.186	0.793	0.891	520	427	0.032	0.070
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.6254	0.0472	0.075	4.205	2.050	4044	444	0.531	0.720
Use of improved sanitation facilities	4.3	0.4647	0.0381	0.082	2.583	1.607	4044	444	0.389	0.541
Secondary school net attendance ratio (adjusted)	7.5	0.1458	0.0217	0.149	1.969	1.403	604	522	0.102	0.189
WOMEN										
Contraceptive prevalence	5.3	0.0497	0.0072	0.145	0.463	0.681	485	422	0.035	0.064
Antenatal care coverage - at least once by skilled personnel	5.5a	0.2678	0.0858	0.320	2.215	1.488	71	60	0.096	0.439
Antenatal care coverage – at least four times by any provider	5.5b	0.0119	0.0111	0.930	0.616	0.785	71	60	0.000	0.034
Skilled attendant at delivery	5.7	0.3115	0.0765	0.245	1.608	1.268	71	60	0.159	0.464
Institutional deliveries	5.8	0.1817	0.0464	0.255	0.855	0.925	71	60	0.089	0.275
Literacy rate among young women	7.1	0.1839	0.0240	0.130	1.044	1.022	279	274	0.136	0.232
UNDER-5s										
Tuberculosis immunization coverage	-	0.1809	0.0276	0.153	0.216	0.465	43	43	0.126	0.236
Received polio immunization	-	0.2798	0.0636	0.227	0.662	0.813	36	34	0.153	0.407
Received DPT immunization	-	0.0338	0.0033	0.098	0.014	0.117	41	42	0.027	0.040
Received measles immunization	-	0.2098	0.0274	0.130	0.190	0.435	43	43	0.155	0.264
Received Hepatitis B immunization	-	0.0000	0.0000	.	.	.	40	40	0.000	0.000
Diarrhoea in the previous 2 weeks	-	0.0811	0.0109	0.134	0.582	0.763	431	367	0.059	0.103

Table D30: Sampling errors: Barkhan

Standard errors, coefficients of variation, design effects (*deft*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits *r - 2se*	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0235	0.0087	0.371	1.092	1.045	184	330	0.006	0.041
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.8204	0.0332	0.040	2.583	1.607	1395	346	0.754	0.887
Use of improved sanitation facilities	4.3	0.6215	0.0554	0.089	4.503	2.122	1395	346	0.511	0.732
Secondary school net attendance ratio (adjusted)	7.5	0.3176	0.0410	0.129	2.840	1.685	211	368	0.236	0.400
WOMEN										
Contraceptive prevalence	5.3	0.0240	0.0076	0.317	0.818	0.904	175	331	0.009	0.039
Antenatal care coverage - at least once by skilled personnel	5.5a	0.2038	0.0536	0.263	0.655	0.809	19	38	0.097	0.311
Antenatal care coverage – at least four times by any provider	5.5b	0.0000	0.0000	.	.	.	19	38	0.000	0.000
Skilled attendant at delivery	5.7	0.0652	0.0419	0.642	1.064	1.031	19	38	0.000	0.149
Institutional deliveries	5.8	0.0652	0.0419	0.642	1.064	1.031	19	38	0.000	0.149
Literacy rate among young women	7.1	0.2208	0.0555	0.251	3.082	1.756	92	173	0.110	0.332
UNDER-5s										
Tuberculosis immunization coverage	-	0.0496	0.0085	0.172	0.051	0.225	16	34	0.033	0.067
Received polio immunization	-	0.3417	0.0795	0.233	0.927	0.963	16	34	0.183	0.501
Received DPT immunization	-	0.0000	0.0000	.	.	.	16	34	0.000	0.000
Received measles immunization	-	0.0347	0.0060	0.172	0.035	0.187	16	34	0.023	0.047
Received Hepatitis B immunization	-	0.0000	0.0000	.	.	.	16	33	0.000	0.000
Diarrhoea in the previous 2 weeks	-	0.3227	0.0202	0.062	0.528	0.727	146	285	0.282	0.363

Table D31: Sampling errors: Kohlu

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Balochistan Province, Pakistan, 2010

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deff*)	Weighted count	Unweighted count	Confidence limits *r - 2se*	Confidence limits *r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.0131	0.0067	0.513	1.158	1.076	281	331	0.000	0.027
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.7611	0.0302	0.040	1.654	1.286	2395	331	0.701	0.821
Use of improved sanitation facilities	4.3	0.7291	0.0466	0.064	3.623	1.903	2395	331	0.636	0.822
Secondary school net attendance ratio (adjusted)	7.5	0.3708	0.0210	0.057	0.659	0.812	342	349	0.329	0.413
WOMEN										
Contraceptive prevalence	5.3	0.0260	0.0111	0.427	1.570	1.253	265	323	0.004	0.048
Antenatal care coverage - at least once by skilled personnel	5.5a	0.6859	0.0985	0.144	2.839	1.685	59	64	0.489	0.883
Antenatal care coverage – at least four times by any provider	5.5b	0.1408	0.0653	0.464	2.220	1.490	59	64	0.010	0.271
Skilled attendant at delivery	5.7	0.0229	0.0113	0.497	0.363	0.603	59	64	0.000	0.046
Institutional deliveries	5.8	0.0281	0.0147	0.523	0.498	0.705	59	64	0.000	0.057
Literacy rate among young women	7.1	0.1166	0.0718	0.615	4.399	2.097	80	89	0.000	0.260
UNDER-5s										
Tuberculosis immunization coverage	-	0.0448	0.0161	0.359	0.278	0.527	41	47	0.013	0.077
Received polio immunization	-	0.0854	0.0356	0.416	0.762	0.873	42	48	0.014	0.157
Received DPT immunization	-	0.0000	0.0000	.	.	.	39	45	0.000	0.000
Received measles immunization	-	0.0528	0.0195	0.369	0.357	0.598	42	48	0.014	0.092
Received Hepatitis B immunization	-	0.0000	0.0000	.	.	.	42	48	0.000	0.000
Diarrhoea in the previous 2 weeks	-	0.5818	0.0243	0.042	0.743	0.862	248	308	0.533	0.630

Appendix-D   Data Quality Tables

Table DQ.1: Age distribution of household population
Single-year age distribution of household population by sex, Balochistan Province, Pakistan, 2010

		Sex					
		Male		Female		Missing	
		Number	Percent	Number	Percent	Number	Percent
AGE	0	763	1.6	706	1.7	0	0.0
	1	850	1.7	774	1.9	0	0.0
	2	1,151	2.4	993	2.5	2	17.3
	3	1,459	3.0	1,242	3.1	0	0.0
	4	1,475	3.0	1,202	3.0	2	17.3
	5	1,517	3.1	1,268	3.1	0	1.4
	6	1,672	3.4	1,442	3.6	0	2.2
	7	1,515	3.1	1,153	2.9	0	0.0
	8	1,861	3.8	1,503	3.7	0	0.0
	9	1,213	2.5	957	2.4	0	0.0
	10	1,871	3.8	1,455	3.6	0	0.0
	11	973	2.0	709	1.8	0	0.0
	12	1,836	3.8	1,309	3.2	0	0.0
	13	1,020	2.1	974	2.4	1	9.3
	14	1,224	2.5	1,296	3.2	1	9.9
	15	1,587	3.3	954	2.4	1	9.3
	16	1,272	2.6	1,017	2.5	0	0.0
	17	864	1.8	722	1.8	1	9.3
	18	1,549	3.2	1,395	3.4	0	0.0
	19	762	1.6	564	1.4	1	9.3
	20	1,554	3.2	1,287	3.2	0	0.0
	21	438	0.9	393	1.0	1	9.3
	22	903	1.9	655	1.6	0	0.0
	23	618	1.3	396	1.0	0	0.0
	24	593	1.2	510	1.3	0	0.0
	25	1,361	2.8	1,246	3.1	0	0.0
	26	581	1.2	459	1.1	0	0.0
	27	498	1.0	416	1.0	0	0.0
	28	837	1.7	779	1.9	0	0.0
	29	446	0.9	429	1.1	0	0.0
	30	1,494	3.1	1,309	3.2	0	0.0
	31	273	0.6	266	0.7	0	0.0
	32	526	1.1	403	1.0	0	0.0
	33	273	0.6	302	0.7	0	0.0
	34	205	0.4	224	0.6	0	0.0
	35	1136	2.3	1,003	2.5	0	0.0
	36	246	0.5	258	0.6	0	0.0
	37	256	0.5	230	0.6	0	0.0
	38	402	0.8	481	1.2	0	0.0
	39	246	0.5	325	0.8	0	0.0
	40	1,293	2.7	1,016	2.5	0	0.0
	41	172	0.4	193	0.5	0	0.0
	42	322	0.7	258	0.6	0	0.0
	43	160	0.3	169	0.4	0	0.0
	44	126	0.3	115	0.3	0	0.0
	45	952	2.0	611	1.5	0	0.0
	46	147	0.3	149	0.4	0	0.0
	47	143	0.3	158	0.4	0	0.0
	48	315	0.6	374	0.9	0	0.0
	49	219	0.4	208	0.5	0	0.0
	50	994	2.0	989	2.4	0	0.0

Table DQ.1: Age distribution of household population
Single-year age distribution of household population by sex, Balochistan Province, Pakistan, 2010

	Sex					
	Male		**Female**		**Missing**	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**
51	213	0.4	305	0.8	0	0.0
52	289	0.6	374	0.9	0	0.0
53	152	0.3	164	0.4	0	0.0
54	195	0.4	128	0.3	0	0.0
55	582	1.2	394	1.0	0	0.0
56	172	0.4	121	0.3	0	0.0
57	139	0.3	66	0.2	0	0.0
58	202	0.4	131	0.3	0	0.0
59	120	0.2	64	0.2	0	0.0
60	868	1.8	451	1.1	0	0.0
61	51	0.1	60	0.1	0	0.0
62	119	0.2	113	0.3	0	0.0
63	84	0.2	61	0.2	0	0.0
64	65	0.1	31	0.1	0	0.0
65	348	0.7	172	0.4	0	0.0
66	65	0.1	39	0.1	0	0.0
67	45	0.1	41	0.1	0	0.0
68	83	0.2	45	0.1	0	0.0
69	67	0.1	28	0.1	0	0.0
70	303	0.6	130	0.3	0	0.0
71	37	0.1	23	0.1	0	0.0
72	27	0.1	5	0.0	0	0.0
73	19	0.0	19	0.0	0	0.0
74	16	0.0	5	0.0	0	0.0
75	94	0.2	53	0.1	0	0.0
76	12	0.0	8	0.0	0	0.0
77	8	0.0	3	0.0	0	0.0
78	12	0.0	9	0.0	0	0.0
79	9	0.0	3	0.0	0	0.0
80+	203	0.4	135	0.3	0	0.0
DK/missing	12	0.0	2	0.0	1	5.4
Total	48,774	100.0	40,433	100.0	10	100.0

Table DQ.2: Age distribution of eligible and interviewed women
Household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed, by five-year age groups, Balochistan Province, Pakistan, 2010

		Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed (Completion rate)
		Number	Number	Percent	
Age	10-14	5,742	.	.	.
	15-19	4,651	4,313	23.9	92.7
	20-24	3,241	3,008	16.7	92.8
	25-29	3,330	3,117	17.3	93.6
	30-34	2,505	2,380	13.2	95.0
	35-39	2,297	2,184	12.1	95.1
	40-44	1,752	1,615	9.0	92.2
	45-49	1,501	1,403	7.8	93.4
	50-54	1,959	.	.	.
Total (15-49)		19,278	18,020	100.0	93.5

Table DQ.3: Age distribution of under-5s in household and under-5 questionnaires
Household population of children age 0-7, children age 0-4 whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caretakers were interviewed, by single ages, Balochistan, 2010

		Household population of children 0-7 years	Interviewed under-5 children		Percentage of eligible under-5s interviewed (Completion rate)
		Number	Number	Percent	
Age	0	1,468	1,369	13.8	93.3
	1	1,624	1,514	15.3	93.3
	2	2,146	2,012	20.3	93.7
	3	2,701	2,513	25.4	93.0
	4	2,679	2,482	25.1	92.7
	5	2,785	.	.	.
	6	3,115	.	.	.
	7	2,668	.	.	.
Total (0-4)		10,618	9,890	100.0	93.1

Table DQ.4: Women's completion rates by socio-economic characteristics of households
Household population of women age 15-49, interviewed women age 15-49, and percentage of eligible women who
were interviewed, by selected social and economic characteristics of the household,
Balochistan Province, Pakistan, 2010

		Household population of women age 15-49 years		Interviewed women age 15-49 years		Percent of eligible women interviewed (Completion rates)
Region	Quetta	5,269	27.3	4,813	26.7	91.3
	Kalat	4,198	21.8	3,936	21.8	93.8
	Sibi	1,343	7.0	1,269	7.0	94.5
	Zhob	2,719	14.1	2,623	14.6	96.5
	Nasirabad	3,434	17.8	3,122	17.3	90.9
	Makran	2,315	12.0	2,256	12.5	97.4
Area	Urban	4,800	24.9	4,371	24.3	91.1
	Rural	14,477	75.1	13,648	75.7	94.3
Household size	1-3	6,807	35.3	566	3.1	95.4
	4-6	5,253	27.2	4,193	23.3	94.7
	7+	7,218	37.4	13,261	73.6	93.0
Education of household head	None	11,188	58.0	10,534	58.5	94.2
	Preschool	17	0.1	15	0.1	87.7
	Primary	1,751	9.1	1,624	9.0	92.8
	Middle	1,230	6.4	1,145	6.4	93.1
	Matric	2,671	13.9	2,479	13.8	92.8
	Higher	2,324	12.1	2,132	11.8	91.8
	Madrassa	62	0.3	56	0.3	89.8
	Missing/DK	36	0.2	35	0.2	96.6
Wealth index quintiles	Poorest	3,774	19.6	3,580	19.9	94.9
	Second	3835	19.9	3616	20.1	94.3
	Middle	3678	19.1	3462	19.2	94.1
	Fourth	3796	19.7	3572	19.8	94.1
	Richest	4194	21.8	3790	21.0	90.4
Total		19278	100.0	18020	100.0	93.5

		Household population of under-5 children		Interviewed under-5 children		Percent of eligible under-5s with completed under-5 questionnaires (Completion rates)
Region	Quetta	2,784	26.2	2,514	25.4	90.3
	Kalat	2,241	21.1	2,101	21.2	93.8
	Sibi	868	8.2	831	8.4	95.7
	Zhob	1,753	16.5	1,716	17.4	97.9
	Nasirabad	1,901	17.9	1,685	17.0	88.7
	Makran	1,071	10.1	1,042	10.5	97.3
Area	Urban	2,218	20.9	2,018	20.4	91.0
	Rural	8,399	79.1	7,872	79.6	93.7
Household size	1-3	379	3.6	191	1.9	97.0
	4-6	3,339	31.4	2,355	23.8	95.5
	7+	6,900	65.0	7,343	74.3	92.3
Education of household head	None	5,976	56.3	5,618	56.8	94.0
	Preschool	18	0.2	16	0.2	88.4
	Primary	1,148	10.8	1,048	10.6	91.3
	Middle	716	6.7	667	6.7	93.1
	Matric	1,552	14.6	1,441	14.6	92.8
	Higher	1,141	10.7	1,040	10.5	91.2
	Madrassa	42	0.4	37	0.4	86.0
	Missing/DK	24	0.2	23	0.2	96.5
Wealth index quintiles	Poorest	2,198	20.7	2,090	21.1	95.1
	Second	2,175	20.5	2065	20.9	95.0
	Middle	2,272	21.4	2100	21.2	92.4
	Fourth	2,039	19.2	1900	19.2	93.2
	Richest	1,934	18.2	1734	17.5	89.7
Total		10,618	100.0	9890	100.0	93.1

Table DQ.6: Completeness of reporting
Percentage of observations that are missing information for selected questions and indicators, Balochistan Province, Pakistan, 2010

	Percent with missing/incomplete information*	Number of cases
Age	.0	88,427

Table DQ.6a: Completeness of reporting
Percentage of observations that are missing information for selected questions and indicators, Balochistan Province, Pakistan, 2010

	Percent with missing/incomplete information*	Number of cases
Salt testing	0.5	11,612
Starting time of interview	3.4	11,612
Ending time of interview	4.2	11,612

Table DQ.6b: Completeness of reporting
Percentage of observations that are missing information for selected questions and indicators, Balochistan Province, Pakistan, 2010

	Percent with missing/incomplete information*	Number of cases
Woman's date of birth: Only month	25.6	17,732
Woman's date of birth: Both month and year	46.3	17,732
Date of first birth: Only month	27.6	10,318
Date of first birth: Both month and year	32.2	10,318
Completed years since first birth	0.1	3,339
Date of last birth: Only month	24.9	10,318
Date of last birth: Both month and year	17.9	10,318
Date of first marriage/union: Only month	12.3	11,381
Date of first marriage/union: Both month and year	78.7	11,381
Age at first marriage/union	7.3	11,381
Starting time of interview	4.3	17,732
Ending time of interview	4.1	17,732

Percentage of observations that are missing information for selected questions and indicators, Balochistan Province, Pakistan, 2010

	Percent with missing/incomplete information*	Number of cases
Date of birth: Only month	21.8	9,734
Date of birth: Both month and year	15.3	9,734
Anthropometric measurements: Weight	27.1	9,734
Anthropometric measurements: Height	29.9	9,734
Anthropometric measurements: Both weight and height	26.6	9,734
Starting time of interview	4.5	9,734
Ending time of interview	4.0	9,734

Note: In fact, data on anthropometric measurement was dropped from the analysis. The factors that contributed to poor quality of anthropometric measurement included: (i) only half day training was provided to the field staff; (ii) teams did not have measurers; and (iii) the questionnaire contained an error, i.e. a decimal point was not included in the space for where weight measurements were recorded. This resulted in 93% of weights being recorded as rounded numbers.

Table DQ.7A: Completeness of information for anthropometric indicators
Distribution of children under 5 by completeness of information for anthropometric indicators, Balochistan Province, Pakistan, 2010

		Reason for exclusion from analysis						**Percent of children excluded from analysis**	**Number of children under 5**
		Valid weight and date of birth	**Weight not measured**	**Incomplete date of birth**	**Weight not measured, incomplete date of birth**	**Flagged cases (outliers)**	**Total**		
Weight by age	<6 month	45.0	0.4	9.3	0.1	5.3	100.0	15.2	751
	6-11 month	50.4	0.7	11.3	0.2	5.2	100.0	17.3	560
	12-23 month	48.4	0.3	20.9	0.1	3.7	100.0	25.0	1,440
	24-35 month	44.0	0.1	28.0	0.2	2.6	100.0	31.0	2,003
	36-47 month	40.3	0.3	30.3	0.4	0.4	100.0	31.4	2,528
	48-59 month	39.1	0.1	29.9	0.1	0.2	100.0	30.3	2,452
Total		42.9	0.2	25.6	0.2	2.0	100.0	28.0	9,734

Note: In fact, data on anthropometric measurement was dropped from the analysis. The factors that contributed to poor quality of anthropometric measurement included: (i) only half day training was provided to the field staff; (ii) teams did not have measurers; and (iii) the questionnaire contained an error, i.e. a decimal point was not included in the space for where weight measurements were recorded. This resulted in 93% of weights being recorded as rounded numbers.

		Valid height and date of birth	Reason for exclusion from analysis				Total	Percent of children excluded from analysis	Number of children under 5
			Height not measured	Incomplete date of birth	Height not measured, incomplete date of birth	Flagged cases (outliers)			
Height by age	<6 months	36.6	4.7	6.1	3.3	9.5	100.0	23.6	751
	6-11 months	37.9	3.2	9.1	2.3	15.2	100.0	29.8	560
	12-23 months	36.5	4.0	17.9	3.1	11.9	100.0	36.9	1,440
	24-35 months	32.4	1.7	25.3	2.9	12.6	100.0	42.5	2,003
	36-47 months	36.9	0.5	28.6	2.1	3.5	100.0	34.8	2,528
	48-59 months	35.8	0.5	28.8	1.2	3.1	100.0	33.5	2,452
Total		35.7	1.8	23.5	2.3	7.6	100.0	35.2	9,734

Note: In fact, data on anthropometric measurement was dropped from the analysis. The factors that contributed to poor quality of anthropometric measurement included: (i) only half day training provided to the field staff; (ii) teams did not have measurers; and (iii) the questionnaire contained an error, i.e. a decimal point was not included in the space for where weight measurements were recorded. This resulted in 93% of weights being recorded as rounded numbers.

Distribution of children under 5 by completeness of information for anthropometric indicators, Balochistan Province, Pakistan, 2010

		Valid weight and height	Reason for exclusion from analysis						Flagged cases (outliers)	Total	Percent of children excluded from analysis	Number of children under 5
			Weight not measured	Height not measured	Incomplete date of birth	Weight not measured, incomplete date of birth	Height not measured, incomplete date of birth	Weight and height not measured, incomplete date of birth				
Weight by height	<6 month	25.8	0.4	4.7	6.0	0.1	3.3	0.0	19.8	100.0	34.4	751
	6-11 month	33.9	0.7	3.2	8.9	0.2	2.3	0.0	18.4	100.0	33.8	560
	12-23 month	34.1	0.3	4.0	17.8	0.1	3.1	0.0	14.0	100.0	39.3	1,440
	24-35 month	26.5	0.1	1.7	25.1	0.2	2.9	0.0	18.4	100.0	48.5	2,003
	36-47 month	35.0	0.3	0.5	28.2	0.4	2.1	0.0	5.2	100.0	36.7	2,528
	48-59 month	32.9	0.1	0.5	28.6	0.1	1.2	0.0	5.9	100.0	36.5	2452
Total		31.8	0.2	1.8	23.3	0.2	2.3	0.0	11.3	100.0	39.1	9,734

Note: In fact, data on anthropometric measurement was dropped from the analysis. The factors that contributed to poor quality of anthropometric measurement included: (i) only half day training was provided to the field staff; (ii) teams did not have measurers; and (iii) the questionnaire contained an error, i.e. a decimal point was not included in the space for where weight measurements were recorded. This resulted in 93% of weights being recorded as rounded numbers.

Table DQ.8: Heaping in anthropometric measurements
Distribution of weight and height/length measurements by digits reported for decimals, Balochistan Province, Pakistan, 2010

		Weight		Height	
		Number	Percent	Number	Percent
Digits	0	6,349	92.6	3,112	45.1
	1	60	.9	533	7.7
	2	77	1.1	836	12.1
	3	79	1.2	511	7.4
	4	50	.7	193	2.8
	5	112	1.6	1,156	16.7
	6	35	.5	172	2.5
	7	46	.7	139	2.0
	8	20	.3	119	1.7
	9	30	.4	132	1.9
	0 or 5	6,461	94.2	4,268	61.8
	Total	6,858	100.0	6,903	100.0

Note: Anthropometric measurements not provided in the report because of data problems

		Percent of bed nets observed by interviewer	Total No. of bed net	Place for hand washing: Observed	Place for hand washing not in dwelling	No permission to see	Other	Total	Number of households interviewed
Region	Quetta	17.2	354	69.3	13.6	8.5	8.3	100	2,220
	Kalat	61.5	277	64.9	22.7	10.5	1.2	100	2,780
	Sibi	63.4	507	62.2	20.5	11.6	5.5	100	1,724
	Zhob	48.9	256	78.4	7.9	5.8	7.2	100	2,256
	Nasirabad	57.9	147	45.7	46.4	3.9	3.2	100	1,505
	Makran	91.0	406	74.6	21.8	1.6	1.5	100	1,127
Area	Urban	47.5	386	75.8	13.1	7.2	3.4	100	2,626
	Rural	59.0	1561	63.7	23.0	7.8	5.0	100	8,986
Wealth index quintile	Poorest	65.6	179	61.9	26.5	5.8	5.5	100	2,702
	Second	61.2	213	57.6	28.4	8.2	5.3	100	2,437
	Middle	55.0	412	67.5	19.6	8.6	3.6	100	2,280
	Fourth	56.5	596	70.6	15.6	8.7	4.4	100	2,174
	Richest	51.6	547	77.4	10.7	7.3	4.3	100	2,019
Total		56.6	1947	66.4	20.8	7.6	4.7	100	11,612

Table DQ.10: Observation of women's health cards
Percent distribution of women with a live birth in the last 2 years by presence of a health card, and the percentage of health cards seen by the interviewers, Balochistan Province, Pakistan, 2010

| | | Woman does not have health card | Woman has health card | | Missing/DK | Total | Percent of health cards seen by the interviewer (1)/(1+2)*100 | Number of women with a live birth in the last two years |
			Seen by the interviewer (1)	Not seen by the interviewer (2)				
Region	Quetta	76.9	1.5	17.3	4.4	100.0	7.8	614
	Kalat	82.3	1.7	12.1	3.9	100.0	12.2	538
	Sibi	76.5	1.2	16.2	6.1	100.0	7.0	328
	Zhob	87.0	1.0	7.0	4.9	100.0	12.9	385
	Nasirabad	69.3	2.3	23.9	4.6	100.0	8.8	348
	Makran	45.5	0.7	49.7	4.1	100.0	1.4	145
Area	Urban	65.1	3.0	27.2	4.7	100.0	10.1	593
	Rural	80.6	1.0	13.9	4.6	100.0	6.5	1,765
Wealth index quintiles	Poorest	87.4	0.2	8.5	3.9	100.0	2.6	435
	Second	83.1	0.2	11.6	5.1	100.0	1.6	526
	Middle	83.5	2.1	11.5	2.9	100.0	15.4	479
	Fourth	72.4	2.4	19.7	5.6	100.0	10.7	468
	Richest	56.0	2.7	35.8	5.6	100.0	6.9	450
Total		76.7	1.5	17.2	4.6	100.0	7.9	2,358

Table DQ.11: Observation of under-5s birth certificates
Percent distribution of children under 5 by presence of birth certificates, and percentage of birth calendar seen, Balochistan Province, Pakistan, 2010

| | | Child does not have birth certificate | Child has birth certificate | | Missing/DK | Total | Percent of birth certificates seen by the interviewer (1)/(1+2)*100 | Number of children under age 5 |
			Seen by the interviewer (1)	Not seen by the interviewer (2)				
Region	Quetta	65.7	5.8	13.8	14.7	100.0	29.6	2,040
	Kalat	77.2	5.7	13.1	4.0	100.0	30.2	2,012
	Sibi	71.3	2.8	11.6	14.3	100.0	19.7	1,407
	Zhob	91.4	0.6	4.4	3.6	100.0	11.5	2,278
	Nasirabad	76.7	0.3	16.6	6.4	100.0	1.8	1,295
	Makran	56.6	3.8	37.9	1.7	100.0	9.2	702
Area	Urban	66.7	4.5	23.0	5.9	100.0	16.3	2,149
	Rural	78.3	2.9	10.5	8.3	100.0	21.7	7,585
Child's age	0	82.6	1.7	10.1	5.6	100.0	14.3	1,304
	1	76.5	3.0	13.1	7.3	100.0	18.8	1,446
	2	75.7	2.3	13.0	8.9	100.0	15.2	2,011
	3	72.8	4.3	14.8	8.1	100.0	22.7	2,515
	4	74.6	3.8	13.6	8.0	100.0	22.0	2,458
Total		75.7	3.2	13.2	7.8	100.0	19.7	9,734

Table DQ.12: Observation of vaccination cards
Percent distribution of children under 5 by presence of a vaccination card, and the percentage of vaccination cards seen by the interviewers, Balochistan Province, Pakistan, 2010

| | | Child does not have vaccination card | | Child has vaccination card | | Missing / DK | Total | Percent of vaccination cards seen by the interviewer (1)/(1+2)*100 | Number of children under age 5 |
		Had vaccination card previously	Never had vaccination card	Seen by the interviewer (1)	Not seen by the interviewer (2)				
Region	Quetta	5.8	70.8	1.4	21.9	0.1	100	6.1	2,040
	Kalat	5.7	68.4	0.6	25.0	0.5	100	2.5	2,012
	Sibi	1.8	75.6	1.5	20.9	0.6	100	6.7	1,407
	Zhob	2.2	87.1	0.4	9.8	0.5	100	3.9	2,278
	Nasirabad	5.3	59.2	1.3	33.5	0.6	100	3.8	1,295
	Makran	29.5	37.3	0.0	33.0	0.1	100	.0	702
Area	Urban	7.5	51.3	2.2	38.8	0.2	100	5.3	2,149
	Rural	5.6	76.4	0.6	17.1	0.5	100	3.1	7,585
Child's age	0	3.6	77.4	3.1	15.8	0.3	100	16.3	1,304
	1	6.7	68.7	2.3	21.8	0.5	100	9.5	1,446
	2	4.9	71.1	0.3	23.5	0.3	100	1.3	2,011
	3	6.8	69.1	0.3	23.6	0.4	100	1.2	2,515
	4	7.0	70.3	0.1	22.2	0.5	100	.5	2,458
Total		6.0	70.9	0.9	21.9	0.4	100	4.0	9,734

Table DQ.13: Presence of mother in the household and the person interviewed for the under-5 questionnaire
Distribution of children under five by whether the mother lives in the same household, and the person interviewed for the under-5 questionnaire, Balochistan Province, Pakistan, 2010

| | | Mother in the household | Mother not in the household | | | Total | Number of children under 5 |
		Mother interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed		
Age	0	99.6	0.0	0.4	0.0	100.0	1,468
	1	99.9	0.1	0.0	0.0	100.0	1,624
	2	99.6	0.1	0.3	0.0	100.0	2,146
	3	99.6	0.1	0.3	0.0	100.0	2,701
	4	98.6	0.1	1.3	0.0	100.0	2,679
	Total	99.4	0.1	0.5	0.0	100.0	10,618

Table DQ.15: School attendance by single age

Distribution of household population age 5-24 by educational level and grade attended in the current (or most recent) school year, Balochistan Province, Pakistan, 2010

Age	Not attending school	Pre-school	Primary					Middle			Matric	Higher	Madrassa	DK	Total	Number of household members
			1	2	3	4	5	6	7	8						
4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	31
5	82.4	8.7	7.1	1.3	0.2	0.2	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0	100.0	1,192
6	67.7	14.4	9.9	5.0	1.8	0.2	0.6	0.1	0.0	0.0	0.0	0.0	0.2	0.0	100.0	3,110
7	56.0	10.5	8.8	15.0	6.2	1.5	1.2	0.5	0.0	0.0	0.0	0.0	0.1	0.1	100.0	2,665
8	47.5	6.6	6.7	17.9	12.5	4.3	2.8	1.0	0.2	0.1	0.0	0.1	0.3	0.1	100.0	3,362
9	44.9	3.2	3.4	12.1	21.0	8.0	4.9	1.3	0.8	0.1	0.1	0.0	0.1	0.0	100.0	2,167
10	46.0	2.4	1.7	8.1	16.7	10.9	8.0	2.7	1.8	0.9	0.5	0.0	0.2	0.0	100.0	3,320
11	44.4	2.0	1.5	4.0	9.3	14.5	10.6	6.9	3.4	1.8	1.2	0.1	0.2	0.0	100.0	1,681
12	45.1	0.8	0.6	3.0	5.9	10.9	13.9	8.0	5.3	4.0	2.3	0.0	0.1	0.0	100.0	3,144
13	49.6	0.6	0.7	0.9	3.4	6.5	9.8	9.3	6.7	6.8	5.3	0.3	0.1	0.1	100.0	1,993
14	56.5	0.1	0.2	0.4	1.1	2.4	5.0	6.4	9.1	8.4	9.3	0.9	0.2	0.1	100.0	2,511
15	61.6	0.1	0.1	0.4	0.9	1.3	3.0	4.6	5.1	7.6	13.1	1.8	0.3	0.0	100.0	2,535
16	66.2	0.1	0.1	0.1	0.2	0.7	1.9	1.9	3.2	6.1	15.6	3.8	0.2	0.0	100.0	2,285
17	67.2	0.1	0.0	0.1	0.6	0.2	1.1	1.2	3.3	3.6	14.3	7.8	0.3	0.0	100.0	1,584
18	78.7	0.1	0.0	0.1	0.2	0.2	0.7	0.6	1.1	2.5	9.4	6.4	0.2	0.0	100.0	2,936
19	77.3	0.0	0.1	0.1	0.3	0.4	0.5	0.5	0.6	2.6	8.2	9.5	0.0	0.0	100.0	1,320
20	87.0	0.0	0.0	0.0	0.2	0.1	0.2	0.1	0.3	1.1	2.9	7.9	0.2	0.0	100.0	2,837
21	87.0	0.0	0.0	0.0	0.1	0.2	0.3	0.3	0.5	0.1	4.1	7.4	0.0	0.0	100.0	831
22	90.9	0.1	0.0	0.0	0.2	0.2	0.0	0.0	0.2	1.0	1.9	5.5	0.1	0.0	100.0	1,554
23	92.5	0.0	0.0	0.0	0.0	0.2	0.1	0.1	0.2	0.8	1.1	4.8	0.1	0.0	100.0	1,014
24	94.5	0.0	0.1	0.1	0.0	0.1	0.0	0.4	0.1	0.8	1.5	2.1	0.2	0.0	100.0	1,092
25	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,996
26	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	2
43	.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	2
63	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1

Table DQ.16: Sex ratio at birth among children ever born and living
Sex ratio (number of males per 100 females) among children ever born (at birth), children living, and deceased children, by age of ever married women, Balochistan Province, Pakistan, 2010

Age	Children Ever Born			Children Living			Children Deceased			Number of women
	Number of sons ever born	Number of daughters ever born	Sex ratio	Number of sons living	Number of daughters living	Sex ratio	Number of deceased sons	Number of deceased daughters	Sex ratio	
15-19	64	55	1.16	58	49	1.18	6	6	1.00	4,113
20-24	941	760	1.24	875	697	1.26	66	63	1.05	2,976
25-29	3,642	2,996	1.22	3,411	2,694	1.27	231	302	.76	3,156
30-34	5,157	4,083	1.26	4,791	3,680	1.30	366	403	.91	2,373
35-39	5,868	4,902	1.20	5,423	4,389	1.24	445	513	.87	2,185
40-44	4,968	4,236	1.17	4,507	3,774	1.19	461	462	1.00	1,575
45-49	4,534	3,760	1.21	4,123	3,368	1.22	411	392	1.05	1,354
Total	25,174	20,792	1.21	23,188	18,651	1.24	1,986	2,141	.95	17,732

Appendix E - MICS4 Indicators- Balochistan, Pakistan: Numerators and Denominators

MICS4 INDICATOR	Module	Numerator	Denominator	MDG
1.MORTALITY				
1.1	Under-five mortality rate	CM - BH	Probability of dying by exact age 5 years		MDG 4.1
1.2	Infant mortality rate	CM - BH	Probability of dying by exact age 1 year		MDG 4.2

MICS4 INDICATOR		Module	Numerator	Denominator	MDG
2. NUTRITION					
2.4	Children ever breastfed	MN	Number of women with a live birth in the 2 years preceding the survey who breastfed the child at any time	Total number of women with a live birth in the 2 years preceding the survey	
2.6	Exclusive breastfeeding under 6 months	BF	Number of infants under 6 months of age who are exclusively breastfed[12]	Total number of infants under 6 months of age	
2.7	Continued breastfeeding at 1 year	BF	Number of children age 12-15 months who are currently breastfeeding	Total number of children age 12-15 months	
2.8	Continued breastfeeding at 2 years	BF	Number of children age 20-23 months who are currently breastfeeding	Total number of children age 20-23 months	
2.9	Predominant breastfeeding under 6 months	BF	Number of infants under 6 months of age who received breast milk as the predominant source of nourishment[13] during the previous day	Total number of infants under 6 months of age	
2.10	Duration of breastfeeding	BF	The age in months when 50 percent of children age 0-35 months did not receive breast milk during the previous day		
2.11	Bottle feeding	BF	Number of children age 0-23 months who were fed with a bottle during the previous day	Total number of children age 0-23 months	
2.12	Introduction of solid, semi-solid or soft foods	BF	Number of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	Total number of infants age 6-8 months	
2.14	Age-appropriate breastfeeding	BF	Number of children age 0-23 months appropriately fed[14] during the previous day	Total number of children age 0-23 months	
2.15	Milk feeding frequency for non-breastfed children	BF	Number of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	Total number of non-breastfed children age 6-23 months	
2.16	Iodized salt consumption	SI	Number of households with salt testing 15 parts per million or more of iodide/iodate	Total number of households in which salt was tested or with no salt	

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[12] Infants receiving breast milk, and not receiving any other fluids or foods, with the exception of oral rehydration solution, vitamins, mineral supplements and medicines
[13] Infants who receive breast milk and certain fluids (water and water-based drinks, fruit juice, ritual fluids, oral rehydration solution, drops, vitamins, minerals, and medicines), but do not receive anything else (in particular, non-human milk and food-based fluids)
[14] Infants age 0-5 who are exclusively breastfed, and children age 6-23 months who are breastfed and ate solid, semi-solid or soft foods

	MICS4 INDICATOR	Module	Numerator	Denominator	MDG
3. CHILD HEALTH					
3.1	Tuberculosis immunization coverage	IM	Number of children age 12-23 months who received BCG vaccine before their first birthday	Total number of children age 12-23 months	
3.2	Polio immunization coverage	IM	Number of children age 12-23 months who received OPV3 vaccine before their first birthday	Total number of children age 12-23 months	
3.3	Immunization coverage for diphtheria, pertussis and tetanus (DPT)	IM	Number of children age 12-23 months who received DPT3 vaccine before their first birthday	Total number of children age 12-23 months	
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	
3.7	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[15] 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	
3.9	Care-seeking for suspected pneumonia	CA	Number of children under age 5 with suspected pneumonia in the previous 2 weeks who were taken to an appropriate health provider	Total number of children under age 5 with suspected pneumonia in the previous 2 weeks	
3.11	Solid fuels	HC	Number of household members in households that use solid fuels as the primary source of domestic energy to cook	Total number of household members	
3.12	Household availability of insecticide-treated nets (ITNs)[16]	TN	Number of households with at least one insecticide treated net (ITN)	Total number of households	
3.14	Children under age 5 sleeping under any type of mosquito net	TN	Number of children under age 5 who slept under any type of mosquito net the previous night	Total number of children under age 5	
3.15	Children under age 5 sleeping under insecticide-treated nets (ITNs)	TN	Number of children under age 5 who slept under an insecticide-treated mosquito net (ITN) the previous night	Total number of children under age 5	MDG 6.7

[15] See MICS4 manual for a detailed description

[16] An ITN is (a) a factory treated net which does not require any treatment, (b) a pretreated net obtained within the past 12 months, or (c) a net that has been soaked with insecticide within the past 12 months

MICS4 INDICATOR		Module	Numerator	Denominator	MDG
3.19	Pregnant women sleeping under insecticide-treated nets (ITNs)	TN	Number of pregnant women who slept under an insecticide-treated net (ITN) the previous night	Total number of pregnant women	
3.20	Intermittent preventive treatment for malaria	MN	Number of ever married women age 15-49 years who received at least 2 doses of SP/Fansidar to prevent malaria during antenatal care visits for their last pregnancy leading to a live birth in the 2 years preceding the survey	Total number of ever married women age 15-49 years who have had a live birth in the 2 years preceding the survey	

	MICS4 INDICATOR	Module	Numerator	Denominator	MDG
4. WATER AND SANITATION					
4.1	Use of improved drinking water sources	WS	Number of household members using improved sources of drinking water	Total number of household members	MDG 7.8
4.2	Water treatment	WS	Number of household members using unimproved drinking water who use an appropriate treatment method	Total number of household members in households using unimproved drinking water sources	
4.3	Use of improved sanitation	WS	Number of household members using improved sanitation facilities which are not shared	Total number of household members	MDG 7.9
4.4	Safe disposal of child's faeces	CA	Number of children age 0-2 years whose (last) stools were disposed of safely	Total number of children age 0-2 years	
4.5	Place for handwashing	HW	Number of households with a designated place for hand washing where water and soap are present	Total number of households	
4.6	Availability of soap	HW	Number of households with soap anywhere in the dwelling	Total number of households	

	5. REPRODUCTIVE HEALTH	Module	Numerator	Denominator	MDG
5.2	Early childbearing	CM - BH	Number of women age 20-24 years who had at least one live birth before age 18	Total number of women age 20-24 years	
5.3	Contraceptive prevalence rate	CP	Number of women age 15-49 years currently married who are using (or whose husband is using) a (modern or traditional) contraceptive method	Total number of women age 15-49 years who are currently married	MDG 5.3
5.5a 5.5b	Antenatal care coverage	MN	Number of ever married women age 15-49 years who were attended during pregnancy in the 2 years preceding the survey (a) at least once by skilled personnel (b) at least four times by any provider	Total number of ever married women age 15-49 years with a live birth in the 2 years preceding the survey	MDG 5.5
5.7	Skilled attendant at delivery	MN	Number of ever married women age 15-49 years with a live birth in the 2 years preceding the survey who were attended during childbirth by skilled health personnel	Total number of ever married women age 15-49 years with a live birth in the 2 years preceding the survey	MDG 5.2
5.8	Institutional deliveries	MN	Number of ever married women age 15-49 years with a live birth in the 2 years preceding the survey who delivered in a health facility	Total number of ever married women age 15-49 years with a live birth in the 2 years preceding the survey	

MICS4 INDICATOR		Module	Numerator	Denominator	MDG
6. CHILD DEVELOPMENT					
6.1	Support for learning	EC	Number of children age 36-59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	Total number of children age 36-59 months	
6.2	Father's support for learning	EC	Number of children age 36-59 months whose father has engaged in one or more activities to promote learning and school readiness in the past 3 days	Total number of children age 36-59 months	
6.3	Learning materials: children's books	EC	Number of children under age 5 who have three or more children's books	Total number of children under age 5	
6.4	Learning materials: playthings	EC	Number of children under age 5 with two or more playthings	Total number of children under age 5	
6.5	Inadequate care	EC	Number of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the past week	Total number of children under age 5	
6.6	Early child development Index	EC	Number of children age 36-59 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains	Total number of children age 36-59 months	
6.7	Attendance to early childhood education	EC	Number of children age 36-59 months who are attending an early childhood education programme	Total number of children age 36-59 months	

MICS4 INDICATOR		Module	Numerator	Denominator	MDG
7. LITERACY AND EDUCATION					
7.1	Literacy rate among young women [M]	WB	Number of women age 15-24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education	Total number of women age 15-24 years	MDG 2.3
7.2	School readiness	ED	Number of children in first grade of primary school who attended pre-school during the previous school year	Total number of children attending the first grade of primary school	
7.3	Net intake rate in primary education	ED	Number of children of school-entry age who enter the first grade of primary school	Total number of children of school-entry age	
7.4	Primary school net attendance ratio (adjusted)	ED	Number of children of primary school age currently attending primary or secondary school	Total number of children of primary school age	MDG 2.1
7.5	Secondary school net attendance ratio (adjusted)	ED	Number of children of secondary school age currently attending secondary school or higher	Total number of children of secondary-school age	
7.6	Children reaching last grade of primary	ED	Proportion of children entering the first grade of primary school who eventually reach last grade	Total number of children entering the first grade of primary school who eventually reach last grade	MDG 2.2
7.7	Primary completion rate	ED	Number of children (of any age) attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school)	
7.8	Transition rate to secondary school	ED	Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year	Total number of children who are attending the first grade of secondary school	
7.9	Gender parity index (primary school)	ED	Primary school net attendance ratio (adjusted) for girls	Primary school net attendance ratio (adjusted) for boys	MDG 3.1
7.10	Gender parity index (secondary school)	ED	Secondary school net attendance ratio (adjusted) for girls	Secondary school net attendance ratio (adjusted) for boys	MDG 3.1

MICS4 INDICATOR	Module	Numerator	Denominator	MDG
8. CHILD PROTECTION				
8.1 Birth registration	BR	Number of children under age 5 whose births are reported registered	Total number of children under age 5	
8.2 Child labour	CL	Number of children age 5-14 years who are involved in child labour	Total number of children age 5-14 years	
8.3 School attendance among child labourers	ED - CL	Number of children age 5-14 years who are involved in child labour and are currently attending school	Total number of children age 5-14 years involved in child labour	
8.4 Child labour among students	ED - CL	Number of children age 5-14 years who are involved in child labour and are currently attending school	Total number of children age 5-14 years attending school	
8.14 Attitudes towards domestic violence [M]	DV	Number of women who state that a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	Total number of women age 15-49 years	

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MICS4 INDICATOR	Module	Numerator	Denominator	MDG
9. HIV/AIDS, SEXUAL BEHAVIOUR AND ORPHANS				
9.3	Knowledge of mother-to-child transmission of HIV [M]	HA	Number of women age 15-49 years who correctly identify all three means[17] of mother-to-child transmission of HIV	Total number of women age 15-49 years	
9.4	Accepting attitudes towards people living with HIV [M]	HA	Number of women age 15-49 years expressing accepting attitudes on all four questions[18] toward people living with HIV	Total number of women age 15-49 years who have heard of HIV	

Appendix-F   Questionnaires

QUESTIONNAIRE

District Based

Multiple Indicators Cluster Survey

Balochistan

Questionnaire No			**District**	

MICS Secretariat

Planning & Development Department

Government of Balochistan

MICS

A   HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD INFORMATION PANEL	HH

HH1. Cluster number: ___ ___ ___	HH2. Household number: ___ ___ ___

HH1A. Name of District_____ District Code ___ ___	

HH3. Interviewer name and number: Name_____ ___ ___	HH4. Supervisor name and number: Name_____ ___ ___

HH5. Day / Month / Year of interview:	___ ___ / ___ ___ / ___ ___ ___ ___

HH6. Area:
    Urban... 1
    Rural 2
	HH7. Region/Divisions:
	    Quetta 01 01
	    Kalat 02 02
	    Sibi 03.. 03
	    Zhob 04... 04
	    Nasirabad 05 …………………….………... 05
	    Makran 10………………………….………10

We are from Planning & Development Department, Government of Balochistan. 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 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 HH18 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 completed, fill in the following information:	
HH8. Name of head of household: _____	
HH9. Result of household interview: ....Completed .... 1 Not at home.. 2 Refused .... 3 Household not found / destroyed / vacant................ 4 Other (*specify*) _____ 6	HH10. Respondent to household questionnaire: Name:_____ Line Number: ___ ___

HH12. Number of women
        age 15-49 years(ever married):   ___ ___
	HH13. Number of woman's
	        questionnaires completed: ___ ___

HH11. Total number of household members: ___ ___	

HH14. Number of children
        under age 5:   ___ ___
	HH15. Number of under-5 questionnaires
	        completed: ___ ___

HH16. Field edited by (Name and number): Name_____ ___ ___	HH17. Data entry clerk (Name and number): Name_____ ___ ___

HOUSEHOLD LISTING FORM

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)
Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?
If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time. Ask questions HL6A and HL6B only from/for household members who are over 10 years of age
USE AN ADDITIONAL QUESTIONNAIRE IF ALL ROWS IN THE HOUSEHOLD LISTING FORM HAVE BEEN USED.

HH18. Record the time:		
Hour		
Minutes		

	For women age 15-49	For children age 5-14	For children under age 5	For all household members
Literacy for HH members over 10 years (record only one response in case name read/write more than one language)				For children age 0-17 years

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATION-SHIP OF (name) TO THE HEAD OF HOUSE-HOLD?	HL4 Is (name) MALE OR FEMALE? 1 Male 2 FEMALE	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK		HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL6A CAN (name) READ WITH UNDERSTANDING IN ANY ONE OF THE LANGUAGES? URDU.....01 ENGLISH..02 PASHTU.... 03 BALOCHI...04 BRAHVI.....05 SINDHI......10 CAN NOT READ........11 OTHER (SPE)66 DK........88	HL6B CAN (NAME) WRITE WITH UNDERSTANDING IN ANY ONE OF THE LANGUAGES? URDU.......01 ENGLISH....02 PASHTU....03 BALOCHI....04 BRAHVI......05 SINDHI.......10 CAN NOT WRITE.......11 OTHER (SPE.) 66 DK..........88
		Relation* M F	1 2	Month	Year	Age	Write code	Write code
01		0 1	1 2	— —	— — — —	— —		
02		— —	1 2	— —	— — — —	— —		
03		— —	1 2	— —	— — — —	— —		
04		— —	1 2	— —	— — — —	— —		
05		— —	1 2	— —	— — — —	— —		

HL7. Circle line number if woman is age 1 5- 49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL10. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	HL11. Is (NAME)'S NATURAL MOTHER ALIVE? 1 YES 2 NO → HL13 8 DK → HL13	HL12 DOES (NAME)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? RECORD LINE NUMBER OF MOTHER OR 00 FOR "NO"	HL13 IS (NAME)'S NATURAL FATHER ALIVE? 1 YES 2 NO→ NEXT LINE 8 DK→ NEXT LINE	HL14 DOES (NAME)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? RECORD LINE NUMBER OF FATHER OR 00 FOR "NO
15-49	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
01	— —	— —	1 2	1 2 8	— —	1 2 8	— —
02	— —	— —	1 2	1 2 8	— —	1 2 8	— —
03	— —	— —	1 2	1 2 8	— —	1 2 8	— —
04	— —	— —	1 2	1 2 8	— —	1 2 8	— —
05	— —	— —	1 2	1 2 8	— —	1 2 8	— —

HL1. Line number	HL2. Name	HL3. What is the relationship of (name) to the head of household?	HL4. Is (name) male or female? 1 Male 2 Female	HL5. What is (name)'s date of birth? 98 DK 9998 DK		HL6. How old is (name)? Record in completed years. If age is 95 or above, record '95'	HL6A. Can (name) read with understanding in any one of the languages? Urdu....01 English..02 Pashtu....03 Balochi....04 Brahvi......05 Sindhi......10 Can not read.....11 Other (spe.)66 DK.......88	HL6B. Can (name) write with understanding in any one of the languages? Urdu........01 English.....02 Pashtu.....03 Balochi....04 Brahvi.....05 Sindhi.......10 Can not write......11 Other (spe.) 66 DK.........88	HL7. Circle line number if woman is age 15-49	HL8. Who is the mother or primary caretaker of this child? Record line number of mother/caretaker	HL9. Who is the mother or primary caretaker of this child? Record line number of mother/caretaker	HL.10. Did (name) stay here last night? 1 Yes 2 No	HL.11. Is (name)'s natural mother alive? 1 Yes 2 No HL13 8 DK HL13	HL12. Does (name)'s natural mother live in this household? Record line number of mother or 00 for "No"	HL13. Is (name)'s natural father alive? 1 Yes 2 No↘ Next Line 8 DK↘ Next Line	HL14. Does (name)'s natural father live in this household? Record line number of father or 00 for "No
		Relation*	M F	Month	Year	Age	Write code	Write code	15-49	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
06		_ _	1 2	_ _	_ _ _ _	_ _			06	_ _	_ _	1 2	1 2 8	_ _	1 2 8	_ _
07		_ _	1 2	_ _	_ _ _ _	_ _			07	_ _	_ _	1 2	1 2 8	_ _	1 2 8	_ _
08		_ _	1 2	_ _	_ _ _ _	_ _			08	_ _	_ _	1 2	1 2 8	_ _	1 2 8	_ _
09		_ _	1 2	_ _	_ _ _ _	_ _			09	_ _	_ _	1 2	1 2 8	_ _	1 2 8	_ _
10		_ _	1.........	_ _	_ _ _ _	_ _			10	_ _	_ _	1 2	1 2 8	_ _	1 2 8	_ _
11		_ _	2	_ _	_ _ _ _	_ _			11	_ _	_ _	1 2	1 2 8	_ _	1 2 8	_ _
12		_ _	1 2	_ _	_ _ _ _	_ _			12	_ _	_ _	1 2	1 2 8	_ _	1 2 8	_ _
13		_ _	1 2	_ _	_ _ _ _	_ _			13	_ _	_ _	1 2	1 2 8	_ _	1 2 8	_ _
14		_ _	1 2	_ _	_ _ _ _	_ _			14	_ _	_ _	1 2	1 2 8	_ _	1 2 8	_ _
15		_ _	1 2	_ _	_ _ _ _	_ _			15	_ _	_ _	1 2	1 2 8	_ _	1 2 8	_ _

Tick here if additional questionnaire used ☐

Probe for additional household members.
Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.

Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.
You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:

01 Head 02 Wife / Husband	03 Son / Daughter 04 Son-In-Law / Daughter-In-Law	05 Grandchild 06 Parent	07 Parent-In-Law 08 Brother / Sister	09 Brother-In-Law / Sister-In-Law 10 Uncle / Aunt	11 Niece / Nephew 12 Other relative	13 Adopted / Foster / Stepchild 14 Not related 98 Don't know

EDUCATION

For household members age 5 and above

For household members age 5-24 years(Ask ED8A to ED8D only for level 0-3 and if answers to ED6 or ED8 for level 0-3 is YES)

ED1. Line number	ED2. Name and age (Copy from Household Listing Form, HL2 and HL6)		ED3. Has (name) ever attended school or pre-school?	ED4. What is the highest level of school (name) attended? What is the highest grade (name) completed at this level?		ED5. During the (2009-2010) school year, did (name) attend school or preschool at any time?	ED6. During this/that school year, which level and grade is/was (name) attending?		ED7. During the previous school year, that is (2008-2009), did (name) attend school or preschool at any time?	ED8. During that previous school year, which level and grade did (name) attend?		ED8A. What type of school did/does (name) attend during 2009-10, GOVERNMENT OR PRIVATE?	ED8B. Was/is it a girls, boys or co-education school?	ED8C. Did/Does (name) go to school on foot or by any other means?	ED8D. How long did/does it take (name) to reach school?
			1 Yes 2 No ⊅ Next Line	Level: 0 Preschool 1 Primary 2 Middle 3 Matric 4 Higher 5. Madrassa 8 DK / *If level=0, skip to ED5*	Grade: 98 DK / *If less than 1 grade, enter 00*	1 Yes 2 No ⊅ ED7	Level: 0 Preschool 1 Primary 2 Middle 3 Matric 4 Higher 5. Madrassa 8 DK / *If level=0, skip to ED7*	Grade: 98 DK / *If less than 1 grade, enter 00.*	1 Yes 2 No ⊅ Next Line 8 DK ⊅ Next Line	Level: 0 Preschool 1 Primary 2 Middle 3 Matric 4 Higher 5. Madrassa 8 DK / *If level=0, go to next person*	Grade: 98 DK / *IF LESS THAN 1 GRADE, ENTER 00.*	GOVERNMENT OR PRIVATE? 1 GOVERNMENT 2 PRIVATE 8 DK	1 GIRLS 2 BOYS 3 CO-EDU 8 DK	1 On foot 2 By other means	Number of Minutes
Line	Name	Age	Yes No	Level	Grade	Yes No	Level	Grade	Y N DK	Level	Grade			Circle code	
01		_ _	1 2	0 1 2 3 4 5 8	_ _	1 2	0 1 2 3 4 5 8	_ _	1 2 8	0 1 2 3 4 5 8	_ _	1 2 8	1 2 3 8	1 2	_ _ _
02		_ _	1 2	0 1 2 3 4 5 8	_ _	1 2	0 1 2 3 4 5 8	_ _	1 2 8	0 1 2 3 4 5 8	_ _	1 2 8	1 2 3 8	1 2	_ _ _
03		_ _	1 2	0 1 2 3 4 5 8	_ _	1 2	0 1 2 3 4 5 8	_ _	1 2 8	0 1 2 3 4 5 8	_ _	1 2 8	1 2 3 8	1 2	_ _ _
04		_ _	1 2	0 1 2 3 4 5 8	_ _	1 2	0 1 2 3 4 5 8	_ _	1 2 8	0 1 2 3 4 5 8	_ _	1 2 8	1 2 3 8	1 2	_ _ _
05		_ _	1 2	0 1 2 3 4 5 8	_ _	1 2	0 1 2 3 4 5 8	_ _	1 2 8	0 1 2 3 4 5 8	_ _	1 2 8	1 2 3 8	1 2	_ _ _
06		_ _	1 2	0 1 2 3 4 5 8	_ _	1 2	0 1 2 3 4 5 8	_ _	1 2 8	0 1 2 3 4 5 8	_ _	1 2 8	1 2 3 8	1 2	_ _ _
07		_ _	1 2	0 1 2 3 4 5 8	_ _	1 2	0 1 2 3 4 5 8	_ _	1 2 8	0 1 2 3 4 5 8	_ _	1 2 8	1 2 3 8	1 2	_ _ _
08		_ _	1 2	0 1 2 3 4 5 8	_ _	1 2	0 1 2 3 4 5 8	_ _	1 2 8	0 1 2 3 4 5 8	_ _	1 2 8	1 2 3 8	1 2	_ _ _
09		_ _	1 2	0 1 2 3 4 5 8	_ _	1 2	0 1 2 3 4 5 8	_ _	1 2 8	0 1 2 3 4 5 8	_ _	1 2 8	1 2 3 8	1 2	_ _ _
10		_ _	1 2	0 1 2 3 4 5 8	_ _	1 2	0 1 2 3 4 5 8	_ _	1 2 8	0 1 2 3 4 5 8	_ _	1 2 8	1 2 3 8	1 2	_ _ _
11		_ _	1 2	0 1 2 3 4 5 8	_ _	1 2	0 1 2 3 4 5 8	_ _	1 2 8	0 1 2 3 4 5 8	_ _	1 2 8	1 2 3 8	1 2	_ _ _
12		_ _	1 2	0 1 2 3 4 5 8	_ _	1 2	0 1 2 3 4 5 8	_ _	1 2 8	0 1 2 3 4 5 8	_ _	1 2 8	1 2 3 8	1 2	_ _ _
13		_ _	1 2	0 1 2 3 4 5 8	_ _	1 2	0 1 2 3 4 5 8	_ _	1 2 8	0 1 2 3 4 5 8	_ _	1 2 8	1 2 3 8	1 2	_ _ _
14		_ _	1 2	0 1 2 3 4 5 8	_ _	1 2	0 1 2 3 4 5 8	_ _	1 2 8	0 1 2 3 4 5 8	_ _	1 2 8	1 2 3 8	1 2	_ _ _
15		_ _	1 2	0 1 2 3 4 5 8	_ _	1 2	0 1 2 3 4 5 8	_ _	1 2 8	0 1 2 3 4 5 8	_ _	1 2 8	1 2 3 8	1 2	_ _ _

WS1. WHAT IS THE **MAIN** SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling .... 11 Piped into compound, yard or plot .... 12 Piped to neighbour .... 13 Public tap / standpipe .... 14 Filter Plant …………………………………..15 Tube Well, Borehole .... 21 Dug well Protected well .... 31 Unprotected well .... 32 Water from spring Protected spring .... 41 Unprotected spring .... 42 Rainwater collection .... 51 Tanker-truck .... 61 Cart with small tank / drum .... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) .... 81 Bottled water .... 91 Other (*specify*) _____ 96	11⇨WS6 12⇨WS6 13⇨WS6 WS3 96⇨WS3
WS2. WHAT IS THE **MAIN** SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling .... 11 Piped into compound, yard or plot .... 12 Piped to neighbour .... 13 Public tap / standpipe .... 14 Filter Plant…………………………………….15 Tube Well, Borehole .... 21 Dug well Protected well .... 31 Unprotected well .... 32 Water from spring Protected spring .... 41 Unprotected spring .... 42 Rainwater collection .... 51 Tanker-truck .... 61 Cart with small tank / drum .... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) .... 81 Other (*specify*) _____ 96	11⇨WS6 12⇨WS6 13⇨WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling .... 1 In own yard / plot .... 2 Elsewhere 3	1⇨WS6 2⇨WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes .... __ __ __ DK 998	

WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? *Probe:* IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years).............................1 Adult man (age 15+ years) ....2 Female child (under 15).....................................3 Male child (under 15) ....4 DK..8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes ....1 No...2 DK..8	2⇨WS8 8⇨WS8
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? *Probe:* ANYTHING ELSE? *Record all items mentioned.*	Boil.. A Add bleach / chlorine.. B Strain it through a cloth ....C Use water filter (ceramic, sand, composite, etc.) ....D Solar disinfection.. E Let it stand and settle..F Other (*specify*) _____ X DK.. Z	

WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?
 	
If "flush" or "pour flush", probe:
WHERE DOES IT FLUSH TO?
 	
If necessary, ask permission to observe the facility.
	Flush / Pour flush
	   Flush to piped sewer system........................11
	   Flush to septic tank.....................................12
	   Flush to pit (latrine)....................................13
	   Flush to somewhere else..............................14
	   Flush to unknown place / Not sure / DK where...15
	Pit latrine
	   Ventilated Improved Pit latrine (VIP) 21
	   Pit latrine with slab....................................22
	   Pit latrine without slab / Open pit...............23
	
	Composting toilet 31
	Bucket 41
	Public/communal latrine..................................52
	
	No facility, Bush, Field....................................95
	
	Other (*specify*) _____ 96
		
		95⇨Next Module

WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes ....1 No...2	2⇨Next Module
WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public)....................1 Public facility 2	2⇨Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) ...... 0 __ Ten or more households ....10 DK..98	

HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms .... __ __	

HC3. Main material of the dwelling floor.
 	
Record observation.
	Natural floor
	   Earth / Sand 11
	   Dung 12
	Rudimentary floor (katcha) ………………21
	
	Finished floor (Pacca)
	   Bricked 36
	   Cemented with marble chips 37
	   Ceramic tiles 33
	   Cement 34
	   Carpet 35
	
	Other (*specify*)_____ 96	

HC4. Main material of the roof.
 	
Record observation.
	Natural roofing
	   No Roof 11
	   Thatch / Palm leaf 12
	   Sod.. 13
	Rudimentary Roofing
	   Rustic mat 21
	   Palm / Bamboo beams 22
	   Wood planks 23
	   Cardboard 24
	Finished roofing
	   Tin with iron girders 31
	   Wood 32
	
	   Ceramic tiles 34
	   Cement concrete 35
	   Roofing shingles 36
	
	Other (*specify*)_____ 96	

HC5. Main material of the exterior walls. *Record observation.*	Natural walls
	    No walls... 11
	    Cane / Palm / Trunks.................................... 12
	    Dirt.. 13
	Rudimentary walls (Katcha)
	    Bamboo with mud.. 21
	    Stone with mud 22
	    Uncovered adobe 23
	    Plywood... 24
	    Cardboard 25
	    Reused wood.. 26
	Finished walls (Pacca)
	    Cement... 31
	    Stone with lime / cement............................. 32
	    Bricks... 33
	    Cement blocks 34
	    Covered adobe 35
	    Wood planks / shingles 36
	
	Other (*specify*)_____ 96	

HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD **MAINLY** USE FOR COOKING?	Electricity.. 01 Liquefied Petroleum Gas (LPG)...................... 02 Natural gas .... 03 Biogas .... 04 Kerosene .... 05 Coal... 06 Charcoal.. 07 Wood... 08 Straw / Shrubs / Grass .... 09 Animal dung... 10 Agricultural crop residue.................................. 11 No food cooked in household........................... 95 Other (*specify*)_____ 96	95⇨HC8

HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?
 	
If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?
	In the house
	    In a separate room used as kitchen................ 1
	    Elsewhere in the house.................................. 2
	In a separate building 3
	Outdoors 4
	
	Other (*specify*) _____ 6	

HC8. DOES YOUR HOUSEHOLD HAVE: [A] ELECTRICITY? [I] GAS [B] A RADIO? [C] A TELEVISION? [D] A NON-MOBILE TELEPHONE? [E] A REFRIGERATOR?	Yes No Electricity................................1 2 Gas..1 2 Radio.......................................1 2 Television................................1 2 Non-mobile telephone............1 2 Refrigerator............................1 2	

		Yes	No	
[G] A COMPUTER	Computer 1		2	
[H] A SEWING/EMBROIDERY MACHINE	Sewing/embroidery machine 1		2	

HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		Yes	No	
[A] A WATCH?	Watch.. 1		2	
[B] A MOBILE TELEPHONE?	Mobile telephone.................................... 1		2	
[C] A BICYCLE?	Bicycle 1		2	
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter 1		2	
[E] AN ANIMAL-DRAWN CART?	Animal drawn-cart 1		2	
[F] A CAR OR TRUCK?	Car / Truck 1		2	
[H] A TRACTOR	Tractor………………………………..1.		2	

HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? *If "No", then ask:* DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD? *If "Rented from someone else", circle "2". For other responses, circle "3".*	Own .... 1 Rent.. 2 Other (Not owned or rented) 6	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes... 1 No 2	2⇨HC13
HC12. HOW MANY ACRES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? *If less than 1, record "00".* *If 95 or more, record '95'.* *If unknown, record '98'.*	Acres.. __ __	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes... 1 No 2	2⇨Next Module
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, CAMELS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKENS? *If none, record '00'.* *If 95 or more, record '95'.* *If unknown, record '98'.*	Cattle, milk cows, or bulls...................... __ __ Horses, donkeys, camel or mules .... __ __ Goats...__ __ __ Sheep...__ __ __ Chickens...__ __ __	

INSECTICIDE TREATED NETS		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes .... 1 No 2	2⇨Next Module
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets....................................... ___ ___	

TN3. *Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).*

	1st Net	2nd Net	3rd Net
TN4. *Mosquito net observed?*	Observed .... 1 Not observed 2	Observed .... 1 Not observed 2	Observed .... 1 Not observed 2

TN5. *Observe or ask the brand/type of mosquito net*
 	
If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent
	Long-lasting treated nets
	   YES 1
	   NO.................................. 2
	   Other (*specify*)............... 6
	   DK_____8
	
	Pre-treated nets
	   YES 1
	   NO.................................. 2
	   Other (*specify*)............... 6
	   DK_____8
		Long-lasting treated nets
		   YES 1
		   NO.................................. 2
		   Other (*specify*)............... 6
		   DK _____ 8
		
		Pre-treated nets
		   YES 1
		   NO.................................. 2
		   Other (*specify*)............... 6
		   DK _____ 8
			Long-lasting treated nets
			   YES 1
			   NO.................................. 2
			   Other (*specify*)............... 6
			   DK_____8
			
			Pre-treated nets
			   YES 1
			   NO.................................. 2
			   Other (*specify*)............... 6
			   DK_____8

TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET? *If less than one month, record "00"*	Months ago .... ___ ___ More than 36 mo. ago .... 95 DK / Not sure 98	Months ago .... ___ ___ More than 36 mo. ago .... 95 DK / Not sure 98	Months ago............... ___ ___ More than 36 mo. ago .... 95 DK / Not sure 98

TN7. *Check TN5 for type of net*	☐ *Long-lasting (11-18)*
	   ⇨ *TN11*
	
	☐ *Pre-treated (21-28)*
	   ⇨ *TN9*
	
	☐ *Else⇨ Continue*
		☐ *Long-lasting (11-18)*
		   ⇨ *TN11*
		
		☐ *Pre-treated (21-28)*
		   ⇨ *TN9*
		
		☐ *Else⇨ Continue*
			☐ *Long-lasting (11-18)*
			   ⇨ *TN11*
			
			☐ *Pre-treated (21-28)*
			   ⇨ *TN9*
			
			☐ *Else⇨ Continue*

TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOS?	Yes .... 1 No .... 2 DK / Not sure 8	Yes .... 1 No .... 2 DK / Not sure 8	Yes .... 1 No... 2 DK / Not sure 8

TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOS?	Yes 1
	No 2
	   ⇨ TN11
	DK / Not sure 8
	   ⇨ TN11
		Yes 1
		No 2
		   ⇨ TN11
		DK / Not sure 8
		   ⇨ TN11
			Yes 1
			No... 2
			   ⇨ TN11
			DK / Not sure 8
			   ⇨ TN11

TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? *If less than one month, record "00"*	Months ago .... ___ ___ More than 24 mo. ago .... 95 DK / Not sure 98	Months ago .... ___ ___ More than 24 mo. ago .... 95 DK / Not sure 98	Months ago............... ___ ___ More than 24 mo. ago .... 95 DK / Not sure 98

TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes .... 1 No .... 2 ⇨ TN13 DK / Not sure .... 8 ⇨ TN13	Yes .... 1 No .... 2 ⇨ TN13 DK / Not sure .... 8 ⇨ TN13	Yes .... 1 No... 2 ⇨ TN13 DK / Not sure .... 8 ⇨ TN13
TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT? *Record the person's line number from the household listing form* *If someone not in the household list slept under the mosquito net, record "00"*	Name _____ Line number............. ___ ___ Name _____ Line number............. ___ ___ Name _____ Line number............. ___ ___ Name _____ Line number............. ___ ___	Name_____ Line number............. ___ ___ Name_____ Line number............. ___ ___ Name_____ Line number............. ___ ___ Name_____ Line number............. ___ ___	Name _____ Line number............. ___ ___ Name _____ Line number............. ___ ___ Name _____ Line number............. ___ ___ Name _____ Line number............. ___ ___
TN13.	*Go back to TN4 for next net. If no more nets, go to next module*	*Go back to TN4 for next net. If no more nets, go to next module*	*Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module*

Tick here if additional questionnaire used ☐

CHILD LABOUR

*To be administered for children in the household age **5-14** years. For household members below age 5 or above age 14, leave rows blank.*
NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

CL1. Line number

CL2. Name and Age

Copy from Household Listing Form, HL2 and HL6

CL3. DURING THE PAST WEEK, DID (*name*) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?

If yes: FOR PAY IN CASH OR KIND?

1 Yes, for pay (cash or kind)
2 Yes, unpaid
3 No ⇨ CL5

CL4. SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?

If more than one job, include all hours at all jobs.

CL5. DURING THE PAST WEEK, DID (*name*) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?

1 Yes
2 No ⇨ CL7

CL6. SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?

CL7. DURING THE PAST WEEK, DID (*name*) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET?

Include work for a business run by the child, alone or with one or more partners.

1 Yes
2 No ⇨ CL9

CL8. SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/ HERSELF?

CL9. DURING THE PAST WEEK, DID (*name*) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE?

1 Yes
2 No ⇨ Next Line

CL10. SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?

Line	Name	Age	CL3. Yes Paid	CL3. Yes Unpaid	CL3. No	CL4. Number of hours	CL5. Yes	CL5. No	CL6. Number of hours	CL7. Yes	CL7. No	CL8. Number of hours	CL9. Yes	CL9. No	CL10. Number of hours
01		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __
02		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __
03		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __
04		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __
05		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __
06		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __
07		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __
08		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __
09		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __
10		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __
11		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __
12		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __
13		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __
14		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __
15		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __

HANDWASHING		HW

HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed 1
	
	Not observed
	   Not in dwelling / plot / yard 2
	   No permission to see 3
	   Other reason... 6
		2 ⇨HW4
		3 ⇨HW4
		6 ⇨HW4

HW2. *Observe presence of water at the specific place for handwashing* *Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water*	Water is available.. 1 Water is not available 2	
HW3. *Record if soap or detergent is present at the specific place for handwashing.* *Circle all that apply.*	Bar soap .... A Detergent (Powder / Liquid / Paste) .... B Ash / Mud / Sand... D None.. Y	} HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT (*or other locally used cleansing agent*) IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes .... 1 No 2	2⇨HH19
HW5. CAN YOU PLEASE SHOW IT TO ME? *Record observation. Circle all that apply*	Bar soap .... A Detergent (Powder / Liquid / Paste) .... B Ash / Mud / Sand... D Not able / Does not want to show .... Y	

HH19. *Record the time.*	Hour and minutes .... __ __ : __ __	

SALT IODIZATION   SI

SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD? *Once you have tested the salt, circle number that corresponds to test outcome.*	Not iodized 0 PPM .... 1 More than 0 PPM & less than 15 PPM .... 2 15 PPM or more .... 3 No salt in the house .... 6 Salt not tested 7	

HH20. *Does any eligible woman age 15-49 reside in the household?* *Check household listing, column HL7 for any eligible woman.* *You should have a questionnaire with the Information Panel filled in for each eligible woman.* ☐ *Yes.* ⇨ *Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN* *to administer the questionnaire to the first eligible woman.* ☐ *No.* ⇨ *Continue.*
HH21. *Does any child under the age of 5 reside in the household?* *Check household listing, column HL9 for any eligible child under age 5.* *You should have a questionnaire with the Information Panel filled in for each eligible child.* ☐ *Yes.* ⇨ *Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE* *to administer the questionnaire to mother or caretaker of the first eligible child.* ☐ *No.* ⇨ *End the interview by thanking the respondent for his/her cooperation.* *Gather together all questionnaires for this household and complete the relevant information on the cover page.*

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

▪▪▪MICS   B   INDIVIDUAL WOMEN QUESTIONNAIRE

WOMAN'S INFORMATION PANEL	WM

This questionnaire is to be administered to all women age 15 through 49 (see column HL7 of Household Listing Form). Fill in one form for each eligible woman

WM1. Cluster number: ___ ___ ___	WM2. Household number: ___ ___ ___
WM1A. Name of District _____ District Code ___ ___	WM1B. Area Code Urban....... 1, Rural.......2
WM3. Woman's name: Name_____	WM4. Woman's line number: ___ ___
WM5. Interviewer name and number: Name_____ ___ ___	WM6. Day / Month / Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___

Repeat greeting if not already read to this woman:

WE ARE FROM (***Planning and Development department, Government of Balochistan***). 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 WM10 to record the time and then begin the interview.*

      ☐   *No, permission is not given* ⇨ *Complete WM7. Discuss this result with your supervisor.*

WM7. Result of woman's interview	Completed...1 Not at home ....2 Refused ....3 Partly completed ....4 Incapacitated..5 Other (*specify*) _____ 6

WM8. Field edited by (Name and number): Name_____ ___ ___	WM9. Data entry clerk (Name and number): Name_____ ___ ___

WM10. *Record the time.*	Hour and minutes .... __ __ : __ __	

WOMAN'S BACKGROUND		WB
WB1. In what month and year were you born?	Date of birth 　Month... __ __ 　DK month .... 98 　Year .... __ __ __ __ 　DK year... 9998	
WB2. How old are you? 　*Probe:* How old were you at your last birthday? 　*Compare and correct WB1 and/or WB2 if inconsistent*	Age (in completed years) .... __ __	
WB3. Have you ever attended school or preschool?	Yes .... 1 No 2	2⇨WB7
WB4. What is the highest level of school you attended?	Preschool.. 0 Primary... 1 Middle... 2 Matric .... 3 Higher .... 4 Madrassa .... 5 DK... 8	0⇨WB7
WB5. What is the highest grade you completed at that level? 　*If less than 1 grade, enter "00"*	Grade.. __ __	
WB6. *Check WB4:* ☐ *Secondary or higher.* ⇨ *Go to Next Module* ☐ *Primary* ⇨ *Continue with WB7*		
WB7. Now I would like you to read this sentence to me. 　*Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:* 　Can you read part of the sentence to me?	Cannot read at all .... 1 Able to read only parts of sentence.................... 2 Able to read whole sentence.............................. 3 No sentence in 　required language Urdu………………….4 Blind / mute, visually / speech impaired............ 5	

MARRIAGE		MA
MA1. ARE YOU CURRENTLY MARRIED?	Yes, currently married .... 1 No 3	1⇨MA7 3⇨MA5
MA5. HAVE YOU EVER BEEN MARRIED?	Yes, formerly married .... 1 No 3	⇨Domestic violence Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed .... 1 Divorced .... 2 Separated 3	
MA7. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	Only once .... 1 More than once 2	

MA8. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY?	Date of first marriage
	   Month .... __ __
	   DK month 98
	
	   Year .... __ __ __ __
	
	   DK year 9998
		⇨Next Module

MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND?	Age in years .... __ __	

CHILD MORTALITY		CM
All questions refer only to LIVE births.		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes .... 1 No 2	2⇨CM8

CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH?
 	
I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING.
 	
Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.
	Date of first birth
	    Day.. __ __
	    DK day.. 98
	
	    Month.. __ __
	    DK month.. 98
	
	    Year .... __ __ __ __
	    DK year... 9998
		⇨CM4

CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth .... __ __	
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes .... 1 No 2	2⇨CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? *If none, record '00'.*	Sons at home .... __ __ Daughters at home .... __ __	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes .... 1 No 2	2⇨CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? *If none, record '00'.*	Sons elsewhere... __ __ Daughters elsewhere .... __ __	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? *If "No" probe by asking:* I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes .... 1 No 2	2⇨CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? *If none, record '00'.*	Boys dead.. __ __ Girls dead.. __ __	
	Sum.. __ __	

CM10. Sum answers to CM5, CM7, and CM9.		

CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

☐ *Yes. Check below:*

       ☐ *No births ➪ Go to ILLNESS SYMPTOMS Module*

       ☐ *One or more births ➪ Continue with CM12*

☐ *No. ➪ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12*

| CM12. OF THESE (*total number*) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?

Month and year must be recorded. | Date of last birth
   Day.. __ __
   DK day... 98

   Month.. __ __

   Year ....__ __ __ __ | |

CM13. *Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in* **2007**

☐ *No live birth in last 2 years. ➪ Go to ILLNESS SYMPTOMS Module.*

☐ *Yes, live birth in last 2 years. ➪ Ask for the name of the child*

                        *Name of child*_____

If child has died, take special care when referring to this child by name in the following modules.

Continue with the next module.

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.
Check child mortality module CM13 and record name of last-born child here _____.
Use this child's name in the following questions, where indicated.

MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (*name*)?	Yes .... 1 No 2	2⇨MN5

MN2. WHOM DID YOU SEE?
 	
Probe:
ANYONE ELSE?
 	
Probe for the type of person seen and circle all answers given.
	Health professional:
	    Doctor .... A
	    Nurse / Midwife .... B
	    Lady health visitor C
	    Lady health worker ……………………….D
	Other person
	    Traditional birth attendant.............................F
	    Relative/friend.. G
	
	Other (*specify*) _____ X	

MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times.. __ __ DK.. 98	
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	Yes No Blood pressure..1 2 Urine sample ....1 2 Blood sample..1 2	
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? *If a card is presented, use it to assist with answers to the following questions.*	Yes (card seen).. 1 Yes (card not seen)... 2 No .... 3 DK 8	
MN6. WHEN YOU WERE PREGNANT WITH (*name*), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes .... 1 No .... 2 DK 8	2⇨MN9 8⇨MN9
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (*name*)? *If 7 or more times, record '7'.*	Number of times.. __ DK 8	8⇨MN9

MN8. *How many tetanus injections during last pregnancy were reported in MN7?*
☐ *At least two tetanus injections during last pregnancy.* ⇨ *Go to MN12*
☐ *Fewer than two tetanus injections during last pregnancy.* ⇨ *Continue with MN9*

MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (*name*), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes .... 1 No .... 2 DK 8	 2⇨MN12 8⇨MN12
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name*)? *If 7 or more times, record '7'.*	Number of times... __ DK 8	 8⇨MN12
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name*)?	Years ago .... __ __	
MN12. *Check MN1 for presence of antenatal care during this pregnancy:* ☐ *Yes, antenatal care received.* ⇨ *Continue with MN13* ☐ *No antenatal care received* ⇨ *Go to MN17*		
MN13. DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO <u>PREVENT</u> YOU FROM GETTING MALARIA?	Yes .... 1 No .... 2 DK.. 8	 2⇨MN17 8⇨MN17
MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? *Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.*	SP / Fansidar .... A Chloroquine.. B Other (*specify*) _____ X DK..Z	
MN15. *Check MN14 for medicine taken:* ☐ *SP / Fansidar taken.* ⇨ *Continue with MN16* ☐ *SP / Fansidar not taken.* ⇨ *Go to MN17*		
MN16. DURING THIS PREGNANCY, HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR?	Number of times... __ __ DK... 98	

MN17. WHO ASSISTED WITH THE DELIVERY OF (*name*)?
 	
Probe:
ANYONE ELSE?
 	
Probe for the type of person assisting and circle all answers given.
 	
If respondent says no one assisted, probe to determine whether any adults were present at the delivery.
	Health professional:
	   Doctor .... A
	   Nurse / Midwife .... B
	   Lady health visitor C
	   Lady health worker .... F
	Other person
	   Traditional birth attendant............................ G
	
	   Relative / Friend... H
	
	Other (*specify*) _____ X
	No one... Y	

MN18. WHERE DID YOU GIVE BIRTH TO (*name*)?
 	
Probe to identify the type of source.
 	
If unable to determine whether public or private, write the name of the place.
 	
_____
(Name of place)
	Home
	    Your home 11
	    Other home 12
	
	Public sector
	    Govt. hospital.. 21
	    Govt. clinic / health centre 22
	
	    Other public (*specify*) _____ 26
	
	Private Medical Sector
	    Private hospital 31
	    Private clinic 32
	    Private maternity home 33
	    Other private
	        medical (*specify*) _____ 36
	
	Other (*specify*) _____ 96
		11⇨MN20
		12⇨MN20
		
		96⇨MN20

MN20. WHEN (*name*) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large.. 1 Larger than average.. 2 Average .... 3 Smaller than average .... 4 Very small .... 5 DK.. 8	
MN21. WAS (*name*) WEIGHED AT BIRTH?	Yes .... 1 No .... 2 DK.. 8	 2⇨MN23 8⇨MN23
MN22. HOW MUCH DID (*name*) WEIGH? *Record weight from health card, if available.*	From card .... 1 (kg) __ . __ __ __ From recall .... 2 (kg) __ . __ __ __ DK... 99998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (*name*)?	Yes .... 1 No 2	
MN24. DID YOU EVER BREASTFEED (*name*)?	Yes .... 1 No 2	 2⇨Next Module

MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (*name*) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes .... 1 No 2	2⇨Next Module

MN27. WHAT WAS (*name*) GIVEN TO DRINK?
 	
     Probe:
     ANYTHING ELSE?
	Milk (other than breast milk)............................ A
	Plain water .... B
	Sugar or glucose water C
	Gripe water... D
	Sugar-salt-water solution...................................E
	Fruit juice ....F
	Infant formula .... G
	Tea / Infusions.. H
	Honey...I
	
	Other (*specify*) _____ X	

IS1. *Check Household Listing, column HL9*

Is the respondent the mother or caretaker of any child under age 5?

☐ Yes. ⇨ Continue with IS2.

☐ No. ⇨ Go to Next Module.

| IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?

Probe:
ANY OTHER SYMPTOMS?

Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.

Circle all symptoms mentioned, but do NOT prompt with any suggestions | Child not able to drink or breastfeed .... A
Child becomes sicker .... B
Child develops a fever...................................... C
Child has fast breathing................................... D
Child has difficult breathing..............................E
Child has blood in stool.....................................F
Child is drinking poorly .... G

Other (*specify*) _____ X

Other (*specify*) _____ Y

Other (*specify*) _____ Z | |

CONTRACEPTION		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant .... 1 No .... 2 Unsure or DK.. 8	1⇨Next Module
CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes.. 1 No 2	2⇨Next Module
CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization .... A Male sterilization .... B IUD .... C Injectables .... D Implants .... E Pill... F Male condom .... G Female condom .... H Diaphragm .... I Foam / Jelly.. J Lactational amenorrhoea 　　method (LAM)... K Periodic abstinence/Rhythm.............................. L Withdrawal.. M Other (*specify*)＿＿＿＿＿＿＿＿＿＿＿＿＿X	

ATTITUDES TOWARD DOMESTIC VIOLENCE   DV

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS: [A] IF SHE GOES OUT WITHOUT TELLING HIM? [B] IF SHE NEGLECTS THE CHILDREN? [C] IF SHE ARGUES WITH HIM? [D] IF SHE REFUSES TO HAVE SEX WITH HIM? [E] IF SHE BURNS THE FOOD?				
		Yes	No	DK
	Goes out without telling	1	2	8
	Neglects children	1	2	8
	Argues	1	2	8
	Refuses sex	1	2	8
	Burns food	1	2	8

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes .... 1 No 2	 2⇨WM11
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes .... 1 No .... 2 DK... 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes .... 1 No .... 2 DK... 8	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes .... 1 No .... 2 DK... 8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes .... 1 No .... 2 DK... 8	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	Yes No DK During pregnancy.......................... 1 2 8 During delivery .... 1 2 8 By breastfeeding............................ 1 2 8	
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes .... 1 No .... 2 DK / Not sure / Depends 8	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes .... 1 No .... 2 DK / Not sure / Depends 8	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes .... 1 No .... 2 DK / Not sure / Depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes .... 1 No .... 2 DK / Not sure / Depends 8	

WM11. *Record the time*.	Hour and minutes .... __ __ : __ __	

WM12. *Is the respondent the mother or caretaker of any child age 0-4 living in this household?*
Check household listing, column HL8.

☐ *Yes.* ⇨ *Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this*
          respondent.

☐ *No.* ⇨ *End the interview with this respondent by thanking her for her cooperation.*
          Check for the presence of any other eligible woman or children under-5 in the household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

C   CHILDREN UNDER FIVE QUESTIONNAIRE

UNDER-FIVE CHILD INFORMATION PANEL	UF

This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6).
A separate questionnaire should be used for each eligible child.

UF1. Cluster number: ___ ___ ___	UF2. Household number: ___ ___ ___
WM1A. Name of District _____ District Code ____ ___ __ _____ ___	WM1B. Area Code Urban....... 1, Rural.......2
UF3. Child's name: Name_____	UF4. Child's line number: ___ ___
UF5. Mother's / Caretaker's name: Name_____	UF6. Mother's / Caretaker's line number: ___ ___
UF7. Interviewer name and number: Name_____ ___ ___	UF8. Day / Month / Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___

Repeat greeting if not already read to this respondent:

WE ARE FROM PLANNING & DEVELOPMENT DEPARTMENT, GOVERNMENT OF BALOHCISTAN. 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 PROJECT TEAM.

   MAY I START NOW?
      ☐ *Yes, permission is given* ⇨ *Go to UF12 to record the time and then begin the interview.*

      ☐ *No, permission is not given* ⇨ *Complete UF9. Discuss this result with your supervisor*

UF9. Result of interview for children under 5 *Codes refer to mother/caretaker.*	Completed..1 Not at home ....2 Refused..3 Partly completed ....4 Incapacitated...5 Other (*specify*) _____ 6
UF10. Field edited by (Name and number): Name_____ ___ ___	UF11. Data entry clerk (Name and number): Name_____ ___ ___

UF12. *Record the time.*	Hour and minutes .... __ __ : __ __	

AGE		**AG**

AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF (*name*).
 	
IN WHAT MONTH AND YEAR WAS (*name*) BORN?
 	
Probe:
WHAT IS HIS / HER BIRTHDAY?
 	
If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day
 	
Month and year must be recorded.
	Date of birth
	    Day .... __ __
	
	    DK day.. 98
	
	    Month... __ __
	
	    Year .... __ __ __ __	

AG2. HOW OLD IS (*name*)? *Probe*: HOW OLD WAS (*name*) AT HIS / HER LAST BIRTHDAY? Record age in completed years. Record '0' if less than 1 year. Compare and correct AG1 and/or AG2 if inconsistent.	Age (in completed years) .... __	

BIRTH REGISTRATION		BR
BR1. DOES (*name*) HAVE A BIRTH CERTIFICATE? *If yes, ask:* MAY I SEE IT?	Yes, seen ....1 Yes, not seen ....2 No...3 DK..8	1⇨Next Module 2⇨ Next Module
BR2. HAS (*name*)'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes ....1 No...2 DK..8	1⇨Next Module
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes ....1 No...2	2⇨Next Module
BR4. WHY IS (*name*)'S BIRTH NOT REGISTERED?	Costs too much ....1 Must travel too far ....2 Did not know it should be registered ....3 Did not want to pay fine ....4 Does not know where to register ....5 Other (specify)_____ 6 DK..8	

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (*name*)?	None .... 00 Number of children's books .... 0 __ Ten or more books 10	
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (*name*) PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH: [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response	Y N DK Homemade toys .... 1 2 8 Toys from a shop .... 1 2 8 Household objects or outside objects 1 2 8	

EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.
 	
    ON HOW MANY DAYS IN THE PAST WEEK WAS (*name*):
 	
    [A]   LEFT ALONE FOR MORE THAN AN HOUR?
 	
[B]   LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD) FOR MORE THAN AN HOUR?
 	
If 'none' enter' 00'. If 'don't know' enter' 98'
	Number of days left alone for
	more than an hour .... __ __
	
	Number of days left with other
	child for more than an hour .... __ __	

EC4. *Check AG2: Age of child* ☐ *Child age 3 or 4 ⇨ Continue with EC5* ☐ *Child age 0, 1 or 2 ⇨ Go to Next Module*		
EC5. DOES (*name*) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes .... 1 No .... 2 DK 8	2⇨EC7 8⇨EC7
EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (*name*) ATTEND?	Number of hours .... __ __	

EC7. In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with (*name*): *If yes, ask:* Who engaged in this activity with (*name*)? *Circle all that apply.* [A] Read books to or looked at picture books with (*name*)? [B] Told stories to (*name*)? [C] Sang songs to (*name*) or with (*name*), including lullabys? [D] Took (*name*) outside the home, compound, yard or enclosure? [E] Played with (*name*)? [F] Named, counted, or drew things to or with (*name*)?		Mother	Father	Other	No one	
	Read books	A	B	X	Y	
	Told stories	A	B	X	Y	
	Sang songs	A	B	X	Y	
	Took outside	A	B	X	Y	
	Played with	A	B	X	Y	
	Named/counted	A	B	X	Y	

EC8. I would like to ask you some questions about the health and development of your child. Children do not all develop and learn at the same rate. For example, some walk earlier than others. These questions are related to several aspects of your child's development. Can (*name*) identify or name at least ten letters of the alphabet?	Yes .... 1 No... 2 DK.. 8	
EC9. Can (*name*) read at least four simple, popular words?	Yes .... 1 No... 2 DK.. 8	
EC10. Does (*name*) know the name and recognize the symbol of all numbers from 1 to 10?	Yes .... 1 No... 2 DK.. 8	
EC11. Can (*name*) pick up a small object with two fingers, like a stick or a rock from the ground?	Yes .... 1 No... 2 DK.. 8	
EC12. Is (*name*) sometimes too sick to play?	Yes .... 1 No... 2 DK.. 8	

EC13. DOES (*name*) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes .... 1 No.. 2 DK.. 8	
EC14. WHEN GIVEN SOMETHING TO DO, IS (*name*) ABLE TO DO IT INDEPENDENTLY?	Yes .... 1 No.. 2 DK.. 8	
EC15. DOES (*name*) GET ALONG WELL WITH OTHER CHILDREN?	Yes .... 1 No.. 2 DK.. 8	
EC16. DOES (*name*) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes .... 1 No.. 2 DK.. 8	
EC17. DOES (*name*) GET DISTRACTED EASILY?	Yes .... 1 No.. 2 DK.. 8	

BREASTFEEDING		BF
BF1. Has (*name*) ever been breastfed?	Yes .... 1 No .... 2 DK... 8	2⇨BF3 8⇨BF3
BF2. Is he/she still being breastfed?	Yes .... 1 No .... 2 DK... 8	
BF3. I would like to ask you about liquids that (*name*) may have had yesterday during the day or the night. I am interested in whether (*name*) had the item even if it was combined with other foods. Did (*name*) drink plain water yesterday, during the day or night?	 Yes .... 1 No .... 2 DK... 8	
BF4. Did (*name*) drink infant formula yesterday, during the day or night?	Yes .... 1 No .... 2 DK... 8	2⇨BF6 8⇨BF6
BF5. How many times did (*name*) drink infant formula?	Number of times... __ __	
BF6. Did (*name*) drink milk, such as tinned, powdered or fresh animal milk yesterday, during the day or night?	Yes .... 1 No .... 2 DK... 8	2⇨BF8 8⇨BF8
BF7. How many times did (*name*) drink tinned, powdered or fresh animal milk?	Number of times... __ __	
BF8. Did (*name*) drink juice or juice drinks yesterday, during the day or night?	Yes .... 1 No .... 2 DK... 8	
BF9. Did (*name*) drink soup yesterday, during the day or night?	Yes .... 1 No .... 2 DK... 8	
BF10. Did (*name*) drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night?	Yes .... 1 No .... 2 DK... 8	

BF11. DID (*name*) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes .... 1 No .... 2 DK.. 8	
BF12. DID (*name*) DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT?	Yes .... 1 No .... 2 DK.. 8	
BF13. DID (*name*) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Yes .... 1 No .... 2 DK.. 8	2⇨BF15 8⇨BF15
BF14. HOW MANY TIMES DID (*name*) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times.. __ __	
BF15. DID (NAME) EAT THIN PORRIDGE YESTERDAY, DURING THE DAY OR NIGHT?	Yes .... 1 No .... 2 DK.. 8	
BF16. DID (*name*) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Yes .... 1 No .... 2 DK.. 8	2⇨BF18 8⇨BF18
BF17. HOW MANY TIMES DID (*name*) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times.. __ __	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (*name*) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes .... 1 No .... 2 DK.. 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (*name*) HAD DIARRHOEA?	Yes .... 1 No .... 2 DK... 8	2⇨CA7 8⇨CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH (*name*) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? *If less, probe*: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less .... 1 Somewhat less... 2 About the same.. 3 More... 4 Nothing to drink .... 5 DK... 8	
CA3. DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? If "less", probe: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less .... 1 Somewhat less... 2 About the same.. 3 More... 4 Stopped food .... 5 Never gave food .... 6 DK... 8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS (*name*) GIVEN TO DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. [A] A FLUID MADE FROM A SPECIAL PACKET CALLED NIMKOL? [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA? [C] (*Government-recommended homemade fluid name will be added here*)?	Y N DK Fluid from NIMKOL packet .... 1 2 8 Pre-packaged ORS fluid........................... 1 2 8 *Govt. recommended homemade fluid* 1 2 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes .... 1 No .... 2 DK... 8	2⇨CA7 8⇨CA7

CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?
 	
Probe:
ANYTHING ELSE?
 	
Record all treatments given. Write brand name(s) of all medicines mentioned.
 	
_____
(Name)
	Pill or Syrup
	    Antibiotic .... A
	    Antimotility... B
	    Zinc.. C
	    Other (Not antibiotic, antimotility
	            or zinc).................................. G
	    Unknown pill or syrup .... H
	
	Injection
	    Antibiotic L
	    Non-antibiotic .... M
	    Unknown injection.. N
	
	Intravenous.. O
	
	Home remedy / Herbal medicine...................... Q
	
	Other (*specify*) _____ X	

CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (*name*) HAD AN ILLNESS WITH A COUGH?	Yes .... 1 No .... 2 DK... 8	2⇨CA14 8⇨CA14
CA8. WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes .... 1 No .... 2 DK... 8	2⇨CA14 8⇨CA14
CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest... 1 Blocked or runny nose....................................... 2 Both... 3 Other (*specify*) _____ 6 DK.. 8	2⇨CA14 6⇨CA14
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes .... 1 No .... 2 DK... 8	2⇨CA12 8⇨CA12

CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?
 	
Probe:
ANYWHERE ELSE?
 	
Circle all providers mentioned,
 	
but do NOT prompt with any suggestions.
	Public sector
	    Govt. hospital... A
	    Dispensary...E
	    Basic health centre ....F
	    Rural health post .... G
	    Other public (*specify*).................................. H
	
	Private medical sector
	    Private hospital / clinic...................................I
	    Private physician..J
	    Private pharmacy .... K
	    ...Dispenser/compounder.…………………M
	    Other private medical (*specify*) _____ O
	
	Other source
	    Relative / Friend..P	

Probe to identify each type of source. If unable to determine if public or private sector, write the name of the place. _____ (Name of place)	Homeopath ....S Traditional practitioner (Hakeem)................T Other (*specify*) _____ X	
CA12. WAS (*name*) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes .... 1 No .... 2 DK... 8	2⇨CA14 8⇨CA14

CA13. WHAT MEDICINE WAS (*name*) GIVEN?
 	
Probe:
ANY OTHER MEDICINE?
 	
Circle all medicines given. Write brand name(s) of all medicines mentioned.
 	
_____
(Names of medicines)
	Antibiotic
	  Pill / Syrup .... A
	  Injection .... B
	
	Anti-malarials..M
	
	Paracetamol / Panadol / Acetaminophen ....P
	Aspirin .... Q
	Ibuprofen... R
	
	Other (*specify*) _____ X
	DK..Z	

CA14. Check AG2: Child aged under 3? ▢Yes. ⇨ Continue with CA15 ☐ *No. ⇨ Go to Next Module*		
CA15. THE LAST TIME *(name)* PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine .... 01 Put / Rinsed into toilet or latrine...................... 02 Put / Rinsed into drain or ditch......................... 03 Thrown into garbage (solid waste) .... 04 Buried... 05 Left in the open .... 06 Other (*specify*) _____ 96 DK... 98	

MALARIA		ML
ML1. IN THE LAST TWO WEEKS, HAS (*name*) BEEN ILL WITH A FEVER AT ANY TIME?	Yes .... 1 No .... 2 DK... 8	2⇨Next Module 8⇨Next Module
ML2. AT ANY TIME DURING THE ILLNESS, DID (*name*) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes .... 1 No .... 2 DK... 8	
ML3. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes .... 1 No .... 2 DK... 8	2⇨ML8 8⇨ML8
ML4. WAS (NAME) TAKEN TO A HEALTH FACILITY DURING THIS ILLNESS?	Yes .... 1 No .... 2 DK... 8	2⇨ML8 8⇨ML8
ML5. WAS (*name*) GIVEN ANY MEDICINE FOR FEVER OR MALARIA AT THE HEALTH FACILITY?	Yes .... 1 No .... 2 DK... 8	2⇨ML7 8⇨ML7

ML6. WHAT MEDICINE WAS (*name*) GIVEN?
 	
Probe:
ANY OTHER MEDICINE?
 	
Circle all medicines mentioned. Write brand name(s) of all medicines, if given.
 	
_____
 	
(Name)
	Anti-malarials:
	    SP / Fansidar .... A
	    Chloroquine .... B
	    Amodiaquine.. C
	    Quinine .... D
	    Combination with Artemisinin.......................E
	    Country-specific CBD anti-malarial..............F
	    Other anti-malarial
	        (*specify*)_____ H
	
	Antibiotic drugs
	    Pill / Syrup I
	    Injection ....J
	
	Other medications:
	    Paracetamol/ Panadol /Acetaminophen ....P
	    Aspirin ....Q
	    Ibuprofen.. R
	
	Other (*specify*) _____ X
	DK..Z	

ML7. WAS (*name*) GIVEN ANY MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes .... 1 No .... 2 DK... 8	1⇨ML9 2⇨ML10 8⇨ML10
ML8. WAS (*name*) GIVEN ANY MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes .... 1 No .... 2 DK... 8	2⇨ML10 8⇨ML10

| ML9. WHAT MEDICINE WAS (*name*) GIVEN?

Probe:
ANY OTHER MEDICINE?

Circle all medicines mentioned. Write brand name(s) of all medicines, if given.

_____

(Name)

. | Anti-malarials:
   SP / Fansidar .... A
   Chloroquine .... B
   Amodiaquine... C
   Quinine .... D
   Combination with Artemisinin......................E
   Country-specific CBD anti-malarial..............F
   Other anti-malarial
       (*specify*)_____ H

Antibiotic drugs
   Pill / Syrup I
   Injection ....J

Other medications:
   Paracetamol/ Panadol/ Acetaminophen ....P
   Aspirin .... Q
   Ibuprofen.. R

Other (*specify*) _____ X
DK...Z | |

| ML10. *Check ML6 and ML9: Anti-malarial mentioned (codes A - H)?*

☐ *Yes.* ⇨ *Continue with ML11*

☐ *No.* ⇨ *Go to Next Module* |

| ML11. HOW LONG AFTER THE FEVER STARTED DID (*name*) FIRST TAKE (*name of anti-malarial from ML6 or ML9*)?

If multiple anti-malarials mentioned in ML6 or ML9, name all anti-malarial medicines mentioned.

Record how long after the fever started the first anti-malarial was given. | Same day 0
Next day 1
2 days after the fever 2
3 days after the fever 3
4 or more days after the fever............................ 4

DK... 8 | |

IMMUNIZATION   IM

If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card.   IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.

IM1. DO YOU HAVE A CARD WHERE (*name*)'S VACCINATIONS ARE WRITTEN DOWN? (*If yes*) MAY I SEE IT PLEASE?	Yes, seen .... 1 Yes, not seen .... 2 No card.. 3	1⇨IM3 2⇨IM6
IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (*name*)?	Yes .... 1 No 2	1⇨IM6 2⇨IM6

IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.	Date of Immunization			
	Day	Month	Year	
BCG BCG				
POLIO AT BIRTH OPV0				
POLIO 1 OPV1				
POLIO 2 OPV2				
POLIO 3 OPV3				
DPT1 DPT1				
DPT2 DPT2				
DPT3 DPT3				
HEPB AT BIRTH H0				
HEPB1 H1				
HEPB2 H2				
HEPB3 H3				
MEASLES (OR MMR) MEASLES				
INFLUENZA				

IM4. *Check IM3. Are all vaccines (BCG to Yellow Fever) recorded?*

☐ *Yes*⇨ *Continue with IM18*

☐ *No* ⇨ *Continue with IM5*

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? Record 'Yes' only if respondent mentions vaccines shown in the table above.	Yes .... 1 (Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM18) No .... 2 DK 8	2⇨UF13 8⇨UF13
IM6. HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?	Yes .... 1 No .... 2 DK 8	2⇨UF13 8⇨UF13
IM7. HAS (*name*) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes .... 1 No .... 2 DK 8	
IM8. HAS (*name*) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes .... 1 No .... 2 DK 8	2⇨IM11 8⇨IM11
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?	First two weeks .... 1 Later 2	
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times .... __	
IM11. HAS (*name*) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? *Probe by indicating that DPT vaccination is sometimes given at the same time as Polio*	Yes .... 1 No .... 2 DK 8	2⇨IM13 8⇨IM13
IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?	Number of times .... __	
IM13. HAS (*name*) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B? *Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines*	Yes .... 1 No .... 2 DK 8	2⇨IM16 8⇨IM16
IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?	Within 24 hours .... 1 Later 2	
IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?	Number of times .... __	

IM16. HAS (*name*) EVER RECEIVED A MEASLES INJECTION OR AN MMR INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF **9** MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes .... 1 No .... 2 DK.. 8	

UF13. *Record the time.*	Hour and minutes .... __ __ : __ __	

UF14. *Is the respondent the mother or caretaker of another child age 0-4 living in this household?*

☐ *Yes.* ⇨ *Indicate to the respondent that you will need to measure the weight and height of the child later.*
        Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent

☐ *No.* ⇨ *End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child.*

        Check to see if there are other woman's or under-5 questionnaires to be administered in this household.

        Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.

After questionnaires for all children are complete, the measurer weighs and measures each child.
Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.

AN1. Measurer's name and number:	Name_____ ___ ___	
AN2. Result of height / length and weight measurement	Either or both measured 1	
	Child not present 2	2⇨AN6
	Child or caretaker refused 3	3⇨AN6
	Other (*specify*) _____ 6	6⇨AN6
AN3. Child's weight	Kilograms (kg) .... ___ ___ . ___	
	Weight not measured.................................... 99.9	
AN4. Child's length or height Check age of child in AG2: ☐Child under 2 years old. ⇨ Measure length (lying down). ☐Child age 2 or more years. ⇨ Measure height (standing up).	Length (cm) Lying down ....1 ___ ___ ___ . ___ Height (cm) Standing up ....2 ___ ___ ___ . ___ Length / Height not measured 9999.9	
AN5. Oedema Observe and record	Checked ....Oedema present .... 1 ....Oedema not present .... 2 ....Unsure .... 3 Not checked _____(*specify reason*) _____ 7	

AN6. Is there another child in the household who is eligible for measurement?

☐Yes. ⇨ Record measurements for next child.

☐No. ⇨ End the interview with this household by thanking all participants for their cooperation.

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Appendix G   District level Indicators

Readers are cautioned that sample size at district level is not adequate to give reliable estimates on all indicators at district level. Tables at district level have been included in the report for selected indicators only. However, sampling errors included at Appendix C-1 indicate larger sampling errors for district level indicators and hence readers should refrain from comparing districts against each other and also with earlier surveys. Percentages based on less than 25 unweighted numbers are collapsed and those based on unweighted numbers between 25 and 49 are shown in parenthesis to further caution readers while using these statistics.

Table 1: Percentage of children age 0-23 months who were ever breastfed and Percentage of children who received prelacteal feed, by districts, Balochistan Province, Pakistan, 2010			
Districts	Percentage ever breastfed	Percentage who received a prelacteal feed	Number of last born children age 0-23 months
Region I			
Quetta Zarghoon Town	93.8	32.8	180
Quetta Chilton Town	95.3	47.7	132
Pishin	96.7	29.7	219
Qilla Abdullah	87.7	20.6	182
Noshki	(79.8)	(50.9)	27
Chagai	99.1	83.4	51
Region II			
Mastung	96.5	74.3	79
Kalat	92.8	54.5	117
Khuzdar	97.9	83.9	152
Awaran	(100.0)	(94.6)	23
Lasbela	97.6	78.9	133
Kharan	90.2	25.0	53
Washuk	(*)	(*)	7
Region III			
Ziarat	91.6	28.2	18
Harnai	95.5	30.6	25
Sibi	83.9	30.8	35
Dera Bugti	(95.4)	(67.4)	28
Kohlu	99.5	75.3	59
Region IV			
Qilla Saifullah	97.7	39.3	114
Zhob	98.7	57.0	61
Sherani	(*)	(*)	6
Musakhail	(98.5)	(42.2)	15
Loralai	91.9	22.7	71
Barkhan	(96.9)	(49.1)	19
Region V			
Jafarabad	91.6	31.6	241
Naseerabad	89.9	40.8	130
Jhal Magsi	(86.1)	(60.5)	23
Bolan	89.5	31.4	82
Region VI			
Panjgoor	(*)	(*)	10
Kech	98.5	94.1	147
Gawader	93.6	71.7	49

Note: Figures shown in parenthesis are based on denominators of 25-49 un-weighted cases and figures shown by an (*) are based on denominators of 24 un-weighted cases and less.

Table 2: Percentage of household population by consumption of iodized salt (15+PPM), Balochistan Province, Balochistan, 2010		
Name of district	Percentage of households with Iodized salt	Number of households in which salt was tested or had no salt
Region I		
Quetta Zarghoon Town	18.0	665
Quetta Chilton Town	6.8	543
Pishin	5.0	556
Qilla Abdullah	2.6	493
Noshki	19.3	155
Chagai	14.8	194
Region II		
Mastung	3.6	273
Kalat	10.7	455
Khuzdar	6.8	867
Awaran	0.7	242
Lasbela	10.2	563
Kharan	5.2	258
Washuk	7.2	133
Region III		
Ziarat	6.9	63
Harnai	6.6	142
Sibi	18.1	157
Dera Bugti	0.0	342
Kohlu	1.3	281
Region IV		
Qilla Saifullah	4.9	276
Zhob	2.3	308
Sherani	5.8	139
Musakhail	0.3	201
Loralai	5.1	520
Barkhan	2.4	184
Region V		
Jafarabad	24.6	711
Naseerabad	6.5	427
Jhal Magsi	3.6	185
Bolan	3.0	511
Region VI		
Panjgoor	2.9	363
Kech	37.3	846
Gawader	16.3	315

Table 3: Percentage of children 12-23 months by vaccination status, Balochistan Province, Pakistan 2010							
	Percentage						
Name of district	BCG	Polio3	DPT3	Measles	HepB 3	Fully vaccina ted*	Number children age 12-23 months
Region I							
Quetta Zarghoon Town	48.21	53.64	8.30	27.72	7.4	5.45	108
Quetta Chilton Town	44.18	61.72	19.02	32.67	16.7	13.26	63
Pishin	21.99	78.22	1.44	10.45	.0	0.00	112
Qilla Abdullah	6.50	14.03	0.56	5.51	.0	0.00	117
Noshki	(*)	(*)	(*)	(*)	(*)	(*)	13
Chagai	34.10	46.19	14.30	26.67	2.3	2.17	33
Region II							
Mastung	55.05	61.23	22.05	27.55	15.4	6.97	46
Kalat	14.98	48.13	8.01	7.64	1.6	0.80	70
Khuzdar	30.46	14.29	4.49	23.25	2.7	0.00	92
Awaran	(*)	(*)	(*)	(*)	(*)	(*)	18
Lasbela	57.03	79.50	30.84	64.17	18.0	14.16	65
Kharan	38.66	32.54	12.46	17.97	7.0	5.35	31
Washuk	(*)	(*)	(*)	(*)	(*)	(*)	4
Region III							
Ziarat	(33.82)	(67.6)	(1.47)	(3.62)	(1.5)	(0.00)	10
Harnai	(18.71)	(46.2)	(1.72)	(19.76)	(1.6)	(0.00)	14
Sibi	36.61	56.47	18.71	32.27	15.1	11.82	23
Dera Bugti	(*)	(*)	(*)	(*)	(*)	(*)	28
Kohlu	(4.48)	(8.5)	(0.00)	(5.28)	(.0)	(0.00)	42
Region IV							
Qilla Saifullah	22.16	62.43	1.61	18.80	1.7	1.50	57
Zhob	31.11	60.12	8.62	9.16	4.6	0.00	49
Sherani	(4.60)	(7.75)	(0.00)	(2.45)	(.0)	(0.00)	12
Musakhail	(0.00)	(56.1)	(0.00)	(1.28)	(.0)	(0.00)	21
Loralai	(18.09)	(28.0)	(3.38)	(20.98)	(.0)	(0.00)	47
Barkhan	(4.96)	(34.2)	(0.00)	(3.47)	(.0)	(0.00)	16
Region V							
Jafarabad	43.08	52.16	18.62	21.30	5.5	2.69	137
Naseerabad	48.87	64.27	19.33	23.61	15.0	12.55	79
Jhal Magsi	(55.71)	(75.5)	(35.90)	(25.74)	(25.7)	(19.10)	16
Bolan	(44.84)	(53.98)	(29.86)	(18.74)	(10.4)	(6.03)	56
Region VI							
Panjgoor	(*)	(*)	(*)	(*)	(*)	(*)	5
Kech	(82.10)	(31.5)	(26.10)	(62.31)	(12.0)	(0.00)	91
Gawader	(*)	(*)	(*)	(*)	(*)	(*)	18

*Fully immunized include among others the vaccinations for hepatitis as well. The vaccination figures therefore are not comparable with other surveys like PDHS and PSLM etc.

Note: Figures shown in parenthesis are based on denominators of 25-49 un-weighted cases and figures shown by an (*) are based on denominators of 24 un-weighted cases and less.

Name of district	Percentage who received 2 doses of TT injection during last pregnancy	Percentage of women protected against tetanus	Number of ever married women with a live birth in the past two years
	**Table 4: Percentage of ever married women age 15-49 years who had a live birth in the past two years who have received 2 doses of TT injection and percentage of women who were protected against tetanus, by district, Balochistan Province, Pakistan 2010**
Region I			
Quetta Zarghoon Town	34.4	40.5	180
Quetta Chilton Town	21.9	28.5	132
Pishin	10.5	13.4	219
Qilla Abdullah	3.4	3.7	182
Noshki	(12.6)	(14.7)	27
Chagai	4.9	7.4	51
Region II			
Mastung	9.7	11.4	79
Kalat	4.5	5.4	117
Khuzdar	11.6	14.1	152
Awaran	(10.8)	(10.8)	23
Lasbela	22.7	23.7	133
Kharan	7.7	11.2	53
Washuk	(*)	(*)	7
Region III			
Ziarat	1.8	2.8	18
Harnai	4.7	6.5	25
Sibi	30.2	30.2	35
Dera Bugti	(*)	(*)	28
Kohlu	0.0	0.3	59
Region IV			
Qilla Saifullah	5.6	6.5	114
Zhob	2.0	8.3	61
Sherani	(*)	(*)	6
Musakhail	(1.6)	(1.6)	15
Loralai	5.8	5.8	71
Barkhan	(6.4)	(6.4)	19
Region V			
Jafarabad	21.9	23.3	241
Naseerabad	19.0	20.0	130
Jhal Magsi	(20.7)	(20.7)	23
Bolan	14.0	16.6	82
Region VI			
Panjgoor	(*)	(*)	10
Kech	22.4	35.1	147
Gawader	27.3	32.8	49

Note: Figures shown in parenthesis are based on denominators of 25-49 un-weighted cases and figures shown by an (*) are based on denominators of 24 un-weighted cases and less.

Table 5: Percentage of children 0-59 months who had diarrhoea in the last two weeks and those who received ORS or any home made fluids, by district, Balochistan Province, Pakistan, 2010				
Name of district	Percentage who had diarrhoea in the past two weeks	Number of children age 0-59 months	Percentage who received ORS or recommended home-made liquids	Number of children 0-59 months who had diarrhoea in the past two weeks
Region I				
Quetta Zarghoon Town	14.2	459	44.6	65
Quetta Chilton Town	14.9	421	(64.4)	63
Pishin	23.9	657	37.3	157
Qilla Abdullah	6.1	727	(93.1)	44
Noshki	6.6	104	(*)	7
Chagai	16.3	180	(45.2)	29
Region II				
Mastung	21.1	248	58.5	52
Kalat	21.8	428	64.0	93
Khuzdar	21.7	622	75.9	135
Awaran	35.9	148	43.9	53
Lasbela	30.1	372	58.1	112
Kharan	13.4	175	(78.5)	23
Washuk	17.1	61	(84.8)	10
Region III				
Ziarat	29.5	59	39.7	17
Harnai	23.6	107	50.8	25
Sibi	22.3	127	75.5	28
Dera Bugti	52.9	258	94.4	136
Kohlu	58.2	248	96.9	144
Region IV				
Qilla Saifullah	30.1	386	36.9	116
Zhob	9.3	398	(86.0)	37
Sherani	13.4	89	(80.8)	12
Musakhail	1.5	159	(*)	2
Loralai	8.1	431	(79.9)	35
Barkhan	32.3	146	97.5	47
Region V				
Jafarabad	13.2	810	77.0	107
Naseerabad	38.2	411	81.0	157
Jhal Magsi	38.0	114	78.7	43
Bolan	21.9	408	74.1	89
Region VI				
Panjgoor	30.2	130	(87.5)	39
Kech	17.6	670	98.3	118
Gawader	33.0	183	73.4	61

Note: Figures shown in parenthesis are based on denominators of 25-49 un-weighted cases and figures shown by an (*) are based on denominators of 24 un-weighted cases and less.

Table 6: Percentage of children 0-59 months who had suspected pneumonia in the last two weeks, by district, Balochistan Province, Pakistan, 2010		
Name of District	Percentage of children 0-59 months who had suspected pneumonia	Number of children 0-59 months
Region I		
Quetta Zarghoon Town	3.7	459
Quetta Chilton Town	6.0	421
Pishin	6.9	657
Qilla Abdullah	1.7	727
Noshki	0.0	104
Chagai	2.1	180
Region II		
Mastung	11.6	248
Kalat	4.9	428
Khuzdar	4.0	622
Awaran	35.6	148
Lasbela	2.0	372
Kharan	3.1	175
Washuk	7.6	61
Region III		
Ziarat	6.8	59
Harnai	4.4	107
Sibi	4.1	127
Dera Bugti	0.0	258
Kohlu	1.1	248
Region IV		
Qilla Saifullah	11.1	386
Zhob	0.9	398
Sherani	4.2	89
Musakhail	0.0	159
Loralai	1.9	431
Barkhan	2.2	146
Region V		
Jafarabad	5.1	810
Naseerabad	4.2	411
Jhal Magsi	4.4	114
Bolan	3.9	408
Region VI		
Panjgoor	3.4	130
Kech	2.3	670
Gawader	4.8	183

Note: Figures shown in parenthesis are based on denominators of 25-49 un-weighted cases and figures shown by an (*) are based on denominators of 24 un-weighted cases and less.

Table 7: Percentage of mothers/caretakers of children 0-59 months who recognize two danger signs in children requiring immediate referral to a health facility, by district, Balochistan Province, Pakistan, 2010		
Name of District	Percentage of mothers/caretakers who recognize two danger signs in children requiring immediate referral to a health facility	Number of mothers/caretaker of children age 0-59 months
Region I		
Quetta Zarghoon Town	17.3	323
Quetta Chilton Town	5.7	288
Pishin	6.3	429
Qilla Abdullah	31.1	390
Noshki	21.0	65
Chagai	11.9	103
Region II		
Mastung	16.6	189
Kalat	14.4	301
Khuzdar	8.7	544
Awaran	16.7	102
Lasbela	2.7	266
Kharan	28.7	124
Washuk	5.2	51
Region III		
Ziarat	6.1	44
Harnai	21.6	78
Sibi	22.7	95
Dera Bugti	33.9	235
Kohlu	30.0	199
Region IV		
Qilla Saifullah	4.1	247
Zhob	12.8	233
Sherani	22.7	70
Musakhail	0.0	114
Loralai	16.6	308
Barkhan	14.4	127
Region V		
Jafarabad	7.5	557
Naseerabad	23.2	281
Jhal Magsi	19.8	90
Bolan	27.4	302
Region VI		
Panjgoor	7.4	100
Kech	0.4	527
Gawader	14.8	125

Table 8: Percentage of household population living in households using solid fuels for cooking, by districts, Balochistan Province, Pakistan, 2010		
Name of District	**Percentage of household population using solid fuel for cooking**	**Number of household members**
Region I		
Quetta Zarghoon Town	4.8	5285
Quetta Chilton Town	7.4	4286
Pishin	58.6	5527
Qilla Abdullah	88.0	4315
Noshki	85.3	1180
Chagai	93.6	1373
Region II		
Mastung	57.0	2245
Kalat	81.6	3945
Khuzdar	94.4	5972
Awaran	98.4	1308
Lasbela	88.4	3544
Kharan	87.6	1804
Washuk	97.5	693
Region III		
Ziarat	62.3	556
Harnai	95.9	1129
Sibi	35.3	1187
Dera Bugti	7.3	2861
Kohlu	64.1	2395
Region IV		
Qilla Saifullah	97.0	2744
Zhob	89.1	2763
Sherani	91.7	1028
Musakhail	99.6	1426
Loralai	95.4	4044
Barkhan	71.1	1395
Region V		
Jafarabad	71.5	6322
Naseerabad	86.8	3560
Jhal Magsi	87.7	1472
Bolan	75.2	3788
Region VI		
Panjgoor	76.3	2615
Kech	94.2	6378
Gawader	93.3	2048

District	Percentage of household population using improved source of drinking water	Percentage of household population not using any method for treating water for drinking	Number of household members	Percentage of households without drinking water on premises	Number of households
Region I					
Quetta Zarghoon Town	91.1	79.0	5285	8.2	686
Quetta Chilton Town	83.4	88.0	4286	15.2	559
Pishin	89.8	93.5	5527	27.0	603
Qilla Abdullah	99.1	91.3	4315	4.2	504
Noshki	89.1	98.8	1180	36.5	164
Chagai	66.6	98.9	1373	33.1	198
Region II					
Mastung	88.5	93.9	2245	27.8	276
Kalat	81.9	77.0	3945	45.5	464
Khuzdar	73.9	97.8	5972	34.6	872
Awaran	47.2	93.5	1308	53.1	243
Lasbela	88.8	93.9	3544	43.8	571
Kharan	87.9	89.8	1804	45.5	268
Washuk	81.8	89.2	693	45.1	139
Region III					
Ziarat	48.5	79.6	556	58.1	65
Harnai	67.5	93.5	1129	41.3	147
Sibi	79.7	68.9	1187	28.4	159
Dera Bugti	82.9	65.1	2861	37.6	345
Kohlu	76.1	71.7	2395	36.3	281
Region IV					
Qilla Saifullah	80.0	95.3	2744	50.4	289
Zhob	69.9	100.0	2763	55.4	309
Sherani	61.2	87.7	1028	43.5	146
Musakhail	46.4	100.0	1426	63.6	201
Loralai	62.5	94.3	4044	44.6	539
Barkhan	82.0	89.8	1395	52.0	193
Region V					
Jafarabad	57.4	74.8	6322	37.2	720
Naseerabad	15.9	59.4	3560	69.1	427
Jhal Magsi	23.5	58.6	1472	75.0	188
Bolan	44.8	67.5	3788	74.5	513
Region VI					
Panjgoor	73.8	82.5	2615	31.1	376
Kech	88.9	100.0	6378	9.2	848
Gawader	73.4	96.1	2048	41.5	315

Table 9: Percentage of household population using improved source of drinking water; percentage of households without drinking water on premises; percentage of household population not using any method for treating drinking water, by district, Balochistan Province, Pakistan, 2010

Table 10: Percentage of household population having improved water source and improved sanitation by district, Balochistan Province, Pakistan, 2010		
Name of district	Percentage	Number of household members
Region I		
Quetta Zarghoon Town	81.0	5285
Quetta Chilton Town	68.8	4286
Pishin	48.7	5527
Qilla Abdullah	94.1	4315
Noshki	55.4	1180
Chagai	33.4	1373
Region II		
Mastung	46.7	2245
Kalat	44.3	3945
Khuzdar	57.9	5972
Awaran	25.3	1308
Lasbela	52.7	3544
Kharan	49.6	1804
Washuk	53.3	693
Region III		
Ziarat	18.2	556
Harnai	30.0	1129
Sibi	63.1	1187
Dera Bugti	64.8	2861
Kohlu	59.5	2395
Region IV		
Qilla Saifullah	17.9	2744
Zhob	40.5	2763
Sherani	30.4	1028
Musakhail	20.3	1426
Loralai	33.2	4044
Barkhan	49.2	1395
Region V		
Jafarabad	34.3	6322
Naseerabad	11.2	3560
Jhal Magsi	14.5	1472
Bolan	26.2	3788
Region VI		
Panjgoor	64.8	2615
Kech	77.8	6378
Gawader	50.2	2048

Table 11: Percentage of currently married women using any method of contraception by districts, Balochistan Province, Pakistan, 2010		
Name of district	**Percentage**	**Number of currently married women**
Region I		
Quetta Zarghoon Town	28.2	643
Quetta Chilton Town	21.0	525
Pishin	9.1	697
Qilla Abdullah	34.3	524
Noshki	6.8	112
Chagai	10.7	149
Region II		
Mastung	12.6	282
Kalat	8.8	472
Khuzdar	6.2	823
Awaran	18.6	199
Lasbela	23.2	486
Kharan	8.8	222
Washuk	5.0	102
Region III		
Ziarat	8.1	74
Harnai	14.2	149
Sibi	15.2	153
Dera Bugti	0.3	271
Kohlu	2.6	265
Region IV		
Qilla Saifullah	3.0	373
Zhob	0.7	315
Sherani	5.7	114
Musakhail	1.6	202
Loralai	5.0	485
Barkhan	2.4	175
Region V		
Jafarabad	12.2	884
Naseerabad	21.0	494
Jhal Magsi	20.0	188
Bolan	8.9	548
Region VI		
Panjgoor	16.6	287
Kech	36.2	791
Gawader	18.8	259

Name of Districts	Percentage					Number of women who gave birth in the preceding two years
	At least one ANC visit	4 or more ANC visits	Last delivery assisted by a skilled health professional	Delivered at Home	Delivered at Health facility	
Region I						
Quetta Zarghoon Town	75.0	34.9	73.0	27.2	70.5	180
Quetta Chilton Town	67.3	29.7	66.5	38.9	61.1	132
Pishin	37.1	7.8	25.4	76.2	23.8	219
Qilla Abdullah	16.5	4.8	12.0	85.0	14.1	182
Noshki	(32.8)	(14.8)	(26.5)	(85.6)	(14.4)	27
Chagai	18.8	1.1	1.1	95.0	2.2	51
Region II						
Mastung	37.4	12.5	31.6	82.4	17.0	79
Kalat	14.6	7.2	12.9	89.0	6.9	117
Khuzdar	25.4	3.8	7.9	96.3	2.5	152
Awaran	(30.5)	(9.0)	(2.7)	(97.3)	(2.7)	23
Lasbela	46.8	8.4	28.9	74.9	24.1	133
Kharan	24.5	8.2	13.2	87.6	10.0	53
Washuk	(*)	(*)	(*)	(*)	(*)	7
Region III						
Ziarat	29.1	5.6	14.3	83.8	14.3	18
Harnai	34.5	4.1	16.9	83.9	14.2	25
Sibi	53.9	25.6	47.0	47.9	45.6	35
Dera Bugti	(22.6)	(3.8)	(13.7)	(90.1)	(9.9)	28
Kohlu	68.6	14.1	2.3	96.2	2.8	59
Region IV						
Qilla Saifullah	33.9	2.6	17.0	82.2	16.8	114
Zhob	45.7	3.9	32.2	86.2	9.8	61
Sherani	(*)	(*)	(*)	(*)	(*)	6
Musakhail	(.0)	(0.0)	(1.5)	(98.5)	(1.5)	15
Loralai	26.8	1.2	31.1	76.3	18.2	71
Barkhan	(20.4)	(0.0)	(6.5)	(87.3)	(6.5)	19
Region V						
Jafarabad	37.3	14.1	30.9	62.8	26.8	241
Naseerabad	30.0	11.2	21.7	77.8	19.7	130
Jhal Magsi	(32.0)	(6.1)	(9.4)	(90.6)	(9.4)	23
Bolan	28.8	5.3	20.9	84.5	14.0	82
Region VI						
Panjgoor	(*)	(*)	(*)	(*)	(*)	10
Kech	64.4	9.0	61.9	51.8	46.3	147
Gawader	44.2	11.9	16.7	83.3	16.7	49

Table 12: Percentage of women who visited a health professional for ANC during last pregnancy in two years prior to survey; percentage of women whose last pregnancy was assisted by a skilled professional; and percentage of women by place of delivery, by districts, Balochistan Province, Pakistan, 2010

Note: Figures shown in parenthesis are based on denominators of 25-49 un-weighted cases and figures shown by an (*) are based on denominators of 24 un-weighted cases and less.

Name of Districts	Net Attendance Ratio-Primary				Net Attendance Ratio-Secondary			
	Male	Female	Total	# of children	Male	Female	Total	# of children
Region I								
Quetta Zarghoon Town	65.7	64.7	65.2	890	48.6	37.2	43.1	826
Quetta Chilton Town	54	43.4	49	735	40	33.9	37.3	704
Pishin	53.2	36.8	45.9	941	30.6	7.8	19.4	918
Qilla Abdullah	62.5	27.8	49.4	696	55	7.6	29	729
Noshki	37.7	29.6	33.6	214	25.3	17.7	21.3	180
Chagai	47.5	33.5	40.5	209	25.5	14.6	20.1	203
Region II								
Mastung	42.1	28.3	35.4	384	25.5	13.7	19.9	363
Kalat	35.5	39.5	37.2	746	24.9	19	22.8	521
Khuzdar	38.2	33.4	36	1274	9.6	9.9	9.8	1068
Awaran	18.2	20.9	19.4	273	23.1	26.2	24.5	142
Lasbela	64.8	55.4	60.9	595	40.8	20.4	31.4	584
Kharan	25.3	24.6	25	316	23.9	6.1	16.1	245
Washuk	20.1	15	17.6	134	22.4	3.3	13.2	74
Region III								
Ziarat	48.8	33.2	41.1	108	46.4	14.5	31.8	83
Harnai	45.4	27.3	37.8	211	20.4	11.1	16.2	182
Sibi	51.9	49.9	51	191	48.3	24.9	37.7	182
Dera Bugti	37.1	40.8	38.3	656	37.7	0.3	23.1	458
Kohlu	60.7	47.4	56.5	537	55.7	5.4	37.1	342
Region IV								
Qilla Saifullah	36.7	21.1	29.2	542	17	6.2	11.7	419
Zhob	30.8	29.5	30.2	484	22.7	13.6	18.4	417
Sherani	28.8	18.8	24.4	191	18.1	6.2	12.8	150
Musakhail	35	21.9	29.6	265	19.7	6.2	15	179
Loralai	25	17.7	22.2	806	17.8	10	14.6	604
Barkhan	40.8	35.6	38.6	276	42.6	16.7	31.8	211
Region V								
Jafarabad	42.4	33.1	38	1161	30.6	14.1	22.3	848
Naseerabad	35.4	20.9	29.2	695	28.5	6.3	16.9	615
Jhal Magsi	41.6	25.1	34.5	279	29.4	4.3	17.5	243
Bolan	43.4	33.3	39.1	662	30.1	9.6	20.7	564
Region VI								
Panjgoor	61.7	61.2	61.5	467	47.9	46.7	47.5	451
Kech	83.9	81.4	82.7	1336	68.1	57.3	63.1	1267
Gawader	59.5	49.2	55.5	309	40.6	31.4	36.2	338

Table 13: Primary and Secondary School (Adjusted) Net Attendance Ratio, by districts, Balochistan Province, Pakistan, 2010

Table 14: Education Gender Parity Index (GPI), by district, Balochistan Province, Pakistan, 2010						
Districts	Primary school Adjusted NAR	Primary school Adjusted NAR	Gender Parity Index	Secondary school Adjusted NAR	Secondary Adjusted NAR	Gender Parity Index
	Girls	Boys		Girls	Boys	
Region I						
Quetta Zarghoon Town	64.7	65.7	1.0	42.9	49.4	0.9
Quetta Chilton Town	43.4	54.0	0.8	40.2	41.4	1.0
Pishin	36.8	53.2	0.7	8.0	26.3	0.3
Qilla Abdullah	27.8	62.5	0.4	8.7	47.1	0.2
Noshki	29.6	37.7	0.8	17.9	25.2	0.7
Chagai	33.5	47.5	0.7	16.4	21.9	0.7
Region II						
Mastung	28.3	42.1	0.7	10.5	22.3	0.5
Kalat	39.5	35.5	1.1	17.0	21.3	0.8
Khuzdar	33.4	38.2	0.9	9.3	8.7	1.1
Awaran	20.9	18.2	1.1	23.7	22.4	1.1
Lasbela	55.4	64.8	0.9	23.5	39.6	0.6
Kharan	24.6	25.3	1.0	6.2	19.5	0.3
Washuk	15.0	20.1	0.7	4.0	14.9	0.3
Region III						
Ziarat	33.2	48.8	0.7	17.5	46.2	0.4
Harnai	27.3	45.4	0.6	11.4	20.8	0.5
Sibi	49.9	51.9	1.0	27.9	54.4	0.5
Dera Bugti	40.8	37.1	1.1	0.3	30.4	0.0
Kohlu	47.4	60.7	0.8	4.2	39.7	0.1
Region IV						
Qilla Saifullah	21.1	36.7	0.6	6.6	14.9	0.4
Zhob	29.5	30.8	1.0	17.3	23.2	0.7
Sherani	18.8	28.8	0.7	6.8	17.6	0.4
Musakhail	21.9	35.0	0.6	11.2	24.1	0.5
Loralai	17.7	25.0	0.7	11.1	18.5	0.6
Barkhan	35.6	40.8	0.9	17.8	36.4	0.5
Region V						
Jafarabad	33.1	42.4	0.8	12.3	29.7	0.4
Naseerabad	20.9	35.4	0.6	7.2	29.5	0.2
Jhal Magsi	25.1	41.6	0.6	2.5	27.5	0.1
Bolan	33.3	43.4	0.8	11.1	29.3	0.4
Region VI						
Panjgoor	61.2	61.7	1.0	55.1	58.0	1.0
Kech	81.4	83.9	1.0	56.6	67.2	0.8
Gawader	49.2	59.5	0.8	32.0	39.5	0.8

Table 15: literacy[1] rate by specific age groups and sex, Balochistan Province, Pakistan, 2010						
Districts	**Age 10 years and above**		**Age 15 years and above**		**Age 15-24 years**	
	Male	Female	Male	Female	Male	Female
Region I						
Quetta Zarghoon Town	78.2	52.7	81.1	51.1	88.7	67.4
Quetta Chilton Town	66.4	39.9	67.7	37.8	78.2	60.3
Pishin	56.2	17.9	61.1	16.2	73.5	29.5
Qilla Abdullah	80.5	17.4	81.9	15.0	80.5	22.6
Noshki	32.7	16.5	34.6	17.6	41.4	34.7
Chagai	33.7	15.5	36.9	15.1	48.5	27.5
Region II						
Mastung	39.4	15.3	39.5	14.5	46.6	27.9
Kalat	39.2	18.2	40.2	14.8	50.5	35.1
Khuzdar	24.9	11.3	27.4	10.3	35.7	24.7
Awaran	29.5	12.4	27.8	8.4	46.9	17.9
Lasbela	47.3	22.0	47.6	20.0	66.2	36.9
Kharan	37.1	9.3	40.2	8.1	45.4	20.0
Washuk	42.0	10.3	42.6	6.2	61.7	19.0
Region III						
Ziarat	57.2	22.8	60.9	22.3	74.6	45.4
Harnai	40.0	15.3	41.8	14.2	50.3	28.9
Sibi	59.4	30.2	60.3	27.7	74.6	46.1
Dera Bugti	31.0	.9	39.4	1.3	57.5	8.0
Kohlu	36.6	2.8	42.9	1.8	71.2	5.6
Region IV						
Qilla Saifullah	36.2	8.8	39.8	7.6	47.7	14.4
Zhob	28.3	12.9	27.8	9.3	32.1	17.5
Sherani	23.6	7.9	22.6	5.6	27.4	5.9
Musakhail	32.3	10.3	34.4	8.8	34.7	15.9
Loralai	28.5	11.9	29.7	10.6	31.0	23.1
Barkhan	42.7	12.6	46.2	9.4	64.7	19.1
Region V						
Jafarabad	52.2	21.1	53.2	18.5	63.3	35.2
Naseerabad	45.7	10.7	46.8	8.7	58.9	15.0
Jhal Magsi	36.5	8.2	37.6	7.9	47.8	15.0
Bolan	34.5	13.7	33.4	11.4	41.7	21.3
Region VI						
Panjgoor	74.4	45.4	73.3	39.0	80.7	71.9
Kech	71.9	50.4	68.5	39.6	94.8	76.9
Gawader	48.3	30.6	49.4	26.7	64.1	54.4
Total	**48.2**	**22.0**	**49.8**	**19.4**	**60.9**	**35.5**

Note [1]: Literacy is based on respondent's statement that the person can read and write a simple letter with understanding and is different from the one mentioned elsewhere is this report.

BALOCHISTAN
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