ZIMSTAT
Zimbabwe National Statistics Agency

ZIMBABWE

MULTIPLE INDICATOR MONITORING SURVEY (MIMS) 2009

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MICS
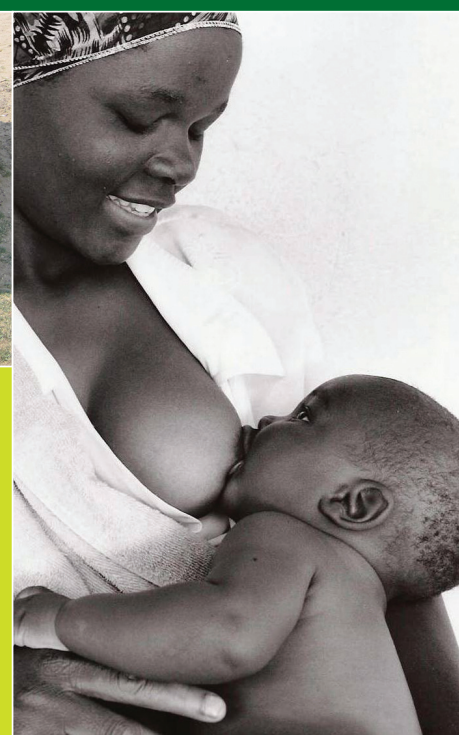
ZIMBABWE MULTIPLE INDICATOR MONITORING SURVEY (MIMS) 2009

REPORT

AUGUST 2010

Summary Table of Findings: Multiple Indicator Monitoring Survey (MIMS)
Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) Indicators, MIMS, Zimbabwe, 2009.

Note: MICS Indicators are defined in Appendix Table E.

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
CHILD MORTALITY					
Child mortality	1	4.1	Under-five mortality rate, (10 year preceding the survey)	86	per thousand
	2	4.2	Infant mortality rate, (10 year preceding the survey)	60	per thousand
NUTRITION					
Nutritional status	6	1.8 (proxy)	Underweight prevalence, (6-59 months)	11.8	Percent
	7		Stunting prevalence, (6-59 months)	35.2	Percent
	8		Wasting prevalence, (6-59 months)	2.4	Percent
Breastfeeding	45		Timely initiation of breastfeeding	51.2	Percent
	15		Exclusive breastfeeding rate	25.9	Percent
	16		Continued breastfeeding rate at 12-15 months at 20-23 months	83.2 20.5	percent percent
	17		Timely complementary feeding rate	89.3	Percent
	18		Frequency of complementary feeding	55.6	Percent
	19		Adequately fed infants	41.1	Percent
Vitamin A	42		Vitamin A supplementation (under-fives)	22.6	Percent
	43		Vitamin A supplementation (post-partum mothers)	33.8	Percent
Low birth weight	9		Low birth weight infants	10.5	Percent
	10		Infants weighed at birth	65.8	Percent
CHILD HEALTH					
Immunization	25		Tuberculosis immunization coverage	90.8	Percent
	26		Polio immunization coverage	61.1	Percent
	27		DPT immunization coverage	62.9	Percent
	28	4.3	Measles immunization coverage	68.9	Percent
	31		Fully immunized children	36.8	Percent
	29		Hepatitis B immunization coverage	61.4	Percent
Tetanus toxoid	32		Neonatal tetanus protection	64.5	Percent
Care during illness	33		Use of oral rehydration therapy (ORT)	77.8	Percent
	35		Received ORT or increased fluids, and continued feeding	34.9	Percent
	23		Care seeking for suspected pneumonia	42.6	Percent
	22		Antibiotic treatment of suspected pneumonia	16.0	Percent
Solid fuel use	24		Solid fuels	68.5	Percent
Malaria	36		Household availability of insecticide-treated nets (ITNs)	27.4	Percent
	37	6.7	Under-fives sleeping under insecticide-treated nets	17.3	Percent
	38		Under-fives sleeping under mosquito nets	22.6	Percent
	39	6.8	Antimalarial treatment (under-fives)	13.9	Percent
	40		Intermittent preventive malaria treatment (pregnant women)	13.9	Percent
ENVIRONMENT					
Water and Sanitation	11	7.8	Use of improved drinking water sources	72.8	Percent
	13		Water treatment	34.8	Percent
	12	7.7	Use of improved sanitation facilities	60.3	Percent
	14		Disposal of child's faeces	53.8	Percent
Durability of housing			Finished walls	86.0	Percent
			Finished flooring	65.2	Percent

			Finished roof	63.8	Percent
			Mean number of persons per sleeping room	2.5	Percent
Status of the environment around the household			Safe refuse disposal	57.9	Percent
			No air pollution in the neighbourhood	82.9	Percent

REPRODUCTIVE HEALTH

Fertility			Total Fertility Rate	3.7	Children per woman
Contraception	21	5.3	Contraceptive prevalence	64.9	Percent
Maternal and newborn health	20	5.5	Antenatal care (at least once)	93.4	Percent
		5.5	Antenatal care (four or more times)	56.8	Percent
			Timeliness of antenatal care (0-4 months of pregnancy)	31.4	Percent
	44		Content of antenatal care		
			Blood test taken	61.6	Percent
			Blood pressure measured	73.9	Percent
			Urine specimen taken	35.8	Percent
			Weight measured	80.2	Percent
	4	5.2	Skilled attendant at delivery	60.2	Percent
	5		Institutional deliveries	58.5	Percent
			Home deliveries	38.8	Percent

EDUCATION

Education	52		Pre-school attendance	17.7	Percent
	53		School readiness	74.5	Percent
	54		Net intake rate in primary education	74.0	Percent
	55		Net primary school attendance rate	91.2	Percent
	56		Net secondary school attendance rate	44.8	Percent
	57		Children reaching grade five	89.1	Percent
		2.2	Children reaching grade seven	82.4	Percent
	58		Transition rate to secondary school	80.7	Percent
	59		Net primary completion rate	42.6	Percent
	61	3.1	Gender parity index		
			primary school	0.98	Ratio
			secondary school	1.01	Ratio
Literacy	60		Adult literacy rate (women 15-24 years)	91.0	Percent

CHILD PROTECTION

Birth registration	62		Birth registration	37.8	Percent
			Possession of a birth certificate	36.9	Percent
Early marriage and polygamy	67		Marriage before age 15	4.7	Percent
			Marriage before age 18	31.8	Percent
	68		Young women aged 15-19 currently married/in union	21.3	Percent
	70		Polygamy	10.1	Percent
	69		Spousal age difference		
			Women aged 15-19	23.0	percent
			Women aged 20-24	18.2	percent
Domestic violence	100		Attitudes towards domestic violence	49.4	Percent

HIV AND AIDS AND ORPHANED AND VULNERABLE CHILDREN

HIV and AIDS knowledge and attitudes			Comprehensive knowledge about HIV prevention among young women (15-24 years)	53.3	Percent
			Comprehensive knowledge about HIV prevention among women aged 15-49 years	55.2	Percent
	89		Knowledge of mother- to-child transmission of HIV	65.4	Percent
	86		Attitude towards people with HIV and AIDS	43.0	Percent
	87		Women who know where to be tested for HIV	85.0	Percent
	88		Women who have been tested for HIV	44.9	Percent

	90		Counselling coverage for the prevention of mother-to-child transmission of HIV	66.2	Percent
	91		Testing coverage for the prevention of mother-to-child transmission of HIV	53.4	Percent
Support to orphaned and vulnerable children	75		Prevalence of orphans	24.5	Percent
	78		Children's living arrangements	26.1	Percent
	76		Prevalence of vulnerable children	36.6	Percent
	77	6.4	School attendance of orphans versus non-orphans (10-14 years)	0.9	Ratio
	81		External support to children orphaned and made vulnerable (by HIV and AIDS)	20.8	Percent
	79		Malnutrition (underweight) among children orphaned and made vulnerable (by HIV and AIDS) – WHO Standard	1.08	Ratio
			Malnutrition (underweight) among children orphaned and made vulnerable (by HIV and AIDS) – NCHS Standard	1.14	Ratio

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LIST OF ABBREVIATIONS

ACRWC	African Charter on the Rights and Welfare of the Child
AFASS	Affordable, feasible, accessible, sustainable and safe
AIDS	Acquired Immuno-deficiency Syndrome
ANC	Antenatal Care
ARI	Acute Respiratory Infection
ARV	Anti- Retroviral drug
BCG	Bacillus-Calmette-Guerin
BEAM	Basic Education Assistance Module
BoP	Balance of Payment
CDC	Centres for Disease Control and Prevention
CEDAW	The Convention on the Elimination of all Forms of Discrimination against Women
CHDs	Child Health Days
CIET	Commission of Inquiry into Education and Training
CO	Carbon Monoxide
CPR	Contraceptive Prevalence Rate
CRC	Convention on the Rights of the Child
CSFP	Child Supplementary Feeding Programme
CSO	Central Statistical Office
CSPro	Census and Survey Processing System
DK	Don't know
DPT	Diphtheria, Pertussis and Tetanus
EAs	Enumeration Areas
ECD	Early Childhood Development
EFA	Education for All
EPI	Expanded Programme of Immunization
ESPP	Enhanced Social Protection Project
FDI	Foreign Direct Investment
GDP	Gross Domestic Product
GPA	Global Political Agreement
GPI	Gender Parity Index
Hep	Hepatitis
HH	Household
HIV	Human Immuno-deficiency Virus
IMR	Infant Mortality Rate
IPT	Intermittent Presumptive Treatment
IQ	Intelligence Quotient
ITN	Insecticide Treated Net
IU	International Units
IUD	Intrauterine Devices
LAM	Lactational Amenorrhoea
LPG	Liquefied Petroleum Gas
LSCFA	Large Scale Commercial Farming Areas
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MIMS	Multiple Indicator Monitoring Survey
MTP	Medium-Term Plan
MUAC	Mid-Upper-Arm Circumference

NAC	National AIDS Council
NAP	National Action Plan for Orphans and Vulnerable Children
NAR	Net Attendance Ratio
NCHS	National Centre for Health Statistics
NER	Net Enrollment Ratio
NGOs	Non-Governmental Organizations
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Treatment
OVC	Orphans and Vulnerable Children
PMTCT	Prevention of Mother-to-Child Transmission
PoS	Programme of Support
PPS	Probability Proportional to Size
PSUs	Primary Sampling Units
RHF	Recommended Home Fluid
SD	Standard Deviation
SE	Sampling Error
SIRDC	Scientific Industrial Research and Development Center
SMT	Survey Management Team
SO2	Sulphur Dioxide
SPSS	Statistical Package for the Social Sciences
SSCFA	Small Scale Commercial Farming Areas
STERP	Short-Term Emergency Recovery Programme
STIs	Sexually Transmitted Infections
TBA	Traditional Birth Attendant (trained)
TFR	Total Fertility Rate
TT	Tetanus Toxoid
UDHR	Universal Declaration of Human Rights
UNAIDS	The Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
US$	United States Dollar
VHW	Village Health Workers
VIP	Ventilated Improved Pit Latrine
WFFC	World Fit for Children
WHO	World Health Organization
ZDHS	Zimbabwe Demographic and Health Survey
ZEPI	Zimbabwe Expanded Programme on Immunization
ZMS02	Zimbabwe Master Sample 2002 Population Census
N/A	Not applicable
*	In tables represents an unweighted sample of less than 25
()	In tables represents an unweighted sample of less than 50
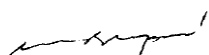
PREFACE

This is the first Multiple Indicator Monitoring Survey (MIMS), a customized version of the Multiple Indicator Cluster Survey (MICS) Round 3 which was conducted in Zimbabwe between April and May of 2009. The MIMS was designed to collect information on a large number of socio-economic and health indicators required to inform the planning, implementation and monitoring of national policies and programmes for enhancing the welfare of children and women. The MIMS also plays an important role in informing national policies such as the Short-Term Emergency Recovery Programme (STERP), 2009 and the Medium-Term Plan (MTP) 2010 – 2014. In addition, the MIMS also provides indicators for monitoring almost half of the 2015 Millennium Development Goals (MDGs), the 2010 World Fit for Children (WFFC) Declaration and Plan of Action, the goals of the United Nations General Assembly Special Session (UNGASS), 2001 on the human immuno-deficiency virus (HIV) and the acquired immuno-deficiency syndrome (AIDS), and the African Summit on Malaria, 2000.

This Main Report, produced following the publication of a MIMS Preliminary Report in November 2009, consists of 11 chapters as follows: Chapter 1 which is the introduction; Chapter 2 on sample and survey methodology; Chapter 3 on sample coverage and the characteristics of households and respondents; Chapter 4 on child mortality; Chapter 5 on child nutrition; Chapter 6 on child health; Chapter 7 on the environment; Chapter 8 on reproductive health; Chapter 9 on education; Chapter 10 on child protection; and Chapter 11 on HIV and AIDS and orphaned and vulnerable children.

The Zimbabwe National Statistics Agency (ZIMSTAT), formerly the Central Statistical Office (CSO) wishes to acknowledge the efforts of various institutions and individuals who worked tirelessly to make this survey a success. The technical and financial assistance that was provided by the United Nations Children's Fund (UNICEF) throughout the survey period is greatly appreciated. In addition, the contribution by various consultants in the areas of sampling, data processing and report writing, the media and the various stakeholders who participated in MIMS workshops cannot be overemphasized. This survey would not have been possible without the unwavering commitment of the Survey Management Team (SMT), field and data entry personnel and the patience and cooperation of respondents.

The ZIMSTAT would also like to acknowledge the following institutions who are members of the MIMS Steering and Technical Committees for their valuable contribution towards the success of the survey: Ministry of Finance; Ministry of Health and Child Welfare; Ministry of Education, Sport, Arts and Culture (formerly Ministry of Education, Sport and Culture); Ministry of Labour and Social Services, (formerly Ministry of Public Service, Labour and Social Welfare); Ministry of Water Resources Development and Management, (formerly Ministry of Water Resources and Infrastructural Development); Ministry of Transport and Infrastructural Development; Ministry of Environment and Natural Resource Management, (formerly Ministry of Environment and Tourism); Ministry of Economic Planning and Investment Promotion, (formerly Ministry of Economic Development); Ministry of Women's Affairs, Gender and Community Development; Ministry of Local Government, Urban and Rural Development; Ministry of Public Works, (formerly part of the Ministry of Local Government, Public Works and Urban Development); Ministry of Justice and Legal Affairs, (formerly Ministry of Justice, Legal and Parliamentary Affairs);   Ministry of Media, Information and Publicity, (formerly Ministry of Information and Publicity); Food and Nutrition Council of the Scientific Industrial Research and Development Center (SIRDC); National AIDS Council (NAC); United Nations Population Fund (UNFPA); United Nations Development Programme (UNDP); the Joint United Nations Programme on HIV and AIDS (UNAIDS); World Health Organization (WHO); Centres for Disease Control and Prevention (CDC); and the World Bank. The input of the Harare City Health Department is greatly appreciated.

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EXECUTIVE SUMMARY

This Report presents the detailed findings of the Zimbabwe Multiple Indicator Monitoring Survey (MIMS), conducted by the Zimbabwe National Statistics Agency (ZIMSTAT), formerly the Central Statistical Office (CSO) in April and May 2009, with financial and technical assistance from the United Nations Children's Fund (UNICEF). The MIMS is a nationally representative survey of 12 500 households, 12 488 women aged 15-49 years and 7 499 children aged under -5 years. It allows for the estimation of some key indicators at the national and provincial levels. This is the first MIMS, a customized version of the Multiple Indicator Cluster Survey (MICS) Round 3. The MIMS is part of a worldwide survey program, originally developed to measure progress towards an internationally agreed set of goals that emerged from the 1990 World Summit for Children. This Main Report covers the following areas; sample and survey methodology, sample coverage and the characteristics of households and respondents, child mortality, child nutrition, child health, environment, reproductive health, education, child protection, and HIV and AIDS and orphaned and vulnerable children.

This survey was conducted timeously when Zimbabwe was experiencing unprecedented socio-economic challenges which had direct implications on the welfare of children and women. The overall outcome of these continuous challenges in the past decade has been that the country's real annual Gross Domestic Product (GDP) growth rate cumulatively declining by around 46 percent during the period 2000 to 2008 and annual hyper-inflation reaching a peak of 231 million percent in July 2008. The challenging socio-economic environment was exacerbated by recurrent droughts, the impact of the underlying HIV and AIDS pandemic and the cholera outbreak of 2008/2009 within the context of international isolation. With the signing of Zimbabwe's Global Political Agreement (GPA) in September 2008, leading to the formation of an Inclusive Government in 2009, the country saw the introduction of multiple stable currencies in the economy in February 2009, resulting in macro-economic stability.

CHILD MORTALITY

For the ten years preceding the survey, Zimbabwe had neonatal, infant and under-5 mortality rates of 28, 60 and 86 per 1 000 live births respectively, with males having higher rates than females. For infant and under-5 mortality rural areas had higher rates than urban ones whilst for the neonatal mortality the opposite was true. For the five year period preceding the survey, all childhood mortality rates have increased from the Zimbabwe Demographic and Health Survey (ZDHS) (2005/06) levels as follows: neonatal mortality rate from 24 to 30 per 1 000 live births; post neonatal mortality rate from 36 to 37 per 1 000 live births; infant mortality rate from 60 to 67 per 1 000 live births; child mortality rate from 24 to 29 per 1 000 children surviving to the first birthday; and under-5 mortality rate from 82 to 94 per 1 000 live births.

CHILD NUTRITION

Using the latest World Health Organization (WHO) standard in estimating child nutrition, nationally, 35 percent of the children aged 6-59 months were stunted, 2 percent were wasted, and 12 percent were underweight while 3 percent were overweight. This means that Zimbabwe had severe stunting, mild wasting and moderate underweight malnutrition. Rural areas had higher levels of malnutrition than urban areas according to the three indices whilst the reverse was true for the overweight indicator. The stunting level in rural areas was 37 percent compared to 30 percent in urban areas, while wasting was 3 percent and 2 percent for rural and urban areas, respectively. Underweight in rural areas was 13 percent compared to 9 percent in urban areas. Males had higher malnutrition levels than females.

For the National Centre for Health Statistics (NCHS) standard, nationally, 29 percent of the children aged 6-59 months were stunted, 2 percent were wasted, and 16 percent were underweight while 2 percent were overweight. This means that Zimbabwe had severe stunting, mild wasting and moderate underweight malnutrition. Rural areas had higher levels of malnutrition than urban areas according to the three indices whilst the reverse was true for the overweight indicator. The stunting level in rural areas was 31 percent compared to 24 percent in urban areas, while wasting was 2 percent and 1 percent for rural and urban areas, respectively. Underweight in rural areas was 18 percent compared to 12 percent in urban areas.

Exclusive breastfeeding for children under 6 months, although improving, was still very low in Zimbabwe. Twenty six (26) percent of children aged less than 6 months were exclusively breastfed, a level considerably lower than the ideal 100 percent. A higher proportion of children under 6 months (29 percent) in urban areas were exclusively breastfed compared to their rural counterparts (25 percent). A higher proportion of male children (29 percent) were exclusively breastfed in the first 6 months of birth compared to their female counterparts (23 percent).

Overall, 66 percent of infants born in the two years preceding the survey were weighed at birth and 11 percent of infants were estimated to weigh less than 2 500 grams at birth. There was no rural-urban difference in low birth weight and generally there was little variation by province.

CHILD HEALTH

Full child immunization coverage was low and had worsened in Zimbabwe in the last three years. The percentage of children aged 12-23 months who had been fully immunized before their first birthday was 37 percent in 2009, compared to 41 percent in 2005/06. The percentage of children aged 12-23 months who had been immunized at any time before the survey and had full vaccination was 49 percent. Urban areas had higher full immunization coverage at any time before the survey (62 percent) than rural areas (43 percent).

However, for individual vaccinations, immunization coverage was relatively high and had improved from the ZHDS 2005/06 levels. Approximately 91 percent and 84 percent of children aged 12-23 months received a Bacillus-Calmette-Guerin (BCG) and the first dose of Diphtheria, Pertussis and Tetanus (DPT) vaccinations, respectively, by the age of 12 months. The percentage declines for subsequent doses of DPT to 78 percent for the second dose, and 63 percent for the third dose. Similarly, 89 percent of children received Polio 1 by age 12 months and this declined to 79 percent by the second dose to 61 percent by the third dose. The coverage for measles vaccine by 12 months was lower than for the other vaccines at 69 percent. Approximately 84 percent of children aged 12-23 months received a Hepatitis B1 vaccination by the age of 12 months. The percentage declined for subsequent doses of Hepatitis B vaccinations to 76 percent for the second dose, and 61 percent for the third dose. For all individual vaccines, urban areas had higher vaccination rates than rural areas.

At national level, 11 percent of the children under-5 years of age had diarrhoea in the last two weeks preceding the survey with no gender and rural-urban differentials. Children aged 12-23 months, which coincides with the weaning period, had the highest diarrhoea prevalence of 19 percent. Overall, 35 percent of the children either received Oral Rehydration Treatment (ORT) or increased fluids intake and continued feeding as is recommended. Children in urban areas who had diarrhoea in the two weeks preceding the survey had a higher likelihood of receiving the recommended treatment (46 percent) compared to those in the rural areas (31 percent).

Six (6) percent of children aged 0-59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey, with no significant gender differentials. Rural areas had a slightly higher proportion (7 percent) of children who had symptoms of pneumonia than urban areas (5 percent). Of all the children who had suspected pneumonia in the last two weeks preceding the survey, 16 percent received antibiotics. Urban areas had a higher percentage of children (25 percent) with suspected pneumonia, who received antibiotics than their rural counterparts (14 percent).

The majority of households, 68 percent used wood as fuel for cooking, 31 percent used electricity with insignificant proportions using other fuel types. Overall, about (69 percent) of all households in Zimbabwe were using solid fuels for cooking, which was mainly wood. Use of solid fuels was lower in urban areas (16 percent), but very high in rural areas, where almost all of the households (97 percent) are using solid fuels. It is of concern that in Zimbabwe there is universal usage of open fire and open stove/coal pot for cooking by those households using solid fuels, with negative implications for the health, especially of women and children.

The proportion of under fives who had experienced episodes of fever in the last two weeks preceding the survey was 8 percent, with no significant gender or rural-urban differentials. Results indicated that 17 percent of the children aged 0-59 months slept under an Insecticide Treated Net (ITN). A very high proportion, about three quarters of the children (76 percent) did not sleep under a bed net.

Overall, one in four (24 percent) of children aged 0-59 years with fever in the last two weeks were treated with an "appropriate" anti-malarial drug and 14 percent received any appropriate anti-malarial drugs within 24 hours of onset of symptoms. For women, nationally, 14 percent of those aged 15-49 years who gave birth during the two years preceding the survey received intermittent preventative treatment (IPT) for malaria during pregnancy. Rural areas had a higher proportion (16 percent) of women who had received IPT than urban areas (8 percent).

ENVIRONMENT

Nearly three quarters (73 percent) of the population used an improved water source compared to 78 percent in the ZDHS 2005/06. This implies a worsening situation. Most people (98 percent) in urban areas used an improved water source compared to rural areas with 61 percent. The ZDHS 2005/06 urban and rural proportions were 99 percent and 67 percent, respectively, indicating a worsening situation in the use of improved drinking water sources, mainly in the rural areas. Nationally, 35 percent of the population used drinking water appropriately treated at household level irrespective of its source (urban areas-50 percent, rural areas-28 percent). Water treatment by households of those people who used unimproved drinking water sources was very low in Zimbabwe. A third (33 percent) of those people, who used unimproved drinking water sources, had the water treated appropriately at household level (urban areas - 46 percent, rural areas - 33 percent).

Use of improved sanitation facilities seemed to be on the increase in Zimbabwe. Sixty (60) percent of the population in Zimbabwe used improved toilet facilities compared to 42 percent in the ZDHS 2005/06. Urban areas had a very high proportion of the population (97 percent) using improved sanitation facilities compared to rural areas (43 percent). It is of concern that a third (33 percent) of Zimbabwe's population had no toilet facility and used the bush or field. This percentage was high in rural areas (48 percent) and one percent in urban areas.

In Zimbabwe, 54 percent of the children aged 0-2 years had their stools disposed of safely. Urban areas had a higher proportion (94 percent) of the children aged 0-2 years with stools disposed of safely compared to rural areas (38 percent). About half (52 percent) of the population lived in households that were using improved sources of drinking water and sanitary means of excreta disposal. A very high proportion (95 percent) of urban households did so compared to 31 percent of rural households.

At national level, 86 percent of the households were using dwelling units with finished walls. Urban areas had near universal (98 percent) use of dwelling units with finished walls compared to rural areas (79 percent). Nearly two thirds (65 percent) of the households were using dwelling units with finished floors. Urban areas had a very high proportion (96 percent) use of dwelling units with finished floors compared to rural areas (48 percent). Almost another two thirds (64 percent) of the households were using dwelling units with finished roofs. Urban areas had near universal (99 percent) use of dwelling units with finished roofs compared to rural areas (45 percent). Internationally, the recommended average number of persons per sleeping room for healthy housing is two person per sleeping room, (WHO, 1988, 2004). Nationally, the mean number of persons per sleeping room was 2.5 indicating a general state of over-crowdedness in the population. Rural areas were more overcrowded with a higher mean number of persons per sleeping room (2.6) compared to urban areas (2.3).

Forty nine (49 percent) of the households in Zimbabwe dumped garbage in a rubbish pit, followed by those who dumped garbage elsewhere (30 percent), burnt garbage (7 percent), buried garbage , dumped garbage in public dump and had garbage collected (4 percent each) and dumped garbage in public container (2 percent). Considering safe refuse disposal, 58 percent of the households used this method. Rural areas had a higher proportion (65 percent) of households who used a safe refuse disposal method compared to urban areas (46 percent). For a high proportion of households (83 percent) it was observed that there was no air pollution in the neighbourhood. The proportion of households with no air pollution in the neighbourhood was higher in rural areas (91 percent) than urban areas (69 percent).

REPRODUCTIVE HEALTH

Zimbabwe's Total Fertility Rate (TFR) for the 3-year period preceding the MIMS survey was 3.7 children per woman. Rural areas had a higher TFR (4.4 children per woman) than the urban areas (2.6 children per woman). The contraceptive prevalence rate (CPR) for Zimbabwe for women aged 15-49 years currently married or in union who were using (or whose partner was using) a family planning method, was relatively high at 65 percent. However, Zimbabwe still has some way to go in order to reach universal family planning. Urban areas had a higher CPR of 69 percent than rural areas (63 percent). The most common method of contraception was the pill (50 percent), followed by injectables (8 percent), implants and male condoms (2 percent each) and female sterilization, male sterilization, intrauterine devices (IUD), female condom, diaphragm/foam jelly, periodic abstinence, withdrawal and the lactational amenorrhea method (LAM) (less than one percent each). Thirty five (35) percent of the women did not use any contraception. The proportion of women using any modern method of contraception was 63 percent whilst 2 percent used any traditional method.

For Zimbabwe, the proportion of women aged 15-49 years who gave birth in the two years preceding the survey and who received antenatal care (ANC) during pregnancy for the recommended four or more times remained low at 57 percent. Urban areas had a higher proportion (60 percent) of women who received ANC during pregnancy four or more times compared to rural areas (56 percent). However, nationally, 93 percent of women aged 15-49 years who gave birth in two years preceding the survey received ANC during pregnancy at least once. Generally, there were no major differences of ANC coverage by rural and urban areas. Seven (7) percent of the women did not receive ANC at all. Considering the WHO recommended gestation at first ANC of 0-4 months, nationally, timely first ANC visit was low, with 31 percent of the women aged 15-49 years having attended the first ANC visit within this period (rural areas-32 percent, urban areas-30 percent). Timely first ANC visit increased with education of woman and generally with wealth and had no relationship with age of woman.

Nationally, 59 percent of women aged 15-49 years who gave birth in two years preceding the survey delivered in health institutions (urban areas-86 percent, rural areas-48 percent), while 39 percent delivered at home (rural areas-50 percent, urban areas-10 percent). However, it is of concern that a relatively high proportion of the women delivered at home. Cases of home delivery have generally been on the increase since 1999, in the context of economic hardships and a weakened health delivery system. Sixty (60) percent of births which occurred in the two years preceding the survey were delivered by skilled health personnel (urban areas - 90 percent, rural areas - 49 percent).

EDUCATION

Overall, only 18 percent of children aged 36-59 months were attending pre-school, with a greater proportion of girls (20 percent) than boys (15 percent). Urban-rural differentials were not significant (urban-19 percent, rural-17 percent). In contrast, in 2009, three quarters (75 percent) of the children who were attending the first grade of primary school had attended pre-school the previous year. The proportion in the first grade of primary school with pre-school background among girls is slightly higher (76 percent) than boys (74 percent). Urban areas had a higher proportion of children (80 percent) who had attended pre-school the previous year compared to 72 percent of the children living in rural areas.

Zimbabwe had a primary school net attendance ratio (NAR) of 91 percent implying that 9 percent of the children of primary school going age were not attending school in 2009. Girls had a slightly higher NAR of 92 percent than boys with 90 percent. Urban areas had a higher NAR (94 percent) than rural areas (90 percent). It is of concern that of the children of primary school going age who had not attended school in 2009, 71 percent of them had not done so because of financial constraints. A higher proportion of girls (74 percent) did not attend primary school because of financial constraints compared to boys (68 percent). For the majority who did not attend primary school due to financial reasons, rural areas had a higher proportion (73 percent) compared to urban areas (60 percent). Zimbabwe had a secondary school ((Form 1 to 6) NAR of 45 percent with no gender difference (urban areas-59 percent, rural areas-39 percent). Of the children of secondary school going age who had not attended school in 2009, 59 percent of them had not done so because of financial constraints. The other main reasons for non-attendance included marriage/pregnancy (9 percent) graduated/finished school/satisfied (8 percent) and not interested in school (7 percent). A higher proportion of boys (63 percent) did not attend secondary school because of financial constraints compared to girls (55

percent). For the majority who did not attend secondary school for financial reasons, rural areas had a higher proportion (64 percent) compared to urban areas (44 percent).

The majority of the children starting grade one, (82 percent) will eventually reach Grade 7. Girls had a higher survival rate (85 percent) than boys (80 percent). Urban areas had a higher Grade 7 survival rate (88 percent) than rural areas (80 percent). The transition rate to secondary school was 81 percent, with a slightly higher proportion for girls (82 percent) than boys (80 percent). Urban areas had a higher transition rate to secondary education (91 percent) than rural areas (76 percent).

There was gender parity for primary school with a Gender Parity Index (GPI) of 0.98 which is close to 1.00, with no rural-urban differences. For secondary education, there was gender parity at national level with a GPI of 1.01. However, in urban areas secondary school attendance was in favour of boys with a GPI of 0.86, whilst in the rural areas it was the reverse with a GPI in favour of girls of 1.08.

A very high proportion (91 percent) of the women aged 15-24 years were literate with urban areas having a higher proportion (97 percent) than rural ones (87 percent). Nationally, 87 percent of the women aged 15-49 years were literate with urban areas having a higher proportion (96 percent) than rural ones (82 percent).

CHILD PROTECTION

Nationally, 38 percent of the births of under-5 year olds were registered. Urban areas had a higher percentage (57 percent) of under-5s with birth certificates than rural areas (30 percent). Thirty seven (37) percent of children under-5 years in Zimbabwe had birth certificates at hand with no gender differentials. Urban areas had a higher percentage (55 percent) of under-5s with birth certificates than rural areas (30 percent). Child births were not being registered mainly because fathers were not around or had no time (cited for 28 percent of the births not registered). The other reasons included the following: parents not having National Identity Card or Birth Certificate (24 percent), cost too high (13 percent) and place of registration far (8 percent). Nationally, 92 percent of the mothers and caretakers knew where to register child births, with no urban and rural differences.

For the young women, nationally, 21 percent of women aged 15-19 years in Zimbabwe were married or in union at the time of the survey (rural areas - 28 percent, urban areas - 10 percent). About 10 percent of the women aged 15-49 years were in a polygamous union at the time of the survey, with rural areas having a higher proportion (12 percent) and urban areas having half of that proportion (6 percent). A tenth of the young women aged 15-19 years were in a polygamous union at the time of the survey, with rural areas having a higher proportion (10 percent) than urban areas (7 percent).

In the MIMS (49 percent) of all women aged 15-49 years believed that a husband was justified in beating his wife/ partner for any of the following: when a wife goes out without telling him; when a wife neglects the children; when she argues with him; when she refuses sex with him and when she burns the food. The highest proportion of women (35 percent) believed that a husband was justified in beating his wife/partner when she neglected children. This was followed by those who believed that wife beating was justified if a wife went out without telling her husband (24 percent); when she argued with her husband (22 percent); when she refused to have sex with her husband (19 percent); and when she burnt food (10 percent).

HIV AND AIDS AND ORPHANED AND VULNERABLE CHILDREN

Nearly all the women (99 percent) aged 15-49 years had heard about human immuno-deficiency virus and the acquired immuno-deficiency syndrome (HIV and AIDS). Ninety seven (97) percent of the women knew at least one way of preventing HIV transmission, whilst (63 percent) knew all the three ways of preventing HIV transmission namely: having only one faithful uninfected sex partner; using a condom every time; and abstaining from sex. Urban areas had a higher proportion (68 percent) who knew all the three ways of preventing HIV transmission compared to rural areas (60 percent).

Nationally, comprehensive knowledge about HIV transmission remains low. Slightly over half, (55 percent) of the women aged 15-49 years had comprehensive knowledge of HIV transmission, (urban areas - 66 percent, rural areas - 48 percent). A very high proportion (96 percent) of women knew that HIV can be transmitted from mother-to-child in Zimbabwe, (urban areas - 98 percent; rural areas

- 95 percent). The percentage of women who knew all three ways of mother-to-child transmission namely; during pregnancy, at delivery and through breastmilk, was 65 percent, (urban areas - 68 percent; rural areas - 64 percent).

Overall, 43 percent of the women disagreed with all the four HIV and AIDS discriminatory statements, leaving a relatively high proportion (57 percent) still showing stigma and discrimination towards people living with HIV and AIDS. The four discriminatory statements were as follows: would not care for a family member who was sick with AIDS; if a family member had HIV I would want to keep it a secret; believe that a teacher with HIV should not be allowed to work; and would not buy food from a person with HIV and AIDS. This level of stigma and discrimination, however, is a marked decline from the ZDHS 2005/06 level of 83 percent. Rural areas (66 percent) had higher levels of stigma and discrimination than urban areas (42 percent). A high proportion 85 percent of women knew where to be tested for HIV, while 45 percent had actually been tested. Women from urban areas had a higher likelihood of knowing where to get tested for HIV, to have been tested and to have been told the test result than their rural counterparts.

Nearly two-thirds (66 percent) of the women aged 15-49 years, who gave birth in the two years preceding the survey were provided with information about HIV prevention during ANC visits for the last pregnancy, (urban areas - 79 percent, rural areas - 61 percent). Nationally, 53 percent of women aged 15-49 years, who gave birth in the two years preceding the survey who had been tested received their HIV test result at the ANC visit for the last pregnancy, (urban areas - 68 percent, rural areas - 48 percent).

Overall, 26 percent of the children were not living with a biological parent. The girl child was more likely not to live with a biological parent than the boy child. Rural areas had a higher proportion (28 percent) of children not living with a biological parent than urban areas (22 percent).

Zimbabwe had an orphanhood prevalence of 24 percent, with no major gender differentials. Rural areas had higher orphanhood prevalence (25 percent) than urban areas (20 percent). Nationally the paternal orphanhood prevalence was 13 percent, while maternal orphanhood prevalences was much lower at 4 percent. The double orphanhood prevalence was 7 percent at national level. Thirty seven (37) percent of all the children aged 0-17 years were orphans and vulnerable. Orphans constituted 67 percent of orphans and vulnerable children (OVC) compared to 79 percent in the ZDHS 2005/06. Rural areas had a higher OVC prevalence (39 percent) than urban areas (31 percent).

In Zimbabwe, 11 percent of children aged 10-14 years had lost both parents. The double orphan to non-orphan school attendance ratio was 0.90, showing that double orphans were disadvantaged compared to the non-orphaned children in terms of school attendance. Nationally, 47 percent of children aged 10-14 years were OVC, with an OVC-to-non-OVC school attendance ratio of 0.93 with no gender differences.

Using the WHO standard, the overall underweight ratio of OVC to non-OVC was 1.08, stunting ratio (1.07) and wasting ratio (0.76). This means that OVC were more vulnerable to underweight and stunting than non-OVC, whilst for wasting the reverse was true. For the NCHS standard the overall underweight ratio of OVC to non-OVC was 1.14, stunting ratio (1.12) and wasting ratio (0.82).

Twenty one (21) percent of the OVC had received some form of formal external support in the past 3 or 12 months preceding the survey (rural areas - 23 percent; urban areas 13 percent), while the majority (79 percent) did not. Urban areas had a higher proportion (87 percent) of OVC who did not receive any formal external support than rural areas (77 percent). The highest proportion of OVC (13 percent) received formal external support in the form of social and material support, followed by educational support (6 percent), emotional and psychosocial support (4 percent) and medical support (2 percent). Rural areas had higher proportions of OVC receiving formal external support than urban areas for all forms of support.

CHAPTER 1

INTRODUCTION

This introductory chapter covers the background to and objectives of the Zimbabwe Multiple Indicator Monitoring Survey (MIMS). It also highlights the content of this report. A brief socio-economic background of Zimbabwe concludes the chapter providing a broader context to the MIMS.

1.1   BACKGROUND

This Report presents the detailed findings of the Zimbabwe Multiple Indicator Monitoring Survey (MIMS), conducted by the Zimbabwe National Statistics Agency (ZIMSTAT), formerly the Central Statistical Office (CSO), in April and May 2009, with financial and technical assistance from the United Nations Children's Fund (UNICEF). The MIMS 2009 is a customised version of the third Multiple Indicator Cluster Survey[1] (MICS3), which collects a broad array of valuable information on the situation of children and women in Zimbabwe. The MICS has been harmonized with other data collection efforts so that it produces internationally comparable information, which is the cornerstone of evidence-based decision making and formulation of policies, strategies and interventions, aimed at the improvement of the lives of children, women and other vulnerable groups.

The MICS uses three modular questionnaires that can be customized to fit national data needs. It measures key indicators on the following topics: nutrition, child mortality, child health, reproductive health, child development, education, child protection, HIV and AIDS, sexual behaviour and Orphans and Vulnerable Children (OVC). In the process of customizing MICS3 to MIMS, additional non-MICS questions on household expenditure, migration, and environmental assessment were added and some modules such as child development and sexual behaviour were excluded. However, the MIMS data collection instruments remained mostly the same as the global MICS instruments to ensure comparability with national data sets such as the Zimbabwe Demographic and Health Survey (ZDHS) as well as data from other countries.

The MIMS was based on the need to monitor progress towards goals and targets emanating from recent international agreements such as the Millennium Declaration which enshrines the Millennium Development Goals (MDGs), adopted by all 191 United Nations Member States in September 2000; the Plan of Action of A World Fit For Children (WFFC), adopted by 189 Member States at the United Nations Special Session on Children in May 2002; the Convention on the Rights of the Child, 1989; and the Convention on the Elimination of All Forms of Discrimination against Women, 1979 and the United Nations General Assembly Special Session (UNGASS), 2001 on the human immuno-deficiency virus (HIV) and the acquired immuno-deficiency syndrome (AIDS). All these commitments build upon promises made by the international community at the 1990 World Summit for Children. In signing these international agreements, governments committed themselves to improving conditions for women and children and to monitor progress towards that end. UNICEF was assigned a supporting role in this task as highlighted in Appendix Box A. Zimbabwe is a signatory and reports to the United Nations on all these international commitments.

This final report presents in a total of 11 chapters, the results of the indicators and topics covered in the survey as follows: Chapter 1 is the introduction; followed by chapter 2 covering sample and survey methodology; and chapter 3 presents the sample coverage and the characteristics of households and respondents. The results are presented in the following chapters: chapter 4 on child mortality; chapter 5 on child nutrition; chapter 6 covers child health; chapter 7 looks at the environment including water and sanitation; chapter 8 covers

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[1] For more information on MICS3 see www.childinfo.org.

reproductive health; chapter 9 on education; chapter 10 on child protection; while chapter 11 concludes the report covering HIV and AIDS and orphaned and vulnerable children. The report appendices include details on the sample design (Appendix B), estimates of sampling errors (Appendix C), data quality tables (Appendix D), MICS indicators (Appendix E), MIMS data tables (Appendix F), list of personnel involved in the survey (Appendix G), and questionnaires (Appendix H).

1.2 SURVEY OBJECTIVES

The MIMS, a customized version of the MICS3, is part of a worldwide survey program, originally developed to measure progress towards an internationally agreed set of goals that emerged from the 1990 World Summit for Children.

Specifically, the MIMS 2009 objectives were to:

- collect socio-economic data that will bring out an array of information on health, human capital and well-being of the population that can be used as a baseline for development interventions;

- provide decision makers with evidence on children's and women's rights and other vulnerable groups in Zimbabwe;

- serve as a monitoring tool on almost half of all the 2015 Millennium Development Goal (MDG) indicators, the goals of A World Fit For Children (WFFC), and other internationally agreed upon goals, as a basis for future action; and

- build capacity of national partners in data collection, compilation, processing, analysis and reporting.

1.3 SOCIO-ECONOMIC BACKGROUND

This survey was conducted timeously when Zimbabwe was experiencing unprecedented socio-economic challenges which had direct implications on the welfare of children and women. The last comparable household survey, the Zimbabwe Demographic and Health Survey (ZDHS), had been conducted in 2005/2006 and since then major socio-economic changes had occurred in the country. Zimbabwe has been experiencing a multiplicity of development challenges since 2000 to 2009, starting with the 1999/2000 Cyclone Eline floods that devastated some infrastructure and crops. Furthermore, droughts of 2001/2002, 2002/2003, 2004/2005 and 2006/2007 compounded the challenge of severe macroeconomic instability that was being experienced in the country during this period. The macroeconomic instability was characterized by hyperinflation, which reached an annual inflation rate of 231 million percent in July 2008. All this took place within a context of general international isolation of the country. The hyperinflationary environment adversely affected basic social services delivery in health, education, water and sanitation and social protection, particularly in the last quarter of 2008. The health and education sectors, for example, experienced severe budgetary constraints as well as an exodus of skills to other countries in the region and abroad, thus, weakening the country's social delivery system.

The overall outcome of these continuous challenges in the past decade has been that the country's real annual Gross Domestic Product (GDP) growth rate cumulatively declined by around 46 percent during the period 2000 to 2008. The declining economy was openly characterized by various shortages including foreign currency, basic food, fuel, medical supplies, and water among others. On the social front, the economic challenges resulted in high levels of structural unemployment and underemployment, poverty and food insecurity, (Government of

Zimbabwe, Poverty Assessment Study Survey, 2003). The challenging socio-economic environment was exacerbated by the impact of the underlying HIV and AIDS pandemic and the cholera outbreak of 2008/2009. According to the Ministry of Health and Child Welfare, the cholera epidemic affected around 100 000 people resulting in an estimated 4 300 deaths.

With the signing of Zimbabwe's Global Political Agreement (GPA) in September 2008, leading to the formation of an Inclusive Government in 2009, the country saw the introduction of multiple stable currencies in the economy in February 2009. This move stabilized the macroeconomic environment, as reflected by a single digit hard currency inflation experienced since then. However, economic recovery remains highly constrained by weak aggregate demand and lack of domestic and foreign direct investment (FDI) in an environment of limited Balance of Payment (BoP) support.

In such a transitionary environment of socio-economic recovery towards sustained growth and development, it is critical that policy, planning and programming be informed by recent and comprehensive data sets such as the MIMS. In this regard, this main report presents the results of the MIMS.

CHAPTER 2

SAMPLE AND SURVEY METHODOLOGY

Chapter 2 presents the sample design, questionnaire content, the pre-test, training, fieldwork, data processing and is concluded by issues of survey quality control and survey limitations and constraints.

2.1   SAMPLE DESIGN

The MIMS 2009 was designed to provide estimates on a large number of indicators on the health status of women, children and other vulnerable populations at the national level, for urban and rural areas, as well as for the 10 administrative provinces in Zimbabwe namely; Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Matabeleland North, Matabeleland South, Midlands, Masvingo, Harare, and Bulawayo. Harare and Bulawayo provinces are predominantly urban provinces whilst the rest are predominantly rural.

The sampling frame for the MIMS was based on the 2002 Zimbabwe Master Sample (ZMS02), developed by the ZIMSTAT, then the CSO after the 2002 Population Census. With the exception of Harare and Bulawayo, each of the other eight provinces was stratified into four groups according to land use: (i) communal lands, (ii) large scale commercial farming areas (LSCFA), (iii) urban and semi-urban areas, and (iv) small scale commercial farming areas (SSCFA) and resettlement areas. Only one urban stratum each was formed for Harare and Bulawayo. There were a total of 34 strata for the whole country.

A representative probability sample of 12 500 households was selected for the MIMS 2009. The sample was selected in two stages with enumeration areas (EAs) as the first stage and households as the second stage sampling units. Each EA was delineated for the 2002 Population Census operations with well-defined boundaries identified on sketch maps, and the EA size was based on the expected workload for one interviewer. The EAs had an average of 100 households each, which was ideal for the survey listing operation.

In total the ZMS02 consists of 1 200 EAs selected with probability proportional to size (PPS), the size being the number of households enumerated in the 2002 Population Census. The MIMS EA selection was a systematic, one-stage operation, carried out independently for each of the 34 strata. In the second stage, a complete listing of households was conducted in the 500 sample EAs for the MIMS 2009 from 23 to 28 February 2009 concurrently for the 10 provinces. The list of households obtained was used as the frame for the second stage random systematic selection of 25 households from each sample EA. Within these selected households, all women aged 15-49 years identified were eligible for individual interviews. In addition, children under five years in the selected households were also identified and either their mothers or caretakers were interviewed on their behalf and children's measurements of weight, height and Mid-Upper-Arm Circumference (MUAC) taken and oedema checked.

The sample was stratified by province and land use and is not self-weighting. For reporting national level results, sample weights are used. A more detailed description of the sample design can be found in Appendix B.

2.2   QUESTIONNAIRES

Three questionnaires were used in the survey as follows:

- **A household questionnaire** was used to collect information on all de-jure and de-facto household members, dwelling units, household characteristics and to identify eligible individuals for the women and children questionnaire interviews;
- **A woman's questionnaire** was administered in each selected household to all women aged 15-49 years; and
- **A questionnaire for children under five years** was administered to mothers or caretakers of all children under five years living in the household.

The questionnaires included the following modules:

Household Questionnaire
- Household listing;
- Education;
- Employment;
- Water and sanitation;
- Household characteristics;
- Environmental assessment;
- Orphaned and vulnerable children (OVC) and HIV and AIDS; and
- Education and household expenditures[2].

Woman's Questionnaire (15-49 years old)
- Child mortality/Birth history;
- Tetanus Toxoid (TT);
- Maternal and newborn health;
- Marriage/union;
- Contraception;
- Attitude towards domestic violence; and
- HIV and AIDS (women age 15-49 years).

Questionnaire for Children Under Five Years
- Birth registration and early learning;
- Vitamin A – children 6 months and older;
- Breastfeeding;
- Care during illness;
- Malaria for under-5 year olds;
- Immunization; and
- Anthropometry.

The questionnaires were based on the MICS model questionnaire with modifications and additions. Even though the questionnaires were in English, they were translated into the various vernacular languages during interviews. Copies of the Zimbabwe MIMS questionnaires are provided in Appendix H. In addition to the administration of questionnaires, fieldwork teams measured the weights, heights and Mid-Upper-Arm Circumference (MUAC) and checked oedema of children age under 5 years.

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[2] In the questionnaire it is the module on poverty and household resources.

2.3   PRE-TEST

The MIMS questionnaires were pre-tested from 9 to 17 March, 2009. Ten (10) teams were formed, made up of a supervisor and five interviewers each for the pretest, after they were trained on the questionnaires. The pre-test training was conducted during the same period, for 92 participants, with 7 participants coming from each of Zimbabwe's 10 provinces (including the provincial supervisor). The remainder were from the ZIMSTAT, then the CSO, Survey Management Team (SMT), UNICEF and the Steering and Technical Committee members who facilitated the training sessions. A pre-test was conducted in three selected localities (2 urban and 1 rural) in Harare and Mashonaland East provinces to test the entirety of survey procedures. Based on the results of the pre-test, further modifications were made to the wording and flow of the questionnaires.

2.4   TRAINING

In addition to the pre-test training above, two other training workshops were conducted namely; training of trainers, and the main training. The training of trainers was conducted on 5 March 2009 for 38 participants from the MIMS Steering and the Technical Committees and the Survey Management Team in preparation for the pre-test and main training.

A total of 220 provincial staff (including provincial supervisors) and four data entry supervisors participated in the main fieldwork training, conducted from 30 March to 17 April, 2009. Data entry supervisors were invited to the main training in order for them to get a better understanding of the questionnaires and the survey techniques. The training included lectures on interviewing techniques, discussion of the questionnaires, and mock interviews among trainees in order to acquire skills in asking questions. Towards the end of the training period, trainees spent four days conducting field interviews in different urban and rural settings. Urban and rural areas were selected to provide the field staff with a better appreciation of working in the different environments.

Supervisors and interviewers were selected based on their performance in the field practices, participation in class, assessment tests, fluency in the Zimbabwean languages and leadership qualities. At all levels of training, participants were trained to measure the height, weight and Mid Upper Arm Circumference (MUAC) and to check for oedema in children under 5 years (0-59 months).

2.5   FIELDWORK

Fieldwork began on 20 April, 2009 and ended on the 30 May, 2009. The data were collected by 30 teams. Each team comprised of a supervisor, four interviewers, and one driver, one editor (who edited the questionnaires and took body and weight measurement with the assistance of the supervisor as well as check the oedema in children under 5 years). In the field, provincial supervisors, in close collaboration with the SMT, were responsible for monitoring the MIMS activities in a province. Field supervisors and editors for the MIMS were the primary links between the provincial supervisors and the interviewers, ensuring both the progress and high quality of fieldwork.

2.6   DATA PROCESSING

Data was entered on 56 microcomputers by 56 data entry operators, four questionnaire administrators and four data entry supervisors using the Census and Survey Processing (CSPro) system. In order to ensure quality control, all questionnaires were double entered and Survey Management Team as secondary editors complemented the efforts of the data entry supervisors to perform internal consistency checks. Procedures and standard programs

developed under the global MICS3 Project were adapted to the MIMS questionnaire and used throughout the processing. One week data entry training was organized for all data entry operators from 27 April to 1 May, 2009. Data entry began on 5 May two weeks after fieldwork had started and the two activities ran concurrently thereafter. Data entry was completed on 24 June, 2009 and the last ten days included secondary editing. Data were analyzed using the Statistical Package for Social Sciences (SPSS) software and the model program syntax and tabulation plans were customized for the MIMS.

2.7   QUALITY CONTROL

Various quality control measures were put in place to ensure collection and dissemination of high quality data. Some of the controls used included:

Training: All interviewers were trained at one central location and this ensured that the same information and understanding of the survey objectives, instruments and filed operations were shared amongst them resulting in consistency of definitions thus ensuring collection of reliable information.

Field teams supervision: Effective office backup at the ZIMSTAT, then the CSO, head office during the data collection period enabled swift decision making in terms of handling any field work errors. A massive field presence for monitoring was mounted during the first three weeks of the data collection. Overall, field supervision visits were carried out throughout the six weeks of data collection. In addition, a standard field monitoring template which clearly identified survey problem areas was used.

Field editing: Field supervisors thoroughly edited the questionnaires in the field for completeness, accuracy and consistency and requested the interviewers to do any necessary call backs

Data entry feedback to the field teams: Data collection and data entry ran concurrently for most part of the survey, with the latter commencing two weeks after the survey started. Errors were compiled and sent back to the interviewers during field monitoring visits. This enhanced the quality of the data as mistakes in data collection were quickly rectified before the interviewers had moved to new enumeration areas.

Data verification: All questionnaires were double entered to ensure accurate data capturing.

Data entry checks and online editing: Online editors were used to rectify queries during data entry. The online editors were members of the SMT who were knowledgeable on the questionnaires. This saved time in the solving of queries. Queries that required call backs were immediately returned to the field.

Secondary editing: The SMT, as secondary editors, complemented the efforts of the data entry supervisors to perform internal consistency checks. In addition, the data was cleaned thoroughly throughout the process, including checking of the tables for consistency and accuracy before the final tables were produced.

2.8   SURVEY LIMITATIONS AND CONSTRAINTS

The MIMS was conducted under resource constraints in terms of both time and finance. For the data to be more holistic, it would have been ideal to administer the male questionnaire as well as the child labour and salt iodization core modules as well as the optional modules on disability, child development, maternal mortality and sexual behavior among others. The male questionnaire was critical for the reporting on HIV and AIDS and contraception issues. However,

the extra time needed to administer this male questionnaire, including the disability module would have resulted in lengthening the data collection period. This also applies to the maternal mortality questions whose methodology of data collection is lengthy. In addition, the MIMS sample size only allows for reliable estimates at the provincial level and not at district level.

Despite these limitations, the MIMS remains a major survey of high quality and immense value to the nation particularly at this point when Zimbabwe is strategizing on the critical way forward in recovery and development.

CHAPTER 3

SAMPLE COVERAGE AND THE CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

This chapter presents the MIMS sample coverage and the characteristics of the households and their population including women aged 15-49 years, children under five years, as well as household wealth quintiles and expenditures on health and education. The sample coverage includes response rates by households, women and children by rural/urban areas and by provinces. The section on characteristics of households and their population starts by looking at the composition of the population, followed by the composition and distribution of households. The next section is on household wealth quintiles, followed by expenditures on health and education including household external support. The chapter comes to a conclusion with a section on the background characteristics of respondents including those of the total population (language, religion, marital status, education and main usual activity), as well as background characteristics of women aged 15-49 years and children under five years.

3.1 SAMPLE COVERAGE

The MIMS is based on a representative sample of 12 500 households. The sample within provinces was selected in such a way as to allow separate estimates of some key indicators for the provinces. Of the sampled 12 500 households, 12 370 were found to be occupied and 11 469 were successfully interviewed, giving a household response rate of 93 percent, see Table 3.1. In the interviewed households, 12 488 eligible women aged 15-49 years were identified. Of these, 11 339 were successfully interviewed, yielding a response rate of 91 percent. In addition, 7 499 children under the age of five years were listed in the household questionnaire of which 7 242 questionnaires were completed giving a response rate of 97 percent, see Table 3.1. These high response rates assure reliability of the survey results.

Table 3.1: Results of Household and Individual Interviews
Number of Households, Women, and Children under 5 by Results of the Interviews, and Household, Women's and Under-5's Response Rates, MIMS, Zimbabwe, 2009

	Area		Total
	Urban	Rural	
Number of households			
Sampled (H_s)	3 850	8 650	12 500
Occupied (H_o)	3 790	8 580	12 370
Interviewed (H_i)	3 446	8 023	11 469
Response rate (H_r)	90.9	93.5	92.7
Number of women			
Eligible (W_e)	4 183	8 305	12 488
Interviewed (W_i)	3 830	7 509	11 339
Response rate (W_r)	91.6	90.4	90.8
Overall response rate (W_{or})	83.3	84.5	84.2
Number of children under 5			
Eligible (C_e)	1 777	5 722	7 499
Information collected (C_i)	1 715	5 527	7 242
Response rate (C_r)	96.5	96.6	96.6
Overall response rate (C_{or})	87.8	90.3	89.5

$H_r = H_i / H_o$ (where H_o is HH8 = 1, 2, 3 or 6)
$W_r = W_i / W_e$; $W_{or} = W_r \times H_r$; where W_r is the chance of a woman responding and W_{or} is the chance of a woman in a household responding.
$C_r = C_i / C_e$; $C_{or} = C_r \times H_r$; where C_r is the chance of getting a response on a child and C_{or} is the chance of getting a response on a child in a household.
Note: This table is un-weighted, however all other tables presented in this report are weighted unless mentioned otherwise.

About 31 percent of the households (3 798 households) were urban and 69 percent (8 616 households) were rural with response rates of 91 and 94 percent, respectively. Out of all the

provinces, Mashonaland West province had the largest household response rate of 96 percent of the households while Bulawayo Province had the lowest (90 percent), see Table 3.2.

Table 3.2: Results of Household and Individual Interviews
Number of Households Sampled, Occupied and Interviewed and Response Rate (Percentage), MIMS, Zimbabwe, 2009

Province	Sampled households	Occupied Households	Interviewed households	Response rate (percentage)
Manicaland	1 450	1 446	1 345	93.0
Mashonaland Central	1 200	1 193	1 107	92.8
Mashonaland East	1 300	1 299	1 218	93.8
Mashonaland West	1 300	1 289	1 232	95.6
Matabeleland North	1 000	989	906	91.6
Matabeleland South	1 000	996	933	93.7
Midlands	1 400	1 314	1 221	92.9
Masvingo	1 350	1 346	1 233	91.6
Harare	1 500	1 498	1 372	91.6
Bulawayo	1 000	1 000	902	90.2
Total	**12 500**	**12 370**	**11 469**	**92.7**

3.2 CHARACTERISTICS OF HOUSEHOLDS AND THEIR POPULATION

3.2.1 Population Composition

The age and sex distribution of the survey population is provided in Appendix Table A3.2. The distribution is also used to produce the population pyramid in Figure 3.1. In the 11 469 households successfully interviewed in the survey, 52 194 household members were listed, of these 52 percent were females (27 013) and 48 percent were males (25 181) as in the 2002 Zimbabwe Population Census. The estimated average household size from the MIMS was 5 persons.

Figure 3.1 provides the age-sex structure of the population. The pyramid is broad based and narrow at the top emphasizing the fact that the population was young since a sizeable proportion of the population were under 15 years (42 percent).

Figure 3.1:Population Pyramid, Percent Population, MIMS, Zimbabwe, 2009
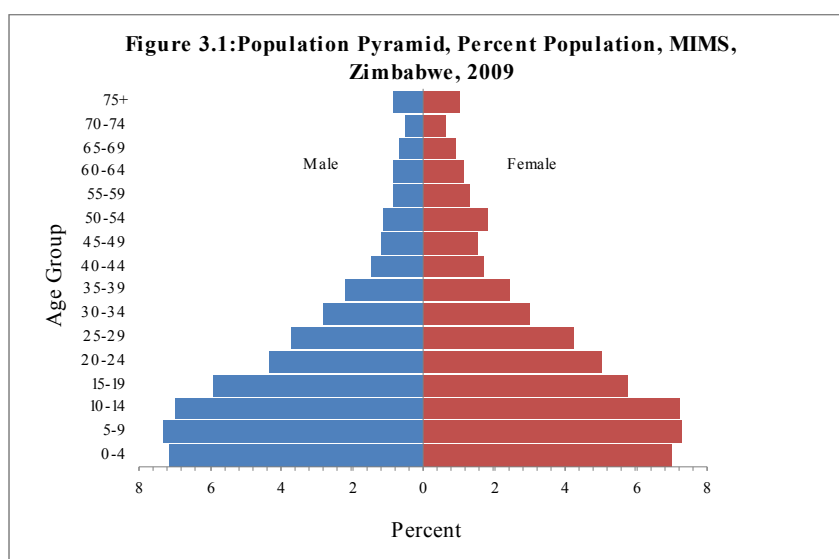
Slightly above half (54 percent) of the population was aged 15-64 years and 4 percent was aged 65 years and above. These three broad age-group proportions are the same as those from the 2002 Zimbabwe Population Census. In Zimbabwe, the legal age of majority is 18 years. In the MIMS, about half of the population (49 percent) were under 18 years of age. Forty-eight (48) percent of the females and 51 percent of the males were under 18 years of age. Appendix D provides details on population by single years (Table DQ.1) and the Data Quality Tables.

3.2.2 Household Composition and Distribution

Table 3.3 provides basic background information on the households. Within households, the sex of the household head, province, urban/rural status and number of household members are shown in the table. These background characteristics are also used in subsequent analysis in this report. The figures in the table are also intended to show the number of observations by major categories of analysis in the report.

The weighted and unweighted total numbers of households are equal, since sample weights were normalized, see Table 3.3. The table also shows the proportions of households where at least one child under 18, at least one child under 5, and at least one eligible woman age 15-49 were found.

About 65 percent of the households were male headed, 35 percent were female headed, see Table 3.3, whilst 0.2 percent were child headed, see Table 11.4. The small proportion of child headed households is probably because normally in Zimbabwe children are absorbed into adult headed households. Harare province had the highest proportion of households (17 percent), followed by Manicaland province (14 percent), whilst Matabeleland North and Matabeleland South provinces (5 percent each) had the lowest, followed by Bulawayo province 6 percent. The majority of households (65 percent) resided in rural areas.

Table 3.3: Household Composition			
Percent Distribution of Households by Selected Characteristics, MIMS, Zimbabwe, 2009			
		Number of households	
Background characteristic	Weighted percent	Weighted	Un-weighted
Sex of household head			
Male	65.1	7 465	7 331
Female	34.9	4 004	4 138
Province			
Manicaland	13.8	1 582	1 345
Mashonaland Central	9.9	1 141	1 107
Mashonaland East	10.2	1 172	1 218
Mashonaland West	10.5	1 200	1 232
Matabeleland North	5.3	611	906
Matabeleland South	5.3	610	933
Midlands	12.0	1 380	1 221
Masvingo	10.5	1 207	1 233
Harare	16.6	1 907	1 372
Bulawayo	5.7	659	902
Area			
Urban	35.3	4 049	3 446
Rural	64.7	7 420	8 023
Number of household members			
1	8.0	917	874
2-3	27.8	3 184	3 106
4-5	34.4	3 946	3 931
6-7	19.4	2 227	2 293
8-9	7.0	807	850
10+	3.4	388	415
Total	**100.0**	**11 469**	**11 469**
At least one child aged < 18 years	82.6	11 469	11 469
At least one child aged < 5 years	49.2	11 469	11 469
At least one woman aged 15-49 years	79.0	11 469	11 469

About a third of the households (34 percent) had household sizes of 4-5 persons, 28 percent had 2-3 persons, 19 percent had 6-7 persons, 8 percent had 1 person, 7 percent had 8-9 persons and 3 percent had 10 or more persons. As earlier noted, the average household size was 5 persons.

A high proportion of households (83 percent) had at least one child aged less than 18 years[3], whilst about half (49 percent) of the households had at least one child under-5 years[4] and 79 percent of the households had at least one woman aged 15-49 years.

3.2.3 Household Wealth Quintiles

The wealth index is one of the background characteristics used for analysis throughout this report 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. 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. Information on household assets[5], housing quality, water and sanitation facilities and fuel type used for cooking, were used to create an index representing the wealth of the household interviewed in the MIMS. The wealth index was developed and tested in a large number of countries in relation to inequalities in household income, use of health services, and health outcomes[6].

Each household was weighted by the number of household members, and the household population was divided into five groups of equal size, from the lowest (poorest) quintile to the highest (richest) quintile, based on the wealth scores of households they were living in. Wealth quintiles are expressed in terms of quintiles of individuals in the population rather than quintiles of individuals at risk for any population indicator. For example, the quintile rates for Antenatal Care (ANC) coverage refer to the ANC coverage among all women in the population quintile concerned and not quintiles of women who sought ANC who constitute the only members of the population at risk.

Table 3.4 presents the wealth quintiles by rural and urban and province. Almost all of the urban population (97 percent) is represented in the fourth and highest quintiles, while 58 percent in rural areas are in the lowest and second wealth quintiles. Sixty (60) percent of the population in urban areas is in the highest wealth quintile in contrast to one percent in the rural areas. The wealth quintile distribution among provinces shows large variations. As expected, the two predominantly urban provinces Bulawayo and Harare had the largest proportions in the highest wealth quintile 72 and 60 percent, respectively. In contrast, the predominantly rural province of Matabeleland North had the largest proportion (70 percent) in the lowest quintile while Mashonaland East had the lowest proportion 12 percent.

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[3] In this report children aged 0-17 years and under 18 years are used interchangeably.
[4] In this report children aged 0-5 years, under-5 years and 0-59 months are used interchangeably.
[5] The assets included in the computation of the household wealth quintile were; persons per room, type of floor, type of dwelling, type of roof, type of wall, type of cooking fuel, electricity, radio, television, mobile phone, non-mobile phone, refrigerator, dish television, computer, laptop, deep freezer, DVD/VCD, bicycle, motorcycle or scooter, animal drawn cart, car, boat without motor, boat with motor, ownership of animals, source of drinking water and type of toilet facility.

[6] Further information on the construction of the wealth index can be found in Rutstein and Johnson, 2004, and Filmer and Pritchett, 2001.

Table 3.4: Wealth Quintiles

Percentage Distribution of the Population by Wealth Quintiles, According to Rural and Urban and Province, MIMS, Zimbabwe, 2009

Background characteristic	Wealth quintile					Total Percent	Number of population
	Lowest	Second	Middle	Fourth	Highest		
Province							
Manicaland	16.0	22.6	34.3	18.9	8.2	100.0	7 093
Mashonaland Central	23.8	35.3	23.3	12.6	5.0	100.0	5 498
Mashonaland East	11.5	26.9	34.6	20.8	6.2	100.0	5 239
Mashonaland West	23.7	20.1	20.4	23.7	12.0	100.0	5 408
Matabeleland North	69.5	9.8	8.3	7.0	5.4	100.0	3 112
Matabeleland South	33.1	22.7	28.3	10.3	5.5	100.0	3 073
Midlands	25.5	26.8	16.9	13.3	17.5	100.0	6 504
Masvingo	23.2	30.1	25.6	14.7	6.4	100.0	5 501
Harare	0.0	0.0	2.1	38.0	59.9	100.0	8 013
Bulawayo	0.0	0.0	0.0	28.1	71.9	100.0	2 753
Residence							
Urban	0.5	0.4	1.8	37.4	59.9	100.0	16 592
Rural	29.1	29.1	28.5	11.9	1.4	100.0	35 602
Total	**20.0**	**20.0**	**20.0**	**20.0**	**20.0**	**100.0**	**52 194**

3.2.4 Source of External Household Support

Nationally, 46 percent of the households had received external support (rural areas-57 percent and urban areas-26 percent). Household external support decreased with education of household head and wealth, see Appendix Table A3.4. For the predominantly rural provinces, Matabeleland North had the highest proportion (70 percent) of households who had received external support, whilst Mashonaland West had the lowest (41 percent). The predominantly urban provinces of Harare and Bulawayo had 28 percent and 25 percent, respectively, of their households having received external support.

The source of external household support was mainly from non-governmental organizations (NGOs) at 36 percent, followed by support from: family members living in Zimbabwe (7 percent); family members outside Zimbabwe (3 percent); missions or religious organizations (2 percent); friends living in Zimbabwe, neighbours in the community and Central Government (1 percent each); and local governments/chiefs and friends living outside Zimbabwe with very small proportions of less than one percent each, see Figure 3.2.

Figure 3.2:Source of Household Support, Percent of Households Receiving, MIMS, Zimbabwe, 2009

Source of support	Percent
NGO	35.5
Family members living in Zimbabwe	6.6
Family members outside Zimbabwe	2.8
Missions or religious organisations	2.2
Friends living in Zimbabwe	1.1
Neighbours in the community	1
Central Government	0.7
Local governments/chiefs	0.4
Friends living outside Zimbabwe	0.2
Other	1.2

3.2.5 Type of External Household Support

The largest proportion of households (37 percent) received external support in the form of food, followed by cash (6 percent), reduced medical fees, reduced school fees and inputs for farm or non farm business (3 percent each) and helping by providing time, with a very small proportion of less than one percent, see Figure 3.3 and Appendix Table A3.5. Other types of support constituted 6 percent.

Figure 3.3:Type of External Household Support Received, Percentage of Households, MIMS, Zimbabwe, 2009

Type of support	Percent
Food	36.7
Cash	5.9
Reduced medical fees	3.2
Reduced school fees	2.9
Inputs for farm or non farm business	2.8
Helping by providing time	0.1
Other type of support	5.8
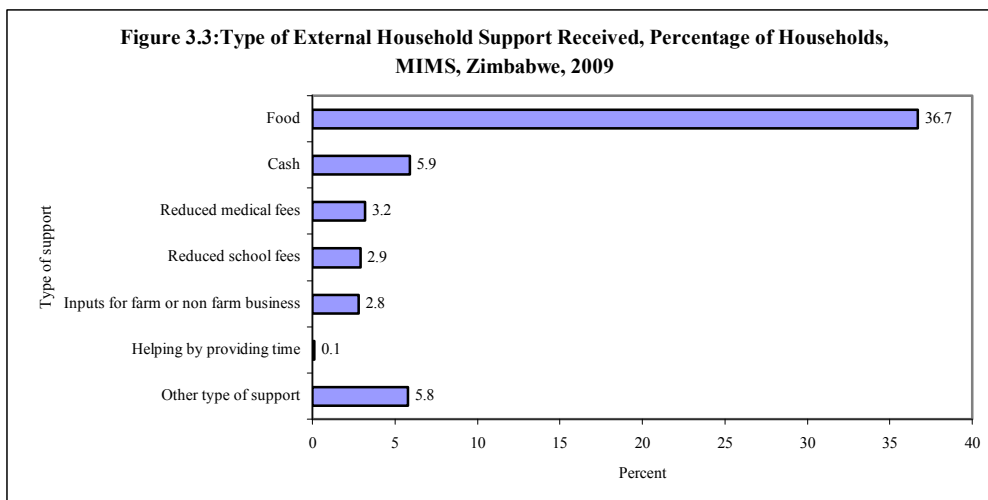
3.2.6 Expenditures on Health and Education

The MIMS solicited information on health and education expenditures and external support for both.

Health Expenditure and External Support

Households were asked about the total amount of money they had spent on health care and medicines, including costs of medicines, visits to doctors, clinics, hospitals, traditional healers and transportation to and from those places, in the month preceding the survey. Information on the total value of any help for health care and medicine received by the household from friends, relatives, employers or organizations was also collected.

Nationally, the mean household expenditure on health for those households that reported health expenditure was US$34, and it was higher for urban (US$52) than rural areas (US$22), see Table 3.5. The mean household expenditure on health increased with the education of the household head and household wealth quintile. For the predominantly rural provinces, Manicaland had the highest mean household expenditure on health (US$35), whilst Mashonaland Central had the lowest (US$19). Of all the provinces, Bulawayo and Harare had the highest mean household expenditure on health of US$64 and US$59, respectively.

National level mean external support for household health expenditure was US$34. Urban areas had a higher mean external support for household health expenditure (US$63) than rural areas (US$17), see Table 3.5. Mean external support for household health expenditure generally increased with household wealth but had no relationship with the education of the household head. For the predominantly rural provinces, Matabeleland North had the highest mean external support for household health expenditure (US$38), whilst Matabeleland South had the lowest (US$10). Harare and Bulawayo had the highest mean external support for household health expenditure among all the provinces of US$101 and US$46, respectively.

Table 3.5: Health and Education Expenditure
Mean Expenditure in USD among reported spending, MIMS, Zimbabwe, 2009

Background characteristic	Mean health expenditure, US$	Number of households reporting health expenditure	Mean External Support for Health Expenditure	Number of households reporting health expenditure support	Mean education expenditure, US$	Number of households reporting education expenditure	Mean External Support for education expenditure	Number of households reporting health expenditure support
Province								
Manicaland	35	426	18	124	62	816	54	94
Mashonaland Central	19	356	15	117	41	588	51	74
Mashonaland East	21	387	21	88	46	605	19	89
Mashonaland West	22	374	20	71	49	576	26	73
Matabeleland North	29	158	(38)	(39)	58	290	(58)	(35)
Matabeleland South	21	141	(10)	(35)	50	368	35	61
Midlands	20	367	19	124	66	847	35	112
Masvingo	23	261	16	51	62	678	26	87
Harare	59	730	101	138	250	1 198	170	117
Bulawayo	64	232	(46)	(38)	260	414	(132)	(39)
Area								
Urban	52	1 394	63	304	207.05	2 501	125.83	264
Rural	22	2 037	17	522	39.65	3 878	28.19	518
Education of household head								
None	22	224	70	55	26	443	22	84
Primary	28	1 248	25	337	46	2 219	26	305
Secondary	31	1 574	34	353	97	2 931	65	308
Higher	73	376	44	80	352	770	222	80
Missing/DK	16	8	*	2*	*	17*	*	4*
Wealth quintile								
Lowest	14	503	16	133	18	923	19	114
Second	16	587	10	155	28	1 115	17	161
Middle	23	657	19	174	30	1 243	23	183
Fourth	31	829	52	212	89	1 482	78	167
Highest	69	854	65	152	281	1 617	163	157
Total	**34**	**3 430**	**34**	**827**	**105**	**6 380**	**61**	**782**

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Education Expenditure and External Support

On education, households were asked about the total amount of money they had spent on expenses related to the education of children of the particular household. It included expenses such as school fees, uniforms, books and transportation. Information on the total value of any education-related help received by the household including any scholarships, help with fees, uniforms, books etc was also collected.

The mean household expenditure on education was higher than that of health. Nationally, the mean household expenditure on education for those households that reported education expenditure was US$105, and it was higher for urban (US$207) than rural ones (US$40), see Table 3.5. The mean household expenditure on education increased with the education of the household head and household wealth quintile. For the predominantly rural provinces, Midlands had the highest mean household expenditure on education (US$66), whilst Mashonaland Central had the lowest (US$41). Of all the provinces, Bulawayo and Harare had the highest mean household expenditure on education of US$260 and US$250, respectively.

Nationally, household education expenditure at US$61, was higher than the national mean health expenditure. Urban areas had a higher mean external support for household education expenditure (US$126) than rural areas (US$28), see Table 3.5. Mean external support for household education expenditure increased with the education of the household head and generally with household wealth. For the predominantly rural provinces, Matabeleland North had the highest mean external support for household education expenditure (US$58), whilst Mashonaland East had the lowest (US$19). Harare and Bulawayo had the highest mean external support for household education expenditure among all the provinces, of US$170 and US$132, respectively.

3.3 CHARACTERISTICS OF RESPONDENTS

Characteristics of respondents include those of the total population (language, religion, marital status, education, and main usual activity), women and children under 5 years. Appendix Tables A3.17 and A3.18 provide information on the background characteristics of female respondents 15-49 years of age and of children under age 5 years. In both tables, the total numbers of weighted and unweighted observations are equal, since sample weights have been normalized (standardized). In addition to providing useful information on the background characteristics of women and children, the tables are also intended to show the numbers of observations in each background category. These categories are used in subsequent analysis in this report.

3.3.1 Population Background Characteristics

i. Language

The MIMS collected information on the main language used by the head of household. Nationally, 80 percent of the population mainly used Shona, 14 percent Ndebele, 1 percent English whilst 5 percent used other languages, see Figure 3.4 and Appendix Table A3.6. Both rural and urban areas and the provinces of Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Midlands, Masvingo and Harare followed the national pattern. For Matabeleland South, Matabeleland North and Bulawayo provinces it was the reverse, with high proportions of 72 percent, 66 percent and 61 percent, respectively, using Ndebele.

Figure 3.4: Household Population by Language Mainly Used, Percentage Distribution, MIMS, Zimbabwe, 2009

Language	Percent
Shona	80
Ndebele	14
English	1
Other language	5
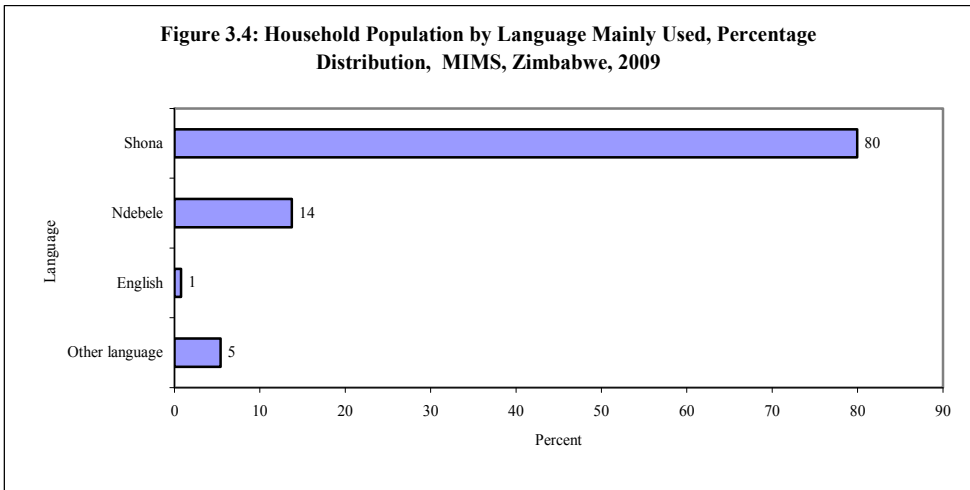
ii. **Religion**

The MIMS solicited information of the following possible religions; Christianity (Roman Catholic, Protestant, Pentecostal, Other Christians), Apostolic Sect, Moslem and Traditional. Information on those with no religion was also obtained. Christians (Roman Catholics, Protestant, Pentecostal and Other Christians) constituted 45 percent of the population, followed by the Apostolic sect (27 percent), Traditional (9 percent), Moslem (1 percent) and those with no religion (17 percent), see Figure 3.5 and Appendix Table A3.7. The specific Christian denominations had the following proportions: Protestants (15 percent), Pentecostal (13 percent), Roman Catholic (11 percent), Other Christians (8 percent), while other religions had a proportion of 0.4 percent.

Figure 3.5: Household Population by Religion, Percent Distribution , MIMS, Zimbabwe, 2009

Religion	Percent
Christianity	46.5
Apostolic Sect	26.7
Traditional	8.6
Moslem	0.8
Other religion	0.4
No Religion	17.0
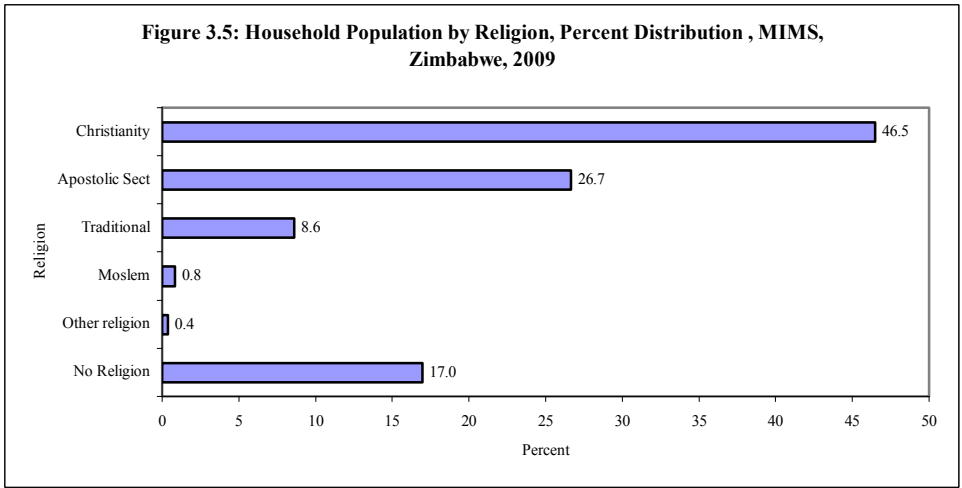
Generally, there were no significant gender differences in religion and denominations. Urban areas had higher proportions of people belonging to the main Christian denominations than rural areas as follows; Roman Catholics (urban-14 percent, rural-10 percent), Protestants (urban-20 percent, rural-13 percent) and Pentecostals (urban-21 percent, rural-9 percent). On the other hand rural areas had higher proportions of people belonging to the Apostolic sect (rural-30 percent, urban-19 percent), other Christians (rural-8 percent, urban-7 percent), Traditional (rural-12 percent, urban-2 percent) and those with no religion (rural-18 percent, urban-15 percent), compared to urban areas. The proportions of people who belonged to Christianity increased with household wealth whilst those who belonged to the traditional religion decreased with household wealth. For those with no religion the proportion generally decreased with household wealth.

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There were provincial disparities in terms of religion. Considering Christianity, for the predominantly rural provinces, Masvingo (57 percent) had the highest proportion of people belonging to that region whilst Mashonaland Central had the lowest proportion (22 percent). Of all the provinces, the predominantly urban provinces of Harare and Bulawayo had the highest proportions of 63 percent and 60 percent, respectively, belonging to the Christian religion.

Considering the Apostolic sect, for the predominantly rural provinces, Mashonaland Central had the highest proportion (34 percent), whilst Midlands had the lowest (25 percent). Bulawayo and Harare provinces had relatively low proportions of people in the Apostolic sect of 20 percent and 17 percent, respectively.

Matabeleland North had the highest proportion of people (22 percent) following the traditional religion and Manicaland province had the lowest (5 percent), followed by Midlands (6 percent). Harare and Bulawayo had very low proportions of their population following the traditional religion of one and 2 percent, respectively.

Mashonaland Central had the highest proportion with no religion (25 percent), followed by Mashonaland West (24 percent) and lowest in Masvingo (7 percent). Harare and Bulawayo had 18 percent and 14 percent, respectively, with no religion.

iii. **Marital Status**

The MIMS collected information on the marital status of the population with the following answer options; married, living with partner, divorced, separated, widowed and never married/never lived with partner. Answers were accepted as provided by the respondent regardless of the legality of the marital status. Nationally, 53 percent of the population aged 15 years and above were married, 31 percent were never married/never lived with partner, 10 percent were widowed, 4 percent divorced, 2 percent separated and one percent were living with partners, see Figure 3.6. There were no gender differences for those who were married and those living with partners. For the never married/never lived with partner, males had a higher proportion (40 percent) than females (22 percent). Females had higher proportions than males in the following categories; widowed (females-16 percent, males-3 percent), divorced (females-5 percent, males-2 percent) and separated (females-2 percent, male-one percent). This is because men either have more than one wife or quickly remarry after divorce, separation or death of spouse.

Figure 3.6:Marital Status of Population Aged 15 and Above by Sex, Percentage Distribution, MIMS, Zimbabwe, 2009
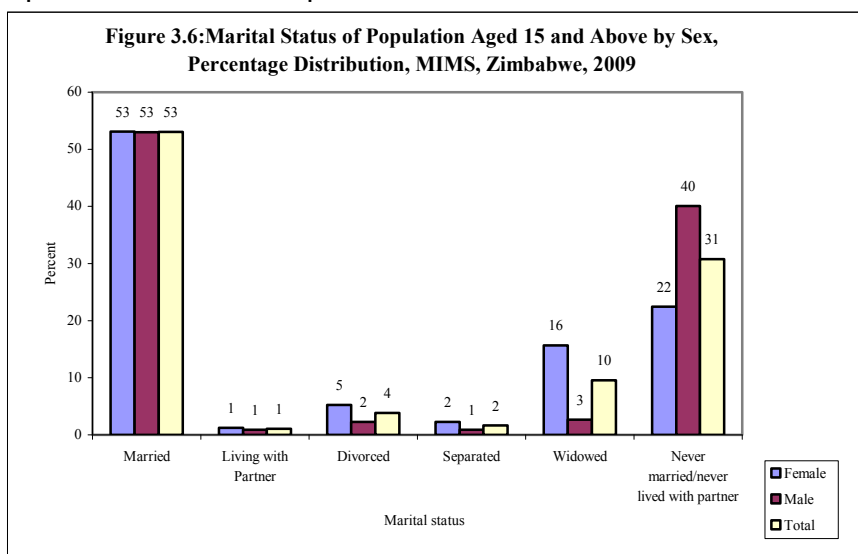
For the total population, rural areas had higher proportions than urban areas of the married (rural-55 percent, urban-50 percent) and widowed (rural-11 percent, urban-7 percent), see Appendix Table A3.8. On the other hand urban areas had higher proportions than rural areas of

the never married/never lived with partner (urban-35 percent, rural-28 percent), living with partner and separated (urban-2 percent each, rural-one percent each). The proportions for the divorced were the same for rural and urban areas (4 percent each).

For the female population, rural areas had a higher proportion than urban areas of the married (rural-56 percent, urban-48 percent) and widowed (rural-18 percent, urban-12 percent), see Figure 3.7 and Appendix Table A3.9. On the other hand urban areas had higher proportions than rural areas of the never married/never lived with partner (urban-30 percent, rural-18 percent), separated (urban-3 percent, rural-2 percent), living with partner (urban-2 percent, rural-one percent). The proportions for the divorced were the same for rural and urban areas (5 percent each).

Figure 3.7: Marital Status of Female Population Aged 15 Years and Above, by Rural and Urban Areas, Percentage Distribution, MIMS, Zimbabwe. 2009
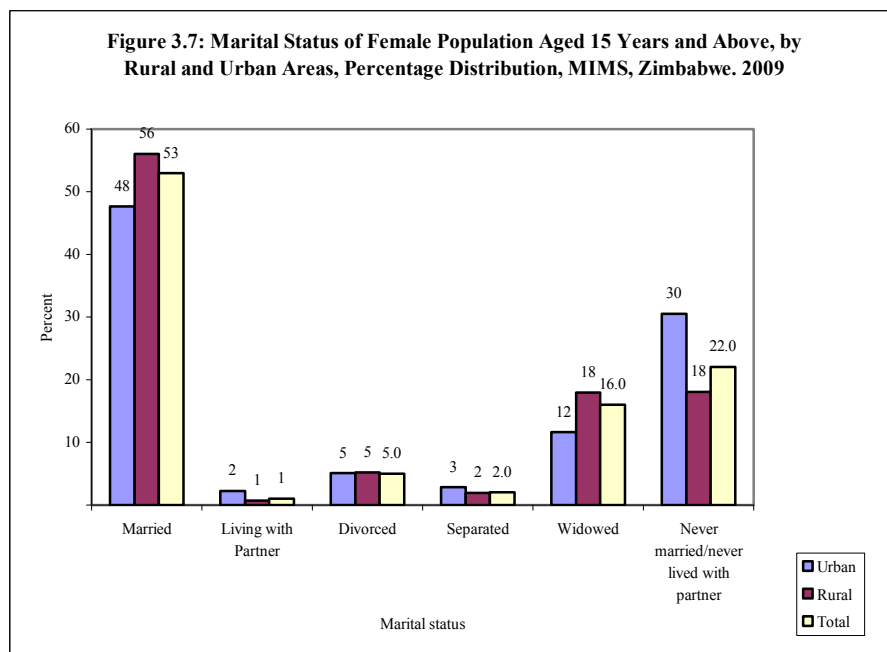
For the male population, rural areas had the same proportions for the following categories; married (53 percent each), never married/never lived with partner (40 percent each), widowed (3 percent each), separated (1 percent each), see Appendix Table A3.10. For the divorced, rural areas had a slightly higher proportion than urban areas, while the reverse was true for those living with partners.

Considering marital status by age group for the total population, the proportions married increased with age from 10 percent in the age group 15-19 years and peaked at 76 percent each in the age groups 30-34 years and 35-39 years, and falls steadily to 55 percent for the age group 60 years and above, see Appendix Table A3.8. As expected, the proportions never married/never lived with partner decreased with age, whilst the proportions widowed increased with age from less than one percent in the age groups under 25 years to 40 percent in the age group 60 years and above. The proportions of the divorced increased with age and peaked at 7 percent in the age group 35-39 years and declined thereafter. Marital status for the female and male populations followed the same general pattern as the total population, except for the levels which differed. Widowhood, for example, for females increased with age from less than one percent in the age groups under 25 years to 62 percent in the age group 60 years and above whilst for the males it increased with age from less than one percent in the age groups under 29 years to only 12 percent in the age group 60 years and above. However, there was no relationship between marital status and household wealth.

For all the provinces, Mashonaland Central had the highest proportion of its population married (59 percent), whilst Bulawayo had the lowest proportion (38 percent), see Appendix Table A3.8.

Matabeleland South province had the highest proportion of widowed population (12 percent) whilst Harare province had the lowest proportion (7 percent), followed by Bulawayo and Mashonaland Central provinces (8 percent each).

iv. **Education**

Attendance of secondary and higher education is ideal for the attainment of positive welfare outcomes for women and children. At the time of the survey, 47 percent of the total population had attended the primary level of schooling as their highest level of education, followed by secondary level (40 percent), higher level (5 percent), and pre-school level (2 percent) whilst 5 percent had no education, see Figure 3.8. The patterns were the same for both females and males. Females had a slightly higher proportion whose highest level of schooling attended was primary (48 percent), compared to males (46 percent). For the secondary and higher levels of education, the reverse was true (secondary: males-41 percent, females-38 percent; higher: males-6 percent, females-4 percent). For those with no education, females had a higher proportion (7 percent), compared to males (4 percent).

Figure 3.8:Educational Level Attended by Population Aged 6 Years and Above, MIMS, Zimbabwe, 2009
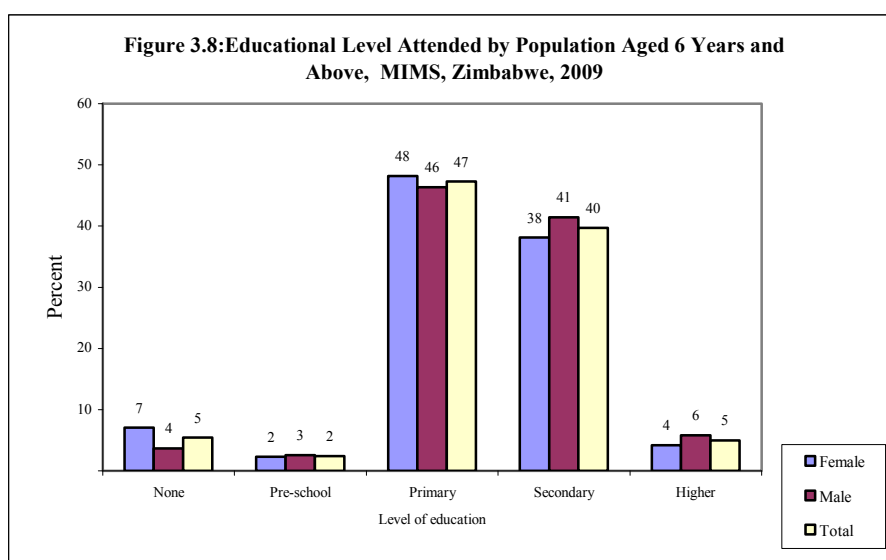
Nationally, less than half of the total population (45 percent) had secondary and higher as their highest level of schooling attended. Males had a higher proportion (47 percent) whose highest level of schooling attended was secondary and higher, compared to females (42 percent). Urban areas had a higher proportion (66 percent) whose highest level of schooling attended was secondary and higher, compared to rural areas (34 percent) and this pattern is true for the female and male populations see Appendix Tables A3.11, A3.12, and A3.13. For the total population, secondary and higher level school attendance increased with household wealth and this was also true for both sexes. Attendance of secondary and higher level of schooling increased with age to a peak of 83 percent for the age group 35-39 years and declined thereafter.

Of the predominantly rural provinces, Manicaland, Mashonaland West and Midlands had the highest proportions of total population whose highest level of schooling attended was secondary and higher (42 percent each), followed by Mashonaland East (41 percent), whilst Matabeleland North had the lowest proportion (28 percent). The predominantly urban provinces of Harare and Bulawayo had proportions of 69 percent and 63 percent, respectively, whose highest level of schooling attended was secondary and higher.

For the female population, attendance of secondary and higher level of schooling increased with age to a peak of 75 percent each for the age groups 15-19 years and 20-24 years and declined

thereafter, see Appendix Table A3.12. For the male population, attendance of secondary and higher level of schooling increased with age to a peak of 83 percent for the age group 35-39 years and declined thereafter, see Appendix Table A3.13. These findings imply that females were more deprived of attendance of secondary and higher level of schooling earlier on than their male counterparts.

v. **Main Usual Activity/Employment**

Of the total population aged 15-54 years, 77 percent were economically active (employed[7]-76 percent and unemployed-1 percent), whilst 22 percent were economically inactive (student, homemaker, retired and those that did nothing else), see Table A3.14b. Figure 3.9 and Appendix Tables A3.14a show that of the total population, the highest proportion of the employed were; agricultural related own account workers (29 percent), followed by other own account workers (14 percent), paid permanent employees (13 percent), unpaid family worker (12 percent), paid casual/temporary/contract/ seasonal employees (8 percent), and employers (0.2 percent). Of the total population, the highest proportion of the economically inactive were students (14 percent), followed by homemakers (7 percent), retired with pension, retired without pension and those who did nothing else were insignificant proportions of less than 0.5 percent.

Figure 3.9: Total Population Aged 15-54 Years by Main Usual Activity During the Past 12 Months, MIMS, Zimbabwe, 2009
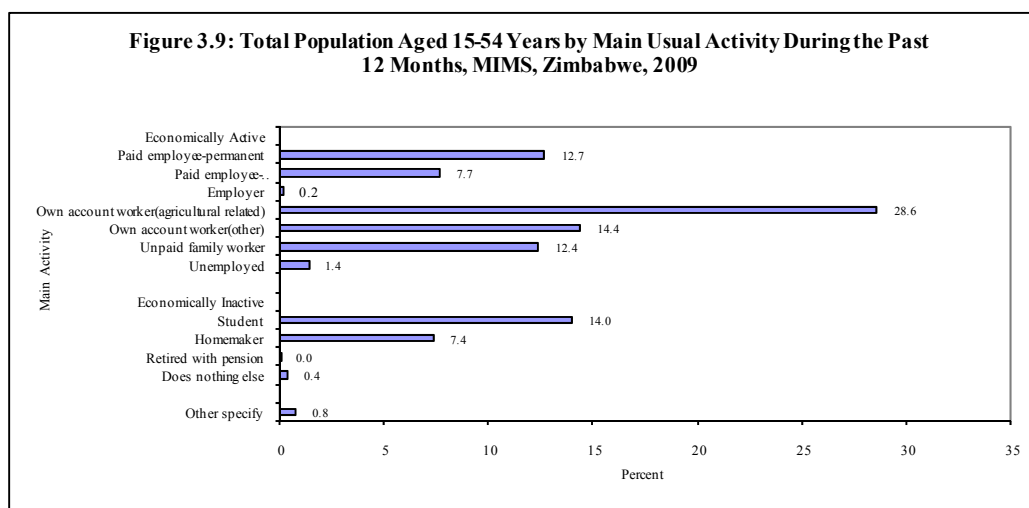
The proportions of the employed total population generally increases with age, and decreases with education of household head and household wealth. The same pattern applies for the economically active total population. For the economically inactive total population, the reverse is true. These patterns are true for both females and males. For the predominantly rural provinces, Matabeleland North had the highest proportion of the economically active population (87 percent), whilst Mashonaland West had the lowest proportion (77 percent). Harare and Bulawayo provinces had proportions of economically active total populations of 70 percent and 62 percent, respectively. The reverse is true for the pattern of economically inactive in the predominantly rural provinces. Bulawayo and Harare had 38 percent and 29 percent of their total populations being economically inactive.

Of the total female population aged 15-54 years, 74 percent were economically active (employed-73 percent and unemployed-one percent), whilst 25 percent were economically

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[7] The employed included the following; paid employee-permanent, paid employee-casual/temporary/contract/ seasonal, employer, own account worker (agricultural related), own account worker (other) and unpaid family worker.

inactive (student, homemaker, retired and those that did nothing else). Table 3.6 and Appendix Table A 3.15 show that of the female total population, the highest proportion of the employed were; agricultural related own account workers (35 percent), followed by other own account workers (15 percent), unpaid family worker (11 percent), paid permanent employees (8 percent), paid casual/temporary/contract/ seasonal employees (5 percent), and employers (0.1 percent). Of the total female population, the highest proportion of the economically inactive were homemakers (13 percent), followed by students (12 percent), retired with pension, retired without pension and those who did nothing else were insignificant proportions of less than 0.4 percent.

Table 3.6: Summary-Main Usual Activity							
Females Aged 15-54 Years by Activity in the 12 Months Preceding the Survey, MIMS, Zimbabwe, 2009							
Background characteristic	Economically active		Economically inactive	Other	Missing/DK	Total percent	Number of women aged 15-54 years
	Employed	Unemployed					
Province							
Manicaland	79.2	0.2	19.9	0.5	0.1	100.0	1 760
Mashonaland Central	83.1	0.2	16.6	0.2	0.0	100.0	1 311
Mashonaland East	77.5	0.1	21.8	0.6	0.0	100.0	1 254
Mashonaland West	72.6	0.0	26.0	1.4	0.0	100.0	1 339
Matabeleland North	86.1	0.0	13.1	0.9	0.0	100.0	715
Matabeleland South	80.3	0.0	19.2	0.5	0.0	100.0	734
Midlands	77.3	0.6	21.5	0.6	0.0	100.0	1 660
Masvingo	83.7	0.1	15.1	1.1	0.0	100.0	1 370
Harare	58.3	2.4	38.9	0.4	0.1	100.0	2 498
Bulawayo	46.6	5.4	47.3	0.8	0.0	100.0	867
Area							
Urban	57.2	2.3	39.9	0.5	0.0	100.0	5 157
Rural	83.5	0.1	15.7	0.8	0.0	100.0	8 350
Age							
15-24	56.3	1.4	41.9	0.4	0.0	100.0	5 697
25-34	82.5	0.9	16.0	0.7	0.1	100.0	3 928
35-44	89.1	0.4	9.5	1.0	0.0	100.0	2 216
45-54	89.9	0.2	8.6	1.3	0.0	100.0	1 666
Education of household head							
None	82.8	0.4	16.0	0.8	0.0	100.0	1 086
Primary	78.6	0.5	20.0	0.9	0.0	100.0	5 103
Secondary	69.4	1.0	29.0	0.5	0.0	100.0	5 799
Higher	64.8	2.4	32.6	0.2	0.0	100.0	1 492
Missing/DK	74.5		25.5	0.0	0.0	100.0	28
Wealth quintile							
Lowest	89.9	0.0	9.1	0.9		100.0	2 356
Second	85.2		14.3	0.4	0.0	100.0	2 390
Middle	80.1	0.1	18.9	0.9	0.0	100.0	2 458
Fourth	63.3	0.9	34.9	0.9		100.0	2 908
Highest	57.6	2.8	39.2	0.3	0.0	100.0	3 395
Total	**73.4**	**0.9**	**24.9**	**0.7**	**0.0**	**100.0**	**13 508**

Of the total male population aged 15-54 years, 81 percent were economically active (employed-79 percent and unemployed-2 percent), whilst 18 percent were economically inactive (student, homemaker, retired and those that did nothing else). Appendix Table A3.16a and A3.16b shows that of the total male population, the highest proportion of the employed were; agricultural related own account workers (22 percent), followed by other own account workers and unpaid family worker (14 percent each), paid permanent employees (18 percent), paid casual/temporary/contract/seasonal employees (10 percent), and employers (0.3 percent).

Of the total male population, the highest proportion of the economically inactive were students (17 percent), followed by homemakers (1 percent), retired with pension, retired without pension and those who did nothing else were insignificant proportions of less than 0.2 percent.

3.3.2 Women Background Characteristics

Table 3.7 provides background characteristics of female respondents 15-49 years of age. The table includes information on the distribution of women according to province, urban-rural areas, age, marital status, motherhood status, education[8] and wealth index quintiles. Harare province had the highest proportion of women aged 15-49 years (19 percent), followed by Manicaland province (13 percent), whilst Matabeleland North and Matabeleland South provinces (5 percent each) had the lowest , followed by Bulawayo province (7 percent). The majority of women (61 percent) resided in rural areas.

Table 3.7: Women's Background Characteristics			
Percent Distribution of Women Aged 15-49 Years by Background Characteristics, MIMS, Zimbabwe, 2009			
		Number of women	
Background characteristic	Weighted percent	Weighted	Un-weighted
Province			
Manicaland	13.0	1 476	1 255
Mashonaland Central	9.6	1 089	1 054
Mashonaland East	9.2	1 040	1 072
Mashonaland West	9.9	1 117	1 214
Matabeleland North	5.2	584	853
Matabeleland South	5.4	611	945
Midlands	12.3	1 400	1 203
Masvingo	10.0	1 130	1 163
Harare	19.0	2 153	1 530
Bulawayo	6.5	738	1 050
Area			
Urban	39.1	4 436	3 830
Rural	60.9	6 903	7 509
Age			
15-19	23.1	2 616	2 690
20-24	21.3	2 412	2 376
25-29	18.8	2 129	2 067
30-34	12.9	1 459	1 449
35-39	10.7	1 208	1 181
40-44	7.3	828	826
45-49	6.1	687	750
Marital/Union status			
Currently married/in union	58.9	6 677	6 635
Formerly married/in union	14.9	1 688	1 675
Never married/in union	26.2	2 963	3 018
Motherhood status			
Ever gave birth	71.2	8 069	8 094
Never gave birth	28.8	3 270	3 245
Education			
None	2.8	316	346
Primary	29.2	3 310	3 550
Secondary	61.3	6 948	6 802
Higher	6.7	764	640
Missing /DK	0.0	1	1
Wealth quintiles			
Lowest	17.2	1 954	2 155
Second	17.4	1 972	2 144
Middle	17.5	1 989	2 174
Fourth	22.3	2 529	2 336
Highest	25.5	2 895	2 530
Total	**100.0**	**11 339**	**11 339**

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

The highest proportion (23 percent) of women aged 15-49 years, were in the age group 15-19 years and the distribution decreases with age group to 6 percent in the age group 45-49 years, see Table 3.7. The majority of women (59 percent) were currently married or in union, 26 percent were never married/in union, whilst 15 percent were formerly married or in union. The motherhood status shows that 71 percent of the women had ever given birth. The majority of women (61 percent) had completed secondary education, 29 percent had completed primary, and 7 percent had completed higher education, whilst 3 percent had no education at all. About half (48 percent) of the women came from households in the better-off fourth and highest wealth quintiles, 35 percent came from households in the poorer lowest and second wealth quintiles, whilst 18 percent came from households in the middle quintile.

3.3.3 Children Background Characteristics

Some background characteristics of children under 5 are presented in Table 3.8. These include distribution of children by several attributes: sex, province and rural/urban, age in months, mother's or caretaker's education and household wealth. Male children constituted 51 percent of the children under-5 years, whilst females constituted 49 percent. Manicaland province had the highest proportion of children aged under five years (14 percent), followed by Harare province (13 percent), whilst Bulawayo province (5 percent) had the lowest, followed by Matabeleland North and Matabeleland South provinces (6 percent each). The majority of children (72 percent) resided in rural areas.

The highest proportions of children (around 20 percent each) were in the age groups 12-23 months, 24-35 months, 36-47 months and 48-59 months. The proportions of children for the younger age groups were small at 9 percent and 10 percent for the under 6 months and 6-11 months, respectively, see Table 3.8. The majority of children (53 percent) were born to mothers who had completed secondary level of education, 37 percent were born to mothers who had completed primary education, and 5 percent each to those with no education and those with higher education. Generally, the proportions of children decreased with household wealth.

Table 3.8: Children's Background Characteristics

Percent Distribution of Children Under Five Years of Age by Background Characteristics, MIMS, Zimbabwe, 2009

Background characteristic	Weighted percent	Number of under-5 children	
		Weighted	Un-weighted
Sex			
Male	50.6	3 663	3 663
Female	49.4	3 579	3 579
Province			
Manicaland	14.0	1 012	863
Mashonaland Central	11.1	804	748
Mashonaland East	9.7	703	697
Mashonaland West	10.9	790	806
Matabeleland North	6.4	466	637
Matabeleland South	6.3	453	674
Midlands	12.0	873	815
Masvingo	11.7	848	864
Harare	13.4	968	692
Bulawayo	4.5	325	446
Area			
Urban	28.2	2 041	1 715
Rural	71.8	5 201	5 527
Age			
< 6 months	9.4	677	681
6-11 months	9.7	704	694
12-23 months	19.9	1 444	1 453
24-35 months	19.3	1 399	1 393
36-47 months	20.9	1 512	1 504
48-59 months	20.8	1 505	1 517
Mother's education			
None	4.7	342	388
Primary	37.1	2 688	2 816
Secondary	53.1	3 848	3 740
Higher	5.0	363	296
Missing /DK	0.0	2	2
Wealth quintiles			
Lowest	24.3	1 762	1 870
Second	21.4	1 551	1 655
Middle	18.8	1 361	1 467
Fourth	19.2	1 393	1 246
Highest	16.2	1 174	1 004
Total	**100.0**	**7 242**	**7 242**

CHAPTER 4

CHILD MORTALITY

Mortality indicators are useful for the assessment of the health status of a population as well as the evaluation of health policies and programmes. One of the overarching objectives of the Millennium Development Goals (MDGs) and A World Fit for Children (WFFC) is to reduce infant and under-five mortality. Specifically, MDG 4-'*Reduce Child Mortality'* calls for the reduction in under-5 mortality by two-thirds between 1990 and 2015. The WFFC first priority area on *Promoting Healthy Lives*, calls for the reduction in the infant and under-five mortality rate at least by one third by 2010, in pursuit of the target of reducing it by two thirds by 2015.

In the first decade of independence (1980s), Zimbabwe made remarkable progress in improving the health status of its population as reflected in improving mortality indicators including the infant mortality rate (IMR) and under-5 mortality rate, (ZDHSs 1988 and 1994). However, in the second decade of independence (1990s), the mortality indicators started to rise and this was mainly attributed to the impact of the HIV and AIDS pandemic and more recently during the third decade, the economic decline which resulted in an over-stretched and under-funded health delivery system (ZDHSs 1999 and 2005/2006).

According to the Ministry of Health and Child Welfare, (2006), the top ten causes of mortality in under-one year olds were as follows; Acute Respiratory Infection (ARI)- lower tract, certain conditions which originate in the perinatal period, intestinal infections, skin and subcutaneous diseases, malaria, ARI-upper tract, nutritional deficiencies, signs, symptoms and ill defined conditions, other endocrine and metabolic diseases, and other respiratory diseases. For the 1-4 year olds, the top ten causes of mortality were; nutritional deficiencies, ARI-lower tract, intestinal infections, malaria, signs, symptoms and ill defined conditions, ARI-upper tract, other viral diseases, skin and subcutaneous diseases, pulmonary tuberculosis, and other endocrine and metabolic diseases. The main determinants of whether a child suffers or dies from these causes are the child's HIV and nutritional status; access to and functioning of the health system; family/household and community care practices; and availability of preventative services such as immunizations, safe sanitation and hygiene education.

This chapter presents five types of childhood mortality namely neonatal, postneonatal, and infant, child and under-5 and these are defined as follows:

- *Neonatal mortality:* the probability of dying within the first month of life;
- *Postneonatal mortality:* the arithmetic difference between infant and neonatal mortality;
- *Infant mortality:* the probability of dying between birth and the first birthday;
- *Child mortality:* the probability of dying between the exact age one and the fifth birthday; and
- *Under-5 mortality:* the probability of dying between birth and the fifth birthday.

All rates are measured as deaths per 1 000 live births except child mortality which is measured as, deaths per 1 000 children surviving to the first birthday. For the MIMS, childhood mortality rates were calculated from mother's birth history information using the direct method of estimation. Respondents were asked about the number of sons and daughters who lived with them, the number who lived elsewhere, and the number who had died. For each live birth, information was collected on sex, month, and year of birth; survivorship status and current age; and age at death if the child died.

The direct estimation is based on the assumption that mortality among mothers is very low and the reported birth history is complete. However, for Zimbabwe, with its high rates of female

adult mortality due to the HIV and AIDS pandemic, this assumption might not necessarily hold and the resulting childhood mortality rates might be underestimated, (ZDHS 2005/06). The quality of mortality estimates from retrospective birth histories relies on the mother's ability to recall all the children she had given birth to, including their birth dates and ages at death. Omissions lead to underreporting of childhood mortality. Child mortality rates can be estimated for varying periods preceding the survey. The longer the time period preceding the survey, for example, 10 years as opposed to 5 years, enables the basing of child mortality rates on a sufficient number of cases in each category, in order to ensure statistically reliable estimates. Table 4.1. provides estimates of the neonatal, the post neonatal, infant mortality, child and under-5 mortality rates for the ten-year period preceding the survey by various background characteristics.

Table 4.1: Child Mortality					
Infant, Neonatal, Post-Neonatal, Child and Under-5 Mortality Rates Based on Births During the 10-Year Preceding the Survey, MIMS, Zimbabwe, 2009					
Background characteristic	Neonatal mortality rate	Post-neonatal mortality rate	Infant mortality rate	Child mortality rate	Under-5 mortality rate
Sex of the child					
Male	30	34	65	29	92
Female	26	30	56	26	80
Province					
Manicaland	31	33	63	38	98
Mashonaland Central	33	38	71	27	96
Mashonaland East	29	37	66	39	103
Mashonaland West	29	37	66	25	89
Matabeleland North	18	28	46	16	61
Matabeleland South	15	22	37	19	56
Midlands	30	36	66	24	88
Masvingo	23	29	52	38	88
Harare	29	29	58	18	75
Bulawayo	30	24	54	21	73
Area					
Urban	29	28	57	19	76
Rural	27	34	61	31	90
Women's education					
None	27	47	73	40	110
Primary	32	34	67	33	97
Secondary +	25	30	55	23	77
Wealth quintile					
Lowest	31	36	67	34	99
Second	25	33	58	30	86
Middle	25	33	57	33	88
Fourth	26	34	61	22	82
Highest	31	23	54	17	70
Total	**28**	**32**	**60**	**27**	**86**

4.1 Neonatal Mortality

For the ten years preceding the survey, Zimbabwe had a neonatal mortality rate of 28 deaths per 1 000 live births, meaning that 3 percent of the children born alive died within the first month of life. A greater proportion of boys (30 per 1 000) died than girls (26 per 1 000), see Table 4.1 and Figure 4.1. For the neonatal mortality rate, urban areas had a slightly higher rate (29 per 1 000) than rural areas (27 per 1 000). The neonatal mortality rate was highest in

Mashonaland Central province (33 per 1 000 live births) and lowest in Matabeleland South province (15 per 1 000 live births). There was no clear relationship between neonatal mortality and mother's education and household wealth.

4.2   Post-neonatal Mortality

Zimbabwe had a post-neonatal mortality rate of 32 deaths per 1 000 live births, meaning that 3 percent of the children born alive died after the first month but before one year of life. A greater proportion of boys (34 per 1 000) died than girls (30 per 1 000), see Table 4.1 and Figure 4.1. Unlike, neonatal mortality, rural areas had a higher rate (34 per 1 000) than urban areas (28 per 1 000). The same provincial pattern as for the neonatal mortality rate prevailed for the post neonatal mortality rate, ranging from 22 per 1 000 live births in Matabeleland South to 38 per 1 000 live births in Mashonaland Central. Mashonaland East and Mashonaland West provinces had 37 per 1 000 live births each. The post-neonatal mortality rate decreased with the education of mother and generally with household wealth.

Figure 4.1: Neonatal, Post-neonatal, Infant, Child and Under-five Mortality Rates Based on Births During the 10-Year Period Preceding the Survey, MIMS, Zimbabwe, 2009
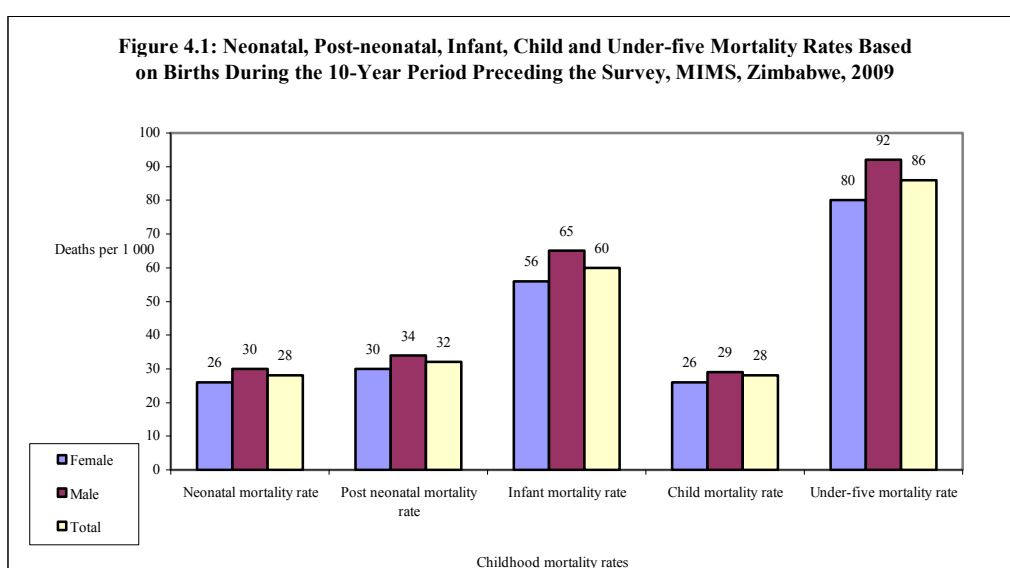
4.3   Infant Mortality

For the ten-year period preceding the survey, Zimbabwe had an estimate infant mortality rate of 60 deaths per 1 000 live births, meaning that 6 percent of the children died before their first birthday. Boys had a higher likelihood of dying before their first birthday (65 per 1 000) than girls (56 per 1 000), see Table 4.1 and Figure 4.1. Rural areas had a higher infant mortality rate (61 per 1 000) than urban areas (57 per 1 000). For the predominantly rural provinces, infant mortality was highest in Mashonaland Central province (71 per 1 000) and lowest in Masvingo province (52 per 1 000). Harare and Bulawayo provinces had infant mortality rates of 58 per 1 000 live births and 54 per 1 000 live births, respectively. Infant mortality decreased with the education of mother and generally with household wealth.

4.4   Child Mortality

The MIMS estimated a child mortality rate of 27 deaths per 1 000 children surviving to the first birthday, for the 10-year period preceding the survey. This means that about 3 percent of the children died between their first and fifth birthdays. A greater proportion of boys (29 per 1 000) died than girls (26 per 1 000) did so, see Table 4.1 and Figure 4.1. Rural areas had a higher child mortality rate (31 per 1 000) than urban areas (19 per 1 000). Child mortality was highest in Mashonaland East province (39 per 1 000) and lowest in Harare province (18 per 1 000).

Manicaland and Masvingo provinces had also high child mortality rates of 38 per 1 000 each and Matabeleland North province a low rate of 16 per 1 000. Child mortality decreased with the education of mother and generally with household wealth.

4.5   Under-5 Mortality

For the ten-year period preceding the survey, the under-5 mortality rate was estimated at 86 per 1 000. Male children experienced higher (92 per 1 000) under-5 mortality than their female counterparts (80 per 1 000), see Table 4.1 and Figure 4.2. Under-5 mortality rate was higher for rural areas (90 per 1 000) than urban areas (76 per 1 000). The under-5 mortality was highest in Mashonaland East province (103 per 1 000) and lowest in Matabeleland South province (56 per 1 000). Under-5 mortality decreased with the education of mother and generally with household wealth.

Generally, for the five childhood mortalities, Mashonaland Central and Mashonaland East provinces had the highest childhood mortality estimates whilst Matabeleland South province had the lowest.
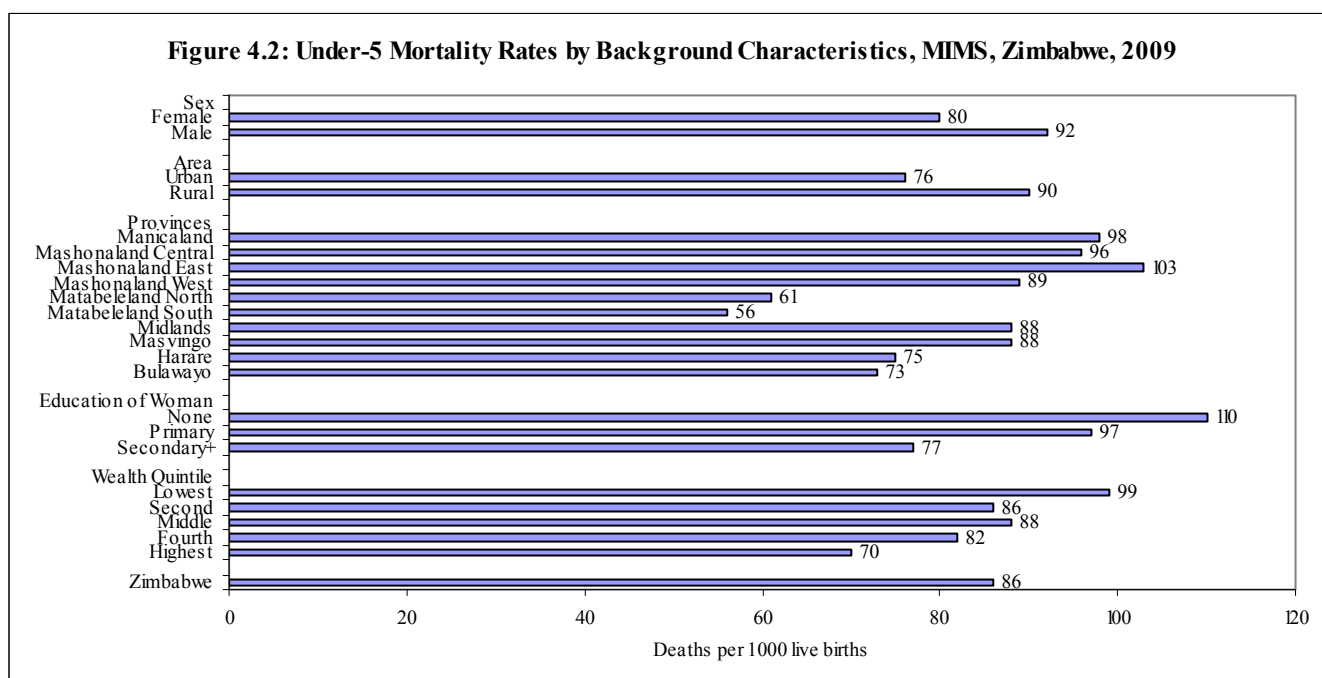
Figure 4.2: Under-5 Mortality Rates by Background Characteristics, MIMS, Zimbabwe, 2009

For the five year period preceding the survey, all childhood mortality rates have increased from the ZDHS (2005/2006) levels as follows: neonatal mortality rate from 24 to 30 per 1 000 live births; post neonatal mortality rate from 36 to 37 per 1 000 live births; infant mortality rate from 60 to 67 per 1 000 live births, child mortality rate from 24 to 29 per 1 000 children surviving to the first birthday, under-5 mortality rate from 82 to 94 per 1 000 live births. Table 4.2 provides estimates of infant and under-5 mortality for the five-year period preceding the survey by various background characteristics.

Table 4.2: Child Mortality

Neonatal, Post Neonatal, Infant, Child, and Under-5 Mortality Rates for the 5-Year Period Preceding the Survey, by Background Characteristics, MIMS, Zimbabwe 2009

Background characteristic	Neonatal mortality (NN)	Post neonatal mortality (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under-5 mortality (5q0)
Sex					
Male	33	37	70	30	98
Female	27	37	65	28	90
Residence					
Urban	31	33	64	17	80
Rural	29	39	68	34	100
Mother's education					
No education	13	56	69	37	104
Primary	33	42	75	37	109
Secondary +	29	34	63	23	85
Wealth quintile					
Lowest	37	44	82	40	118
Second	23	34	57	30	85
Middle	21	38	60	37	94
Fourth	31	38	69	18	86
Highest	35	29	63	18	80
Total	**30**	**37**	**67**	**29**	**94**

CHAPTER 5

CHILD NUTRITION

This chapter first covers the nutritional status of children including stunting, wasting, underweight, and overweight, the mid-upper-arm circumference (MUAC) and oedema. It then goes on to analyze breastfeeding practices including timely initiation of breastfeeding, exclusive breastfeeding, timely complementary feeding, continued breastfeeding, infant and young child feeding patterns by age, frequency of complementary feeding, and adequacy in infant feeding. The next section covers Vitamin A supplementation among children and mothers and the chapter comes to a conclusion with the analysis of low birth weight.

5.1   NUTRITIONAL STATUS OF CHILDREN

The continuous rise in poverty levels in Zimbabwe has negative implications for good nutrition. 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 achieve their growth potential and are considered well nourished. 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 Goal (MDG 1) – '*Eradicate extreme poverty and hunger'* target is to reduce by half the proportion of people who suffer from hunger between 1990 and 2015. A World Fit for Children goal is to reduce the prevalence of malnutrition among children under five years of age by at least one-third (between 2000 and 2010), with special attention to children under 2 years of age. A reduction in the prevalence of malnutrition will also assist in the goal of reducing child mortality as in MDG 4.

In a well-nourished population, there is a standard distribution of height and weight for children under the age of five years. Undernourishment in a population can be determined by comparing children to this standard distribution. In 2006, the World Health Organization (WHO) released new growth standards for children under the age of five. However, Zimbabwe is still using the USA National Centre for Health Statistics (NCHS) 1978 standard. While this report presents nutrition indicators using the new WHO standards, the child nutrition results using the NCHS standard are also presented. The NCHS standard also allows for comparison with the ZDHS 2005/06 findings. The three standard indices of physical growth used to describe the nutritional status of children in this report are: height-for-age *(stunting)*; weight-for-height *(wasting)* and weight-for-age *(underweight)*. These indices are expressed in standard deviation units (z-scores) from the median of the WHO reference population.

Height-for-age is a measure of linear growth. Children whose height-for-age is more than two standard deviations (-2SD) below the median of the reference population are considered short for their age and are classified as *moderately or severely stunted.* Those whose height-for-age is more than three standard deviations (-3SD) below the median are classified as *severely stunted.* Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.

Weight-for-height describes the current nutritional status of a child. Children whose weight-for-height is more than two standard deviations (-2SD) below the median of the reference population are classified as *moderately or severely wasted,* while those who fall more than three standard deviations (-3SD) below the median are classified as *severely wasted*. Wasting is a reflection of acute malnutrition, typically the result of a recent nutritional deficiency or disease. Severe acute malnutrition can be characterized by either wasting or bilateral pitting oedema. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

Weight-for-age is a composite index of the height-for-age and weight-for-height which reflects both acute malnutrition (wasting) and chronic malnutrition (stunting). Children whose weight-for-age is more than two standard deviations (-2SD) below the median of the reference population are considered *moderately or severely underweight* while those whose weight-for-age is more than three standard deviations (-3SD) below the median are classified as *severely underweight.*

Overall, in order to assess the extent of underweight, stunting and wasting, the following cut-off points were used:

Mild malnutrition: below 10 percent;
Moderate malnutrition: 10-20 percent; and
Severe malnutrition: above 20 percent.

Additionally, children who are overweight are those whose weight-for-height is two standard deviations (+2SD) above the median of the reference population.

5.1.1 Stunting, Wasting, Underweight and Overweight (WHO Standard)

Using the latest WHO standard in estimating child nutrition, nationally 35 percent of the children aged 6-59 months were stunted, 2 percent were wasted, 12 percent were underweight while 3 percent were overweight, see Table 5.1. This means that Zimbabwe had severe stunting, mild wasting and moderate underweight malnutrition. Rural areas had higher levels of malnutrition than urban areas according to the three indices whilst the reverse was true for the overweight indicator. The stunting level in rural areas was 37 percent compared to 30 percent in urban areas, while wasting was 3 percent and 2 percent for rural and urban areas, respectively. Underweight in rural areas was 13 percent compared to 9 percent in urban areas whilst overweight was 5 percent for urban areas compared to 3 percent for rural areas.

Consistent with various nutrition surveys in Zimbabwe, males had higher malnutrition levels than females as follows; stunting (males-38 percent, females-33 percent), wasting (males-3 percent, females-2 percent), and underweight (males-13 percent, females-11 percent), see Table 5.1. In addition, a slightly higher proportion of males (4 percent) also were overweight compared to females (3 percent). It should be noted that the wasting data was collected during April and May 2009 which coincides with the agricultural harvesting season, a time when food accessibility is generally higher than average and rates of diarrhoea and other illnesses are generally lower than average. The wasting data, therefore, likely represents the best-case scenario.

Stunting decreased with mother's education while wasting and underweight generally did so. Overweight increased with mother's education. Stunting and wasting also decreased with household wealth. Underweight was highest in children from the lowest wealth quintile (16 percent) and lowest for those from the highest wealth quintile (7 percent). Overweight was highest for the children from the highest wealth quintile (6 percent) compared to the other wealth quintiles which had relatively the same level (3 percent each).

Table 5.1: Child Malnourishment-WHO Child Growth Standards
Percentage of Children Aged 6-59 Months Who are Severely or Moderately Undernourished, MIMS, Zimbabwe, 2009

Background characteristic	Weight for age: % below -2 SD	Weight for age: % below -3 SD	Number of children	Height for age: % below -2 SD	Height for age: % below -3 SD	Number of children	Weight for height: % below -2 SD	Weight for height: % below -3 SD	Weight for height: % above +2 SD	Number of children
Sex										
Male	13.1	2.5	3 117	37.9	12.7	3 106	2.9	0.4	4.2	3 102
Female	10.5	2.0	3 089	32.5	10.2	3 081	1.9	0.6	2.6	3 082
Provinces										
Manicaland	9.9	2.1	866	36.8	11.1	864	1.6	0.7	3.9	863
Mashonaland Central	13.8	2.5	659	39.0	13.0	656	2.1	0.2	2.1	659
Mashonaland East	12.2	2.2	606	33.5	12.9	605	2.9	1.1	2.7	605
Mashonaland West	16.5	2.7	701	35.2	14.7	697	4.3	0.7	2.9	696
Matabeleland North	14.7	1.9	403	33.3	8.8	399	4.5	0.9	1.8	399
Matabeleland South	10.0	1.5	395	28.3	8.0	394	1.6	0.0	1.7	393
Midlands	13.4	3.4	750	41.3	13.6	748	2.4	0.1	3.0	748
Masvingo	10.0	1.9	728	37.9	11.0	724	2.1	0.2	3.9	721
Harare	8.9	2.3	822	31.8	9.8	822	1.7	0.7	5.6	822
Bulawayo	8.2	.9	277	24.6	6.3	279	1.1	0.0	5.0	277
Area										
Urban	9.0	1.8	1 746	30.0	9.6	1 747	1.6	0.4	4.8	1 744
Rural	12.9	2.5	4 461	37.3	12.2	4 441	2.8	0.5	2.8	4 440
Age of child										
6-11 months	7.1	1.7	634	16.0	3.1	633	5.40	0.8	6.7	633
12-23 months	13.3	3.2	1 410	38.0	12.1	1 405	3.8	0.7	3.4	1 405
24-35 months	14.0	2.5	1 326	47.1	17.3	1 322	1.5	0.2	3.6	1 318
36-47 months	11.9	2.1	1 425	38.5	13.2	1 419	1.5	0.3	3.3	1 421
48-59 months	10.4	1.6	1 411	26.7	7.3	1 409	1.5	0.5	1.7	1 407
Mother's education										
None	17.8	2.6	303	43.7	14.7	301	2.5	0.1	1.5	301
Primary	15.0	3.1	2 343	39.6	14.6	2 329	2.8	0.6	3.0	2 333
Secondary	9.4	1.7	3 249	32.4	9.5	3 246	2.2	0.4	3.6	3 239
Higher	7.2	2.0	310	23.9	4.3	310	2.3	1.4	5.2	309
Missing/DK	*	*	2*	*	*	2*	*	*	*	2*
Wealth quintile										
Lowest	15.7	3.2	1 489	39.6	13.3	1 474	3.6	0.7	3.0	1 475
Second	11.7	2.1	1 328	37.7	10.8	1 327	2.5	0.5	2.6	1 325
Middle	11.5	2.0	1 185	35.5	11.8	1 181	2.6	0.5	2.6	1 181
Fourth	11.6	1.7	1 200	35.2	13.2	1 203	1.6	0.2	3.0	1 199
Highest	6.9	2.2	1 005	25.2	7.2	1 003	1.5	0.6	6.3	1 003
Total	**11.8**	**2.3**	**6 206**	**35.2**	**11.4**	**6 187**	**2.4**	**0.5**	**3.4**	**6 184**

Stunting and underweight increased with age of child up to 24-35 months and decreased thereafter while wasting decreased with age of child. Overweight generally decreased with age of child, see Figure 5.1.

Figure 5.1: Percentage of Children Under-5 who are Undernourished and Overweight, World Health Organization (WHO) Standard, MIMS, Zimbabwe, 2009
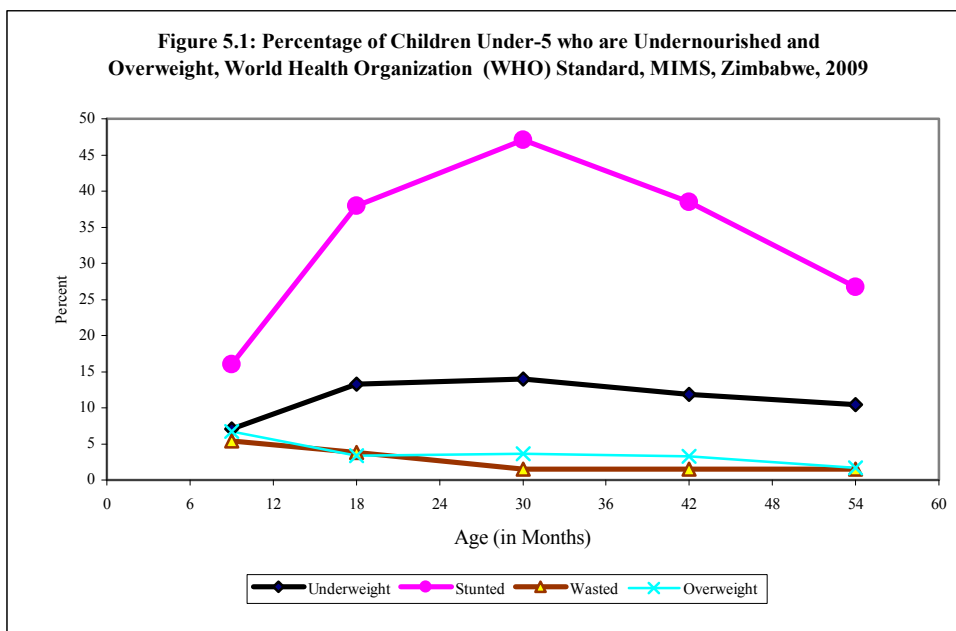
For the predominantly rural provinces, stunting prevalence was highest in Midlands (41 percent), and lowest in Matabeleland South (28 percent), see Table 5.1. The predominantly urban provinces of Bulawayo and Harare had stunting prevalences of 25 percent and 32 percent, respectively. For the predominantly rural provinces, wasting prevalence was highest in Matabeleland North (5 percent), followed by Mashonaland West (4 percent) and Mashonaland East (3 percent), whilst the rest of the provinces had (2 percent each). Bulawayo and Harare provinces also had relatively low wasting prevalences of one percent and 2 percent, respectively. Underweight prevalence was highest in Mashonaland West province (17 percent) and lowest in Manicaland, Matabeleland South, and Masvingo provinces (10 percent each). Bulawayo and Harare provinces had wasting prevalences of 8 percent and 9 percent, respectively. In addition, for the predominantly urban provinces, overweight prevalence was highest in Harare and Bulawayo and Manicaland provinces (5 percent each) and lowest in Matabeleland North and Matabeleland South at 2 percent each.

5.1.2 Stunting, Wasting, Underweight and Overweight (NCHS Standard)

Using the NCHS standard in estimating child nutrition, nationally 29 percent of the children aged 6-59 months were stunted, 2 percent were wasted, 16 percent were underweight while 2 percent were overweight, see Table 5.2. This means that Zimbabwe had severe stunting, mild wasting and moderate underweight malnutrition.

Rural areas had higher levels of malnutrition than urban areas according to the three indices whilst the reverse was true for the overweight indicator. The stunting level in rural areas was 31 percent compared to 24 percent in urban areas, while wasting was 2 percent and 1 percent for rural and urban areas, respectively. Underweight in rural areas was 18 percent compared to 12 percent in urban areas whilst overweight was 2 percent for urban areas compared to one percent for rural areas.

Table 5.2: Child Malnourishment – NCHS Child Growth Standards
Percentage of Children Aged 6-59 Months Who are Severely or Moderately Undernourished, MIMS, Zimbabwe, 2009

Background characteristic	Weight for age: % below -2 SD	Weight for age: % below -3 SD	Height for age: % below -2 SD	Height for age: % below -3 SD	Weight for height: % below -2 SD	Weight for height: % below -3 SD	Weight for height: % above +2 SD	Number of children
Sex								
Male	16.9	2.7	30.0	8.3	2.7	0.2	1.8	3 017
Female	15.7	2.2	27.6	8.1	1.5	0.3	1.5	3 011
Province								
Manicaland	15.3	2.7	30.1	9.0	1.7	0.3	2.0	849
Mashonaland Central	18.2	2.9	32.2	9.1	1.9	0.2	1.0	639
Mashonaland East	15.9	2.5	27.4	9.7	2.5	0.6	0.6	588
Mashonaland West	20.7	3.2	29.0	10.4	3.4	0.4	1.4	680
Matabeleland North	20.9	2.3	27.0	5.0	3.6	0.5	0.8	393
Matabeleland South	14.5	1.7	23.4	5.0	2.2	0.0	1.1	385
Midlands	18.2	3.6	32.7	9.8	2.1	0.0	2.2	731
Masvingo	14.8	1.5	32.5	6.4	2.2	0.2	2.0	697
Harare	11.6	1.9	25.2	7.9	1.0	0.2	2.7	797
Bulawayo	12.6	1.3	19.6	4.7	1.2	0.0	2.2	269
Area								
Urban	12.2	1.9	24.2	7.2	1.4	0.1	2.3	1 699
Rural	17.9	2.7	30.6	8.5	2.4	0.3	1.4	4 329
Age of child								
6-11 months	8.5	1.6	12.8	1.7	3.0	0.2	5.6	629
12-23 months	21.6	4.3	34.7	9.4	4.7	0.6	2.3	1 387
24-35 months	19.9	3.3	32.8	10.0	1.3	0.2	0.9	1 286
36-47 months	15.2	1.6	31.8	9.6	1.2	0.2	0.9	1 369
48-59 months	12.2	1.0	23.4	6.9	1.0	0.1	0.7	1 356
Mother's education								
None	20.4	1.6	34.6	7.5	1.9	0.0	0.6	272
Primary	20.2	3.5	33.9	11.5	2.4	0.4	1.5	2 264
Secondary	13.9	2.0	26.0	6.3	2.0	0.2	1.8	3 196
Higher	8.9	0.9	14.1	4.4	1.6	0.2	2.7	293
Missing/DK	*	*	*	*	*	*	*	2*
Wealth quintile								
Lowest	20.8	3.0	32.9	9.6	3.1	0.4	1.4	1 442
Second	16.9	2.5	31.1	7.8	2.5	0.3	1.5	1 288
Middle	16.8	2.5	28.7	8.4	2.1	0.3	1.3	1 146
Fourth	15.0	2.1	29.4	9.0	1.3	0.0	1.2	1 181
Highest	9.6	1.9	19.1	5.1	1.3	0.3	3.2	970
Total	**16.3**	**2.5**	**28.8**	**8.2**	**2.1**	**0.3**	**1.7**	**6 028**

Consistent with various nutrition surveys in Zimbabwe, regionally and globally, males had higher malnutrition levels than females as follows; stunting (males-30 percent, females-28 percent), wasting (males-3 percent, females-2 percent), and underweight (males-17 percent, females-16 percent), see Table 5.2. In addition, a slightly higher proportion of males (1.8 percent) also were overweight compared to females (1.5 percent). As mentioned earlier, the wasting data was collected during April and May 2009 which coincides with the agricultural harvesting season, a time when food accessibility is generally higher than average and rates of diarrhoea and other illnesses are generally lower than average. The wasting data, therefore, likely represents the best-case scenario.

Stunting and underweight decreased with mother's education while wasting generally did so. Overweight increased with mother's education. Underweight and stunting decreased with household wealth while wasting generally did so. Underweight was highest in the children from the lowest wealth quintile (21 percent) and lowest for those from the highest wealth quintile (10 percent). Overweight was highest for children from the highest wealth quintile compared to the other wealth quintiles.

Underweight, stunting and wasting increased with age of child up to 12-23 months and decreased thereafter. Overweight was highest in children in the 6-11 months age group (6 percent) and decreased to 2.3 percent in the age group 12-23 months and further down to around one percent in the other age groups, see Figure 5.2.

Figure 5.2: Percentage of Children Under-5 who are Undernourished and Overweight, World Health Organization (NCHS) Standard, MIMS, Zimbabwe, 2009
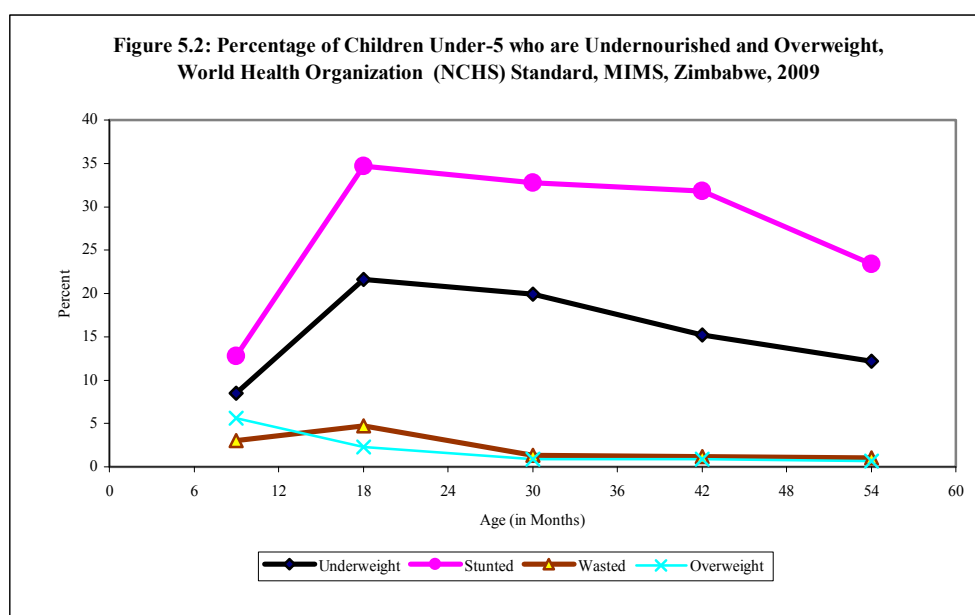
For the predominantly rural provinces, stunting prevalence was highest in Midlands and Masvingo (33 percent each), followed by Mashonaland Central (32 percent) and lowest in Matabeleland South (23 percent), see Table 5.2. The predominantly urban provinces of Bulawayo and Harare had stunting prevalences of 20 percent and 25 percent, respectively. Wasting prevalence was highest in Matabeleland North province (4 percent), followed by Mashonaland West and Mashonaland East (3 percent each), whilst the rest of the predominantly rural provinces had 2 percent each. Bulawayo and Harare provinces also had relatively low wasting prevalences of one percent each. Underweight prevalence was highest in Matabeleland North and Mashonaland West provinces (21 percent each) and lowest in Matabeleland South, Manicaland and Masvingo provinces (15 percent each). Bulawayo and Harare provinces had wasting prevalences of 13 percent and 12 percent, respectively. In addition, for all the provinces Harare had the highest proportion of overweight children (3 percent) whilst five provinces namely; Mashonaland East, Matabeleland North, Mashonaland Central, Matabeleland South and Mashonaland West had the lowest (one percent each).

5.1.3 Malnutrition According to the Mid-Upper-Arm Circumference (MUAC)

According to the WHO: a MUAC of less than 11.4 centimetres indicates that a child is severely malnourished; 11.5-12.4 centimetres that a child is moderately malnourished; 12.5-13.4 centimetres that a child is at risk of malnutrition; and 13.5-95.0 centimetres that a child is well nourished. Nationally, 92 percent of the children aged 6-59 months were well nourished, 7 percent were at risk of malnutrition, 1 percent were moderately malnourished and an insignificant proportion were severely malnourished, see Table 5.3. Male children had a higher proportion who were well nourished (93 percent) than female ones (90 percent). Children in urban areas (93 percent) had a slightly higher proportion who were well nourished than in rural areas (91 percent).

Table 5.3: Mid-Upper Arm Circumference (MUAC)
Percentage Distribution of Children Age 6-59 Months by Classification of Mid-Upper Arm Circumference, MIMS, Zimbabwe, 2009

Background characteristic	Percentage of children age 6-59 months				Total Percent	Number of Children
	Severely malnourished	Moderately malnourished	At risk of malnutrition	Well nourished		
Sex						
Male	0.1	1.2	5.5	93.2	100.0	3 098
Female	0.4	1.4	7.8	90.4	100.0	3 061
Province						
Manicaland	0.1	1.0	6.9	91.9	100.0	857
Mashonaland Central	0.5	0.9	8.2	90.4	100.0	656
Mashonaland East	0.4	2.1	11.0	86.5	100.0	603
Mashonaland West	0.5	1.0	6.8	91.7	100.0	690
Matabeleland North	0.0	0.8	7.2	92.0	100.0	399
Matabeleland South	0.2	0.0	1.5	98.3	100.0	393
Midlands	0.6	2.2	7.1	90.1	100.0	746
Masvingo	0.0	0.9	5.8	93.4	100.0	728
Harare	0.0	2.1	4.9	93.0	100.0	816
Bulawayo	0.3	1.6	4.4	93.7	100.0	271
Area						
Urban	0.2	1.5	5.0	93.3	100.0	1 731
Rural	0.3	1.2	7.3	91.2	100.0	4 429
Age of child						
6-11 months	1.7	3.0	14.7	80.5	100.0	630
12-23 months	0.2	3.6	12.6	83.7	100.0	1 402
24-35 months	0.2	0.8	5.8	93.2	100.0	1 318
36-47 months	0.0	0.1	2.7	97.1	100.0	1 409
48-59 months	0.0	0.0	1.6	98.4	100.0	1 401
Mother's education						
None	0.4	0.7	6.0	92.9	100.0	303
Primary	0.5	1.5	7.2	90.8	100.0	2 328
Secondary	0.1	1.4	6.7	91.8	100.0	3 224
Higher	0.0	0.0	2.4	97.6	100.0	303
Missing/DK	*	*	*	*	100.0	2*
Wealth quintile						
Lowest	0.6	1.0	8.4	90.0	100.0	1 480
Second	0.1	1.5	7.1	91.4	100.0	1 318
Middle	0.1	1.1	6.6	92.3	100.0	1 176
Fourth	0.2	2.1	6.2	91.5	100.0	1 192
Highest	0.2	1.0	4.0	94.8	100.0	995
Total	**0.3**	**1.3**	**6.6**	**91.8**	**100.0**	**6 160**

Note: MUAC less than 11.4 cm is severely malnourished, 11.5-12.4 cm is moderately malnourished, 12.5-13.4 cm is at risk of malnutrition and 13.5-95.0 cm is well nourished.

The proportion of well nourished children increased with age of child and generally with the education of the mother and household wealth. For the predominantly rural provinces, Matabeleland South had the highest proportion of well nourished children (98 percent) whilst Mashonaland East had the lowest (87 percent). Bulawayo and Harare provinces had 94 percent and 93 percent, respectively of their children aged 0-59 months well nourished according to the MUAC.

5.1.4 Oedema Prevalence

The MIMS enumerators checked for bilateral pitting oedema and what grade the oedema was in children aged 0-59 months. The prevalence of oedema was very low with 98 percent of the children aged 0-59 months not having oedema, with no gender or urban rural differentials see Appendix Table A5.2. The prevalence of oedema did not vary significantly with education of mother and household wealth. All provinces had very high proportions of children with no oedema of at least 98 percent.

5.2 BREASTFEEDING

The World Fit for Children goal states that children should be exclusively breastfed for 6 months and continue to be breastfed with safe, appropriate and adequate complementary feeding for up to 2 years of age and beyond. Breast-milk provides all the nutritional requirements for a new born baby for up to 6 months of age, and half of the nutritional requirements for the next 6 months. Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop exclusive breastfeeding too soon and there are often pressures to switch to infant formula. Although, formula milk contains the required micronutrients, mothers from low income households may fail to supply the child with enough quantities and may sometimes over-dilute the milk and or use unsafe water for preparation, contributing to growth faltering and increasing the risk of diseases.

WHO/UNICEF have the following feeding recommendations:

- Breastfeeding be initiated within one hour of birth.
- 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.

The Zimbabwe Ministry of Health and Child Welfare's Baby Friendly Hospital Initiative promotes rooming-in of all new babies in maternity hospitals and breastfeeding immediately or within the first hour of birth to foster bonding and protect babies from harsh environments. It also promotes exclusive breastfeeding for under 6 months olds and continued breastfeeding combined with complementary foods up to 24 months. In Zimbabwe, the 12-24 month olds are recommended to have 3 meals plus 2 snacks per day as complementary feeding. Even with the HIV and AIDS pandemic and the risk of mother-to-child transmission through breastfeeding, exclusive breastfeeding for children under 6 months with prophylaxis is still the best, unless formula milk is affordable, feasible, accessible, sustainable and safe (AFASS).

The indicators of recommended child feeding practices are as follows:

- Timely initiation of breastfeeding (within 1 hour of birth).
- Exclusive breastfeeding rate (less than 6 months and less than 4 months).
- Timely complementary feeding rate (6-9 months).

- Continued breastfeeding rate (12-15 months and 20-23 months).
- Frequency of complementary feeding (6-11 months).
- Adequately fed infants (0-11 months).

5.2.1 Breastfeeding Initiation

Figure 5.3 and Appendix Table A5.3 provide the proportion of women aged 15-49 years who gave birth in the last two years preceding the survey who started breastfeeding their infants within one hour of birth, and women who started breastfeeding within one day of birth (which includes those who started within one hour). About half (51 percent) of the women started breastfeeding within one hour of birth while 89 percent did so within one day of birth. There were no rural-urban differences for breastfeeding within one hour of birth whilst 90 percent of the rural compared to 86 percent of the urban women breastfed within one day of birth. There were no significant patterns linking initial breastfeeding practice to mother's education or household wealth. In the ZDHS 2005/06, for children born in the five years preceding the survey, 69 percent were breastfed within one hour of birth while 93 percent were breastfed within one day of birth.

Figure 5.3: Percentage of Mothers Who Started Breastfeeding Within One Hour and Within One Day of Birth, MIMS, Zimbabwe 2009
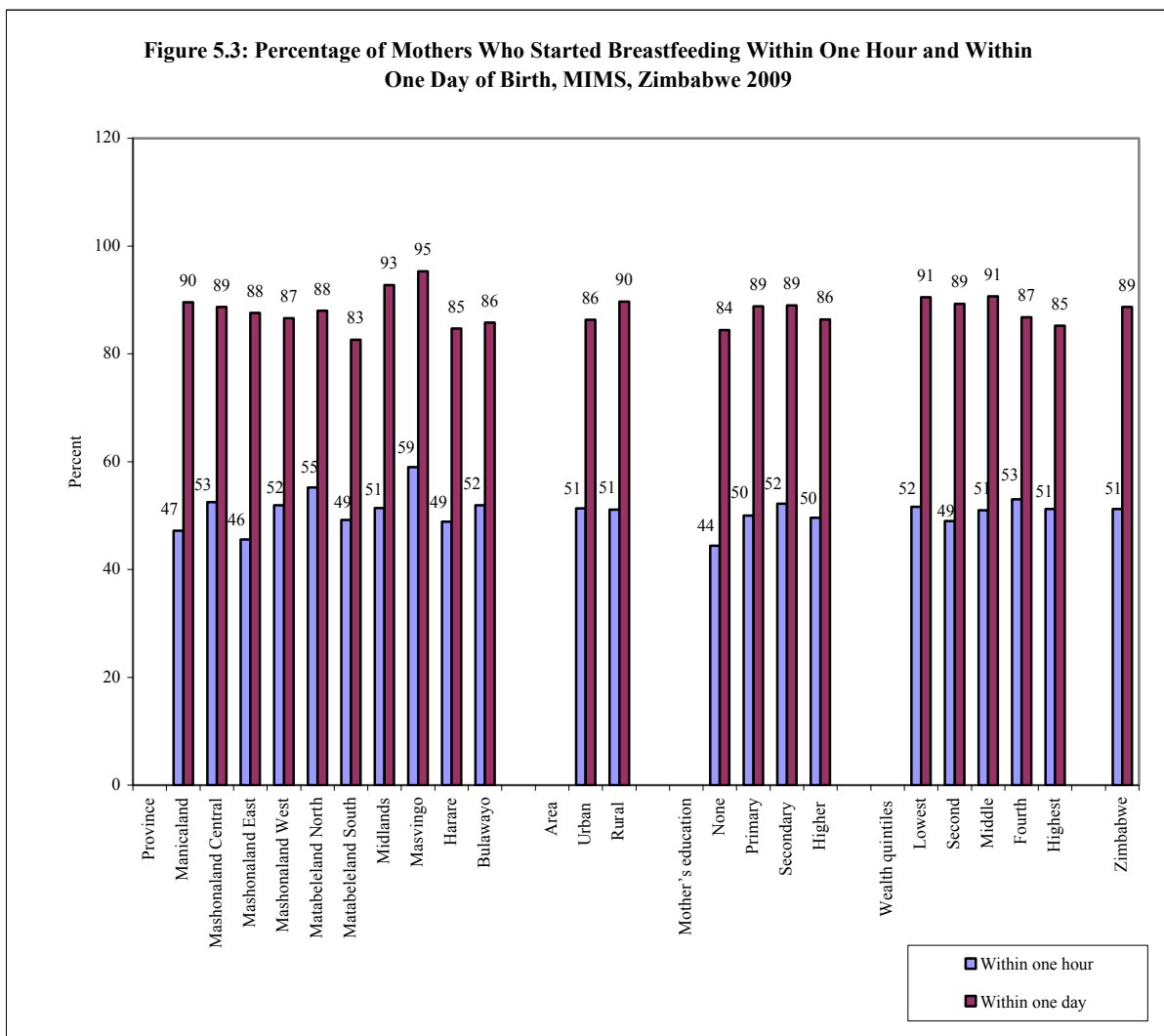
For the predominantly rural provinces, Masvingo (59 percent) had the highest proportion of women breastfeeding within one hour of birth, whilst Mashonaland East (46 percent) had the lowest proportion doing so. The predominantly urban provinces of Bulawayo and Harare had 52 percent and 49 percent, respectively of women breastfeeding within one hour of birth. Masvingo (95 percent) had the highest proportion of women breastfeeding within one day of

birth whilst Matabeleland South (83 percent) had the lowest proportion doing so. Bulawayo and Harare had 86 percent and 85percent, respectively, of women breastfeeding within one day of birth.

5.2.2 Exclusive Breastfeeding

The MIMS collected information on the breastfeeding status based on reports of mothers/caretakers of children's consumption of food and fluids in the 24 hours prior to the interview. Appendix Table A5.4 shows exclusive breastfeeding of infants during the first six months of life (separately for 0-3 months and 0-5 months), as well as complementary feeding of children 6-9 months and continued breastfeeding of children at 12-15 and 20-23 months of age. *Exclusive breastfeeding* refers to children who receive only breast milk. However, children on exclusive breastfeeding may be given vitamins, mineral supplements, or medicine.

Exclusive breastfeeding for children under 4 months, although improving was still very low in Zimbabwe. Thirty eight (38) percent of children aged less than 4 months were exclusively breastfed, a level considerably lower than the ideal 100 percent. In the ZDHS 2005/06, 24 percent of children aged less than 4 months were exclusively breastfed. A higher proportion of children under 4 months (46 percent) in urban areas were exclusively breastfed compared to their rural counterparts (35 percent), see Figure 5.4 and Appendix Table A5.4. In addition, a higher proportion of male children (40 percent) were exclusively breastfed in the first 4 months of birth compared to their female counterparts (35 percent). Exclusive breastfeeding for children under 4 months improved with mother's education and generally with wealth. Midlands province had the highest proportion (44 percent) of children under 4 months who were exclusively breastfed while Mashonaland Central province had the lowest proportion (21 percent) doing so. Harare province had 41 percent of children under 4 months being exclusively breastfed. Bulawayo province sample for children aged 0-3 months was small.

Figure 5.4: Percent of Living Children According to Breastfeeding Status at Each Age Group by Rural/Urban Area, MIMS, Zimbabwe, 2009
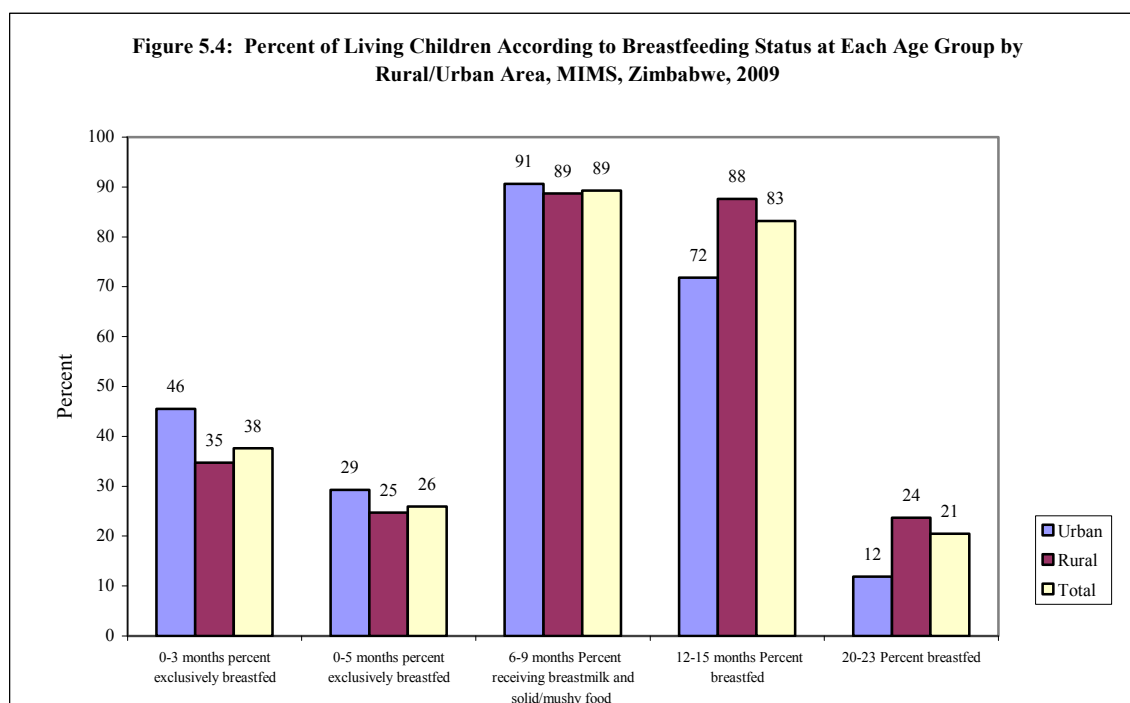
Exclusive breastfeeding for children under 6 months similarly, although improving, was still very low in Zimbabwe. Twenty six (26) percent of children aged less than 6 months were exclusively breastfed, a level considerably lower than the ideal 100 percent. In the ZDHS 2005/06, 22 percent of children aged less than 6 months were exclusively breastfed. A higher proportion of children under 6 months (29 percent) in urban areas were exclusively breastfed compared to

their rural counterparts (25 percent). A higher proportion of male children (29 percent) were exclusively breastfed in the first 6 months of birth compared to their female counterparts (23 percent), see Figure 5.5 and Appendix Table A5.4.

Figure 5.5: Percent of Living Children According to Breastfeeding Status at Each Age Group by Gender, MIMS, Zimbabwe, 2009
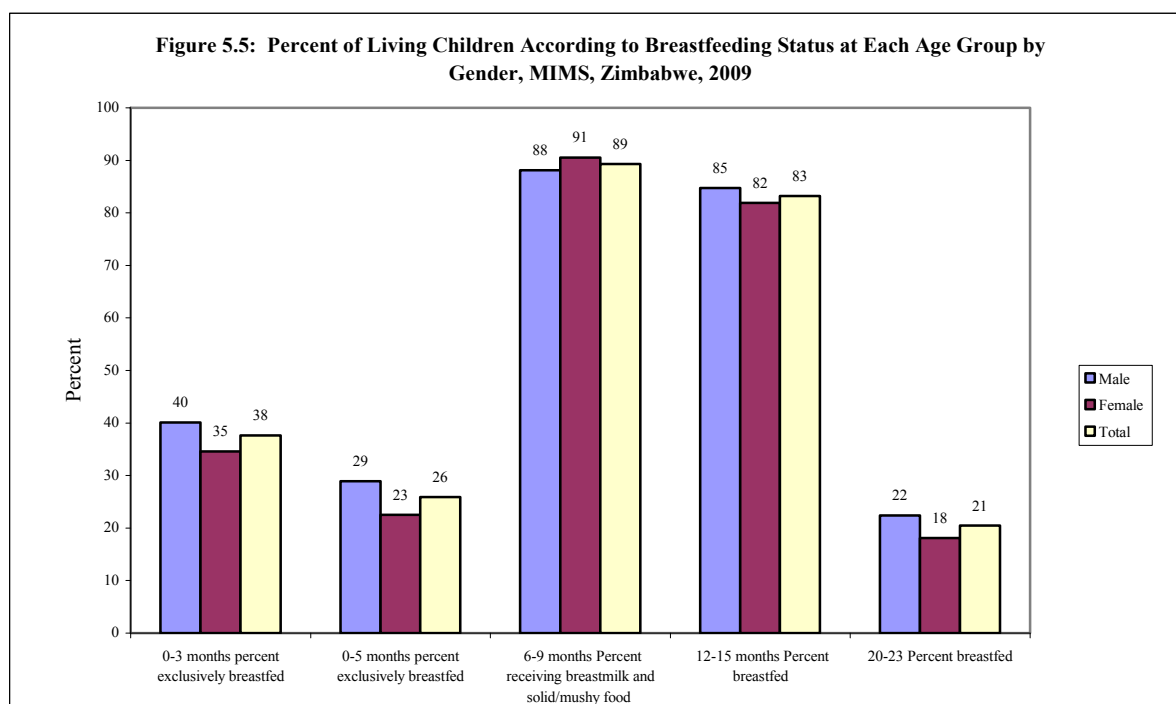
Exclusive breastfeeding for children under-6 months improved with mother's education and generally with wealth, see Appendix Table A5.4. Masvingo province had the highest proportion (34 percent) of children under 6 months who were exclusively breastfed while Mashonaland Central province had the lowest proportion (15 percent) doing so. Bulawayo and Harare provinces had 40 percent and 26 percent, respectively, of children under-6 months being exclusively breastfed.

5.2.3 Timely Complementary Feeding

Complementary feeding refers to children who receive breast milk and solid or semi-solid food. It is of concern that significant proportions of children under 6 months had been introduced to solids. Sixty three (63) percent of children aged 4-5 months, 41 percent aged 2-3 months and 12 percent aged 0-1 month, had been introduced to solids, see Appendix Table A5.5. Early introduction of complimentary foods is discouraged because breast milk is a complete meal on its own during the first 6 months. On the other hand formula milk has a high risk of food contamination which can result in diarrhoea and other health complications.

In assessing timely complementary feeding, at age 6-9 months, 89 percent of the children were receiving breast milk and solid or semi-solid foods, see Appendix Table A5.4. A slightly higher proportion (91 percent) of children aged 6-9 months in urban areas were receiving complementary feeding compared to rural areas (89 percent). Female children aged 6-9 months had a higher proportion (91 percent) receiving complementary foods than their male counterparts (88 percent). While complementary feeding increased with mother's education it had no relationship with household wealth status. Mashonaland Central province had the highest proportion (96 percent) of children aged 6-9 months who were receiving complementary feeding while Mashonaland West province had the lowest proportion (84 percent) who did so. Harare province had 90 percent of children aged 6-9 months receiving complementary feeding. Bulawayo province sample of children aged 6-9 months was small.

5.2.4 Continued Breastfeeding

Continued breastfeeding was assessed using the following two indicators; proportions of children aged between 12-15 months and 20-23 months who were breastfed the day preceding the survey. By age 12-15 months, 83 percent of children were still being breastfed and by age 20-23 months, 21 percent were still doing so, see Appendix Table A5.4. Children living in rural areas had a higher proportion being breastfed up to 12-15 months and 20-23 months, than urban areas. Male children had a higher proportion being breastfed up to 12-15 months and 20-23 months, than their female counterparts. Continued breastfeeding of children up to 12-15 months and 20-23 months declined with education and generally with household wealth.

Mashonaland Central province had the highest proportion (91 percent) of children who had continued to breastfeed to age 12-15 months while Matabeleland South province had the lowest proportion (80 percent) who did so. In Harare province almost three quarters (74 percent) of children aged 12-15 months had continued to breastfeed. Bulawayo province sample of children aged 12-15 months was small. Midlands province had the highest proportion (39 percent) of children who had continued to breastfeed to the age 20-23 months while Mashonaland East province had the lowest proportion (12 percent). In Harare province 5 percent of children aged 20-23 months had continued to breastfeed. Bulawayo province sample of children aged 20-23 months was small.

5.3 INFANT AND YOUNG CHILD FEEDING PATTERNS

5.3.1 Infant and Young Child Feeding Patterns by Age

Figure 5.6 and Appendix Table A5.5 shows the detailed pattern of breastfeeding by the child's age in months for children under 3 years of age. In the age group 0-1 months, 48 percent of the children were exclusively breastfed, 29 percent were breastfed and given water only, 12 percent were breastfed and given complementary foods and 10 percent were breastfed and given other milk/formula, see Appendix Table A5.5. For the age group 2-3 months, 41 percent of the children were breastfed and given complementary foods, 29 percent were exclusively breastfed and 24 percent were breastfed and given water only. In the 4-5 months age group, 63 percent of the children were breastfed and given complementary foods, while 18 percent were breastfed and given water only. Although small proportions of children in age groups greater than 6 months, received breastfeeding and water only, this is a cause for concern. These proportions were as follows; 8-9 months (4 percent), 10-11 months (3.5 percent) up to 18-19 months (3 percent), see Appendix Table A5.5.

Eighty seven (87) percent of the children in the age group 6-7 months were breastfed and given complementary foods. In addition, 10 percent of the children in the age group 10-11 months had been weaned, 33 percent in the age group 16-17 months, increasing to 72 percent in the age group 20-21 and further to 98 percent by age group 26-27 months.

Figure 5.6: Infant Feeding Patterns by Age: Percent Distribution of Children Aged Under 3 Years by Feeding Pattern by Age Group, MIMS, Zimbabwe, 2009
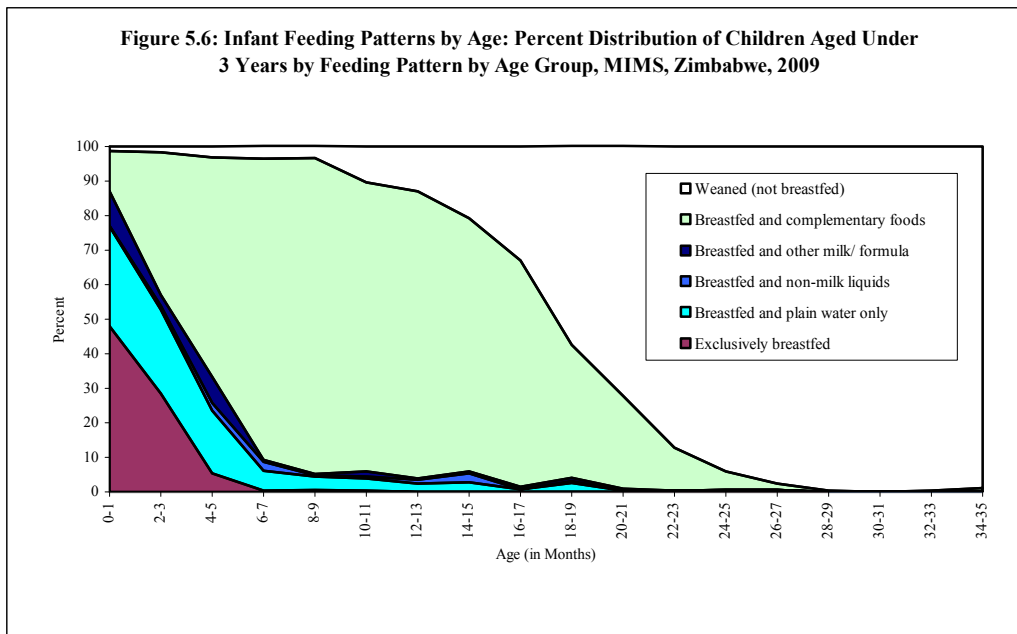
5.3.2 Adequacy in Infant Feeding

The adequacy of infant feeding in children under 12 months is provided in Table 5.4. Different criteria of adequate feeding are used depending on the age of the child. For infants aged 0-5 months, exclusive breastfeeding is considered as adequate feeding and this has already been discussed in detail in earlier sections. Infants aged 6-8 months are considered to be adequately fed if they are receiving breast milk and complementary food at least two times per day, while infants aged 9-11 months are considered to be adequately fed if they are receiving breast milk and eating complementary food at least three times a day. Generally, adequacy of infant feeding is a challenge in Zimbabwe for all the infant age groups except for the 6-8 months age group which showed relatively high levels of adequate feeding.

Adequacy of infant feeding (6-8 months)

Of the infants aged 6-8 months, 69 percent were adequately fed with those in urban areas having a higher proportion doing so (72 percent) than those in rural areas (68 percent), see Table 5.4. Females also had a higher proportion being adequately fed (70 percent) than males (68 percent). Adequacy in infant feeding for the age group 6-8 months increased with mother's education but was not related to household wealth. Matabeleland South province had the highest proportion (84 percent) of infants aged 6-8 months who were adequately fed while Masvingo province had the lowest proportion of 60 percent. Bulawayo and Harare provinces had 92 percent and 67 percent, respectively, of infants aged 6-8 months being adequately fed.

Adequacy of infant feeding (9-11 months)

Adequacy in infant feeding for the age group 9-11 months is low in Zimbabwe at 41 percent. The 9-11 months infants in urban areas had a higher proportion being adequately fed (46 percent) than those in rural areas (38 percent), see Table 5.4. Females also had a higher proportion being adequately fed (43 percent) than males (38 percent). Adequacy in infant feeding for the age group 9-11 months increased with mother's education but was not related to household wealth. Mashonaland East province had the highest proportion (53 percent) of infants aged 9-11 months who were adequately fed while Manicaland province had the lowest proportion of 26 percent. Bulawayo and Harare provinces had 54 percent and 49 percent, respectively, of infants aged 9-11 months being adequately fed.

Table 5.4: Adequately Fed Infants
Percentage of infants under 6 months of age exclusively breastfed, percentage of infants 6-11 months who are breastfed and who ate solid/semi-solid food at least the minimum recommended number of times yesterday and percentage of infants adequately fed, MIMS, Zimbabwe, 2009

Background characteristic	Percent of infants					
	0-5 months exclusively breastfed	6-8 months who received breast milk & complementary food at least 2 times in prior 24 hours	9-11 months who received breast milk & complementary food at least 3 times in prior 24 hours	6-11 months who received breast milk & complementary food at least the minimum recommended number of times per day	0-11 months who were appropriately fed	Number of infants aged 0-11 months
Sex						
Male	28.9	67.9	38.3	53.9	41.5	730
Female	22.5	70.3	42.9	57.5	40.5	651
Province						
Manicaland	19.7	62.9	26.2	45.2	31.2	182
Mashonaland Central	14.5	62.1	33.5	50.5	34.9	162
Mashonaland East	21.2	74.6	52.5	62.1	42.1	116
Mashonaland West	26.7	66.4	40.4	54.1	40.1	155
Matabeleland North	26.0	81.1	42.4	63.8	46.3	102
Matabeleland South	32.3	84.4	49.2	69.4	52.0	85
Midlands	29.9	71.7	39.2	57.2	44.7	172
Masvingo	34.2	59.9	32.2	45.9	40.0	165
Harare	25.6	66.6	49.1	59.3	42.2	185
Bulawayo	40.0	92.2	54.0	65.5	53.2	58
Area						
Urban	29.3	71.5	45.7	58.3	44.8	397
Rural	24.7	68.1	37.9	54.5	39.5	984
Mother's education						
None	28.2	52.8	11.5	34.3	31.2	40
Primary	21.2	68.2	37.2	53.0	38.4	458
Secondary	26.0	68.6	43.2	56.9	41.5	818
Higher	49.4	94.5	51.9	76.0	60.3	66
Wealth quintiles						
Lowest	22.7	75.8	39.2	59.3	40.8	376
Second	19.6	75.1	32.6	53.9	36.2	271
Middle	25.2	53.3	40.2	47.4	37.3	244
Fourth	32.6	68.3	47.3	58.6	46.3	280
Highest	32.7	71.5	43.6	57.4	45.2	210
Total	**25.9**	**69.1**	**40.5**	**55.6**	**41.1**	**1 381**

Adequacy of infant feeding (6-11 months)

Considering the combined broader group of the infants aged 6-11 months, 56 percent were adequately fed with those in urban areas having a higher proportion (58 percent) doing so than those in rural areas (56 percent), see Table 5.4. Females also had a higher proportion being adequately fed (58 percent) than males (54 percent). Adequacy in infant feeding for the age

group 6-11 months increased with mother's education but was not related to household wealth. Matabeleland South province had the highest proportion (69 percent) of infants aged 6-11 months who were adequately fed while Manicaland province had the lowest proportion of 45 percent. Bulawayo and Harare provinces had 66 percent and 59 percent, respectively, of infants aged 6-11 months being adequately fed.

Adequacy of infant feeding (0-11 months)

As a result of these feeding patterns, for the combined broader group of the infants aged 0-11 months, 41 percent were adequately fed and this is very low compared to the ideal of 100 percent. As expected, those in urban areas had a higher proportion doing so (45 percent) than those in rural areas (40 percent), see Figure 5.7 and Table 5.4. There is no gender difference in the 0-11 months group. Adequacy in infant feeding for the age group 0-11 months increased with mother's education but was not related to household wealth. Matabeleland South province had the highest proportion (52 percent) of infants aged 0-11 months who were adequately fed while Manicaland province had the lowest proportion of 31 percent. Bulawayo and Harare provinces had 53 percent and 42 percent respectively of infants aged 0-11 months being adequately fed.

Figure 5.7: Proportion of Infants Aged 0-11 months who were Adequately/Appropriately Fed, MIMS, Zimbabwe, 2009
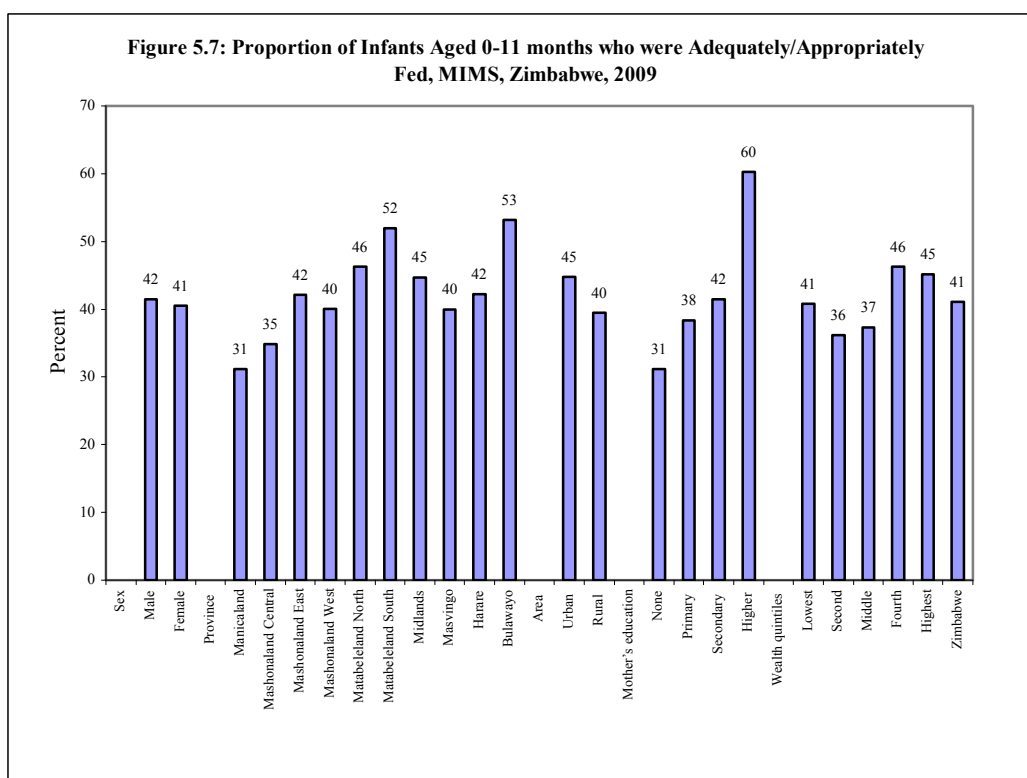
5.4   VITAMIN A SUPPLEMENTATION

Vitamin A is essential for eye health and proper functioning of the immune system. Its deficiency also increases the severity of infections such as measles and diarrhoea and slows recovery from illnesses. It is found in foods such as milk, liver, eggs, red and orange fruits, red palm oil and green leafy vegetables, although the amount of vitamin A readily available to the body from these sources varies widely. In Zimbabwe where vitamin A is largely consumed in the form of fruits and vegetables, daily per capita intake is often insufficient to meet dietary requirements. Inadequate intakes are further compromised by increased requirements for the vitamin as children grow or during periods of illness, as well as increased losses during common childhood infections. As a result, vitamin A deficiency is prevalent in Zimbabwe. Vitamin A deficiency can easily be prevented by vitamin A supplementation or food fortification.

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The 1990 World Summit for Children set the goal of virtual elimination of vitamin A deficiency and its consequences, including blindness, by the year 2000. This goal was also endorsed at the Policy Conference on Ending Hidden Hunger in 1991, the 1992 International Conference on Nutrition, and the UN General Assembly's Special Session on Children in 2002. The critical role of vitamin A for child health and immune function also makes control of deficiency a primary component of child survival efforts, and therefore critical to the achievement of the fourth Millennium Development Goal whose target is: a two-thirds reduction in under-5 mortality by the year 2015.

UNICEF and WHO recommend that all countries with an under five mortality rate exceeding 70 per 1 000 live births, or where vitamin A deficiency is a public health problem, should put in place a programme to address vitamin A deficiency. For such countries current international recommendations call for high-dose vitamin A supplementation every four to six months, targeted to all children between the ages of 6-59 months living in affected areas. Providing young children with two high-dose vitamin A capsules a year is a safe, cost-effective, efficient strategy for eliminating vitamin A deficiency and improving child survival. Giving vitamin A to new mothers who are breastfeeding helps protect their children during the first months of life and helps to replenish the mother's stores of vitamin A, which are depleted during pregnancy and lactation. Based on UNICEF/WHO guidelines, the Ministry of Health and Child Welfare recommends that children aged 6-12 months be given one high dose Vitamin A capsule of 100 000 International Units (IU), and children older than one year be given one high dose of 200 000 IU every six months. Infants below 6 months who are not breastfed are given a Vitamin A supplementation capsule of 50 000 IU.

Zimbabwe introduced bi-annual Child Health Days (CHDs) with vitamin A supplementation in July 2005. While there is routine Vitamin A supplementation in Zimbabwe, during child-health days, Vitamin A is given under a campaign to increase coverage. In Zimbabwe, Vitamin A capsules are linked to immunization services and are given when the child has contact with these services after six months of age. It is also recommended that mothers take a Vitamin A supplement within six weeks of giving birth due to increased Vitamin A requirements during pregnancy and lactation. The indicator for Vitamin A supplementation is defined as the percentage of children aged 6-59 months who received at least one high dose Vitamin A supplement in the last six months.

Since the introduction of the Child Health Days, vitamin A supplementation coverage has increase from 82 percent in 2005 to 91 percent in 2009 for the first dose given in the months of June, July or August[9]. The second dose, given in November or December of each year increased coverage from 61 percent in 2005 to 83 percent in 2007. However, the second dose for 2008 was not conducted due to a nation wide cholera outbreak.

5.4.1 Vitamin A Supplementation among Children

Vitamin A supplementation for children aged 6-59 months had declined in the past three years. Within the six months prior to the MIMS survey, 23 percent of children aged 6-59 months received a dose of the Vitamin A supplement which was a marked decline from the ZDHS 2005/06 level of 47 percent. The MIMS survey recorded a decline in vitamin A supplementation coverage which could be a reflection of the fact that the December 2008 CHDs campaign was not carried out resulting in a low coverage from the routine immunization services. There was no gender difference in Vitamin A supplementation. Urban areas had a relatively higher proportion of children (25 percent) who received Vitamin A supplementation than rural areas with 22 percent. The age pattern of Vitamin A supplementation shows that supplementation in the last six months declined as age increased, from 42 percent among children aged 6-11

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[9] Administrative data on CHDs from Ministry of Health and Child Welfare.

months to 14 percent for children aged 48-59 months. Vitamin A supplementation generally increased with the mother's education and household wealth, see Table 5.5. Among the predominantly rural provinces, Matabeleland South had the highest Vitamin A supplementation of 30 percent while Midlands had the lowest of 16 percent. The predominantly urban provinces of Bulawayo and Harare had Vitamin A supplementation levels of 20 percent and 32 percent, respectively.

Table 5.5: Children's Vitamin A Supplementation
Percent Distribution of Children Aged 6-59 Months by Whether they Received a High Dose Vitamin A Supplement in the Last 6 Months, MIMS, Zimbabwe, 2009

| Background characteristic | Percent of children who received Vitamin A | | | | | | Total |
	Within last 6 months	Prior to last 6 months	Not sure when	Not sure if received	Never received Vitamin A	Total	Number of children aged 6-59 months
Sex							
Male	22.9	51.5	4.7	2.7	18.2	100.0	3 302
Female	22.2	52.9	3.8	1.9	19.2	100.0	3 259
Province							
Manicaland	21.2	50.3	2.1	1.3	25.2	100.0	774
Mashonaland Central	20.6	59.0	2.6	1.9	15.8	100.0	683
Mashonaland East	20.4	48.4	7.5	2.8	20.8	100.0	638
Mashonaland West	18.8	57.6	3.2	1.7	18.8	100.0	724
Matabeleland North	23.7	53.6	4.1	1.9	16.7	100.0	582
Matabeleland South	30.3	47.7	4.0	3.1	14.9	100.0	618
Midlands	15.7	51.8	4.0	3.0	25.5	100.0	741
Masvingo	24.2	43.5	5.0	3.7	23.6	100.0	777
Harare	32.3	49.4	6.5	2.1	9.7	100.0	617
Bulawayo	19.9	66.8	3.4	1.0	8.8	100.0	407
Area							
Urban	24.8	56.1	5.0	1.7	12.3	100.0	1 548
Rural	21.9	51.0	4.0	2.5	20.7	100.0	5 013
Age							
6-11 months	41.6	5.5	.1	2.2	50.6	100.0	694
12-23 months	32.0	41.4	2.3	1.4	22.8	100.0	1 453
24-35 months	20.2	59.9	4.0	2.1	13.7	100.0	1 393
36-47 months	15.8	64.6	5.8	2.5	11.2	100.0	1 504
48-59 months	13.6	64.4	6.5	3.2	12.3	100.0	1 517
Mother's Education							
None	13.3	48.4	4.9	9.2	24.2	100.0	368
Primary	19.5	50.8	4.9	2.6	22.3	100.0	2 604
Secondary	25.8	53.4	3.5	1.3	16.0	100.0	3 324
Higher	24.3	57.0	5.3	2.7	10.6	100.0	263
Missing/DK	*	*	*	*	*	100.0	2*
Wealth quintiles							
Lowest	20.2	51.6	3.8	1.6	22.9	100.0	1 676
Second	22.0	50.2	3.3	2.9	21.7	100.0	1 504
Middle	21.8	50.2	5.3	3.2	19.6	100.0	1 351
Fourth	26.0	54.9	4.3	2.0	12.8	100.0	1 122
Highest	24.8	56.2	5.0	1.9	12.2	100.0	908
Total	**22.6**	**52.2**	**4.2**	**2.3**	**18.7**	**100.0**	**6 561**

However, in the period prior to the last 6 months, the percentage of children aged 6-59 months who received a dose of the Vitamin A supplement was relatively high at 52 percent. For 4 percent of the children, respondents were not sure when the child had received Vitamin A supplementation while for 2 percent respondents were not sure at all if the child had received the supplementation. A relatively high proportion (19 percent) of the children aged 6-59 months had never received the Vitamin A supplement with no gender differentiation. About half (51 percent) of those in the age group 6-11 months had not received the Vitamin A supplement. There was also a high rate of default in receiving Vitamin A supplementation as indicated by about half of the children nationally and 65 percent in the age group 36-47 months having defaulted in the last 6 months.

5.4.2 Vitamin A Supplementation among Mothers

Appendix Table A5.8 shows the percentage of women aged 15-49 years who had a live birth in the 2 years preceding the survey who received a high dose Vitamin A supplement before the infant was 8 weeks old. Around a third (34 percent) of the mothers received a Vitamin A supplement within eight weeks of the birth of their child. Urban areas had a higher proportion (37 percent) of mothers receiving a Vitamin A supplement within eight weeks of the birth compared to rural areas (32 percent). Mother's Vitamin A coverage was not related to education of mother but generally increased with household wealth. Mother's Vitamin A supplementation coverage was highest in Masvingo province (38 percent) and lowest in Mashonaland Central and Midlands (26 percent each). Bulawayo and Harare provinces had mother's Vitamin A coverages of 46 percent and 38 percent, respectively.

5.5   LOW BIRTH WEIGHT

Weight at birth is a good indicator not only of a mother's health and nutritional status but also the newborn's chances for survival, growth, long-term health and psychosocial development. Low birth weight (less than 2 500 grams) carries a range of grave health risks for children. Babies who were undernourished in the womb face an increased risk of dying during their early months and years. Those who survive have impaired immune function and increased risk of disease; they are likely to remain undernourished, with reduced muscle strength, throughout their lives, and suffer a higher incidence of diabetes and heart disease in later life. Children born underweight also tend to have a lower intelligence quotient (IQ) and cognitive disabilities, affecting their performance in school and their job opportunities as adults.

Low birth weight stems primarily from the mother's poor health and nutrition. Three factors have most impact: the mother's poor nutritional status before conception, short stature (due mostly to under nutrition and infections during her childhood), and poor nutrition during the pregnancy. Inadequate weight gain during pregnancy is particularly important since it accounts for a large proportion of foetal growth retardation. Moreover, diseases such as HIV and AIDS and malaria, which are common in Zimbabwe, can significantly impair foetal growth if the mother becomes infected while pregnant.

Teenagers who give birth when their own bodies are not yet fully developed run the risk of bearing underweight babies. One of the major challenges in measuring the incidence of low birth weight is the fact that more than half of infants in the developing world are not weighed. In the past, most estimates of low birth weight for developing countries were based on data compiled from health facilities. However, these estimates are biased for most developing countries because the majority of newborns are not delivered in health facilities, and those who are, represent only a selected sample of all births (UNICEF and WHO, 2004).

The percentage of births weighing below 2 500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's size at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's weight or the weight as recorded on a health card if the child was weighed at birth.

Overall, 66 percent of infants born in the two years preceding the survey were weighed at birth and 11 percent of infants were estimated to weigh less than 2 500 grams at birth, see Figure 5.8 and Appendix Table A5.9. In the ZDHS 2005/06, 10 percent of infants born in the five years preceding the survey weighed less than 2 500 grams at birth. For the MIMS, there was no rural-urban difference in low birth weight and generally there was little variation by province. A higher proportion of female infants (12 percent) weighed less than 2 500 grams at birth compared to males (9 percent). The percentage of low birth weight declined with mother's education but did not vary with household wealth. Matabeleland North province had the highest

proportion (14 percent) of low birth weight infants while Mashonaland Central and Masvingo provinces (9 percent each) had the lowest proportion. Bulawayo and Harare provinces had 10 percent and 11 percent, respectively, of low birth weight infants.

Figure 5.8: Percentage of Infants Weighed at Birth and Weighing Less than 2 500 grams at Birth, MIMS, Zimbabwe 2009
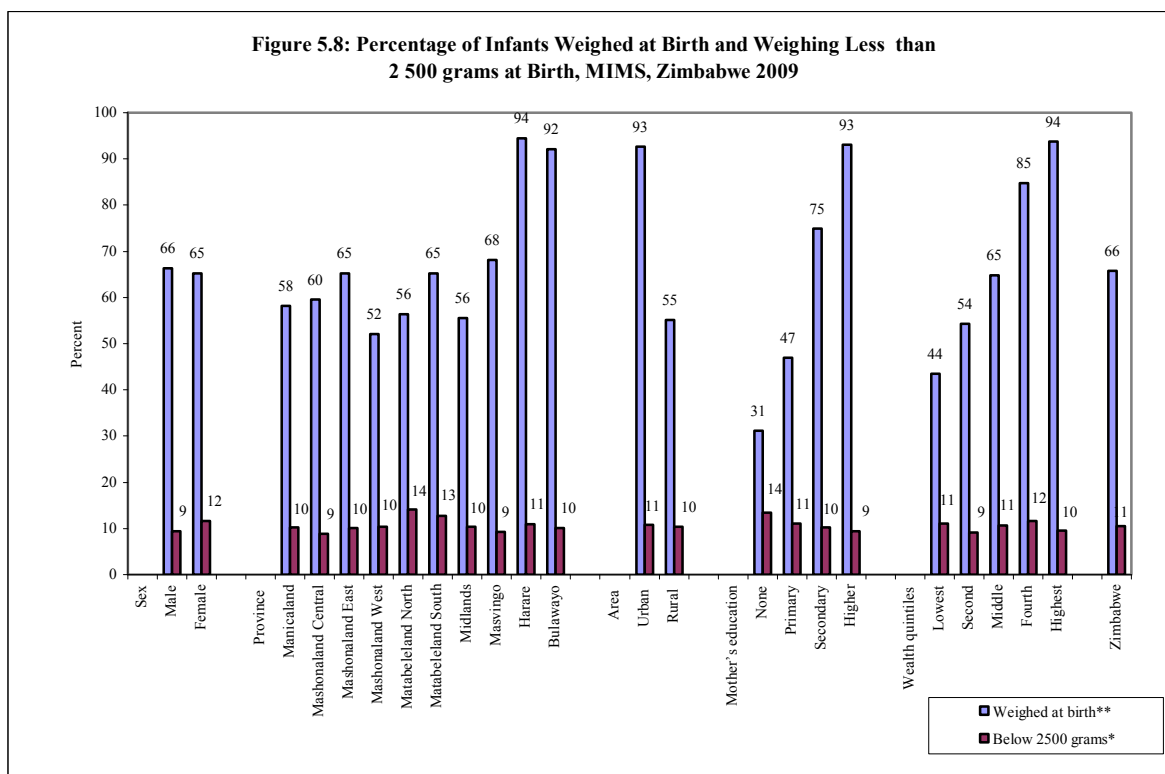
Urban areas had a higher proportion (93 percent) of infants weighed at birth compared to rural areas with 55 percent, see Figure 5.8 and Appendix Table A5.9. The proportion of infants weighed at birth increased with mother's education from 31 percent for those with no education to 93 percent for those with higher education and with household wealth from 44 percent for those in the lowest quintile to 94 percent for those in the highest quintile. For the predominantly rural provinces, Masvingo province had the highest proportion (68 percent) of infants weighed at birth while Mashonaland West province had the lowest proportion (52 percent). Bulawayo and Harare provinces had very high proportions of infants weighed at birth of 92 percent and 94 percent, respectively.

CHAPTER 6

CHILD HEALTH

The Millennium Development Goal (MDG) 4 is to reduce child mortality by two thirds between 1990 and 2015. This chapter looks at the various aspects which affect the health of the child namely: immunization, tetanus toxoid vaccinations to pregnant women, oral rehydration treatment (ORT), care seeking and antibiotic treatment of pneumonia, solid fuel use and malaria and its treatment and prevention.

6.1   CHILD IMMUNIZATION

Public health generally advocates for the immunization of children against vaccine preventable infectious diseases. Immunization plays a key part in the achievement of MDG 4 on the reduction of child mortality. Immunizations have saved the lives of millions of children in the three decades since the global launch of the Expanded Programme on Immunization (EPI) in 1974.   Worldwide there are still 27 million children under one year overlooked by routine immunization and as a result, vaccine-preventable diseases cause more than 2 million deaths of under-5 year olds every year (UNICEF 2005). 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.

A child is said to be fully immunized if he/she received one dose of Bacillus-Calmette-Guerin (BCG) vaccine, three doses each of Diphtheria, Pertussis and Tetanus (DPT), polio vaccines and one dose of the measles vaccine. BCG protects the child against tuberculosis and DPT protects against diphtheria, pertussis and tetanus. BCG should be given after birth whilst DPT and polio require three vaccinations that should be given at approximately 3, 4 and 5 months of age. Measles should be given at or soon after the child reaches 9 months of age. In addition, children in Zimbabwe are required to be immunized against Hepatitis B using three doses. Zimbabwe has been implementing a relatively successful Zimbabwe Expanded Programme of Immunization (ZEPI) Programme since 1982.

In the MIMS, mothers/caretakers were asked to provide vaccination cards for children under the age of five. Interviewers copied vaccination information from the cards onto the questionnaire. Overall, 74 percent of children had health cards, see Appendix Table A6.2b. If the child did not have a card, the mother/caretaker was asked to recall whether or not the child had received each of the vaccinations, and for DPT and Polio, how many times.

The percentage of children aged 12-23 months who received each of the vaccinations is shown in Table 6.1. The denominator for the table is comprised of children aged 12-23 months so that only children who are old enough to be fully vaccinated are counted. In the top panel, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card or the mother/caretaker's report. In the bottom panel, only those children who were vaccinated before their first birthday, as recommended, are included. 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.

Full child immunization coverage was low and had worsened in Zimbabwe in the last three years. The percentage of children aged 12-23 months who had been fully immunized before their first birthday was 37 percent in 2009, compared to 41 percent in the ZDHS 2005/06. The percentage of children aged 12-23 months who had been immunized at any time before the survey and had full vaccination was 49 percent compared to 53 percent in ZDHS 2005/06. Urban areas had higher full immunization coverage at any time before the survey (62 percent) than rural areas (43 percent). However, for individual vaccinations, immunization coverage was

relatively high and had improved from the ZHDS 2005/06 levels. On the other hand the proportion of children who had not received any vaccinations before their first birthday fell from 22 percent in the ZDHS 2005/06 to 7 percent.

Full child immunization coverage, at any time before the survey, increased with mother/caretaker's education and generally with household wealth. Bulawayo province (71 percent) had the highest full child immunization followed by Harare (63 percent). For the predominantly rural provinces, full child immunization remained low ranging from 37 percent each in Midlands and Manicaland provinces to 54 percent in Matabeleland South, see Table Appendix A6.2b.

Table 6.1: Vaccinations Among Children
Percentage of Children Aged 12-23 Months Immunized Against Childhood Diseases at Any Time Before the Survey and Before the First Birthday, MIMS, Zimbabwe, 2009

	Percentage of children who received:										Number of children aged 12-23 months
	BCG	DPT1	DPT2	DPT3	Polio1	Polio2	Polio3	Measles	All	None	
Vaccinated at any time before the survey According to:											
Vaccination card	71.4	66.9	65.1	56.4	71.3	66.5	57.7	61.1	43.1	0.3	1 444
Mother/caretaker's report	19.5	17.7	14.7	10.2	17.9	14.0	8.2	15.8	5.5	6.6	1 444
Either	90.9	84.6	79.9	66.6	89.2	80.5	65.9	76.8	48.6	6.9	1 444
Vaccinated by 12 months of age	90.8	83.5	78.2	62.9	88.8	79.1	61.1	68.9	36.8	6.9	1 444

Approximately 91 percent and 84 percent of children aged 12-23 months received a BCG and the first dose of DPT vaccinations, respectively, by the age of 12 months, see Figure 6.1 and Table 6.1. The percentage declines for subsequent doses of DPT to 78 percent for the second dose, and 63 percent for the third dose, see Figure 6.1. Similarly, 89 percent of children received Polio 1 by age 12 months and this declined to 79 percent by the second dose, and to 61 percent by the third dose. The coverage for measles vaccine by 12 months was lower than for the other vaccines at 69 percent. For the ZDHS 2005/06 the immunization coverage for BCG, DPT1, Polio 1 and measles were lower than the MIMS 2009 levels at 75 percent, 75 percent, 76 percent and 56 percent, respectively. Figure 6.1 shows the proportion of children aged 12-23 months who received vaccinations at any age and those vaccinated by the first birthday.

Figure 6.1: Percentage of children aged 12-23 months immunized against childhood diseases at any time before the survey and before the first birthday, MIMS, Zimbabwe, 2009
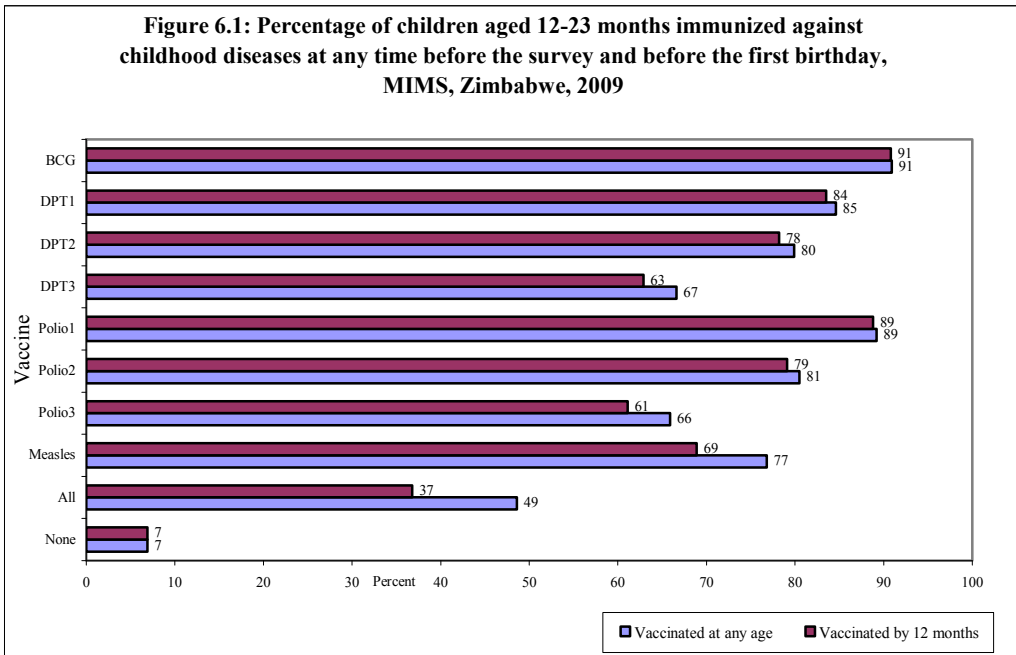
In addition to the above vaccines, according to the UNICEF and WHO guidelines, a child should also receive three Hepatitis B vaccinations. Three doses of the hepatitis vaccines are given at ages, 3, 4 and 5 months. Approximately 84 percent of children aged 12-23 months received a Hepatitis B1 vaccination by the age of 12 months. The percentage declined for subsequent doses of Hepatitis B vaccinations to 76 percent for the second dose, and 61 percent for the third dose, as shown in Figure 6.2 and Appendix Table A6.1d.

Figure 6.2: Percentage of children aged 12-23 months immunized against Hepatitis B at any time before the survey and before the first birthday, MIMS, Zimbabwe, 2009
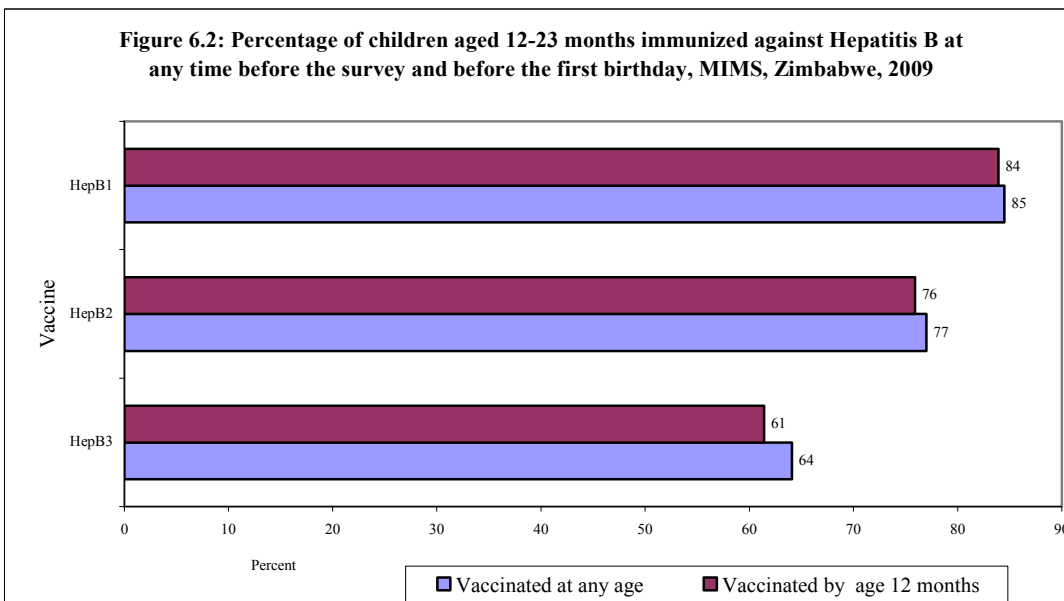
For Hepatitis B, the pattern was similar to that of the other vaccines, with urban areas having higher vaccination rates than rural areas, see Appendix Table A6.2d. The three Hepatitis B vaccines increased with household wealth while there was no relationship with education of mother/caretaker.

6.2 TETANUS TOXOID

One of the targets for MDG 5 is to reduce by three quarters the maternal mortality ratio by 2015, with one strategy being to eliminate maternal tetanus. Another target is to reduce the incidence of neonatal tetanus to less than one case of neonatal tetanus per 1 000 live births in every district. A World Fit for Children goal was to eliminate maternal and neonatal tetanus by 2005.

Neonatal tetanus is a major cause of early infant death in many developing countries that is often due to poor observance of hygienic procedures during delivery. With 39 percent of mothers in Zimbabwe delivering at home (see Chapter 8), the risk of neonatal tetanus remains high. Prevention of maternal and neonatal tetanus requires 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 vaccine, 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.

Appendix Table A6.3 shows the protection status from tetanus of women who had a birth within the last 12 months preceding the survey. Forty nine (49 percent) of the mothers had received at least 2 doses of tetanus toxoid vaccine during the last pregnancy, 14 percent had received at least 2 doses, the last within prior 3 years, one percent had received at least 3 doses, last within prior 5 years, one percent had received at least 4 doses, last within prior 10 years and 0.1 percent had received at least 5 doses during their lifetime. Overall, 65 percent of women who had had a birth in the last 12 months were protected against neonatal tetanus with slight differences between rural (64 percent) and urban areas (66 percent). Protection against neonatal tetanus increased with education of mother and household wealth but had no relationship with the age of the woman, see Figure 6.3.

Figure 6.3: Percentage of Women Aged 15-49 Years with a Live Birth in the Last 12 Months who are Protected Against Neonatal Tetanus, MIMS, Zimbabwe, 2009

Category	Percent
Area	
Urban	66
Rural	64
Provinces	
Manicaland	61
Mashonaland Central	68
Mashonaland East	70
Mashonaland West	66
Matabeleland North	61
Matabeleland South	69
Midlands	60
Masvingo	65
Harare	64
Bulawayo	64
Age of Woman	
15-19	56
20-24	66
25-29	69
30-34	64
35-39	61
40-44	60
45-49	79
Education of Woman	
None	42
Primary	61
Secondary	67
Higher	72
Wealth Quintile	
Lowest	61
Second	62
Middle	67
Fourth	67
Highest	68
Zimbabwe	65

6.3   DIARRHOEA AND ORAL REHYDRATION TREATMENT

Diarrhoea is one of the top ten diseases affecting under-5 year olds in Zimbabwe, the other major ones being acute respiratory infection, malaria and skin diseases. 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 salts (ORS) or a recommended home fluid (RHF) can prevent many of these deaths.

The Zimbabwe Ministry of Health and Child Welfare highly recommends the use of a sugar-salt solution, a form of oral re-hydration therapy (ORT), to combat dehydration from diarrhoea. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea. Although diarrhoeal diseases were generally considered a rural problem, in recent years it has emerged a major urban problem as well. Possible reasons for the occurrence of diarrhoeal diseases include: poor sanitation, overcrowding, and general difficulties in providing clean water in urban areas.

The goals are to: i) reduce by half, death due to diarrhoea among children under-5 by 2010 compared to 2000 (A World Fit for Children); and ii) reduce by two thirds the mortality rate among children under-5 by 2015 compared to 1990 (Millennium Development Goals).   In addition, A World Fit for Children calls for a reduction by half deaths due to diarrhoea among under-5 year olds by 2010.

The indicators which are discussed in this chapter are: prevalence of diarrhoea and oral rehydration therapy (ORT). In the MIMS questionnaire, mothers/caretakers were asked to report whether their child had had diarrhoea in the two weeks prior to the survey. If so, the mother/caretaker was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank.

6.3.1 Prevalence of Diarrhoea

At national level, 11 percent of the children under-5 years of age had diarrhoea in the last two weeks preceding the survey with no gender and rural-urban differentials, see Appendix Table A6.4. The national under-5 years diarrhoea prevalence is comparable to the ZDHS 2005/06 prevalence of 12 percent. Children aged 12-23 months, which coincides with the weaning period, had the highest diarrhoea prevalence of 19 percent compared to the lowest (7 percent each) in the age groups 36-47 months and 48-59 months, see Appendix Table A6.4. Children of mothers/caretakers with higher education and those from the non-poor households had a significantly lower diarrhoea prevalence compared to their counterparts in the other categories. For the predominantly rural provinces, Manicaland and Mashonaland West had the highest under-5 diarrhoea prevalence of 14 percent each while Matabeleland North and Matabeleland South provinces had the lowest with 7 percent each. Of the two predominantly urban provinces, Harare had a an under-5 years diarrhoea prevalence of 12 percent whilst the Bulawayo sample was too small. Harare's relatively high diarrhoea prevalence could be explained by the poor water supply during the period of the survey.

Appendix Table A6.4 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhoea. Since mother(s)/caretaker(s) were able to name more than one type of liquid, the percentages do not necessarily add up to 100. Approximately 78 percent of children with diarrhoea received one or more of the recommended home treatments[10] (that is to say they were treated with ORS or RHF), while 22 percent did not receive treatment. For the ZDHS 2005/06, the ORT use rate was lower at 70 percent and a higher proportion (25 percent) did not receive treatment. More than half (59 percent) received recommended homemade fluids, 32 percent received pre-packaged ORS fluids and 9 percent

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[10] ORT use rate

received fluids from ORS packets. Oral rehydration treatment as measured by the ORT use rate increased with the level of mother's education up to the secondary level, see Figure 6.4.

Harare and Bulawayo provinces had the highest ORT use rate (87 percent each). For the predominantly rural provinces, Midlands province had the highest ORT use rate (82 percent), whilst Matabeleland North had the lowest (62 percent). There is no relationship between diarrhoeal prevalence and the ORT use rate for the provinces except for Matabeleland North which is one of the provinces with the lowest both diarrhoeal prevalence and ORT use rate.

Figure 6.4: Percentage of Children Aged 0-59 Months with Diarhoea in the Last Two Weeks who Received Oral Rehydration Treatment (ORT), MIMS, Zimbabwe, 2009
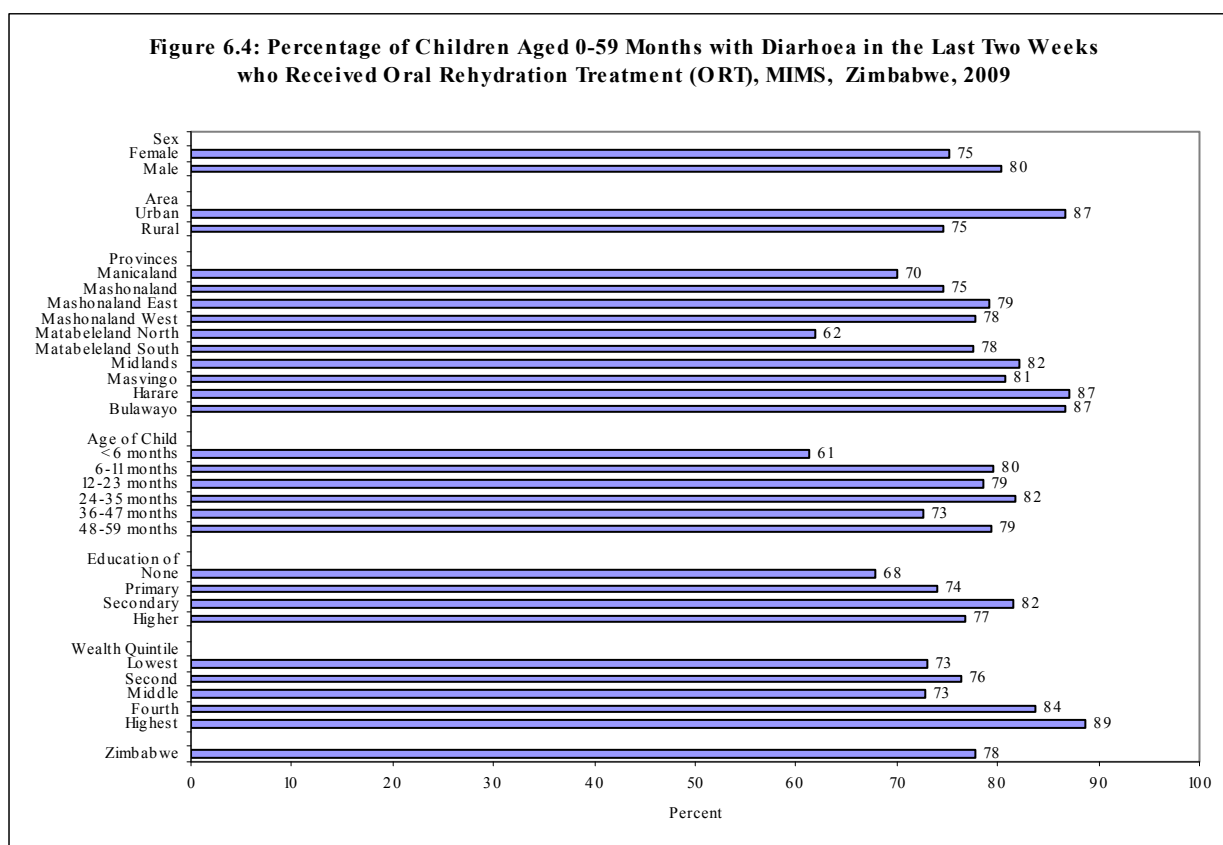
Slightly above one quarter (27 percent) of under-5 year old children with diarrhoea drank fluids more than usual while 72 percent drank the same or less, see Appendix Table A6.5. Forty three (43) percent ate somewhat less, same or more (continued feeding), but 57 percent ate much less or ate almost none. Overall, 35 percent of the children either received ORT or increased fluids intake and continued feeding as is recommended. Boys were more likely to receive the recommended diarrhoea treatment (37 percent) than girls (33 percent). Children in urban areas who had diarrhoea in the two weeks preceding the survey had a higher likelihood of receiving the recommended treatment (46 percent) compared to those in the rural areas (31 percent).

For the predominantly rural provinces, Mashonaland Central had the highest proportion (39 percent) of children who received ORT or increased fluids and continued feeding, while Matabeleland South had the lowest (15 percent), followed by Matabeleland North (16 percent). Harare province had half of the children (51 percent) who were given the recommended response when they had diarrhoea. For Bulawayo province the sample was too small. The proportions of children who were given the recommended response to the diarrhoea episode generally increased with household wealth, whilst there was no relationship with age of child and education of mother, see Figure 6.5.

Figure 6.5: Percentage of Children Aged 0-59 Months with Diarhoea in the Last Two Weeks who Received Oral Rehydration Treatment (ORT) or increased fluids and Continued Feeding, MIMS, Zimbabwe, 2009

Category	Percent
Sex	
Female	33
Male	37
Area	
Urban	46
Rural	31
Provinces	
Manicaland	29
Mashonaland Central	39
Mashonaland East	35
Mashonaland West	33
Matabeleland North	16
Matabeleland South	15
Midlands	36
Masvingo	36
Harare	51
Bulawayo	
Age of Child	
0-11 months	27
12-23 months	32
24-35 months	43
36-47 months	39
48-59 months	36
Education of Woman	
None	41
Primary	29
Secondary	38
Higher	41
Wealth Quintile	
Lowest	27
Second	35
Middle	28
Fourth	44
Highest	48
Zimbabwe	35

*Note Bulawayo province sample is less than 25

6.4   CARE SEEKING AND ANTIBIOTIC TREATMENT OF PNEUMONIA

Pneumonia, an Acute Respiratory Infection (ARI), is one of the leading causes of morbidity and mortality in children and the use of antibiotics in under-5 year olds with suspected pneumonia is a key intervention. A World Fit for Children target is to reduce by one-third the deaths due to acute respiratory infections by 2010.

In the MIMS, children with suspected pneumonia were those who during the last two weeks preceding the survey had an illness with a cough accompanied by rapid or difficulty in breathing and whose symptoms were due to a problem in the chest, or both a problem in the chest and a blocked nose. In addition to the prevalence of suspected pneumonia, information on care seeking and antibiotic treatment for suspected pneumonia was also collected.

6.4.1 Prevalence of Suspected Pneumonia

Appendix Table A6.6 presents the prevalence of suspected pneumonia and, if care was sought outside the home, the site of care. Six (6) percent of children aged 0-59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey, with no significant gender differentials. The prevalence of ARI was the same as in the ZDHS 2005/06. Females were slightly more likely to have had ARI (7 percent) than boys (6 percent). Rural areas had a slightly higher proportion (7 percent) of children who had symptoms of pneumonia than urban areas (5 percent). The proportion of children who had symptoms of pneumonia decreased with education of mother/caretaker and household wealth and there was no relationship with the age of child. For all provinces, Masvingo had the highest proportion of children (10 percent) who experienced ARI in the two weeks preceding the survey, while Mashonaland East, Harare, Matabeleland South and Mashonaland Central (5 percent each) had the lowest.

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6.4.2 Care Seeking for Suspected Pneumonia

Children with suspected pneumonia were taken to various health care providers including public, private and other sources, see Appendix Table A6.6. Public sources included government hospitals, health centres, village health workers (VHW) and mobile/outreach clinics. Private sources included mission hospitals, private hospital, private physician, pharmacy and other private medical source. Other sources included relatives and friends. However, the appropriate health provider included all the providers except pharmacy and friends and relatives.

Of all the children who had symptoms of pneumonia, 43 percent of them were taken to an appropriate provider, with no urban and rural area differentials. The proportion of children who were taken to an appropriate provider has greatly improved from the ZDHS 2005/06 level of 25 percent. A greater proportion of female children (44 percent) were taken to an appropriate provider than males (41 percent). The proportion of children taken to an appropriate provider generally decreased with the age of child, increased with the education of the mother and had no relationship with household wealth. For the predominantly rural provinces, Midlands province had the highest proportion (52 percent) of children who were taken to an appropriate health provider, whilst Matabeleland South province had the lowest (33 percent). Harare province had 45 percent of children who had symptoms of pneumonia taken to an appropriate health provider. Bulawayo province had a small sample.

Children with suspected pneumonia were mainly taken to Village Health Workers (32 percent), government health centre (4 percent) and also to relatives and friends (5 percent). The mobile/outreach clinic, other public institutions and mission hospitals, had low proportions (2 percent each) and private hospitals/clinic and pharmacies (1 percent each). Rural areas had very high proportions of children with suspected pneumonia taken to VHWs (36 percent) than urban areas (15 percent). For the predominantly rural provinces, Midlands province had the highest proportion of children being taken to VHW (46 percent) whilst Matabeleland South province had the lowest (18 percent). Harare province had 10 percent of the children taken to VHWs or community health workers.

There was no rural-urban differences of children with suspected pneumonia who were taken to government health centres. Mashonaland East province had the highest proportion (10 percent) of children with suspected pneumonia who were taken to government health centres, whilst Manicaland, Midlands, Harare and Bulawayo provinces had insignificant proportions. Matabeleland South and Bulawayo provinces had small samples.

Rural areas and all predominantly rural provinces had insignificant proportions of children with suspected pneumonia being taken to government hospitals whilst Harare had 2 percent. Matabeleland South and Bulawayo provinces had small samples.

Relatives and friends in rural areas were consulted for 6 percent of the children who had suspected pneumonia compared to 2 percent for urban areas. This is probably related partly to the use of traditional means of curing pneumonia. For the predominantly rural provinces Mashonaland East had the highest proportion (8 percent) who consulted relatives and friends whilst Mashonaland West had the lowest proportion (3 percent). Harare province had an insignificant proportion. Matabeleland South and Bulawayo provinces had small samples.

6.4.3 Antibiotic Treatment for Suspected Pneumonia

Of all the children who had suspected pneumonia in the last two weeks preceding the survey, 16 percent received antibiotics. This is an improvement from the ZDHS 2005/06 situation were only half of that proportion received antibiotics. Seventeen (17) percent of the boys and 15 percent of the girls who had suspected pneumonia, received antibiotics. Urban areas had a

higher percentage of children (25 percent) with suspected pneumonia, who received antibiotics than their rural counterparts (14 percent), see Table 6.2. There was no clear relationship between antibiotic treatment of suspected pneumonia and age of child, education of mother and household wealth. For the predominantly rural provinces, Matabeleland North and Mashonaland West had the highest (18 percent each) while Matabeleland South had the lowest proportion (5 percent). Harare province had a relatively high proportion (34 percent) of children with suspected pneumonia, who received antibiotics. Bulawayo province had a small sample.

Table 6.2: Antibiotic Treatment of Pneumonia		
Percentage of Children Aged 0-59 Months with Suspected Pneumonia Who Received Antibiotic Treatment, MIMS, Zimbabwe, 2009		
Background characteristic	Percentage of children aged 0-59 months with suspected pneumonia who received antibiotics in the last two weeks*	Number of children aged 0-59 months with suspected pneumonia in the two weeks prior to the survey
Sex		
Male	16.8	228
Female	15.3	237
Province		
Manicaland	15.7	68
Mashonaland Central	(17.7)	(43)
Mashonaland East	(14.5)	(32)
Mashonaland West	(17.1)	(46)
Matabeleland North	18.2	39
Matabeleland South	(5.3)	(24)
Midlands	10.0	66
Masvingo	13.7	87
Harare	(33.8)	(44)
Bulawayo	*	16*
Area		
Urban	25.2	91
Rural	13.8	374
Age		
0-11 months	15.7	90
12-23 months	29.0	107
24-35 months	16.1	82
36-47 months	6.7	96
48-59 months	10.8	90
Mother's education		
None	(22.2)	(29)
Primary	8.9	199
Secondary	21.5	218
Higher	*	19*
Wealth quintile		
Lowest	12.6	149
Second	15.2	119
Middle	14.1	83
Fourth	27.2	66
Highest	(16.7)	(49)
Total	**16.0**	**465**
Note: The unweighted Matabeleland South sample size was 37, whilst for Matabeleland North it is 60.		

6.5   SOLID FUEL USE

More than 3 billion people around the world rely on solid fuels (biomass and coal) for their basic energy needs, including cooking and heating. 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 carbon monoxide (CO), polyaromatic hydrocarbons, sulphur dioxide (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, cataracts, and asthma. The primary indicator is the proportion of the population using solid fuels as the primary source of domestic energy for cooking.

6.5.1 Types of Fuel Used for Cooking

The MIMS asked household heads what type of fuel they used mainly for cooking. The options were electricity, liquefied Petroleum Gas (LPG), biogas, kerosene, charcoal, wood, crop residue/sawdust, animal waste, none and no cooking and gel. The majority of households (68 percent) used wood as fuel for cooking, 31 percent used electricity, with insignificant proportions using the other fuel types.

Overall, about (69 percent) of all households in Zimbabwe were using solid fuels[11] for cooking, which was mainly wood. Use of solid fuels was lower in urban areas (16 percent), but very high in rural areas, where almost all of the households (97 percent) were using solid fuels, see Figure 6.6 and Appendix Table A6.8. Differentials with respect to household wealth and the educational level of the household head are also significant, with the use of solid fuel decreasing with education of head of household and household wealth. Households in the lowest three quintiles had almost all their households using solid fuel, with this proportion decreasing to 51 percent for those in the fourth quintile and 3 percent for those in the highest quintile.

Figure 6.6: Percentage Distribution of Households According to Use of Solid Fuels for Cooking, MIMS, Zimbabwe, 2009
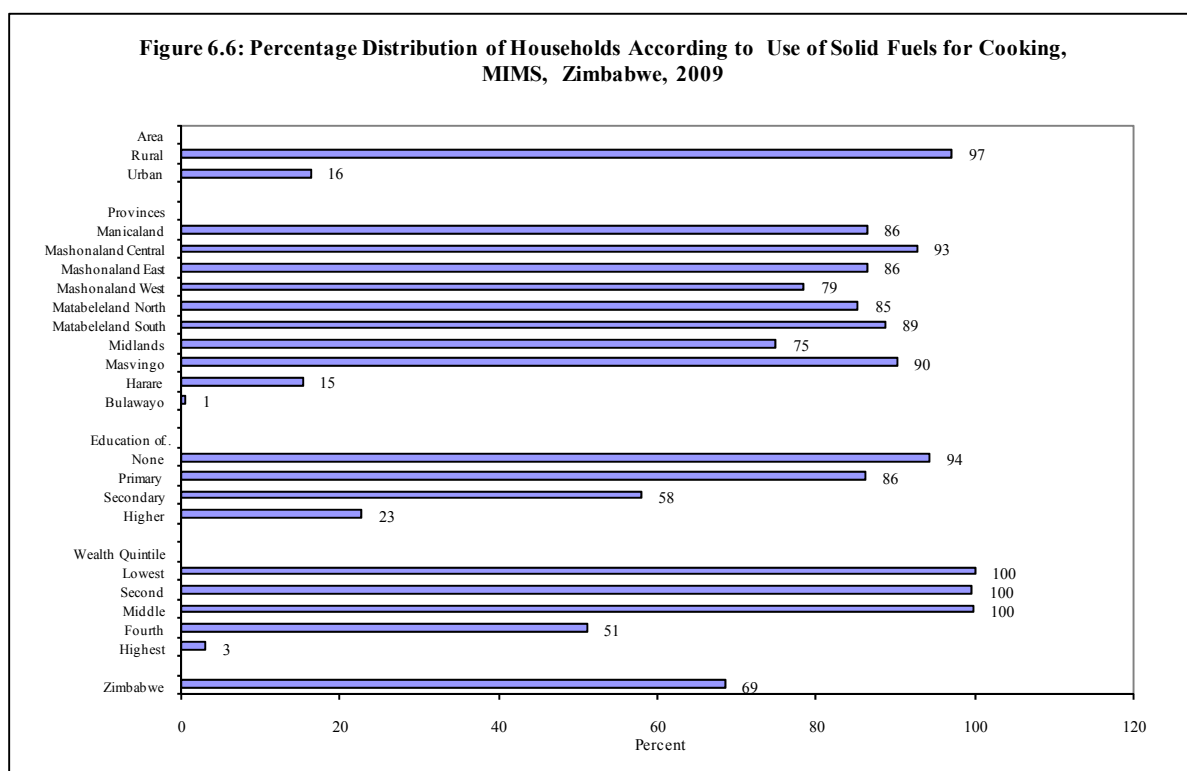
The findings show that use of solid fuels is highest (93 percent) among households in Mashonaland Central province and lowest for those in Midlands province (75 percent). Harare province had a relatively low proportion of households using solid fuels of 15 percent, whilst Bulawayo province had a small sample. The table also clearly shows that the overall percentage is high due to high level of use of wood for cooking purposes.

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[11] Solid fuels include kerosene, charcoal, wood, crop residue/sawdust, animal waste, gel.

Use of wood for cooking has slightly increased since the ZDHS 2005/06. The proportion of households mainly using wood in 2009 was 97 percent in rural areas and 15 percent in urban areas. These proportions were higher than the ZDHS 2005/06 proportions of 95 percent and 11 percent, respectively. Use of wood for cooking decreased with the education of the head of household. Almost all households in the three poorest quintiles used wood, whilst almost half of those in the fourth quintile used wood and 3 percent in the highest quintile used this source of fuel. For the predominantly rural provinces, Mashonaland Central had the highest proportion of households (92 percent), using wood for cooking, whilst Midlands had the lowest (75 percent). Harare and Bulawayo provinces had very low proportions of households using wood of 13 percent and one percent, respectively.

In the last three years, the proportion of households using electricity for cooking has slightly declined from 33 percent in ZDHS 2005/06 to 31 percent in 2009. Urban areas had high proportions (84 percent) of households that used electricity for cooking compared to rural areas with only 3 percent. In the ZDHS 2005/06 the urban and rural proportions of households using electricity were 88 percent and 4 percent, respectively. Use of electricity increased with the education of the head of household. Insignificant proportions of households in the three poorest quintiles used electricity, whilst almost half (49 percent) of those in the fourth quintile used electricity and a very high proportion (97 percent) in the highest quintile used this source of fuel. Harare and Bulawayo had very high proportions of households who used electricity, 85 percent and 99 percent, respectively. For the predominantly rural provinces, Midlands had the highest proportion of households (25 percent) that were using electricity, whilst Mashonaland Central had the lowest (7 percent).

6.5.2 Current Availability of Electricity

Nationally, 43 percent of the households had electricity available on the day of the survey (urban areas – 91 percent, rural areas – 17 percent,), see Figure 6.7. Availability of electricity on the day of the survey increased with education of head of household and household wealth. For the predominantly rural provinces, Mashonaland West had the highest proportion (39 percent) of households which had electricity available on the day of the survey, whilst Mashonaland East had the lowest proportion (23 percent). Bulawayo and Harare provinces had 99 percent and 91 percent, respectively, of their households having electricity available on the day of the survey.

Figure 6.7: Availability of Electricity on the Day of the Survey, Percentage Households, MIMS, Zimbabwe, 2009
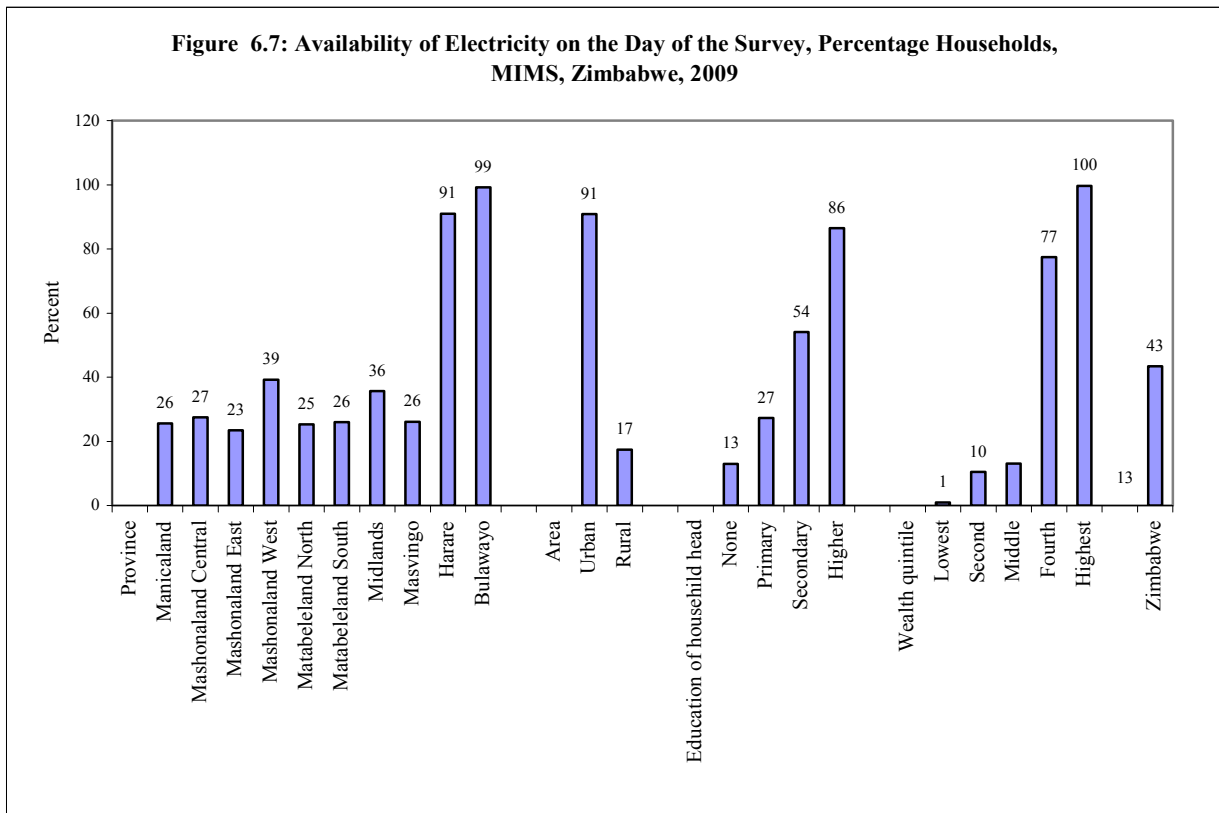
6.5.3 Type of Stove Used for Cooking

Solid fuel use alone is not an adequate 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 stoves with chimneys 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. The type of stove used with a solid fuel is depicted in Appendix Table A6.9. It is of concern that in Zimbabwe there is universal usage of open fire and open stove/coal pot for cooking by those households using solid fuels. In 2005/06, 97 percent of the households were using open fire and/or stoves without chimney or hood, (ZDHS 2005/06).

6.6   MALARIA

Malaria remains a major public health problem in Zimbabwe as it is within the top ten causes of infant and child morbidity and mortality. It also contributes to anaemia in children. Preventive measures, especially the use of insecticide treated mosquito nets (ITNs), can dramatically reduce mortality rates among children due to malaria. 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.

The MIMS used experiencing fever by under fives during the last two weeks preceding the survey, as a proxy for malaria. According to the Ministry of Health and Child Welfare malaria is now endemic throughout Zimbabwe. The MIMS questionnaire also incorporated questions on the availability and use of bed nets, both at household level and among children under five years of age, as well as anti-malarial treatment, and intermittent preventive therapy for malaria to pregnant mothers.

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6.6.1 Fever Prevalence in Under-5 Year Olds

The MIMS asked questions on the prevalence and treatment of fever for all children under five years. The proportion of under fives who had experienced episodes of fever in the last two weeks preceding the survey has remained the same since the ZDHS 2005/06 at 8 percent, with no significant gender or rural-urban differentials. There is no relationship with the child's fever experience and age of child and household wealth, see Figure 6.8 and Appendix Table A6.12. For the predominantly rural provinces, Mashonaland Central had the highest fever prevalence for under-5 year olds (13 percent), followed by Manicaland (11 percent), whilst Midlands had the lowest (4 percent) followed by Masvingo and Matabeleland North (5 percent each). Harare, a predominantly urban province, had a high fever prevalence of 10 percent. Bulawayo and Matabeleland South provinces had small samples. Prevalence of fever decreased with the increase in mother's education.

Figure 6.8: Percentage of Children Aged 0-59 Months who were Ill with Fever in the Two Weeks Preceding the Survey , MIMS, Zimbabwe, 2009

*Note Bulawayo and Matabeleland South provinces sampls are less than 25
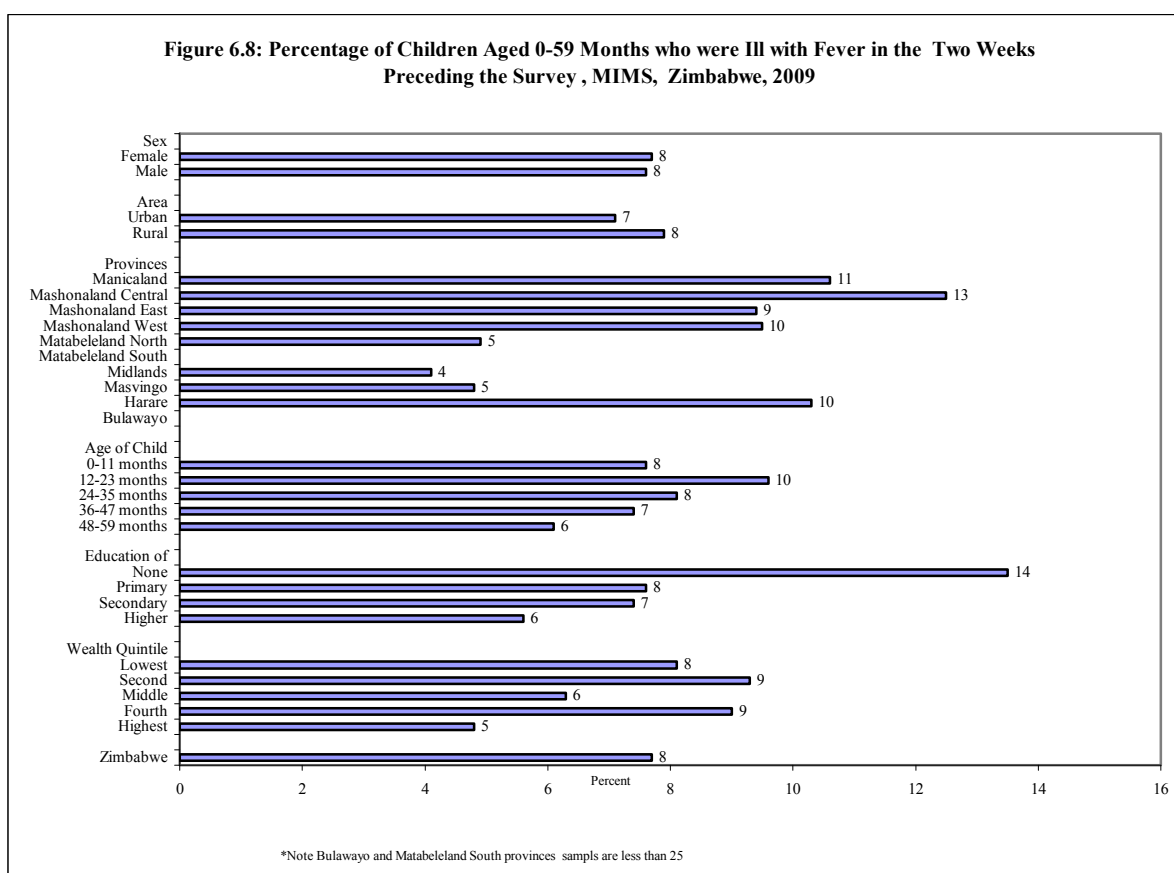
6.6.2 Ownership of Insecticide Treated Nets (ITNs)

The ownership of ITNs has increased in Zimbabwe since the ZDHS 2005/06. Nationally, in 2009, 27 percent of the households had at least one ITN, with no substantial difference between rural and urban areas, (rural 28 percent, and urban 26 percent). According to the ZDHS 2005/06 only 9 percent of the households had at least one ITN, with urban areas having a higher proportion (11 percent) than rural ones (7 percent). Mashonaland Central province had the highest percentage of households with ITNs (43 percent), followed by Matabeleland North province (42 percent), whilst Matabeleland South province had the smallest proportion (3 percent), see Appendix A6.10. Harare and Bulawayo provinces had 22 percent and 18 percent, respectively, of their households who had at least one insecticide treated net. There was no relationship between the ownership of at least one ITN and education of the head of household and household wealth.

6.6.3 Ownership of at Least One Mosquito Net

Similarly, ownership of at least one mosquito net (whether treated or untreated) had increased in Zimbabwe since 2005/06. Nationally, in 2009, 39 percent of the households had at least one mosquito net, with urban areas having a higher proportion of households (49 percent) owning at least one mosquito net than rural ones (34 percent), see Table A6.10. According to the ZDHS 2005/06 only 20 percent of the households had at least one mosquito net, with urban areas having a higher proportion (34 percent) than rural ones (13 percent). Contrary to the situation of ownership of ITNs, Bulawayo had the highest proportion of households (51 percent) that owned mosquito nets and Harare (45 percent). For the predominantly rural provinces, similar to the situation for ITNs, Mashonaland Central province had the highest proportion (49 percent) and Matabeleland South the lowest (14 percent). These results showed that the predominantly urban provinces of Harare and Bulawayo were using mosquito nets more though these mosquito nets were not treated. This is because urbanites buy their own mosquito nets whilst rural areas are usually provided with ITNs by donors.

6.6.4 Use of Insecticide Treated Nets by Under-5 Year Olds

The proportion of children sleeping under mosquito nets is increasing in Zimbabwe. Results indicated that 23 percent of children under the age of five slept under any mosquito net the night prior to the survey and 17 percent slept under an ITN, 3 percent under an untreated net, 2 percent slept under a net but did not know its treatment status whilst for 1 percent of the children it was not known whether they had slept under a net or not, see Appendix Table A6.11. A very high proportion, about three quarters of the children (76 percent) did not sleep under a bed net. According to the ZDHS 2005/06, only 7 percent of the children under five years had slept under any mosquito net the previous night, whilst 3 percent had slept under an ITN and 4 percent under an ever treated net. Use of ITNs did not vary significantly with sex and age of child, rural-urban areas or with household wealth. However, for the predominantly rural provinces, Matabeleland North (26 percent) followed by Mashonaland Central (25 percent) had the highest percentage of children who had slept under ITNs the previous night while Matabeleland South had the lowest (one percent). Harare and Bulawayo had 16 percent and 12 percent, respectively.

6.6.5 Treatment of Malaria in Children Under Five Years

Mother/caretaker(s) were asked to report all of the medicines given to a child to treat the fever, including both medicines given at home and medicines given or prescribed at a health facility. "Appropriate" anti-malarial drugs included SP/Fansidar, chloroquine, armodiaquine and quinine. Overall, one in four (24 percent) of children aged 0-59 years with fever in the last two weeks were treated with an "appropriate" anti-malarial drug and 14 percent received any appropriate anti-malarial drugs within 24 hours of onset of symptoms. The malaria program districts had a higher proportion (19 percent) of children who had received any appropriate anti-malarial drugs within 24 hours of onset of symptoms compared to the non program districts (6 percent). This is because of the malaria intervention programs which are concentrated in malaria program districts.

For those children aged 0-59 months who had received any appropriate anti-malarial drugs within 24 hours of onset of symptoms, rural areas had a higher proportion (17 percent) than the urban areas (5 percent) and there were no gender differentials. The proportion of children treated decreased with education of mother and generally with household wealth. Matabeleland North province had the highest proportion of under-5 year olds (59 percent) who had received any appropriate anti-malarial drug within 24 hours of onset of symptoms, while Bulawayo had an insignificant proportion, followed by Harare with 3 percent, see Table A6.12.

In Zimbabwe, 14 percent of children with fever were given chloroquine, 8 percent fansidar, 7 percent quinine, 1 percent armodiaquine and an insignificant proportion other appropriate anti-malaria drugs. A large percentage of children (41 percent) were given other types of medicines that are not anti-malarials, including anti-pyretics such as paracetemol, aspirin, or ibuprofen.

Little difference was noted between boys and girls receiving appropriate anti-malarial drugs. For those who had received any appropriate anti-malarial, rural areas had a higher proportion (29 percent) than the urban ones (8 percent). The proportion of children treated was lowest (13 percent) in the age group 0-11 months, followed by 19 percent for the age group 12-23 months and stabilized at 29 percent for the older child age groups. Children of educated mothers/caretakers and from wealthy households were more likely to receive treatment than those of less educated mothers/caretakers and from poorer households. For the predominantly rural provinces, Mashonaland East province had the highest proportion of under-5 year olds (32 percent) who had received any appropriate anti-malarial drug, whilst Midlands had the lowest (15 percent). Harare province had a low proportion of children (5 percent) who had received the appropriate anti-malarial drugs, see Appendix Table A6.12. Matabeleland North, Matabeleland South and Bulawayo provinces had small samples

6.6.6 Intermittent Preventive Treatment for Malaria

In general, globally, 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 anaemia, premature delivery and stillbirths. 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). The MIMS asked women about the medicines they had received in their last pregnancy during the 2 years preceding the survey. Women were considered to have received intermittent preventive therapy if they had received at least 2 doses of SP/Fansidar during the pregnancy.

Intermittent preventive treatment for malaria in pregnant women who gave birth in the two years preceding the survey is presented in Appendix Table A6.13. Overall, 14 percent of women aged 15-49 years who gave birth during the two years preceding the survey received IPT for malaria during pregnancy. Rural areas had a higher proportion (16 percent) of women who had received IPT than urban areas (8 percent). For the predominantly rural provinces, Mashonaland Central province had the highest proportion (26 percent), and Masvingo province the lowest (8 percent). Receipt of IPT generally decreased with both the education of woman and household wealth.

However, a higher proportion (36 percent) of the pregnant women who gave birth in the two years preceding the survey took any medicine to prevent malaria during pregnancy compared to those who took IPT. Rural areas had a higher proportion (42 percent) of pregnant women who took any medicine to prevent malaria than urban areas (20 percent). The proportion of women who took medicine to prevent malaria during pregnancy decreased with education and generally with household wealth. For the predominantly rural provinces, Mashonaland Central province had the highest proportion (57 percent) and Matabeleland South province the lowest (22 percent). The proportions of women who took medicine to prevent malaria during pregnancy were very low in Bulawayo and Harare provinces at 4 percent and 6 percent, respectively.

CHAPTER 7

ENVIRONMENT

This chapter focuses on the environmental health of both children and women in terms of use of safe water and sanitation, the quality of housing and the status of the environment around the household. Household access and treatment of drinking water analysis includes the following: use of improved drinking water sources; use of adequate water treatment method at household level; time taken to source of drinking water (round trip); person collecting drinking water, seasonality and current availability of water. On the other hand, safe sanitation analysis considers use of improved sanitation facilities and sanitary disposal of child's stools. Quality of housing includes type of dwelling unit; walling material; flooring material; roofing material; and rooms used for sleeping. Status of the environment around the household which includes; status of garbage disposal around the household; refuse disposal; excreta condition around the household; use of area around the house; air quality condition in the household neighbourhood are also discussed in this chapter.

7.1   WATER AND SANITATION

7.1.1 Safe Drinking Water

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant vehicle of diseases such as diarrhoea, dysentery, cholera and typhoid. Drinking water can also be contaminated with chemical, biological 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.

The MDG target is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. A 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 by 2010.

The list of drinking water indicators used in the MIMS are as follows:

- Use of improved drinking water sources;
- Seasonal or perennial availability of water;
- Availability of water on day of survey;
- Use of adequate water treatment method;
- Time to source of drinking water; and
- Person collecting drinking water.

In the MIMS, the main sources of drinking water were categorized as improved and unimproved. The population using improved sources of drinking water are those using any of the following types of supply: piped water (into dwelling, yard or plot), public tap/standpipe, tubewell/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. On the other hand, the population using unimproved sources of drinking water are those using any of the following types of supply: unprotected well, unprotected spring, tanker truck, cart with tank/drum, surface water (river/stream, dam, lake, pond, canal, irrigation channel) and bottled water (with cooking and hand washing done using water from an unsafe source). Households with access to unimproved water sources may improve the quality of the water by treating it using the

following methods; boiling, bleaching, cloth straining, filtration, solar disinfection, letting the water stand so that it settles, adding water treatment tablets etc. However, even those households with improved water sources but suspect poor quality can also engage in water treatment.

Use of improved drinking water sources

The distribution of the population by source of drinking water is shown in Table Appendix Table A7.1 and Figure 7.1. Nearly three quarters (73 percent) of the population used an improved water source compared to 78 percent in the ZDHS 2005/06. Most people (98 percent) in urban areas used an improved water source compared to rural areas with 61 percent, see Figure 7.1. The ZDHS 2005/06 urban and rural proportions were 99 percent and 67 percent, respectively, indicating a worsening situation in the use of improved drinking water sources, mainly in the rural areas.

Figure 7.1: Percentage Distribution of Household Members by Source of Drinking Water, MIMS, Zimbabwe 2009.

Other unimproved 0%
Surface water 8%
Unprotected well or spring 19%
Protected well or spring 15%
Tubewell/borehole 29%
Public tap/standpipe 4%
Piped into dwelling, yard or plot 25%
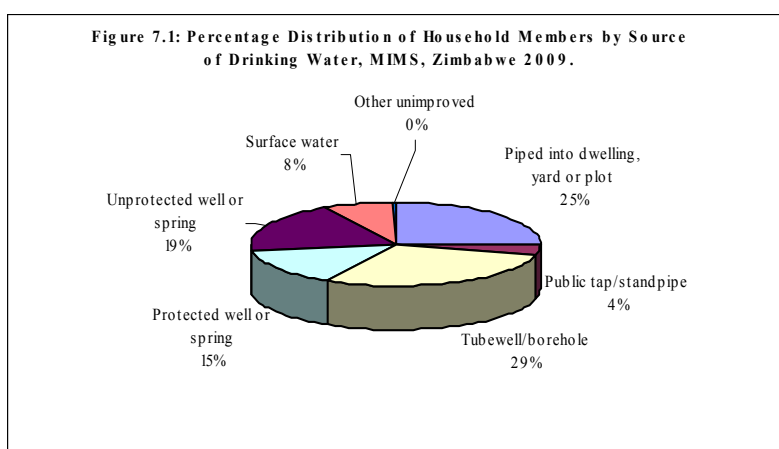
Use of an improved source of drinking water improved with education of household head and household wealth. Bulawayo province which is predominantly urban had universal use of an improved source of drinking water whilst Harare had 98 percent coverage. For the predominantly rural provinces, Matabeleland North had the highest percentage (75 percent) of the population which used an improved source of drinking water, whilst Masvingo province had the lowest (59 percent).

Overall, 29 percent of the population used drinking water from a tube well/borehole; followed by 25 percent from piped water into dwelling, yard or plot; 19 percent from unprotected well or spring; 15 percent from protected well or spring; and 8 percent from surface water. The comparable proportions from the ZDHS 2005/06 were: tube well/borehole (27 percent); piped water into dwelling, yard or plot (33 percent); unprotected well (14 percent); protected well (12 percent) and surface water (8 percent). Piped water into dwelling was the major source of drinking water in urban areas (55 percent) but a significant proportion of the population also used piped water into yard or plot (19 percent), boreholes (14 percent) and protected wells (7 percent), see Appendix Table A7.1. In rural areas, boreholes were the dominant source of drinking water (36 percent of the population) followed by unprotected wells (25 percent), protected wells (18 percent), and surface water (11 percent).

The predominantly urban provinces of Bulawayo and Harare had 99 percent and 60 percent, respectively, of their households using drinking water that was piped into dwelling, yard or plot. The Harare situation was probably due to the shortage of foreign currency for sourcing spare parts and treatment chemicals and this affected both the water pumping system and the quality of water. For the predominantly rural provinces, Midlands province (25 percent) had the highest proportion of households using drinking water that was piped into dwelling, yard or plot while Mashonaland Central (7 percent) had the lowest proportion doing so. The second most important source of safe drinking water for Harare province was the tube well/borehole (23 percent) followed by the protected well (13 percent). Matabeleland South province had the highest proportion of households using drinking water from the tube well/borehole (50 percent) while Mashonaland East had the lowest proportion doing so (23 percent). Conversely,

Mashonaland East on the other hand had the highest proportion of households (34 percent) using drinking water from the protected well whilst Matabeleland South province (5 percent) had the lowest proportion doing so.

Use of adequate water treatment method at household level

Use of in-house water treatment is presented in Table 7.1. Households were asked of 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 appropriate treatment of drinking water. Table 7.1 below, extracted from Appendix Table A7.2, shows the percentages of household members using appropriate water treatment methods, separately for all households, for households using improved and unimproved drinking water sources.

Nationally, 35 percent of the population used drinking water appropriately treated at household level irrespective of its source (urban areas-50 percent, rural areas-28 percent). Generally, the proportion of people drinking appropriately treated water increased with education and wealth. The predominantly urban provinces of Harare and Bulawayo had the highest proportion of people drinking appropriately treated water at household level of 66 percent and 41 percent, respectively. For the predominantly rural provinces, Manicaland had the highest proportion (37 percent) while Matabeleland North had the lowest (13 percent) followed by Matabeleland South (14 percent) doing so.

Table 7.1: Household Water Treatment
Percent Distribution of Household Population According to Drinking Water Treatment Method used in the Household, and Percentage of Household Population that Applied an Appropriate Water Treatment Method, MIMS, Zimbabwe, 2009

	All		Appropriate water treatment method			
	drinking	Number	Improved		Unimproved	
Background	water	of HH	drinking water	Number of	drinking water	Number of HH
characteristic	sources	members	sources	HH members	sources	members
Province						
Manicaland	37.4	7 093	37.2	4 679	37.9	2 414
Mashonaland Central	31.0	5 498	27.7	3 522	36.9	1 976
Mashonaland East	26.4	5 239	27.1	3 760	24.8	1 478
Mashonaland West	34.4	5 408	34.8	3 411	33.6	1 997
Matabeleland North	12.6	3 112	10.1	2 319	19.8	794
Matabeleland South	14.3	3 073	11.8	1 970	18.8	1 104
Midlands	32.0	6 504	27.2	4 500	42.7	2 004
Masvingo	22.7	5 501	16.5	3 253	31.7	2 248
Harare	65.9	8 013	66.5	7 836	42.4	177
Bulawayo	41.4	2 753	41.4	2 753	0.0	0
Area						
Urban	49.6	16 592	49.7	16 262	46.0	330
Rural	28.0	35 602	24.9	21 741	32.7	13 862
Education of household head						
None	29.3	5 218	27.5	3 114	32.0	2 104
Primary	30.0	21 224	29.0	14 181	32.1	7 044
Secondary	37.6	20 954	38.8	16 168	33.7	4 787
Higher+	50.6	4 662	50.1	4 434	60.9	228
DK/missing	25.9	136	29.4	107	(13.1)	(29)
Wealth quintile						
Poorest	27.1	10 442	22.6	5 131	31.4	5 311
Second	27.1	10 438	23.9	6 217	31.9	4 222
Middle	29.0	10 438	25.3	6 927	36.3	3 511
Fourth	39.3	10 439	40.2	9 416	31.2	1 023
Richest	51.7	10437	51.5	10 312	67.2	125
Total	**34.8**	**52 194**	**35.5**	**38 002**	**33**	**14 191**

\# Boiling, adding bleach or chlorine, using a water filter, and using solar disinfection were considered as appropriate treatment of drinking water.

Water treatment by households of those people who used unimproved drinking water sources was very low in Zimbabwe. A third (33 percent) of those people, who used unimproved drinking water sources, had the water treated appropriately at household level (urban areas-46 percent, rural areas-33 percent). Midlands province at 43 percent, followed by Harare province at 42 percent had the highest proportions of people drinking water from unimproved sources but appropriately treated while Matabeleland South and Matabeleland North provinces had the lowest proportions of 19 percent and 20 percent, respectively, see Table 7.1. Bulawayo province did not have people who used unimproved drinking water sources.

However, of those people who had access to an improved drinking water source, 36 percent of them used drinking water appropriately treated at household level. This relatively high percentage indicates the high level of mistrust with even the improved drinking water sources in the country, especially when the country had experienced cholera. Urban areas had a higher proportion of the population (50 percent), drinking water which had been appropriately treated, although sourced from improved drinking water sources, compared to rural areas (25 percent). Generally, the proportion of people drinking appropriately treated water increased with education and wealth. Harare province (67 percent), followed by Bulawayo province (41 percent) had the highest proportions of people drinking water which had been appropriately treated. For the predominantly rural provinces, Manicaland had the highest proportion (37 percent) while Matabeleland North (10 percent) had the lowest proportion, see Table 7.1.

The main water treatment methods used at household level were; adding water treatment tablet (23 percent), boiling (14 percent) and bleaching (5 percent), see Appendix Table A7.2. Urban areas had a higher proportion of people (34 percent) who drank water treated with a water treatment tablet than rural areas with 17 percent. More than half of the population (53 percent) in Harare province drank water treated with a water treatment tablet compared to Bulawayo province (11 percent). For the predominantly rural provinces, Mashonaland West had the highest proportion (27 percent) of its population drinking water treated with a water treatment tablet compared to Matabeleland South province with the lowest (4 percent).

Time to source of drinking water

The amount of time it takes to obtain water is presented in Appendix Table A7.3 and the person who usually collected the water in Appendix Table A7.4. Note that these results refer to one roundtrip from home to the drinking water source and back. Information on the number of trips made in one day was not collected.

Appendix Table A7.3 shows that for 37 percent of households, the drinking water source was on the premises compared to 46 percent in the ZDHS 2005/06. For the other 37 percent of all households, it took less than 30 minutes to get to the water source and bring water compared to 27 percent in the ZDHS 2005/06, while 9 percent of households spend more than 1 hour for this purpose. Excluding those households with water on the premises, the average time to the source of drinking water is about half an hour (29 minutes). There were no rural-urban differences in the time spent in collecting water and there was no relationship with education of household age or household wealth. One striking finding is the high average time spent in collecting water (34 minutes) in Harare, a predominantly urban province. This was probably because of the water shortages alluded to earlier. People had to collect water from alternative sources and it took a long time to do so as they waited in queues sometimes. For the predominantly rural provinces, Midlands had the highest average time spent in collecting water (37 minutes) whilst Mashonaland East had the lowest (19 minutes).

Person collecting drinking water

Table 7.2 shows that for the majority of households (81 percent), an adult female is usually the person collecting the water, when the source of drinking water is not on the premises.

Table 7.2: Person Collecting Water
Percent Distribution of Households According to the Person Collecting Drinking Water Used in the Household, MIMS, Zimbabwe, 2009

| Background characteristic | Person collecting drinking water | | | | | | Total | Number of households |
	Adult woman	Adult man	Female child under age 15	Male child under age 15	Don't know	Missing		
Province								
Manicaland	79.2	11.0	6.8	2.5	0.0	0.5	100.0	1 103
Mashonaland Central	82.2	12.0	4.8	0.9	0.0	0.1	100.0	1 004
Mashonaland East	84.4	10.6	2.5	1.8	0.1	0.7	100.0	812
Mashonaland West	79.8	14.0	4.5	1.4	0.0	0.3	100.0	824
Matabeleland North	84.0	12.7	2.3	0.6	0.1	0.2	100.0	530
Matabeleland South	78.2	13.5	6.4	1.9	0.0	0.0	100.0	515
Midlands	83.9	9.4	5.5	1.2	0.0	0.1	100.0	860
Masvingo	80.1	12.5	6.2	1.2	0.1	0.0	100.0	960
Harare	70.0	26.1	1.3	2.2	0.0	0.4	100.0	386
Bulawayo	*	*	*	*	*	*	100.0	3*
Area								
Urban	70.2	25.6	2.0	1.9	0.0	0.2	100.0	646
Rural	81.8	11.3	5.1	1.5	0.0	0.3	100.0	6 351
Education of household head								
None	78.2	10.6	7.9	2.8	0.1	0.4	100.0	926
Primary	80.9	12.3	5.2	1.4	0.0	0.2	100.0	3 197
Secondary	82.9	12.5	3.2	1.1	0.0	0.3	100.0	2 578
Higher	68.0	23.5	5.6	2.9	0.0	0.0	100.0	281
Missing /DK	*	*	*	*	*	*	100.0	15*
Wealth quintiles								
Lowest	84.8	8.8	5.1	1.1	0.1	0.2	100.0	2 007
Second	84.3	8.3	5.5	1.5	0.0	0.4	100.0	1 902
Middle	79.5	13.5	4.7	1.9	0.0	0.3	100.0	1 800
Fourth	70.2	23.9	3.9	1.7	0.0	0.2	100.0	1 091
Highest	75.3	22.7	1.3	0.0	0.0	0.8	100.0	197
Total	**80.8**	**12.6**	**4.8**	**1.5**	**0.0**	**0.3**	**100.0**	**6 997**

Adult men collected water in 13 percent of cases, female children under age 15 collected water in 5 percent of the cases compared to 2 percent of male children. Water collection by adult female is not related to the education of the household head or household wealth. Rural households had a higher likelihood of adult women collecting water than urban households (rural-82 percent, urban-70 percent). Harare province had 70 percent of its households with adult women collecting water, while for Bulawayo province, the sample size was too small. For the predominantly rural provinces, Mashonaland East, Matabeleland North and Midlands (84 percent each) had the highest proportions of households in which adult women collected water while Matabeleland South (78 percent) had the lowest proportion.

Seasonal or perennial availability of water

Nationally, 81 percent of the household population had perennial availability of drinking water (rural areas-75 percent, urban areas-94 percent), whilst 19 percent had seasonal availability of

drinking water (rural areas-25 percent, urban areas-5 percent), see Table 7.3. The perennial availability of drinking water generally increased with education of head of household and household wealth. For those people using improved water sources, the proportion with perennial availability of drinking water was 89 percent, whilst for those using unimproved sources, it was 59 percent. For the predominantly rural provinces, Matabeleland North had the highest proportion (86 percent) of people with perennial availability of drinking water, followed by Mashonaland Central (85 percent), whilst Mashonaland East had the lowest (67 percent). Bulawayo and Harare, the predominantly urban provinces had universal and 95 percent, respectively, of their population having perennial availability of drinking water.

Table 7.3: Availability of Water
Percent Distribution of Household Population by Availability of Drinking Water Source, According to Selected Characteristics, MIMS, Zimbabwe, 2009

Background characteristic	Availability of drinking water source				Percent of household population having drinking water available on date of survey	Percent of household population using improved drinking water source with water available on date of survey	Household population
	Seasonal	Perennial	DK/missing	Total percent			
Province							
Manicaland	22.3	77.5	0.2	100.0	93.6	60.0	7 093
Mashonaland Central	15.1	84.9	0.0	100.0	98.0	62.1	5 498
Mashonaland East	30.9	68.7	0.4	100.0	96.6	68.7	5 239
Mashonaland West	25.3	74.2	0.5	100.0	96.3	59.6	5 408
Matabeleland North	14.3	85.5	0.2	100.0	89.5	65.6	3 112
Matabeleland South	24.3	75.6	0.1	100.0	97.2	61.8	3 073
Midlands	19.4	80.5	0.1	100.0	94.0	63.5	6 504
Masvingo	27.1	72.7	0.2	100.0	96.3	55.7	5 501
Harare	4.5	95.0	0.5	100.0	85.1	83.1	8 013
Bulawayo	0.1	99.8	0.1	100.0	90.4	90.4	2 753
Area							
Urban	5.3	94.3	0.4	100.0	84.3	82.5	16 592
Rural	24.8	75.0	0.2	100.0	97.7	59.2	35 602
Education of household head							
None	21.8	78.2	0.0	100.0	98.8	58.6	5 218
Primary	21.5	78.3	0.2	100.0	95.1	62.2	21 224
Secondary	17.5	82.2	0.3	100.0	91.3	69.0	20 954
Higher	6.8	93.0	0.3	100.0	89.9	85.0	4 662
Missing/DK	21.4	78.6	0.0	100.0	95.2	73.9	136
Wealth quintiles							
Lowest	27.8	72.1	0.0	100.0	97.7	47.5	10 442
Second	23.9	75.9	0.3	100.0	98.0	58.0	10 438
Middle	25.8	74.0	0.2	100.0	98.3	64.9	10 438
Fourth	11.8	87.9	0.3	100.0	89.1	79.5	10 439
Highest	3.8	95.8	0.5	100.0	84.3	83.3	10 437
Total	**18.6**	**81.1**	**0.2**	**100.0**	**93.5**	**66.6**	**52 194**

Availability of water on day of survey

Nationally, 94 percent of the household population had drinking water available on the day of survey (rural areas-98 percent, urban areas-84 percent), see Table 7.3. Availability of drinking water on the day of the survey decreased with education of head of household and generally with household wealth. For the predominantly rural provinces, Mashonaland Central had the highest proportion (98 percent) of people with drinking water on the day of the survey, whilst Matabeleland North had the lowest (90 percent). Bulawayo and Harare, the predominantly urban provinces had 90 percent and 85 percent, respectively, of their population having drinking water on the day of the survey.

Considering availability of drinking water on the day of survey for the population using an improved drinking water source, nationally, 67 percent of the household population had drinking water available on the day of survey (urban areas-83 percent, rural areas-59 percent), see Table 7.3. Availability of drinking water on the day of the survey for those using improved drinking water sources increased with education of head of household and household wealth. For the predominantly rural provinces, Mashonaland East had the highest proportion (69 percent) of people who used an improved drinking water source with drinking water available on the day of the survey, whilst Masvingo had the lowest (56 percent). Bulawayo and Harare,

the predominantly urban provinces had 90 percent and 83 percent, respectively, of their population who used an improved drinking water source with drinking water available on the day of the survey.

7.1.2 Safe Sanitation

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio. Sanitary means of excreta disposal is reflected by the type of toilet facility used by the population and is an indication of the hygienic status of households. The main types of toilet facilities were classified as improved and unimproved. Improved sanitation facilities were flush toilet piped to sewer system, flush to septic tank, flush to pit latrine, ventilated improved pit latrine (VIP)/(Blair toilet), pit latrine with slab and compositing toilet/compost latrine. Unimproved sanitation facilities included flush to somewhere else, flush to unknown place, pit latrine without slab/open pit, bucket, bush or field (no facility).

The list of safe sanitation indicators used in the MIMS are as follows:

- Use of improved sanitation facilities; and
- Sanitary disposal of child's faeces.

Use of improved sanitation facilities

Use of improved sanitation facilities seemed to be on the increase in Zimbabwe. Sixty (60) percent of the population in Zimbabwe used improved toilet facilities compared to 42 percent in the ZDHS 2005/06. Urban areas had a very high proportion of the population (97 percent) using improved sanitation facilities compared to rural areas (43 percent) see Appendix Table A7.5. Use of improved sanitation facilities increased with education of head of household and household wealth. The predominantly urban provinces of Bulawayo (99 percent and Harare 97 percent) had very high proportions of their population using improved sanitation facilities. For the predominantly rural provinces, Mashonaland East and Manicaland provinces (59 percent each) had the highest proportions of their population using improved sanitation facilities while Matabeleland North had the lowest (31 percent).
It is of concern that a third (33 percent) of Zimbabwe's population had no toilet facility and used the bush or field and this was also the case in the ZDHS 2005/06 (32 percent). This percentage was high in rural areas (48 percent) and one percent in urban areas. For the predominately rural provinces, Matabeleland North had the highest proportion (69 percent) of the population who used the bush or fields, followed by Masvingo (56 percent) and Matabeleland South (52 percent) while Manicaland had the lowest (27 percent), see Appendix Table A7.5.

Nationally, 28 percent of the population used the flush to piped sewer system toilet, followed by ventilated improved pit latrine (VIP)/Blair toilet (17 percent), pit latrine with slab (13 percent), pit latrine without slab/open pit (6 percent) and flush to septic tank toilet, (3 percent), see Figure 7.2. The corresponding ZDHS 2005/06 levels were 19 percent, 16 percent, 5 percent, 6

percent, and 2 percent, respectively. In urban areas, the most commonly used improved toilet facility was flush to piped sewer system (85 percent) while in rural areas it was ventilated improved pit latrine VIP (24 percent) and the pit latrine with slab (17 percent).

Figure 7.2 Type of Toilet Facility Used, Percentage of the Population, MIMS, Zimbabwe 2009
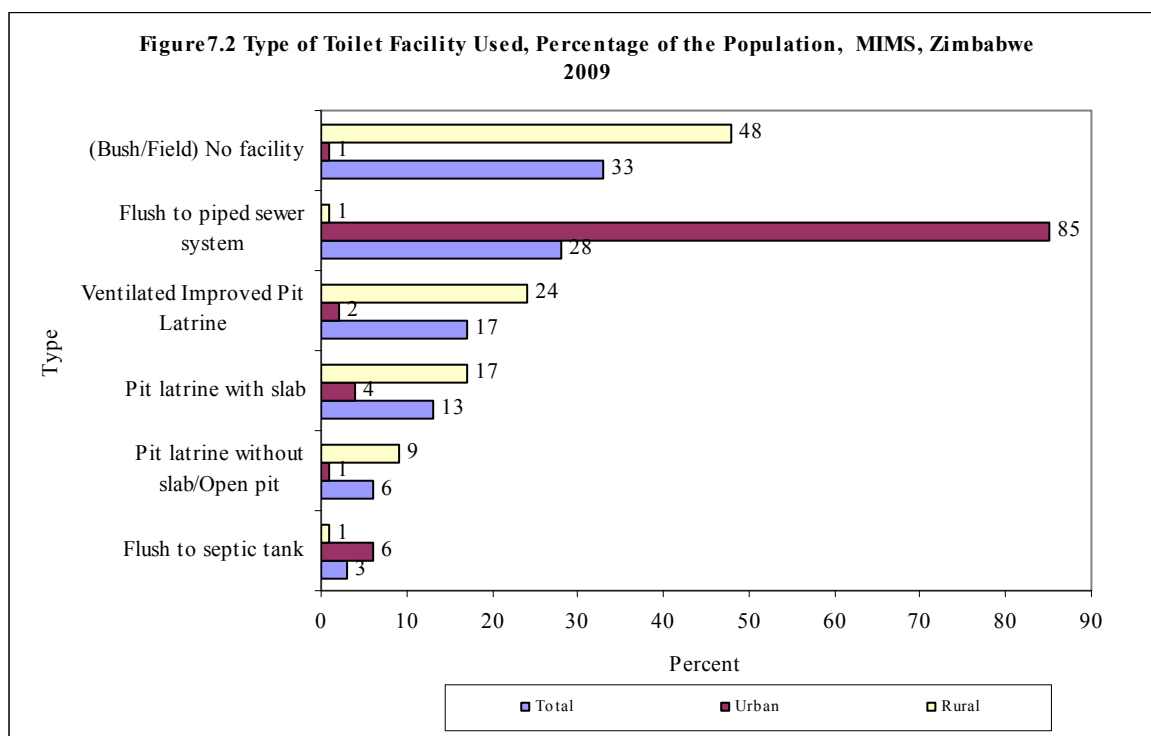
Use of improved and functioning toilet facilities

In the MIMS, respondents were further asked whether their toilet facility was functional, with the enumerator being required to observe the functionality of the toilet facility. Nationally, 60 percent of the population used sanitary means of excreta disposal as mentioned earlier. Overall, 58 percent of the population was using an improved functioning toilet facility on the day of the survey. Urban areas had a higher proportion (92 percent) of the population that was using an improved functioning toilet facility on the day of the survey than rural areas (42 percent), as shown in Table 7.4. Use of an improved functioning toilet facility increased with education of household head from 35 percent for those with no education to 92 percent for those with a higher level of education. Similarly, the use of an improved functioning toilet facility increased with household wealth from 10 percent for those from households in the lowest quintile to 95 percent for those in the highest quintile.

For the predominantly rural provinces, Manicaland and Mashonaland East with 58 percent each had the highest proportions of the population that was using an improved functioning toilet facility on the day of the survey, whilst Matabeleland North had the lowest proportion (30 percent). The predominantly urban provinces of Bulawayo and Harare had proportions of 98 percent and 87 percent, respectively.

	Table 7.4: Use of Improved and Functioning Toilet Facilities Percentage of Household Population Using Improved Sanitation, Functioning Facilities, and Improved Functioning Facilities, MIMS, Zimbabwe, 2009			
Background characteristic	Percentage of population using sanitary means of excreta disposal	Percentage of population using a toilet facility that is functioning	Percentage of population using improved functioning toilet facilities	Number of household members
Province				
Manicaland	59.1	71.7	58.4	7 093
Mashonaland Central	49.9	67.8	49.0	5 498
Mashonaland East	59.2	66.2	57.9	5 239
Mashonaland West	53.5	58.0	52.4	5 408
Matabeleland North	30.8	29.7	29.6	3 112
Matabeleland South	47.3	45.8	45.0	3 073
Midlands	51.5	55.3	50.8	6 504
Masvingo	41.2	43.1	40.2	5 501
Harare	97.2	89.5	87.4	8 013
Bulawayo	98.9	98.5	98.2	2 753
Area				
Urban	97.2	93.2	91.8	16 592
Rural	43.1	50.9	42.1	35 602
Education of household head				
None	36.4	42.6	34.7	5 218
Primary	51.1	57.7	49.8	21 224
Secondary	67.8	70.2	64.3	20 954
Higher	95.1	93.3	92.4	4 662
Missing/DK	55.4	59.5	55.4	136
Wealth quintiles				
Lowest	10.5	16.2	10.0	10 442
Second	35.7	49.6	35.1	10 438
Middle	63.6	69.8	62.2	10 438
Fourth	92.4	91.0	87.4	10 439
Highest	99.4	95.3	94.8	10 437
Total	**60.3**	**64.4**	**57.9**	**52 194**

Sanitary disposal of child's stools

The disposal of children stools is another indicator of the hygienic status of a household, in addition to the general use of improved sanitation facilities. The MIMS defined safe disposal of children stools as use of a toilet or latrine by children or rinsing the stools into a toilet or latrine. Safe disposal of children's stools is of particular importance because children's stools are more likely to be the cause of faecal contamination to the immediate household environment than other causes. Correct disposal of stools is linked with lower risks of getting diarrhoea. Disposal of stools of children 0-2 years of age is presented in Table Appendix A7.6.

In Zimbabwe 54 percent of the children aged 0-2 years had their stools disposed of safely. Urban areas had a higher proportion (94 percent) of the children aged 0-2 years with stools disposed of safely compared to rural areas (38 percent). Safe disposal of children's stools improved with mother's education and household wealth, see Appendix Table Appendix A7.6. The predominantly urban provinces of Bulawayo (97 percent) and Harare (95 percent) had the highest proportion of children whose stools were disposed of safely. For the predominantly rural provinces, Manicaland (57 percent) had the highest proportion of children whose stools were disposed of safely while Matabeleland North had the lowest proportion (24 percent). Overall, the most common method of disposing children stools was putting or rinsing into toilet or latrine (47 percent), followed by burying (25 percent), child using toilet or latrine (7 percent), throwing into garbage (solid waste) and putting or rinsing into drain or ditch (6 percent each).

An overview of the percentage of household members using improved sources of drinking water and sanitary means of excreta disposal[12] is presented in Table 7.5.

Table 7.5: Use of Improved Water Sources and Improved Sanitation
Percentage of Household Population Using Both Improved Drinking Water Sources and Sanitary Means of Excreta Disposal, MIMS, Zimbabwe, 2009

| Background characteristic | Percentage of household population | | | Number of household members |
	Using improved sources of drinking water	Using sanitary means of excreta disposal	Using improved sources of drinking water and using sanitary means of excreta disposal	
Province				
Manicaland	66.0	59.1	43.1	7 093
Mashonaland Central	64.1	49.9	36.6	5 498
Mashonaland East	71.8	59.2	49.1	5 239
Mashonaland West	63.1	53.5	43.9	5 408
Matabeleland North	74.5	30.8	28.4	3 112
Matabeleland South	64.1	47.3	34.1	3 073
Midlands	69.2	51.5	43.5	6 504
Masvingo	59.1	41.2	32.3	5 501
Harare	97.8	97.2	95.0	8 013
Bulawayo	100.0	98.9	98.9	2 753
Area				
Urban	98.0	97.2	95.3	16 592
Rural	61.1	43.1	31.1	35 602
Education of household head				
None	59.7	36.4	25.3	5 218
Primary	66.8	51.1	40.5	21 224
Secondary	77.2	67.8	60.4	20 954
Higher	95.1	95.1	91.3	4 662
Missing /DK	78.7	55.4	53.5	136
Wealth quintiles				
Lowest	49.1	10.5	6.8	10 442
Second	59.6	35.7	23.0	10 438
Middle	66.4	63.6	45.4	10 438
Fourth	90.2	92.4	84.2	10 439
Highest	98.8	99.4	98.2	10 437
Total	**72.8**	**60.3**	**51.5**	**52 194**

About half (52 percent) of the population lived in households that were using both improved sources of drinking water and sanitary means of excreta disposal. A very high proportion (95 percent) of urban households did so compared to 31 percent of rural households. Use of both improved sources of drinking water and sanitary means of excreta disposal increased with education of household head and household wealth. The predominantly urban provinces of Bulawayo and Harare had very high proportions, 99 percent and 95 percent, respectively, of the population who lived in households that were using both improved sources of drinking water and sanitary means of excreta disposal. For the predominantly rural provinces, Mashonaland East had the highest proportion (49 percent) of the population who lived in households that were using both improved sources of drinking water and sanitary means of excreta disposal whilst Matabeleland North had the lowest proportion (28 percent) who did so.

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[12] Using sanitary means of excreta disposal includes using safe sanitation and safe disposal of children's stools.

7.2 QUALITY OF HOUSING

7.2.1 Type of Dwelling Unit

At national level, a larger proportion of households used mixed (31 percent) and detached (30 percent) types of dwelling units, followed by 24 percent which used the traditional type, 12 percent which used the semi-detached type, whilst 2 percent used the flat/town homes and one percent used shacks, see Figure 7.3 and Appendix Table A7.8. For rural areas the largest proportion used the mixed dwelling type (47 percent), followed by traditional (37 percent), detached (12 percent), semi-detached (3 percent), flat/town home (one percent) and less than one percent used shacks. For urban areas, the largest proportion used the detached (64 percent), semi-detached (28 percent), flat/town home (6 percent) and shacks, mixed and traditional types had proportions of less than one percent each.

Use of the traditional type of dwelling unit decreased with education of household head and household wealth, whilst the use of the mixed type of dwelling unit generally declined with education of household head and had no relationship with household wealth. Use of the detached, semi-detached and flat/town home types of dwelling units increased with both education of household head and household wealth.

Figure 7.3: Households by Type of Dwelling Unit Used, by Rural and Urban Areas, Percent Households, MIMS, Zimbabwe 2009
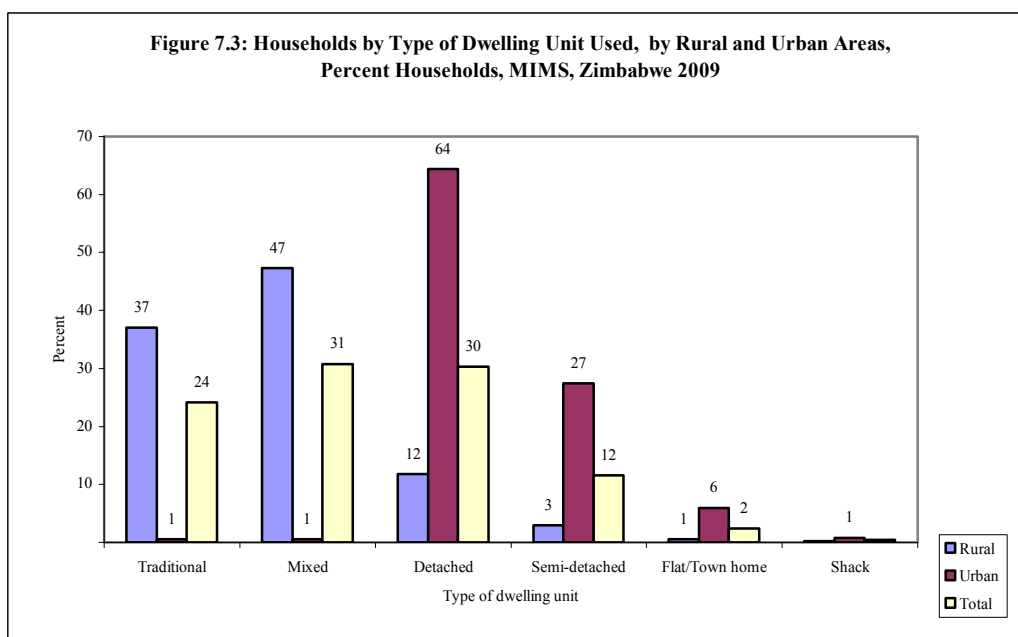
For Manicaland province the highest proportion of households used the mixed type of dwelling unit (45 percent), followed by traditional (23 percent), detached 21 percent) and semi-detached 8 percent. The same pattern prevailed for Masvingo, Mashonaland Central and Mashonaland West. For Masvingo province the highest proportion of households used the mixed type of dwelling unit (45 percent), followed by traditional (26 percent), detached 19 percent) and semi-detached 9 percent, whilst for Mashonaland Central, the mixed type of dwelling was used by 44 percent, followed by traditional (42 percent), detached 11 percent) and semi-detached 3 percent. For Mashonaland West the pattern was as follows; mixed (31 percent), traditional (28 percent), detached (24 percent) and semi-detached (16 percent).

Amongst all the provinces, Mashonaland East province had the highest proportion of households who were using the mixed type of dwelling unit (55 percent), followed by detached 27 percent), traditional (13 percent), and semi-detached 4 percent. Amongst all the provinces, Matabeleland North had the highest proportion of households using the traditional type of dwelling unit (68 percent), followed by detached (11 percent), and mixed and semi-detached (10 percent each).

Matabeleland South province had the highest proportion of its households using the mixed type of dwelling unit (41 percent), traditional (39 percent), detached 13 percent) and semi-detached 7 percent. Midlands province had the highest proportion of households using the traditional type of dwelling unit (34 percent), followed by the mixed (32 percent), and detached 24 percent and semi-detached (6 percent).

For the predominantly urban provinces of Harare and Bulawayo, most households used the detached type of dwelling unit (67 percent each), followed by semi-detached (29 percent and 18 percent, respectively) and flat/town homes (5 percent and 15 percent, respectively).

7.2.2 Type of Dwelling Walls

In the MIMS, dwelling unit walls were classified into three categories according to the main material used to construct them as follows:

Natural walls: cane/trunks and mud (pole and dagga);
Rudimentary walls: stone with mud, plywood, carton and re-used wood and
Finished walls: cement, stone with lime/cement, bricks, cement blocks and wood planks/shingles.

Nationally, 86 percent of the households were using dwelling units with finished walls. Urban areas had near universal (98 percent) use of dwelling units with finished walls compared to rural areas (79 percent), see Figure 7.4 and Appendix Table A7.9. Use of dwelling units with finished walls increased with education of household head from 70 percent for those with no education to 98 percent for those with higher education. Use of dwelling units with finished walls also increased with household wealth from 37 percent for the lowest wealth quintile to near universal for the middle, fourth and highest quintiles. Bulawayo and Harare provinces, which are predominantly urban, had almost universal use of dwelling units with finished walls. For the predominantly rural provinces, Mashonaland East had the highest proportion (94 percent) of households using dwelling units with finished walls, whilst Matabeleland North had the lowest proportion (31 percent). Overall, three quarters of the households were using dwelling units with brick walls, followed mud/pole and dagga walls (13 percent), cement blocks (6 percent), cement (4 percent) and wood planks/shingles (one percent).

Figure 7.4: Households Using Dwelling Units with Finished Walls, Percent Households, MIMS, Zimbabwe 2009

Category		Percent
Area		
	Urban	98
	Rural	79
Provinces		
	Manicaland	86
	Mashonaland	83
	Mashonaland East	94
	Mashonaland West	83
	Matabeleland North	31
	Matabeleland	68
	Midlands	89
	Masvingo	86
	Harare	99
	Bulawayo	100
Education of		
	None	70
	Primary	79
	Secondary	91
	Higher	98
Wealth Quintile		
	Lowest	37
	Second	89
	Middle	98
	Fourth	98
	Highest	99
Zimbabwe		86

7.2.3 Type of Dwelling Floor

Dwelling unit walls were classified into three categories according to the main material used to construct them as follows:

Natural floors: earth/sand/dung;
Rudimentary floors: wood planks and
Finished floors: parquet or polished wood, vinyl or asphalt strips, ceramic tiles, cement and carpet.

Overall, 65 percent of the households were using dwelling units with finished floors. Urban areas had a very high proportion (96 percent) use of dwelling units with finished floors compared to rural areas (48 percent), see Figure 7.5 and Appendix Table A7.10. Use of dwelling units with finished floors increased with education of household head from 36 percent for those with no education to 92 percent for those with higher education. Use of dwelling units with finished floors also increased with household wealth from an insignificant proportion for the lowest wealth quintile to near universal for the, fourth and highest quintiles. Bulawayo and Harare provinces, which are predominantly urban, had very high proportions (98 percent and 96 percent, respectively) using dwelling units with finished floors. For the predominantly rural provinces, Mashonaland East had the highest proportion (71 percent) of households using dwelling units with finished floors, whilst Matabeleland North had the lowest proportion (29 percent). Nationally, 63 percent of the households were using dwelling units with cement floors, followed by earth/sand and dung (34 percent) and ceramic tiles and carpets (one percent each).

Figure 7.5: Households Using Dwelling Units with Finished Floors, Percent Households, MIMS, Zimbabwe 2009
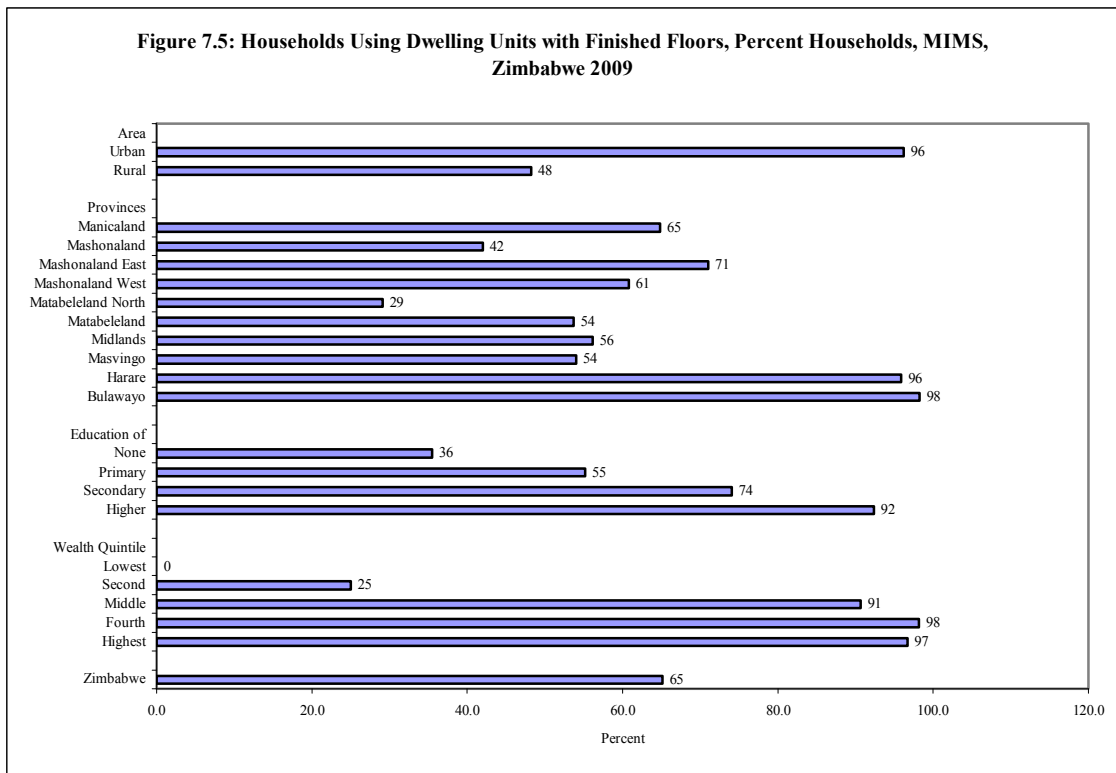
7.2.4 Type of Dwelling Roof

Dwelling unit roofing was classified into three categories according to the main material used to construct it as follows:

Natural roofing: no roof and thatch;
Rudimentary roofing: rustic mat and wood planks and
Finished roofing: metal, wood, asbestos, tiles and cement.

Nationally, 64 percent of the households were using dwelling units with finished roofs. Urban areas had near universal (99 percent) use of dwelling units with finished roofs compared to rural areas (45 percent), see Figure 7.6 and Appendix Table A7.11. Use of dwelling units with finished roofs increased with education of household head from 36 percent for those with no education to 97 percent for those with higher education. Use of dwelling units with finished roofs also increased with household wealth from an insignificant proportion for the lowest wealth quintile to near universal for the fourth and universal for the highest quintiles. Bulawayo and Harare provinces, which are predominantly urban, had almost universal use of dwelling units with finished roofs. For the predominantly rural provinces, Mashonaland East had the highest proportion (64 percent) of households using dwelling units with finished roofs, whilst Matabeleland North had the lowest proportion (29 percent). Overall, 55 percent of the households were using dwelling units with asbestos roofs, followed by thatch (35 percent), metal (6 percent), tiles (3 percent) and cement (one percent).

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Figure 7.6: Households Using Dwelling Units with Finished Roofs, Percent Households MIMS, Zimbabwe 2009

Category	Percent
Area	
Urban	99
Rural	45
Provinces	
Manicaland	67
Mashonaland	41
Mashonaland East	64
Mashonaland West	60
Matabeleland North	29
Matabeleland South	47
Midlands	52
Masvingo	49
Harare	99
Bulawayo	100
Education of	
None	36
Primary	52
Secondary	72
Higher	97
Wealth Quintile	
Lowest	0
Second	15
Middle	89
Fourth	99
Highest	100
Zimbabwe	64

7.2.5 Crowding

The provision of decent accommodation does not only look at type and quality of dwelling structure, but also looks at the density of people using those structures. The MIMS measured the number of sleeping rooms occupied by the household. Over-crowding was measured by looking at the number of sleeping rooms per household and the number of persons per sleeping room. For the number of sleeping rooms per household, the use of three or more sleeping rooms per household is the recommended ideal for healthy housing, while for the number of persons per sleeping room, the recommended average for healthy housing is two person per sleeping room, (WHO, 1988, 2004).

Number of Sleeping Rooms

Nationally, 26 percent of the households were using three or more sleeping rooms, (rural areas -27 percent, urban areas-23 percent), see Figure 7.7 and Appendix Table A7.12. Use of three or more sleeping rooms generally increased with education of household head and household wealth. The proportion of households using three or more sleeping rooms increased with household size, from 4 percent for one member households to 26 percent for five member households and 53 percent for six or more member households. For the predominantly rural provinces, Matabeleland South had the highest proportion (33 percent) of households using three or more sleeping rooms, whilst Mashonaland West had the lowest proportion (21 percent). Bulawayo and Harare provinces, which are predominantly urban, had 27 percent and 22 percent, respectively, of households using three or more sleeping rooms. Overall, 37 percent of the households were using two rooms for sleeping, followed by one room (36 percent), three rooms (19 percent), four rooms (5 percent) and five or more rooms (one percent).

Figure 7.7: Households Using Three or More Sleeping Rooms, Percent Households, MIMS, Zimbabwe 2009

Category	Percent
Area	
Urban	23
Rural	27
Provinces	
Manicaland	29
Mashonaland	24
Mashonaland East	23
Mashonaland West	21
Matabeleland North	28
Matabeleland	33
Midlands	28
Masvingo	28
Harare	22
Bulawayo	27
Household size	
1	4
2	6
3	10
4	16
5	26
6 or more	53
Education of	
None	30
Primary	31
Secondary	18
Higher	34
Wealth Quintile	
Lowest	16
Second	25
Middle	35
Fourth	19
Highest	34
Zimbabwe	26
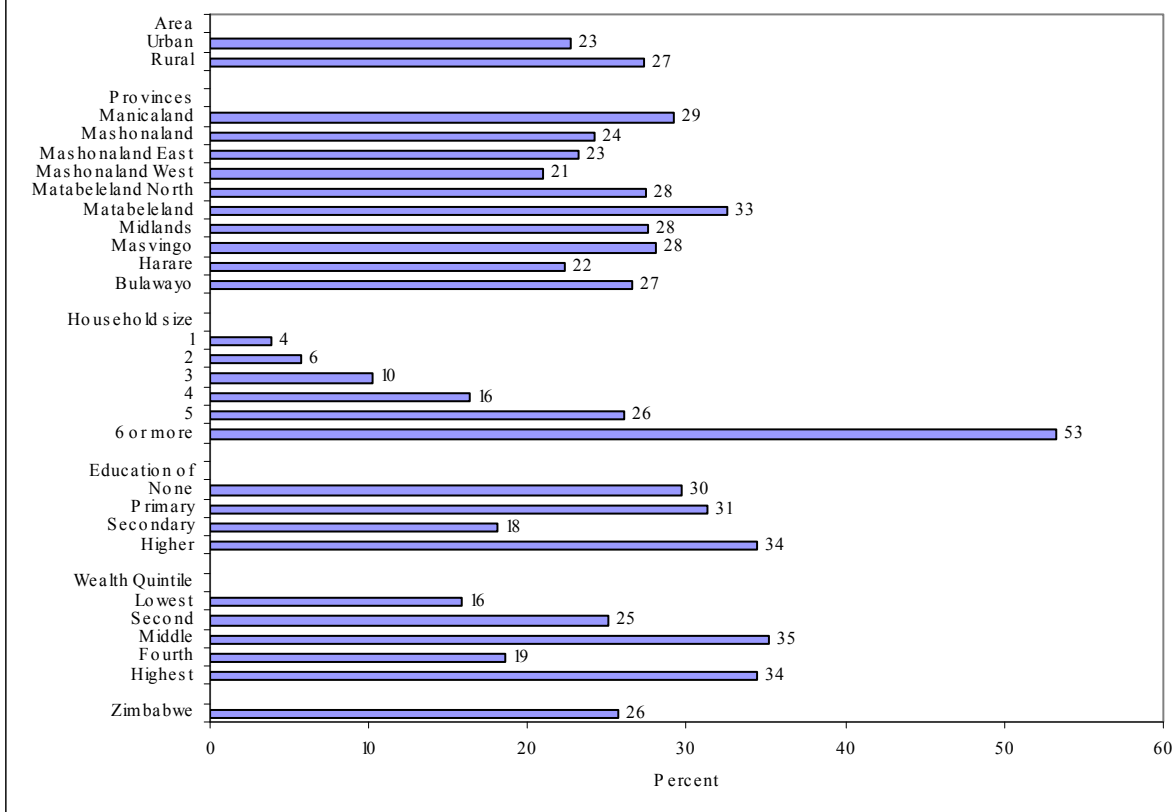
Persons per Room

Nationally, the mean number of persons per sleeping room was 2.5 indicating a general state of over-crowdedness in the population. Rural areas were more overcrowded with a higher mean number of persons per sleeping room (2.6) compared to urban areas (2.3), see Table 7.6. Over-crowdedness decreased with household wealth with no relationship to education of household head. For the predominantly rural provinces, Mashonaland Central and Matabeleland North had the highest had a mean number of persons per sleeping room (2.7 percent each), whilst Manicaland and Masvingo had the lowest (2.4 each). Harare and Bulawayo had mean number of persons per sleeping room of 2.4 and 2.2, respectively.

Table 7.6: Crowding
Mean Number of Household Members per Sleeping Room by Selected Characteristics, MIMS, Zimbabwe, 2009

Background characteristic	Mean no. of persons per sleeping room	Number of households[1]
Province		
Manicaland	2.4	1 571
Mashonaland Central	2.7	1 135
Mashonaland East	2.6	1 160
Mashonaland West	2.6	1 192
Matabeleland North	2.7	601
Matabeleland South	2.5	607
Midlands	2.5	1 368
Masvingo	2.4	1 193
Harare	2.4	1 886
Bulawayo	2.2	657
Area		
Urban	2.3	4 012
Rural	2.6	7 357
Education of household head		
None	2.4	1 065
Primary	2.6	4 234
Secondary	2.6	4 943
Higher	2.1	1 103
Missing/DK	*	23*
Wealth quintile		
Lowest	3.1	2 070
Second	2.7	2 076
Middle	2.3	2 198
Fourth	2.3	2 714
Highest	2.2	2 311
Total	**2.5**	**11 369**

[1] Households with missing information on number of rooms or total number of persons are excluded

7.3 STATUS OF THE ENVIRONMENT AROUND THE HOUSEHOLD

7.3.1 Status of Garbage Disposal Around the Household

The MIMS sort information by enumerator observation, on the general condition of the household neighbourhood regarding the status of garbage disposal around the household. The possible answer options were: lots of uncollected garbage; some uncollected garbage; very little garbage; no garbage visible and other. The desired healthy situation is to have no garbage visible within the household neighbourhood. Nationally, 54 percent of the households had a neighbourhood with no garbage visible, 27 percent had very little garbage, 11 percent had some uncollected garbage and 7 percent had lots of uncollected garbage, see Table 7.7.

For households with no garbage visible in the neighbourhood, rural areas had a higher proportion (62 percent) compared to urban areas (40 percent). The proportion of households with no garbage visible in the neighbourhood had no relationship with education of household head and household wealth. For the predominantly rural provinces, Mashonaland East had the highest proportion (73 percent) of households with no garbage visible in the neighbourhood, whilst Mashonaland West had the lowest proportion (49 percent), followed by Mashonaland Central with 50 percent. Bulawayo and Harare provinces, which are predominantly urban, had 55 percent and 18 percent, respectively, of households with no garbage visible in the neighbourhood.

Table 7.7: Status of Garbage Disposal Around the Household
Percent Distribution of Households According to Status of Garbage Disposal Around the Household, MIMS, Zimbabwe, 2009

Background characteristic	General condition of neighborhood					Total Percent	Number of households
	Lots of uncollected garbage	Some uncollected garbage	Very little garbage	No garbage visible	Other/ Missing		
Province							
Manicaland	0.8	5.9	24.5	68.8	0.1	100.0	1 582
Mashonaland Central	2.7	10.2	37.1	50.1	0.0	100.0	1 141
Mashonaland East	0.6	4.6	21.9	72.9	0.0	100.0	1 172
Mashonaland West	1.5	9.6	39.7	49.1	0.2	100.0	1 200
Matabeleland North	2.5	8.7	24.9	63.8	0.1	100.0	611
Matabeleland South	2.6	6.1	33.2	58.0	0.0	100.0	610
Midlands	3.2	5.7	32.4	58.4	0.2	100.0	1 380
Masvingo	0.8	3.4	26.6	69.0	0.1	100.0	1 207
Harare	34.2	32.6	14.4	17.9	0.8	100.0	1 907
Bulawayo	6.2	8.1	30.7	54.6	0.4	100.0	659
Area							
Urban	18.3	20.8	20.7	39.7	0.5	100.0	4 049
Rural	1.5	5.7	31.1	61.7	0.1	100.0	7 420
Education of household head							
None	2.4	7.3	34.8	55.4	0.1	100.0	1 070
Primary	4.0	8.0	29.2	58.6	0.2	100.0	4 269
Secondary	10.0	12.9	26.2	50.6	0.3	100.0	4 998
Higher	13.8	17.5	18.8	49.5	0.3	100.0	1 108
Missing/DK	*	*	*	*	*	*	24*
Wealth quintile							
Lowest	2.4	7.3	37.4	52.8	0.0	100.0	2 092
Second	1.3	6.4	32.3	59.9	0.1	100.0	2 090
Middle	.8	4.8	27.7	66.6	0.0	100.0	2 217
Fourth	11.6	15.8	23.6	48.5	0.5	100.0	2 740
Highest	18.7	18.8	18.2	43.9	0.4	100.0	2 330
Total	**7.4**	**11.0**	**27.4**	**53.9**	**0.2**	**100.0**	**11 469**

7.3.2 Refuse Disposal

The MIMS collected information by enumerator observation, on the refuse disposal method by the household. The possible answer options were: garbage collected; dumped in public container; dumped in public dump; dumped elsewhere; burnt by household; buried by household; dumped in rubbish pit and other. The safe refuse dumping methods were garbage: collected; dumped in public container; dumped in public dump and dumped in rubbish pit. Nationally, 49 percent of the households dumped garbage in a rubbish pit, followed by those who dumped garbage elsewhere (30 percent), burnt garbage (7 percent), buried garbage , dumped garbage in public dump and had garbage collected (4 percent each) and dumped garbage in public container (2 percent), see Appendix Table A7.13.

Figure 7.8: Households Using the Appropriate Refuse Disposal Method, Percent Households MIMS, Zimbabwe 2009
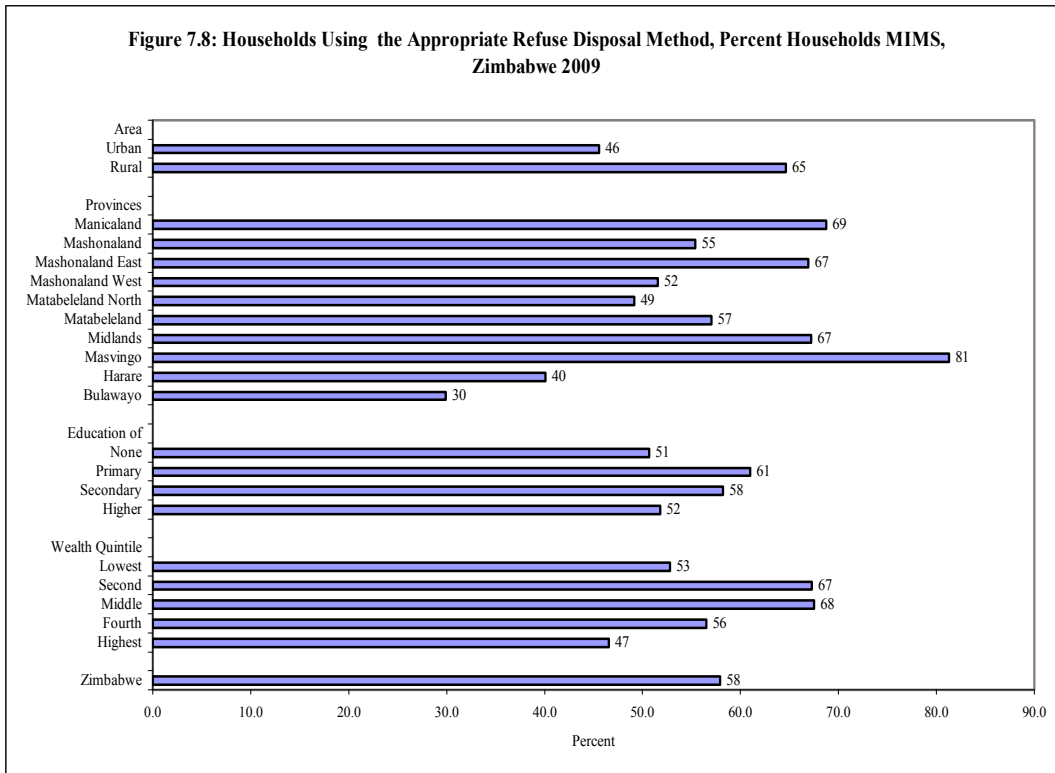
Nationally, 58 percent of the households used a safe refuse disposal method. For households who used a safe refuse disposal method, rural areas had a higher proportion (65 percent) compared to urban areas (46 percent), see Figure 7.8 and Appendix Table A7.13. The proportion of households who used a safe refuse disposal method had no relationship with education of household head and household wealth. For the predominantly rural provinces, Masvingo had the highest proportion (81 percent) of households who used a safe refuse disposal method, whilst Matabeleland North had the lowest proportion (49 percent). Harare and Bulawayo provinces, which are predominantly urban, had 40 percent and 30 percent, respectively, of households who used a safe refuse disposal method.

7.3.3 Excreta Condition Around the Household

Regarding the general condition of the area immediately around the house with respect to excreta removal, the MIMS sort information, by enumerator observation, under the following possible answer options: heavy defecation in area/raw sewage running close to house; some defecation in area/raw sewage near house; very little excreta visible; no excreta visible; very clean and recently swept and other. The desired healthy situation is to have no excreta visible and very clean and recently swept area immediately around the house. Nationally, 55 percent of the households had no excreta visible, followed by very clean and recently swept (32 percent), very little excreta visible (9 percent), and some defecation in area/raw sewage near house and heavy defecation in area/raw sewage running close to house (2 percent each), see Appendix Table A7.14.

For households with no excreta visible and very clean and recently swept area immediately around the house, rural areas had a higher proportion (88 percent) compared to urban areas (84 percent), see Figure 7.9 and Appendix Table A7.14. The proportion of households with no excreta visible and very clean and recently swept area immediately around the house had no relationship with education of household head and household wealth. For the predominantly rural provinces, Manicaland had the highest proportion (97 percent) of households with no excreta visible and very clean and recently swept area immediately around the house, whilst

Midlands had the lowest proportion (68 percent). Bulawayo and Harare provinces, which are predominantly urban, had 94 percent and 81 percent, respectively, of households with no excreta visible and very clean and recently swept area immediately around the house.

Figure 7.9: Households with No Excreta Visible and Very Clean Recently Swept Area Immediately Around the House, Percent Households MIMS, Zimbabwe 2009

Category	Percent
Area	
Urban	84
Rural	88
Provinces	
Manicaland	96
Mashonaland Central	83
Mashonaland East	92
Mashonaland West	88
Matabeleland North	95
Matabeleland South	80
Midlands	68
Masvingo	95
Harare	81
Bulawayo	94
Education of household head	
None	86
Primary	87
Secondary	85
Higher	90
Wealth Quintile	
Lowest	83
Second	86
Middle	91
Fourth	86
Highest	86
Zimbabwe	87

7.3.4 Use of Area Around the House

The MIMS collected information by enumerator observation, on the use of the area around the respondent's house in order to assess air and noise pollution as well as congestion, among others. The possible answer options were: mostly residential houses; mostly commercial buildings; mostly open space used for farming/livestock; mostly open space not used; mostly factories/manufacturing/industrial buildings and other. The appropriate use of the area around the house were; mostly residential houses, mostly open space used for farming/livestock and mostly open space not used. Nationally, half of the households (51 percent) had the area around their houses being mostly open space used for farming/livestock, followed by mostly residential houses (45 percent), mostly open space not used (3 percent), mostly commercial buildings (one percent) and an insignificant proportion reported that the area around their house was mostly used for factories/manufacturing/industrial buildings, see Figure 7.10 and Appendix Table A7.15.

Figure 7.10: Households with Appropriate Characteristics of the Residential Area, Percent Households MIMS, Zimbabwe 2009
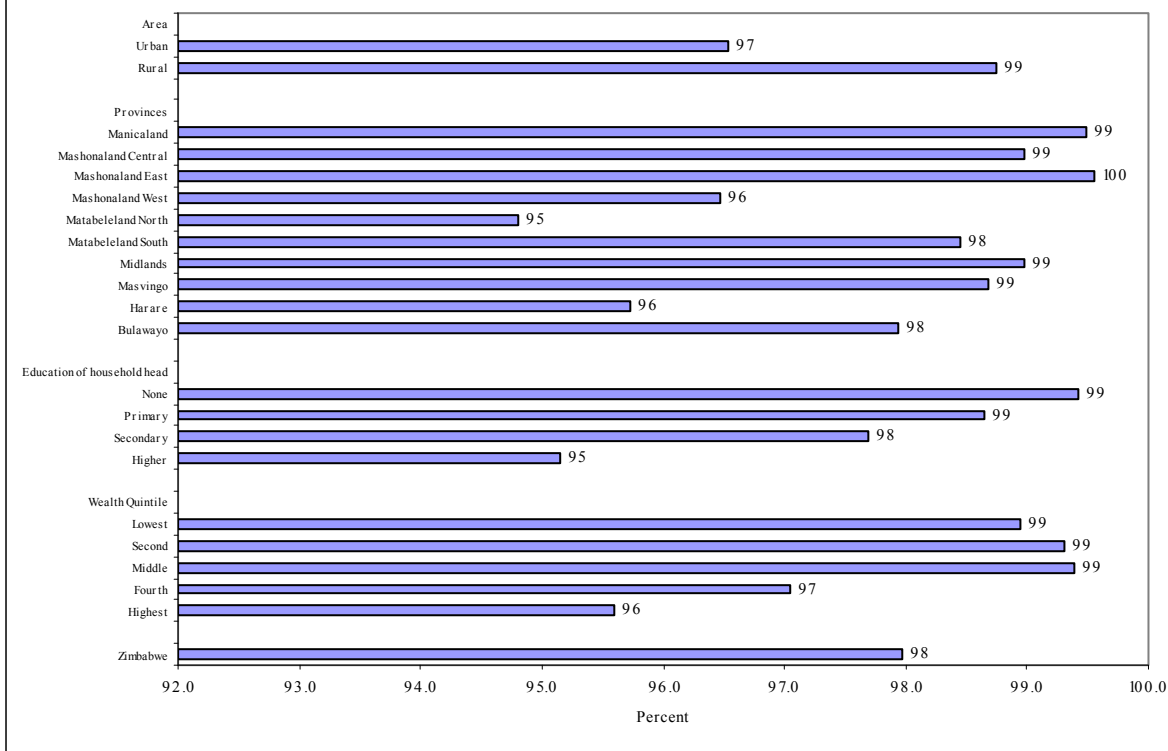
Nationally, 98 percent of the households had the area around their houses being used appropriately. The proportion of households who had the area around their houses being used appropriately was very high in both rural and urban areas at 99 percent and 97 percent, respectively, see Figure 7.10 and Appendix Table A7.15. The proportion of households who had the area around their houses being used appropriately decreased with education of household head and household wealth. For the predominantly rural provinces, Mashonaland East had universal appropriate usage of area around the house, whilst Matabeleland North had the lowest proportion (95 percent). Bulawayo and Harare provinces, which are predominantly urban, had 98 percent and 96 percent, respectively, of households that had the area around their houses being used appropriately.

7.3.5 Air Quality Condition in the Household Neighbourhood

The MIMS sought information by enumerator observation, on the air quality in the neighbourhood. The possible answer options were: smell of burning garbage; smoky because of fires for cooking, etc; smell of bad water/sewerage; fumes from cars/trucks; fumes/smell from factories; very dusty and none of the above. All the options except the last one indicated that there was some air pollution in the neighbourhood. A high proportion of households (83 percent) had no air pollution in the neighbourhood, followed by those that had air polluted due to; smoke from fires for cooking (8 percent), smell of bad water/sewerage (5 percent), smell of burning garbage, fumes from cars/trucks and being very dusty (2 percent each) and fumes/smell from factories (one percent), see Figure 7.11 and Appendix Table A7.16.

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Figure 7.11: Households with the No Air Pollution in the Neighbourhood, Percent Households MIMS, Zimbabwe 2009
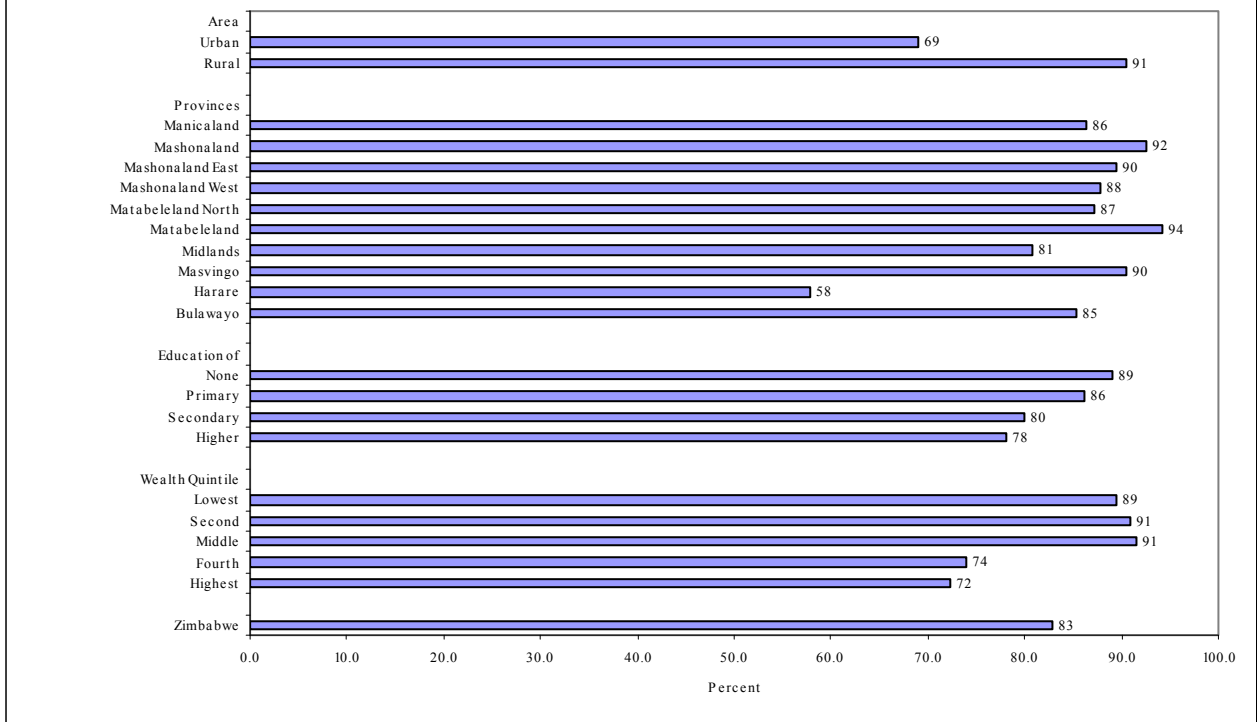
Category	Percent
Area	
Urban	69
Rural	91
Provinces	
Manicaland	86
Mashonaland	92
Mashonaland East	90
Mashonaland West	88
Matabeleland North	87
Matabeleland	94
Midlands	81
Masvingo	90
Harare	58
Bulawayo	85
Education of	
None	89
Primary	86
Secondary	80
Higher	78
Wealth Quintile	
Lowest	89
Second	91
Middle	91
Fourth	74
Highest	72
Zimbabwe	83

The proportion of households that had no air pollution in the neighbourhood was higher in rural areas (91 percent) than urban areas (69 percent), see Figure 7.11 and Appendix Table A7.16. The proportion of households that had no air pollution in the neighbourhood decreased with education of household head and generally with household wealth. For the predominantly rural provinces, Matabeleland South had the highest proportion of households that had no air pollution in the neighbourhood (94 percent), whilst Midlands had the lowest proportion (81 percent). Harare and Bulawayo provinces, which are predominantly urban, had 85 percent and 58 percent, respectively, of households that had no air pollution in the neighbourhood.

CHAPTER 8

REPRODUCTIVE HEALTH

The survival and well being of both the mother and the new born baby depends on the health care that a mother receives during pregnancy (antenatal care-ANC), delivery and after delivery (postnatal care). Poor maternal health care can lead to the death of mothers from preventable causes such as bleeding after child birth, malaria, puerperal sepsis, anaemia, ruptured uterus and eclampsia. Complications, which can occur at any time during pregnancy and childbirth without forewarning, require prompt access to quality obstetric services equipped to provide lifesaving drugs, antibiotics and transfusions and to perform the caesarean sections and other surgical interventions that prevent deaths from obstructed labour. According to the Ministry of Health and Child Welfare, in Zimbabwe, HIV and AIDS defining conditions are the major contributory factors to maternal deaths, in the context of a weakened health delivery system under severe economic hardships. In addition, effective and safe contraception is essential for maternal health as it minimizes the risk of exposure to pregnancy. Furthermore, appropriate child spacing reduces the risk of early child deaths.

This chapter presents information on fertility and maternal health including contraception, ANC coverage, assistance at delivery and place of delivery.

8.1 FERTILITY

Birth histories of women aged 15-49 years were reported in the MIMS and used to calculate the total fertility rate. The total fertility rate (TFR), a measure of current fertility, is defined as the number of children a woman would have by the end of her child-bearing years if she were to pass through those years bearing children at the currently observed age-specific fertility rates. Evidence from the previous ZDHS reports show that the TFR has been decreasing from 5.5 children per woman (1984-1988), 4.3 (1991-1994), 4.0 (1996-1999), and 3.8 for the 3-years preceding the ZDHS 2005/06. Zimbabwe's TFR for the 3-year period preceding the MIMS survey was 3.7 children per woman. Rural areas had a higher TFR (4.4 children per woman) than the urban areas (2.6 children per woman). The TFR decreased with increase in the level of education of woman and household wealth, see Figure 8.1 and Appendix Table A8.1. For the predominantly rural provinces, Matabeleland North had the highest TFR of 4.8 children per woman, whilst Mashonaland East had the lowest (3.8 children per woman). Harare and Bulawayo provinces, which are predominantly urban, had TFRs of 2.5 children per woman and 2.7 children per woman, respectively.

8.2 CONTRACEPTION

Contraceptive prevalence is one of the principal determinants of fertility. Appropriate family planning is important to the health of women and children as it prevents pregnancies that are too early or too late, extends the period between births and limits the number of children. One of A World Fit for Children (WFFC) goals is that of access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many. Contraception is important, particularly for women in the reproductive age group 15-49 years who are sexually active because these women have the greatest risk of exposure to pregnancy and therefore need to regulate their fertility. Since 1988, knowledge of family planning methods has become universal in Zimbabwe, with at least 98 percent of the currently married women knowing a modern family planning method (ZDHS 2005/06)[13].

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[13] In the ZDHS 2005/06 lactational amenorrhoea method (LAM) was classified as a modern method of family planning. However, the proportion of women using LAM is insignificant in the ZDHS 2005/05 and the MIMS.

Family planning methods are grouped into two broad categories, namely modern methods and traditional methods. Modern family planning methods are further categorised into three subgroups, that is, *short term methods* (oral contraceptive pills, condoms, and emergency contraception); *long term methods* (injectables, implants, and intrauterine devices or IUDs); and *permanent methods* (female and male sterilisation). Traditional methods consist of the lactational amenorrhoea method (LAM), periodic abstinence, withdrawal, and various folk methods such as strings and herbs.

Figure 8.1:Total Fertility Rates for the 3 Years Preceding the Survey, MIMS, Zimbabwe, 2009

Category	TFR
Area	
Urban	2.6
Rural	4.4
Province	
Manicaland	4.3
Mashonaland Central	4.1
Mashonaland East	3.8
Mashonaland West	3.9
Matabeleland North	4.8
Matabeleland South	4.4
Midlands	3.9
Masvingo	4.3
Harare	2.5
Bulawayo	2.7
Education	
None	4.8
Primary	4.6
Secondary +	3.3
Wealth quintile	
Poorest	5.6
Second	4.5
Middle	3.8
Fourth	3.3
Richest	2.4
Zimbabwe	3.7

8.2.1 Contraceptive Prevalence

The MIMS asked all married women and those in union aged between 15-49 years whether they were using (or partner was using) any method to regulate their fertility. The contraceptive prevalence rate (CPR) for Zimbabwe which measures the percentage of currently married women or in union aged 15-49 years who were using (or whose partner was using) a family planning method, which was increasing since 1984 was relatively high at 65 percent. However, Zimbabwe still has some way to go in order to satisfy the unmet family planning need. Urban areas had a higher CPR of 69 percent than rural areas (63 percent), see Table 8.1 and Appendix Table A8.2. According to the ZDHS reports the percentage of currently married women[14] who were using any method were as follows: 38 percent (1984), 43 percent (1988), 48 percent (1999) and 60 percent (2005/06). Results of the MIMS showed that 63 percent of the women used the modern method of family planning whilst only 2 percent used the traditional method. Women in urban areas had a higher proportion (67 percent) which was using any modern method of family planning than rural areas (61 percent). The women's education level was strongly associated with contraceptive prevalence. The percentage of women using any method of contraception rose from 51 percent among those with no education to 59 percent among women with primary education, and to 68 percent among women with secondary and 69 percent for those with higher education.

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[14] In the ZDHS reports a woman was considered married if they considered themselves as such, even if they were co-habiting, without any registration of their marriage or being married under customary law. This meant that most women in union would be grouped under married.

Table 8.1: Use of Contraception
Percentage of Women Aged 15-49 Years Currently Married or in Union Who are Using (or Whose Partner is Using) a Contraceptive Method, MIMS, Zimbabwe, 2009

Background characteristic	Percent of women (currently married or in union) who are using:				Number of women
	Not using any method	Any modern method	Any traditional method	Any method	
Province					
Manicaland	37.5	59.8	2.7	62.5	894
Mashonaland Central	30.2	68.6	1.1	69.8	753
Mashonaland East	32.3	62.8	5.0	67.7	679
Mashonaland West	32.4	66.2	1.4	67.6	715
Matabeleland North	49.4	50.6	0.0	50.6	325
Matabeleland South	54.0	45.6	0.3	46.0	301
Midlands	32.8	65.6	1.7	67.2	828
Masvingo	38.4	59.0	2.6	61.6	703
Harare	30.1	69.2	0.7	69.9	1 142
Bulawayo	35.1	61.7	3.3	64.9	337
Area					
Urban	31.1	67.3	1.6	68.9	2 335
Rural	37.2	60.7	2.1	62.8	4 342
Age of woman					
15-19	59.9	38.3	1.8	40.1	558
20-24	35.4	63.3	1.3	64.6	1 547
25-29	29.7	68.6	1.7	70.3	1 620
30-34	26.1	71.6	2.2	73.9	1 128
35-39	29.2	68.0	2.8	70.8	835
40-44	36.3	61.7	2.0	63.7	556
45-49	54.5	42.7	2.8	45.5	432
No. of living children					
0	94.8	4.8	0.4	5.2	580
1	33.9	64.7	1.4	66.1	1 634
2	24.7	73.6	1.7	75.3	1 680
3	23.8	74.5	1.7	76.2	1 178
4+	33.6	62.9	3.5	66.4	1 605
Education of woman					
None	49.4	48.5	2.2	50.6	219
Primary	40.6	57.0	2.4	59.4	2 161
Secondary	31.6	66.8	1.6	68.4	3 831
Higher	30.9	66.5	2.6	69.1	466
Wealth quintiles					
Lowest	41.9	55.3	2.8	58.1	1 314
Second	35.8	62.0	2.2	64.2	1 292
Middle	37.2	61.2	1.6	62.8	1 158
Fourth	31.1	67.7	1.2	68.9	1 498
Highest	30.5	67.6	1.8	69.5	1 415
Total	**35.1**	**63.0**	**1.9**	**64.9**	**6 677**

The CPR increased with the age of woman, peaking at age 30-34 years at 74 percent, and declining thereafter, see Table 8.1 and Appendix Table A8.2. Adolescents are far less likely to use contraception than older women. About 40 percent of married or in union women aged 15-19 years were using a method of contraception at the time of the survey, compared to, for example, 65 percent of the 20-24 year olds and 70 percent of those aged 25-29 years, 71 percent of those aged 35-39 years. As expected the proportion of women using any contraception method, was lowest for those with no living children at 5 percent, rising to 76 percent for those with 3 children before falling to 66 percent for those with 4 children and above. Contraception also generally improved with household wealth, with a CPR of 58 percent

for the lowest quintile, compared to 70 percent in the highest wealth quintile. Harare and Mashonaland Central had the highest CPR of 70 percent each while Matabeleland South had the lowest (46 percent).

Conversely, the proportion of women aged 15-49 years not using any method was highest for those with no living children (95 percent) and decreased to 24 percent for those with 3 children before rising to 34 percent for those with 4 children and above, see Table 8.1 and Appendix Table A8.2. The proportion of women using any modern method, followed the same pattern as for those using any method with the lowest CPR (5 percent), being for those with no living children, rising to 75 percent for those with 3 children before falling to 63 percent for those with 4 children and above. Although very small proportions of women used the traditional method of family planning, the pattern followed that of those using any method.

The proportion of women not using any method of family planning decreased with education of woman whilst that of women using any modern method increased with education of woman. There was no relationship between use of any traditional method and education of woman. In addition, the proportion of women not using any method of family planning generally decreased with household wealth whilst that of women using any modern method generally increased with household wealth. There was no relationship between use of any traditional method and household wealth.

8.2.2 Perceived Timing of Last Birth

The majority (65 percent) of the women aged 15-49 years with a live birth during two years preceding the survey reported that they wanted their last birth then, 26 percent wanted it later whilst 8 percent did not want any more children. This implies that 34 percent of the women did not want to have children then and later. Rural areas had a higher proportion (35 percent) of women who did not want to have children then and later than urban areas (31 percent), see Table 8.2. The proportion of women who did not want to have children then and later decreased with education of woman and household wealth and generally increased with age of woman. For the predominantly rural provinces, Matabeleland South had the highest proportion (49 percent) of women who did not want to have children then and later, whilst Manicaland and Mashonaland Central had the lowest proportion (30 percent each) followed by Midlands (31 percent). Bulawayo and Harare had proportions of 35 percent and 28 percent, respectively. Of those women who were currently using contraception, 30 percent of them did not want to have children then and later compared to 42 percent for those not currently using any contraception.

Table 8.2: Perceived Timing of Last Birth
Percentage of Women Aged 15-49 Years with a Live Birth During Last Two Years by Perceived Timing of their Last Birth, MIMS, Zimbabwe, 2009

Background characteristic	Wanted last child				Total percent	Wanted last child Later and no more combined	Number of women with a live birth during the past two years
	Then	Later	No more	Missing			
Province							
Manicaland	69.8	22.6	7.0	0.6	100.0	29.6	404
Mashonaland Central	68.9	26.5	3.9	0.7	100.0	30.4	311
Mashonaland East	61.9	28.1	9.0	1.0	100.0	37.1	243
Mashonaland West	66.0	25.5	7.6	0.9	100.0	33.1	310
Matabeleland North	58.8	32.2	8.5	0.5	100.0	40.7	188
Matabeleland South	51.3	41.0	7.5	0.2	100.0	48.5	166
Midlands	66.7	20.4	10.5	2.4	100.0	30.9	341
Masvingo	64.5	28.9	6.6	0.0	100.0	35.5	335
Harare	70.4	23.0	4.6	1.9	100.0	27.7	374
Bulawayo	64.7	23.5	11.4	0.4	100.0	34.9	128
Area							
Urban	68.0	23.4	7.3	1.3	100.0	30.7	799
Rural	64.6	27.3	7.3	0.8	100.0	34.6	2 000
Age of Woman							
15-19	67.3	29.8	2.0	0.9	100.0	31.8	374
20-24	69.7	26.0	3.5	0.8	100.0	29.5	934
25-29	68.6	24.8	5.5	1.2	100.0	30.2	764
30-34	61.3	28.6	9.9	0.3	100.0	38.4	415
35-39	54.4	24.6	18.7	2.3	100.0	43.4	221
40-44	39.5	20.9	39.6	0.0	100.0	60.5	74
45-49	*	*	*	*	100.0	*	19*
Education of Woman							
None	59.9	20.1	17.1	2.9	100.0	37.2	53
Primary	63.2	26.9	8.8	1.1	100.0	35.7	925
Secondary	66.8	26.2	6.2	0.8	100.0	32.4	1 685
Higher	69.6	23.2	6.6	0.6	100.0	29.8	137
Current use of Contraception							
Using	69.8	23.0	6.5	0.7	100.0	29.5	1 939
Not using	56.1	33.2	9.1	1.6	100.0	42.3	860
Wealth Quintiles							
Lowest	62.1	30.0	7.0	0.9	100.0	37.0	725
Second	65.0	26.3	8.4	0.3	100.0	34.7	560
Middle	64.8	27.9	6.6	0.7	100.0	34.5	500
Fourth	65.5	25.7	7.5	1.4	100.0	33.1	579
Highest	73.3	18.2	6.8	1.7	100.0	25.0	436
Total	**65.6**	**26.2**	**7.3**	**1.0**	**100.0**	**33.5**	**2 799**

8.2.3   Method of Contraception

The most common method of contraception was the pill (50 percent), followed by injectables (8 percent) and implants and male condom (2 percent each), while 35 percent of the women did not use any contraception, see Table 8.3 and Appendix Table A8.2. Less than one percent of the women used female sterilization, male sterilization, IUD, female condom, diaphragm/foam jelly, periodic abstinence, withdrawal and the lactational amenorrhea method (LAM). The same picture has prevailed since the ZDHS 2005/06 were most common current method of contraception for currently married was the pill (43 percent), followed by injectables (10 percent) while 40 percent of the women did not use any contraception.

Table 8.3: Use of contraception

Percentage of Women Aged 15-49 Years , Married or in Union, Who are Using (or whose Partner is Using) a Contraceptive Method by Method of Contraception, MIMS, Zimbabwe 2009

Method of contraception	Percentage
Modern methods	
Female Sterilization	0.5
Male Sterilization	0.1
Pill	49.9
Intrauterine devices (IUD)	0.4
Injectables	8.3
Implants	2.0
Male condom	1.5
Female condom	0.2
Diaphragm/foam/jelly	0.2
Traditional methods	
Lactational amenorrhea method (LAM)	0.9
Periodic abstinence	0.2
Withdrawal	0.5
Other	0.3
Not using any method	35.1
Total percent	**100.0**
Any modern method	63.0
Any traditional method	1.9
Any method	64.9
Total number of women	**6 677**

8.3 ANTENATAL CARE (ANC) COVERAGE

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 ANC 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 sexually transmitted infections (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.

According to World Health Organization (WHO) Focused Antenatal Care Protocol, 2001/02 which Zimbabwe is party to, a pregnant woman should seek antenatal care within 16 weeks of gestation. The 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 content on antenatal care visits, which include:
- Blood pressure measurement;
- Urine testing for bateriuria and proteinuria;
- Blood testing to detect syphilis and severe anaemia; and
- Weight/height measurement (optional).

The MIMS asked women aged 15-49 years with a live birth during the two years preceding the survey whether they had sought antenatal care, who had attended to them, how many months pregnant they were when they first received ANC and how many times they had received this care. Furthermore, women were asked whether they had been weighed, had had their blood pressure measured and whether they had had urine and blood samples taken.

8.3.1 Access to Antenatal Care

Antenatal care from a trained[15] provider is important in order to monitor the pregnancy, and allow early detection and management of complications for the mother and child during pregnancy. For Zimbabwe, the proportion of women aged 15-49 years who gave birth in the two years preceding the survey and who received ANC during pregnancy for the recommended four or more times remained low at 57 percent. Urban areas had a higher proportion (60 percent) of women who received ANC during pregnancy four or more times compared to rural areas (56 percent), see Figure 8.2 and Appendix Table A8.3. ANC coverage increased with education of mother and household wealth and had no relationship with age of woman. For the predominantly rural provinces, Manicaland had the highest proportion (63 percent) whilst Midlands had the lowest proportion (50 percent), followed by Matabeleland North (51 percent). Bulawayo and Harare province had low proportions of 58 percent and 54 percent, respectively. For the ZDHS 2005/06 the percentage of women who had a most recent live birth in the five years preceding the survey who received ANC during pregnancy for the recommended four or more times was 71 percent.

However, nationally, 93 percent of women aged 15-49 years who gave birth in two years preceding the survey received ANC during pregnancy at least once. Generally, there were no major differences of ANC coverage by rural and urban areas, age of mother, education of mother and wealth. For the predominantly rural provinces, all the provinces had high ANC coverage above 90 percent, with the exception of Midlands province at 88 percent, see Appendix Table A8.6. Comparing Harare and Bulawayo provinces, the latter had higher ANC coverage (96 percent) than the former (92 percent).

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[15] Doctor, nurse, midwife.

Figure 8.2: The Proportion of Women Aged 15-49 years who Gave Birth in the Two Years Preceding the Survey and who Received Antenatal Care During Pregnancy for the Recommended Four or More Times , MIMS, Zimbabwe, 2009
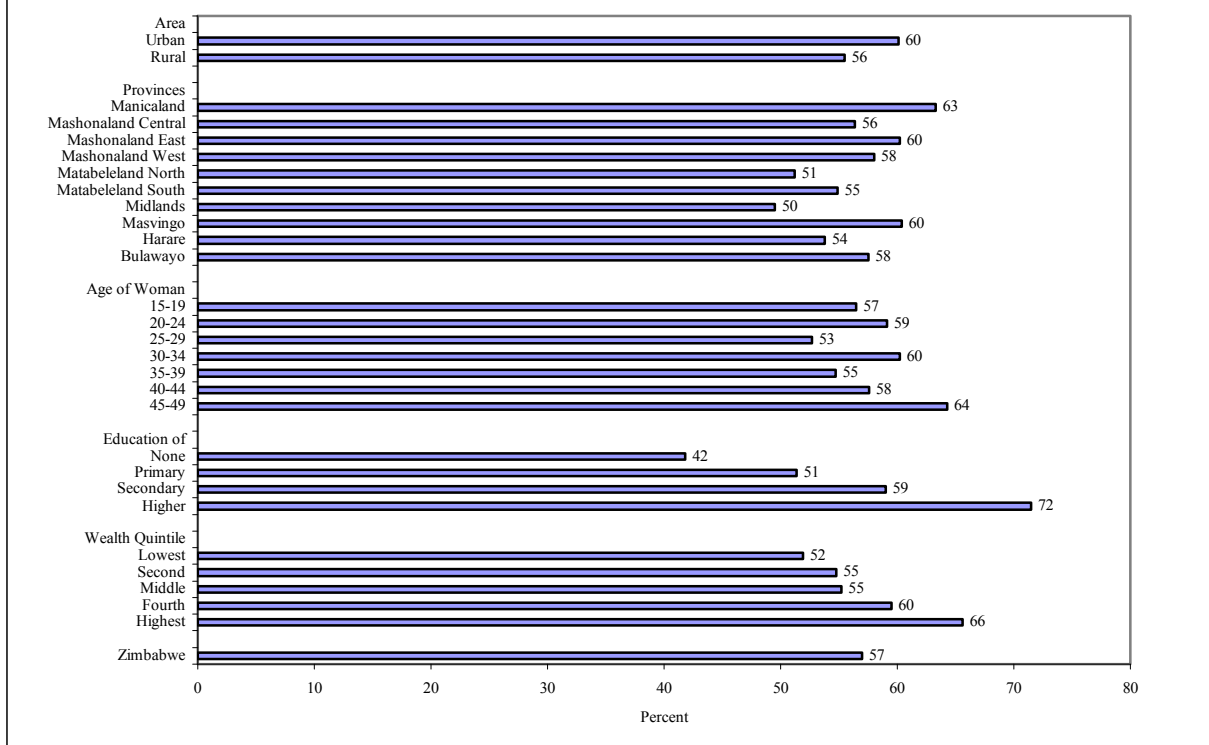
8.3.2 Pregnancy Duration at First Antenatal Care Visit

In the MIMS all women aged 15-49 years with a live birth in the two years preceding the survey were asked how many months pregnant they were when they received the first antenatal care for their last birth. The largest proportion of women (21 percent) were 6 months pregnant when they attended the first ANC visit for their last birth, followed by 5 months (20 percent), 4 months (16 percent), 7 months (13 percent), 3 months (12 percent), 8 months (5 percent), 2 months (2 percent), and 9 months and one month (one percent each), see Appendix Table A8.3. Seven (7 percent) of the women did not receive ANC at all.

Considering the WHO recommended gestation at first ANC of 0-4 months, nationally, timely first ANC visit was low, with 31 percent of the women aged 15-49 years having attended the first ANC visit within this period (rural areas-32 percent, urban areas-30 percent). Timely first ANC visit increased with education of woman and generally with wealth and had no relationship with age of woman, see Appendix Table A8.4. For the predominantly rural provinces, Masvingo had the highest proportion of women who attended the first ANC visit within 0-4 months (43 percent), whilst Matabeleland North and Matabeleland South had the lowest proportions of 23 percent each. Harare and Bulawayo had proportions of 27 percent and 26 percent, respectively.

Figure 8.3: Women Aged 15-49 Years who Gave Birth in the Two Years Preceding the Survey, who Attended First Antenal Care During 0-4 Months of Pregnancy, Percentage Women, MIMS, Zimbabwe, 2009
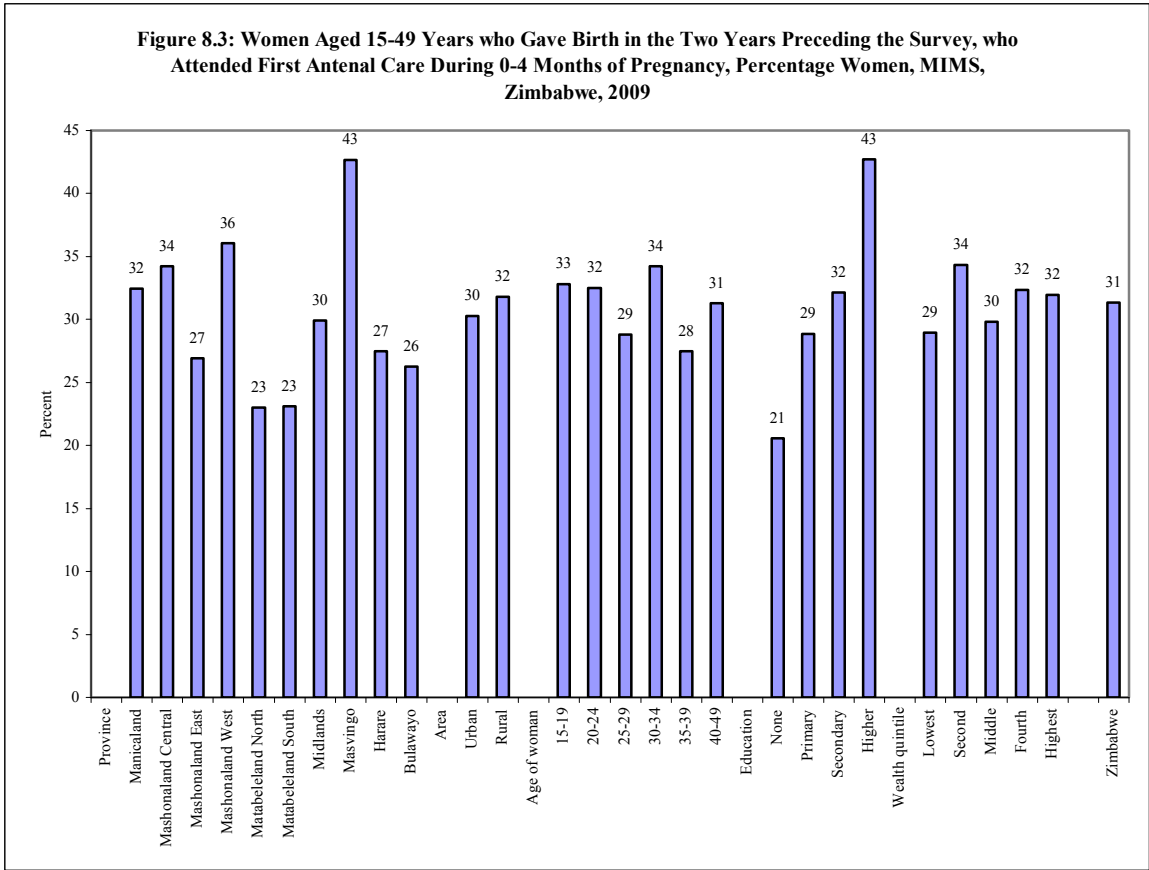
8.3.3 Personnel Providing Antenatal Care

The type of personnel providing antenatal care to women aged 15-49 years who gave birth in the two years preceding the survey is presented in Figure 8.4 and Appendix Table A8.5. Most women (79 percent) received ANC from nurses and midwives whilst 9 percent received this care from medical doctors and one percent each from trained traditional birth attendant (TBA), untrained traditional birth attendant and relatives and friends.

Figure 8.4: Percent Distribution of Women Aged 15-49 Years who Gave Birth in the Two Years Preceding the Survey by Type of Personnel Providing Antenatal Care, MIMS, Zimbabwe, 2009

Note: If the respondent mentioned more than one provider, only the most qualified provider is considered.
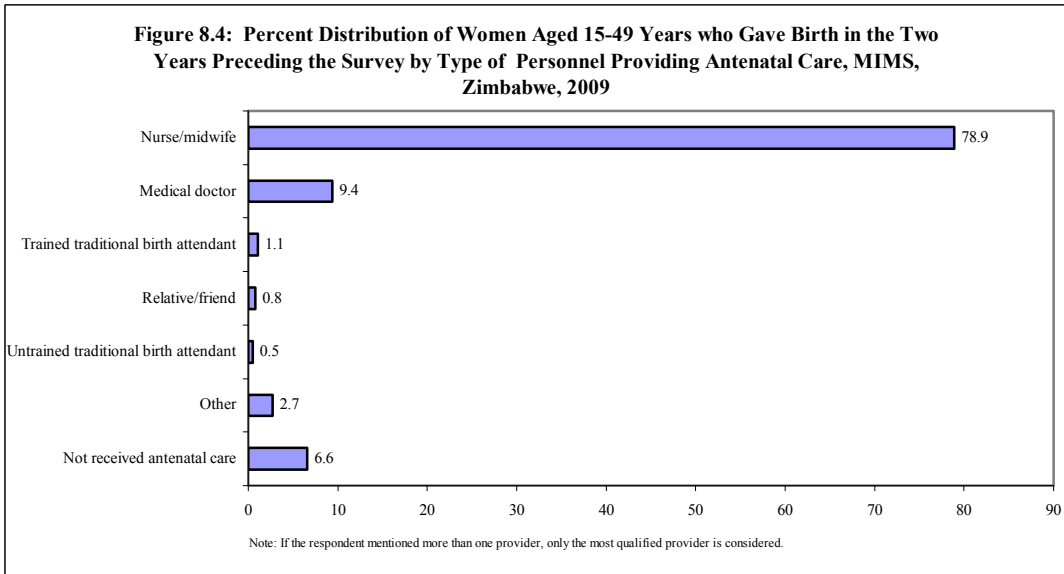
Nationally, 88 percent of women aged 15-49 years were attended to by any skilled health personnel (medical doctor, nurse or midwife) during their ANC visits. Women in urban areas were more likely (91 percent) to be attended to by skilled health personnel during ANC visits

than rural ones (88 percent). ANC attendance by skilled health personnel generally increased with education of woman and household wealth and had no relationship with age of woman, see Appendix Table A8.5. Bulawayo and Harare had the highest proportions of women attended to by skilled health personnel during their ANC visits (93 percent and 90 percent, respectively). For the predominantly rural provinces, Matabeleland South and Matabeleland North provinces had the highest proportions of women attended to by skilled health personnel (96 percent each), whilst Midlands province had the lowest (82 percent).

Women in urban areas were more likely (19 percent) to be attended to by medical doctors during ANC visits than rural ones (6 percent). The proportion of women aged 15-49 years attended to by medical doctors during their ANC visits increased with education of woman and household wealth and had no relationship to the age of woman, see Appendix Table A8.5. Bulawayo and Harare had the highest proportions of women attended to by medical doctors during their ANC visits (24 percent and 19 percent, respectively). For the predominantly rural provinces, Matabeleland South and Matabeleland North provinces had the highest proportions of women attended to by medical doctors (13 percent each), whilst Masvingo province had the lowest (3 percent).

Rural areas had a higher proportion of women aged 15-49 years (82 percent) who were attended to by nurses and midwives during their ANC visits than urban areas (72 percent). The proportion of women who were attended to by nurses and midwives during their ANC visits generally decreased with the age of woman and household wealth and was lowest for those women with higher education (62 percent) compared to the other lower levels of education at 80 percent each, see Appendix Table A8.5. Of all the provinces, Bulawayo and Harare had the lowest proportions of women attended to by nurses and midwives during their ANC visits (69 percent and 71 percent, respectively). For the predominantly rural provinces, Masvingo and Mashonaland Central had the highest proportions of women attended to by nurses and midwives (86 percent each), whilst Midlands province had the lowest proportion (76 percent).

8.3.4 Type of Services Received by Pregnant Women

The types of services pregnant women received are shown in Appendix Table A8.6. Furthermore, women were asked whether they had been weighed, had had their blood pressure measured and whether they had had urine and blood samples taken.

It is of concern that the proportions of pregnant women aged 15-49 years who had received specific care were relatively low as follows: blood test (62 percent), blood pressure measurement (74 percent), urine specimen taken (36 percent) and weight measurement (80 percent). Weight and blood pressure measurement were thus the most prevalent. Urban areas had higher proportions of women who had received the various specific care as follows: blood test (urban-75 percent, rural-56 percent), blood pressure measurement (urban-85 percent, rural-70 percent), urine specimen taken (urban-48 percent, rural-31 percent) and weight measurement (urban-81 percent, rural -80 percent), see Figure 8.5. There was a positive relationship between proportion of pregnant women who received these four services and the age of woman, the woman's education level and household wealth, see Appendix Table A8.6.

Figure 8.5: The Percentage of Pregnant Women Aged 15-49 Years Receiving Specific Care as Part of Antenatal Care, MIMS, Zimbabwe, 2009
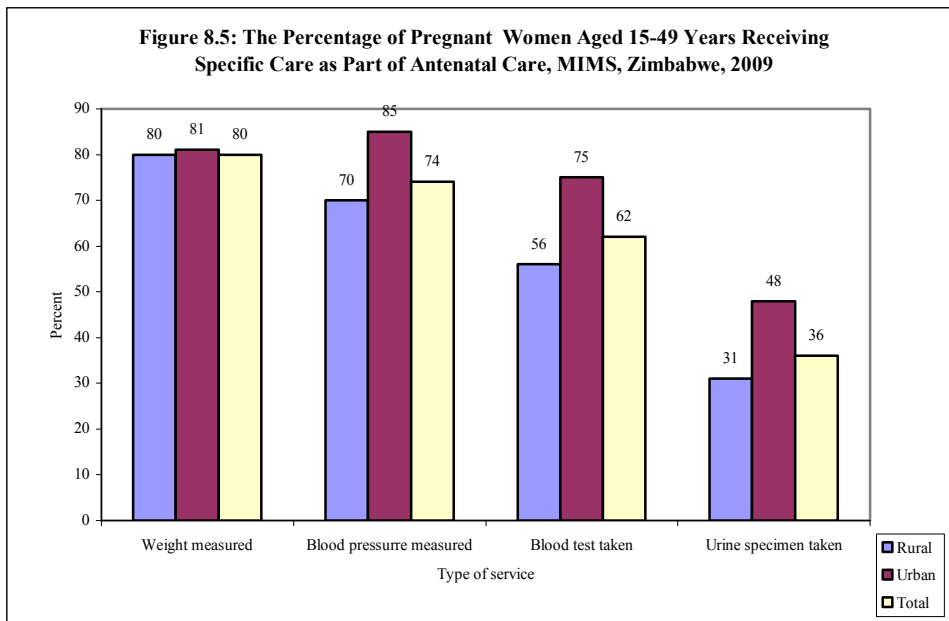
Regarding blood tests in the predominantly rural provinces, pregnant women in Matabeleland North province were mostly likely to have these tests (77 percent) whilst those from Midlands province were least likely (49 percent). Bulawayo province had the highest proportion of pregnant women (85 percent) who had blood tests, whilst Harare province had 75 percent. Similarly, for blood pressure measurement, pregnant women in Matabeleland North province were mostly likely to have their blood pressure measured (85 percent) whilst those from Manicaland province were least likely (66 percent). Bulawayo province had the highest proportion of pregnant women (90 percent) who had their blood pressure measured, whilst Harare province had 85 percent.

Urine specimens were mostly taken for women from the Midlands province (39 percent) and least from Masvingo province (24 percent), whilst for Bulawayo and Harare, about half of the pregnant women had urine specimens taken (50 percent and 48 percent, respectively). Weight measurement was highest (86 percent) in Matabeleland North province and lowest in Midlands province (74 percent). Bulawayo province had the highest proportion of pregnant women (91 percent) whose weight had been measured, with Harare province having 84 percent.

8.4 PLACE AND ASSISTANCE AT DELIVERY

8.4.1 Place of Delivery

It is desirable that all deliveries take place in a health institution under professional care. Home deliveries expose both mother and child to the risk of death since complications may arise which require institutional attention and professional care. Nationally, 59 percent of women aged 15-49 years who gave birth in two years preceding the survey delivered in health institutions (urban areas-86 percent, rural areas-48 percent), see Appendix Table A8.7. However, it is of concern that a relatively high proportion (39 percent) of the women delivered at home (rural areas-50 percent, urban areas-10 percent). Cases of home delivery have generally been on the increase since 1999, in the context of economic hardships and a weakened health delivery system. According to the Zimbabwe Demographic and Health Surveys, home deliveries have been increasing in Zimbabwe, with the proportion of women aged 15-49 years who gave birth in five years preceding the survey having increased from 23 percent in 1999 to 31 percent in 2005/06.

Although according to the Maternal and Child Health Policy, maternal and child health services are free, in rural areas, the high costs of user fees, transport and upkeep costs at the health institutions and other constraints may be the inhibiting factors to women accessing such care. Home deliveries decreased with education of mother and household wealth. Half of the young mothers aged 15-19 years delivered at home and home deliveries generally increased with age of woman, from 33 percent for the age group 20-24 years, peaking at 43 percent for the age group 40-44 years, see Appendix Table A8.7. The predominantly urban provinces of Bulawayo and Harare had small samples. For the predominantly rural provinces, Mashonaland West had the highest proportion (55 percent) of home deliveries while Masvingo had the lowest of 32 percent, see Figure 8.6.

Figure 8.6: Percentage Distribution of Women Aged 15-49 Years, with a Birth in 2 Years Preceding the Survey by Place of Delivery and Province, MIMS, Zimbabwe, 2009

Province	Home deliveries	Institutional deliveries
Harare	6	88
Bulawayo	12	86
Masvingo	32	67
Matabeleland South	45	54
Midlands	45	53
Mashonaland East	45	52
Mashonaland Central	47	51
Manicaland	49	49
Matabeleland North	50	48
Mashonaland West	55	43
Zimbabwe	39	59

Although 59 percent of the child deliveries took place in institutions, in relative terms, households were bearing the greatest burden in the form of home deliveries at 39 percent. Twenty nine (29) percent of all deliveries took place in government hospitals, followed by government clinic/health centre (15 percent), mission hospital/clinic (8 percent), private hospitals and private clinics (2 percent each), see Figure 8.7.

Figure 8.7: Percentage Distribution of Women Aged 15-49 Years, with a Birth in 2 Years Preceding the Survey by Place of Delivery, MIMS, Zimbabwe, 2009

Place of delivery	Percent
Home delivery	38.8
Government hospital	29.2
Government clinin/health centre	15.3
Mission facility	8.4
Private hospital	2.4
Private clinic	1.6
Other	1.5
Other public institutions	1.3
Private maternity home	0.2
Other private	0.1

8.4.2 Assistance at Delivery

Globally, three quarters of all maternal deaths occur during delivery and the immediate post-partum period. The provision of delivery assistance by skilled attendants can greatly improve health outcomes for both the mother and the new born child, through the use of technically appropriate procedures, accurate and speedy diagnosis and management of complications, (UNFPA, 2008). Availability of transport to a referral facility for obstetric care in case of emergency is also key. A World Fit for Children goal is to ensure that women have 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.

The MIMS included a number of questions to assess the proportion of births attended by a skilled attendant. Assistance at delivery by skilled health personnel is defined as assistance provided by a doctor, nurse, or midwife. Sixty (60) percent of births which occurred in the two years preceding the survey were delivered by skilled health personnel (urban areas-90 percent, rural areas-49 percent). The more educated a woman is, the more likely she is to have delivered with the assistance of a skilled attendant. Assistance at delivery by skilled health personnel also increased with household wealth.

As expected, the mothers' age group of 15-19 years which had the highest proportion of home deliveries also had the lowest assistance at delivery by skilled health personnel 51 percent. The predominantly urban provinces, Harare and Bulawayo had the highest levels of skilled assistance at delivery of 94 percent and 87 percent, respectively. For the predominantly rural provinces, Masvingo had the highest levels of skilled assistance at delivery of 67 percent while Mashonaland West had the lowest of 44 percent, see Appendix Table A8.8.

Three (3) percent of the women delivered themselves. Slightly above half (52 percent) of them, were assisted by nurses or midwives, 14 percent by relatives and friends, 12 percent by traditional birth attendants, 8 percent by medical doctors, another 8 percent by untrained traditional birth attendant, 2 percent each by community health workers and other personnel, see Figure 8.8.

Figure 8.8: Percentage Distribution of Women Aged 15-49 Years, with a Birth in the 2 Years Preceding the Survey by Type of Personnel Assisting at Delivery, MIMS, Zimbabwe, 2009
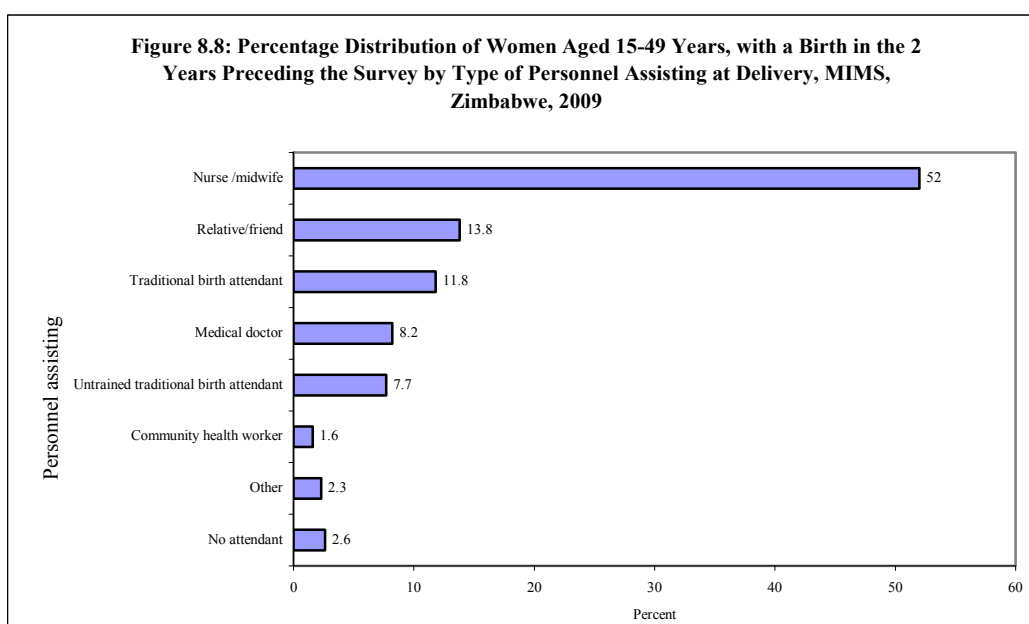
Masvingo province had the highest proportion of deliveries assisted by nurses and midwives (60 percent) and Mashonaland West the lowest (39 percent). Harare and Bulawayo provinces had 77 percent and 63 percent of their deliveries assisted by nurses and midwives, respectively. The proportions of deliveries assisted by nurses or midwives increased with education of mother and household wealth, whilst the relationship with the age of woman was not clear. The predominantly urban provinces of Bulawayo and Harare had relatively high proportions of deliveries which were assisted by medical doctors of 25 percent and 17 percent, respectively. For the predominantly rural provinces, there were no major variations in the proportions assisted by medical doctors ranging from 5 percent each for Mashonaland East, Mashonaland Central, Matabeleland North and Mashonaland West provinces to 9 percent for Matabeleland South. Similarly, assistance by medical doctors increased with education of mother and household wealth, whilst the relationship with the age of woman was not clear.

For assistance by relatives/friends, Mashonaland West province had the highest proportion (26 percent) and Manicaland province the lowest (10 percent). Harare and Bulawayo provinces had very small proportions of women being assisted at delivery by friends and relatives of 1 percent and 5 percent, respectively. Assistance by friends and relatives decreased with education of mother, household wealth and generally with the age of the woman.

Manicaland province had the highest proportion (20 percent) of births assisted by traditional births attendants, whilst Matabeleland South had the lowest (5 percent). Harare and Bulawayo provinces had very low proportions of births assisted by traditional births attendants of 1 percent and 3 percent, respectively. Assistance by a traditional birth attendant decreased with education of mother and there was no relationship with age of woman and household wealth. For the untrained traditional birth attendant, Mashonaland East province had the highest proportion (13 percent), whilst Masvingo province had the lowest (5 percent) and Harare and Bulawayo having insignificant proportions of 1 percent each. Assistance by an untrained birth attendant decreased with household wealth and had no relationship with education and age of woman.

CHAPTER 9

EDUCATION

Investment in education, which is a form of human capital investment, is an essential tool to sustainable development. It has been recognized the world over as a fundamental and universal human right and a prerequisite for economic growth, human development and poverty reduction. 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, (UNICEF, 1999). It enables a population to make informed decisions about its economic, social and political well-being. Universal access to basic education by the world's children is one of the key 2015 Education for All (EFA), 2015 Millennium Development Goals (MDG) and 2010 A World Fit for Children (WFFC) goals.

In addition, attendance to pre-school education in an organized learning or 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. WFFC, target 5, binds countries to the "*Development and implementation of national Early Childhood Development policies and programmes to ensure the enhancement of children's physical, social, emotional, spiritual and cognitive development*." Target 1 under Thematic Area 2 expects countries to "*Expand and improve comprehensive early childhood care and education for girls and boys, especially for the most vulnerable and disadvantaged children*." EFA Goal 1 "*Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children*" also expects countries to prioritize Early Childhood Development (ECD). According to the Zimbabwe mid-decade report on children, 2007, Zimbabwe aims to have all pupils enrolled in grade one to have pre-school background by 2010.

With independence in 1980, Zimbabwe embarked on a massive expansionary policy which saw primary school enrolment increase by 80 percent from 1 235 994 in 1979 to 2 473 769 in 2009. According to the then Ministry of Education, Sport and Culture[16] 2007 report[17], the primary school Net Enrollment Ratio (NER) has remained fairly stable and high ranging from 96 percent in 2000, rising to a peak of 99 percent in 2002 and declining slightly to 97 percent in 2006. For the secondary level of education, enrollment increased by 1 083 percent from 66 215 in 1979 to 783 318 in 2009. In the meantime, the proportion of children in the first grade of primary school with pre-school background had increased over the years, from 49 percent in 2002 to 64 percent in 2006 (Ministry of Education, Sport and Culture, 2007).

9.1   PRE-SCHOOL ATTENDANCE AND SCHOOL READINESS

At independence in 1980 most of the pre-schools in Zimbabwe were in urban areas where providers charged exorbitant fees. The Presidential Commission of Inquiry into Education and Training (CIET), (1999) recommended that every child should have access to ECD for at least one year prior to Grade One and that ECD classes should be attached to the existing primary schools. In 2004 Zimbabwe introduced a Policy on ECD requiring the attachment of all ECD centres to primary schools and this was implemented starting January 2005. Currently there are two ECD classes, one for 3-4 year olds (ECD A class) and the other for 4-5 year olds (ECD B class). The operations of the ECD centres and programmes are regulated by the provisions of the Education Act 1996, as amended in 2005. The training of professional ECD teachers has been introduced in some Teacher's Training Institutions.

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[16] In 2009, renamed to the Ministry of Education, Sport, Arts and Culture.
[17] Ministry of Education, Sport and Culture, Primary and Secondary Education Statistics Report 2007.

Overall, only 18 percent of children aged 36-59 months were attending pre-school, with a greater proportion of girls (20 percent) than boys (15 percent), see Table ED.1. Urban-rural differentials were not significant (urban-19 percent, rural-17 percent). Twenty three (23 percent) of children who resided in households in the highest wealth quintile attended pre-school, while the proportion dropped to 15 percent in households in the lowest wealth quintile. A much higher proportion (26 percent) of children aged 48-59 months attended pre-school than those aged 36-47 months (10 percent). Attendance of pre-school generally rose with the education of the mother. For children whose mothers had no education at all and those with primary education the proportion of children who attended pre-school was 13 percent each compared to 39 percent for those whose mothers had the higher level of education.

For the predominantly rural provinces, Manicaland province (27 percent) had the highest proportion of children aged 36-59 months attending pre-school whilst Matabeleland South and Matabeleland North provinces (12 percent each) had the lowest. Harare province had 20 percent of its children who were in pre-school compared to Bulawayo with 11 percent.

In 2009, three quarters (75 percent) of the children who were attending the first grade of primary school had attended pre-school the previous year, see Appendix Table A9.1. Given that only 18 percent of children aged 36-59 months were attending pre-school, and that 75 percent of the Grade ones had pre-school background, this probably indicates that children were attending pre-school late and therefore might not be getting adequate readiness. This situation can be explained by the fact that some parents choose to send their children to pre-school just before enrolling in Grade one, and that some schools make pre-school attendance a pre-condition for enrolling in Grade one.

The proportion in the first grade of primary school with pre-school background among girls is slightly higher (76 percent) than boys (74 percent). Urban areas had a higher proportion of children (80 percent) who had attended pre-school the previous year compared to 72 percent among children living in rural areas. There were some regional differentials; Matabeleland South province had the highest proportion of first graders who had attended pre-school (85 percent), whilst its neighbour Matabeleland North had the lowest proportion (62 percent). School readiness generally increased with household wealth, with proportions of 64 percent and 82 percent for households in the lowest and highest wealth quintiles, respectively.

9.2 PRIMARY AND SECONDARY SCHOOL PARTICIPATION

In Zimbabwe, the official school going age groups for primary school (Grade 1 to Grade 7) are 6 years to 12 years, for secondary school (Form 1 to Form 4) they are 13 years to 16 years, and for Form 5 to Form 6, 17 years and 18 years. In analysing primary and secondary school participation the following indicators were looked at. For primary and secondary school attendance: 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 and female to male education ratio (or gender parity index-GPI). School progression indicators include: survival rate to grade five; transition rate to secondary school; and net primary completion rate.

9.2.1 Net Intake Rate in Primary Education

According to the Ministry of Education, Sport, Arts and Culture, children in Zimbabwe start Grade 1 in the year they turn six years. Of the children who were of primary school entry age (6 years) in Zimbabwe, almost three quarters (74 percent) were attending the first grade of primary school, see Appendix Table A9.2. A slightly higher proportion of girls (75 percent) than boys (73 percent) aged 6 years were attending Grade 1. Urban areas had a higher proportion (80 percent), of its 6 year olds attending Grade 1 compared to rural areas with 72 percent.

Masvingo province had the highest proportion (81 percent) of children aged 6 years attending Grade 1, whilst Mashonaland Central province had the lowest proportion (64 percent). Of the predominantly urban provinces, Bulawayo had a higher proportion (91 percent) than Harare (80 percent). The proportion of children who were attending Grade 1 at the official age generally increased with mother's education and household wealth. In households in the highest wealth quintile, the proportion was 87 percent, while it was 65 percent among children living in households in the lowest wealth quintile.

9.2.2 School Attendance

Participation in school can be defined in terms of current attendance or enrolment overtime. The net attendance ratio (NAR) measures participation in school, by children of the official school going age, on a particular day, or week as measured by being present or absent in school in relation to the total official school going age population. The MIMS collected information on both current and overtime school attendance for 2008 and 2009.

Primary school attendance

Zimbabwe had a primary school net attendance ratio (NAR) of 91 percent implying that 9 percent of the children of primary school going age were not attending school in 2009. Girls had a slightly higher NAR of 92 percent than boys with 90 percent. Urban areas had a higher NAR (94 percent) than rural areas (90 percent). Primary school enrolment increased with mother's education and generally with household wealth, see Appendix Table A9.3. Whilst the NAR was 76 percent for the 6 year olds, it was at least 90 percent for all the other single age groups from 7 to 12 years, depicting the late entry of pupils into Grade 1. For the children whose mothers were not in the household, the NAR was almost the same as the national one at 90 percent, meaning that the absence of a mother did not have a negative impact on children's attendance. Among the predominantly rural provinces, Masvingo and Manicaland had the highest NARs (94 percent each) whilst Mashonaland Central had the lowest of 84 percent. The predominantly urban provinces of Bulawayo and Harare had NARs of 97 percent and 94 percent, respectively.

Both girls and boys primary school NARs increased between 2008 and 2009, see Figure 9.1 and Appendix Tables A9.3 and A9.4. As in 2009, girls had a slightly higher NAR for 2008.

Figure 9.1: Percentage of Children of Primary School Age (6-12 Years) Attending Primary School, (Net Attendance Ratio), 2008 and 2009, MIMS, Zimbabwe 2009
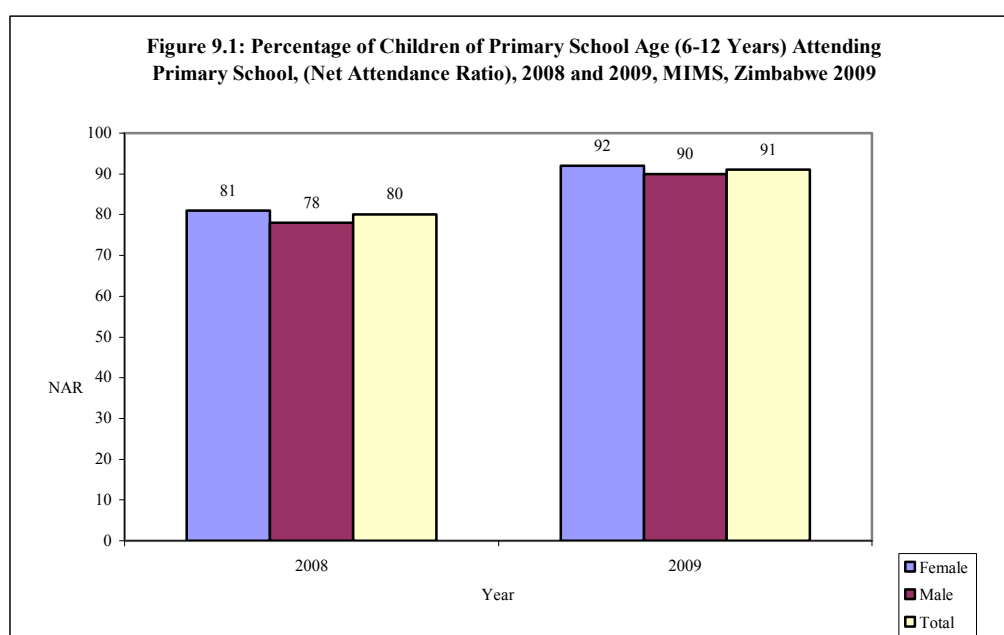
Reasons for non-attendance of primary school

It is of concern that of the children of primary school going age who had not attended school in 2009, 71 percent of them had not done so because of financial constraints. The other reasons for non-attendance of primary school included not interested in school (7 percent), sick/ill and school closed or teachers not present (4 percent each), school was too far (2 percent), see Figure 9.2 and Appendix Table A9.5. Reasons which included caring for the sick, household business responsibilities, other household responsibilities and marriage/pregnancy related had less than one percent each. A higher proportion of girls (74 percent) did not attend primary school because of financial constraints compared to boys (68 percent). For the majority who did not attend primary school for financial reasons, rural areas had a higher proportion (73 percent) compared to urban areas (60 percent). Not attending primary school for financial reasons generally declined with mother's education and household wealth, but was not related to the age of child. Amongst all the provinces, Midlands had the highest proportion (79 percent) who did not attend primary school for financial reasons, whilst Harare had the lowest proportion (60 percent). Manicaland, Matabeleland South, Masvingo and Bulawayo provinces had small samples.

Figure 9.2 : Reasons for Not Attending Primary School in the Year 2009, Percent, MIMS, Zimbabwe, 2009

Note: 11 percent were missing
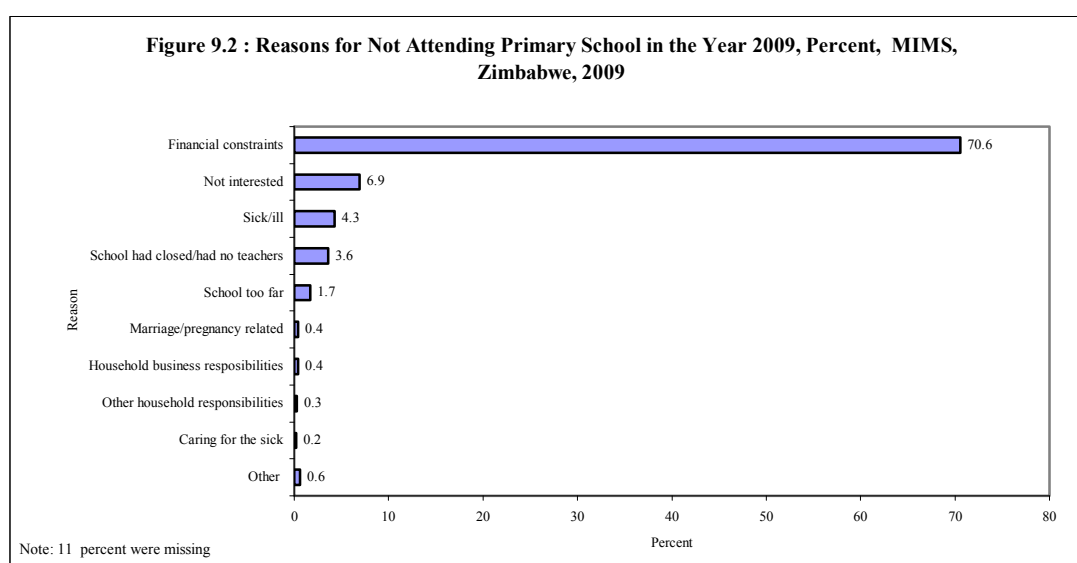
Secondary school attendance (Form 1 to 6)

The secondary school (Form 1 to 6) net attendance ratio is presented in Appendix Table A9.6. More than half (55 percent) of the children of secondary school age were not attending secondary school compared to 9 percent of the children of primary school going age who were not attending primary school. Zimbabwe had a secondary school NAR of 45 percent with no gender difference (urban areas-59 percent, rural areas-39 percent). Secondary school attendance increased with mother's education and household wealth and generally with age of child, see Appendix Table A9.6. Secondary school children with mothers who were not in the household had a NAR of 43 percent implying that the absence of a mother from a household had a slightly negative impact on secondary school attendance.

Whilst the NAR was 40 percent for the 13 year olds, it was highest at 61 percent for the 15 year olds. The low NAR for the 13 year olds depicts late entry into Form 1 and the high proportion of children of secondary school going age not in school. It should be noted that the same pattern was observed for the primary school Grade 1 intake. Among the predominantly rural provinces, Manicaland had the highest secondary school NAR (49 percent), whilst Matabeleland North had the lowest of 29 percent. Of all provinces, the predominantly urban provinces of Harare and Bulawayo had the highest NARs of 61 percent and 57 percent, respectively.

Reasons for non-attendance of secondary school

Of the children of secondary school going age who had not attended school in 2009, 59 percent of them had not done so because of financial constraints. The other reasons for non-attendance included marriage/pregnancy (9 percent), graduated/finished school/satisfied (8 percent), not interested in school (7 percent), sick/ill, other household responsibilities, school closed or teachers not present, caring for the sick and to work/looking for work (one percent each), see Figure 9.3. Reasons which included, household business responsibilities, school too far and other varied had proportions of less than one percent each.

A higher proportion of boys (63 percent) did not attend secondary school because of financial constraints compared to girls (55 percent). For the majority who did not attend secondary school for financial reasons, rural areas had a higher proportion (64 percent) compared to urban areas (44 percent). Not attending school for financial reasons decreased with mother's education and household wealth and generally with the age of the child. For the predominantly rural provinces, Matabeleland North had the highest proportion (78 percent) who did not attend secondary school for financial reasons, whilst Midlands had the lowest proportion (53 percent). Bulawayo and Harare had the same proportions of 47 percent each.

Figure 9.3: Reasons for not Attending Secondary School in the Year 2009, Percent, MIMS, Zimbabwe, 2009

Reason	Percent
Financial constraints	59.7
Not interested	7
Marriage/pregnancy related	9
Graduated/finished school/satisfied	7.9
Sick/ill	1.3
Other household responsibilities	1.1
School had closed/had no teachers	0.7
Caring for the sick	0.6
To work/looking for work	0.9
School too far	0.1
Household business resposibilities	0.1
Other	0.3

Note 12.3 per cent were missing

9.2.3 Children of Secondary School Age Attending Primary School

The primary school net attendance ratio of children of secondary school age is presented in Appendix Table A9.8. About 16 percent of the children of secondary school age were still attending primary school. There was a greater proportion of boys (19 percent) of secondary school age who were attending primary school than girls (13 percent). Rural areas had a higher proportion (20 percent) of overaged children in primary school than urban ones (7 percent). The proportion of overaged children in primary school decreased with the age of child, mother's education and household wealth. For those children whose mothers were not in the household, a proportion close to the national average (17 percent) were attending primary school yet they were secondary school age. This implies that the absence of mothers in the household did not significantly affect the attendance of primary school by overaged children. Mashonaland West province had the highest proportion (21 percent) of overaged children attending primary school whilst Matabeleland South had the lowest (15 percent), followed by Matabeleland North and Mashonaland East (16 percent each). Bulawayo and Harare provinces had the lowest proportions of overaged children in primary school of 8 percent and 6 percent, respectively.

9.2.4 Survival Rate to Grade 5 and Grade 7

The percentages of children entering first grade who eventually reach Grade 5 and Grade 7 are presented in Appendix Table A9.9. Of all children starting Grade 1, the majority of them (89 percent) eventually reached Grade 5. Notice that this number includes children that repeat grades and that eventually move up to reach Grade 5. Girls had a higher survival rate to Grade 5 (91 percent) than boys (87 percent). Urban areas had a higher Grade 5 survival rate (92 percent) than rural areas (88 percent). The Grade 5 survival rate increased with education of mother and generally with household wealth. Survival to Grade 5 was not affected by the mother's absence from the household. Survival rates ranged from 79 percent for Mashonaland Central provinces to 97 percent each for Manicaland and Bulawayo provinces.

The majority of the children starting grade one, (82 percent) will eventually reach Grade 7. Girls had a higher survival rate (85 percent) than boys (80 percent). Urban areas had a higher Grade 7 survival rate (88 percent) than rural areas (80 percent). The Grade 7 survival rate increased with education of mother and generally with household wealth, see Appendix Table A9.9. Survival to Grade 7 was not significantly affected by the mother's absence from the household. Survival rates ranged from 75 percent for Mashonaland West province to 93 percent for Manicaland province. Out of all provinces Bulawayo province had the highest Grade 7 survival rate of 96 percent and Harare had 85 percent.

Appendix Table A9.9 also presents grade specific survival rates as the proportions of children who were in a particular grade in 2009 as a proportion of those who were attending the previous grade the previous year, for example, the percentage of children attending second grade in 2009 who were in first grade the previous year. These proportions are very high for all primary school grades (at least 96 percent).

9.2.5 Net Primary School Completion Rate (Grade 7)

At the time of the survey, 43 percent of the children of primary school completion age (12 years) were attending the last grade of primary school (Grade 7), see Appendix Table A9.10. The net primary school completion rate was higher for girls (48 percent) than boys (37 percent).

Urban areas had a higher net primary completion rate (67 percent) than rural areas (34 percent). The net primary completion rate increased with both education of mother and wealth. Children whose mothers were absent from the household had a lower net primary completion rate (35 percent) than the national one. Mashonaland East province had the highest net primary completion rate (47 percent), whilst Mashonaland Central province had the lowest (23 percent). Of all provinces, Bulawayo had the highest net primary completion rate (69 percent), followed by Harare province with (63 percent).

9.2.6 Transition Rate to Secondary School

The transition rate to secondary school which looks at the children that completed successfully the last grade of primary school in the previous year, who were found at the time of the survey to be attending Form 1 of secondary school is presented in Appendix Table A9.10. The transition rate to secondary school was 81 percent, with a slightly higher proportion for girls (82 percent) than boys (80 percent). Urban areas had a higher transition rate to secondary education (91 percent) than rural areas (76 percent). The transition rate to secondary education increased with both education of mother and household wealth. It was not affected by the mother's absence from the household. The transition rate to secondary education ranged from 63 percent for Mashonaland Central province to 90 percent each for Midlands, Bulawayo and Harare provinces.

9.2.7 Female to Male Education Ratio (or Gender Parity Index-GPI)

The ratio of girls to boys attending primary and secondary education is provided in Table 9.1. These ratios are better known as the Gender Parity Index (GPI)[18]. Notice that the ratios included here are obtained from net attendance ratios rather than gross attendance ratios. The latter ratios provide an erroneous description of the GPI mainly because in most of the cases the majority of over-aged children attending primary education tend to be boys. The table shows that there was gender parity for primary school with a GPI of 0.98 which is close to 1.00, with no rural-urban differences. All provinces had gender parity in primary education except for Mashonaland Central and Matabeleland North provinces which had GPIs in favour of boys (0.95 each). Children of mothers with no education had a GPI in favour of boys (0.89). Generally, there was primary school gender parity by household wealth quintile. There was gender parity in primary school attendance even for those children whose mothers were not in the household.

Table 9.1: Education Gender Parity Ratio of Girls to Boys Attending Primary Education and Ratio of Girls to Boys Attending Secondary Education, MIMS, Zimbabwe, 2009						
Background characteristic	Primary school net attendance ratio (NAR), girls	Primary school net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school NAR	Secondary school net attendance ratio (NAR), girls	Secondary school net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school NAR
Province						
Manicaland	93.5	93.8	1.00	49.5	47.8	1.04
Mashonaland Central	82.1	86.7	0.95	34.0	30.3	1.12
Mashonaland East	91.4	90.4	1.01	45.6	43.0	1.06
Mashonaland West	87.1	87.2	1.00	36.4	39.6	0.92
Matabeleland North	88.0	92.3	0.95	29.6	28.6	1.03
Matabeleland South	91.8	93.9	0.98	46.4	31.4	1.48
Midlands	91.2	91.2	1.00	49.0	44.3	1.11
Masvingo	92.5	95.5	0.97	42.8	47.6	0.90
Harare	92.4	95.1	0.97	53.6	68.3	0.78
Bulawayo	95.2	97.9	0.97	56.2	58.1	0.97
Area						
Urban	93.4	95.4	0.98	55.0	64.1	0.86
Rural	89.3	90.9	0.98	40.4	37.5	1.08
Mother's education						
None	76.9	86.2	0.89	33.9	25.7	1.32
Primary	88.3	90.5	0.98	49.7	44.0	1.13
Secondary	94.7	95.5	0.99	73.8	64.7	1.14
Higher	98.3	97.6	1.01	83.8	83.4	1.00
Mother not in household	89.3	90.6	0.99	42.9	43.9	0.98
Wealth quintiles						
Lowest	84.2	85.5	0.98	24.5	23.6	1.04
Second	88.9	92.9	0.96	39.9	36.0	1.11
Middle	93.2	93.0	1.00	49.4	45.2	1.09
Fourth	91.0	93.1	0.98	55.0	54.5	1.01
Highest	97.0	97.8	0.99	54.4	69.2	0.79
Total	**90.4**	**92.1**	**0.98**	**45.1**	**44.6**	**1.01**

For secondary education, there was gender parity at national level with a GPI of 1.01. However, in urban areas secondary school attendance was in favour of boys with a GPI of 0.86, whilst in the rural areas it was the reverse with a GPI in favour of girls of 1.08. Children of mothers with

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[18] A GPI of one indicates parity between sexes; a GPI that varies between zero and less than one means a disparity in favour of males; whereas a GPI greater than one indicates a disparity in favour of females, if a higher percentage is desirable. According to the Education For All Declaration, a GPI within + or – 0.03 depicts gender parity.

no education had a high GPI of 1.32 in favour of girls, see Table 9.1. Similarly, children whose mothers had primary and secondary education had GPIs in favour of girls of 1.13 and 1.14, respectively, whilst there was gender parity for children of mothers with higher education. Children from households which were in the lowest, second and middle wealth quintiles had GPIs in favour of girls, with gender parity for those from the fourth household wealth quintile, whilst those from the highest wealth quintile had a GPI in favour of boys. There was gender parity in secondary school attendance even for those children whose mothers were not in the household.

For the predominantly rural provinces, five of them had secondary school attendance in favour of girls with the following GPIs; Matabeleland South (1.48), Mashonaland Central (1.12), Midlands (1.11), Mashonaland East (1.06) and Manicaland (1.04). Masvingo and Mashonaland West provinces had secondary school attendance in favour of boys with GPIs of 0.90 and 0.92, respectively, whilst Matabeleland North had gender parity. Harare province had secondary school attendance in favour of boys with a GPI of 0.78 whilst Bulawayo province had gender parity.

9.2.8 Women Literacy Assessment

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 the MIMS, since only a women's questionnaire was administered, the results are based only on females aged 15-24 and those aged 15-49 years. Literacy was assessed on the ability of women to read a short simple statement or on school attendance of secondary school or higher. The percent literate is presented in Appendix Table A9.12.

Young women (15-24 years) literacy

A very high proportion (91 percent) of the women aged 15-24 years were literate with urban areas having a higher proportion (97 percent) than rural ones (87 percent), see Figure 9.4 and Appendix Table A9.12. As expected, literacy improved with education of woman and also with household wealth. The literacy rate was the same for females aged 15-19 years and those aged 20-24 years (91 percent each) compared to the ZDHS levels of 95 percent and 97 percent, respectively. For the predominantly rural provinces, Manicaland, Mashonaland East and Midlands had the highest literacy rate (93 percent each), whilst Matabeleland North province had the lowest (83 percent). Out of all the provinces, Harare and Bulawayo provinces had the highest literacy rates of 97 percent and 96 percent, respectively.

Figure 9.4: Young Women (15-24 years) Literacy Rate, MIMS, Zimbabwe, 2009
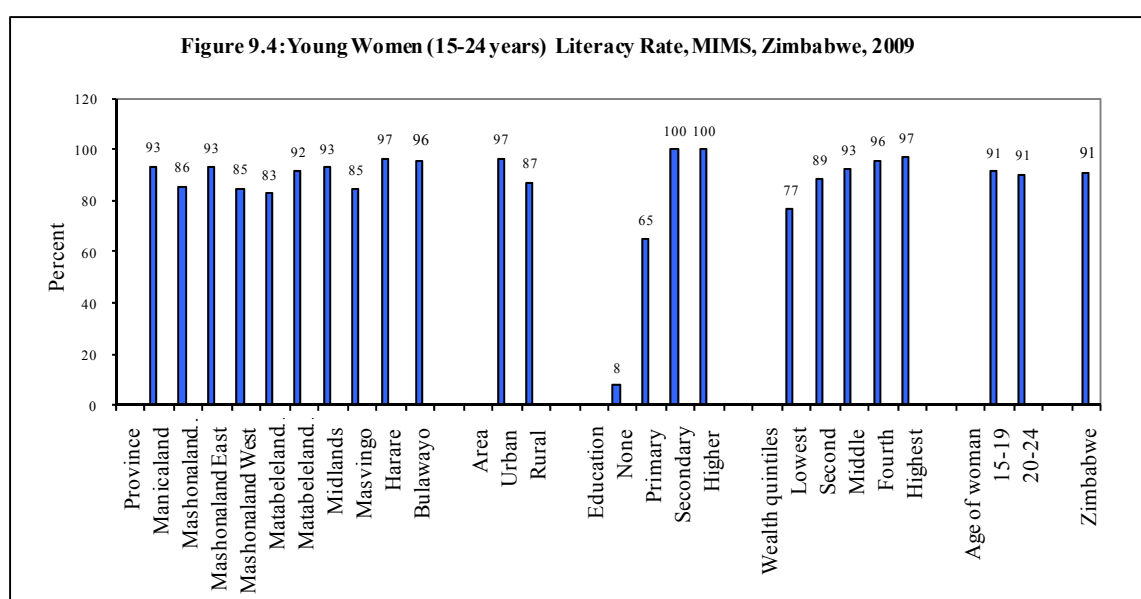
Women (15-49 years literacy)

Nationally, 87 percent of the women aged 15-49 years were literate with urban areas having a higher proportion (96 percent) than rural ones (82 percent), see Table 9.2. In the ZDHS 2005/06, 91 percent of the women aged 15-49 years were literate, indicating a decline in the literacy of women in the past three years, with urban areas having a higher proportion (98 percent) than rural ones (87 percent). In the MIMS, the literacy rate decreased with age of woman and as expected increased with education of woman and household wealth. For the predominantly rural provinces, Manicaland had the highest literacy rate (91 percent), whilst Masvingo and Matabeleland North had the lowest (77 percent each), followed by Mashonaland Central (78 percent). Out of all the provinces, Harare and Bulawayo provinces had the highest literacy rates of 97 percent and 95 percent, respectively.

Table 9.2: Female Literacy (15-49 Years)			
Percentage of Women Aged 15-49 Years that are Literate, MIMS, Zimbabwe, 2009			
Background characteristic	Percentage literate[1]	Percentage not known	Number of women
Province			
Manicaland	91.0	0.4	1 476
Mashonaland Central	78.4	0.4	1 089
Mashonaland East	86.4	0.6	1 040
Mashonaland West	83.0	0.8	1 117
Matabeleland North	77.4	1.9	584
Matabeleland South	86.2	3.3	611
Midlands	89.2	1.3	1 400
Masvingo	77.1	3.0	1 130
Harare	96.5	0.2	2 153
Bulawayo	95.2	0.6	738
Area			
Urban	95.7	0.5	4 436
Rural	81.9	1.4	6 903
Age of woman			
15-19	91.4	0.8	2 616
20-24	90.5	0.6	2 412
25-29	90.0	1.0	2 129
30-34	89.3	0.9	1 459
35-39	87.1	1.0	1 208
40-44	77.4	1.9	828
45-49	60.4	2.8	687
Education of woman			
None	5.1	3.4	316
Primary	65.6	3.2	3 310
Secondary	100.0	0.0	6 948
Higher	100.0	0.0	764
Missing/DK	*	*	1*
Wealth quintile			
Lowest	71.9	1.9	1 954
Second	81.4	1.8	1 972
Middle	87.5	1.0	1 989
Fourth	92.4	0.5	2 529
Highest	97.2	0.4	2 895
Total	**87.3**	**1.0**	**11 339**
[1]Refers to women who attended secondary school or higher and women who can read a whole or part of a simple statement			

CHAPTER 10

CHILD PROTECTION

The Convention on the Rights of the Child[19] (CRC), 1989 sets out a wide range of political, civil, cultural, economic, and social rights for the child. The CRC highlights the need for special care for children, including legal and other rights before and after birth and throughout childhood. The convention further highlights child protection as one of its major goals. Zimbabwe ratified the CRC in 1990. Child protection is multidimensional, it includes issues of sexual and physical abuse, vulnerable children, orphans, children on the streets, children in early marriage and children's rights to identity and nationality. This chapter, therefore looks at possession of birth certificates, reasons for not registering births, prevalence of early marriages (before 15 years and before 18 years), polygamy for young women, spousal age differences for young women aged 15-19 years and 20-24 years and domestic violence for women aged 15-49 years and the young women aged 15-24 years. All these have implications on child protection.

10.1   BIRTH REGISTRATION STATUS

Articles 7 and 8 of the Convention on the Rights of the Child states that, "the child shall be registered immediately after birth and shall have the right from birth to a name, and right to acquire a nationality…." Subsequently State Parties undertake to respect the rights of the child to preserve his or her identity including nationality in accordance with national laws and relevant international instruments. The same child rights are highlighted in the African Charter on the Rights and Welfare of the Child article 6. In this regard, birth registration is a fundamental means of securing these rights for children. Without proof of birth, children can be vulnerable to exploitation and abuse. A World Fit for Children also requires nations 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 Zimbabwe the possession of a birth certificate is a requirement for participating in last grade (Grade 7) examination of the primary cycle of education.

The Registrar General's office has the sole responsibility for birth registration in Zimbabwe at national, provincial, and district level. The requirements are as follows:

A birth should be registered within 42 days.

Children born in medical institutions

(a)   Where parents are legally married, the following documents are required:
   -   Mother and father's national identity cards;
   -   Birth Confirmation Record;
   -   Marriage certificate;
   -   Either of the parents can register the birth of the child if born in wedlock; and
   -   Where one or both parents are deceased, relevant death certificates are required. A surviving spouse or relatives can register the child's birth as applicable.

(b)   Where parents are not legally married, the following documents are required[20]:
   -   Mother and father's national identity cards;
   -   Birth Confirmation Record issued by the medical institution where child was born;
   -   Both parents must be present to sign the declaration of paternity;

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[19] A child is a person aged below 18 years.
[20] In the event that the biological father eventually decides to acknowledge paternity, both parents must make a request to the Registrar General who will then de-register the original registration and authorize a re-registration which will include father's particulars.

- Where one or both parents are deceased, relevant death certificates are required;   The surviving spouse or relatives can register the child's birth as applicable; and
- Single mothers are free to register their children's births using their maiden names, if the biological father refuses to acknowledge paternity or his whereabouts are unknown.

Children born out of medical institutions

(a)   Where parents are legally married, the following documents are required:
- Mother and father's national identity cards;
- A marriage certificate;
- One declarant (witness) with a national identity card, preferably a midwife. In the case of a child born on a farm, a declarant (witness) or a letter from the farm owner[21];
- Either of the parents can register the birth of the child if born in wedlock; and
- Where one or both parents are deceased, relevant death certificates are required. The surviving spouse together with relatives of the deceased can register the child's birth, as applicable.

(b)   Where the parents are not legally married, the following documents are required:
- Mother and father's national identity cards;
- One declarant (witness), with national identity card if the child is under 16 years of age, preferably a midwife. In the case of a child born on a farm, a declarant (witness) or a letter from the farmer;
- Both parents must be present to sign the declaration of paternity;
- Where one or both parents are deceased relevant death certificates are required. The surviving spouse together with a relative of the deceased can register the child's birth as applicable; and
- Single mothers are free to register their children's births under their maiden names if the biological father refuses to acknowledge paternity or his whereabouts are unknown.

Exceptional support is given to vulnerable children, double orphans and abandoned children. The Registrar General's Office works in conjunction with the Department of Social Services.

For children under 5 years, the MIMS asked mothers and caretakers whether child births had been registered with the Births and Deaths Registry. In addition, mothers and caretakers were asked to produce birth certificates for the under 5s. For those who had not registered the child births, information on reasons for non registration was collected. Mothers and caretakers were further asked on whether they knew where to register child births.

10.1.1 Birth Registration

Child birth registration for children under five years of age, as reflected by possession of a birth certificate remains low in Zimbabwe despite the fact that section 10 of the Births and Deaths Registration Act makes it compulsory for all births to be registered in Zimbabwe with effect from 20 June 1986. Nationally, 38 percent of the births of under-5 year olds were registered. Urban areas had a higher percentage (57 percent) of under-5 year olds who had registered births than rural areas (30 percent). Registration of a child birth increased with age of child, mother's education and household wealth, see Appendix Table A10.1. However, birth registration generally increased with mother/caretaker's education from 14 percent for those aged 15-19 years to a peak of 46 percent for those aged 40-44 before declining to 37 percent for those aged 50 years and above. The predominantly urban provinces, Harare and Bulawayo, had the highest proportions of children with registered births, 57 percent and 56 percent,

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[21] The declarant (witness) must give the required information from personal knowledge.

respectively. The predominantly rural provinces generally had very low proportions of children with registered births. Mashonaland East had the highest proportion (41 percent) while Mashonaland West had the lowest (28 percent).

10.1.2 Possession of Birth Certificate

Overall, 37 percent of children under-5 years had birth certificates at hand with no gender differentials, that is to say that the proportion of children under 5-years of age with birth certificates was almost the same for boys (36 percent) and girls (38 percent). Urban areas had a higher percentage (55 percent) of under-5 year olds with birth certificates than rural areas (30 percent). Possession of a birth certificate increased with age of child, mother's education and household wealth, see Figure 10.1 and Appendix Table A10.1. The predominantly urban provinces, Harare and Bulawayo, had the highest proportions of children with birth certificates, 56 percent and 53 percent, respectively. The predominantly rural provinces generally had very low proportions of children with birth certificates. Mashonaland East had the highest proportion (40 percent) while Mashonaland West had the lowest (28 percent), followed by Matabeleland South with 29 percent.

Figure 10.1: Percentage Distribution of Children Aged 0-59 Months by Possession of a Birth Certificate, MIMS, Zimbabwe 2009
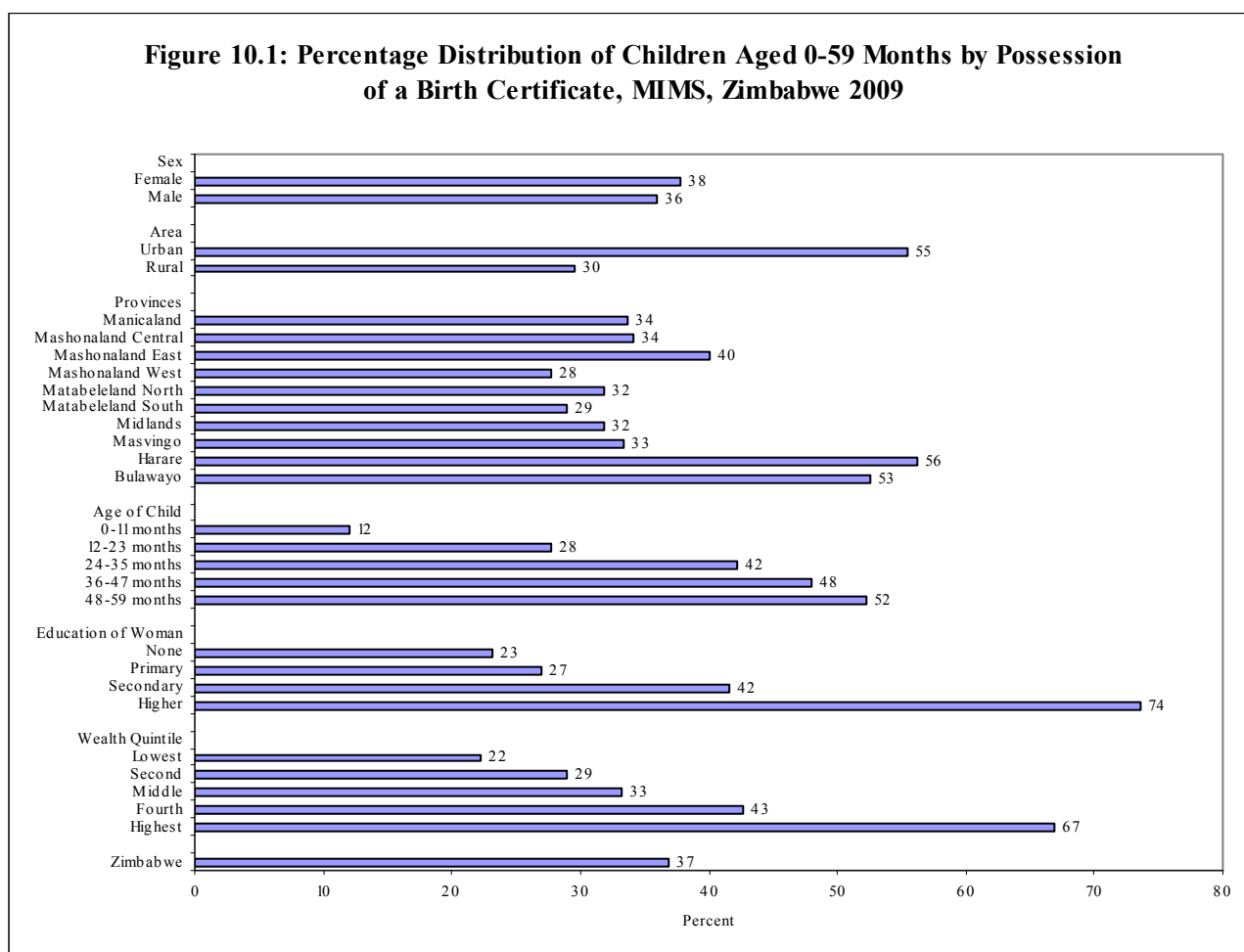
10.1.3 Reasons for Non-Registration of Birth

Among those whose births were not registered, unavailability of fathers, lack of national identification and birth certificates for parents, high cost, and travel distance appeared to be the main reasons. Child births were not being registered mainly because fathers were not around or had no time (cited for 28 percent of the births not registered). The other reasons included the following: parents not having National Identity Card or Birth Certificate (24 percent), cost too high (13 percent), place of registration far (8 percent and other reasons (21 percent), see

Figure 10.2 and Appendix Table A10.1. Given that in Zimbabwe birth certificates are obtained for free soon after the child is born up to 6 years, the high costs referred to in the survey by respondents are indirect costs including transport.

Figure 10.2: Reasons for Non-Registration of Births for Children Aged 6-59 Months, MIMS, Zimbabwe, 2009
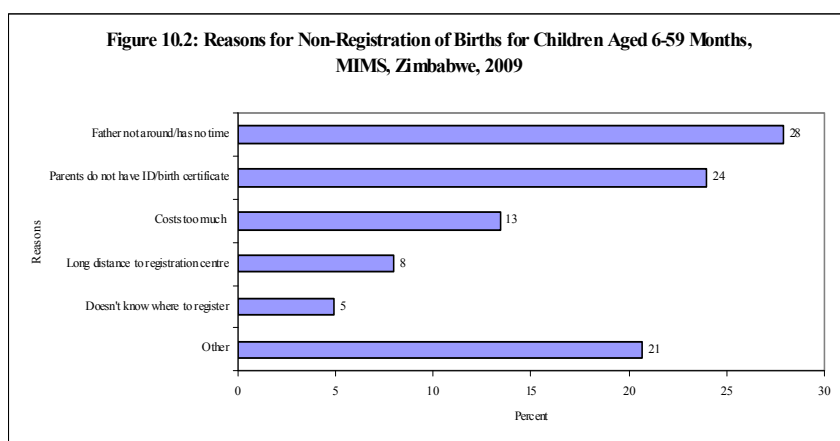
Urban areas had a greater proportion of fathers (30 percent) who were not available for the registration of their children's birth than rural areas (27 percent), see Appendix Table A10.1. Rural areas had a higher proportions than urban areas for the following; parents who did not have identity cards and or birth certificates required for the registration of child births (rural-24 percent, urban-22 percent), costs too much (rural-15 percent, urban-6 percent), long distance to registration centre (rural-9 percent, urban-3 percent) and do not know where to register (rural-5 percent, urban-4 percent).

For the predominantly rural provinces, Matabeleland South had the highest proportion of births not registered because of the unavailability of fathers (38 percent) and Midlands and Mashonaland West had the lowest proportions (22 percent each), followed by Manicaland (23 percent). The predominantly urban provinces of Bulawayo and Harare had proportions of births not registered because of the unavailability of fathers of 34 percent and 28 percent, respectively. Mashonaland Central province had the highest proportion of parents who had not registered their children's births because parents did not have identity cards and or birth certificates (30 percent), whilst Matabeleland South province had the lowest proportion of 14 percent. Bulawayo and Harare had proportions of births not registered because parents did not have identity cards and or birth certificates of 23 percent and 15 percent, respectively.

Midlands province had the highest proportion of births not registered because of the high costs (26 percent) and Matabeleland North the lowest proportion (9 percent). For the predominantly urban provinces, Harare had 6 percent of its births not registered because of the high costs and Bulawayo had 4 percent. Matabeleland North province had the highest proportion of births not registered because of long distances to registration centres (14 percent), whilst Masvingo and Mashonaland East provinces had the lowest proportions (5 percent each). As expected, Bulawayo and Harare provinces had the lowest proportions of births not registered because of long distances to birth registration centres (3 and 2 percent, respectively).

10.1.4 Knowledge of Where to Register Child's Birth

Nationally, 92 percent of the mothers and caretakers knew where to register child births, with no urban and rural differences. There was generally no relationship between knowledge of where to register a child birth and education of mother and caretaker and household wealth, see Figure 10.3 and Appendix Table A10.2. For the predominantly rural provinces, Masvingo and Midlands had the highest proportion of mothers and caretakers who knew where to register child births (96 percent each), whilst Mashonaland West had the lowest proportion (87 percent). Harare and Bulawayo provinces had almost equal proportions of 89 percent and 88 percent, respective

Figure 10.3: Children whose Mother/caretaker Did not Know Where to Register a Birth, Percentage Children, MIMS, Zimbabwe, 2009
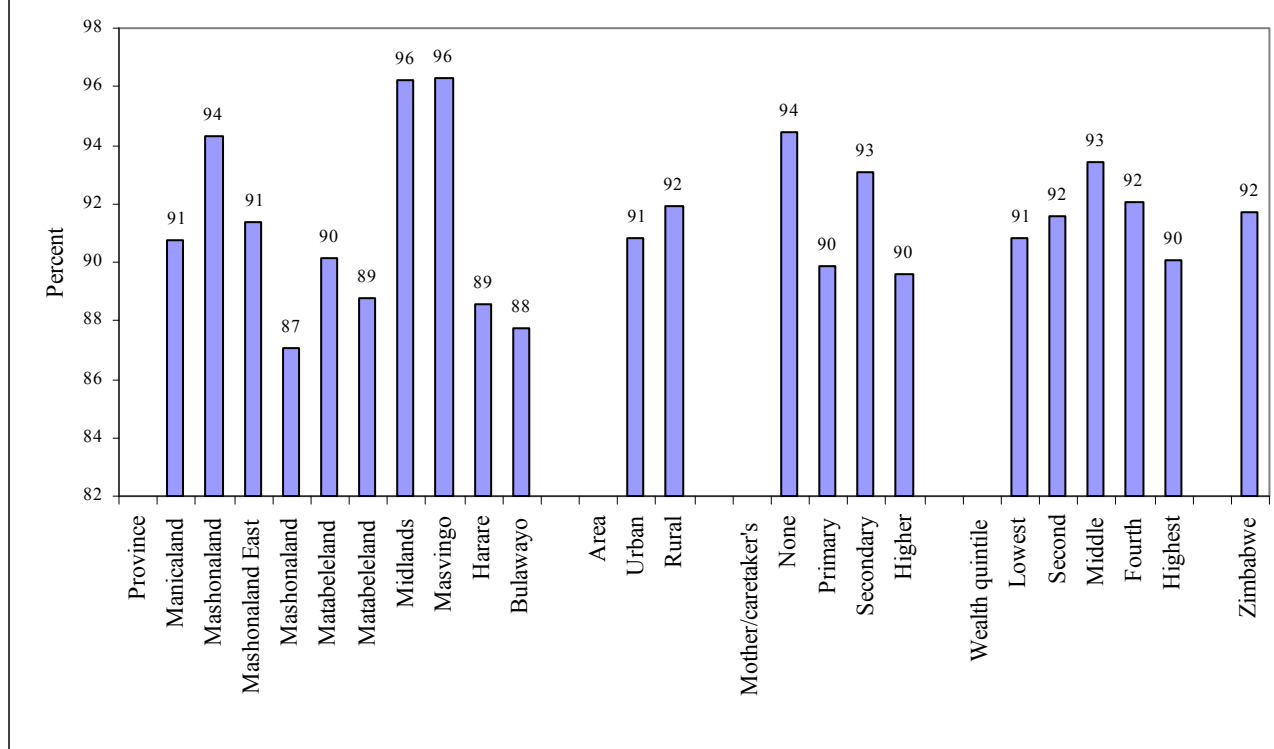
10.2 CHILD CARE ARRANGEMENTS

Children require adequate care from their parents and caretakers in order to lead healthy lives. Leaving children alone or in the presence of other young children is known to increase the risk of accidents. In the MIMS, mothers/caretakers aged 15-49 years were asked two questions on how many occasions they had travelled away from their home communities and slept away and whether they had been away for more than one month at a time, in the past 12 months for both questions.

Overall, 36 percent of the mothers/caretakers had not travelled away from their home community and slept away in the 12 months preceding the survey. This was followed by those who had travelled once (21 percent), two times (13 percent), 3-5 times (20 percent), 6-10 times (7 percent), 11-20 times (3 percent), 21-30 times and more than 30 times (one percent each), see Appendix Table A10.3. Rural areas had a higher proportion (41 percent) of mothers/caretakers who had not travelled away from their home community and slept away in the 12 months preceding the survey compared to urban areas (27 percent). For those who travelled 6 times or more away from their home community and slept away, urban areas had a higher proportion (16 percent) of mothers/caretakers, compared to rural areas with half that proportion (8 percent). Travelling 6 times or more increased with education of woman and household wealth, whilst not travelling decreased with education of woman and household wealth.

Nationally, 18 percent of the mothers/caretakers had been away from their home for more than one month at a time in the 12 months preceding the survey (urban-22 percent, rural-16 percent), see Figure 10.4 and Appendix Table A10.3. Being away from their home for more than one month at a time in the 12 months preceding the survey decreased with age of woman, and increased with education of woman and household wealth. For the predominantly

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rural provinces, Midlands had the highest proportion (24 percent) of mothers/caretakers who had been away from their home for more than one month at a time, whilst Manicaland (13 percent) had the lowest proportion, followed by Matabeleland North (14 percent). Harare and Bulawayo provinces had proportions of 22 percent and 16 percent, respectively.

Figure 10.4:Mothers/Caretakers Who Had Gone Away from Home for More than One Month at a Time in the 12 Months Preceding the Survey, Percentage Woman, MIMS, Zimbabwe, 2009
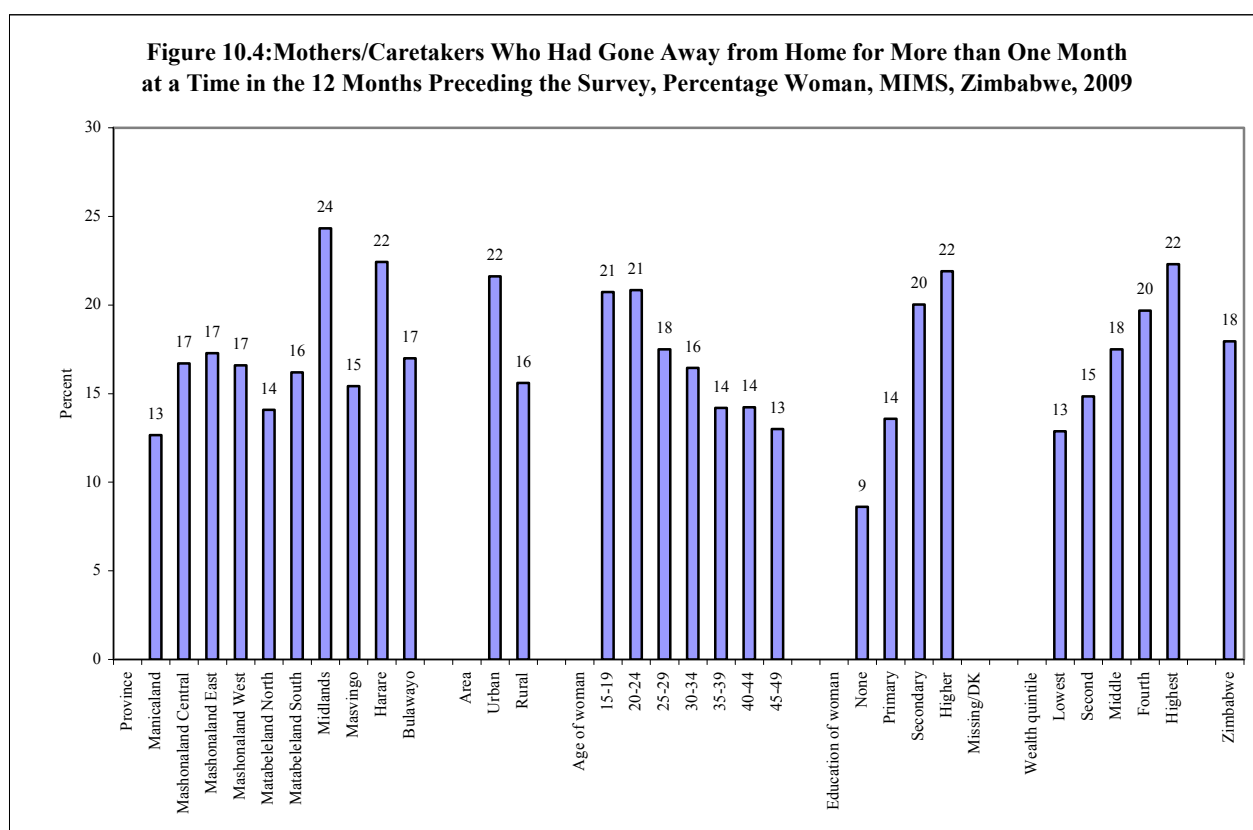
10.3   EARLY MARRIAGES

Research suggests that many factors interact to place a child at risk of marriage. Poverty, non-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.

Marriage is a primary indication of the exposure of women to risk of pregnancy and therefore is important for the understanding of fertility. Child marriage is a violation of human rights, compromising the development of the girl child and often resulting in early pregnancy and social isolation, combined with little education and poor vocational training thus reinforcing the engendered nature of poverty. Women married at younger ages are more likely to drop out of school, experience higher levels of fertility, domestic violence and maternal mortality. Furthermore, children born to young mothers have a higher risk of sickness and death than those born to older women. For these reasons, there is an interest in the age at marriage. In Zimbabwe, 16 years is the age of consent (with parents' approval) while 18 years is the legal age of majority (Legal Age of Majority Act, 1982). In addition, there is also the Sexual Offences Act No. 8 of 2001, which includes issues of protection of young persons from sexual exploitation.

The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights (UDHR), 1948-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 (CEDAW), 1979 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, 1990.

Other international agreements related to child marriage are the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages, 1964 and the African Charter on the Rights and Welfare of the Child (ACRWC), 1999 and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa , 2003. Child marriage was also identified by the Pan-African Forum against the Sexual Exploitation of Children, 2001 as a type of commercial sexual exploitation of children.

Marriage before the age of 18 is a reality for many young girls. According to UNICEF's Report worldwide estimates, as of 2007, 64 million women aged 20-24 were married/in union before the age of 18 years, (UNICEF Child Info Database: Monitoring the Situation of Children and Women-The State of the World's Children, 2008). 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.

Young married girls are a unique, though often an invisible, group. They are often required to perform heavy amounts of domestic work, they are under pressure to demonstrate fertility, and are also 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 numbers and with more intensity. Cohabitation, when a couple lives together as if married, raises the same human rights concerns as marriage. 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. Additional concerns due to the informality of the relationship, for example, inheritance, citizenship and social recognition, might make girls in informal unions vulnerable in different ways than those who are in formally recognized marriages.

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 15 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 both married and unmarried girls between the ages of 15 and 19, particularly among the youngest of this cohort. There is evidence to suggest that girls who marry at young ages are more likely to marry older men which puts them at increased risk of HIV infection under the inter-generational transmission cycle. Parents seek to marry off their girls to protect their honour, and men often seek younger women as wives as a means to avoid choosing a wife who might already be infected. The demand for this young wife to reproduce and the power imbalance resulting from the age differential may lead to very low condom use among such couples.

10.3.1 Age at First Marriage

The age at first marriage is a proximate determinant of fertility. It depicts exposure to pregnancy and the risks associated. Information on the age at first marriage was obtained by asking respondents the month and year they started living with a man as if married. Table 10.1 presents women aged 15-49 years by age at first marriage and the median age at first marriage, according to the current age. The median age at first marriage has been declining

from 19 years for women currently aged 45-49 years to 16 years for those aged 15-19 years. The median age at first marriage was the same (19 years) for age groups 20-49 years, 25-49 years and 15-49 years. About two-thirds (65 percent) of the women currently aged 25-49 years were married by the age 20 years, and the median age at first marriage for the women in the same age group was 19 years.

Table 10.1: Age at First Marriage
Percentage of women who were first married by specific exact ages and mean age at first marriage, according to current age, MIMS, Zimbabwe, 2009

Age	Percentage first married by exact age					Percentage never married	Number of women	Mean age at first marriage
	15	**18**	**20**	**22**	**25**			
15-19	5.6	N/A	N/A	N/A	N/A	76.4	2 616	16.3
20-24	9.7	44.2	64.1	N/A	N/A	26.1	2 412	18.0
25-29	10.3	44.4	63.0	76.2	87.6	9.5	2 129	18.9
30-34	10.8	42.2	63.7	77.6	88.7	4.8	1 459	19.4
35-39	13.0	43.1	65.1	78.2	88.8	2.6	1 208	19.5
40-44	14.0	45.2	65.1	75.4	87.3	3.1	828	19.6
45-49	15.7	52.3	74.2	83.6	92.6	1.1	687	18.8
20-49	**11.4**	**44.5**	**64.8**	**N/A**	**N/A**	**11.1**	**8 723**	**18.9**
25-49	**12.0**	**44.6**	**65.1**	**77.6**	**88.6**	**5.3**	**6 311**	**19.2**
15-49	**10.0**	**39.3**	**55.2**	**63.9**	**70.3**	**26.1**	**11 339**	**18.7**

10.3.2 Marriage Before Ages 15 And 18 Years

Five (5) percent of the women aged 15-49 years currently in marriage or union were married before age 15 years (rural areas-6 percent, urban areas-2 percent), see Figure 10.5. Marriage before age 15 years decreased with education of woman and household wealth and increased with age of woman. The age distribution showed that the proportion of women marrying before 15 years has declined overtime, see Appendix Table A10.4. Bulawayo and Harare provinces had the lowest proportions of women marrying before 15 years at 1 percent and 2 percent, respectively. For the predominantly rural provinces, Mashonaland Central had the highest proportion of women marrying before 15 years (9 percent) while Matabeleland South had the lowest (3 percent).

Figure 10.5: Women Aged 15-49 Years in Marriage/Union before Age 15 years and Women Aged 20-49 years in Marriage/Union before Age 18 years, Percentage, MIMS, Zimbabwe 2009
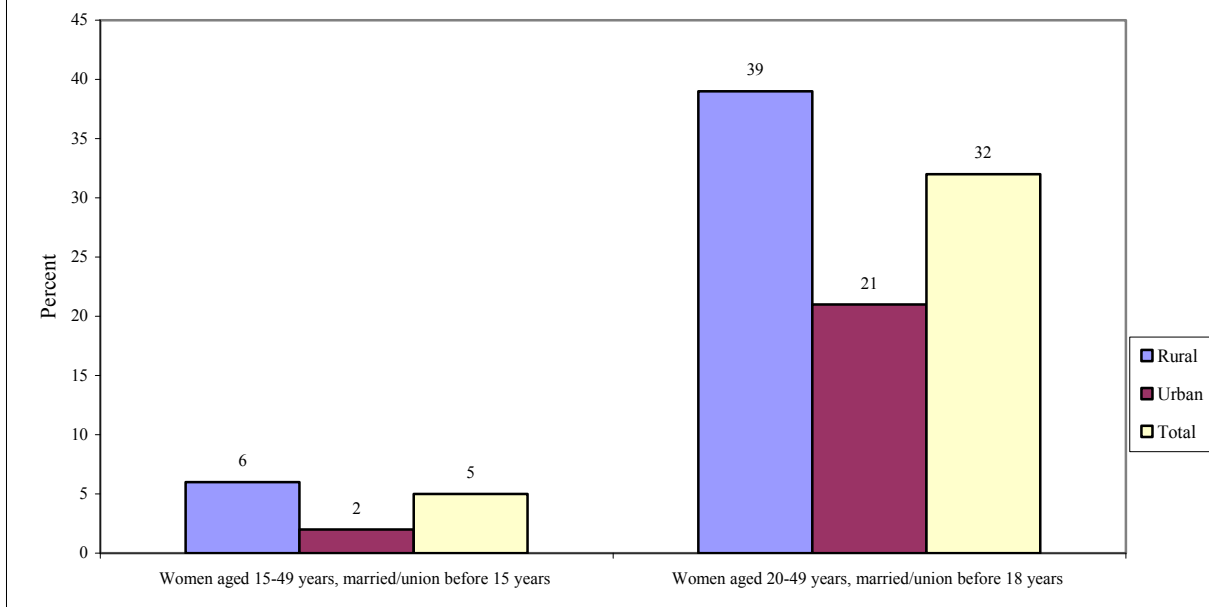
On the other hand, 32 percent of the women aged 20-49 years currently in marriage or union were married before age 18 years, (rural areas-39 percent, urban areas-21 percent), see Figure 10.5. Marriage before age 18 years decreased as education of woman and household wealth increased. The proportion of women aged 20-49 years who married before age 18 years was highest in the age group 45-49 years at 40 percent compared to around 31 percent in the rest of the age groups. The age distribution showed that the proportion of women marrying before 18 years was generally declining overtime, see Appendix Table A10.4. Bulawayo and Harare provinces had the lowest proportions of women marrying before 18 years at 14 percent and 20 percent, respectively. For the predominantly rural provinces, Mashonaland Central had the highest proportion of women marrying before 18 years of 49 percent while Matabeleland South had the lowest of 24 percent.

10.3.3 Young Women Aged 15-19 Currently Married/In Union

Nationally, 21 percent of women aged 15-19 years in Zimbabwe were married or in union at the time of the survey (rural areas-28 percent, urban areas-10 percent), see Figure 10.6 and Appendix Table A10.4. The proportion of women aged 15-19 years who were married or in union decreased as education of woman and household wealth increased. The predominantly urban provinces of Bulawayo and Harare had the lowest proportions of women aged 15-19 years who were married or in union, 6 percent and 10 percent, respectively. For the predominantly rural provinces, Mashonaland Central had the highest proportion (37 percent) of women aged 15-19 years who were married or in union while Matabeleland South had the lowest proportion (14 percent).

Figure 10.6: Young Women Aged 15-19 Years Currently Married or in Union, MIMS , Zimbabwe, 2009
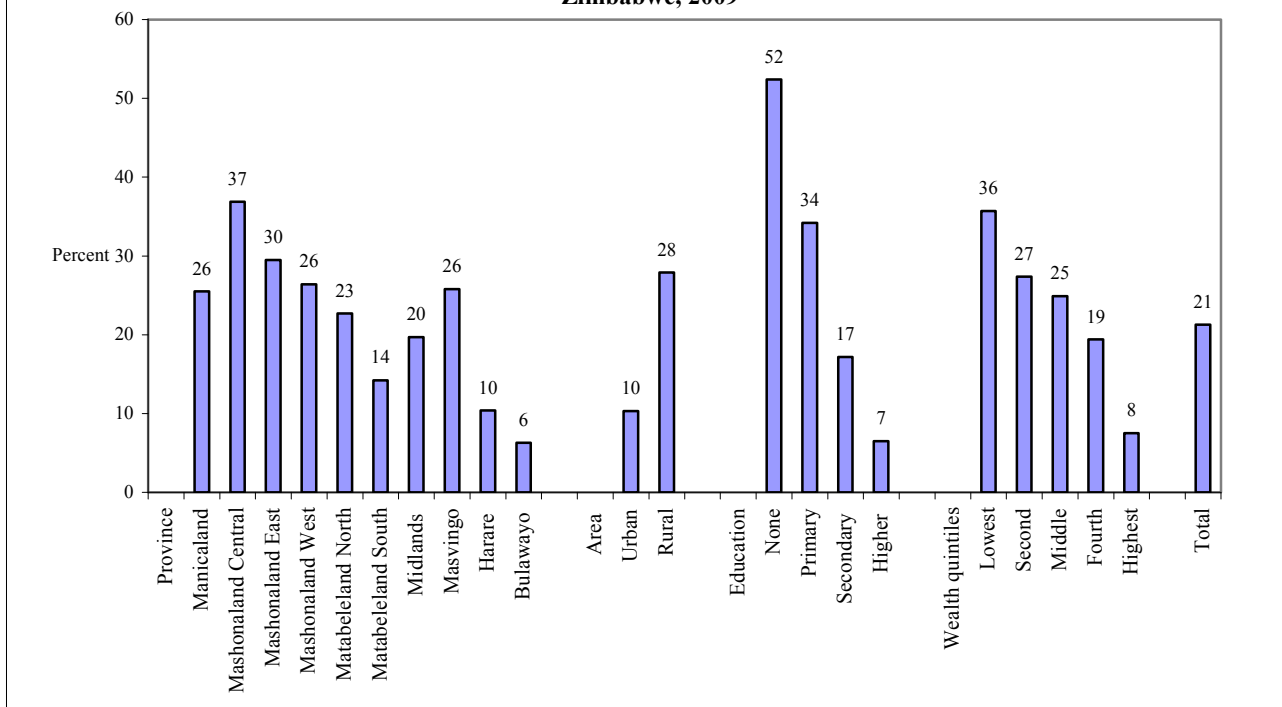
10.3.4 Women in Polygamous[22] Marriage/Union

Polygamy[23] has implications for the exposure to sexual activity and therefore fertility, particularly for young women aged 15-19 years. The MIMS asked women aged 15-49 years "Besides yourself, does your husband /partner have any other wives?" and "How many other wives does he have?".

About 10 percent of the women aged 15-49 years were in a polygamous union at the time of the survey, with rural areas having a higher proportion (12 percent) and urban areas half of that proportion (6 percent), see Appendix Table A10.4. The proportion of women in a polygamous marriage/union decreased with education of woman and household wealth and had no relationship to age of woman. For the predominantly rural provinces, Mashonaland Central and Manicaland had the highest proportions of women in a polygamous union (13 percent each), with Matabeleland South having the lowest of 8 percent, followed by Mashonaland East (9 percent). Bulawayo and Harare provinces had relatively low proportions of women in polygamous unions of 6 percent each.

A tenth of the young women aged 15-19 years were in a polygamous union at the time of the survey, with rural areas having a higher proportion (10 percent) than urban (7 percent), see Figure 10.7 and Appendix Table A10.4. The proportion of young women in a polygamous marriage/union had no relationship with education of woman and household wealth. For the predominantly rural provinces, Manicaland had the highest proportions of young women in a polygamous union (16 percent), with Matabeleland North province having the lowest of 2 percent. Bulawayo and Harare provinces had relatively low proportions of young women in polygamous unions of 6 percent each.

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[22] Having more than one wife or husband at the same time.
[23] Polygamy in which a man has more than one wife.

Figure 10.7: Young Women Aged 15-19 Years in Polygamous Marriage or Union, MIMS , Zimbabwe, 2009
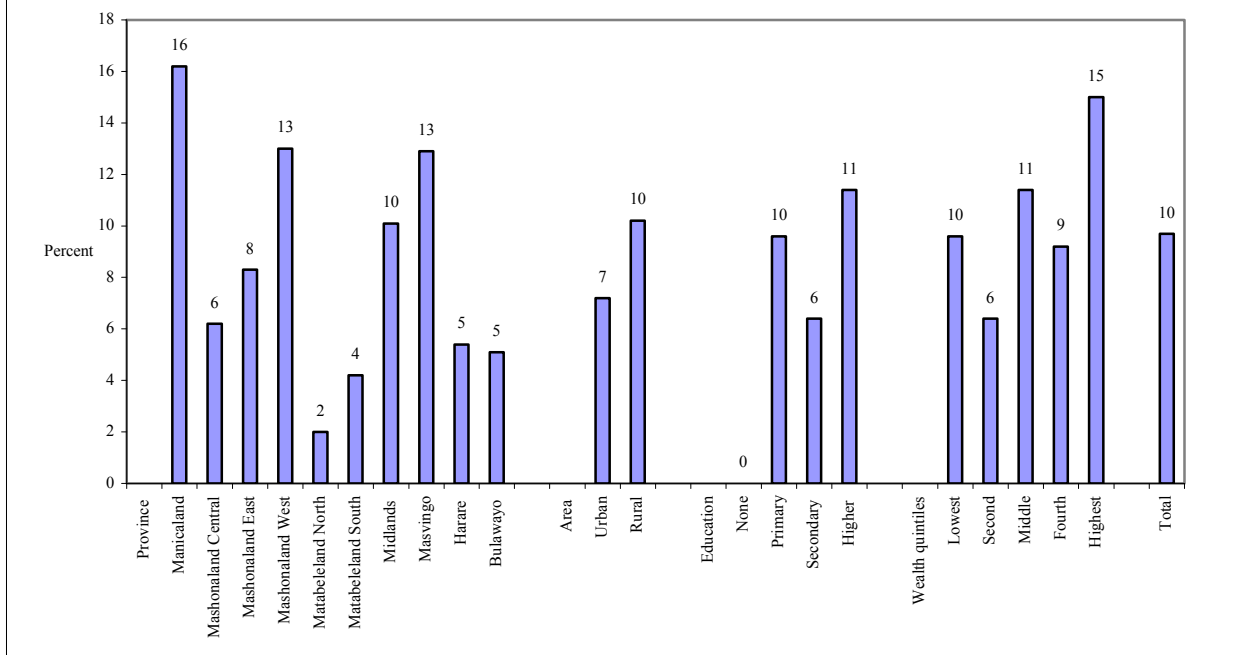
10.3.5 Spousal Age Difference

Spousal age difference has implications on the welfare of the household. The age gap between partners is thought to contribute to the abusive power dynamics. Generally a spousal age difference of 10 years or more may lead to both economic and social domineering by the older spouse and this generally works against the welfare of women and children. This often negatively affects decision making, for example, on reproductive health issues. An older husband can insist on having many children to the detriment of the young spouse. Intergenerational sex is associated with the high risk of contracting HIV. In addition, the risk of widowhood is also higher for women who are much younger than their spouses.

The MIMS asked the ages of spouses of all the women aged 15-49 years who were married or in union. Appendix Table A10.5 presents the results of the age difference between husbands and wives for the young women aged 15-19 years and those aged 20-24 years. The spousal age differences are categorised into three groups, 0-4 years, 5-9 years and 10 years and above for young women aged 15-19 years. For the women aged 20-24 years an additional category of spouses who are younger was also tabulated.

For the women aged 15-19 years, 23 percent had a spousal age difference of 10 years and above, 50 percent of 5 to 9 years and 27 percent of 0-4 years, see Figure 10.8. There were insignificant differences between urban and rural areas in terms of the proportions of women with spousal age differences for the three age categories, see Appendix Table A10.5. For the spousal age difference of 10 years and above, the proportions of women aged 15-19 decreased with education of woman, implying that the more educated the woman was the less likely that they were married or in union with a spouse aged 10 years and above. However, there was no relationship between spousal difference of 0-4 years and that of 5-9 years and education of woman. In addition, there was no relationship between all the three categories of spousal age differences and household wealth.

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Figure 10.8: Spousal Age Difference for Currently Married /in Union Women aged 15-19 and 20-24 Years, According to the Age Difference with Their Husband or Partner, MIMS, Zimbabwe, 2009
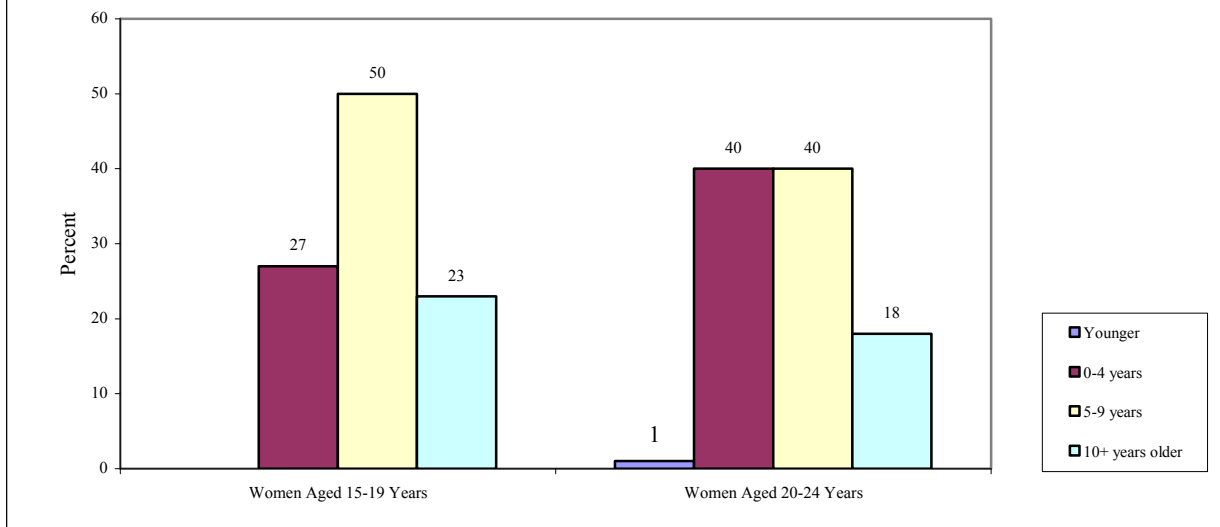
Young women aged 15-19 years in Matabeleland North and Matabeleland South provinces were likely to marry spouses 10 years and older (29 percent each) whilst those in Midlands province were least likely to do so (14 percent). Midlands province, on the other hand had the highest proportion (55 percent) of women aged 15-19 years who were married or in union with spouses who were 5-9 years older than them, whilst Matabeleland had the lowest proportion (38 percent). Matabeleland North province had the highest proportion of women aged 15-19 years (32 percent) with a spousal age difference of 0-4 years, with Mashonaland West province having the lowest (22 percent).

For the women aged 20-24 years, 18 percent had a spousal age difference of 10 years and above, 40 percent of 5 to 9 years, another 40 percent of 0-4 years, see Figure 10.8. Marriage or being in union with a younger spouse was minimal with only 1 percent of the women aged 20-24 years being in such a situation. Women aged 20-24 years in rural areas had a higher proportion who had a spousal age difference of 10 years and above (19 percent) compared to urban areas (16 percent). A similar pattern emerged for the spousal age difference of 0-4 years with rural areas having a proportion of 41 percent and urban areas 38 percent. On the contrary, for the spousal age difference of 5-9 years, urban areas had a higher proportion (44 percent) compared to the rural one (38 percent), see Appendix Table A10.5. For the spousal age difference of 10 years and above, the proportions of women aged 20-24 years decreased with education of woman. However, there was no relationship between spousal difference of 0-4 years and that of 5-9 years and education of woman. In addition, there was no relationship between all the three categories of spousal age differences and household wealth.

Considering all the provinces, young women aged 20-24 years in, Masvingo and Matabeleland South provinces were likely to marry spouses 10 years and older (25 percent each) whilst those in Midlands province were least likely to do so (12 percent). Harare province, on the other hand had the highest proportion (45 percent) of women aged 20-24 years who were married or in union with spouses who were 5-9 years older than them, whilst Masvingo had the lowest proportion (37 percent). Bulawayo province had the highest proportion of women aged 20-24 years (49 percent) with a spousal age difference of 0-4 years, with Harare and Matabeleland South provinces having the lowest (35 percent each).

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10.4 DOMESTIC VIOLENCE

Domestic violence is a violation of basic human rights. Domestic violence includes physical, sexual, emotional, psychological, or economic abuse committed by a person against a spouse, child, or any other person who is a member of the household, dependent, or parent of a child of that household. Recent research has shown that gender-based violence, as an economic, human right and health issue is increasing world wide and this has implications on child protection. According to the United Nations, Declaration on the Elimination of Violence against Women, 1993 and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa, 2003, gender-based violence is defined as any act of violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, where occurring in public or private life.

While domestic violence has negative health consequences for the mother including their reproductive health, it also has negative implications for the child. In a household where a mother is experiencing domestic violence, this is likely to spill over to the child. However, some of the domestic violence is directly on children and not even through their mothers. In addition, women who married at younger ages 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. There is need for awareness campaigns for vulnerable populations including children against domestic violence. In this regard, the Zimbabwe government enacted a Domestic Violence Act in 2008.

The MIMS included a module designed to obtain information on women's perception on domestic violence. A number of questions were asked of women aged 15-49 years to assess their attitudes towards whether husbands are justified to hit or beat their wives/partners, when they are angered or annoyed for a variety of reasons. These five reasons included the following: when a wife goes out without telling him; when a wife neglects the children; when she argues with him; when she refuses sex with him and when she burns the food. These questions were asked to have an indication of cultural beliefs that tend to be associated with the prevalence of violence against women by their husbands/partners. The main assumption here is that women that agree with the statements indicating that husbands/partners are justified to beat their wives/partners under the situations described in reality tend to be abused by their own husbands/partners. A lower score on the "number of reasons wife beating is justified" indicates a woman's greater sense of entitlement, self esteem, and status, and, therefore is associated with a higher sense of empowerment. Women were also asked whether they were aware of the Domestic Violence Act.

10.4.1 Domestic Violence, Women Aged 15-49 years

In the MIMS (49 percent) of all women aged 15-49 years believed that a husband was justified in beating his wife/ partner for any of the five reasons highlighted above. This proportion is similar to the ZDHS 2005/06 proportion of 48 percent. The highest proportion of women (35 percent) believed that a husband was justified in beating his wife/partner when she neglected children. This was followed by those who believed that wife beating was justified if a wife went out without telling her husband (24 percent); when she argued with her husband (22 percent); when she refused to have sex with her husband (19 percent); and when she burnt food (10 percent), see Figure 10.9. For the ZDHS 2005/06 the findings on the proportion of women who believed that a husband was justified in beating his wife/ partner were as follows: when she went out without telling him (33 percent); when she neglected children (30 percent); when she argued with him (26 percent); when she refused to have sex with him (24 percent); and when she burnt food (12 percent).

Overall, the highest proportions of women who were most likely to agree with the statements of wife beating were among young women aged 15-19 years and 20-24 years, living in rural areas, currently married or in union, not educated and from the poorest households, see Table Appendix A10.6. These women have a lower sense of empowerment and are at a greater risk of abuse from their husbands.

Figure 10.9: Wife Beating by Husband/Partner Justification, Percent Women Aged 15-49 Years, MIMS, Zimbabwe, 2009
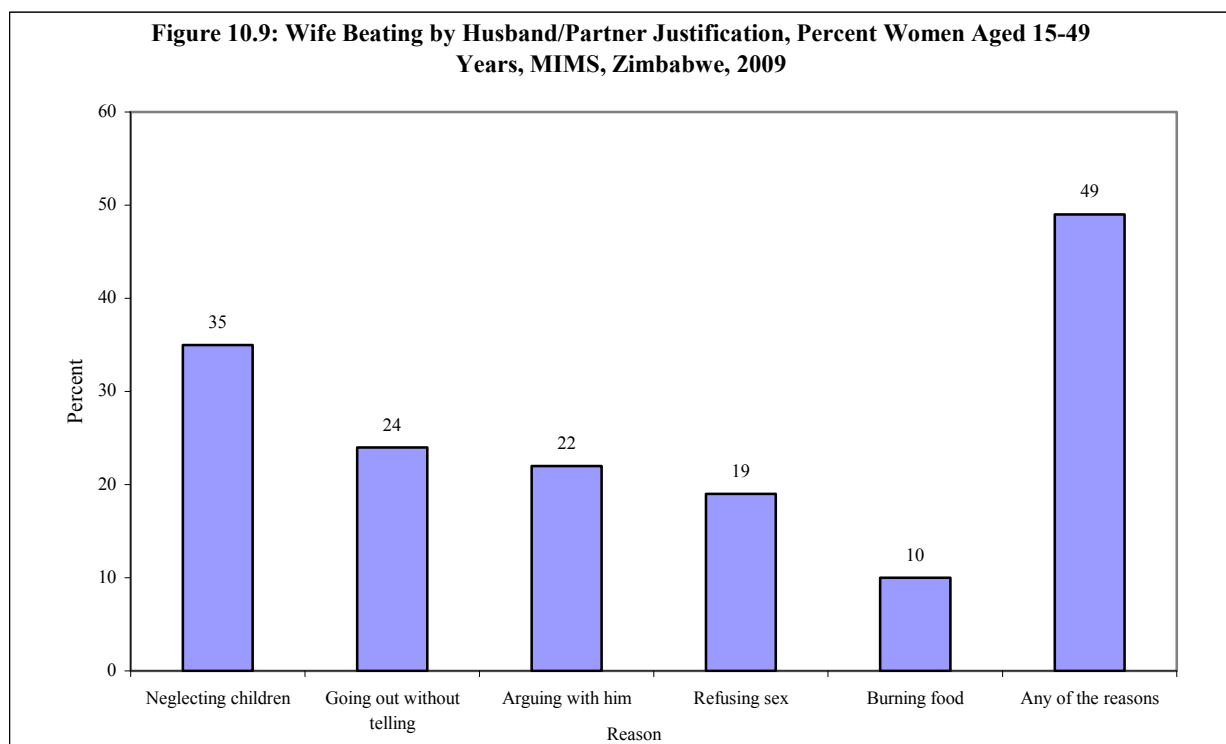
Rural areas had a greater proportion (60 percent) of women aged 15-49 years who believed that a husband was justified in beating his wife/partner for any of the five reasons than urban areas (34 percent), see Table Appendix A10.6. Generally, the proportion of women who believed that a husband was justified in beating his wife/ partner for any of the five reasons decreased with the age of woman, her education level, and household wealth. As mentioned earlier, education also appeared to be empowering women and was reducing women's abuse from husbands. Similarly, women from rich households were less likely to be abused than those from poor ones. Currently married women or women in union had a higher proportion (51 percent) who believed that a husband was justified in beating his wife/partner for any of the five reasons compared to those women who were formerly married or in union or were never married or in union (47 percent each).

Child neglect

Regarding domestic violence for child neglect, rural areas had a greater proportion (42 percent) of women aged 15-49 years who believed that a husband was justified in beating his wife/ partner for that reason than urban areas (24 percent), see Table Appendix A10.6. Generally, the proportion of women who believed that wife beating for child neglect decreased with the age of woman, her education level, and household wealth. For the predominantly rural provinces, Mashonaland Central province had the highest proportion (47 percent) of women aged 15-49 years who believed that wife beating for child neglect was justified, whilst Matabeleland South had the lowest (33 percent). Bulawayo and Harare provinces had relatively low proportions of 20 percent and 21 percent, respectively. Currently married women or women in union had a higher proportion (36 percent) who believed that wife beating for child neglect was justified compared to those women who were formerly married or in union or were never married or in union (33 percent each).

Going out without telling husband

Rural areas had a greater proportion (31 percent) of women aged 15-49 years who believed that wife beating for going out without telling a husband was justified than urban areas (13 percent). Generally, the proportion of women who believed that wife beating for going out without telling a husband was justified decreased with the age of woman, her education level, and household wealth. For the predominantly rural provinces, Mashonaland Central province had the highest proportion (36 percent) of women aged 15-49 years who believed that wife beating for going out without telling a husband is justified, whilst Matabeleland South had the lowest (22 percent). Harare and Bulawayo provinces had relatively low proportions of 10 percent and 11 percent, respectively. Currently married women or women in union had a higher proportion (26 percent) who believed that wife beating for going out without telling a husband was justified compared to those women who were formerly married or in union (22 percent) and those women who were never married or in union (21 percent).

Arguing with husband

Regarding domestic violence for arguing with the husband, rural areas had a greater proportion (30 percent) of women aged 15-49 years who believed that wife beating for arguing with a husband was justified than urban areas (11 percent), see Table Appendix A10.6. Generally, the proportion of women who believed that wife beating for arguing with a husband was justified decreased with the age of woman, her education level, and household wealth. For the predominantly rural provinces, Matabeleland North province had the highest proportion (34 percent) of women aged 15-49 years who believed that wife beating for arguing with a husband was justified, whilst Mashonaland East had the lowest (23 percent). Harare and Bulawayo provinces had relatively low proportions of 8 percent and 7 percent, respectively. Currently married women or women in union had a higher proportion (24 percent) who believed that wife beating for arguing with a husband was justified than to those women who were formerly married or in union or were never married or in union (20 percent each).

Refusal to have sex

Concerning domestic violence for refusal of wife or partner to have sex with the husband, rural areas had a greater proportion (25 percent) of women aged 15-49 years who believed that wife beating for refusing to have sex was justified than urban areas (8 percent), see Table Appendix A10.6. Generally, the proportion of women who believed that wife beating for refusing to have sex was justified decreased with the woman's education level, and household wealth. There was no clear relationship with the age of the woman. For the predominantly rural provinces, Mashonaland Central province had the highest proportion (28 percent) of women aged 15-49 years who believed that wife beating for refusing to have sex was justified, whilst Matabeleland South had the lowest (9 percent). Bulawayo and Harare provinces had relatively low proportions of 4 percent and 7 percent, respectively. Currently married women or women in union had a higher proportion (21 percent) who believed that wife beating for refusing to have sex was justified than those women who were formerly married or in union (20 percent) and those women who were never married or in union (12 percent).

Burning food

Rural areas had a greater proportion (14 percent) of women aged 15-49 years who believed that wife beating for burning food was justified than urban areas (4 percent). Generally, the proportion of women who believed that wife beating for burning food was justified decreased with the age of woman, her education level, and household wealth. For the predominantly rural provinces, Mashonaland Central province had the highest proportion (18 percent) of women

aged 15-49 years who believed that wife beating for burning food was justified, whilst Matabeleland South had the lowest (7 percent). Bulawayo and Harare provinces had relatively low proportions of 3 percent each. Women who were formerly married or women in union had a higher proportion (11 percent) who believed that wife beating for burning food was justified than those women who were currently married or in union or were never married or in union (10 percent each).

10.4.2 Domestic Violence, Young Women Aged 15-24 Years

More than half (55 percent) of all young women aged 15-24 years believed that a husband was justified in beating his wife/ partner for any of the five reasons: when a wife goes out without telling him; when a wife neglects the children; when she argues with him; when she refuses sex with him and when she burns the food. The highest proportion of women (39 percent) believed that a husband was justified in beating his wife/partner when she neglected children, see Table Appendix A10.7. This was followed by those who believed that wife beating was justified if a wife went out without telling her husband (27 percent); when she argued with her husband (26 percent); when she refused to have sex with her husband (18 percent); and when she burnt food (12 percent).

Rural areas had a greater proportion (64 percent) of women aged 15-24 years who believed that a husband was justified in beating his wife/ partner for any of the five reasons than urban areas (42 percent). Generally, the proportion of young women who believed that a husband was justified in beating his wife/ partner for any of the five reasons decreased with her education level and household wealth. Currently married young women or women in union had a higher proportion (62 percent) who believed that a husband was justified in beating his wife/ partner for any of the five reasons compared to those young women who were formerly married or in union (56 percent) and the never married or in union young women (50 percent).

For the predominantly rural provinces, Mashonaland Central province had the highest proportion (71 percent) of young women aged 15-24 years who believed that wife beating for any of the five reasons was justified, whilst Midlands province had the lowest (56 percent). Harare and Bulawayo provinces had relatively low proportions of 36 percent and 38 percent, respectively.

Young women aged 15-19 years had the highest proportion (57 percent) of women who believed that a husband was justified in beating his wife/ partner for any of the five reasons. In the ZDHS 2005/06, 55 percent of the 15-19 year old women believed that a husband was justified in beating his wife/ partner for any of the five reasons. The highest proportion (40 percent) of women aged 15-19 years believed that a husband was justified in beating his wife/ partner for neglecting children, followed by those who believed that wives and partners deserved beating for going out without telling their husbands (27 percent); arguing with the husband (26 percent); refusing to have sex (17 percent) and burning food (13 percent).

Young women aged 20-24 years had the second highest proportion (53 percent) of women who believed that a husband was justified in beating his wife/ partner for any of the five reasons. In the ZDHS 2005/06, 49 percent of the 20-24 year old women believed that a husband was justified in beating his wife/ partner for any of the five reasons. The highest proportion (39 percent) of women aged 20-24 years believed that a husband was justified in beating his wife/ partner for neglecting children, followed by those who believed that wives and partners deserved beating for going out without telling their husbands (26 percent); arguing with the husband (25 percent); refusing to have sex (19 percent) and burning food (10 percent).

10.4.3 Knowledge of the Existence of the Domestic Violence Act

Half (50) percent of the women aged 15-49 years knew about the existence of the Domestic Violence Act. Urban areas had a higher proportion (71 percent) of women who knew of the existence of the Domestic Violence Act than the rural areas (37 percent), see Figure 10.10 and Appendix Table A10.8.

Figure 10.10: Knowledge of the Domestic Violence Act by Women aged 15-49 Years, MIMS, Zimbabwe 2009
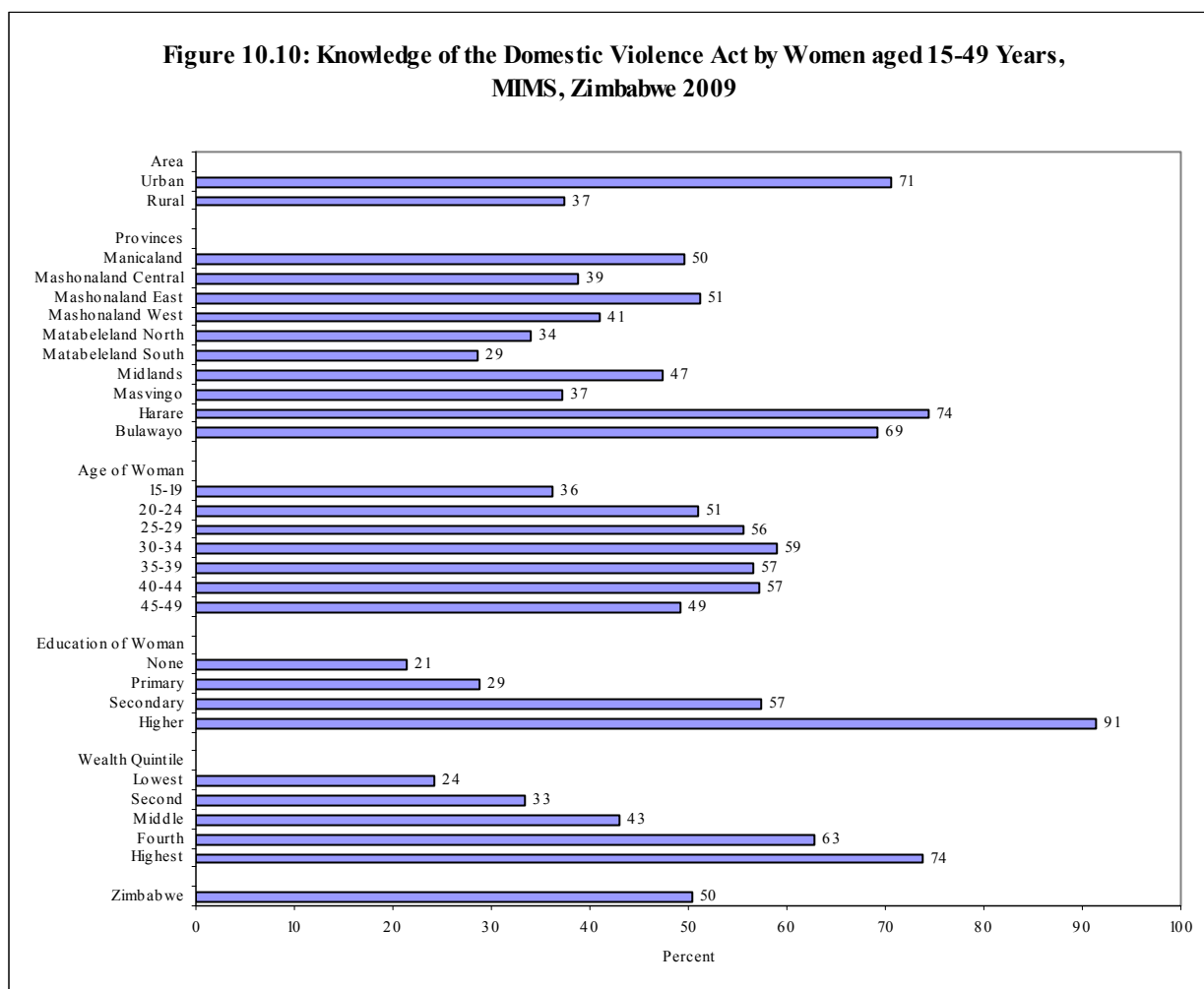
Of all provinces, Harare and Bulawayo had the highest proportions of women who knew about the existence of the Domestic Violence Act of 74 percent and 69 percent, respectively. For the predominantly rural provinces, Mashonaland East had the highest proportion of women (51 percent) who knew about the existence of the Act whilst Matabeleland South had the lowest proportion (29 percent). Knowledge of the Domestic Violence Act increased with education of woman and household wealth but had no relationship with the age of woman. Most women with higher education (91 percent) knew about the existence of the Domestic Violence Act, compared to only a fifth (21 percent) of those with no education. The disparity for women from households in the different wealth quintiles was also high ranging from 24 percent for those from the lowest household wealth quintile to 74 percent for those from the highest quintile.

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CHAPTER 11

HIV AND AIDS AND ORPHANED AND
VULNERABLE CHILDREN

HIV prevalence has been showing downward trends in Zimbabwe in the past five years. According to the Ministry of Health and Child Welfare, HIV prevalence among adults (15-49 years) declined from 24.6 percent in 2003, to 20.1 percent in 2005, 18.6 percent in 2005/06, 15.6 percent in 2007 and 13.7 percent in 2009, the first such decline in Southern Africa. Significant decline has also been observed in HIV prevalence among ANC attendees from 25.7 percent in 2002, to 21.3 percent in 2004, 17.7 percent in 2006 and 16.1 percent in 2009. Among women aged 15-24 years HIV prevalence declined from 29.6 percent in 2002 to 17.1 percent in 2004, 12.5 percent in 2006 and 11.6 percent in 2009. HIV incidence[24] is estimated to have peaked at 4.6 percent in 1993, thereafter declining to 1.07 percent in 2005 and currently 0.96 percent in 2009.

Although, the noted decline in HIV prevalence is a positive sign, Zimbabwe still ranks among the four countries with the highest prevalence rates in the world (of double-digits). Amid the severe economic challenges the country has been facing, the decline in HIV prevalence has been attributed to several factors. Decline in incidence, owing to behaviour change, which is a result of programming efforts, is one of the factors. Zimbabwe is a best practice in the world with its National AIDS Trust Fund commonly known as the 'AIDS Levy' established from a 3 percent tax levied on incomes of individuals in formal employment and corporate companies to support the fight against the HIV and AIDS pandemic. In addition, mortality is contributing to the decline in prevalence as access to life saving Anti-Retroviral (ARV) drugs remains limited for women, children and the general population.

The HIV and AIDS epidemic has disproportionately affected females and children have not been spared. According to the ZDHS 2005/06, females constituted 54 percent of people living with HIV and AIDS in Zimbabwe. HIV prevalence was higher among females aged 15-49 years (21.1 percent) than males (14.5 percent). Women's physiological make up, cultural factors, poverty and gender inequalities account for higher HIV prevalence among females.

This chapter first analyzes comprehensive knowledge of HIV transmission by considering the following: knowledge of HIV transmission among women aged 15-49 years and young women aged 15-24 years; knowledge of parent-to-child transmission of HIV; attitudes towards people living with HIV (stigma and discrimination); and knowledge of where to be tested for HIV and use of such services. The chapter next examines counselling and HIV testing during ANC. The chapter comes to a conclusion by analysing orphans and vulnerable children including children's living arrangements and orphanhood; OVC prevalence; OVC school attendance; OVC nutrition; and external support to OVC.

11.1   KNOWLEDGE OF HIV TRANSMISSION

One of the key factors which reduce the risk of infection with HIV is accurate knowledge of how HIV is transmitted and methods of preventing transmission. This knowledge enables individuals to make informed choices about their sexual behaviour and practices which expose them to the risk of contracting the HIV virus including prevention of parent-to-child transmission. Misconceptions about HIV are common and can mislead both young and old people and hinder prevention efforts. Correct information is the first step toward raising awareness and giving people the tools to protect them from infection. The UN General Assembly Special Session on

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[24] The rate of new HIV infections.

HIV and AIDS (UNGASS) 2001, called on governments to improve the knowledge and skills of particularly young people to protect themselves from HIV. The indicators to measure this goal as well as the MDG target of reducing HIV infections by half by 2015 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.

One indicator which is both an MDG and UNGASS indicator is the percent of young women who have comprehensive and correct knowledge of HIV prevention and transmission. Women aged 15-49 years interviewed in the survey had several statements read to them about HIV transmission mechanisms and misconceptions on the same. Examples of misconceptions were whether HIV and AIDS can be transmitted by supernatural means, mosquito bites or sharing food and that a healthy looking person cannot be infected with the HIV virus. Examples of prevention methods included whether people can protect themselves from getting infected with the HIV virus by having one sex partner who is not infected and also who has no other partners, whether people reduce their chances of getting the HIV virus by using a condom every time they have sex, and whether people reduce their chances of getting infected by the HIV virus by not having sex at all. In the MIMS, a woman with comprehensive knowledge of HIV transmission was defined as one who correctly identified two prevention methods and three misconceptions about HIV transmission.

11.1.1 Comprehensive Knowledge of HIV Transmission Among Women Aged 15-49 Years

Knowledge of the existence of HIV and AIDS and HIV prevention methods

The MIMS asked women aged 15-49 years whether they had heard about HIV and AIDS and whether they knew the following three ways in which HIV transmission can be prevented; having only one faithful uninfected sex partner, using a condom every time and abstaining from sex. Nearly all the women (99 percent) aged 15-49 years had heard about HIV and AIDS, see Table 11.1. Nationally, 90 percent of the women aged 15-49 years knew that HIV transmission can be prevented by having only one faithful uninfected sex partner, followed by using a condom every time (82 percent) and abstaining from sex (78 percent), whilst 3 percent did not know any way. Ninety seven (97) percent of the women knew at least one way of preventing HIV transmission, whilst a relatively low proportion (63 percent) knew all the three ways.

Urban areas had a higher proportion (68 percent) who knew all the three ways of preventing HIV transmission compared to rural areas (60 percent). Knowledge of all the three ways of preventing HIV transmission increased with education and generally with age of woman and household wealth. For the predominantly rural provinces, Masvingo had the highest proportion of women who knew all the three ways of preventing HIV transmission (66 percent), whilst Matabeleland South had the lowest proportion (55 percent). The predominantly urban provinces of Harare and Bulawayo provinces had proportions of 73 percent and 68 percent, respectively.

Table 11.1: Knowledge of Preventing HIV Transmission
Percentage of Women Aged 15-49 Years Who Know the Main Ways of Preventing HIV Transmission, MIMS, Zimbabwe, 2009

Background characteristic	Heard of AIDS	Having only one faithful uninfected sex partner	Using a condom every time	Abstaining from sex	Knows all three ways	Knows at least one way	Doesn't know any way	Number of women
Province								
Manicaland	98.8	84.5	78.6	77.8	60.5	95.2	4.8	1 476
Mashonaland Central	99.3	90.4	79.6	75.1	58.5	98.0	2.0	1 089
Mashonaland East	98.2	87.2	76.2	74.1	56.0	96.2	3.8	1 040
Mashonaland West	96.8	89.5	79.3	77.6	61.3	95.7	4.3	1 117
Matabeleland North	99.0	88.7	81.8	71.9	59.1	96.0	4.0	584
Matabeleland South	95.0	86.2	78.3	66.4	55.0	92.3	7.7	611
Midlands	98.1	89.4	81.5	80.5	63.9	96.9	3.1	1 400
Masvingo	98.9	91.0	84.7	79.3	66.1	97.9	2.1	1 130
Harare	99.7	94.5	89.0	83.4	72.9	99.1	0.9	2 153
Bulawayo	98.5	93.2	83.2	78.8	68.1	97.0	3.0	738
Area								
Urban	99.4	92.9	85.7	80.9	68.4	98.4	1.6	4 436
Rural	97.9	87.8	79.5	75.9	60.2	95.8	4.2	6 903
Age								
15-19	97.2	86.3	74.9	73.8	56.4	94.2	5.8	2 616
20-24	98.8	89.2	82.4	76.6	62.9	96.7	3.3	2 412
25-29	98.9	91.4	85.0	78.8	66.0	97.9	2.1	2 129
30-34	99.3	92.7	84.8	80.5	66.4	98.3	1.7	1 459
35-39	98.6	90.8	86.0	80.3	68.0	97.7	2.3	1 208
40-44	98.7	91.7	85.8	82.3	69.1	98.5	1.5	828
45-49	98.6	90.7	80.0	79.9	62.5	97.4	2.6	687
Education								
None	92.1	78.3	65.9	66.9	45.9	87.8	12.2	316
Primary	97.2	86.7	78.2	75.1	58.6	95.4	4.6	3 310
Secondary	99.2	91.4	83.6	78.5	65.0	97.6	2.4	6 948
Higher	99.9	93.5	90.0	88.6	77.0	99.6	0.4	764
Missing/DK	*	*	*	*	*	*	*	1*
Wealth quintiles								
Poorest	97.1	87.9	78.1	74.5	59.1	95.0	5.0	1 954
Second	98.0	88.4	79.4	76.1	59.8	96.4	3.6	1 972
Middle	98.5	86.9	79.6	75.2	59.2	96.0	4.0	1 989
Fourth	98.7	91.0	84.0	78.8	65.4	97.1	2.9	2 529
Richest	99.6	93.1	86.0	82.4	70.0	98.7	1.3	2 895
Total	**98.5**	**89.8**	**81.9**	**77.9**	**63.4**	**96.8**	**3.2**	**11 339**

Correctly identifying misconceptions about HIV transmission

Appendix Table A11.2 presents the percent of women aged 15-49 years who could correctly identify misconceptions concerning HIV. The indicator is based on the two most common misconceptions in Zimbabwe namely that; HIV can be transmitted by supernatural means and mosquito bites. The table also provides information on whether women knew that HIV cannot be transmitted by sharing food, and that HIV can be transmitted by sharing needles. Of the interviewed women, 69 percent rejected the two most common misconceptions and knew that a healthy-looking person can be infected compared to the ZDHS 2005/06 level of 62 percent. Eighty-eight (88) percent of women knew that HIV cannot be transmitted by supernatural means, and 82 percent of women knew that HIV cannot be transmitted by mosquito bites, while 90 percent of women knew that a healthy-looking person can be infected. The

corresponding knowledge levels from ZDHS 2005/06 were 87 percent for 'non-transmission by supernatural means', 75 percent for 'non-transmission by mosquito bites' and 86 percent 'for a healthy-looking person can be infected with HIV'. Very high proportions of women, knew that HIV cannot be transmitted by sharing food (93 percent) compared to the ZDHS 2005/06 level of 82 percent, and that it can be transmitted by sharing needles (92 percent). This implies that overall, knowledge levels on HIV transmission are increasing in Zimbabwe.

Urban areas had a higher proportion (79 percent) of women aged 15-49 years who rejected the two most common misconceptions and knew that a healthy-looking person can be infected than rural areas (62 percent). The proportions increased with education of woman and household wealth but not with age group of woman. Harare province (84 percent) had a higher proportion of women who rejected the two most common misconceptions and knew that a healthy-looking person can be infected than Bulawayo province (76 percent). Of the predominantly rural provinces, Mashonaland West (70 percent) had the highest proportion while Matabeleland South (54 percent) had the lowest. Women from the rural areas were more likely to believe that HIV can be transmitted by supernatural means and mosquito bites and that a healthy looking person cannot be infected compared to those from urban areas. Knowledge on HIV misconceptions increased with education of woman and household wealth.

Comprehensive knowledge of HIV transmission

Appendix Table A11.3 summarizes information from Appendix Tables A11.1 and A11.2 and presents the percentage of women aged 15-49 years who knew two ways of preventing HIV transmission and rejected three common misconceptions. Nationally, comprehensive knowledge about HIV transmission remains low. Slightly over half, (55 percent) of the women aged 15-49 years had comprehensive knowledge of HIV transmission, (urban areas-66 percent, rural areas-48 percent). Comprehensive knowledge on HIV transmission increased with education of woman and household wealth, with no relationship to the age of woman. Harare and Bulawayo provinces had the highest proportions (72 percent and 64 percent, respectively) of women aged 15-49 years with comprehensive knowledge of HIV transmission. For the predominantly rural provinces, Masvingo had the highest proportion (57 percent) while Matabeleland South had the lowest (43 percent).

Figure 11.1 also presents separately the two components that constituted comprehensive knowledge of HIV transmission, namely knowing two ways of preventing HIV transmission and correctly identifying three misconceptions about the HIV transmission. Nationally, 76 percent of the women aged 15-49 years knew two ways to prevent HIV transmission with urban areas at 81 percent and rural areas at 73 percent. Sixty nine (69) percent of the women aged 15-49 years correctly identified three misconceptions about HIV transmission with urban areas at 79 percent and rural areas at 62 percent.
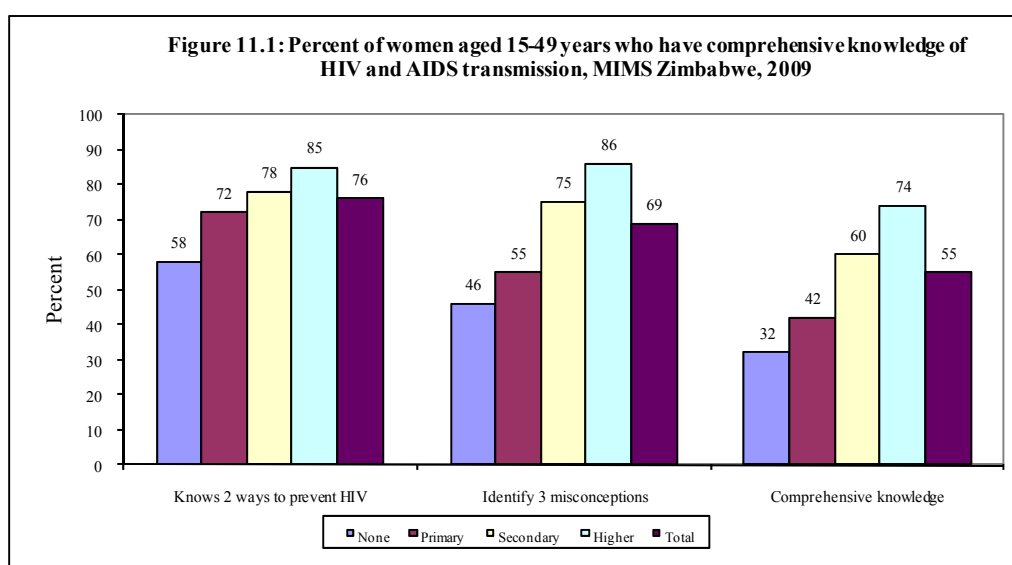
Figure 11.1: Percent of women aged 15-49 years who have comprehensive knowledge of HIV and AIDS transmission, MIMS Zimbabwe, 2009

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Women from rural areas were less likely able to know two ways of preventing HIV transmission and correctly identify three misconceptions about the HIV transmission than their urban counterparts. Knowledge on prevention and correctly identifying three misconceptions about the HIV transmission increased with education of woman and household wealth with no relationship to age group of woman.

Woman from Harare province were more likely to know two ways of preventing HIV transmission and correctly identify three misconceptions about the HIV transmission than their counterparts from Bulawayo. For the predominantly rural provinces, Masvingo had the highest proportion (79 percent) of women who knew two ways to prevent HIV transmission while Mashonaland East and Manicaland had the lowest proportions (70 percent each). On the other hand, Mashonaland West province had the highest proportion of women who correctly identified three misconceptions about HIV transmission while Matabeleland South had the lowest proportion (54 percent).

11.1.2 Comprehensive Knowledge of HIV Transmission Among Young Women Aged 15-24 Years

One of the MDG indicators used to track countries' responses to the HIV and AIDS epidemic is the proportion of young people aged 15-24 years who have comprehensive knowledge of HIV transmission, which is an indicator of potential for reduction in incidence of HIV in the population. Appendix Table A11.3 shows that, slightly over half (53 percent) of the women aged 15-24 years had comprehensive knowledge about HIV transmission. For women aged 15-24 years, 72 percent knew two ways of preventing HIV transmission, while 70 percent correctly identified three misconceptions about HIV transmission.

11.1.3 Knowledge of Mother-to-Child Transmission of HIV

Mother-to-child transmission during pregnancy, delivery and breastfeeding is the second major mode of transmission of HIV in Zimbabwe after heterosexual sex. The risk of parent-to-child transmission can be reduced significantly when both parents have knowledge of HIV transmission during pregnancy, delivery, and through breastfeeding. It is important for parents to make informed decisions on the need to seek HIV testing when they are pregnant and the use of antiretroviral drugs and/or Nevirapine during pregnancy and at birth for the prevention of transmission of HIV from parent to child. The level of knowledge among women age 15-49 years concerning mother-to-child transmission is presented in Appendix Table A11.4.

Overall, a very high proportion (96 percent) of women knew that HIV can be transmitted from mother-to-child, (urban areas-98 percent; rural areas-95 percent). Knowledge of mother-to-child transmission of HIV increased with education of woman and household wealth with no relationship to age group of woman. For the predominantly rural provinces, Mashonaland Central and Masvingo (97 percent each) had the highest knowledge levels whilst Matabeleland South (93 percent) had the lowest proportion. Harare and Bulawayo provinces had proportions of 98 percent and 97 percent, respectively. Relatively high proportions of 84 percent each of women knew that HIV can be transmitted during pregnancy and through breast milk while 83 percent knew about the possibility of HIV transmission during delivery.

Figure 11.2 and Appendix Table A11.4 show that the percentage of women who knew all three ways of mother-to-child transmission was 65 percent, (urban areas-68 percent; rural areas-64 percent). Two (2) percent of women did not know of any specific way. Knowledge of all three ways of mother-to-child transmission of HIV increased with education of woman and household wealth with no relationship to age group of woman. Harare and Bulawayo provinces had proportions of 70 percent and 69 percent, respectively. For the predominantly rural provinces,

Masvingo (68 percent) had the highest knowledge level on the three ways of mother-to-child transmission of HIV whilst Midlands (58 percent) had the lowest level.

Figure 11.2: Percentage of Women Aged 15-49 Years who Correctly Identified Means of HIV Transmission from Mother-to-Child, MIMS, Zimbabwe 2009

Category	Percent
Area	
Urban	68
Rural	64
Provinces	
Manicaland	65
Mashonaland Central	65
Mashonaland East	67
Mashonaland West	62
Matabeleland North	63
Matabeleland South	65
Midlands	58
Masvingo	68
Harare	70
Bulawayo	69
Age of Woman	
15-19	57
20-24	68
25-29	68
30-34	71
35-39	67
40-44	68
45-49	65
Education of	
None	59
Primary	63
Secondary	66
Higher	72
Wealth Quintile	
Lowest	64
Second	63
Middle	63
Fourth	69
Highest	67
Zimbabwe	65

11.1.4 Attitudes Towards People Living with HIV (Stigma and Discrimination)

HIV and AIDS is one of those health conditions that have been associated with high levels of stigma and discrimination, particularly for the infected. Stigma and discrimination is a negative attitude which can result in delayed attempts to seek assistance by the affected people leading to avoidable deaths and continued spread of the pandemic. The indicators on attitudes toward people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are high if respondents answer affirmatively to the following attitude statements:

   i.   Would not care for a family member sick with AIDS;
   ii.   Would not buy fresh vegetables from a shopkeeper or vendor who is HIV positive;
   iii. Believe that a teacher who is HIV positive should not be allowed to teach in school; and
   iv.   Would want to keep HIV status of a family member a secret.

Appendix Table A11.5 and Figure 11.3 present the attitudes of women aged 15-49 years towards people living with HIV and AIDS. A very small proportion of the women (4 percent) said they would not care for a family member sick with AIDS (ZDHS 2005/06-9 percent), 34 percent would keep the HIV status of a family member a secret (ZDHS 2005/06-51 percent), 21 percent believed that a teacher who is HIV positive should not be allowed to teach in school (ZDHS 2005/06-29 percent), and 30 percent would not buy fresh vegetables from a shopkeeper or vendor who is HIV positive (ZDHS 2005/06-43 percent). These results seem to indicate that even though there was a significant reduction in negative attitudes since 2005/06, relatively high levels of stigma and discrimination against people living with HIV and AIDS still existed apart from the home care-giving role which had become accepted by the women.
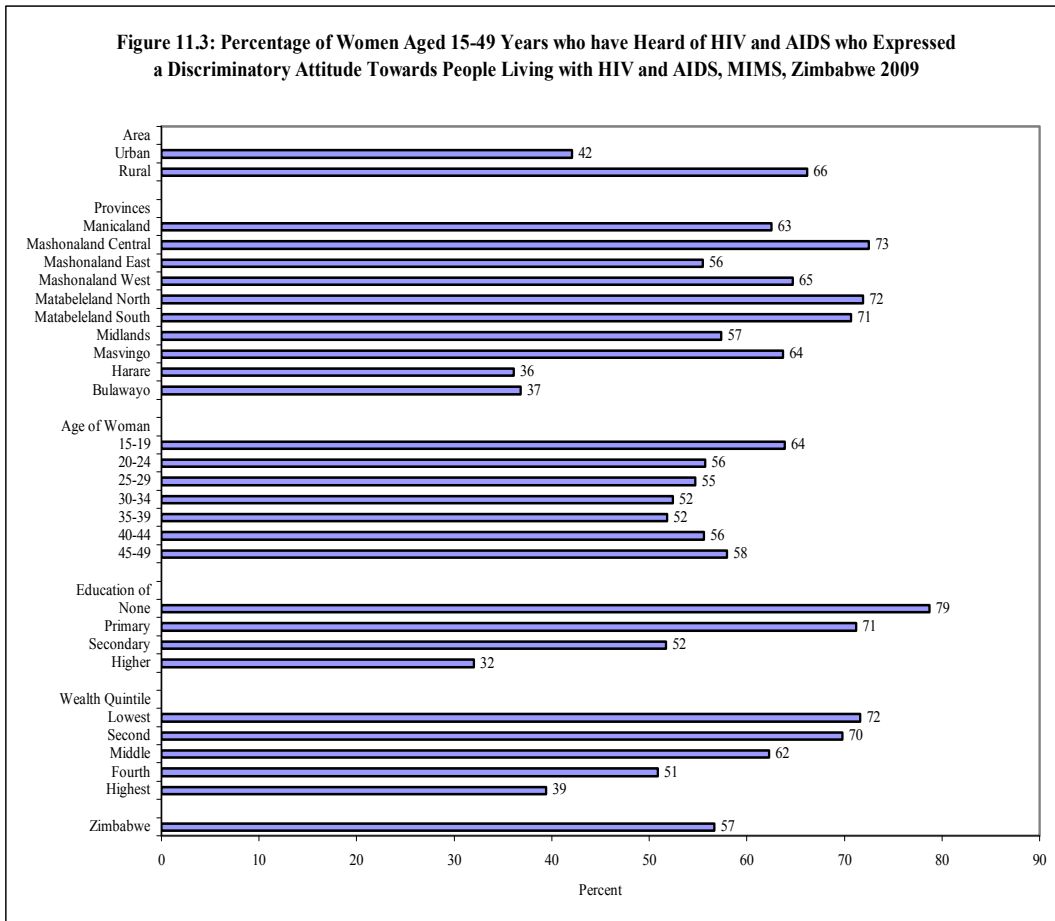
Figure 11.3: Percentage of Women Aged 15-49 Years who have Heard of HIV and AIDS who Expressed a Discriminatory Attitude Towards People Living with HIV and AIDS, MIMS, Zimbabwe 2009

Overall, 43 percent of the women disagreed with all the four HIV and AIDS discriminatory statements living a relatively high proportion (57 percent) still showing stigma and discrimination towards people living with HIV and AIDS[25]. This level of stigma and discrimination however, is a marked decline from the ZDHS 2005/06 level of 83 percent. Rural areas (66 percent) had higher levels of stigma and discrimination than urban areas (42 percent). Stigma and discrimination decreased with education of woman and household wealth and generally declined with age group of the woman up to 35-39 years before rising thereafter. The predominantly urban provinces of Bulawayo and Harare had relatively low levels of stigma and discrimination of 37 percent and 36 percent, respectively. For the predominantly rural provinces, Mashonaland Central (73 percent), Matabeleland North (72 percent) and Matabeleland South (71 percent) had the highest range of stigma and discrimination levels whilst Mashonaland East (56 percent) had the lowest.

11.1.5 Knowledge of Where to be Tested for HIV and Use of Such Services

Another important indicator is the knowledge of where to be tested for HIV and use of such services. Questions related to knowledge among women 15-49 years of a facility for HIV testing and whether they have ever been tested is presented in Appendix Table A11.6.

A high proportion 85 percent of women knew where to be tested for HIV, while 45 percent had actually been tested. The corresponding ZDHS 2005/06 proportions were 75 percent for knowledge of testing place and 26 percent who had actually been tested. Once again these results show that knowledge and testing levels had improved in the three years between the two surveys. Of those tested, a large proportion (93 percent) had been told the result compared to 22 percent in the ZDHS 2005/06, showing remarkable improvement. Women from

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[25] Stigma and discrimination against people living with HIV and AIDS was measured by the proportion of women aged 15-49 years who agreed with at least one of the four discriminatory statements asked.

urban areas had a higher likelihood of knowing where to get tested for HIV, to have been tested and to have been told the test result than their rural counterparts. Knowledge of where to get tested for HIV increased with education of woman, household wealth and age group of woman.

Bulawayo and Harare provinces had 89 percent and 92 percent, respectively, of their women knowing where to get tested. For the predominantly rural provinces, Mashonaland Central (89 percent) had the highest proportion whilst Matabeleland South and Midlands (78 percent each) had the lowest of women who knew where to get tested for HIV. The proportion of women tested increased with education and had no relationship with age of mother and household wealth. The proportion of tested women who had been told their result increased with both education and household wealth and generally with age of woman. The latter proportion was 90 percent in the age group 20-24 years and 96 percent in the age group 45-49 years.

11.2   COUNSELLING AND HIV TESTING DURING ANTENATAL CARE

Prevention of mother-to-child transmission (PMTCT) national guidelines state that every woman attending antenatal care (ANC) should be provided with HIV and AIDS counseling including information on HIV prevention. The guidelines also provide that following their counseling, the women attending ANC should be offered an HIV test. Testing for HIV during ANC attendance provides opportunity for enrollment of pregnant women on PMTCT, if they are HIV positive. Women aged 15-49 years, who had given birth in the two years preceding the survey and had attended ANC were asked whether they had been given any information or counseled about HIV and AIDS during any of their visits. Nearly two-thirds (66 percent) of the women aged 15-49 years, who gave birth in the two years preceding the survey were provided with information about HIV prevention during ANC visits for the last pregnancy, (urban areas-79 percent, rural areas-61 percent), see Appendix Table 11.2. Even though this was a marked increase from the ZDHS 2005/06 level of 46 percent, the level remains relatively low.

Provision of information on HIV transmission during ANC visits increased with education of mother and household wealth. The predominantly urban provinces, Bulawayo and Harare had the highest proportions (81 percent and 79 percent, respectively) of women who had received HIV counseling during ANC visits. For the predominantly rural provinces, Mashonaland Central had the highest proportion (71 percent) of women who had received HIV counseling during ANC visits, while Mashonaland West had the lowest proportion (54 percent).

Women aged 15-49 years, who had given birth in the two years preceding the survey, had attended ANC and had received counseling on HIV and AIDS were asked whether they were tested for HIV and AIDS as part of ANC. Overall, 58 percent of women aged 15-49 years, who gave birth in the two years preceding the survey reported having been tested for HIV during their ANC visits for the last pregnancy (urban areas-71 percent, rural areas-53 percent). Reported testing for HIV during ANC visits for the last pregnancy increased with education and household wealth and had no relationship with the age of woman. The predominantly urban provinces, Bulawayo and Harare had the highest reported HIV testing proportions of 82 percent and 71 percent, respectively. For the predominantly rural provinces, Matabeleland North and Matabeleland South had the highest proportions of women (66 percent each) reporting HIV testing during ANC visits for last pregnancy, while Mashonaland West and Midlands had the lowest proportions (46 percent each).

Nationally, 53 percent of women aged 15-49 years, who gave birth in the two years preceding the survey who had been tested received their HIV test result at the ANC visit for the last pregnancy, (urban areas-68 percent, rural areas-48 percent). This was a marked increase from the ZDHS 2005/06 level of 28 percent. Receipt of HIV test result increased with education and household wealth and had no relationship with the age of woman. Bulawayo province had the

highest proportion (82 percent) of women who received their HIV test results at the ANC visit, while Mashonaland West had the lowest proportion (39 percent each).

Table 11.2: HIV Testing and Counselling Coverage During Antenatal Care
Percentage of Women Aged 15-49 Years who Gave Birth in the 2 Years Preceding the Survey Who were Offered HIV Testing and Counseling with their Antenatal Care, MIMS, Zimbabwe, 2009

Background characteristic	Percent of women who:				Number of women who gave birth in the 2 years preceding the survey
	Received antenatal care from a health care professional for last pregnancy	Were provided information about HIV prevention during ANC visit	Were tested for HIV at ANC visit	Received results of HIV test at ANC visit	
Province					
Manicaland	83.7	60.0	57.8	54.5	404
Mashonaland Central	92.5	70.9	59.1	53.3	311
Mashonaland East	89.6	67.9	56.3	50.4	243
Mashonaland West	85.1	53.5	45.7	38.5	310
Matabeleland North	96.4	69.1	66.4	62.1	188
Matabeleland South	92.4	65.2	66.0	59.8	166
Midlands	82.3	58.0	46.2	41.5	341
Masvingo	89.1	67.0	50.8	46.0	335
Harare	90.0	79.1	70.5	67.2	374
Bulawayo	92.8	81.4	82.1	82.1	128
Area					
Urban	90.6	78.8	71.2	68.0	799
Rural	87.6	61.2	52.8	47.6	2 000
Age					
15-19	89.4	55.1	54.2	50.0	374
20-24	89.7	68.1	60.2	55.6	934
25-29	88.1	65.0	57.0	52.8	764
30-34	89.9	75.7	61.7	54.7	415
35-49	82.4	64.1	54.4	50.8	314
Education of mother					
None	82.7	41.5	45.2	29.2	53
Primary	84.1	55.0	46.1	40.0	925
Secondary	90.8	72.1	63.6	59.7	1 685
Higher	90.9	79.0	76.3	76.3	137
Wealth quintile					
Poorest	86.0	57.2	48.8	43.4	725
Second	86.9	59.6	50.1	45.6	560
Middle	89.7	66.4	57.6	51.1	500
Fourth	88.5	72.4	65.1	61.3	579
Richest	93.1	81.2	75.1	72.3	436
Total	**88.4**	**66.2**	**58.1**	**53.4**	**2 799**

11.3   ORPHANS AND VULNERABLE CHILDREN

As the HIV epidemic progresses, more and more children are becoming orphaned and vulnerable because of AIDS. 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.

The matured HIV and AIDS pandemic in Zimbabwe has increased morbidity and mortality to unprecedented levels creating an orphan pandemic in the nation. Orphans are defined as children under age 18 who have lost one or both parents. In the MIMS, orphans and vulnerable children (OVC) were defined as children under age 18;

- who had lost one or both parents;
- whose parent or parents had been ill for 3 of the past 12 months;
- who lived in a household in which an adult (aged 18-64 years) had died during the past year and who was chronically ill for 3 of the 12 months before he or she died; and
- who lived in a household in which an adult (aged 18-64 years) was chronically ill (or who had been ill for 3 of the past 12 months).

Orphans and vulnerable children (OVC) are generally more vulnerable to poverty, food insecurity, malnutrition, HIV and AIDS, and various forms of abuse, neglect and exploitation. Support to orphans is a state obligation under the convention on the Rights of the Child. The Orphan Care Policy, 1999, covers free health care and food subsidies supplement to under-5 year olds. This has created a conducive environment to protect children from hunger and malnutrition. In addition, the National Action Plan for Orphans and Vulnerable Children, (NAP for OVC), 2004-2010, was formulated following UNGASS on HIV and AIDS with the objective of making social services including education accessible to 25 percent of the OVC. According to the Ministry of Health and Child Welfare, the number of children orphaned by HIV and AIDS steadily increased since the early 1990s, reaching an estimated peak of 1 008 542 in 2006 before decreasing to 975 956 orphans in 2007 partly reflecting the efforts of the prevention of mother-to-child transmission (PMTCT) and antiretroviral therapy (ART) programmes. It is estimated that about 70 percent of the orphans in Zimbabwe are due to HIV and AIDS.

11.3.1 Children's Living Arrangements and Orphanhood

The frequency of children aged 0-17 years living with neither parent, mother only, and father only is presented in Appendix Table A11.8. Nationally, less than half (42 percent) of the children were living with both parents. The boy child was more likely to live with both parents than the girl child. Urban areas had a higher proportion (46 percent) of children living with both parents than rural areas (40 percent). The phenomenon of children living with both parents decreased with age of child with no relationship to household wealth. Harare province had the highest proportion (50 percent) of children living with both parents whilst Matabeleland South province (27 percent) had the lowest.

Overall, 26 percent of the children were not living with a biological parent which was almost the same as the ZDHS 2005/06 level of 27 percent. The girl child was more likely not to live with a biological parent than the male child. Rural areas had a higher proportion (28 percent) of children not living with a biological parent than urban areas (22 percent). The phenomenon of children not living with a biological parent increased with age of child with no relationship to household wealth. Matabeleland South province had the highest proportion (31 percent) of children not living with a biological parent whilst Harare province (20 percent) had the lowest, but generally the proportions for all the provinces are not very different.

Zimbabwe had an orphanhood prevalence of 24 percent, which was the same as for the ZDHS 2005/06, with no major gender differentials. Rural areas had higher orphanhood prevalence (25 percent) than urban areas (20 percent). Orphanhood prevalence increased with age of the child and had no relationship with household wealth see Table 11.3. For all the provinces, Manicaland, Mashonaland East and Masvingo provinces had the highest orphanhood prevalences (26 percent each) while Harare province had the lowest (20 percent). However, variations across the other provinces were minimal reflecting the generalized nature of the underlying HIV and AIDS impact.

Table 11.3: Children's Living Arrangements and Orphanhood Percentage of Children Aged 0-17 Years Who are Paternal, Maternal and Double Orphans, MIMS, Zimbabwe, 2009					
Background characteristic	Only Paternal orphan (father dead)	Only Maternal orphan (mother dead)	Double orphans (both parents dead)	Orphans (one or both parents dead)	Number of children
Sex					
Male	12.4	3.9	6.7	23.0	12 914
Female	13.6	4.0	6.8	24.4	12 890
Province					
Manicaland	15.1	3.6	7.3	26.0	3 693
Mashonaland Central	12.3	4.1	8.5	24.9	2 805
Mashonaland East	13.5	4.4	8.1	26.0	2 614
Mashonaland West	12.7	3.2	6.6	22.5	2 660
Matabeleland North	14.6	3.3	5.2	23.1	1 717
Matabeleland South	12.9	4.3	6.8	24.0	1 715
Midlands	11.4	4.3	6.7	22.4	3 299
Masvingo	14.5	4.6	6.7	25.8	2 888
Harare	11.4	3.6	5.3	20.3	3 206
Bulawayo	11.0	4.8	5.0	20.8	1 208
Area					
Urban	11.0	3.6	5.1	19.7	6 981
Rural	13.8	4.1	7.4	25.3	18 822
Age					
0-4 years	4.7	1.2	0.6	6.5	7 369
5-9 years	12.6	3.8	4.7	21.1	7 448
10-14 years	18.2	5.9	11.0	35.1	7 211
15-17 years	20.2	6.1	14.7	41.0	3 776
Wealth quintile					
Poorest	14.3	3.9	6.3	24.5	5 842
Second	13.3	4.5	7.4	25.2	5 615
Middle	15.0	4.1	9.0	28.1	5 370
Fourth	12.5	3.6	5.4	21.5	4 601
Richest	9.3	3.7	5.2	18.2	4 375
Total	**13.0**	**4.0**	**6.8**	**23.8**	**25 804**

Nationally the paternal orphanhood prevalence was 13 percent. Girls had a higher paternal orphanhood prevalence (14 percent) compared to boys (12 percent). Rural areas had higher paternal orphanhood prevalence (14 percent) than urban areas (11 percent). Paternal orphanhood prevalence increased with age of the child and had no relationship with household wealth, see Table 11.3. Generally, there was minimal variation between provinces. Of all the provinces, Manicaland, Matabeleland North and Masvingo had the highest paternal orphanhood prevalences (15 percent each), whilst Bulawayo, Harare and Midlands had the lowest prevalences (11 percent each).

Maternal orphanhood prevalences were much lower, at just over a third of the paternal ones at national level. Overall, the maternal orphanhood prevalence was 4 percent with no gender or rural-urban differences. Maternal orphanhood prevalence increased with age of the child and had no relationship with household wealth, see Table 11.3. Once again there was minimal variation between provinces. Of all the provinces, Bulawayo and Masvingo had the highest maternal orphanhood prevalence (5 percent each), whilst Mashonaland West and Matabeleland North had the lowest prevalences (3 percent each).

The double orphanhood prevalence was 7 percent at national level, with no gender differences. Rural areas had higher double orphanhood prevalence (7 percent) than urban areas (5 percent). Double orphanhood prevalence increased with age of the child and had no relationship with household wealth, see Table 11.3. Of all the provinces, Mashonaland Central had the highest double orphanhood prevalence (9 percent), followed by Mashonaland East (8 percent), whilst Bulawayo, Harare and Matabeleland North province had the lowest prevalence (5 percent each).

11.3.2 Orphaned and Vulnerable Children Prevalence (0-17 years)

Table 11.4 shows the percentage of orphaned and vulnerable children (OVC) aged 0-17 years. According to the MIMS, 37 percent of the children aged 0-17 years were OVC, while 24 percent were orphans (had one or both parents who had died). Four (4) percent were from a household which had had an adult death, 14 percent were from a household with a chronically ill adult and 3 percent had chronically ill parents meaning that 18 percent of the children were vulnerable. An insignificant proportion of the children (0.2 percent) were from child-headed households.

OVC prevalence was the same for boys and girls. The OVC prevalence increased from the ZDHS 2005/06 level of 30 percent. Orphans constituted 67 percent of OVC compared to 79 percent in the ZDHS 2005/06. Rural areas had a higher OVC prevalence (39 percent) than urban areas (31 percent). OVC prevalence increased with age of the child. For all the provinces, Mashonaland West and Manicaland provinces had the highest OVC prevalences (39 percent each) while Harare province had the lowest (30 percent). However, variations across the other provinces were minimal.

Table 11.4: Prevalence of Orphanhood and Vulnerability Among Children
Percentage of Children Aged 0-17 Years Who are Orphaned or Vulnerable, MIMS, Zimbabwe, 2009

Background characteristic	Chronically ill parent	Adult death in household	Chronically ill adult in household	Vulnerable children	One or both parents dead	Orphans and vulnerable children	Child headed households	No. of children aged 0-17 years
Sex								
Male	2.3	4.2	13.7	18.6	23.0	36.3	0.2	12 914
Female	2.7	4.0	13.4	17.9	24.4	36.9	0.3	12 890
Province								
Manicaland	2.9	3.0	14.8	18.7	26.0	39.0	0.4	3 693
Mashonaland Central	2.2	3.5	14.2	18.1	24.9	37.5	0.0	2 805
Mashonaland East	1.7	4.0	9.2	13.8	26.0	35.1	0.1	2 614
Mashonaland West	2.4	5.9	18.4	23.5	22.5	39.4	0.2	2 660
Matabeleland North	2.4	3.3	14.5	18.2	23.1	37.1	0.2	1 717
Matabeleland South	2.9	4.8	10.7	17.0	24.0	36.9	0.2	1 715
Midlands	3.5	3.4	15.3	20.2	22.4	36.6	0.3	3 299
Masvingo	2.6	5.3	13.0	18.5	25.8	38.1	0.3	2 888
Harare	1.5	3.7	10.0	14.1	20.3	29.8	0.1	3 206
Bulawayo	3.6	4.9	15.6	21.3	20.8	37.6	0.7	1 208
Area								
Urban	2.0	4.1	11.0	15.6	19.7	30.8	0.4	6 981
Rural	2.7	4.1	14.5	19.2	25.3	38.8	0.2	18 822
Age								
0-4 years	1.6	3.3	12.4	15.7	6.5	20.4	0.0	7 369
5-9 years	2.7	4.1	13.4	18.0	21.1	34.2	0.0	7 448
10-14 years	2.8	4.6	14.2	19.6	35.1	47.0	0.2	7 211
15-17 years	3.2	4.4	14.9	20.8	41.0	53.1	1.3	3 776
Wealth quintile								
Poorest	2.5	4.3	16.3	20.9	24.5	40.0	0.1	5 842
Second	2.2	4.9	15.8	20.5	25.2	39.1	0.1	5 615
Middle	3.5	3.5	13.5	18.6	28.1	41.0	0.3	5 370
Fourth	2.2	3.6	11.8	16.1	21.5	32.4	0.3	4 601
Richest	2.0	3.8	8.9	13.6	18.2	27.9	0.4	4 375
Total	**2.5**	**4.1**	**13.5**	**18.2**	**23.8**	**36.6**	**0.2**	**25 804**

11.3.3 Orphans and Vulnerable Children (10-14 Years) School Attendance

One of the measures developed for the assessment of the status of orphaned and vulnerable children relative to their peers looks at the school attendance of children 10-14 for children who have lost both parents (double orphans) versus children whose parents are alive (and who live with at least one of these parents). If children whose parents have died do not have the same access to school as their peers, then families and schools are not ensuring that these children's rights are being met.

In Zimbabwe, 11 percent of children aged 10-14 years had lost both parents see Appendix Table A11.10. While there was no gender difference in the proportion of children aged 10-14 years who had lost both parents, rural areas were more likely to have such children (12 percent) than urban areas (8 percent). For all the provinces, Mashonaland Central (14 percent) had the highest proportion of children aged 10-14 years who were double orphans whilst Bulawayo (8 percent) had the lowest.

Among children aged 10-14 years who had lost both parents, only 84 percent were currently attending school compared to 88 percent in the ZDHS 2005/06. Among the children aged 10-14 years who have both parents alive and who live with at least one of the parents, 93 percent were attending school which was almost the same as the ZDHS 2005/06 level of 92 percent. This gives a double orphan to non-orphan school attendance ratio of 0.90 compared to 0.95 in the ZDHS 2005/06. This shows that double orphans were disadvantaged compared to the non-orphaned children in terms of school attendance and that the situation had further deteriorated since the earlier survey.

Male double orphans aged 10-14 years were more likely to attend school (86 percent) than girls (83 percent), see Figure 11.4. Urban areas had a higher proportion (93 percent) of double orphaned children attending school than rural areas (82 percent). The predominantly urban provinces, Harare had almost all, whilst Bulawayo had 93 percent, respectively of double orphaned children attending school. For the predominantly rural provinces, Manicaland (90 percent) had the highest proportion double orphaned children attending school whilst Mashonaland Central (68 percent) had the lowest.

Nationally, 47 percent of children aged 10-14 years were OVC. Of these, 87 percent were currently attending school compared to 93 percent of the non-OVC. This gives an OVC-to-non-OVC school attendance ratio of 0.93. The comparable ZDHS 2005/06 were 89 percent school attendance for OVC and 91 percent for non-OVC giving an attendance ratio of 0.97. Once again these results indicate that the school attendance situation of OVC had deteriorated since the ZDHS 2005/06.

Urban areas had a higher proportion (92 percent) of OVC aged 10-14 years attending school than rural areas (85 percent), see Figure 11.4. There were no significant gender differences in school attendance by OVC. Bulawayo and Harare had 93 percent and 91 percent, respectively of OVC attending school. For the predominantly rural provinces, Manicaland (93 percent) had the highest proportion of OVC attending school whilst Mashonaland Central (75 percent) had the lowest.

Figure 11.4: School Attendance of Children Aged 10-14 Years by Orphanhood and Vulnerability, MIMS, Zimbabwe 2009

Category	Percent
Sex	
Female	87
Male	86
Area	
Urban	92
Rural	85
Provinces	
Manicaland	93
Mashonaland Central	75
Mashonaland East	86
Mashonaland West	84
Matabeleland North	81
Matabeleland South	84
Midlands	90
Masvingo	88
Harare	91
Bulawayo	93
Wealth Quintile	
Lowest	79
Second	86
Middle	89
Fourth	88
Highest	96
Zimbabwe	87
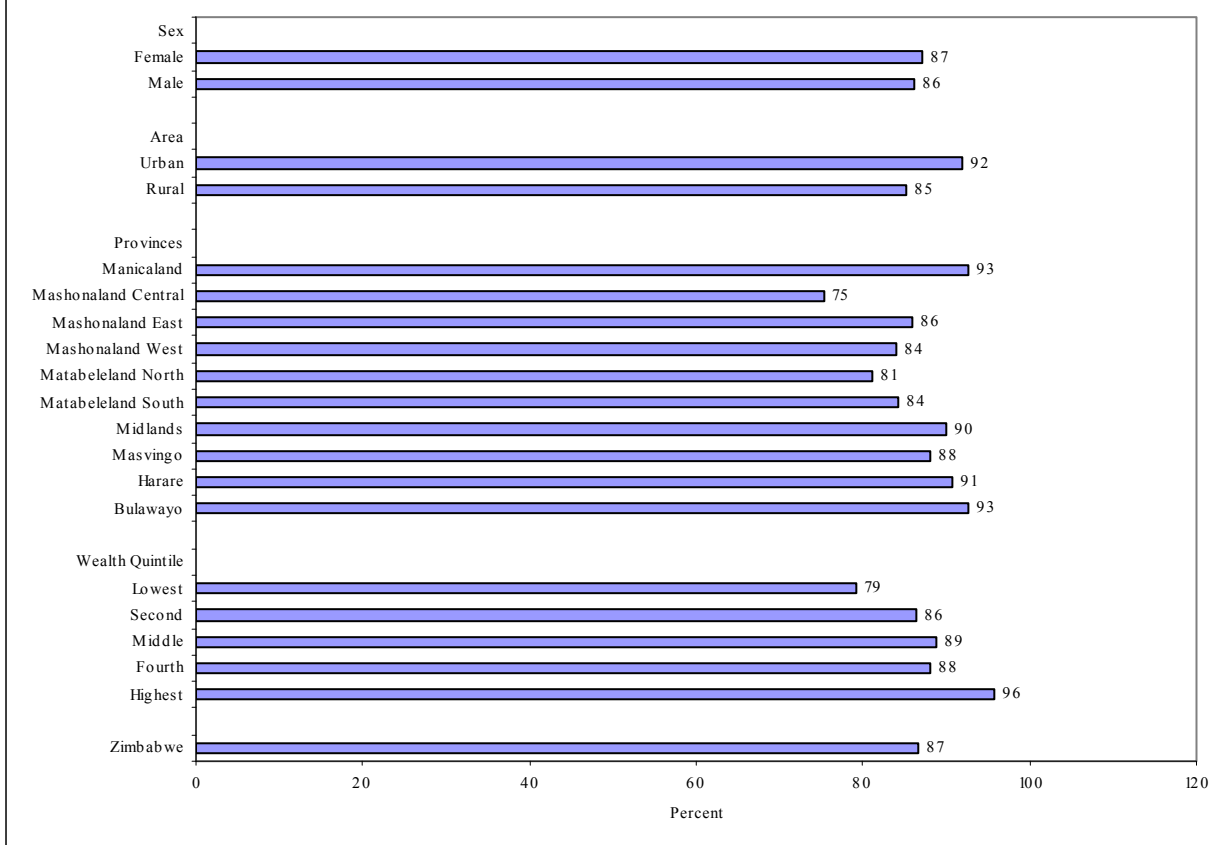
Orphans (10-14 years) school attendance

It is generally believed that, while all orphans are vulnerable, maternal orphans are more vulnerable in many respects including school attendance than paternal ones. Nationally, 35 percent of the children aged 10-14 years were orphans (single or double), 18 percent were paternal orphans, whilst 6 percent were maternal orphans, and as mentioned earlier, 11 percent were double orphans, see Table 11.5. The school attendance rate for orphans aged 10-14 years was 85 percent (urban areas-91 percent, rural areas-84 percent). There was no significant gender difference in school attendance by these orphans. Orphan school attendance generally increased with household wealth. For the predominantly rural provinces, Manicaland had the highest orphan school attendance rate (92 percent), whilst Mashonaland Central had the lowest rate (72 percent). Bulawayo and Harare provinces had orphan school attendance rates of 93 percent and 89 percent, respectively.

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Table 11.5: School attendance of orphaned children (10-14 years)
School attendance of children aged 10-14 years by orphanhood, MIMS, Zimbabwe, 2009

Background characteristic	School attendance rate of children aged 10-14 years	Percent of children whose both parents dead	Percent of children whose mother died and father alive	Percent of children whose father died and mother alive	Percent of children whose one or both parents died	Total number of children aged 10-14 years	School attendance rate of children whose both parents dead	School attendance rate of children whose mother died and father alive	School attendance rate of children whose father died and mother alive	School attendance rate of children whose one or both parents died
Sex										
Male	89.6	10.7	5.8	17.6	34.1	3 530	86.1	89.5	83.0	84.8
Female	90.4	11.4	6.1	18.7	36.2	3 680	82.7	87.5	87.0	85.7
Province										
Manicaland	94.0	11.5	5.2	22.7	39.4	1 051	89.6	96.4	92.5	92.1
Mashonaland Central	80.5	14.4	6.8	16.2	37.4	790	67.9	75.6	73.5	72.1
Mashonaland East	89.0	13.4	6.1	18.7	38.2	746	87.5	91.0	83.1	85.6
Mashonaland West	89.0	10.5	5.0	19.2	34.7	726	76.8	85.8	82.3	81.4
Matabeleland North	83.8	9.2	3.5	19.6	32.3	463	81.1	64.4	80.4	78.7
Matabeleland South	88.7	9.7	6.1	17.8	33.6	485	84.1	95.3	78.6	82.3
Midlands	92.3	10.8	5.7	15.7	32.2	960	85.6	86.1	92.5	88.8
Masvingo	91.5	10.7	7.1	18.1	35.9	816	85.3	87.1	87.5	87.1
Harare	93.7	9.0	6.5	16.1	31.6	841	99.5	98.4	80.8	89.2
Bulawayo	94.9	8.4	7.3	16.0	31.7	333	93.0	91.2	94.7	93.0
Area										
Urban	94.4	8.0	5.8	16.7	30.5	1 859	93.4	97.2	88.3	90.8
Rural	88.4	12.1	6.0	18.7	36.8	5 351	82.1	85.5	84.1	83.7
Wealth quintile										
Lowest	83.1	11.3	6.3	20.1	37.7	1 545	71.9	76.5	79.6	76.9
Second	88.4	11.9	6.1	17.7	35.7	1 636	86.2	87.9	81.8	84.5
Middle	91.9	13.5	5.5	20.6	39.6	1 599	85.3	89.4	89.2	87.7
Fourth	91.7	9.6	6.0	17.8	33.4	1 205	88.3	95.6	85.1	87.2
Highest	96.5	7.9	5.8	13.6	27.3	1 227	95.5	97.0	93.0	94.5
Total	**90.0**	**11.0**	**5.9**	**18.2**	**35.1**	**7211**	**84.3**	**88.4**	**85.1**	**85.3**

Maternal orphans aged 10-14 years had a higher school attendance rate (88 percent) than paternal ones (85 percent). Thus, contrary to the common belief, paternal orphans faced a higher risk of not attending school than maternal ones, reflecting the vulnerability of widows with children whose fathers were dead. This was true in both urban and rural areas with paternal orphans being more vulnerable in urban areas. However, at the provincial level there were variations in school attendance rates of maternal and paternal orphans. For example, in Harare, Matabeleland South, Mashonaland East, Manicaland, Mashonaland West and Mashonaland Central followed the national paternal in which paternal orphans are more vulnerable. For the remaining four provinces, the reverse is true.

11.3.4 Orphans and Vulnerable Children Nutrition

Using the WHO standard, the prevalence of malnutrition among orphans and vulnerable children under five years of age is presented in Appendix Table A11.12 and Figure 11.5. Orphaned children had higher underweight prevalence (17.1 percent) and stunting prevalence (41.5 percent) than children not orphaned or vulnerable with 11.6 percent and 34.6 percent, respectively. Similarly, OVC had higher underweight prevalence (12.5 percent) and stunting prevalence (37.1 percent) than children not orphaned or vulnerable. However, on wasting, children not orphaned or vulnerable had the highest prevalence of wasting (2.6 percent) followed by orphaned children (2.1 percent), OVC (2.0 percent) and vulnerable children (1.9 percent). Overall, the underweight ratio of OVC to non-OVC was 1.08, stunting ratio was 1.07

and wasting ratio was 0.76. This means that OVC were more vulnerable to underweight and stunting than non-OVC, whilst for wasting the reverse was true.

Figure 11.5: Percentage of Children Aged 0-4 years Who are Moderately or Severely Underweight, Stunted or Wasted by Orphanhood and Vulnerability (WHO Standard, MIMS, Zimbabwe, 2009
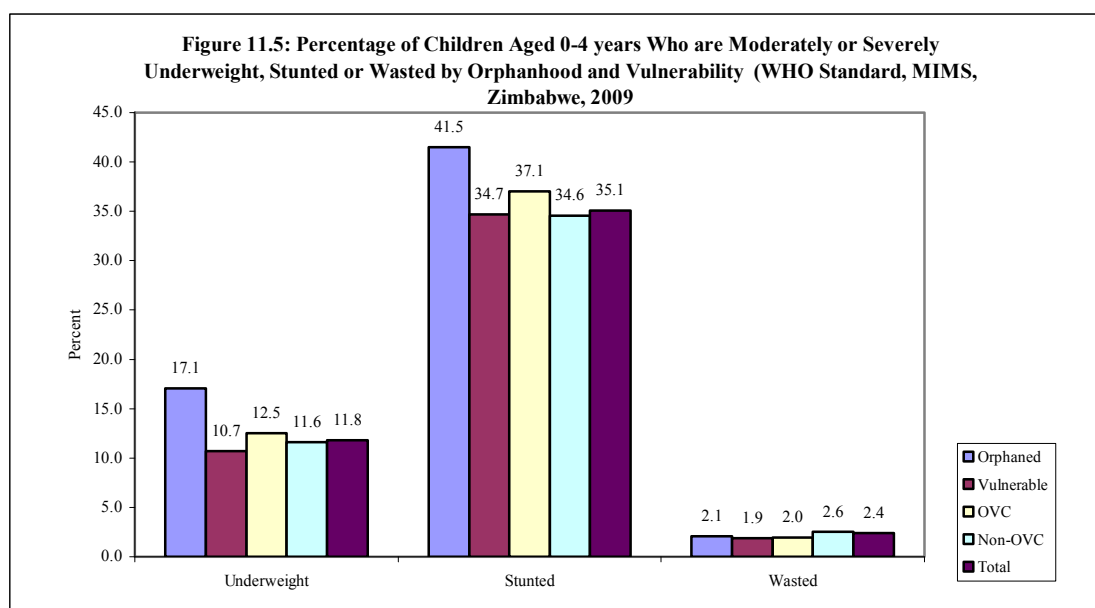
Using the NCHS standard, the prevalence of malnutrition among orphans and vulnerable children under five years of age is presented in Appendix Table A11.13. Orphaned children had higher underweight prevalence (22.0 percent) and stunting prevalence (33.4 percent) than children not orphaned or vulnerable with 15.8 percent and 28.0 percent, respectively. Similarly, OVC had higher underweight prevalence (17.9 percent) and stunting prevalence (31.3 percent) than children not orphaned or vulnerable. However, on wasting, children not orphaned or vulnerable had the highest prevalence of wasting (2.2 percent) followed by orphaned children (1.9 percent), OVC and vulnerable children (1.8 percent each). Overall, the underweight ratio of OVC to non-OVC was 1.14, stunting ratio (1.12) and wasting ratio (0.82). This means that OVC were more vulnerable to underweight and stunting than non-OVC, whilst for wasting the reverse was true.

11.3.5 External Support to Orphans and Vulnerable Children

In many countries few services are available to families that have taken in children who are orphaned or vulnerable. Governments, community-based organizations and development partners need to make sure that families are supported to care for these children. Zimbabwe implements, with external assistance, support programmes for all children under-5 years of age such as the Child Supplementary Feeding Programme (CSFP), and the Expanded Programme of Immunization (EPI), 1982. The Child Supplementary Feeding Programme (CSFP) has been almost continuous since 2002 given the prolonged droughts of the first decade of the twenty first century. Since 2001, the Government of Zimbabwe introduced the Basic Education Assistance Module (BEAM) as one part of a five-component package of Enhanced Social Protection Project (ESPP)[26]. As noted earlier, the National Action Plan for Orphans and Vulnerable Children, (NAP for OVC), 2004-2010, was also formulated with the objective of making social services including education (BEAM) available. In order to implement the NAP for OVC a multi-donor funded Programme of Support (PoS) initiative was developed in 2005.

The MIMS collected information on all formal, organized support (from government, private, religious, and charity, community-based) that a household may have received, provided free of

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[26] In 2000, in response to worsening social conditions in the country, Government launched the Enhanced Social Protection Project (ESPP), a short-term social safety net aimed at alleviating irreversible losses of human capital in the areas of education, food security and health. The Basic Education Assistance Module (BEAM), Rural and Urban Public Works Programme, Health Assistance Programme for the vulnerable groups through Medical Treatment orders, Children in Especially Difficult Circumstances (CEDC) have been implemented under the ESPP programme.

charge, and specifically for children in the last 3 or 12 months. External support to OVC included the following forms:

- *Medical* (medical care, supplies or medicine), in last 12 months;
- *Emotional and psychosocial* (companionship, counseling from a trained counselor, or spiritual) in last 3 months;
- *Material* (clothing, food or financial), in last 3 months;
- *Social* (household work, training a care giver or legal services), in last three months; and
- *Educational* (school allowances, free admission, books, fees, uniforms or supplies), in last 12 months.

The level and types of formal support provided to households caring for children orphaned and vulnerable due primarily to AIDS is presented in Appendix A11.14. Twenty one (21) percent of the OVC had received some form of formal external support in the past 3 or 12 months preceding the survey (rural areas-23 percent; urban areas-3 percent), while the majority (79 percent) did not, see Figure 11.6 and Appendix Table A11.14. Urban areas had a higher proportion (87 percent) of OVC who did not receive any formal external support than rural areas (77 percent). The predominantly urban provinces of Harare and Bulawayo had the highest proportions of OVC (89 percent and 86 percent, respectively) not receiving formal external support. For the predominantly rural provinces, Matabeleland South had the highest proportion (84 percent) of OVC not receiving formal external support while Manicaland had the lowest proportion (67 percent).
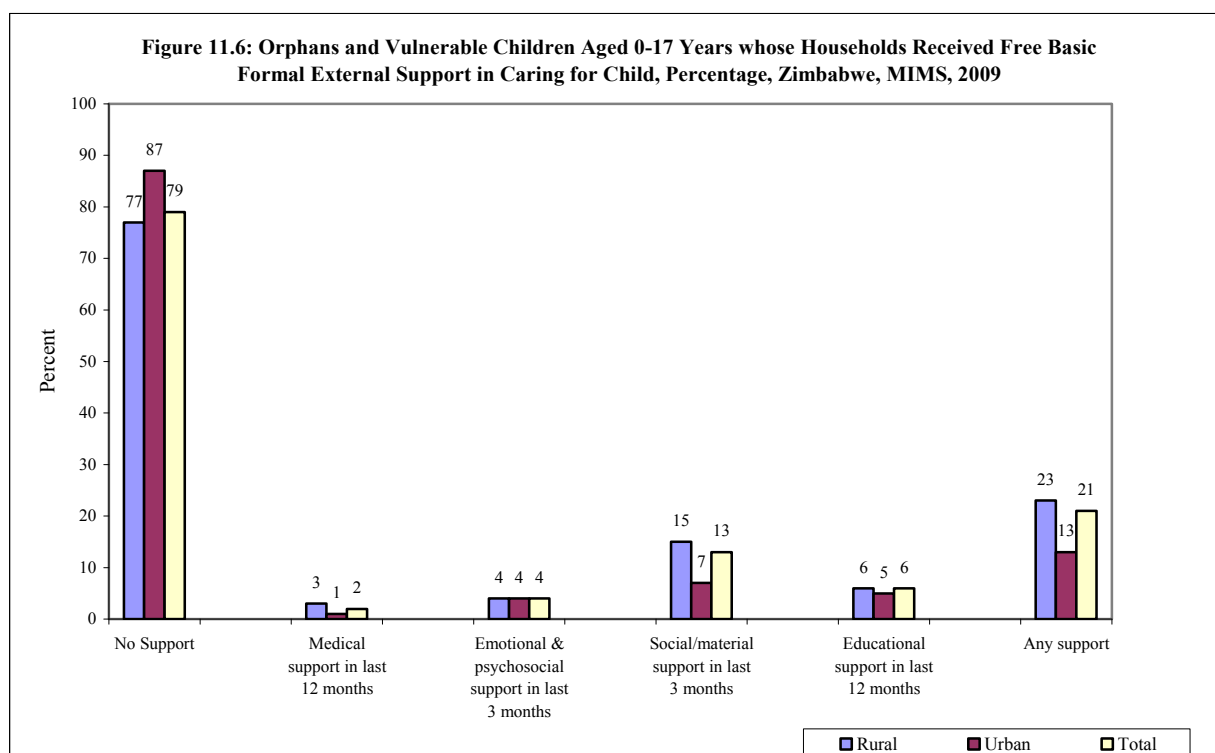
Figure 11.6: Orphans and Vulnerable Children Aged 0-17 Years whose Households Received Free Basic Formal External Support in Caring for Child, Percentage, Zimbabwe, MIMS, 2009

The highest proportion of OVC (13 percent) received formal external support in the form of social and material support, followed by educational support (6 percent), emotional and psychosocial support (4 percent) and medical support (2 percent). Rural areas had higher proportions of OVC receiving formal external support than urban areas for all forms of support, see Figure 11.6 and Appendix Table A11.14.

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APPENDIX A

A Commitment to Action: National and International Reporting Responsibilities

The governments that signed the Millennium Declaration and the World Fit for Children Declaration and Plan of Action also committed themselves to monitoring progress towards the goals and objectives they contained:

"We will monitor regularly at the national level and, where appropriate, at the regional level and assess progress towards the goals and targets of the present Plan of Action at the national, regional and global levels. Accordingly, we will strengthen our national statistical capacity to collect, analyse and disaggregate data, including by sex, age and other relevant factors that may lead to disparities, and support a wide range of child-focused research. We will enhance international cooperation to support statistical capacity-building efforts and build community capacity for monitoring, assessment and planning." (**A World Fit for Children**, paragraph 60)

"…We will conduct periodic reviews at the national and subnational levels of progress in order to address obstacles more effectively and accelerate actions.…" (**A World Fit for Children**, paragraph 61)

The Plan of Action (paragraph 61) also calls for the specific involvement of UNICEF in the preparation of periodic progress reports:

"… As the world's lead agency for children, the United Nations Children's Fund is requested to continue to prepare and disseminate, in close collaboration with Governments, relevant funds, programmes and the specialized agencies of the United Nations system, and all other relevant actors, as appropriate, information on the progress made in the implementation of the Declaration and the Plan of Action."

Similarly, the **Millennium Declaration** (paragraph 31) calls for periodic reporting on progress:

"…We request the General Assembly to review on a regular basis the progress made in implementing the provisions of this Declaration, and ask the Secretary-General to issue periodic reports for consideration by the General Assembly and as a basis for further action."

APPENDIX B. SAMPLE DESIGN

Sampling Frame and Stratification

The sampling frame for the MIMS was based on the 2002 Zimbabwe Master Sample (ZMS), developed from the 2002 Zimbabwe Census of Population and Housing data. Therefore reference should also be made to the documentation for the ZMS 2002. The master sampling frame is based on a stratified two-stage sample design. The primary sampling units (PSUs) in the master sample are the census enumeration areas (EAs). Each EA was delineated for the 2002 Zimbabwe Census operations with well-defined boundaries identified on sketch maps, and the EA size is based on the expected workload for one enumerator. The EAs have an average of about 100 households each, which is ideal for the survey listing operation.

The first level of stratification for the sampling frame of EAs corresponds to the geographic domains of analysis: the 10 provinces, by urban and rural strata; these provinces are identified later in Table B1. The rural EAs were further stratified into the following land-use sectors:

  i.   Communal Land
  ii.   Small-Scale Commercial Farms
  iii.   Large-Scale Commercial Farms
  iv.   Resettlement Areas

  The urban areas were further stratified into the following sectors:

  v.   Urban Council Areas
  vi.   Administrative Centres (Districts)
  vii.   Growth Points
  viii. Other Urban Areas

Originally a total of 1 200 sample EAs were selected for the ZMS 2002, divided into three nationally-representative replicates of 400 EAs each. Apparently some of the sample EAs were found to be empty, so the effective number of sample EAs in each replicate is slightly less than 400. Within each stratum, the master sample EAs were selected with probability proportional to size (PPS), where the measure of size was based on the number of households in the EA from the 2002 Census frame. The distribution of the master sample EAs provided for the MICS sampling frame by province, urban and rural stratum is presented in Table B1.

Table B1: Distribution of Sample EAs in Total Zimbabwe Master Sample by Province, Urban and Rural Stratum

Province	Enumeration Areas		
	Rural	Urban	Total
Manicaland	120	15	135
Mashonaland Central	102	11	113
Mashonaland East	109	11	120
Mashonaland West	93	31	124
Matabeleland North	81	12	93
Matabeleland South	78	8	86
Midlands	106	27	133
Masvingo	117	10	127
Harare	0	140	140
Bulawayo	0	89	89
Total	**806**	**354**	**1 160**

Table B2 presents the distribution of the rural master sample EAs by province and sector, and Table B3 shows the distribution of the urban master sample EAs by province and sector.

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Table B2: Distribution of Rural Sample EAs in Zimbabwe Master Sample by Province and Sector Stratum

| | Number of Rural EAs by Sector | | | | |
Province	Communal Land	Small-Scale Commercial Farms	Large-Scale Commercial Farms	Resettlement Areas	Total
Manicaland	96	2	9	13	120
Mashonaland Central	72	3	21	6	102
Mashonaland East	85	2	14	8	109
Mashonaland West	49	1	27	16	93
Matabeleland North	71	1	5	4	81
Matabeleland South	66	1	5	6	78
Midlands	94	1	7	4	106
Masvingo	92	2	7	16	117
Total	**625**	**13**	**95**	**73**	**806**

Table B3: Distribution of Urban Sample EAs in Zimbabwe Master Sample by Province and Sector Stratum

| | Number of Urban EAs by Sector | | | | |
Province	Urban Council Areas	Administrative Centres (Districts)	Growth Points	Other Urban Areas	Total
Manicaland	11	1	1	2	15
Mashonaland Central	4	0	1	6	11
Mashonaland East	7	1	2	1	11
Mashonaland West	24	0	0	7	31
Matabeleland North	9	1	0	2	12
Matabeleland South	5	0	0	3	8
Midlands	25	0	1	1	27
Masvingo	8	0	1	1	10
Harare	140	0	0	0	140
Bulawayo	89	0	0	0	89
Total	**322**	**3**	**6**	**23**	**354**

The three replicates of the master sample were designated as Replicates Zero, One and Two. The 2005-06 ZDHS was based on the master sample EAs in Replicate Zero. One advantage of using the same replicate for the 2009 MIMS was that the correlation from having the two samples overlap in the same areas would improve the precision of the estimates of trends (changes over time) between the ZDHS and the MIMS indicators. However, it was necessary to increase the number of sample EAs for MIMS compared to the DHS sample. Therefore in addition to selecting the entire Replicate Zero for the 2009 MIMS, it was also necessary to select a sub-sample of EAs from Replicate One. Table B4 shows the distribution of the master sample EAs in Replicate Zero by province, rural and urban, and Table B5 shows the corresponding distribution for Replicate One.

Table B4: Distribution of Sample EAs in Replicate Zero of Zimbabwe Master Sample by Province, Urban and Rural Stratum

| | Number of EAs | | |
Province	Rural	Urban	Total
Manicaland	40	7	47
Mashonaland Central	34	4	38
Mashonaland East	37	5	42
Mashonaland West	31	11	42
Matabeleland North	27	4	31
Matabeleland South	25	3	28
Midlands	35	11	46
Masvingo	39	4	43
Harare	0	52	52
Bulawayo	0	27	27
Total	**268**	**128**	**396**

Table B5: Distribution of Sample EAs in Replicate One of Zimbabwe Master Sample by Province, Urban and Rural Stratum			
	Number of EAs		
Province	Rural	Urban	Total
Manicaland	40	7	47
Mashonaland Central	34	3	37
Mashonaland East	36	4	40
Mashonaland West	31	11	42
Matabeleland North	27	4	31
Matabeleland South	26	3	29
Midlands	36	10	46
Masvingo	39	4	43
Harare	0	47	47
Bulawayo	0	31	31
Total	**269**	**124**	**393**

A new listing of households was conducted in the MIMS sample EAs. At the second sampling stage households were selected from the listing using random systematic sampling. The units of analysis for the MIMS are the individual households and persons, including specific subpopulation groups such as women of reproductive age and children under 5 years of age.

Sample Size and Allocation

The sample size for a household survey such as the 2009 Zimbabwe MIMS is determined by the accuracy required for the survey estimates for each domain, as well as by the resource and operational constraints. The accuracy of the survey estimates depends on both the sampling error, which can be measured through variance estimation, and the nonsampling error, which results from all other sources of error, including response and measurement errors as well as coding, keying and processing errors. The sampling error is inversely proportional to the square root of the sample size. On the other hand, the nonsampling error may increase with the sample size, since it is more difficult to control the quality of a larger operation. It was therefore important that the overall sample size be manageable for quality and operational control purposes.

The 2005-06 ZDHS was a comprehensive maternal and child health survey that covers some of the same indicators measured by the MIMS. In determining the sample size it was very useful to examine the experience of the ZDHS to estimate the expected response rates, and the average number of persons per household for particular subpopulation groups such as women of reproductive age (15 to 49 years old), children under 5 years of age and infants 12 to 23 months. This information is summarized in Tables B6 and B7.

Table B6: Distribution of Sample Households and Women of Reproductive Age (15-49 Years) in Zimbabwe DHS 2005-06 by State and Urban/Rural Stratum, and Corresponding Response Rates								
Domain	Sample hhs.	Household response rate	Estimated no. households interviewed	No. eligible sample women (age 15-49)	Women response rate	Estimated no. women interviewed	Overall response rate women	Average no. women interviewed per selected household
Area								
Urban	3 455	0.941	3 251	3 763	0.851	3 202	0.801	0.93
Rural	7 297	0.954	6 961	6 107	0.934	5 704	0.891	0.78
Province								
Manicaland	1 258	0.971	1 222	1 108	0.938	1 039	0.911	0.83
Mashonaland Central	1 022	0.919	939	807	0.931	751	0.855	0.74
Mashonaland East	1 082	0.923	999	778	0.895	696	0.825	0.64
Mashonaland West	1 102	0.936	1 031	880	0.883	777	0.826	0.71
Matabeleland North	821	0.965	792	708	0.949	672	0.916	0.82
Matabeleland South	805	0.936	753	698	0.903	630	0.845	0.78
Midlands	1 246	0.965	1 202	1 185	0.952	1 128	0.918	0.91
Masvingo	1 152	0.978	1 127	1 039	0.937	974	0.917	0.85
Harare	1 407	0.934	1 314	1 683	0.829	1 395	0.774	0.99
Bulawayo	857	0.968	830	984	0.859	845	0.831	0.99
Total	**10752**	**0.950**	**10 214**	**9 870**	**0.902**	**8 903**	**0.857**	**0.83**

The sample EAs for the 2005-06 ZDHS were from Replicate Zero of the ZMS 2002, with about 400 sample EAs. The average number of households selected per EA was about 27, but it varied by province from 26 to 32.

Domain	Sample hhs.	No. interviews currently married women	Avg. no. currently married women per hh.	No. children less than 5 years per hh.	Avg. no. children less than 5 years per hh.	No. children 12-23 months per hh.	Avg. no. children 12-23 months per hh.
Area							
Urban	3 455	1 571	0.45	1 109	0.32	271	0.08
Rural	7 297	3 547	0.49	3 805	0.52	718	0.10
Province							
Manicaland	1 258	603	0.48	641	0.51	140	0.11
Mashonaland Central	1 022	513	0.50	501	0.49	94	0.09
Mashonaland East	1 082	423	0.39	402	0.37	79	0.07
Mashonaland West	1 102	498	0.45	449	0.41	87	0.08
Matabeleland North	821	402	0.49	457	0.56	68	0.08
Matabeleland South	805	311	0.39	412	0.51	72	0.09
Midlands	1 246	698	0.56	701	0.56	148	0.12
Masvingo	1 152	597	0.52	609	0.53	123	0.11
Harare	1 407	709	0.50	487	0.35	113	0.08
Bulawayo	857	364	0.42	255	0.30	65	0.08
Total	**10752**	**5 118**	**0.48**	**4 914**	**0.46**	**989**	**0.09**

Table B7: Distribution of Sample Households, Currently Married Women, Infants and Children in Zimbabwe DHS 2005-06 by State and Urban/Rural Stratum

It is possible to use simple random sampling formulas together with expected design effects and response rates to determine the sample size requirements for achieving a certain level of precision for different indicators and domains. However, it is better to use previous survey data to study the relationship between sample size and precision, when such data are available. In order to study the precision for key MIMS indicators, the 2005-06 ZDHS results were used. Appendix B of the 2005-06 ZDHS final report includes tables with the standard errors, confidence intervals and design effects for selected indicators. A subset of these indicators that are also covered by the MIMS were chosen for this study of the level of precision.

Annex A presents the 2005-06 ZDHS estimates, standard errors, coefficients of variation (CVs), 95 percent confidence intervals and design effects (DEFTs) for a set of eight indicators. One conclusion from this review of the precision of the ZDHS results is that the standard errors were relatively high for indicators related to smaller sub-population groups such as infants aged 12 to 23 months. The effective sample size was relatively low for the smallest provinces such as Matabeleland North and Matabeleland South. For this reason it is recommended to increase the number of sample EAs for the 2009 MIMS. Although the design effects for the ZDHS estimates were reasonable for most characteristics, the clustering effects was decreased slightly by limiting the number of sample households per EA to 25 for the MIMS.

After reviewing the precision for different indicators based on the 2005-06 ZDHS data, it was concluded that it would be necessary to increase the number of sample EAs for the 2009 MIMS to at least 500 in order to reduce the sampling errors for the main survey indicators. Given the need for reliable estimates at the provincial level, it was recommended to allocate a minimum of 40 sample EAs to the smallest provinces. At the same time, a maximum of 60 sample EAs was allocated to the largest provinces, while the distribution of the sample EAs to the remaining provinces reflected the proportionality in the master sample. The allocation of the sample EAs in each province to the rural and urban strata was also based on the proportional distribution of the EAs in the ZMS 2002. Based on these criteria, the allocation of sample EAs and households by province, rural and urban stratum, is presented in Table B8, resulting in a total sample of 500 EAs and 12 500 households.

Table B8: Proposed Allocation of Sample EAs and Households for 2009 Zimbabwe MIMS Sample by Province, Urban and Rural Stratum

Province	Rural		Urban		Total	
	No. Sample EAs	No. Sample Households	No. Sample EAs	No. Sample Households	No. Sample EAs	No. Sample Households
Manicaland	51	1 275	7	175	58	1 450
Mashonaland Central	42	1 050	6	150	48	1 200
Mashonaland East	47	1 175	5	125	52	1 300
Mashonaland West	39	975	13	325	52	1 300
Matabeleland North	34	850	6	150	40	1 000
Matabeleland South	35	875	5	125	40	1 000
Midlands	45	1 125	11	275	56	1 400
Masvingo	50	1 250	4	100	54	1 350
Harare	0	0	60	1 500	60	1 500
Bulawayo	0	0	40	1 000	40	1 000
Total	**343**	**8 575**	**157**	**3 925**	**500**	**12 500**

In order to estimate the level of precision that was expected from this sample size and allocation, a simulation study was carried out using the 2005-06 ZDHS results for the selected indicators presented in Annex A. This simulation study was based on the assumption that the MIMS would have similar response rates and design effects as those for the ZDHS. This was a reasonable assumption given that both surveys were based on the ZMS 2002, and Replicate Zero is included in both surveys. The design effect also depends on the cluster size, or the number of households selected per EA. Since the number of sample households per EA for the MIMS decreased from an average of 27 to 25, the design effects for the MIMS estimates actually decreased slightly compared to those for the ZDHS. As a result, the estimates of standard error for the 2009 MIMS indicators calculated in this simulation study can be considered conservative; that is, the actual level of precision for the MIMS results should be slightly better.

The estimates of standard error for the MIMS indicators for this simulation study were calculated from the corresponding ZDHS estimates as follows:

$$s(\hat{\theta}_{MICS}) = s(\hat{\theta}_{ZDHS}) \times \sqrt{\frac{m_{ZDHS}}{m_{MICS}}},$$

where:

$s(\hat{\theta}_{MICS}) =$ approximate standard error for a particular indicator based on the 2009 MIMS sample design, calculated for the simulation study

$s(\hat{\theta}_{ZDHS}) =$ standard error for the estimate of a particular indicator from the 2005-06 ZDHS data

$m_{ZDHS} =$ number sample households selected for the 2005-06 ZDHS in the particular domain

$m_{MICS} =$ number sample households selected for the 2009 MIMS in the particular domain

The results from this simulation study of the level of precision for the 2009 MIMS indicators are presented in Annex D. It can be seen that there was an overall modest decrease in the estimated standard errors compared to the corresponding 2005-06 ZDHS results. The smallest provinces have the largest improvement in the level of precision, given that a minimum of 1 000 households was selected for these provinces.

Sample Selection Procedures

The sample EAs for the 2009 MIMS were selected as a sub-sample of the 1 200 master sample EAs. Therefore reference should also be made to the documentation of the ZMS 2002. The first stage sample of EAs within each stratum was selected with PPS, where the measure of size was based on the number of households in the 2002 Census frame for each EA. The master sample was divided into three nationally-representative replicates of 400 EAs each; the effective number of sample EAs in each replicate was actually less, since it was found that a few of the sample EAs were empty. The distribution of sample EAs in Replicates Zero and One is presented above in Tables B4 and B5.

Since Replicate Zero of the ZMS 2002 was used for the 2005-06 ZDHS, all of the EAs in Replicate Zero were also selected for the 2009 MIMS. The resulting overlap in sample EAs between the two surveys will provide a correlation that should improve the precision of estimates of changes in the indicators. In comparing the number of sample EAs by province, rural and urban stratum proposed for the 2009 MIMS shown in Table B8 to the corresponding distribution of sample EAs in Replicate Zero presented in Table B4, it can be seen that it was necessary to select additional master sample EAs for most strata in order to complete the MIMS sample. The additional sample EAs were selected from Replicate One of the 2002 ZMS; the distribution of the EAs in that replicate are shown in Table B5. These additional EAs within each stratum were selected from the Replicate One master sample EAs systematically with equal probability, given that the master sample EAs had already been selected with PPS at the first stage. After combining the Replicate Zero sample EAs with the subsample of EAs from Replicate One, the resulting full sample of EAs for the 2009 MIMS was equivalent to having selected the EAs with PPS within each stratum at the first stage from the entire frame. This simplified the calculation of the weights.

Following the selection of 500 sample EAs from Replicates Zero and One of the master sample for the 2009 MIMS, there were several sample EAs in both replicates which were found to be empty, or the ZIMSTAT could not find the corresponding maps. Therefore it was necessary to replace a few of the original sample EAs for the MIMS. Since all of the sample EAs in Replicate Zero had already been selected, it was necessary to select the replacement EAs from Replicate One. An attempt was made to select replacement EAs in the same district, ward and land-use sector as the original sample EA, or as close as possible.

A new listing of households was conducted in the 500 sample EAs for the 2009 MIMS. At the second sampling stage a sample of 25 sample households was selected in each EA using random systematic sampling. A household selection table was developed for this purpose. This table specified the systematic sample of household serial numbers to be selected in the sample EA based on the total number of households listed. An Excel spreadsheet was used to generate the random start and systematic selection numbers for this table.

Weighting Procedures

The basic design weight for each MIMS sample household is based on the inverse of its overall probability of selection, with a component from each sampling stage. Given the nature of the sample design, the sample household weights are calculated at the EA level. The expression for the basic design weight for the MIMS sample households specified in the previous report on the MIMS sampling methodology can be expressed as follows:

$$W_{hi} = \frac{1}{p_{hi}} = \frac{M_h}{n_{MSh} \times M_{hi}} \times \frac{n_{MSh}}{n_h} \times \frac{M'_{hi}}{m_{hi}} = \frac{1}{p_{1MShi}} \times \frac{n_{MSh}}{n_h} \times \frac{M'_{hi}}{m_{hi}},$$

where:

$W_{hi} =$ basic weight for the MIMS sample households in the i-th sample EA in stratum (province, urban/rural) h

$p_{hi} =$ overall probability of selection for the MIMS sample households in the i-th sample EA in stratum h

$M_h =$ total number of households in stratum h from the 2002 Zimbabwe Census frame (cumulated measure of size for stratum h)

$n_{MSh} =$ number of sample EAs selected in stratum h for the original master sample of 1,200 sample EAs

$M_{hi} =$ total number of households from the 2002 Zimbabwe Census frame in the i-th sample EA in stratum h

$n_h =$ number of sample EAs selected for the 2009 MIMS in stratum h (from Replicates Zero and One of the original master sample)

$M'_{hi} =$ total number of households listed in the i-th sample EA in stratum h

$m_{hi} =$ 25 = number of households selected from the listing for the i-th sample EA in stratum h

$p_{1MShi} =$ first stage probability of selection for the i-th sample EA in stratum h in the original master sample of 1 200 EAs

One reason for expressing the weight in this form is that the file with master sample EAs used for selecting the subsample of EAs for the 2009 MIMS included the original first stage probability of selection in the master sample (p_{1MShi}). Although the values of M_h were obtained from the entire census frame, the original values for n_{MSh} were not available when the consultant calculated the MIMS weights. The version of the master sample available for selecting the sub-sample of EAs for MIMS only included 1 160 EAs. Table B1 presented earlier, shows the distribution of these EAs by stratum (province, urban and rural).

Since the sum of the original values for n_{MSh} used for calculating the first stage probabilities from the master sample was 1 200 EAs, we will refer to the number of master sample EAs in each stratum appearing in Table B1 as n'_{MSh} in the following discussion. In this case the basic weight for the MIMS sample households can be expressed as follows:

$$W_{hi} = \frac{1}{p_{1MShi}} \times \frac{n'_{MSh}}{n_h} \times \frac{n_{MSh}}{n'_{MSh}} \times \frac{M'_{hi}}{m_{hi}} = W'_{hi} \times \frac{n_{MSh}}{n'_{MSh}} = W'_{hi} \times A_h,$$

where:

$W'_{hi} =$ initial weight for the MIMS sample households in the i-th sample EA in stratum h calculated using the number of master sample EAs appearing in Table 1 (n'_{MSh})

$A_h =$ frame adjustment factor for the weights in stratum h

Although the original values of n_{MSh} were not available, it was possible to obtain values for M_h (the number of households in the stratum from the 2002 Census frame). Therefore the frame adjustment factor A_h for the MIMS weights in each stratum was calculated indirectly by dividing M_h by the weighted estimate of M_h from the 1 160 EAs in the reduced master sample used for selecting the MIMS subsample of EAs, as follows:

$$A_h = \frac{M_h}{M'_h} = \frac{M_h}{\sum_{i=1}^{n'_{MSh}} \frac{M_{hi}}{p_{1MShi}}} = \frac{M_h}{\sum_{i=1}^{n'_{MSh}} M_{hi} \times \frac{M_h}{n_{MSh} \times M_{hi}}} = \frac{M_h}{M_h \times \sum_{i=1}^{n'_{MSh}} \frac{1}{n_{MSh}}} = \frac{n_{MSh}}{n'_{MSh}}$$

Table B9 shows the factors A_h calculated for each province, urban and rural stratum. Given the calculations described above, these adjustment factors were subject to small rounding errors. As a result, some of the factors were slightly lower or higher than 1, in which case they were rounded to 1.

Table B9: Weight Adjust Factor for Zimbabwe MIMS 2009 Sample Households Based on Sampling Frame, by Province, Urban and Rural Strata		
Province	Rural	Urban
Manicaland	1.0000	1.4000
Mashonaland Central	1.0137	1.0000
Mashonaland East	1.0000	1.1818
Mashonaland West	1.0000	1.0645
Matabeleland North	1.0000	1.0000
Matabeleland South	1.0370	1.1250
Midlands	1.0000	1.1852
Masvingo	1.0000	1.2000
Harare	-	1.1205
Bulawayo	-	-

It can be seen in Table B9 that the frame adjustment factor is equal to 1 for the rural stratum of most provinces, indicating that most rural strata were not missing any master sample EAs. However, the adjustment factors are higher for most urban strata, where apparently the 40 missing master sample EAs were concentrated.

The design weights W'_{hi} for the MIMS sample households were calculated in a spreadsheet that had the information from the sampling frame for each sample EA, and the information on the number of households from the new listing in each sample EA was also entered in this spreadsheet. Finally the frame adjustment factors were added to this spreadsheet to calculate the final design weights (W_{hi}). A second spreadsheet was added to the Excel file for calculating the final MIMS weights adjusted for non-response for households, women and children as well as the corresponding normalized weights.

In order to validate the design weights, the distribution of the weighted total number of households and population from the 2009 MIMS data was tabulated by province, urban and rural strata. The weighted total number of households for Zimbabwe was 2 471 763 and the weighted total population is 10 651 645. The weighted total number of households is lower than the corresponding total number of households in the frame (2 644 116), partly because of possible under-enumeration of households during the listing. This should not be a problem for the MIMS weighted results, since the indicators are in the form of relative values such as proportions and means. At the same time, these weights should reflect changes in the geographic distribution of the population since the time of the frame, which is important for ensuring that the weighted results are representative of the population.

Adjustment of MIMS Design Weights for Household, Women and Children Non-response

Following the calculation of the basic design weights, it was necessary to adjust the weights for households to take into account non-response. The MIMS household data file for was used to tabulate the number of sample households by EA and interview status. The MIMS weights were adjusted for non-interview households at the sample EA level, since the design weights were calculated at this level, and the characteristics on the non-interview households may be similar to those of the households interviewed in the same EA. The adjusted weight for the sample households in each EA was calculated as follows:

$$W''_{hi} = W_{hi} \times \frac{m_{hi}}{m'_{hi}},$$

where:

W''_{hi} = final weight for the MIMS sample households in the i-th sample EA in stratum h, adjusted for nonresponse

m_{hi} = 25 = number of households selected for the i-th sample EA in stratum h

m'_{hi} = number of sample households with completed MIMS interviews in the i-th sample EA in stratum h

In addition to adjusting the household weights for non-interviews, there were also cases where information could not be obtained for some of the sample eligible women and children under the age of 5 years who were identified in the sample households. Therefore it was necessary to calculate additional adjusted weights for the eligible women and children that will be applied to the data from the corresponding sections of the MIMS questionnaire. The additional adjustment factors for women and children non-response were applied to the adjusted household weight.

The weight for sample eligible women was calculated as follows:

$$W_{Whi} = W''_{hi} \times \frac{w_{hi}}{w'_{hi}},$$

where:

W_{Whi} = adjusted weight for MIMS sample eligible women in the i-th sample EA in stratum h

w_{hi} = total number of eligible women identified in all responding sample households in the i-th sample EA in stratum h

w'_{hi} = number of sample eligible women with completed MIMS questionnaires in all responding sample households in the i-th sample EA in stratum h

In the same way, the weights for the children under age 5 were calculated as follows:

$$W_{Chi} = W''_{hi} \times \frac{c_{hi}}{c'_{hi}},$$

where:

W_{Chi} = adjusted weight for MIMS sample children under age 5 in the i-th sample EA in stratum h

c_{hi} = total number of children under age 5 identified in all responding sample households in the i-th sample EA in stratum h

c'_{hi} = number of sample children with completed MIMS questionnaires in all responding sample households in the i-th sample EA in stratum h

Calculation of Normalized Weights for Households, Women and Children

In addition to the calculating the design weights adjusted for household, women and children nonresponse, the standard Multiple Indicator Cluster Survey methodology involves the use of normalized or relative weights. Basically, these weights are calculated by dividing each weight by the overall average of the weights. The resulting normalized weights have an average of 1 and the sum of the weights is equal to the number of observations (households, women or children). In the case of survey estimates of relative indicators such as proportions and averages, the normalized weights will produce identical results as those obtained by using the adjusted design weights.

The normalized household weights were calculated as follows:

$$W_{Nhi} = \frac{W''_{hi}}{\dfrac{\displaystyle\sum_{h}\sum_{i=1}^{n_h} W''_{hi} \times m'_{hi}}{\displaystyle\sum_{h}\sum_{i=1}^{n_h} m'_{hi}}}$$

The denominator of this normalized household weight is equal to the weighted total number of households for Zimbabwe divided by the unweighted total number of sample households with completed questionnaires for Zimbabwe; this is the mean household weight at the national level. It can be seen that the sum of these normalized household weights will be equal to the unweighted number of MIMS sample households with completed interviews.

In a similar way, the normalized weights for eligible women was calculated as follows:

$$W_{NWhi} = \frac{W_{Whi}}{\dfrac{\displaystyle\sum_{h}\sum_{i=1}^{n_h} W_{Whi} \times w'_{hi}}{\displaystyle\sum_{h}\sum_{i=1}^{n_h} w'_{hi}}}$$

The denominator of the normalized women weight is the national average of these weights, and the sum of the normalized weights will be equal to the total number of sample women with completed MIMS questionnaires.

Finally, the normalized weights for children under age 5 was calculated as follows:

$$W_{NWhi} = \frac{W_{Chi}}{\dfrac{\displaystyle\sum_{h}\sum_{i=1}^{n_h} W_{Chi} \times c'_{hi}}{\displaystyle\sum_{h}\sum_{i=1}^{n_h} c'_{hi}}}$$

It can be verified that the sum of the children weights is also equal to the total number of sample children with completed MIMS interviews.

The final adjusted weights for households, women and children and the corresponding normalized weights were calculated in a second spreadsheet in the Excel file that was used for producing the basic design weights. It was necessary to enter into this weighting spreadsheet the total number of sample eligible women and children for each EA, as well as the number of completed household, women and children interviews for each EA. This spreadsheet includes all of the formulas so that the calculation of the weights is very transparent.

APPENDIX C. ESTIMATES OF SAMPLING ERRORS

The sample of respondents selected in the Zimbabwe Multiple Indicator Monitoring Survey is only one of the samples that could have been selected from the same population, using the same design and size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey results.

Calculation of Sampling Errors

The following sampling error measures are presented in this appendix for each of the selected indicators:

- Standard error (*se*): Sampling errors are usually measured in terms of standard errors for particular indicators (means, proportions etc). Standard error is the square root of the variance. The Taylor linearization method is used for the estimation of standard errors.
- Coefficient of variation (*se*/*r*) is the ratio of the standard error to the value of the indicator
- Design effect (*deff*) is the ratio of the actual variance of an indicator, under the sampling method used in the survey, to the variance calculated under the assumption of simple random sampling. The square root of the design effect (*deft*) is used to show the efficiency of the sample design. A *deft* value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a *deft* value above 1.0 indicates the increase in the standard error due to the use of a more complex sample design.
- Confidence limits are calculated to show the interval within which the true value for the population can be reasonably assumed to fall. For any given statistic calculated from the survey, the value of that statistics will fall within a range of plus or minus two times the standard error (*p* + 2.*se* or *p* − 2.*se*) of the statistic in 95 percent of all possible samples of identical size and design.

For the calculation of sampling errors from MIMS data, software packages such as Stata and CENVAR (a component of the Integrated Microcomputer Processing System, IMPS) has been used.

The standard error, or square root of the variance, is used to measure the sampling error, although it may also include a small variable part of the non-sampling error. The variance estimator should take into account the different aspects of the sample design, such as the stratification and clustering. Software packages such as Stata and CENVAR (a component of the Integrated Microcomputer Processing System, IMPS) use a variance estimator that takes into account the sample design. These programs use a Taylor series or "ultimate cluster" type of variance estimator. For the estimate of a total, the variance is calculated by Stata and CENVAR using the following formula:

Variance Estimator of a Total

$$V(\hat{Y}) = \sum_{h=1}^{L} \left[\frac{n_h}{n_h - 1} \times \sum_{i=1}^{n_h} \left(\hat{Y}_{hi} - \frac{\hat{Y}_h}{n_h} \right)^2 \right],$$

where:

$$\hat{Y}_{hi} = \sum_{j=1}^{m_{hi}} W'_{hi} \, y_{hij}$$

$$\hat{Y}_h = \sum_{i=1}^{n_h} \hat{Y}_{hi}$$

For a ratio estimate, the variance is calculated by Stata and CENVAR using the following formula:

Variance Estimator of a Ratio

$$V(\hat{R}) = \frac{1}{\hat{X}^2} \times \left[V(\hat{Y}) + \hat{R}^2 \times V(\hat{X}) - 2 \times \hat{R} \times COV(\hat{X}, \hat{Y}) \right],$$

where:

$$COV(\hat{X}, \hat{Y}) = \sum_{h=1}^{L} \left[\frac{n_h}{n_h - 1} \times \sum_{i=1}^{n_h} \left(\hat{X}_{hi} - \frac{\hat{X}_h}{n_h} \right) \left(\hat{Y}_{hi} - \frac{\hat{Y}_h}{n_h} \right) \right]$$

$V(\hat{Y})$ and $V(\hat{X})$ are calculated according to the formula for the variance of a total, specified previously.

The results are shown in the tables that follow. In addition to the sampling error measures described above, the tables also include weighted and unweighted counts of denominators for each indicator. Sampling errors are calculated for indicators of primary interest, for the national total, for the regions, and for urban and rural areas. Three of the selected indicators are based on households, 8 are based on household members, 13 are based on women, and 15 are based on children under 5. All indicators presented here are in the form of proportions. Table SE.1 shows the list of indicators for which sampling errors are calculated, including the base population (denominator) for each indicator. Tables SE.2 show the calculated 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, Country, Year

	MICS Indicator	Base Population
	HOUSEHOLDS	
30	Household availability of insecticide treated nets	All households
	HOUSEHOLD MEMBERS	
11	Use of improved drinking water sources	All household members
12	Use of improved sanitation facilities	All household members
55	Net primary school attendance rate	Children of primary school age
56	Net secondary school attendance rate	Children of secondary school age
59	Primary completion rate	Children of primary school completion age
75	Prevalence of orphans	Children aged under 18
76	Prevalence of vulnerable children	Children aged under 18
	WOMEN	
4	Skilled attendant at delivery	Women aged 15-49 years with a live birth in the last 2 years
20	Antenatal care	Women aged 15-49 years with a live birth in the last 2 years
21	Contraceptive prevalence	Women aged 15-49 currently married/in union
60	Adult literacy	Women aged 15-24 years
67	Marriage before age 18	Women aged 20-49 years
70	Polygamy	Women aged 15-49 years currently married or in union
82	Comprehensive knowledge about HIV prevention among young people	Women aged 15-24 years
86	Attitude towards people with HIV/AIDS	Women aged 15-49 years
88	Women who have been tested for HIV	Women aged 15-49 years
89	Knowledge of mother- to-child transmission of HIV	Women aged 15-49 years
	UNDER-5s	
6	Underweight prevalence	Children under age 5
25	Tuberculosis immunization coverage	Children aged 12-23 months
26	Polio immunization coverage	Children aged 12-23 months
27	Immunization coverage for DPT	Children aged 12-23 months
28	Measles immunization coverage	Children aged 12-23 months
31	Fully immunized children	Children aged 12-23 months
-	Acute respiratory infection in last two weeks	Children under age 5
22	Antibiotic treatment of suspected pneumonia	Children under age 5 with suspected pneumonia in the last 2 weeks
-	Diarrhoea in last two weeks	Children under age 5
35	Received ORT or increased fluids and continued feeding	Children under age 5 with diarrhoea in the last 2 weeks
37	Under-5s sleeping under insecticide treated nets	Children under age 5
-	Fever in last two weeks	Children under age 5
39	Antimalarial treatment	Children under age 5 with fever in the last 2 weeks
62	Birth registration	Children under age 5

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, MIMS, Zimbabwe, 2009

	Table	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										
Household availability of ITNs	A6.10	0.274	0.009	0.034	4.924	2.219	11 469	11 469	0.255	0.292
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	A7.1	0.728	0.012	0.017	9.039	3.007	52 194	11 469	0.703	0.753
Use of improved sanitation facilities	A7.5	0.603	0.010	0.017	5.079	2.254	52 194	11 469	0.582	0.624
Net primary school attendance rate	A9.3	0.912	0.005	0.005	3.057	1.749	10 214	10 597	0.903	0.922
Net secondary school attendance rate	A9.5	0.448	0.008	0.017	2.024	1.423	7 860	8 193	0.433	0.464
Primary completion rate	A9.9	0.426	0.014	0.034	1.273	1.128	1 461	1 497	0.397	0.455
Prevalence of orphans	A11.8	0.245	0.005	0.021	3.693	1.922	25 804	26 677	0.235	0.256
Prevalence of vulnerable children	A11.9	0.182	0.006	0.031	5.685	2.384	25 804	26 677	0.171	0.193
WOMEN										
Skilled attendant at delivery	A8.7	0.602	0.012	0.020	1.770	1.330	2 799	2 850	0.578	0.627
Antenatal care	A8.5	0.884	0.009	0.010	2.150	1.466	2 799	2 850	0.867	0.902
Contraceptive prevalence	A8.2	0.649	0.007	0.011	1.410	1.187	6 677	6 635	0.636	0.663
Adult literacy	A9.11	0.910	0.005	0.006	1.751	1.323	5 028	5 066	0.899	0.921
Marriage before age 18	A10.4	0.318	0.008	0.024	2.261	1.504	8 723	8 649	0.302	0.333
Comprehensive knowledge about HIV prevention among young people	A11.3	0.533	0.008	0.014	1.151	1.073	5 028	5 066	0.518	0.548
Attitude towards people with HIV/AIDS	A11.5	0.433	0.007	0.016	2.047	1.431	11 167	11 133	0.420	0.447
Women who have been tested for HIV	A11.6	0.449	0.006	0.013	1.665	1.290	11 339	11 339	0.437	0.461
Knowledge of mother- to-child transmission of HIV	A11.4	0.654	0.006	0.009	1.809	1.345	11 339	11 339	0.642	0.666
UNDER-5s										
Underweight prevalence	A5.1	0.118	0.005	0.040	1.351	1.162	6 206	6 215	0.109	0.128
Tuberculosis immunization coverage	A6.2	0.909	0.009	0.010	1.467	1.211	1 443	1 452	0.891	0.928
Polio immunization coverage	A6.2	0.659	0.016	0.024	1.614	1.271	1 434	1 441	0.628	0.691
Immunization coverage for DPT	A6.2	0.660	0.016	0.024	1.645	1.282	1 436	1 444	0.628	0.692
Measles immunization coverage	A6.2	0.768	0.014	0.018	1.535	1.239	1 439	1 447	0.741	0.796
Fully immunized children	A6.2	0.482	0.016	0.034	1.514	1.230	1 437	1 446	0.450	0.515
Acute respiratory infection in last two weeks	A6.6	0.064	0.004	0.061	1.826	1.351	7 242	7 242	0.056	0.072
Antibiotic treatment of suspected pneumonia	A6.7	0.160	0.014	0.089	0.737	0.859	465	491	0.132	0.189
Diarrhoea in last two weeks	A6.4	0.110	0.005	0.046	1.854	1.362	7 242	7 242	0.100	0.120
Received ORT or increased fluids and continued feeding	A6.5	0.349	0.017	0.047	0.936	0.968	797	779	0.316	0.382
Under-fives sleeping under insecticide treated nets	A6.11	0.173	0.008	0.046	3.233	1.798	7 242	7 242	0.157	0.189
Fever in last two weeks	A6.12	0.077	0.004	0.055	1.803	1.343	7 242	7 242	0.068	0.085
Antimalarial treatment	A6.12	0.139	0.015	0.108	1.000	1.000	554	531	0.109	0.169
Birth registration	A10.1	0.378	0.008	0.022	2.185	1.478	7 242	7 242	0.361	0.395

Table SE.2.1: Sampling Errors: Urban Sample
Standard Errors, Coefficients of Variation, Design Effects (*Deff*), Square Root of Design Effects (*Deft*) and Confidence Intervals for Selected Indicators, MIMS, Zimbabwe, 2009

	Table	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										
Household availability of ITNs	A6.10	0.258	0.012	0.045	2.480	1.575	4 049	3 446	0.235	0.282
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	A7.1	0.980	0.006	0.006	5.695	2.386	16 592	3 446	0.969	0.991
Use of improved sanitation facilities	A7.5	0.972	0.007	0.007	5.719	2.391	16 592	3 446	0.958	0.985
Net primary school attendance rate	A9.3	0.944	0.008	0.008	2.609	1.615	2 611	2 250	0.929	0.960
Net secondary school attendance rate	A9.5	0.592	0.012	0.020	1.102	1.050	2 303	1 991	0.568	0.615
Primary completion rate	A9.9	0.668	0.027	0.040	1.086	1.042	401	343	0.615	0.721
Prevalence of orphans	A11.8	0.204	0.009	0.045	3.150	1.775	6 981	6 024	0.185	0.222
Prevalence of vulnerable children	A11.9	0.156	0.011	0.072	5.705	2.389	6 981	6 024	0.134	0.178
WOMEN										
Skilled attendant at delivery	A8.7	0.895	0.018	0.020	2.352	1.533	799	708	0.860	0.931
Antenatal care	A8.5	0.906	0.016	0.017	2.035	1.427	799	708	0.874	0.937
Contraceptive prevalence	A8.2	0.689	0.012	0.017	1.299	1.140	2 335	1 981	0.666	0.713
Adult literacy	A9.11	0.967	0.005	0.006	1.592	1.262	1 953	1 710	0.956	0.978
Marriage before age 18	A10.4	0.212	0.010	0.049	1.893	1.376	3 463	2 969	0.192	0.233
Attitude towards people with HIV/AIDS	A11.5	0.579	0.009	0.016	1.300	1.140	4 412	3 804	0.561	0.597
Women who have been tested for HIV	A11.6	0.489	0.008	0.016	0.982	0.991	4 436	3 830	0.473	0.505
Knowledge of mother- to-child transmission of HIV	A11.4	0.680	0.011	0.015	1.943	1.394	4 436	3 830	0.659	0.701
UNDER-5s										
Underweight prevalence	A5.1	0.090	0.009	0.100	1.444	1.202	1 746	1 452	0.072	0.108
Tuberculosis immunization coverage	A6.2	0.951	0.010	0.011	0.825	0.908	404	351	0.930	0.972
Polio immunization coverage	A6.2	0.788	0.029	0.036	1.680	1.296	399	346	0.731	0.845
Immunization coverage for DPT	A6.2	0.787	0.029	0.037	1.748	1.322	400	347	0.729	0.845
Measles immunization coverage	A6.2	0.846	0.019	0.023	0.999	1.000	404	351	0.808	0.885
Fully immunized children	A6.2	0.621	0.030	0.048	1.306	1.143	400	347	0.561	0.681
Acute respiratory infection in last two weeks	A6.6	0.045	0.005	0.113	1.018	1.009	2 041	1 715	0.035	0.055
Antibiotic treatment of suspected pneumonia	A6.7	0.252	0.042	0.167	0.734	0.857	91	79	0.168	0.336
Diarrhoea in last two weeks	A6.4	0.100	0.010	0.097	1.786	1.337	2 041	1 715	0.081	0.120
Received ORT or increased fluids and continued feeding	A6.5	0.457	0.033	0.073	0.754	0.869	205	171	0.391	0.524
Under-fives sleeping under insecticide treated nets	A6.11	0.171	0.013	0.077	2.114	1.454	2 041	1 715	0.144	0.197
Fever in last two weeks	A6.12	0.071	0.007	0.101	1.325	1.151	2 041	1 715	0.057	0.085
Antimalarial treatment	A6.12	0.053	0.016	0.308	0.574	0.757	145	110	0.020	0.085
Birth registration	A10.1	0.566	0.018	0.031	2.206	1.485	2 041	1 715	0.531	0.602

Table SE.2.2: Sampling Errors: Rural Sample
Standard Errors, Coefficients of Variation, Design Effects (*Deff*), Square Root of Design Effects (*Deft*) and Confidence Intervals for Selected Indicators, MIMS, Zimbabwe, 2009

	Table	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										
Household availability of ITNs	A6.10	0.282	0.013	0.045	6.413	2.532	7 420	8 023	0.257	0.308
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	A7.1	0.611	0.017	0.028	10.216	3.196	35 602	8 023	0.576	0.645
Use of improved sanitation facilities	A7.5	0.431	0.013	0.029	5.254	2.292	35 602	8 023	0.406	0.457
Net primary school attendance rate	A9.3	0.901	0.006	0.007	3.239	1.800	7 603	8 347	0.890	0.913
Net secondary school attendance rate	A9.5	0.389	0.009	0.024	2.233	1.494	5 558	6 202	0.371	0.408
Primary completion rate	A9.9	0.335	0.016	0.047	1.300	1.140	1 060	1 154	0.303	0.366
Prevalence of orphans	A11.8	0.261	0.006	0.023	3.980	1.995	18 822	20 653	0.249	0.273
Prevalence of vulnerable children	A11.9	0.192	0.006	0.034	5.583	2.363	18 822	20 653	0.179	0.205
WOMEN										
Skilled attendant at delivery	A8.7	0.485	0.015	0.030	1.856	1.362	2 000	2 142	0.456	0.514
Antenatal care	A8.5	0.876	0.011	0.012	2.210	1.487	2 000	2 142	0.855	0.897
Contraceptive prevalence	A8.2	0.628	0.008	0.013	1.389	1.178	4 342	4 654	0.611	0.645
Adult literacy	A9.11	0.873	0.008	0.009	1.883	1.372	3 076	3 356	0.858	0.889
Marriage before age 18	A10.4	0.387	0.010	0.025	2.305	1.518	5 259	5 680	0.367	0.406
Attitude towards people with HIV/AIDS	A11.5	0.338	0.008	0.025	2.291	1.514	6 755	7 329	0.321	0.355
Women who have been tested for HIV	A11.6	0.423	0.008	0.020	2.144	1.464	6 903	7 509	0.406	0.440
Knowledge of mother- to-child transmission of HIV	A11.4	0.637	0.007	0.011	1.645	1.282	6 903	7 509	0.623	0.651
UNDER-5s										
Underweight prevalence	A5.1	0.129	0.006	0.044	1.371	1.171	4 461	4 763	0.118	0.141
Tuberculosis immunization coverage	A6.2	0.893	0.012	0.013	1.624	1.274	1 039	1 101	0.870	0.917
Polio immunization coverage	A6.2	0.610	0.019	0.031	1.692	1.301	1 035	1 095	0.571	0.648
Immunization coverage for DPT	A6.2	0.612	0.019	0.031	1.685	1.298	1 036	1 097	0.573	0.650
Measles immunization coverage	A6.2	0.738	0.017	0.024	1.706	1.306	1 035	1 096	0.703	0.773
Fully immunized children	A6.2	0.429	0.020	0.046	1.713	1.309	1 037	1 099	0.390	0.468
Acute respiratory infection in last two weeks	A6.6	0.072	0.005	0.070	2.112	1.453	5 201	5 527	0.062	0.082
Antibiotic treatment of suspected pneumonia	A6.7	0.138	0.014	0.100	0.657	0.810	374	412	0.110	0.166
Diarrhoea in last two weeks	A6.4	0.114	0.006	0.051	1.860	1.364	5 201	5 527	0.102	0.125
Received ORT or increased fluids and continued feeding	A6.5	0.311	0.019	0.060	0.980	0.990	592	608	0.274	0.348
Under-fives sleeping under insecticide treated nets	A6.11	0.175	0.010	0.056	3.726	1.930	5 201	5 527	0.155	0.194
Fever in last two weeks	A6.12	0.079	0.005	0.065	2.008	1.417	5 201	5 527	0.069	0.089
Antimalarial treatment	A6.12	0.169	0.019	0.114	1.113	1.055	410	421	0.130	0.207
Birth registration	A10.1	0.304	0.009	0.030	2.210	1.487	5 201	5 527	0.285	0.322

Table SE.2.3: Sampling Errors: Manicaland Province Sample
Standard Errors, Coefficients of Variation, Design Effects (*Deff*), Square Root of Design Effects (*Deft*) and Confidence Intervals for Selected Indicators, MIMS, Zimbabwe, 2009

	Table	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										
Household availability of ITNs	A6.10	0.370	0.031	0.084	5.518	2.349	1 582	1 345	0.308	0.432
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	A7.1	0.660	0.029	0.044	5.044	2.246	7 093	1 345	0.602	0.718
Use of improved sanitation facilities	A7.5	0.591	0.030	0.050	4.862	2.205	7 093	1 345	0.531	0.650
Net primary school attendance rate	A9.3	0.937	0.009	0.010	1.890	1.375	1 470	1 305	0.918	0.955
Net secondary school attendance rate	A9.5	0.486	0.021	0.044	1.868	1.367	1 138	1 015	0.443	0.529
Primary completion rate	A9.9	0.372	0.037	0.099	1.103	1.050	217	191	0.298	0.445
Prevalence of orphans	A11.8	0.265	0.012	0.046	2.512	1.585	3 693	3 255	0.241	0.290
Prevalence of vulnerable children	A11.9	0.187	0.014	0.077	4.481	2.117	3 693	3 255	0.158	0.216
WOMEN										
Skilled attendant at delivery	A8.7	0.516	0.036	0.070	1.856	1.362	404	353	0.443	0.588
Antenatal care	A8.5	0.837	0.021	0.025	1.172	1.083	404	353	0.795	0.880
Contraceptive prevalence	A8.2	0.625	0.022	0.036	1.609	1.269	894	760	0.580	0.669
Adult literacy	A9.11	0.934	0.012	0.013	1.314	1.146	680	580	0.911	0.958
Marriage before age 18	A10.4	0.339	0.023	0.068	2.213	1.487	1 114	940	0.293	0.385
Attitude towards people with HIV/AIDS	A11.5	0.375	0.018	0.048	1.695	1.302	1 459	1 236	0.340	0.411
Women who have been tested for HIV	A11.6	0.434	0.016	0.036	1.226	1.107	1 476	1 255	0.403	0.465
Knowledge of mother- to-child transmission of HIV	A11.4	0.652	0.016	0.025	1.499	1.224	1 476	1 255	0.619	0.685
UNDER-5s										
Underweight prevalence	A5.1	0.099	0.015	0.147	1.741	1.320	866	736	0.070	0.128
Tuberculosis immunization coverage	A6.2	0.866	0.023	0.026	0.779	0.883	221	179	0.820	0.911
Polio immunization coverage	A6.2	0.557	0.036	0.065	0.944	0.971	221	179	0.485	0.629
Immunization coverage for DPT	A6.2	0.530	0.046	0.086	1.482	1.217	221	179	0.439	0.622
Measles immunization coverage	A6.2	0.687	0.036	0.052	1.063	1.031	221	179	0.615	0.758
Fully immunized children	A6.2	0.374	0.033	0.088	0.832	0.912	221	179	0.308	0.440
Acute respiratory infection in last two weeks	A6.6	0.067	0.010	0.144	1.293	1.137	1 012	863	0.048	0.087
Antibiotic treatment of suspected pneumonia	A6.7	0.157	0.035	0.222	0.568	0.754	68	63	0.087	0.226
Diarrhoea in last two weeks	A6.4	0.144	0.019	0.132	2.542	1.594	1 012	863	0.106	0.182
Received ORT or increased fluids and continued feeding	A6.5	0.293	0.039	0.132	0.930	0.964	146	129	0.216	0.371
Under-fives sleeping under insecticide treated nets	A6.11	0.205	0.021	0.102	2.315	1.522	1 012	863	0.163	0.246
Fever in last two weeks	A6.12	0.106	0.014	0.129	1.716	1.310	1 012	863	0.079	0.134
Antimalarial treatment	A6.12	0.168	0.038	0.223	0.906	0.952	108	91	0.093	0.243
Birth registration	A10.1	0.342	0.027	0.079	2.797	1.672	1 012	863	0.288	0.396

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Table SE.2.4: Sampling Errors: Mashonaland Central Province Sample
Standard Errors, Coefficients of Variation, Design Effects (*Deff*), Square Root of Design Effects (*Deft*) and Confidence Intervals for Selected Indicators, MIMS, Zimbabwe, 2009

	Table	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										
Household availability of ITNs	A6.10	0.426	0.031	0.072	4.279	2.069	1141	1 107	0.364	0.487
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	A7.1	0.641	0.049	0.077	11.668	3.416	5 498	1 107	0.542	0.739
Use of improved sanitation facilities	A7.5	0.499	0.037	0.074	5.964	2.442	5 498	1 107	0.426	0.573
Net primary school attendance rate	A9.3	0.844	0.021	0.025	3.629	1.905	1 127	1 068	0.801	0.886
Net secondary school attendance rate	A9.5	0.322	0.020	0.061	1.417	1.191	823	794	0.282	0.361
Primary completion rate	A9.9	0.226	0.049	0.217	1.933	1.390	150	142	0.128	0.324
Prevalence of orphans	A11.8	0.255	0.022	0.086	6.699	2.588	2 805	2 672	0.211	0.299
Prevalence of vulnerable children	A11.9	0.181	0.019	0.106	6.567	2.563	2 805	2 672	0.143	0.219
WOMEN										
Skilled attendant at delivery	A8.7	0.518	0.021	0.041	0.513	0.716	311	287	0.475	0.560
Antenatal care	A8.5	0.925	0.030	0.033	3.766	1.941	311	287	0.864	0.985
Contraceptive prevalence	A8.2	0.698	0.018	0.026	1.098	1.048	753	729	0.662	0.734
Adult literacy	A9.11	0.856	0.025	0.029	2.324	1.524	493	471	0.806	0.905
Marriage before age 18	A10.4	0.485	0.022	0.045	1.580	1.257	846	818	0.441	0.529
Attitude towards people with HIV/AIDS	A11.5	0.275	0.017	0.062	1.505	1.227	1 081	1 047	0.241	0.309
Women who have been tested for HIV	A11.6	0.475	0.022	0.046	2.023	1.422	1 089	1 054	0.431	0.519
Knowledge of mother- to-child transmission of HIV	A11.4	0.646	0.023	0.035	2.359	1.536	1 089	1 054	0.601	0.692
UNDER-5s										
Underweight prevalence	A5.1	0.138	0.016	0.117	1.364	1.168	659	619	0.106	0.171
Tuberculosis immunization coverage	A6.2	0.918	0.023	0.025	0.943	0.971	149	139	0.873	0.964
Polio immunization coverage	A6.2	0.731	0.050	0.068	1.743	1.320	149	139	0.632	0.831
Immunization coverage for DPT	A6.2	0.728	0.057	0.079	2.282	1.511	149	139	0.614	0.843
Measles immunization coverage	A6.2	0.843	0.033	0.039	1.133	1.064	149	139	0.778	0.909
Fully immunized children	A6.2	0.491	0.057	0.117	1.814	1.347	149	139	0.377	0.606
Acute respiratory infection in last two weeks	A6.6	0.054	0.010	0.195	1.615	1.271	804	748	0.033	0.075
Antibiotic treatment of suspected pneumonia	A6.7	0.177	0.033	0.186	0.337	0.581	43	46	0.111	0.244
Diarrhoea in last two weeks	A6.4	0.108	0.014	0.130	1.518	1.232	804	748	0.080	0.136
Received ORT or increased fluids and continued feeding	A6.5	0.386	0.056	0.147	1.010	1.005	87	76	0.273	0.498
Under-fives sleeping under insecticide treated nets	A6.11	0.253	0.028	0.111	3.105	1.762	804	748	0.197	0.310
Fever in last two weeks	A6.12	0.125	0.016	0.127	1.710	1.308	804	748	0.093	0.156
Antimalarial treatment	A6.12	0.159	0.050	0.315	1.600	1.265	100	86	0.059	0.260
Birth registration	A10.1	0.348	0.023	0.065	1.680	1.296	804	748	0.302	0.393

Table SE.2.5: Sampling Errors: Mashonaland East Province Sample
Standard Errors, Coefficients of Variation, Design Effects (*Deff*), Square Root of Design Effects (*Deft*) and Confidence Intervals for Selected Indicators, MIMS, Zimbabwe, 2009

	Table	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										
Household availability of ITNs	A6.10	0.265	0.033	0.125	6.828	2.613	1 172	1 218	0.199	0.331
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	A7.1	0.718	0.032	0.044	6.034	2.456	5 239	1 218	0.654	0.781
Use of improved sanitation facilities	A7.5	0.592	0.029	0.049	4.281	2.069	5 239	1 218	0.534	0.650
Net primary school attendance rate	A9.3	0.909	0.015	0.017	3.294	1.815	1 124	1 200	0.879	0.939
Net secondary school attendance rate	A9.5	0.442	0.026	0.058	2.143	1.464	745	808	0.391	0.494
Primary completion rate	A9.9	0.474	0.037	0.078	0.889	0.943	150	163	0.400	0.548
Prevalence of orphans	A11.8	0.267	0.013	0.049	2.405	1.551	2 614	2 785	0.241	0.293
Prevalence of vulnerable children	A11.9	0.138	0.016	0.115	5.883	2.426	2 614	2 785	0.106	0.170
WOMEN										
Skilled attendant at delivery	A8.7	0.517	0.041	0.079	1.657	1.287	243	250	0.436	0.599
Antenatal care	A8.5	0.896	0.021	0.024	1.209	1.100	243	250	0.853	0.938
Contraceptive prevalence	A8.2	0.677	0.018	0.027	1.024	1.012	679	683	0.641	0.713
Adult literacy	A9.11	0.932	0.014	0.015	1.461	1.209	421	444	0.904	0.961
Marriage before age 18	A10.4	0.357	0.027	0.076	2.748	1.658	835	852	0.303	0.412
Attitude towards people with HIV/AIDS	A11.5	0.445	0.024	0.053	2.368	1.539	1 022	1 050	0.398	0.493
Women who have been tested for HIV	A11.6	0.455	0.020	0.044	1.718	1.311	1 040	1 072	0.415	0.495
Knowledge of mother- to-child transmission of HIV	A11.4	0.667	0.013	0.019	0.754	0.868	1 040	1 072	0.642	0.692
UNDER-5s										
Underweight prevalence	A5.1	0.122	0.012	0.099	0.820	0.905	606	599	0.098	0.146
Tuberculosis immunization coverage	A6.2	0.934	0.026	0.027	1.334	1.155	133	126	0.883	0.985
Polio immunization coverage	A6.2	0.696	0.059	0.085	2.056	1.434	132	124	0.577	0.815
Immunization coverage for DPT	A6.2	0.706	0.056	0.079	1.877	1.370	132	125	0.594	0.818
Measles immunization coverage	A6.2	0.765	0.053	0.070	1.959	1.400	131	124	0.658	0.872
Fully immunized children	A6.2	0.485	0.055	0.114	1.528	1.236	132	125	0.374	0.596
Acute respiratory infection in last two weeks	A6.6	0.045	0.008	0.182	1.096	1.047	703	697	0.029	0.062
Diarrhoea in last two weeks	A6.4	0.121	0.014	0.115	1.274	1.129	703	697	0.093	0.149
Received ORT or increased fluids and continued feeding	A6.5	0.350	0.049	0.140	0.926	0.962	85	89	0.252	0.448
Under-fives sleeping under insecticide treated nets	A6.11	0.189	0.029	0.154	3.849	1.962	703	697	0.131	0.247
Fever in last two weeks	A6.12	0.094	0.014	0.152	1.667	1.291	703	697	0.065	0.123
Antimalarial treatment	A6.12	0.145	0.038	0.263	0.763	0.873	66	66	0.069	0.222
Birth registration	A10.1	0.407	0.035	0.085	3.438	1.854	703	697	0.338	0.476

Table SE.2.6: Sampling Errors: Mashonaland West Province Sample
Standard Errors, Coefficients of Variation, Design Effects (*Deff*), Square Root of Design Effects (*Deft*) and Confidence Intervals for Selected Indicators, MIMS, Zimbabwe, 2009

	Table	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										
Household availability of ITNs	A6.10	0.199	0.024	0.120	4.402	2.098	1200	1232	0.152	0.247
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	A7.1	0.631	0.050	0.080	13.470	3.670	5 408	1 232	0.530	0.732
Use of improved sanitation facilities	A7.5	0.535	0.031	0.057	4.680	2.163	5 408	1 232	0.474	0.597
Net primary school attendance rate	A9.3	0.872	0.014	0.016	1.889	1.374	1 024	1 070	0.843	0.900
Net secondary school attendance rate	A9.5	0.381	0.028	0.074	2.650	1.628	764	797	0.324	0.437
Primary completion rate	A9.9	0.430	0.045	0.104	1.303	1.141	160	162	0.341	0.519
Prevalence of orphans	A11.8	0.229	0.013	0.057	2.675	1.635	2 660	2 743	0.203	0.255
Prevalence of vulnerable children	A11.9	0.235	0.019	0.082	5.716	2.391	2 660	2 743	0.197	0.274
WOMEN										
Skilled attendant at delivery	A8.7	0.437	0.026	0.060	0.942	0.971	310	339	0.385	0.489
Antenatal care	A8.5	0.851	0.024	0.028	1.556	1.247	310	339	0.803	0.900
Contraceptive prevalence	A8.2	0.676	0.022	0.032	1.703	1.305	715	790	0.633	0.720
Adult literacy	A9.11	0.850	0.024	0.029	2.467	1.571	497	536	0.801	0.898
Marriage before age 18	A10.4	0.446	0.020	0.045	1.579	1.257	883	958	0.406	0.486
Attitude towards people with HIV/AIDS	A11.5	0.353	0.017	0.049	1.508	1.228	1 082	1 168	0.319	0.388
Women who have been tested for HIV	A11.6	0.425	0.015	0.035	1.081	1.040	1 117	1 214	0.396	0.455
Knowledge of mother- to-child transmission of HIV	A11.4	0.622	0.015	0.024	1.112	1.055	1 117	1 214	0.592	0.651
UNDER-5s										
Underweight prevalence	A5.1	0.165	0.018	0.109	1.687	1.299	701	714	0.129	0.201
Tuberculosis immunization coverage	A6.2	0.869	0.040	0.046	2.348	1.532	172	171	0.789	0.948
Polio immunization coverage	A6.2	0.671	0.046	0.069	1.666	1.291	172	171	0.579	0.764
Immunization coverage for DPT	A6.2	0.647	0.045	0.070	1.524	1.235	172	171	0.556	0.737
Measles immunization coverage	A6.2	0.738	0.043	0.059	1.660	1.288	172	171	0.651	0.825
Fully immunized children	A6.2	0.510	0.044	0.087	1.336	1.156	172	171	0.422	0.599
Acute respiratory infection in last two weeks	A6.6	0.058	0.009	0.162	1.299	1.140	790	806	0.039	0.076
Diarrhoea in last two weeks	A6.4	0.141	0.013	0.092	1.127	1.062	790	806	0.115	0.168
Received ORT or increased fluids and continued feeding	A6.5	0.326	0.030	0.091	0.465	0.682	112	116	0.266	0.385
Under-fives sleeping under insecticide treated nets	A6.11	0.140	0.020	0.143	2.681	1.637	790	806	0.100	0.180
Fever in last two weeks	A6.12	0.095	0.015	0.158	2.111	1.453	790	806	0.065	0.125
Antimalarial treatment	A6.12	0.120	0.028	0.229	0.559	0.747	75	79	0.065	0.175
Birth registration	A10.1	0.282	0.018	0.062	1.222	1.106	790	806	0.247	0.317

Table SE.2.7: Sampling Errors: Matabeleland North Province Sample
Standard Errors, Coefficients of Variation, Design Effects (*Deff*), Square Root of Design Effects (*Deft*) and Confidence Intervals for Selected Indicators, MIMS, Zimbabwe, 2009

	Table	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										
Household availability of ITNs	A6.10	0.417	0.039	0.093	5.598	2.366	611	906	0.339	0.495
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	A7.1	0.745	0.047	0.064	10.729	3.275	3 112	906	0.650	0.840
Use of improved sanitation facilities	A7.5	0.308	0.041	0.132	7.061	2.657	3 112	906	0.226	0.390
Net primary school attendance rate	A9.3	0.902	0.020	0.022	4.765	2.183	691	1 040	0.861	0.942
Net secondary school attendance rate	A9.5	0.290	0.028	0.098	2.937	1.714	517	754	0.234	0.347
Primary completion rate	A9.9	0.300	0.043	0.144	0.974	0.987	68	110	0.213	0.387
Prevalence of orphans	A11.8	0.241	0.025	0.104	8.543	2.923	1 717	2 507	0.191	0.291
Prevalence of vulnerable children	A11.9	0.182	0.013	0.074	3.065	1.751	1 717	2 507	0.155	0.209
WOMEN										
Skilled attendant at delivery	A8.7	0.526	0.083	0.157	6.883	2.623	188	253	0.361	0.692
Antenatal care	A8.5	0.964	0.014	0.014	1.389	1.179	188	253	0.936	0.992
Contraceptive prevalence	A8.2	0.506	0.024	0.047	1.044	1.022	325	471	0.459	0.553
Adult literacy	A9.11	0.828	0.029	0.034	2.272	1.507	274	397	0.771	0.885
Marriage before age 18	A10.4	0.313	0.022	0.069	1.364	1.168	432	630	0.270	0.356
Attitude towards people with HIV/AIDS	A11.5	0.281	0.020	0.070	1.629	1.276	578	843	0.241	0.321
Women who have been tested for HIV	A11.6	0.498	0.051	0.102	8.840	2.973	584	853	0.396	0.600
Knowledge of mother- to-child transmission of HIV	A11.4	0.628	0.025	0.039	2.233	1.494	584	853	0.579	0.678
UNDER-5s										
Underweight prevalence	A5.1	0.147	0.013	0.091	0.791	0.889	403	557	0.120	0.174
Tuberculosis immunization coverage	A6.2	0.948	0.023	0.024	1.337	1.156	98	130	0.903	0.993
Polio immunization coverage	A6.2	0.695	0.064	0.092	2.471	1.572	97	129	0.567	0.823
Immunization coverage for DPT	A6.2	0.674	0.068	0.100	2.679	1.637	98	130	0.539	0.809
Measles immunization coverage	A6.2	0.770	0.051	0.067	1.926	1.388	98	130	0.667	0.873
Fully immunized children	A6.2	0.520	0.086	0.166	3.857	1.964	98	130	0.347	0.693
Acute respiratory infection in last two weeks	A6.6	0.085	0.011	0.135	1.076	1.037	466	637	0.062	0.107
Antibiotic treatment of suspected pneumonia	A6.7	0.182	0.046	0.251	0.829	0.911	39	60	0.091	0.274
Diarrhoea in last two weeks	A6.4	0.069	0.011	0.161	1.213	1.101	466	637	0.047	0.091
Under-fives sleeping under insecticide treated nets	A6.11	0.259	0.036	0.138	4.248	2.061	466	637	0.187	0.330
Fever in last two weeks	A6.12	0.049	0.012	0.239	1.877	1.370	466	637	0.026	0.073
Birth registration	A10.1	0.338	0.028	0.082	2.204	1.485	466	637	0.283	0.394

Table SE.2.8: Sampling Errors: Matabeleland South Province Sample
Standard Errors, Coefficients of Variation, Design Effects (*Deff*), Square Root of Design Effects (*Deft*) and Confidence Intervals for Selected Indicators, MIMS, Zimbabwe, 2009

	Table	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										
Household availability of ITNs	A6.10	0.029	0.006	0.202	1.133	1.065	610	933	0.017	0.041
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	A7.1	0.641	0.059	0.092	14.052	3.749	3 073	933	0.523	0.759
Use of improved sanitation facilities	A7.5	0.473	0.054	0.114	10.851	3.294	3 073	933	0.365	0.581
Net primary school attendance rate	A9.3	0.929	0.011	0.012	1.949	1.396	668	1 004	0.906	0.952
Net secondary school attendance rate	A9.5	0.390	0.024	0.062	2.033	1.426	552	835	0.342	0.438
Primary completion rate	A9.9	0.445	0.057	0.128	2.055	1.434	106	158	0.332	0.559
Prevalence of orphans	A11.8	0.260	0.014	0.054	2.612	1.616	1 715	2 586	0.232	0.288
Prevalence of vulnerable children	A11.9	0.170	0.018	0.104	5.700	2.387	1 715	2 586	0.134	0.205
WOMEN										
Skilled attendant at delivery	A8.7	0.538	0.046	0.085	2.099	1.449	166	250	0.446	0.629
Antenatal care	A8.5	0.924	0.034	0.037	4.046	2.012	166	250	0.856	0.991
Contraceptive prevalence	A8.2	0.460	0.033	0.073	2.062	1.436	301	460	0.393	0.527
Adult literacy	A9.11	0.918	0.014	0.016	1.229	1.109	298	459	0.889	0.946
Marriage before age 18	A10.4	0.243	0.021	0.087	1.604	1.266	429	663	0.201	0.286
Attitude towards people with HIV/AIDS	A11.5	0.293	0.021	0.073	2.000	1.414	581	906	0.250	0.335
Women who have been tested for HIV	A11.6	0.458	0.022	0.048	1.810	1.345	611	945	0.414	0.502
Knowledge of mother- to-child transmission of HIV	A11.4	0.654	0.019	0.029	1.455	1.206	611	945	0.617	0.691
UNDER-5s										
Underweight prevalence	A5.1	0.100	0.016	0.156	1.589	1.260	395	587	0.069	0.132
Tuberculosis immunization coverage	A6.2	0.942	0.013	0.014	0.478	0.691	92	146	0.915	0.969
Polio immunization coverage	A6.2	0.696	0.059	0.085	2.379	1.542	92	145	0.578	0.815
Immunization coverage for DPT	A6.2	0.707	0.052	0.073	1.863	1.365	92	145	0.604	0.811
Measles immunization coverage	A6.2	0.775	0.041	0.053	1.366	1.169	92	145	0.693	0.856
Fully immunized children	A6.2	0.544	0.049	0.091	1.428	1.195	92	146	0.445	0.643
Acute respiratory infection in last two weeks	A6.6	0.053	0.010	0.185	1.303	1.142	453	674	0.034	0.073
Diarrhoea in last two weeks	A6.4	0.072	0.010	0.137	0.980	0.990	453	674	0.052	0.091
Under-fives sleeping under insecticide treated nets	A6.11	0.014	0.005	0.358	1.215	1.102	453	674	0.004	0.024
Fever in last two weeks	A6.12	0.001	0.001	1.000	0.986	0.993	453	674	0.000	0.004
Birth registration	A10.1	0.298	0.029	0.099	2.792	1.671	453	674	0.239	0.357

Table SE.2.9: Sampling Errors: Midlands Province Sample
Standard Errors, Coefficients of Variation, Design Effects (*Deff*), Square Root of Design Effects (*Deft*) and Confidence Intervals for Selected Indicators, MIMS, Zimbabwe, 2009

	Table	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										
Household availability of ITNs	A6.10	0.271	0.020	0.074	2.487	1.577	1 380	1 221	0.231	0.312
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	A7.1	0.692	0.043	0.062	10.362	3.219	6 504	1 221	0.607	0.777
Use of improved sanitation facilities	A7.5	0.515	0.019	0.037	1.809	1.345	6 504	1 221	0.477	0.554
Net primary school attendance rate	A9.3	0.912	0.013	0.015	2.775	1.666	1 363	1 271	0.885	0.938
Net secondary school attendance rate	A9.5	0.467	0.020	0.042	1.461	1.209	1 026	927	0.427	0.507
Primary completion rate	A9.9	0.383	0.037	0.097	1.106	1.051	213	192	0.309	0.457
Prevalence of orphans	A11.8	0.232	0.012	0.051	2.445	1.564	3 299	3 072	0.208	0.256
Prevalence of vulnerable children	A11.9	0.202	0.019	0.093	6.688	2.586	3 299	3 072	0.165	0.240
WOMEN										
Skilled attendant at delivery	A8.7	0.530	0.037	0.069	1.671	1.293	341	313	0.457	0.603
Antenatal care	A8.5	0.823	0.031	0.037	2.014	1.419	341	313	0.762	0.884
Contraceptive prevalence	A8.2	0.672	0.022	0.033	1.659	1.288	828	735	0.628	0.717
Adult literacy	A9.11	0.930	0.014	0.015	1.502	1.226	628	527	0.902	0.957
Marriage before age 18	A10.4	0.319	0.019	0.060	1.543	1.242	1 057	916	0.281	0.358
Attitude towards people with HIV/AIDS	A11.5	0.426	0.023	0.054	2.517	1.587	1 373	1 176	0.380	0.472
Women who have been tested for HIV	A11.6	0.331	0.013	0.041	0.979	0.989	1 400	1 203	0.304	0.357
Knowledge of mother- to-child transmission of HIV	A11.4	0.579	0.020	0.035	2.028	1.424	1 400	1 203	0.538	0.620
UNDER-5s										
Underweight prevalence	A5.1	0.134	0.014	0.107	1.239	1.113	750	701	0.105	0.162
Tuberculosis immunization coverage	A6.2	0.859	0.041	0.048	2.078	1.442	162	152	0.777	0.940
Polio immunization coverage	A6.2	0.491	0.044	0.089	1.162	1.078	162	152	0.403	0.579
Immunization coverage for DPT	A6.2	0.529	0.046	0.087	1.287	1.135	161	151	0.436	0.621
Measles immunization coverage	A6.2	0.672	0.050	0.075	1.733	1.316	162	152	0.571	0.772
Fully immunized children	A6.2	0.362	0.050	0.139	1.661	1.289	162	152	0.261	0.462
Acute respiratory infection in last two weeks	A6.6	0.076	0.016	0.207	2.866	1.693	873	815	0.044	0.107
Antibiotic treatment of suspected pneumonia	A6.7	0.100	0.036	0.356	0.786	0.886	66	57	0.029	0.171
Diarrhoea in last two weeks	A6.4	0.090	0.015	0.169	2.294	1.514	873	815	0.059	0.120
Received ORT or increased fluids and continued feeding	A6.5	0.358	0.034	0.095	0.322	0.567	78	65	0.290	0.426
Under-fives sleeping under insecticide treated nets	A6.11	0.176	0.025	0.143	3.547	1.883	873	815	0.126	0.227
Fever in last two weeks	A6.12	0.041	0.006	0.137	0.648	0.805	873	815	0.029	0.052
Birth registration	A10.1	0.323	0.019	0.060	1.404	1.185	873	815	0.284	0.362

Table SE.2.10: Sampling Errors: Masvingo Province Sample
Standard Errors, Coefficients of Variation, Design Effects (*Deff*), Square Root of Design Effects (*Deft*) and Confidence Intervals for Selected Indicators, MIMS, Zimbabwe, 2009

	Table	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										
Household availability of ITNs	A6.10	0.282	0.037	0.130	8.156	2.856	1 207	1 233	0.209	0.355
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	A7.1	0.591	0.040	0.068	8.134	2.852	5 501	1 233	0.511	0.671
Use of improved sanitation facilities	A7.5	0.412	0.035	0.084	6.053	2.460	5 501	1 233	0.343	0.481
Net primary school attendance rate	A9.3	0.940	0.009	0.009	1.527	1.236	1 078	1 141	0.923	0.958
Net secondary school attendance rate	A9.5	0.453	0.030	0.067	3.404	1.845	864	930	0.392	0.513
Primary completion rate	A9.9	0.367	0.043	0.116	1.124	1.060	136	145	0.282	0.452
Prevalence of orphans	A11.8	0.268	0.015	0.055	3.389	1.841	2 888	3 050	0.238	0.297
Prevalence of vulnerable children	A11.9	0.185	0.014	0.074	3.746	1.935	2 888	3 050	0.158	0.212
WOMEN										
Skilled attendant at delivery	A8.7	0.667	0.038	0.056	2.170	1.473	335	341	0.592	0.743
Antenatal care	A8.5	0.891	0.031	0.035	3.464	1.861	335	341	0.828	0.954
Contraceptive prevalence	A8.2	0.616	0.025	0.041	1.900	1.378	703	723	0.566	0.666
Adult literacy	A9.11	0.848	0.018	0.021	1.268	1.126	487	505	0.812	0.884
Marriage before age 18	A10.4	0.338	0.032	0.094	3.990	1.997	866	885	0.275	0.402
Attitude towards people with HIV/AIDS	A11.5	0.363	0.024	0.065	2.746	1.657	1 117	1 148	0.316	0.410
Women who have been tested for HIV	A11.6	0.410	0.018	0.044	1.585	1.259	1 130	1 163	0.374	0.446
Knowledge of mother- to-child transmission of HIV	A11.4	0.680	0.016	0.023	1.336	1.156	1 130	1 163	0.649	0.712
UNDER-5s										
Underweight prevalence	A5.1	0.100	0.011	0.109	0.983	0.992	728	745	0.078	0.122
Tuberculosis immunization coverage	A6.2	0.913	0.025	0.027	1.345	1.160	166	176	0.864	0.963
Polio immunization coverage	A6.2	0.577	0.053	0.091	1.955	1.398	164	174	0.472	0.682
Immunization coverage for DPT	A6.2	0.599	0.042	0.070	1.283	1.133	165	175	0.514	0.683
Measles immunization coverage	A6.2	0.778	0.045	0.058	2.026	1.424	164	174	0.689	0.868
Fully immunized children	A6.2	0.403	0.046	0.113	1.498	1.224	165	175	0.312	0.494
Acute respiratory infection in last two weeks	A6.6	0.102	0.018	0.174	2.970	1.723	848	864	0.067	0.138
Antibiotic treatment of suspected pneumonia	A6.7	0.137	0.029	0.212	0.657	0.811	87	93	0.079	0.195
Diarrhoea in last two weeks	A6.4	0.111	0.015	0.131	1.847	1.359	848	864	0.082	0.140
Received ORT or increased fluids and continued feeding	A6.5	0.361	0.058	0.160	1.367	1.169	94	96	0.246	0.476
Under-fives sleeping under insecticide treated nets	A6.11	0.152	0.026	0.169	4.436	2.106	848	864	0.100	0.203
Fever in last two weeks	A6.12	0.048	0.009	0.180	1.408	1.187	848	864	0.031	0.065
Birth registration	A10.1	0.344	0.024	0.068	2.122	1.457	848	864	0.297	0.391

Table SE.2.11: Sampling Errors: Harare Province Sample
Standard Errors, Coefficients of Variation, Design Effects (*Deff*), Square Root of Design Effects (*Deft*) and Confidence Intervals for Selected Indicators, MIMS, Zimbabwe, 2009

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	r – 2se	r + 2se
HOUSEHOLDS										
Household availability of ITNs	A6.10	0.216	0.015	0.070	1.847	1.359	1 907	1 372	0.186	0.246
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	A7.1	0.978	0.009	0.009	5.434	2.331	8 013	1 372	0.959	0.996
Use of improved sanitation facilities	A7.5	0.972	0.008	0.009	3.451	1.858	8 013	1 372	0.956	0.989
Net primary school attendance rate	A9.3	0.937	0.013	0.014	2.781	1.668	1 237	906	0.910	0.964
Net secondary school attendance rate	A9.5	0.606	0.019	0.032	1.092	1.045	982	715	0.568	0.644
Primary completion rate	A9.9	0.634	0.042	0.066	1.053	1.026	193	142	0.551	0.717
Prevalence of orphans	A11.8	0.208	0.016	0.076	3.580	1.892	3 206	2 352	0.177	0.240
Prevalence of vulnerable children	A11.9	0.141	0.018	0.129	6.431	2.536	3 206	2 352	0.105	0.178
WOMEN										
Skilled attendant at delivery	A8.7	0.939	0.016	0.017	1.219	1.104	374	278	0.907	0.971
Antenatal care	A8.5	0.900	0.023	0.025	1.612	1.270	374	278	0.854	0.946
Contraceptive prevalence	A8.2	0.699	0.015	0.022	0.911	0.954	1 142	808	0.668	0.730
Adult literacy	A9.11	0.967	0.010	0.010	1.876	1.370	899	648	0.948	0.986
Marriage before age 18	A10.4	0.199	0.015	0.073	1.599	1.265	1 715	1 211	0.170	0.228
Attitude towards people with HIV/AIDS	A11.5	0.639	0.012	0.019	0.953	0.976	2 146	1 525	0.615	0.663
Women who have been tested for HIV	A11.6	0.513	0.011	0.022	0.792	0.890	2 153	1 530	0.491	0.536
Knowledge of mother- to-child transmission of HIV	A11.4	0.699	0.016	0.022	1.791	1.338	2 153	1 530	0.668	0.731
UNDER-5s										
Underweight prevalence	A5.1	0.089	0.014	0.160	1.438	1.199	822	578	0.060	0.117
Tuberculosis immunization coverage	A6.2	0.964	0.012	0.013	0.605	0.778	180	135	0.939	0.989
Polio immunization coverage	A6.2	0.833	0.028	0.033	0.721	0.849	178	133	0.778	0.888
Immunization coverage for DPT	A6.2	0.814	0.031	0.039	0.863	0.929	177	133	0.751	0.877
Measles immunization coverage	A6.2	0.855	0.021	0.025	0.484	0.695	180	135	0.812	0.897
Fully immunized children	A6.2	0.624	0.036	0.057	0.724	0.851	178	133	0.553	0.696
Acute respiratory infection in last two weeks	A6.6	0.046	0.008	0.178	1.055	1.027	968	692	0.030	0.062
Antibiotic treatment of suspected pneumonia	A6.7	0.338	0.069	0.204	0.635	0.797	44	31	0.200	0.476
Diarrhoea in last two weeks	A6.4	0.117	0.015	0.125	1.427	1.195	968	692	0.088	0.146
Received ORT or increased fluids and continued feeding	A6.5	0.512	0.055	0.107	1.114	1.056	113	93	0.402	0.622
Under-fives sleeping under insecticide treated nets	A6.11	0.157	0.018	0.114	1.669	1.292	968	692	0.121	0.193
Fever in last two weeks	A6.12	0.103	0.013	0.127	1.284	1.133	968	692	0.077	0.129
Antimalarial treatment	A6.12	0.025	0.010	0.387	0.280	0.530	100	74	0.006	0.044
Birth registration	A10.1	0.573	0.026	0.045	1.919	1.385	968	692	0.521	0.625

Table SE.2.12: Sampling Errors: Bulawayo Province Sample
Standard Errors, Coefficients of Variation, Design Effects (*Deff*), Square Root of Design Effects (*Deft*) and Confidence Intervals for Selected Indicators, MIMS, Zimbabwe, 2009

	Table	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										
Household availability of ITNs	A6.10	0.182	0.019	0.103	2.130	1.460	659	902	0.144	0.219
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	A7.1	1.000	0.000	0.000	.	.	2 753	902	1.000	1.000
Use of improved sanitation facilities	A7.5	0.989	0.003	0.003	0.799	0.894	2 753	902	0.983	0.995
Net primary school attendance rate	A9.3	0.967	0.007	0.007	0.892	0.945	432	592	0.953	0.981
Net secondary school attendance rate	A9.5	0.570	0.021	0.036	1.062	1.031	449	618	0.529	0.611
Primary completion rate	A9.9	0.686	0.044	0.064	0.814	0.902	68	92	0.598	0.774
Prevalence of orphans	A11.8	0.219	0.017	0.076	2.662	1.632	1 208	1 655	0.186	0.252
Prevalence of vulnerable children	A11.9	0.213	0.015	0.070	2.221	1.490	1 208	1 655	0.183	0.243
WOMEN										
Skilled attendant at delivery	A8.7	0.874	0.029	0.033	1.377	1.174	128	186	0.817	0.931
Antenatal care	A8.5	0.928	0.018	0.020	0.924	0.961	128	186	0.891	0.964
Contraceptive prevalence	A8.2	0.649	0.018	0.028	0.673	0.820	337	476	0.613	0.685
Adult literacy	A9.11	0.957	0.006	0.007	0.473	0.688	351	499	0.945	0.970
Marriage before age 18	A10.4	0.144	0.010	0.070	0.632	0.795	545	776	0.124	0.164
Attitude towards people with HIV/AIDS	A11.5	0.632	0.014	0.023	0.934	0.966	727	1 034	0.603	0.661
Women who have been tested for HIV	A11.6	0.515	0.018	0.036	1.429	1.195	738	1 050	0.478	0.552
Knowledge of mother- to-child transmission of HIV	A11.4	0.686	0.015	0.021	1.047	1.023	738	1 050	0.657	0.715
UNDER-5s										
Underweight prevalence	A5.1	0.082	0.012	0.147	0.731	0.855	277	379	0.058	0.106
Tuberculosis immunization coverage	A6.2	0.951	0.017	0.018	0.597	0.772	71	98	0.917	0.985
Polio immunization coverage	A6.2	0.778	0.051	0.066	1.430	1.196	68	95	0.676	0.881
Immunization coverage for DPT	A6.2	0.857	0.041	0.048	1.321	1.150	69	96	0.775	0.940
Measles immunization coverage	A6.2	0.914	0.022	0.024	0.583	0.764	71	98	0.870	0.957
Fully immunized children	A6.2	0.709	0.044	0.062	0.876	0.936	69	96	0.622	0.796
Acute respiratory infection in last two weeks	A6.6	0.050	0.012	0.249	1.441	1.201	325	446	0.025	0.074
Diarrhoea in last two weeks	A6.4	0.054	0.014	0.262	1.750	1.323	325	446	0.026	0.083
Under-fives sleeping under insecticide treated nets	A6.11	0.123	0.018	0.145	1.324	1.151	325	446	0.087	0.159
Fever in last two weeks	A6.12	0.019	0.007	0.374	1.188	1.090	325	446	0.005	0.033
Birth registration	A10.1	0.556	0.028	0.050	1.382	1.176	325	446	0.500	0.611

APPENDIX D. DATA QUALITY TABLES

Table DQ.1: Age Distribution of Household Population

Single-Year Distribution of Household Population by Sex (Weighted), MIMS, Zimbabwe, 2009

Age	Male		Female	
	Number	Percent	Number	Percent
0	767	0.3	687	2.5
1	738	2.9	737	2.7
2	711	2.8	699	2.6
3	790	3.1	746	2.8
4	719	2.9	774	2.9
5	782	3.1	724	2.7
6	716	2.8	796	2.9
7	674	2.7	669	2.5
8	789	3.1	778	2.9
9	748	0.3	771	2.9
10	739	2.9	703	2.6
11	689	2.7	680	2.5
12	698	2.8	763	2.8
13	702	2.8	717	2.7
14	703	2.8	818	3.0
15	642	2.5	580	2.1
16	673	2.7	633	2.3
17	634	2.5	615	2.3
18	567	2.3	578	2.1
19	537	2.1	586	2.2
20	509	2.0	557	2.1
21	478	1.9	519	1.9
22	471	1.9	564	2.1
23	481	1.9	546	2.0
24	403	1.6	524	1.9
25	467	1.9	514	1.9
26	447	1.8	520	1.9
27	371	1.5	416	1.5
28	368	1.5	438	1.6
29	404	1.6	427	1.6
30	373	1.5	357	1.3
31	329	1.3	287	1.1
32	311	1.2	369	1.4
33	308	1.2	330	1.2
34	283	1.1	271	1.0
35	309	1.2	297	1.1
36	273	1.1	262	1.0
37	215	0.9	256	0.9
38	190	0.8	260	1.0
39	233	0.9	235	0.9
40	227	0.9	236	0.9
41	188	0.7	194	0.7
42	149	0.6	151	0.6
43	144	0.6	163	0.6
44	126	0.5	161	0.6
45	140	0.6	174	0.6
46	122	0.5	173	0.6
47	112	0.4	119	0.4
48	97	0.4	140	0.5
49	151	0.6	137	0.5
50	149	0.6	230	0.8
51	103	0.4	215	0.8
52	125	0.5	159	0.6
53	104	0.4	157	0.6
54	124	0.5	163	0.6

55	108	0.4	140	0.5
56	114	0.5	128	0.5
57	71	0.3	126	0.5
58	66	0.3	109	0.4
59	87	0.3	115	0.4
60	109	0.4	149	0.5
61	90	0.4	110	0.4
62	105	0.4	130	0.5
63	56	0.2	89	0.3
64	64	0.3	86	0.3
65	71	0.3	94	0.3
66	63	0.2	89	0.3
67	82	0.3	94	0.3
68	51	0.2	93	0.3
69	80	0.3	86	0.3
70	51	0.2	96	0.4
71	44	0.2	47	0.2
72	56	0.2	46	0.2
73	45	0.2	54	0.2
74	41	0.2	49	0.2
75	35	0.1	41	0.2
76	53	0.2	40	0.1
77	44	0.2	35	0.1
78	40	0.2	40	0.1
79	36	0.1	50	0.2
80+	203	0.8	283	1.0
DK/missing	14	0.1	16	0.1
Total	**25 181**	**100.0**	**27 013**	**100.0**

Table DQ.3: Age Distribution of Eligible and Interviewed Under-5s
Household Population of Children Age 0-7, Children Whose Mothers/Caretakers Were Interviewed and Percentage of Under-5 Children Whose Mothers/Caretakers Were Interviewed (Weighted), by Five-Year Age Group, MIMS, Zimbabwe, 2009

	Household population of children age 0-7	Interviewed children age 0-4		Percentage of eligible children interviewed
Age	**Number**	**Number**	**Percent**	
0	1 455	1 401	19.7	96.3
1	1 475	1 420	20.0	96.3
2	1 409	1 356	19.1	96.2
3	1 537	1 493	21.0	97.2
4	1 493	1 442	20.3	96.6
5	1 506	N/A	N/A	N/A
6	1 512	N/A	N/A	N/A
7	1 343	N/A	N/A	N/A
0-4	7 369	7 112	100.0	96.5

Note: Weights for both household population of children and interviewed children are household weights. Age is based on the household schedule.

Table DQ.4: Age Distribution of Under-5 Children
Age Distribution of Under-5 Children by 3-Month Groups (Weighted), MIMS, Zimbabwe, 2009

Age in months	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
0-2	178	4.9	148	4.1	326	4.5
3-5	184	5.0	167	4.7	351	4.8
6-8	194	5.3	179	5.0	373	5.1
9-11	174	4.7	158	4.4	331	4.6
12-14	165	4.5	186	5.2	351	4.8
15-17	177	4.8	189	5.3	366	5.0
18-20	191	5.2	187	5.2	378	5.2
21-23	192	5.2	158	4.4	350	4.8
24-26	197	5.4	185	5.2	382	5.3
27-29	164	4.5	168	4.7	332	4.6
30-32	188	5.1	168	4.7	356	4.9
33-35	162	4.4	167	4.7	329	4.5
36-38	186	5.1	191	5.3	377	5.2
39-41	218	5.9	182	5.1	400	5.5
42-44	194	5.3	186	5.2	379	5.2
45-47	180	4.9	176	4.9	356	4.9
48-50	192	5.3	210	5.9	403	5.6
51-53	177	4.8	193	5.4	370	5.1
54-56	174	4.7	194	5.4	368	5.1
57-59	177	4.8	188	5.2	364	5.0
Total	**3 663**	**100.0**	**3 579**	**100.0**	**7 242**	**100.0**

Table DQ.5: Heaping on Ages and Periods
Age and Period Ratios at Boundaries of Eligibility by Type of Information Collected (Household Questionnaire), MIMS, Zimbabwe, 2009

	Age and period ratios*		Total
	Male	**Female**	
1	1.0	1.0	1.0
2	1.0	1.0	1.0
3	1.1	1.0	1.0
4	0.9	1.0	1.0
5	1.1	1.0	1.0
6	1.0	1.1	1.0
.	.	.	.
8	1.1	1.1	1.1
9	1.0	1.0	1.0
10	1.0	1.0	1.0
.	.	.	.
13	1.0	0.9	1.0
14	1.0	1.2	1.1
15	1.0	0.9	0.9
16	1.0	1.0	1.0
17	1.0	1.0	1.0
18	1.1	1.0	1.1
.	.	.	.
23	1.1	1.0	1.0
24	0.9	1.0	1.0
25	1.1	1.0	1.0
.	.	.	.
48	0.8	1.1	0.9
49	1.1	0.8	1.0
50	1.1	1.2	1.2

Age in household questionnaire
* Age or period ratios are calculated as $x / ((x_{n-1} + x_n + x_{n+1}) / 3)$, where x is age or period.

Table DQ.5: Heaping on Ages and Periods
Age and Period Ratios at Boundaries of Eligibility by Type of Information
Collected (Women's Questionnaire), MIMS, Zimbabwe, 2009

	Age and period ratios
	Female
23	0.99
24	1.01
25	0.96
Age in women's questionnaire	

Table DQ.5: Heaping on Ages and Periods
Age and Period Ratios at Boundaries of Eligibility by Type of Information
Collected (Women's Questionnaire), MIMS, Zimbabwe, 2009

	Age and period ratios
	Female
6-11	1.04
12-17	1.00
18-23	1.05
24-29	0.97
30-35	0.99
Months since last birth in women's questionnaire	

Table DQ.6: Percentage of Observations
Missing Information for Selected Questions and Indicators (Women's
Questionnaire), MIMS, Zimbabwe, 2009

	Percent with missing information	Number
Month of birth only	0.3	11 339
Month and year of birth	0.0	11 339
Month of first birth only	0.2	8 069
Month and year of first birth	0.1	8 069
Month of last birth only	0.1	8 069
Month and year of last birth	0.1	8 069
Month of first marriage only	3.2	8 376
Month and year of first marriage	1.7	8 376
Age at first marriage/union	0.6	8 376

Table DQ.6: Percentage of Observations
Missing Information for Selected Questions and Indicators (Under-5 Questionnaire),
MIMS, Zimbabwe, 2009

	Percent with missing information	Number
Month of birth under-5 only	0.4	7 242
Month and year of birth under-5	0.2	7 242
Weight	13.8	7 242
Height	0.0	7 242
Height or weight	13.8	7 242

Table DQ.7: 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, MIMS, Zimbabwe, 2009

| Age | Mother in the household | | | | | Mother not in the household | | | | Total | Number of children aged 0-4 years |
	Mother interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed	Child (<15) interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed	Child (<15) interviewed		
0	97.1	0.4	0.4	0.2	0.1	0.1	1.6	0.0	0.0	100.0	1 455
1	90.8	0.0	0.4	0.0	0.0	0.0	8.5	0.2	0.0	100.0	1 475
2	82.9	0.2	0.3	0.0	0.0	0.2	16.1	0.3	0.0	100.0	1 409
3	77.1	0.1	0.4	0.0	0.0	0.4	21.7	0.2	0.1	100.0	1 537
4	75.9	0.2	0.5	0.0	0.0	0.6	22.2	0.6	0.0	100.0	1 493
Total	**84.7**	**0.2**	**0.4**	**0.0**	**0.0**	**0.3**	**14.1**	**0.3**	**0.0**	**100.0**	**7 369**

Table DQ.8: School Attendance by Single Age
Distribution of Household Population Age 5-24 by Educational Level and Grade Attended in the Current Year, MIMS, Zimbabwe, 2009

Age	Pre-School	Not attending school	Secondary	Higher	Missing	Total	Total
5	52.6	47.4	0.0	0.0	0.0	100.0	1 506
6	9.6	90.3	0.0	0.0	0.1	100.0	1 512
7	1.9	98.0	0.1	0.0	0.0	100.0	1 343
8	0.9	98.9	0.1	0.0	0.1	100.0	1 568
9	0.2	99.6	0.2	0.0	0.0	100.0	1 520
10	0.1	99.1	0.8	0.0	0.0	100.0	1 442
11	0.0	98.9	1.0	0.0	0.1	100.0	1 369
12	0.0	91.5	8.5	0.0	0.0	100.0	1 461
13	0.1	60.2	39.7	0.0	0.0	100.0	1 418
14	0.0	43.4	56.5	0.0	0.1	100.0	1 521
15	0.0	38.3	61.6	0.0	0.2	100.0	1 221
16	0.0	44.5	54.9	0.6	0.0	100.0	1 305
17	0.0	67.3	31.9	0.6	0.1	100.0	1 249
18	0.0	81.9	17.4	0.6	0.1	100.0	1 145
19	0.0	89.8	8.6	1.5	0.1	100.0	1 123
20	0.0	91.3	4.5	4.2	0.0	100.0	1 065
21	0.0	93.5	1.8	4.5	0.1	100.0	997
22	0.0	93.6	1.0	5.0	0.4	100.0	1 034
23	0.0	95.4	0.4	4.2	0.0	100.0	1 027
24	0.0	96.9	0.2	2.6	0.3	100.0	926
Total	**2.5**	**81.0**	**15.4**	**1.0**	**0.1**	**100.0**	**25 753**

Table DQ.9: Sex Ratio at Birth Among Children Ever Born and Living
Sex ratio at Birth Among Children Ever Born, Children Living, and Deceased Children by Age of Women, MIMS, Zimbabwe, 2009

Age	Number of sons ever born	Number of daughters ever born	Sex ratio of children ever born	Number of sons living	Number of daughters living	Sex ratio of living children	Number of deceased sons	Number of deceased daughters	Sex ratio of deceased children	Number of women
15-19	241	246	0.98	226	225	1.0	15	21	0.72	2 616
20-24	1 307	1 316	0.99	1 206	1 234	0.98	101	81	1.24	2 412
25-29	2 121	2 136	0.99	1 919	1 986	0.97	202	151	1.34	2 129
30-34	2 138	2 117	1.01	1 944	1 945	1.0	194	171	1.13	1 459
35-39	2 235	2 178	1.03	2 050	2 008	1.02	185	170	1.09	1 208
40-44	1 866	1 777	1.05	1 699	1 644	1.03	166	133	1.25	828
45-49	1 836	1 705	1.08	1 650	1 569	1.05	186	135	1.38	687
Total	**11 744**	**11 475**	**1.02**	**10 694**	**10 612**	**1.01**	**1 050**	**863**	**1.22**	**11 339**

Note: Sex ratios are calculated as number of males/ number of females

Table DQ.10: Distribution of Women by Time Since Last Birth
Distribution of Women Aged 15-49 Years with at Least One Live Birth, by Months Since Last Birth, MIMS, Zimbabwe, 2009

Months since last birth	Number	Percent
0	59	1.5
1	140	3.7
2	122	3.2
3	107	2.8
4	108	2.8
5	137	3.6
6	126	3.3
7	128	3.3
8	122	3.2
9	118	3.1
10	132	3.5
11	94	2.5
12	122	3.2
13	126	3.3
14	99	2.6
15	114	3.0
16	130	3.4
17	100	2.6
18	101	2.6
19	127	3.3
20	123	3.2
21	110	2.9
22	111	2.9
23	101	2.6
24	108	2.8
25	96	2.5
26	106	2.8
27	99	2.6
28	69	1.8
29	87	2.3
30	77	2.0
31	87	2.3
32	90	2.4
33	87	2.3
34	76	2.0
35	90	2.4
Total	**3 828**	**100.0**

Table DQ.11: Births by Year of Birth
Number of Births, Percentage With Complete Birth Date, Sex Ratio at Birth and Calendar Year Ratio by Calendar Year, According to Living Status, MIMS, Zimbabwe, 2009

Year of birth	Number of births			Percent with complete date of birth		
	Living	Dead	Total	Living	Dead	Total
2009	483	20	503	100.0	100.0	100.0
2008	1 357	108	1 465	100.0	100.0	100.0
2007	1 256	117	1 373	100.0	99.1	99.9
2006	1 182	97	1 279	100.0	100.0	100.0
2005	1 223	101	1 323	99.7	100.0	99.7
2004	1 194	113	1 308	100.0	100.0	100.0
2003	1 004	118	1 122	99.9	99.6	99.9
2002	1 064	94	1 158	99.8	99.2	99.8
2001	1 013	80	1 093	99.9	97.7	99.7
2000	1 072	102	1 174	99.9	97.9	99.8
2005-2009	5 501	442	5 944	99.9	99.8	99.9
2000-2004	5 346	507	5 854	99.9	99.0	99.8
1995-1999	4 183	330	4 512	99.9	97.7	99.8
1990-1994	2 973	255	3 228	99.9	97.9	99.7
<1989	3 270	356	3 626	99.9	97.1	99.7
DK/missing	33	21	55	69.2	75	71.4
Total	**21 306**	**1 913**	**23 219**	**99.9**	**98.2**	**99.7**

Table DQ.12: Reporting of Age at Death in Days
Distribution of Reported Deaths Under One Month of Age by Age at Death in Days by 5-Year Periods Preceding the Survey, MIMS, Zimbabwe, 2009

Age at death (days)	Years preceding the survey				
	0-4	5-9	10-14	15-19	Total 0-19
0	36	28	18	17	119
1	57	41	23	21	157
2	17	17	13	6	60
3	13	15	5	1	39
4	3	2	2	2	12
5	2	3	2	1	7
6	5	0	0	2	9
7	15	18	11	16	74
8	0	0	1	1	2
9	0	0	0	0	0
10	2	2	2	0	8
11	0	0	0	1	1
12	1	3	1	3	8
13	0	0	1	1	3
14	16	14	10	4	51
15	1	0	0	0	1
16	2	0	0	0	2
17	1	1	0	0	2
18	0	1	0	0	1
19	0	0	0	1	1
20	0	0	0	0	1
21	6	8	5	0	23
24	0	0	1	0	1
26	2	0	0	0	2
27	1	1	0	1	2
29	1	0	1	0	4
Total 0-30	**178**	**155**	**97**	**76**	**589**
Percent early neonatal	**73.9**	**68.4**	**66.0**	**65.4**	**68.5**

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Table DQ.13: Reporting of Age at Death in Months
Distribution of Reported Deaths Under Two Years by Age at Death in Months by 5-Year Periods Preceding the Survey, MIMS, Zimbabwe, 2009

| Age at death (months) | Years preceding the survey | | | | Total 0-19 |
	0-4	5-9	10-14	15-19	
0	178	155	97	76	589
1	35	25	20	11	108
2	19	15	15	4	61
3	38	26	12	8	104
4	27	8	11	4	56
5	14	14	6	9	48
6	13	27	5	13	68
7	9	11	7	7	38
8	9	13	2	7	36
9	25	21	10	5	72
10	5	3	3	1	12
11	3	8	5	1	21
12	20	35	22	12	110
13	3	2	2	1	8
14	5	5	3	1	14
15	2	4	0	2	9
16	2	2	2	2	9
17	3	3	2	0	9
18	5	11	3	0	22
19	4	4	4	0	11
20		4	2	5	12
21	1	2	2	0	7
22	2	1	0	0	2
23	0	2	0	0	3
Total 0-11	**375**	**326**	**193**	**147**	**1 214**
Percent neonatal	**47.5**	**47.4**	**50.1**	**51.8**	**48.5**

APPENDIX E. MICS INDICATORS: NUMERATORS AND DENOMINATORS
Note: Indicators marked with an * were not compiled in the Zimbabwe MIMS

	INDICATOR	NUMERATOR	DENOMINATOR
1	Under-5 mortality rate	Probability of dying by exact age 5 years	
2	Infant mortality rate	Probability of dying by exact age 1 year	
3	Maternal mortality ratio	Number of deaths of women from pregnancy-related causes in a given year	Number of live births in the year (expressed per 100,000 births)
4	Skilled attendant at delivery	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that were attended during childbirth by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
5	Institutional deliveries	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that delivered in a health facility	Total number of women surveyed aged 15-49 years with a birth in 2 years preceding the survey
6	Underweight prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five that were weighed
7	Stunting prevalence	Number of children under age five that fall below minus two standard deviations from the median height for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five measured
8	Wasting prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for height of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five weighed and measured
9	Low-birthweight infants	Number of last live births in the 2 years preceding the survey weighing below 2,500 grams	Total number of last live births in the 2 years preceding the survey
10	Infants weighed at birth	Number of last live births in the 2 years preceding the survey that were weighed at birth	Total number of last live births in the 2 years preceding the survey
11	Use of improved drinking water sources	Number of household members living in households using improved sources of drinking water	Total number of household members in households surveyed
12	Use of improved sanitation facilities	Number of household members using improved sanitation facilities	Total number of household members in households surveyed
13	Water treatment	Number of household members using water that has been treated	Total number of household members in households surveyed
14	Disposal of child's faeces	Number of children under age three whose (last) stools were disposed of safely	Total number of children under age three surveyed
15	Exclusive breastfeeding rate	Number of infants aged 0-5 months that are exclusively breastfed	Total number of infants aged 0-5 months surveyed
16	Continued breastfeeding rate	Number of infants aged 12-15 months, and 20-23 months, that are currently breastfeeding	Total number of children aged 12-15 months and 20-23 months surveyed
17	Timely complementary feeding rate	Number of infants aged 6-9 months that are receiving breastmilk and complementary foods	Total number of infants aged 6-9 months surveyed
18	Frequency of complementary feeding	Number of infants aged 6-11 months that receive breastmilk and complementary food at least the minimum recommended number of times per day (two times per day for infants aged 6-8 months, three times per day for infants aged 9-11 months)	Total number of infants aged 6-11 months surveyed

INDICATOR		NUMERATOR	DENOMINATOR
19	Adequately fed infants	Number of infants aged 0-11 months that are appropriately fed: infants aged 0-5 months that are exclusively breastfed and infants aged 6-11 months that are breastfed and ate solid or semi-solid foods the appropriate number of times (see above) yesterday	Total number of infants aged 0-11 months surveyed
20	Antenatal care	Number of women aged 15-49 years that were attended at least once during pregnancy in the 2 years preceding the survey by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
21	Contraceptive prevalence	Number of women currently married or in union aged 15-49 years that are using (or whose partner is using) a contraceptive method (either modern or traditional)	Total number of women aged 15-49 years that are currently married or in union
22	Antibiotic treatment of suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks receiving antibiotics	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
23	Care-seeking for suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks that are taken to an appropriate health provider	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
24	Solid fuels	Number of residents in households that use solid fuels (wood, charcoal, crop residues and dung) as the primary source of domestic energy to cook	Total number of residents in households surveyed
25	Tuberculosis immunization coverage	Number of children aged 12-23 months receiving BCG vaccine before their first birthday	Total number of children aged 12-23 months surveyed
26	Polio immunization coverage	Number of children aged 12-23 months receiving OPV3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed
27	Immunization coverage for diphtheria, pertussis and tetanus (DPT)	Number of children aged 12-23 months receiving DPT3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed
28	Measles immunization coverage	Number of children aged 12-23 months receiving measles vaccine before their first birthday	Total number of children aged 12-23 months surveyed
29	Hepatitis B immunization coverage	Number of children aged 12-23 months immunized against hepatitis before their first birthday	Total number of children aged 12-23 months surveyed
30*	Yellow fever immunization coverage	Number of children aged 12-23 months immunized against yellow fever before their first birthday	Total number of children aged 12-23 months surveyed
31	Fully immunized children	Number of children aged 12-23 months receiving DPT1-3, OPV-1-3, BCG and measles vaccines before their first birthday	Total number of children aged 12-23 months surveyed
32	Neonatal tetanus protection	Number of mothers with live births in the previous year that were given at least two doses of tetanus toxoid (TT) vaccine within the appropriate interval prior to giving birth	Total number of women surveyed aged 15-49 years with a birth in the year preceding the survey
33	Use of oral rehydration therapy (ORT)	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received oral rehydration salts and/or an appropriate household solution	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
34	Home management of diarrhoea	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
35	Received ORT or increased fluids and continued feeding	Number of children aged 0-59 months with diarrhoea that received ORT (oral rehydration salts or an appropriate household solution) or received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
36	Household availability of insecticide-treated nets (ITNs)	Number of households with at least one mosquito net, either permanently treated or treated within the previous year	Total number of households surveyed

INDICATOR		NUMERATOR	DENOMINATOR
37	Under-5s sleeping under insecticide- treated nets	Number of children aged 0-59 months that slept under an insecticide-treated mosquito net the previous night	Total number of children aged 0-59 months surveyed
38	Under-5s sleeping under mosquito nets	Number of children aged 0-59 months that slept under a mosquito net the previous night	Total number of children aged 0-59 months surveyed
39	Antimalarial treatment (under-fives)	Number of children aged 0-59 months reported to have had fever in the previous 2 weeks that were treated with an appropriate antimalarial within 24 hours of onset	Total number of children aged 0-59 months reported to have had fever in the previous 2 weeks
40	Intermittent preventive malaria treatment (pregnant women)	Number of women receiving appropriate intermittent medication to prevent malaria (defined as at least 2 doses of SP/Fansidar) during the last pregnancy, leading to a live birth within the 2 years preceding the survey	Total number of women that have had a live birth within the 2 years preceding the survey
41*	Iodized salt consumption	Number of households with salt testing 15 parts per million or more of iodine/iodate	Total number of households surveyed
42	Vitamin A supplementation (under-5s)	Number of children aged 6-59 months receiving at least one high-dose vitamin A supplement in the previous 6 months	Total number of children aged 6-59 months surveyed
43	Vitamin A supplementation (post-partum mothers)	Number of women with a live birth in the 2 years preceding the survey that received a high-dose vitamin A supplement within 8 weeks after birth	Total number of women that had a live birth in the 2 years preceding the survey
44	Content of antenatal care	Number of women with a live birth in the 2 years preceding the survey that received antenatal care during the last pregnancy	Total number of women with a live birth in the 2 years preceding the survey
45	Timely initiation of breastfeeding	Number of women with a live birth in the 2 years preceding the survey that put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the 2 years preceding the survey
46*	Support for learning	Number of children aged 0-59 months living in households in which an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months surveyed
47*	Father's support for learning	Number of children aged 0-59 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 aged 0-59 months
48*	Support for learning: children's books	Number of households with three or more children's books	Total number of households surveyed
49*	Support for learning: non-children's books	Number of households with three or more non-children's books	Total number of households surveyed
50*	Support for learning: materials for play	Number of households with three or more materials intended for play	Total number of households surveyed
51*	Non-adult care	Number of children aged 0-59 months left alone or in the care of another child younger than 10 years of age in the past week	Total number of children aged 0-59 months surveyed
52	Pre-school attendance	Number of children aged 36-59 months that attend some form of early childhood education programme	Total number of children aged 36-59 months surveyed
53	School readiness	Number of children in first grade that attended some form of pre-school the previous year	Total number of children in the first grade surveyed
54	Net intake rate in primary education	Number of children of school-entry age that are currently attending first grade	Total number of children of primary- school entry age surveyed
55	Net primary school attendance rate	Number of children of primary-school age currently attending primary or secondary school	Total number of children of primary- school age surveyed
56	Net secondary school attendance rate	Number of children of secondary-school age currently attending secondary school or higher	Total number of children of secondary-school age surveyed

	INDICATOR	NUMERATOR	DENOMINATOR
57	Children reaching grade five	Proportion of children entering the first grade of primary school that eventually reach grade five	
58	Transition rate to secondary school	Number of children that were in the last grade of primary school during the previous school year that attend secondary school	Total number of children that were in the last grade of primary school during the previous school year surveyed
59	Primary completion rate	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) surveyed
60	Adult literacy rate	Number of women aged 15-24 years that are able to read a short simple statement about everyday life	Total number of women aged 15-24 years surveyed
61	Gender parity index	Proportion of girls in primary and secondary education	Proportion of boys in primary and secondary education
62	Birth registration	Number of children aged 0-59 months whose births are reported registered	Total number of children aged 0-59 months surveyed
63*	Prevalence of female genital mutilation/cutting (FGM/C)	Number of women aged 15-49 years that reported undergoing any form of genital mutilation/cutting	Total number of women aged 15-49 years surveyed
64*	Prevalence of extreme form of FGM/C	Number of women aged 15-49 years that reported undergoing an extreme form of genital mutilation/cutting (such as infibulation)	Total number of women aged 15-49 years surveyed
65*	Prevalence of FGM/C among daughters	Number of women aged 15-49 years that reported that at least one daughter had undergone female genital mutilation/cutting	Total number of women aged 15-49 years surveyed that have at least one living daughter
66*	Approval for FGM/C	Number of women aged 15-49 years favouring the continuation of female genital mutilation/cutting	Total number of women aged 15-49 years surveyed
67	Marriage before age 15 and age 18	Number of women that were first married or in union by the exact age of 15 and the exact age of 18, by age groups	Total number of women aged 15-49 years and 20-49 years surveyed, by age groups
68	Young women aged 15-19 years currently married or in union	Number of women aged 15-19 years currently married or in union	Total number of women aged 15-19 years surveyed
69	Spousal age difference	Number of women married/in union aged 15-19 years and 20-24 years with a difference in age of 10 or more years between them and their current spouse	Total number of women aged 15-19 and 20-24 years surveyed that are currently married or in union
70	Polygamy	Number of women in a polygynous union	Total number of women aged 15-49 years surveyed that are currently married or in union
71*	Child labour	Number of children aged 5-14 years that are involved in child labour	Total number of children aged 5-14 years surveyed
72*	Labourer students	Number of children aged 5-14 years involved in child labour activities that attend school	Total number of children aged 5-14 years involved in child labour activities
73*	Student labourers	Number of children aged 5-14 years attending school that are involved in child labour activities	Total number of children aged 5-14 years attending school
74*	Child discipline	Number of children aged 2-14 years that (1) experience only non-violent aggression, (2) experience psychological aggression as punishment, (3) experience minor physical punishment, (4) experience severe physical punishment	Total number of children aged 2-14 years selected and surveyed
75	Prevalence of orphans	Number of children under age 18 with at least one dead parent	Total number of children under age 18 surveyed
76	Prevalence of vulnerable children	Number of children under age 18 that have a chronically ill parent, that live in a household where an adult aged 18-59 years has died in the past year, or that live in a household where an adult aged 18-59 years has been chronically ill in the past year	Total number of children under age 18 surveyed

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INDICATOR		NUMERATOR	DENOMINATOR
77	School attendance of orphans versus non-orphans	Proportion of double orphans (both mother and father dead) aged 10-14 years attending school	Proportion of children aged 10-14 years, both of whose parents are alive, that are living with at least one parent and are attending school
78	Children's living arrangements	Number of children aged 0-17 years not living with a biological parent	Total number of children aged 0-17 years surveyed
79	Malnutrition among children orphaned and made vulnerable by HIV/AIDS	Proportion of orphaned or vulnerable children under age five that are moderately or severely underweight, of all orphaned and vulnerable children under age five that are weighed	Proportion of children not classified as orphaned or vulnerable under age five that are moderately or severely underweight, of all children not classified as orphaned or vulnerable under age five that are weighed
80*	Early sex among children orphaned and made vulnerable by HIV/AIDS	Proportion of orphaned and vulnerable children aged 15-17 years that had sex before age 15, of all orphaned and vulnerable children aged 15-17 years surveyed	Proportion of children not classified as orphaned or vulnerable aged 15-17 years that had sex before age 15, of all children not classified as orphaned or vulnerable aged 15-17 years surveyed
81	External support to children orphaned and made vulnerable by HIV/AIDS	Number of orphaned and vulnerable children under age 18 whose households received free basic external support in caring for the child	Number of orphaned and vulnerable children under age 18 surveyed
82	Comprehensive knowledge about HIV prevention among young people	Number of women aged 15-24 years that correctly identify two ways of avoiding HIV infection and reject three common misconceptions about HIV transmission	Total number of women aged 15-24 years surveyed
83*	Condom use with non-regular partners	Number of women aged 15-24 years reporting the use of a condom during sexual intercourse with their last non-marital, non-cohabiting sex partner in the previous 12 months	Total number of women aged 15-24 years surveyed that had a non-marital, non-cohabiting partner in the previous 12 months
84*	Age at first sex among young people	Number of women aged 15-24 years that have had sex before age 15	Total number of women aged 15-24 surveyed
85*	Higher risk sex in the last year	Number of sexually active women aged 15-24 years that have had sex with a non-marital, non-cohabitating partner in the previous 12 months	Total number of women aged 15-24 that were sexually active in the previous 12 months
86	Attitude towards people with HIV/AIDS	Number of women expressing acceptance on all four questions about people with HIV or AIDS	Total number of women surveyed
87	Women who know where to be tested for HIV	Number of women that state knowledge of a place to be tested	Total number of women surveyed
88	Women who have been tested for HIV	Number of women that report being tested for HIV	Total number of women surveyed
89	Knowledge of mother-to-child transmission of HIV	Number of women that correctly identify all three means of vertical transmission	Total number of women surveyed
90	Counselling coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received counselling on HIV/AIDS during this care	Total number of women that gave birth in the previous 24 months surveyed
91	Testing coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received the results of an HIV test during this care	Total number of women that gave birth in the previous 24 months surveyed

	INDICATOR	NUMERATOR	DENOMINATOR
92*	Age-mixing among sexual partners	Number of women aged 15-24 years that had sex in the past 12 months with a partner who was 10 or more years older than they were	Total number of sexually active women aged 15-24 years surveyed
93*	Security of tenure	Number of household members living in urban households that lack formal documentation for their residence or that feel at risk of eviction	Number of urban household members in households surveyed
94*	Durability of housing	Number of household members living in urban dwellings that are not considered durable	Number of urban household members in households surveyed
95*	Slum household	Number of household members living in urban slums	Number of household members in urban households surveyed
96*	Source of supplies	Number of children (or households) for whom supplies were obtained from public providers, presented separately for each type of supply: insecticide-treated mosquito nets, oral rehydration salts, antibiotics and antimalarials	Total number of children (or households) for whom supplies were obtained
97*	Cost of supplies	Median cost of supplies obtained, presented separately for each type of supply and whether sourced from public or private providers: insecticide-treated mosquito nets, oral rehydration salts, antibiotics and antimalarials.	Total number of children (or households) for whom supplies were obtained
98*	Unmet need for family planning	Number of women that are currently married or in union that are fecund and want to space their births or limit the number of children they have and that are not currently using contraception	Total number of women interviewed that are currently married or in union
99	Demand satisfied for family planning	Number of women currently married or in union that are currently using contraception	Number of women currently married or in union that have an unmet need for contraception or that are currently using contraception
100	Attitudes towards domestic violence	Number of women that consider 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 surveyed
101*	Child disability	Number of children aged 2-9 years with at least one of nine reported disabilities: (1) delay in sitting, standing or walking, (2) difficulty seeing, either in the daytime or at night, (3) appears to have difficulty hearing, (4) difficulty in understanding instructions, (5) difficulty walking or moving arms or has weakness or stiffness of limbs, (6) has fits, becomes rigid, loses consciousness, (7) does not learn to do things like other children his/her age, (8) cannot speak or cannot be understood in words, (9) appears mentally backward, dull or slow	Total number of children aged 2-9 surveyed

APPENDIX F: DATA TABLES

Chapter 3: Sample Coverage and the Characteristics of Households and Respondents

Table A3.1: Results of Household and Individual Interviews
Number of Households, Women, and Children Under 5 by Results of the Interviews, and Household, Women's and Under-Five's Response Rates, MIMS, Zimbabwe, 2009

	Area		
	Urban	**Rural**	**Total**
Number of households			
Sampled (H_s)	3 850	8 650	12 500
Occupied (H_o)	3 790	8 580	12 370
Interviewed (H_i)	3 446	8 023	11 469
Response rate (H_r)	90.9	93.5	92.7
Number of women			
Eligible (W_e)	4 183	8 305	12 488
Interviewed (W_i)	3 830	7 509	11 339
Response rate (W_r)	91.6	90.4	90.8
Overall response rate (W_{or})	83.3	84.5	84.2
Number of children under 5			
Eligible (C_e)	1 777	5 722	7 499
Information collected (C_i)	1 715	5 527	7 242
Response rate (C_r)	96.5	96.6	96.6
Overall response rate (C_{or})	87.8	90.3	89.5

$H_r = H_i / H_o$ (where H_o is HH8 = 1, 2, 3 or 6)
$W_r = W_i / W_e$; $W_{or} = W_r \times H_r$;
$C_r = C_i / C_e$; $C_{or} = C_r \times H_r$
Note: This table is un-weighted, however all other tables presented in this report are weighted unless mentioned otherwise.

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Table A3.2: Household age distribution by sex
Percentage distribution of the household population by five –year age groups and dependency age groups, and number of children aged 0-17 years, by sex, Zimbabwe, 2009

	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
Age						
0-4	3 725	14.8	3 644	13.5	7 369	14.1
5-10	3 710	14.7	3 739	13.8	7 448	14.3
11-14	3 530	14.0	3 680	13.6	7 211	13.8
15-19	3 053	12.1	2 991	11.1	6 044	11.6
20-24	2 341	9.3	2 709	10.0	5 050	9.7
25-29	2 057	8.2	2 316	8.6	4 373	8.4
30-34	1 604	6.4	1 615	6.0	3 219	6.2
35-39	1 220	4.8	1 311	4.9	2 530	4.8
40-44	834	3.3	906	3.4	1 740	3.3
45-49	623	2.5	744	2.8	1 366	2.6
50-54	604	2.4	924	3.4	1 528	2.9
55-59	446	1.8	618	2.3	1 064	2.0
60-64	425	1.7	564	2.1	989	1.9
65-69	347	1.4	456	1.7	803	1.5
70+	649	2.6	782	2.9	1 431	2.7
Missing/DK	14	0.1	16	0.1	30	0.1
Dependency age groups						
< 15	10 965	43.5	11 063	41.0	22 028	42.2
15-64	13 206	52.4	14 697	54.4	27 903	53.5
65 +	I am 996	4.0	1 238	4.6	2 233	4.3
Missing/DK	14	0.1	16	0.1	30	0.1
Children aged 0-17	12 914	51.3	12 890	47.7	25 804	49.4
Adults 18+/Missing/ DK	12 267	48.7	14 123	52.3	26 390	50.6
Total	**25 181**	**100.0**	**27 013**	**100.0**	**52 194**	**100.0**

Table A3.3: Household Composition
Percentage Distribution of Households by Selected Characteristics, MIMS, Zimbabwe, 2009

Background characteristic	Weighted percent	Number of households	
		Weighted	Un-weighted
Sex of household head			
Male	65.1	7 465	7 331
Female	34.9	4 004	4 138
Province			
Manicaland	13.8	1 582	1 345
Mashonaland Central	9.9	1 141	1 107
Mashonaland East	10.2	1 172	1 218
Mashonaland West	10.5	1 200	1 232
Matabeleland North	5.3	611	906
Matabeleland South	5.3	610	933
Midlands	12.0	1 380	1 221
Masvingo	10.5	1 207	1 233
Harare	16.6	1 907	1 372
Bulawayo	5.7	659	902
Area			
Urban	35.3	4 049	3 446
Rural	64.7	7 420	8 023
Number of household members			
1	8.0	917	874
2-3	27.8	3 184	3 106
4-5	34.4	3 946	3 931
6-7	19.4	2 227	2 293
8-9	7.0	807	850
10+	3.4	388	415
Total	**100.0**	**11 469**	**11 469**
At least one child aged < 18 years	**82.6**	**11 469**	**11 469**
At least one child aged < 5 years	**49.2**	**11 469**	**11 469**
At least one woman aged 15-49 years	**79.0**	**11 469**	**11 469**

Table A3.4: Source of External Support
Percentage of Households Who Received External Support by Source, MIMS, Zimbabwe, 2009

			Percentage of households who received support by source of support										
Background characteristic	Percent of households received external support	Total Number of house-holds	Family members living in Zimbabwe	Family members outside Zimbabwe	Neighb-ors in the commu-nity	Friends living in Zimbab-we	Friends living outside Zimbab-we	NGO	Local govern ments/ chiefs	Centr al Gove rnme nt	Missio ns or relig-ious organis ations	Other	Number of households received external support
Province													
Manicaland	53.1	1 582	5.6	0.7	1.9	0.7	0.1	47.6	0.0	0.3	1.6	0.2	841
Mashonaland Central	51.0	1 141	8.2	0.9	1.5	1.6	0.1	35.9	1.4	1.8	2.8	3.3	582
Mashonaland East	52.8	1 172	4.3	1.1	0.1	0.1	0.0	46.8	0.2	0.7	2.8	0.5	618
Mashonaland West	40.6	1 200	8.5	1.8	1.5	1.2	0.0	25.5	0.6	0.9	3.6	1.6	487
Matabeleland North	51.6	611	2.3	2.5	0.9	0.4	0.6	46.8	0.7	0.3	2.1	1.2	315
Matabeleland South	70.1	610	4.6	4.1	0.1	0.5	0.5	65.3	0.7	0.2	1.9	0.1	427
Midlands	43.9	1 380	9.2	2.6	0.9	1.4	0.1	34.7	0.5	0.4	2.2	0.2	605
Masvingo	57.9	1 207	6.8	1.7	1.1	0.8	0.2	51.5	0.4	0.9	1.0	0.2	698
Harare	27.7	1 907	6.8	5.1	0.9	2.4	0.2	12.6	0.0	0.5	1.6	2.7	526
Bulawayo	25.4	659	7.1	11.2	0.7	0.9	0.1	4.7	0.1	0.5	2.8	0.9	167
Area													
Urban	26.2	4 049	6.8	5.6	0.7	1.7	0.2	10.8	0.1	0.6	1.8	1.6	1 061
Rural	56.7	7 420	6.5	1.3	1.2	0.8	0.2	49.0	0.6	0.7	2.3	0.9	4 207
Education of household head													
None	60.7	1 070	6.2	1.2	0.8	0.3	0.0	53.7	0.5	0.3	1.8	1.4	649
Primary	53.4	4 269	6.6	2.0	1.1	0.8	0.2	45.0	0.5	0.6	2.7	0.8	2 278
Secondary	39.7	4 998	6.5	2.9	1.0	1.4	0.1	28.4	0.3	0.7	1.7	1.5	1 984
Higher	31.5	1 108	7.9	7.1	0.8	2.1	0.3	14.1	0.1	0.9	2.2	0.9	349
Missing/DK	*	24*	*	*	*	*	*	*	*	*	*	*	7*
Wealth quintiles													
Lowest	60.0	2 092	4.9	0.8	0.9	0.9	0.3	53.1	0.6	0.5	1.9	1.1	1254
Second	63.3	2 090	6.8	1.4	1.8	1.1	0.2	56.6	0.5	0.9	2.1	0.6	1 321
Middle	57.9	2 217	8.4	1.3	1.0	0.7	0.1	49.6	0.5	0.7	3.1	0.7	1 284
Fourth	29.8	2 740	6.7	2.3	0.8	1.2	0.1	17.3	0.4	0.6	2.0	2.0	816
Highest	25.5	2 330	6.3	8.0	0.7	1.7	0.2	8.9	0.1	0.6	1.7	1.2	593
Total	**46.0**	**11 469**	**6.6**	**2.8**	**1.0**	**1.1**	**0.2**	**35.5**	**0.4**	**0.7**	**2.2**	**1.2**	**5 267**

Note: The total percent may add to more than 100 due to multiple responses

Table A3.5: Type of External Support Received
Percentage of Households who Received External Support by Type of Support, MIMS, Zimbabwe, 2009

Background characteristic	Percent of households received external support	Number of households	Percentage of households who received support by type of support							Number of households received external support
			Cash	Food	Reduced school fees	reduced medical fees	Inputs for farm or non farm business	Helping by providing time	Other type of support	
Province										
Manicaland	53.1	1 582	4.2	46.9	2.2	3.9	0.9	0.0	5.3	841
Mashonaland Central	51.0	1 141	4.8	35.6	3.7	6.5	8.5	0.3	9.4	582
Mashonaland East	52.8	1 172	3.4	48.8	1.8	0.3	3.8	0.1	1.8	618
Mashonaland West	40.6	1 200	5.1	31.2	1.9	2.3	2.5	0.2	6.7	487
Matabeleland North	51.6	611	3.4	46.2	2.3	8.5	2.0	0.0	2.4	315
Matabeleland South	70.1	610	4.7	65.3	4.1	1.3	0.7	0.0	1.8	427
Midlands	43.9	1 380	6.3	38.1	4.9	2.6	4.2	0.1	1.9	605
Masvingo	57.9	1 207	4.5	50.9	3.4	2.2	3.6	0.4	5.9	698
Harare	27.7	1 907	9.0	9.9	2.6	3.1	0.9	0.1	11.5	526
Bulawayo	25.4	659	13.2	15.5	2.5	2.5	0.0	0.0	5.2	167
Area										
Urban	26.2	4 049	8.8	11.5	2.9	3.2	0.6	0.1	8.5	1 061
Rural	56.7	7 420	4.2	50.4	2.9	3.1	4.0	0.2	4.3	4 207
Education of household head										
None	60.7	1 070	3.7	54.6	3.8	5.7	3.7	0.3	4.1	649
Primary	53.4	4 269	4.9	46.3	3.2	3.1	3.5	0.2	4.5	2 278
Secondary	39.7	4 998	6.1	29.2	2.6	2.8	2.4	0.1	6.7	1 984
Higher	31.5	1 108	10.4	16.0	2.4	3.1	0.9	0.0	8.5	349
Missing/DK	29.5	24*	*	*	*	*	*	*	*	7*
Wealth quintiles										
Lowest	60.0	2 092	2.4	53.8	2.6	4.9	3.0	0.2	4.6	1 254
Second	63.3	2 090	4.8	56.4	3.3	2.7	6.2	0.2	5.2	1 321
Middle	57.9	2 217	5.2	51.9	3.5	2.9	3.6	0.1	3.8	1 284
Fourth	29.8	2 740	6.4	17.8	2.3	3.0	1.3	0.2	7.3	816
Highest	25.5	2 330	10.0	11.2	2.9	2.5	0.5	0.0	7.7	593
Total	**46.0**	**11 469**	**5.9**	**36.7**	**2.9**	**3.2**	**2.8**	**0.1**	**5.8**	**5 267**

Table A3.6:Language Spoken in Household
Percentage Distribution of Household Population by Language, MIMS, Zimbabwe, 2009

	Mother tongue of head					Total percent	Number of persons
Background characteristic	Shona	Ndebele	English	Other language	DK/missing		
Sex							
Male	80.3	13.5	0.8	5.4	0.1	100.0	25 181
Female	79.7	14.0	0.8	5.4	0.1	100.0	27 013
Province							
Manicaland	98.7	0.2	0.2	0.7	0.3	100.0	7 093
Mashonaland Central	98	0.8	0.0	1.3	0.0	100.0	5 498
Mashonaland East	98.7	0.1	0.1	0.9	0.1	100.0	5 239
Mashonaland West	94.4	0.8	0.1	4.7	0.1	100.0	5 408
Matabeleland North	2.5	65.8	0.4	31.2	0.1	100.0	3 112
Matabeleland South	7.3	72.3	0.0	20.4	0.0	100.0	3 073
Midlands	80.7	15.6	1.2	2.4	0.0	100.0	6 504
Masvingo	91.7	0.7	0.0	7.3	0.2	100.0	5 501
Harare	94.8	1.0	2.6	1.4	0.2	100.0	8 013
Bulawayo	32.2	60.6	2.4	4.5	0.3	100.0	2 753
Area							
Urban	81.2	13.2	2.3	3.1	0.1	100.0	16 592
Rural	79.4	14.0	0.1	6.4	0.1	100.0	35 602
Wealth quintiles							
Lowest	63.0	24.5	0.0	12.5	0.0	100.0	10 442
Second	85.3	9.9	0.1	4.6	0.1	100.0	10 438
Middle	85.7	10.2	0.o	4.0	0.2	100.0	10 438
Fourth	86.0	10.3	0.2	3.2	0.3	100.0	10 439
Highest	79.9	13.9	3.6	2.7	0.0	100.0	10 437
Total	**80**	**13.7**	**0.8**	**5.4**	**0.1**	**100.0**	**52 194**

Note: The language spoken by the household head is applied to all persons

Table A3.7: Religion of Head of Household
Percentage Distribution of Household Population by Religion, MIMS, Zimbabwe, 2009

Background characteristic	Roman Catholic	Protestant	Pente - costal	Apostolic Sect	Other Christians	Moslem	Traditional	No Religion	Other religion	DK/mis sing	Total percent	Total Christianity percent	Number of persons
Sex													
Male	11.2	14.3	12.1	26.2	7.6	0.9	9.2	18.4	0.3	0.1	100.0	45.1	2 5181
Female	11.1	15.3	13.2	27.1	8.3	0.8	8.1	15.7	0.4	0.1	100.0	47.8	2 7013
Province											100.0		
Manicaland	8.7	19.9	8.9	32.1	9.4	0.7	5.2	14.7	0.1	0.2	100.0	47.0	7 093
Mashonaland Central	5.9	6.6	7.2	34.1	2.2	0.8	17.6	25.3	0.3	0.0	100.0	21.9	5 498
Mashonaland East	10.4	16	10.4	30.3	3.5	1.2	6.9	21.1	0.1	0.1	100.0	40.3	5 239
Mashonaland West	9.3	10.2	10.7	26	7.6	2.3	10.3	23.5	0.0	0.0	100.0	37.8	5 408
Matabeleland North	9.6	8.0	11	27.5	8.7	0.0	21.8	13.0	0.5	00	100.0	37.3	3 112
Matabeleland South	5.3	17.6	8.3	27.6	5.9	0.1	19.0	15.7	0.5	0.0	100.0	37.0	3 073
Midlands	15.4	19.6	12.9	25.2	5.7	0.4	6.1	14.1	0.5	0.0	100.0	53.6	6 504
Masvingo	12.9	10	11.8	28.1	22.2	0.3	7.7	7.0	0.0	0.0	100.0	56.8	5 501
Harare	16.9	19.9	23.9	16.5	1.9	0.9	1.3	18.4	0.3	0.1	100.0	62.6	8 013
Bulawayo	10.5	12.4	16.3	19.9	20.7	0.8	2.3	14.1	2.9	0.1	100.0	59.9	2 753
Area											100.0		
Urban	14.2	19.5	20.8	18.6	7.6	1.5	1.7	15.2	0.8	0.1	100.0	62.1	16 592
Rural	9.7	12.6	8.8	30.4	8.1	0.5	11.8	17.8	0.2	0.1	100.0	39.2	35 602
Wealth quintile													
Lowest	7.2	6.7	7.3	31.2	7.5	0.5	18.3	21	0.2	0.0	100.0	28.7	10 442
Second	9.8	10.7	7.8	35.1	8.0	0.4	10.8	17.2	0.0	0.0	100.0	36.4	10 438
Middle	11.4	16.7	9.5	29.1	7.4	0.5	8.4	16.4	0.2	0.2	100.0	45.1	10 438
Fourth	11.8	16.3	17.4	22.9	8.2	1.1	4.5	16.7	0.8	0.1	100.0	53.7	10 439
Highest	15.3	23.4	21.2	14.9	8.6	1.5	1.1	13.5	0.5	0.0	100.0	68.5	10 437
Total	**11.1**	**14.8**	**12.6**	**26.7**	**8.0**	**0.8**	**8.6**	**17.0**	**0.4**	**0.1**	100.0	**46.5**	**52 194**

Note: The religion of the household head is applied to all persons in a particular household.

Table A3.8:Marital Status (Total)
Percentage Distribution of Population Aged 15 Years and Above by Marital Status, MIMS, Zimbabwe, 2009

| Background characteristic | Current marital status | | | | | | | Total percent | Number of persons |
	Married	Living with Partner	Divorced	Separated	Widowed	Never married/n ever lived with partner	Missing		
Age									
15-19	10.1	0.4	0.5	0.5	0.1	88.0	0.3	100.0	6 044
20-24	42.9	1.3	3.4	1.7	0.8	49.7	0.2	100.0	5 050
25-29	67.2	2.1	5.5	2.0	2.6	20.5	0.1	100.0	4 373
30-34	76.2	1.8	5.4	2.2	5.2	9.3	0.0	100.0	3 219
35-39	76.0	1.3	6.7	2.6	9.0	4.3	0.0	100.0	2 530
40-44	74.7	1.2	5.1	2.5	12.9	3.5	0.0	100.0	1 740
45-49	72.2	1.0	5.7	2.0	17.3	2.0	0.0	100.0	1 366
50-54	71.5	0.2	4.1	1.4	21.2	1.5	0.1	100.0	1 528
55-59	70.6	0.4	3.9	1.6	22.5	1.1	0.0	100.0	1 064
60+	55.0	0.2	2.8	1.0	40.0	0.8	0.2	100.0	3 223
Missing/DK	(37.3)	(0.0)	(0.0)	(7.0)	(27.6)	(22.1)	(5.9)	100.0	(30)
Province									
Manicaland	53.6	0.4	4.1	1.2	11.2	29.3	0.1	100.0	3 943
Mashonaland Central	59.0	0.6	4.3	1.1	8.2	26.6	0.2	100.0	3 072
Mashonaland East	56.4	1.1	4.1	1.2	10.1	27.0	0.1	100.0	2 961
Mashonaland West	56.4	1.4	5.2	1.0	9.3	26.6	0.0	100.0	3 094
Matabeleland North	50.4	0.5	3.3	2.7	10.5	32.0	0.7	100.0	1 651
Matabeleland South	44.9	0.3	3.1	2.7	12.0	36.9	0.1	100.0	1 632
Midlands	54.1	0.1	3.3	1.4	9.3	31.8	0.2	100.0	3 718
Masvingo	56.3	0.1	3.0	1.8	11.4	27.3	0.1	100.0	3 011
Harare	51.0	0.9	4.0	1.9	7.4	34.7	0.1	100.0	5 311
Bulawayo	38.3	8.4	2.2	2.4	8.1	40.4	0.1	100.0	1 772
Area									
Urban	50.1	2.1	3.5	1.9	7.2	35.1	0.1	100.0	10 780
Rural	54.7	0.5	3.9	1.5	10.8	28.4	0.2	100.0	19 386
Wealth quintiles									
Lowest	57.1	0.8	4.2	1.6	11.2	24.8	0.2	100.0	5 273
Second	55.8	0.4	3.6	1.2	11.0	28.0	0.1	100.0	5 602
Middle	50.6	0.5	3.7	1.5	12.4	31.1	0.2	100.0	5 888
Fourth	54.5	1.9	4.4	1.9	7.4	29.8	0.1	100.0	6 549
Highest	48.4	1.6	3.2	1.7	6.7	38.3	0.1	100.0	6 854
Total	**53.0**	**1.1**	**3.8**	**1.6**	**9.5**	**30.8**	**0.1**	**100.0**	**30 166**

Table A3.9: Marital status (Female)
Percentage Distribution of Population Aged 15 Years and Above by Marital Status, MIMS, Zimbabwe, 2009

Background characteristic	Current marital status							Total percent	Number of persons
	Married	Living with Partner	Divorced	Separated	Widowed	Never married/never lived with partner	Missing		
Age									
15-19	19.2	0.8	1.0	1.0	0.2	77.7	0.1	100.0	2 991
20-24	59.4	1.8	5.5	2.8	1.4	29.2	0.0	100.0	2 709
25-29	72.3	2.4	7.4	2.8	4.3	10.7	0.0	100.0	2 316
30-34	73.0	2.1	7.0	2.9	8.6	6.3	0.0	100.0	1 615
35-39	67.2	1.0	9.4	3.7	15.3	3.4	0.0	100.0	1 311
40-44	65.4	0.8	6.4	3.3	20.4	3.7	0.0	100.0	906
45-49	61.4	1.0	6.9	2.4	27.1	1.2	0.0	100.0	744
50-54	60.5	0.2	4.5	1.5	31.4	1.7	0.1	100.0	924
55-59	55.9	0.6	6.0	2.0	35.0	0.4	0.0	100.0	618
60+	32.8	0.0	3.1	0.9	62.0	0.8	0.3	100.0	1 802
Missing/DK	*	*	*	*	*	*	*	100.0	16*
Province									
Manicaland	54.1	0.4	5.8	1.5	18.6	19.5	0.0	100.0	2173
Mashonaland Central	61.6	0.6	5.2	1.7	14.6	16.2	0.1	100.0	1 543
Mashonaland East	57.6	1.4	5.7	1.6	17.1	16.6	0.0	100.0	1 534
Mashonaland West	58.1	1.8	6.8	1.4	14.9	17.0	0.0	100.0	1 551
Matabeleland North	50.5	0.7	5.0	3.5	17.3	22.8	0.1	100.0	879
Matabeleland South	44.5	0.5	4.1	3.8	18.4	28.7	0.0	100.0	907
Midlands	54.8	0.1	4.6	2.0	14.9	23.5	0.2	100.0	1 990
Masvingo	56.7	0.3	4.5	2.7	18.4	17.3	0.1	100.0	1 659
Harare	48.7	1.1	5.7	2.9	12.3	29.4	0.0	100.0	2 746
Bulawayo	35.6	8.1	2.7	2.9	12.0	38.4	0.2	100.0	969
Area									
Urban	47.7	2.2	5.1	2.8	11.6	30.5	0.1	100.0	5 637
Rural	56.0	0.7	5.2	2.0	17.9	18.1	0.1	100.0	10 313
Wealth quintiles									
Lowest	57.6	1.0	5.4	2.4	18.5	15.1	0.0	100.0	2 843
Second	57.7	0.4	4.6	1.8	18.2	17.3	0.0	100.0	2 973
Middle	52.6	0.7	5.2	1.8	20.4	19.2	0.1	100.0	3 179
Fourth	53.9	2.1	6.3	2.8	12.1	22.7	0.0	100.0	3 245
Highest	45.6	1.8	4.5	2.5	10.6	34.9	0.1	100.0	3 710
Total	**53.1**	**1.2**	**5.2**	**2.3**	**15.7**	**22.5**	**0.1**	**100.0**	**15 950**

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Table A3.10: Marital status (Male)

Percentage Distribution of Population Aged 15 Years and Above by Marital Status, MIMS, Zimbabwe, 2009

Background characteristic	Current marital status								
	Married	Living with Partner	Divorced	Separated	Widowed	Never married/never lived with partner	Missing	Total percent	Number of persons
Age									
15-19	1.2	0.1	0.0	0.0	0.0	98.0	0.6	100.0	3 053
20-24	23.8	0.9	1.0	0.4	0.1	73.4	0.4	100.0	2 341
25-29	61.4	1.7	3.3	1.1	0.7	31.6	0.1	100.0	2 057
30-34	79.3	1.5	3.8	1.4	1.7	12.2	0.0	100.0	1 604
35-39	85.4	1.7	3.8	1.5	2.2	5.4	0.0	100.0	1 220
40-44	84.8	1.7	3.8	1.7	4.8	3.3	0.0	100.0	834
45-49	85.0	0.9	4.2	1.4	5.5	2.9	0.0	100.0	623
50-54	88.3	0.3	3.4	1.2	5.5	1.2	0.1	100.0	604
55-59	90.9	0.0	1.0	1.0	5.2	1.9	0.0	100.0	446
60+	83.0	0.5	2.4	1.1	12.1	0.8	0.1	100.0	1 421
Missing/DK	*	*	*	*	*	*	*	100.0	14*
Province									
Manicaland	52.9	0.4	2.1	0.9	2.2	41.2	0.3	100.0	1 771
Mashonaland Central	56.4	0.5	3.4	0.5	1.8	37.1	0.3	100.0	1 529
Mashonaland East	55.1	0.8	2.4	0.9	2.5	38.3	0.2	100.0	1 427
Mashonaland West	54.8	1.1	3.6	0.6	3.6	36.3	0.1	100.0	1 544
Matabeleland North	50.2	0.2	1.3	1.8	2.8	42.4	1.3	100.0	771
Matabeleland South	45.4	0.0	1.9	1.4	3.9	47.3	0.1	100.0	725
Midlands	53.3	0.1	1.8	0.6	2.8	41.3	0.2	100.0	1 728
Masvingo	55.9	0.0	1.1	0.6	2.8	39.5	0.1	100.0	1 352
Harare	53.6	0.6	2.2	0.9	2.2	40.3	0.1	100.0	2 565
Bulawayo	41.5	8.8	1.5	1.8	3.3	42.9	0.1	100.0	803
Area									
Urban	52.6	1.9	1.8	0.9	2.5	40.1	0.1	100.0	5 142
Rural	53.2	0.4	2.5	0.9	2.7	40.1	0.3	100.0	9 074
Wealth quintiles									
Lowest	56.6	0.5	2.9	0.8	2.7	36.3	0.4	100.0	2 431
Second	53.7	0.4	2.3	0.6	2.8	40.0	0.2	100.0	2 628
Middle	48.1	0.4	1.9	1.3	2.9	45.2	0.2	100.0	2 708
Fourth	55.0	1.8	2.6	1.0	2.7	36.7	0.2	100.0	3 305
Highest	51.7	1.4	1.5	0.8	2.2	42.3	0.2	100.0	3 144
Total	**53.0**	**0.9**	**2.2**	**0.9**	**2.6**	**40.1**	**0.2**	**100.0**	**14 216**

Table A3.11: Educational Attainment (Total)
Percentage Distribution of Household Members Aged 6 Years and Above by Educational Level Attended, MIMS, Zimbabwe, 2009

Background characteristic	Educational level attended						Total	Number of persons
	None	Pre-school	Primary	Secondary	Higher	DK/missing		
Sex								
Male	3.7	2.6	46.3	41.4	5.8	0.2	100.0	20 674
Female	7.1	2.3	48.2	38.1	4.2	0.1	100.0	22 645
Province								
Manicaland	5.1	1.8	50.7	39.1	3.2	0.1	100.0	5 848
Mashonaland Central	9.6	2.2	55.2	31.1	1.9	0.1	100.0	4 513
Mashonaland East	5.2	2.6	50.9	38.4	2.8	0.1	100.0	4 386
Mashonaland West	6.8	1.7	49.8	38.9	2.7	0.1	100.0	4 422
Matabeleland North	8.8	2.5	60.7	27.1	0.5	0.4	100.0	2 531
Matabeleland South	5.5	2.2	59.8	30.9	1.5	0.1	100.0	2 502
Midlands	5.3	3.5	48.7	37.8	4.3	0.3	100.0	5 438
Masvingo	6.6	2.8	51.7	34.7	4.1	0.1	100.0	4 455
Harare	1.6	2.3	27.2	54.9	13.8	0.1	100.0	6 868
Bulawayo	1.9	2.6	31.9	54.0	9.5	0.2	100.0	2 358
Area								
Urban	1.8	2.1	29.5	54.8	11.7	0.2	100.0	14 151
Rural	7.2	2.6	55.9	32.4	1.7	0.1	100.0	29 168
Age								
6-9	5.4	17.3	77.1	0.1	0.0	0.1	100.0	5 943
10-14	1.0	0.2	85.0	13.8	0.0	0.0	100.0	7 211
15-19	0.5	0.0	27.4	71.5	0.5	0.1	100.0	6 044
20-24	1.0	0.0	23.2	68.7	7.0	0.1	100.0	5 050
25-29	1.3	0.0	24.1	65.3	9.2	0.0	100.0	4 373
30-34	1.6	0.0	24.9	62.0	11.5	0.1	100.0	3 219
35-39	1.7	0.0	23.5	61.7	13.0	0.1	100.0	2 530
40-44	5.8	0.0	26.6	51.4	16.0	0.1	100.0	1 740
45-49	12.1	0.0	52.1	25.6	9.9	0.3	100.0	1 366
50-54	17.5	0.0	56.7	19.7	5.2	0.9	100.0	1 528
55-59	16.7	0.1	59.5	17.5	5.7	0.5	100.0	1 064
60+	31.5	0.1	56.3	8.1	3.5	0.4	100.0	3 223
Missing/DK	(36.6)	(2.5)	(30.9)	(4.8)	(0.0)	(25.1)	100.0	(30)
Wealth quintiles								
Lowest	10.6	3.4	62.8	22.8	0.3	0.2	100.0	8 275
Second	7.5	2.6	57.1	32.3	0.4	0.1	100.0	8 529
Middle	5.7	2.3	53.5	37.1	1.3	0.2	100.0	8 737
Fourth	2.8	2.0	38.3	51.0	5.8	0.2	100.0	8 775
Highest	1.1	1.9	26.7	53.8	16.3	0.1	100.0	9 004
Total	**5.5**	**2.4**	**47.3**	**39.7**	**5.0**	**0.2**	**100.0**	**43 319**

Table A3.12: Educational Attainment (Female)
Percentage Distribution of Household Members Aged 6 Years and Above by Educational Level Attended, MIMS, Zimbabwe, 2009

Background characteristic	Educational level attended						Total	Number of persons
	None	Pre-school	Primary	Secondary	Higher	DK/missing		
Province								
Manicaland	7.1	1.6	52.4	35.8	3.0	0.0	100.0	3 171
Mashonaland Central	13.1	2.1	55.8	27.3	1.5	0.1	100.0	2 266
Mashonaland East	6.3	2.6	53.1	36.1	1.7	0.1	100.0	2 251
Mashonaland West	9.0	2.1	51.4	35.3	2.2	0.0	100.0	2 223
Matabeleland North	11.2	1.9	58.9	27.2	0.4	0.4	100.0	1 320
Matabeleland South	7.0	2.2	57.8	31.8	1.1	0.1	100.0	1 358
Midlands	6.9	2.9	48.2	38.0	3.6	0.3	100.0	2 860
Masvingo	8.3	2.8	53.0	32.8	2.9	0.1	100.0	2 393
Harare	2.0	2.3	28.5	54.7	12.4	0.2	100.0	3 518
Bulawayo	2.1	2.1	33.6	53.9	8.1	0.1	100.0	1 283
Area								
Urban	2.1	2.1	31.0	54.5	10.2	0.2	100.0	7 402
Rural	9.5	2.4	56.5	30.1	1.3	0.1	100.0	15 243
Age								
6-9	4.9	16.9	78.1	0.1	0.0	0.1	100.0	3 015
10-14	0.7	0.1	82.8	16.3	0.0	0.0	100.0	3 680
15-19	0.4	0.0	24.7	74.3	0.5	0.0	100.0	2 991
20-24	1.2	0.0	23.6	68.5	6.6	0.1	100.0	2 709
25-29	1.5	0.0	26.9	62.2	9.4	0.0	100.0	2 316
30-34	2.0	0.0	29.5	59.5	9.0	0.0	100.0	1 615
35-39	2.2	0.1	30.8	55.4	11.3	0.1	100.0	1 311
40-44	9.3	0.0	35.9	42.2	12.5	0.0	100.0	906
45-49	16.5	0.0	58.0	18.5	6.9	0.1	100.0	744
50-54	23.9	0.0	57.6	14.3	3.3	0.9	100.0	924
55-59	22.3	0.0	59.7	14.7	2.8	0.4	100.0	618
60+	39.8	0.0	53.5	4.5	1.8	0.5	100.0	1 802
Missing/DK	*	*	*	*	*	*	*	16*
Wealth quintiles								
Lowest	13.5	3.1	62.5	20.7	0.2	0.2	100.0	4 350
Second	10.1	2.6	57.4	29.5	0.2	0.2	100.0	4 457
Middle	7.8	1.9	54.4	34.8	1.0	0.2	100.0	4 568
Fourth	3.2	2.0	40.7	49.3	4.6	0.1	100.0	4 418
Highest	1.4	2.0	27.9	54.6	14.2	0.1	100.0	4 852
Total	**7.1**	**2.3**	**48.2**	**38.1**	**4.2**	**0.1**	**100.0**	**22 645**

Table A3.13: Educational attainment (Male)
Percentage Distribution of Household Members Aged 6 Years and Above by Educational Level Attended, MIMS, Zimbabwe, 2009

Background characteristic	Educational level attended						Total	Number of persons
	None	Pre-school	Primary	Secondary	Higher	DK/missing		
Province								
Manicaland	2.8	1.9	48.7	42.9	3.5	0.2	100.0	2 677
Mashonaland Central	6.0	2.3	54.6	34.9	2.2	0.0	100.0	2 246
Mashonaland East	4.0	2.7	48.6	40.7	3.8	0.1	100.0	2 135
Mashonaland West	4.6	1.4	48.1	42.7	3.1	0.1	100.0	2 198
Matabeleland North	6.3	3.1	62.5	27.0	0.6	0.5	100.0	1 210
Matabeleland South	3.7	2.3	62.1	29.8	2.0	0.2	100.0	1 144
Midlands	3.5	4.2	49.2	37.6	5.1	0.3	100.0	2 577
Masvingo	4.6	2.8	50.1	36.8	5.5	0.1	100.0	2 061
Harare	1.2	2.3	25.8	55.2	15.4	0.1	100.0	3 349
Bulawayo	1.7	3.1	29.8	54.0	11.2	0.3	100.0	1 074
Area								
Urban	1.4	2.2	27.9	55.0	13.3	0.2	100.0	6 749
Rural	4.8	2.8	55.3	34.9	2.2	0.2	100.0	13 925
Age								
6-9	6.0	17.6	76.2	0.1	0.0	0.2	100.0	2 928
10-14	1.2	0.3	87.3	11.1	0.0	0.0	100.0	3 530
15-19	0.6	0.0	30.0	68.8	0.4	0.1	100.0	3 053
20-24	0.8	0.0	22.8	68.9	7.4	0.1	100.0	2 341
25-29	1.1	0.0	21.0	68.8	9.0	0.1	100.0	2 057
30-34	1.1	0.0	20.2	64.5	14.1	0.2	100.0	1 604
35-39	1.0	0.0	15.6	68.5	14.8	0.0	100.0	1 220
40-44	2.0	0.0	16.4	61.4	19.9	0.3	100.0	834
45-49	6.9	0.0	45.1	34.2	13.4	0.4	100.0	623
50-54	7.7	0.0	55.4	28.0	8.1	0.9	100.0	604
55-59	8.9	0.2	59.1	21.3	9.8	0.7	100.0	446
60+	21.0	0.2	59.9	12.8	5.7	0.3	100.0	1 421
Missing/DK	*	*	*	*	*	*	*	14*
Wealth quintiles								
Lowest	7.5	3.8	63.1	25.1	0.3	0.2	100.0	3 925
Second	4.6	2.7	56.7	35.3	0.7	0.1	100.0	4 073
Middle	3.4	2.6	52.5	39.6	1.7	0.2	100.0	4 169
Fourth	2.4	1.9	35.8	52.6	7.1	0.2	100.0	4 356
Highest	0.8	1.9	25.2	53.0	18.9	0.1	100.0	4 152
Total	**3.7**	**2.6**	**46.3**	**41.4**	**5.8**	**0.2**	**100.0**	**20 674**

Table A3.14a: Main Usual Activity (Total)
Percentage Distribution of Household Members Aged 15-54 Years by Main Activity During Past 12 Months, MIMS, Zimbabwe, 2009

Background characteristic	Paid employee-permanent	Paid employee-casual/temporary/contract/seasonal	Employer	Own account worker(agricultural related)	Own account worker(other)	Unpaid family worker	Unemployed	Student	Homemaker	Retired with pension	Retired without pension	Does nothing else	Other (specify)	Missing	Total Percent	Number of persons aged 15-54 years
Sex																
Male	18.2	10.4	0.3	21.7	14.2	14.1	1.9	16.5	1.3	0.1	0.0	0.4	0.9	0.0	100.0	12 327
Female	7.7	5.3	0.1	34.9	14.5	10.9	0.9	11.7	12.9	0.0	0.0	0.3	0.7	0.0	100.0	13 508
Province																
Manicaland	7.5	6.3	0.1	38.8	9.6	15.7	0.3	17.3	3.2	0.0	0.0	0.4	0.6	0.0	100.0	3 276
Mashonaland Central	8.1	8.9	0.0	40.9	11.9	15.2	0.2	10.0	4.1	0.0	0.0	0.3	0.4	0.0	100.0	2 642
Mashonaland East	12.2	7.7	0.0	37.6	8.5	14.5	0.6	11.2	6.7	0.0	0.0	0.4	0.6	0.0	100.0	2 453
Mashonaland West	12.4	8.8	0.2	31.7	11.7	11.5	0.2	11.8	9.5	0.0	0.0	0.6	1.6	0.0	100.0	2 696
Matabeleland North	7.5	7.4	0.0	36.4	6.5	28.7	0.1	8.6	3.4	0.0	0.0	0.7	0.7	0.0	100.0	1 366
Matabeleland South	7.7	7.5	0.0	30.0	12.8	23.5	0.1	14.0	3.3	0.1	0.1	0.0	0.9	0.0	100.0	1 339
Midlands	9.8	3.6	0.4	39.1	9.8	14.0	1.4	16.3	4.8	0.0	0.0	0.2	0.6	0.0	100.0	3 131
Masvingo	10.1	6.5	0.1	38.9	9.0	16.6	0.1	15.4	1.9	0.0	0.0	0.3	1.1	0.0	100.0	2 493
Harare	23.6	10.0	0.4	2.8	28.6	0.9	4.0	14.6	13.8	0.1	0.0	0.4	0.7	0.1	100.0	4 859
Bulawayo	18.1	10.7	0.5	2.3	23.7	0.9	5.4	17.7	19.4	0.1	0.1	0.3	0.8	0.0	100.0	1 579
Area																
Urban	22.7	10.1	0.5	4.0	26.2	1.9	3.4	15.4	14.6	0.1	0.0	0.3	0.7	0.0	100.0	9 885
Rural	6.5	6.3	0.0	43.8	7.0	18.9	0.2	13.1	2.9	0.0	0.0	0.4	0.8	0.0	100.0	15 949
Age																
15-24	4.7	7.3	0.0	14.7	8.2	21.8	2.0	31.8	8.7	0.0	0.0	0.2	0.5	0.0	100.0	11 087
25-34	16.8	10.0	0.2	32.8	21.1	7.8	1.4	0.9	7.9	0.0	0.0	0.4	0.8	0.0	100.0	7 588
35-44	23.3	6.8	0.6	39.7	19.2	3.0	0.7	0.2	4.7	0.1	0.0	0.5	1.0	0.0	100.0	4 268
45-54	17.2	4.9	0.5	54.6	13.2	2.3	0.3	0.1	4.9	0.3	0.1	0.4	1.4	0.0	100.0	2 893
Education of household head																
None	3.5	7.3	0.0	31.1	6.9	31.3	0.7	13.8	3.5	0.0	0.0	0.7	1.3	0.0	100.0	2 032
Primary	6.5	7.2	0.0	34.1	10.4	19.5	1.1	14.5	5.1	0.0	0.0	0.5	1.0	0.0	100.0	9 604
Secondary +	14.3	8.4	0.3	29.2	18.0	5.5	1.6	12.5	9.4	0.0	0.0	0.3	0.6	0.0	100.0	11 356
Higher	34.5	7.2	0.7	5.6	18.6	2.3	2.4	18.4	9.7	0.1	0.0	0.1	0.4	0.0	100.0	2 787
Missing/DK	16.8	6.4	0.0	23.4	14.0	11.0	0.0	18.4	10.0	0.0	0.0	0.0	0.0	0.0	100.0	56
Wealth quintiles																
Lowest	2.2	5.2	0.0	53.8	6.5	20.7	0.1	8.3	1.7	0.0	0.0	0.5	1.0	0.0	100.0	4 426
Second	1.9	5.1	0.0	50.4	6.3	19.6	0.0	13.4	2.1	0.0	0.0	0.4	0.8	0.0	100.0	4 587
Middle	5.6	7.4	0.0	39.0	7.8	19.3	0.3	16.0	3.3	0.0	0.0	0.4	0.8	0.0	100.0	4 662
Fourth	20.4	11.5	0.1	11.3	21.9	6.1	2.0	13.3	12.1	0.1	0.0	0.3	0.8	0.0	100.0	5 890
Highest	26.1	8.2	0.7	3.3	23.6	2.1	3.6	17.6	13.7	0.1	0.0	0.3	0.6	0.0	100.0	6 270
Total	**12.7**	**7.7**	**0.2**	**28.6**	**14.4**	**12.4**	**1.4**	**14.0**	**7.4**	**0.0**	**0.0**	**0.4**	**0.8**	**0.0**	**100.0**	**25 835**

Table A3.14b: Summary -Main Usual Activity (Total)
Percentage Distribution of Household Members Aged 15-54 Years by Main Usual activity in the 12 Months Preceding the Survey, MIMS, Zimbabwe, 2009

Background characteristic	Economically Active		Economically Inactive	Other	Missing/DK	Total percent	Number of people aged 15-54 years
	Employed	Unemployed					
Sex							
Male	78.9	1.9	18.3	0.9	0.0	100.0	12 327
Female	73.4	0.9	24.9	0.7	0.0	100.0	13 508
Province							
Manicaland	78.1	0.3	21.0	0.6	0.0	100.0	3 276
Mashonaland Central	85.0	0.2	14.5	0.4	0.0	100.0	2 642
Mashonaland East	80.5	0.6	18.3	0.6	0.0	100.0	2 453
Mashonaland West	76.3	0.2	21.9	1.6	0.0	100.0	2 696
Matabeleland North	86.5	0.1	12.7	0.7	0.0	100.0	1 366
Matabeleland South	81.5	0.1	17.5	0.9	0.0	100.0	1 339
Midlands	76.7	1.4	21.3	0.6	0.0	100.0	3 131
Masvingo	81.2	0.1	17.6	1.1	0.0	100.0	2 493
Harare	66.3	4.0	29.0	0.7	0.1	100.0	4 859
Bulawayo	56.2	5.4	37.5	0.8	0.0	100.0	1 579
Area							
Urban	65.3	3.4	30.5	0.7	0.0	100.0	9 885
Rural	82.7	0.2	16.4	0.8	0.0	100.0	15 949
15-24	56.7	2.0	40.8	0.5	0.0	100.0	11 087
25-34	88.5	1.4	9.2	0.8	0.0	100.0	7 588
35-44	92.7	0.7	5.6	1.0	0.0	100.0	4 268
45-54	92.6	0.3	5.7	1.4	0.0	100.0	2 893
Education of household head							
None	80.1	0.7	18.0	1.3	0.0	100.0	2 032
Primary	77.8	1.1	20.1	1.0	0.0	100.0	9 604
Secondary +	75.6	1.6	22.2	0.6	0.0	100.0	11 356
Higher	68.9	2.4	28.3	0.4	0.0	100.0	2 787
Missing/DK	71.6	0.0	28.4	0.0	0.0	100.0	56
Wealth quintile							
Lowest	88.4	0.1	10.5	1.0	0.0	100.0	4 426
Second	83.3	0.0	15.9	0.8	0.0	100.0	4 587
Middle	79.2	0.3	19.7	0.8	0.0	100.0	4 662
Fourth	71.3	2.0	25.8	0.8	0.0	100.0	5 890
Highest	64.0	3.6	31.7	0.6	0.0	100.0	6 270
Total	**76.0**	**1.4**	**21.8**	**0.8**	**0.0**	**100.0**	**25 835**

Table A3.15: Main Usual Activity (Female)
Percentage Distribution of Household Members Aged 15-54 Years by Main Usual Activity During the Past 12 Months, MIMS, Zimbabwe, 2009

Background characteristic	Main Activity													Total Percent	Number of persons aged 15-54 years
	Paid employee-permanent	Paid employee-casual/temporary/contract/seasonal	Employer	Own account worker(agricultural related)	Own account worker (other)	Unpaid family worker	Unemployed	Student	Home maker	Retired with pension	Does nothing else	Other (specify)	Missing		
Province															
Manicaland	4.5	3.8	0.0	48.4	8.7	13.8	0.2	13.8	5.7	0.1	0.3	0.5	0.1	100.0	1 760
Mashonaland Central	3.7	6.6	0.0	49.1	11.0	12.7	0.2	8.6	7.8	0.0	0.2	0.2	0.0	100.0	1 311
Mashonaland East	7.6	6.8	0.0	44.7	8.0	10.3	0.1	8.7	12.8	0.0	0.2	0.6	0.0	100.0	1 254
Mashonaland West	6.2	7.1	0.1	37.3	12.0	9.9	0.0	8.3	16.7	0.0	0.9	1.4	0.0	100.0	1 339
Matabeleland North	2.2	4.2	0.0	46.4	7.0	26.2	0.0	6.7	6.0	0.0	0.4	0.9	0.0	100.0	715
Matabeleland South	3.1	4.2	0.0	39.3	11.8	22.0	0.0	13.3	6.0	0.0	0.0	0.5	0.0	100.0	734
Midlands	7.0	2.3	0.3	45.2	10.8	11.7	0.6	13.0	8.4	0.0	0.2	0.6	0.0	100.0	1 660
Masvingo	5.3	2.0	0.0	49.5	10.5	16.4	0.1	11.5	3.4	0.0	0.2	1.1	0.0	100.0	1 370
Harare	16.5	7.8	0.2	3.5	29.4	1.0	2.4	13.4	25.2	0.0	0.2	0.4	0.1	100.0	2 498
Bulawayo	11.4	7.1	0.2	2.8	24.1	1.0	5.4	17.4	29.8	0.0	0.2	0.8	0.0	100.0	867
Area															
Urban	14.6	7.2	0.2	5.5	27.8	1.9	2.3	14.0	25.7	0.0	0.2	0.5	0.0	100.0	5 157
Rural	3.5	4.1	0.0	53.1	6.3	16.4	0.1	10.3	5.1	0.0	0.3	0.8	0.0	100.0	8 350
Age															
15-24	3.4	5.8	0.0	19.9	8.5	18.7	1.4	27.0	14.7	0.0	0.2	0.4	0.0	100.0	5 697
25-34	10.5	5.7	0.0	37.8	21.1	7.2	0.9	0.9	14.7	0.0	0.4	0.7	0.1	100.0	3 928
35-44	14.3	4.7	0.4	46.9	19.3	3.4	0.4	0.2	8.9	0.0	0.4	1.0	0.0	100.0	2 216
45-54	7.3	3.6	0.0	63.4	13.0	2.6	0.2	0.0	8.1	0.1	0.4	1.3	0.0	100.0	1 666
Education of household head															
None	2.4	4.4	0.0	41.7	6.7	27.6	0.4	9.9	5.4	0.0	0.6	0.8	0.0	100.0	1 086
Primary	3.6	5.1	0.0	42.2	10.9	16.7	0.5	11.2	8.5	0.0	0.4	0.9	0.0	100.0	5 103
Secondary +	7.0	5.4	0.1	34.3	17.7	4.9	1.0	11.5	17.2	0.0	0.2	0.5	0.0	100.0	5 799
Higher	28.8	6.1	0.2	7.3	20.3	2.1	2.4	15.7	16.9	0.0	0.0	0.2	0.0	100.0	1 492
Missing/DK	(4.8)	(3.4)	(0.0)	(38.1)	(18.0)	(10.1)	(0.0)	(8.4)	(17.1)	(0.0)	(0.0)	(0.0)	(0.0)	100.0	(28)
Wealth quintiles															
Lowest	0.7	3.3	0.0	61.7	5.5	18.7	0.0	5.7	3.0	0.0	0.4	0.9	0.0	100.0	2 356
Second	0.6	2.5	0.0	60.4	5.5	16.2	0.0	10.4	3.5	0.0	0.4	0.4	0.0	100.0	2 390
Middle	2.9	4.9	0.0	49.0	6.9	16.2	0.1	12.7	6.0	0.0	0.3	0.9	0.0	100.0	2 458
Fourth	10.7	7.7	0.0	15.9	23.0	6.0	0.9	11.9	22.8	0.0	0.2	0.9	0.0	100.0	2 908
Highest	18.6	6.8	0.3	4.4	25.4	2.1	2.8	15.9	23.0	0.0	0.2	0.3	0.0	100.0	3 395
Total	**7.7**	**5.3**	**0.1**	**34.9**	**14.5**	**10.9**	**0.9**	**11.7**	**12.9**	**0.0**	**0.3**	**0.7**	**0.0**	**100.0**	**13 508**

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Table A3.16a: Main Usual Activity (Male)
Percentage Distribution of Household Members Aged 15-54 Years by Main Usual Activity During the Past 12 Months, MIMS, Zimbabwe, 2009

Background characteristic	Paid employee - permanent	Paid employee - casual/te mporary/ contract/ seasonal	Emplo-yer	Own account worker (agricul tural related)	Own account worker (other)	Unpaid family worker	Unemp loyed	Student	Home maker	Retired with pension	Does nothing else	Other (specify)	Missing	Total Percent	Number of persons aged 15-54 years
Province															
Manicaland	10.9	9.1	0.3	27.7	10.7	18.0	0.4	21.4	0.3	0.0	0.5	0.7	0.0	100.0	1 516
Mashonaland Central	12.3	11.1	0.0	32.7	12.9	17.8	0.2	11.5	0.5	0.1	0.5	0.5	0.0	100.0	1 330
Mashonaland East	17.1	8.6	0.0	30.1	9.1	18.8	1.0	13.7	0.4	0.0	0.5	0.7	0.0	100.0	1 199
Mashonaland West	18.4	10.6	0.4	26.1	11.4	13.2	0.4	15.3	2.3	0.0	0.2	1.8	0.0	100.0	1 357
Matabeleland North	13.2	10.9	0.0	25.5	6.1	31.3	0.2	10.8	0.6	0.0	1.0	0.5	0.0	100.0	651
Matabeleland South	13.3	11.5	0.1	18.7	14.1	25.4	0.3	14.9	0.0	0.1	0.1	1.3	0.0	100.0	606
Midlands	12.8	5.0	0.6	32.1	8.7	16.7	2.3	20.0	0.8	0.0	0.3	0.5	0.0	100.0	1 471
Masvingo	16.0	11.9	0.1	26.1	7.2	16.8		20.2	0.2	0.0	0.4	1.1	0.0	100.0	1 123
Harare	31.0	12.4	0.6	2.1	27.8	0.9	5.6	15.8	1.8	0.3	0.5	1.1	0.1	100.0	2 362
Bulawayo	26.2	15.2	0.8	1.6	23.3	0.8	5.5	18.0	6.8	0.2	0.4	0.9	0.0	100.0	713
Area															
Urban	31.6	13.2	0.8	2.4	24.6	1.8	4.6	16.9	2.6	0.2	0.4	1.0	0.0	100.0	4 728
Rural	9.8	8.6	0.1	33.7	7.8	21.7	0.2	16.2	0.5	0.0	0.4	0.9	0.0	100.0	7 599
Age															
15-24	6.1	8.8	0.0	9.2	7.9	25.1	2.6	36.9	2.3	0.0	0.3	0.7	0.0	100.0	5 390
25-34	23.5	14.6	0.3	27.3	21.0	8.3	2.0	0.9	0.5	0.0	0.5	0.9	0.0	100.0	3 659
35-44	33.0	9.1	0.9	32.0	19.0	2.5	1.0	0.2	0.3	0.1	0.7	1.1	0.1	100.0	2 051
45-54	30.6	6.6	1.0	42.7	13.5	1.9	0.4	0.1	0.6	0.6	0.4	1.4	0.0	100.0	1 227
Education of household head															
None	4.7	10.5	0.0	19.0	7.1	35.6	0.9	18.2	1.3	0.0	0.7	1.8	0.0	100.0	946
Primary	9.8	9.5	0.1	25.0	9.8	22.7	1.7	18.4	1.3	0.0	0.6	1.1	0.0	100.0	4 502
Secondary +	21.9	11.5	0.4	23.8	18.4	6.1	2.2	13.5	1.2	0.1	0.3	0.7	0.0	100.0	5 557
Higher	41.1	8.4	1.2	3.7	16.7	2.5	2.4	21.4	1.3	0.3	0.1	0.7	0.0	100.0	1 295
Missing/DK	(29.2)	(9.6)	(0.0)	(8.0)	(9.9)	(11.8)	(0.0)	(28.8)	(2.7)	(0.0)	(0.0)	(0.0)	(0.0)	100.0	(27)
Wealth quintiles															
Lowest	4.0	7.3	0.0	44.9	7.7	22.9	0.2	11.2	0.3	0.0	0.5	1.0	0.0	100.0	2 070
Second	3.3	7.8	0.0	39.5	7.3	23.2	0.1	16.7	0.6	0.0	0.4	1.2	0.0	100.0	2 197
Middle	8.6	10.2	0.1	27.8	8.9	22.8	0.5	19.7	0.2	0.0	0.6	0.7	0.0	100.0	2 204
Fourth	29.8	15.2	0.2	6.9	20.9	6.3	3.0	14.7	1.7	0.1	0.4	0.8	0.0	100.0	2 981
Highest	35.0	9.7	1.2	2.0	21.5	2.1	4.5	19.5	2.8	0.2	0.4	1.0	0.0	100.0	2 875
Total	**18.2**	**10.4**	**0.3**	**21.7**	**14.2**	**14.1**	**1.9**	**16.5**	**1.3**	**0.1**	**0.4**	**0.9**	**0.0**	**100.0**	**12 327**

Table A3.16b: Summary - Main Usual Activity (Male)
Males Aged 15-54 Years by Main Usual Activity in the 12 Months Preceding the Survey, MIMS, Zimbabwe, 2009

Background characteristic	Economically Active		Economically inactive	Other	Missing/DK	Total percent	Number of men 15-54 years
	Employed	Unemployed					
Province							
Manicaland	76.7	0.4	22.1	0.7	0.0	100.0	1 516
Mashonaland Central	86.8	0.2	12.5	0.5	0.0	100.0	1 330
Mashonaland East	83.7	1.0	14.7	0.7	0.0	100.0	1 199
Mashonaland West	80.0	0.4	17.8	1.8	0.0	100.0	1 357
Matabeleland North	87.0	0.2	12.3	0.5	0.0	100.0	651
Matabeleland South	83.0	0.3	15.3	1.3	0.0	100.0	606
Midlands	76.0	2.3	21.1	0.5	0.0	100.0	1 471
Masvingo	78.2	0.0	20.7	1.1	0.0	100.0	1 123
Harare	74.8	5.6	18.5	1.1	0.1	100.0	2 362
Bulawayo	67.9	5.5	25.6	0.9	0.0	100.0	713
Area							
Urban	74.2	4.6	20.1	1.0	0.0	100.0	4 728
Rural	81.7	0.2	17.1	0.9	0.0	100.0	7 599
Age							
15-24	57.2	2.6	39.5	0.7	0.0	100.0	5 390
25-34	95.1	2.0	2.0	0.9	0.0	100.0	3 659
35-44	96.5	1.0	1.3	1.1	0.1	100.0	2 051
45-54	96.4	0.4	1.8	1.4	0.0	100.0	1 227
Education of household head							
None	77.0	0.9	20.3	1.8	0.0	100.0	946
Primary	76.9	1.7	20.3	1.1	0.0	100.0	4 502
Secondary	82.0	2.2	15.1	0.7	0.0	100.0	5 557
Higher	73.6	2.4	23.3	0.7	0.0	100.0	1 295
Missing/DK	(68.5)	(28.8)	2.7	(0.0)	(0.0)	100.0	(27)
Wealth quintile							
Lowest	86.7	0.2	12.1	1.0	0.0	100.0	2 070
Second	81.1	0.1	17.6	1.2	0.0	100.0	2 197
Middle	78.3	0.5	20.5	0.7	0.0	100.0	2 204
Fourth	79.2	3.0	16.9	0.8	0.0	100.0	2 981
Highest	71.5	4.5	22.9	1.0	0.0	100.0	2 875
Total	**78.9**	**1.9**	**18.3**	**0.9**	**0.0**	**100.0**	**12 327**

Table A3.17: Women's Background Characteristics
Percentage Distribution of Women Aged 15-49 Years of Age, by Background Characteristics, MIMS, Zimbabwe, 2009

Background characteristic	Weighted percent	Number of women	
		Weighted	Un-weighted
Province			
Manicaland	13.0	1 476	1 255
Mashonaland Central	9.6	1 089	1 054
Mashonaland East	9.2	1 040	1 072
Mashonaland West	9.9	1 117	1 214
Matabeleland North	5.2	584	853
Matabeleland South	5.4	611	945
Midlands	12.3	1 400	1 203
Masvingo	10.0	1 130	1 163
Harare	19.0	2 153	1 530
Bulawayo	6.5	738	1 050
Area			
Urban	39.1	4 436	3 830
Rural	60.9	6 903	7 509
Age			
15-19	23.1	2 616	2 690
20-24	21.3	2 412	2 376
25-29	18.8	2 129	2 067
30-34	12.9	1 459	1 449
35-39	10.7	1 208	1 181
40-44	7.3	828	826
45-49	6.1	687	750
Marital/Union status			
Currently married/in union	58.9	6 677	6 635
Formerly married/in union	14.9	1 688	1 675
Never married/in union	26.2	2 963	3 018
Motherhood status			
Ever gave birth	71.2	8 069	8 094
Never gave birth	28.8	3 270	3 245
Education			
None	2.8	316	346
Primary	29.2	3 310	3 550
Secondary	61.3	6 948	6 802
Higher	6.7	764	640
Missing /DK	*	*	1*
Wealth quintiles			
Lowest	17.2	1 954	2 155
Second	17.4	1 972	2 144
Middle	17.5	1 989	2 174
Fourth	22.3	2 529	2 336
Highest	25.5	2 895	2 530
Total	**100.0**	**11 339**	**11 339**

Table A 3.18: Children's Background Characteristics
Percentage Distribution of Children Under Five Fears of Age by Background Characteristics, MIMS, Zimbabwe, 2009

Background characteristic	Weighted percent	Number of under-5 children	
		Weighted	Un-weighted
Sex			
Male	50.6	3 663	3 663
Female	49.4	3 579	3 579
Province			
Manicaland	14.0	1 012	863
Mashonaland Central	11.1	804	748
Mashonaland East	9.7	703	697
Mashonaland West	10.9	790	806
Matabeleland North	6.4	466	637
Matabeleland South	6.3	453	674
Midlands	12.0	873	815
Masvingo	11.7	848	864
Harare	13.4	968	692
Bulawayo	4.5	325	446
Area			
Urban	28.2	2 041	1 715
Rural	71.8	5 201	5 527
Age			
< 6 months	9.4	677	681
6-11 months	9.7	704	694
12-23 months	19.9	1 444	1 453
24-35 months	19.3	1 399	1 393
36-47 months	20.9	1 512	1 504
48-59 months	20.8	1 505	1 517
Mother's education			
None	4.7	342	388
Primary	37.1	2 688	2 816
Secondary	53.1	3 848	3 740
Higher	5.0	363	296
Missing /DK	*	*	2*
Wealth quintiles			
Lowest	24.3	1 762	1 870
Second	21.4	1 551	1 655
Middle	18.8	1 361	1 467
Fourth	19.2	1 393	1 246
Highest	16.2	1 174	1 004
Total	**100.0**	**7 242**	**7 242**

Chapter 4: Child Mortality

Table A4.1: Child Mortality
Infant, Neonatal, Post-Neonatal, Child and Under-5 Mortality Rates Based on Births During the 10-Year Preceding the Survey, MIMS, Zimbabwe, 2009

Background characteristic	Neonatal mortality rate	Post neonatal mortality rate	Infant mortality rate	Child mortality rate	Under-5 mortality rate
Sex of the child					
Male	30	34	65	29	92
Female	26	30	56	26	80
Province					
Manicaland	31	33	63	38	98
Mashonaland Central	33	38	71	27	96
Mashonaland East	29	37	66	39	103
Mashonaland West	29	37	66	25	89
Matabeleland North	18	28	46	16	61
Matabeleland South	15	22	37	19	56
Midlands	30	36	66	24	88
Masvingo	23	29	52	38	88
Harare	29	29	58	18	75
Bulawayo	30	24	54	21	73
Area					
Urban	29	28	57	19	76
Rural	27	34	61	31	90
Women's education					
None	27	47	73	40	110
Primary	32	34	67	33	97
Secondary +	25	30	55	23	77
Wealth quintile					
Lowest	31	36	67	34	99
Second	25	33	58	30	86
Middle	25	33	57	33	88
Fourth	26	34	61	22	82
Highest	31	23	54	17	70
Total	**28**	**32**	**60**	**27**	**86**

Chapter 5: Child Nutrition

Table A5.1: Child malnourishment - WHO Child Growth Standards
Percentage of Children Aged 6-59 Months who are Severely or Moderately Undernourished, MIMS, Zimbabwe, 2009

Background characteristic	Weight for age: % below - 2 SD*	Weight for age: % below - 3 SD*	Number of children	Height for age: % below - 2 SD**	Height for age: % below - 3 SD	Number of children	Weight for height: % below - 2 SD***	Weight for height: % below - 3 SD	Weight for height: % above +2 SD	Number of children
Sex										
Male	13.1	2.5	3 117	37.9	12.7	3 106	2.9	0.4	4.2	3 102
Female	10.5	2.0	3 089	32.5	10.2	3 081	1.9	0.6	2.6	3 082
Provinces										
Manicaland	9.9	2.1	866	36.8	11.1	864	1.6	0.7	3.9	863
Mashonaland Central	13.8	2.5	659	39.0	13.0	656	2.1	0.2	2.1	659
Mashonaland East	12.2	2.2	606	33.5	12.9	605	2.9	1.1	2.7	605
Mashonaland West	16.5	2.7	701	35.2	14.7	697	4.3	0.7	2.9	696
Matabeleland North	14.7	1.9	403	33.3	8.8	399	4.5	0.9	1.8	399
Matabeleland South	10.0	1.5	395	28.3	8.0	394	1.6	0.0	1.7	393
Midlands	13.4	3.4	750	41.3	13.6	748	2.4	0.1	3.0	748
Masvingo	10.0	1.9	728	37.9	11.0	724	2.1	0.2	3.9	721
Harare	8.9	2.3	822	31.8	9.8	822	1.7	0.7	5.6	822
Bulawayo	8.2	.9	277	24.6	6.3	279	1.1	0.0	5.0	277
Area										
Urban	9.0	1.8	1 746	30.0	9.6	1 747	1.6	0.4	4.8	1 744
Rural	12.9	2.5	4 461	37.3	12.2	4 441	2.8	0.5	2.8	4 440
Age of child										
6-11 months	7.1	1.7	634	16.0	3.1	633	5.4	0.8	6.7	633
12-23 months	13.3	3.2	1 410	38.0	12.1	1 405	3.8	0.7	3.4	1 405
24-35 months	14.0	2.5	1 326	47.1	17.3	1 322	1.5	0.2	3.6	1 318
36-47 months	11.9	2.1	1 425	38.5	13.2	1 419	1.5	0.3	3.3	1 421
48-59 months	10.4	1.6	1 411	26.7	7.3	1 409	1.5	0.5	1.7	1 407
Mother's education										
None	17.8	2.6	303	43.7	14.7	301	2.5	0.1	1.5	301
Primary	15.0	3.1	2 343	39.6	14.6	2 329	2.8	0.6	3.0	2 333
Secondary	9.4	1.7	3 249	32.4	9.5	3 246	2.2	0.4	3.6	3 239
Higher	7.2	2.0	310	23.9	4.3	310	2.3	1.4	5.2	309
Missing/DK	*	*	2*	*	*	2*	*	*	*	2*
Wealth quintile										
Lowest	15.7	3.2	1 489	39.6	13.3	1 474	3.6	0.7	3.0	1 475
Second	11.7	2.1	1 328	37.7	10.8	1 327	2.5	0.5	2.6	1 325
Middle	11.5	2.0	1 185	35.5	11.8	1 181	2.6	0.5	2.6	1 181
Fourth	11.6	1.7	1 200	35.2	13.2	1 203	1.6	0.2	3.0	1 199
Highest	6.9	2.2	1 005	25.2	7.2	1 003	1.5	0.6	6.3	1 003
Total	**11.8**	**2.3**	**6 206**	**35.2**	**11.4**	**6 187**	**2.4**	**0.5**	**3.4**	**6 184**

* MICS indicator 6; MDG indicator 4 proxy, since MDG indicator 4 is for under-fives and not 6-59 months old children.

** MICS indicator 7

*** MICS indicator 8

Table A5.2:Oedema prevalence
Percentage of children 0-59 months with oedema, MIMS, Zimbabwe, 2009

Background characteristic	Check child for bilateral pitting oedema				Number of children aged 0-59 months
	Yes	No	Missing	Total	
Province					
Manicaland	1.9	96.8	1.3	100.0	874
Mashonaland Central	3.6	96.4	0.0	100.0	657
Mashonaland East	0.0	99.5	0.5	100.0	605
Mashonaland West	1.2	98.3	0.5	100.0	693
Matabeleland North	0.8	99.0	0.2	100.0	402
Matabeleland South	0.0	99.1	0.9	100.0	393
Midlands	2.2	97.6	0.2	100.0	752
Masvingo	0.1	99.9	0.0	100.0	730
Harare	1.6	98.2	0.2	100.0	816
Bulawayo	0.5	97.9	1.6	100.0	271
Area					
Urban	1.4	98.2	0.4	100.0	1 735
Rural	1.3	98.2	0.5	100.0	4 459
Sex					
Male	1.3	98.2	0.5	100.0	3 114
Female	1.3	98.2	0.5	100.0	3 079
Mother's education					
None	1.4	98.6	0.0	100.0	303
Primary	1.4	98.1	0.4	100.0	2 342
Secondary	1.3	98.1	0.6	100.0	3 243
Higher	0.9	98.7	0.5	100.0	305
Missing/DK	*	100.0	*	100.0	2*
Wealth quintiles					
Lowest	1.7	97.8	0.4	100.0	1 486
Second	1.2	98.3	0.5	100.0	1 329
Middle	1.0	98.2	0.8	100.0	1 183
Fourth	1.3	98.5	0.2	100.0	1 201
Highest	1.4	98.2	0.4	100.0	996
Total	**1.3**	**98.2**	**0.5**	**100.0**	**6 194**

Table A5.3: Initial Breastfeeding
Percentage of Women Aged 15-49 Years With a Birth in the Two Years Preceding the Survey Who Breastfed their Baby Within One Hour of Birth and Within One Day of Birth, MIMS, Zimbabwe, 2009

Background characteristic	Percentage who started breastfeeding within one hour of birth*	Percentage who started breastfeeding within one day of birth**	Number of women with a live birth in the two years preceding the survey
Province			
Manicaland	47.2	89.6	404
Mashonaland Central	52.5	88.7	311
Mashonaland East	45.6	87.6	243
Mashonaland West	51.9	86.6	310
Matabeleland North	55.2	88.0	188
Matabeleland South	49.2	82.6	166
Midlands	51.4	92.8	341
Masvingo	59.0	95.3	335
Harare	48.9	84.7	374
Bulawayo	51.9	85.8	128
Area			
Urban	51.3	86.3	799
Rural	51.1	89.7	2 000
Mother's education			
None	44.4	84.4	53
Primary	50.0	88.8	925
Secondary	52.2	89.0	1 685
Higher	49.6	86.4	137
Wealth quintiles			
Lowest	51.6	90.5	725
Second	49.0	89.3	560
Middle	51.0	90.7	500
Fourth	53.0	86.8	579
Highest	51.2	85.2	436
Total	**51.2**	**88.7**	**2 799**

* MICS indicator 45

* MN13=000 (immediately) OR 100 (less than 1 hour).

** MN13=000 (immediately) OR (MN13 >= 100 and MN13 <= 123). Includes children who started breastfeeding within one hour of birth.

Denominator: Women with a birth in the two years preceding the survey (CM12=Yes).

Table A5.4: Breastfeeding
Percentage of Living Children According to Breastfeeding Status at Each Age Group, MIMS, Zimbabwe, 2009

Background characteristic	Children 0-3 months Percent exclusively breastfed	Number of children	Children 0-5 months Percent exclusively breastfed *	Number of children	Children 6-9 months Percent receiving breastmilk and solid/mushy food **	Number of children	Children 12-15 months Percent breastfed** *	Number of children	Children 20-23 months Percent breastfed ***	Number of children
Sex										
Male	40.1	237	28.9	363	88.1	251	84.7	224	22.4	260
Female	34.6	195	22.5	315	90.5	226	81.9	251	18.1	213
Province										
Manicaland	31.8	55	19.7	99	88.3	52	85	68	17.1	78
Mashonaland Central	(21.3)	(48)	14.5	70	96.2	68	(90.6)	(46)	15.3	63
Mashonaland East	(30.4)	(36)	21.2	57	(89.5)	(39)	(83.5)	(46)	(11.5)	(39)
Mashonaland West	40	50	26.7	79	84.1	52	89.6	64	21.1	50
Matabeleland North	(39.2)	(28)	(26.0)	(47)	(92.7)	(35)	(83.1)	(28)	(34.7)	(30)
Matabeleland South	(39.7)	(28)	(32.3)	(40)	(86.3)	(29)	(79.7)	(27)	(30.2)	(33)
Midlands	44.4	51	29.9	79	87.7	67	85.5	55	39	52
Masvingo	43.3	56	34.2	83	85.9	51	83.5	61	18.3	53
Harare	41.3	58	25.6	94	90.1	70	73.5	60	4.7	53
Bulawayo	*	21*	(40.0)	(28)	*	14	*	21*	*	23*
Area										
Urban	45.5	117	29.3	185	90.6	142	71.8	132	11.9	129
Rural	34.7	315	24.7	493	88.7	336	87.6	344	23.7	344
Mother's education										
None	*	12*	*	20*	*	11*	*	15*	*	18*
Primary	32.6	119	21.2	210	86.7	164	86.7	152	26.3	175
Secondary	36.8	271	26	408	90.9	285	83.6	289	15	259
Higher	(62)	(30)	(49.4)	(39)	*	18*	*	20*	*	21*
Wealth quintiles										
Lowest	31.4	118	22.7	191	91.2	124	88	112	34	112
Second	29.5	88	19.6	140	92.6	86	90.1	98	20.3	99
Middle	34	74	25.2	110	86.4	95	85.3	105	20.2	89
Fourth	54.5	76	32.6	132	87.3	101	80.3	100	10.2	99
Highest	43.2	77	32.7	104	88.6	71	64.5	61	14.2	74
Total	**37.6**	**432**	**25.9**	**677**	**89.3**	**477**	**83.2**	**476**	**20.5**	**473**

* MICS Indicator 15; ** MICS Indicator 17; *** MICS Indicator 16

Table A5.5: Infant Feeding Patterns by Age
Percentage Distribution of Children Aged Under 3 Years by Feeding Pattern by Age Group, MIMS, Zimbabwe, 2009

Background characteristic	Infant feeding pattern						Total	Number of children
	Exclusively breastfed	Breastfed and plain water only	Breastfed and non-milk liquids	Breastfed and other milk/ formula	Breastfed and complementary foods	Weaned (not breastfed)		
Age								
0-1	48.0	28.9	0.2	9.9	11.7	1.3	100.0	202
2-3	28.5	24.2	1.2	3.2	41.2	1.7	100.0	230
4-5	5.3	18.2	2.3	7.6	63.4	3.2	100.0	245
6-7	0.4	5.8	2.5	0.5	87.3	3.6	100.0	251
8-9	0.5	4.0	0.3	0.4	91.5	3.4	100.0	227
10-11	0.3	3.5	0.6	1.6	83.7	10.3	100.0	227
12-13	0.0	2.5	1.1	0.2	83.2	13.0	100.0	243
14-15	0.0	2.7	2.6	0.6	73.4	20.7	100.0	232
16-17	0.0	0.8	0.0	0.7	65.6	32.9	100.0	241
18-19	0.0	2.6	0.5	0.9	38.6	57.5	100.0	255
20-21	0.0	0.3	0.0	0.7	26.7	72.4	100.0	244
22-23	0.0	0.3	0.0	0.0	12.5	87.2	100.0	229
24-25	0.0	0.5	0.0	0.0	5.5	94.0	100.0	260
26-27	0.0	0.5	0.0	0.0	1.9	97.6	100.0	251
28-29	0.0	0.0	0.0	0.0	0.3	99.7	100.0	203
30-31	0.0	0.0	0.0	0.0	0.0	100.0	100.0	240
32-33	0.0	0.0	0.0	0.0	0.4	99.6	100.0	220
34-35	0.0	0.0	0.0	0.0	1.1	98.9	100.0	225
Total	**4.2**	**5.1**	**0.6**	**1.4**	**38.7**	**49.9**	**100.0**	**4 225**

Table A5.6: Adequately Fed Infants
Percentage of Infants Under 6 Months of Age Exclusively Breastfed, Percentage of Infants 6-11 Months Who are Breastfed and Who Ate Solid/Semi-Solid Food at Least the Minimum Recommended Number of Times Yesterday and Percentage of Infants Adequately Fed, MIMS, Zimbabwe, 2009

Background characteristic	Percent of infants					Number of infants aged 0-11 months
	0-5 months exclusively breastfed	6-8 months who received breastmilk and complementary food at least 2 times in prior 24 hours	9-11 months who received breastmilk and complementary food at least 3 times in prior 24 hours	6-11 months who received breastmilk and complementary food at least the minimum recommended number of times per day*	0-11 months who were appropriately fed**	
Sex						
Male	28.9	67.9	38.3	53.9	41.5	730
Female	22.5	70.3	42.9	57.5	40.5	651
Province						
Manicaland	19.7	62.9	26.2	45.2	31.2	182
Mashonaland Central	14.5	62.1	33.5	50.5	34.9	162
Mashonaland East	21.2	74.6	52.5	62.1	42.1	116
Mashonaland West	26.7	66.4	40.4	54.1	40.1	155
Matabeleland North	26.0	81.1	42.4	63.8	46.3	102
Matabeleland South	32.3	84.4	49.2	69.4	52.0	85
Midlands	29.9	71.7	39.2	57.2	44.7	172
Masvingo	34.2	59.9	32.2	45.9	40.0	165
Harare	25.6	66.6	49.1	59.3	42.2	185
Bulawayo	40.0	92.2	54.0	65.5	53.2	58
Area						
Urban	29.3	71.5	45.7	58.3	44.8	397
Rural	24.7	68.1	37.9	54.5	39.5	984
Mother's education						
None	(28.2)	(52.8)	(11.5)	(34.3)	(31.2)	(40)
Primary	21.2	68.2	37.2	53.0	38.4	458
Secondary	26.0	68.6	43.2	56.9	41.5	818
Higher	49.4	94.5	51.9	76.0	60.3	66
Wealth quintiles						
Lowest	22.7	75.8	39.2	59.3	40.8	376
Second	19.6	75.1	32.6	53.9	36.2	271
Middle	25.2	53.3	40.2	47.4	37.3	244
Fourth	32.6	68.3	47.3	58.6	46.3	280
Highest	32.7	71.5	43.6	57.4	45.2	210
Total	**25.9**	**69.1**	**40.5**	**55.6**	**41.1**	**1 381**

* MICS indicator 18
* Breastfeeding module, (BF2=1 AND BF5>=2) for 6-8 month olds OR (BF2=1 AND BF5>=3) for 9-11 month olds
** MICS indicator 19
** Children 0-5 months still breastfed (Breastfeeding module, BF2=1) AND no other food given (answer must be 2 (No) for BF3B, C, D, E, F, G and H; only BF3A =1 <u>is</u> permissible), plus children 6-11 months who ate complementary foods -- (BF2=1 AND BF5>=2) for 6-8 month olds OR (BF2=1 AND BF2>=3) for 9-11 month olds

Table A5.7: Children's Vitamin A Supplementation
Percentage Distribution of Children Aged 6-59 Months by Whether They Received a High Dose Vitamin A Supplement in the Last 6 Months, MIMS, Zimbabwe, 2009

Background characteristic	Percent of children who received Vitamin A:						Total Number of children aged 6-59 months
	Within last 6 months *	Prior to last 6 months	Not sure when	Not sure if received	Never received Vitamin A	Total	
Sex							
Male	22.9	51.5	4.7	2.7	18.2	100.0	3 302
`Female	22.2	52.9	3.8	1.9	19.2	100.0	3 259
Province							
Manicaland	21.2	50.3	2.1	1.3	25.2	100.0	774
Mashonaland Central	20.6	59.0	2.6	1.9	15.8	100.0	683
Mashonaland East	20.4	48.4	7.5	2.8	20.8	100.0	638
Mashonaland West	18.8	57.6	3.2	1.7	18.8	100.0	724
Matabeleland North	23.7	53.6	4.1	1.9	16.7	100.0	582
Matabeleland South	30.3	47.7	4.0	3.1	14.9	100.0	618
Midlands	15.7	51.8	4.0	3.0	25.5	100.0	741
Masvingo	24.2	43.5	5.0	3.7	23.6	100.0	777
Harare	32.3	49.4	6.5	2.1	9.7	100.0	617
Bulawayo	19.9	66.8	3.4	1.0	8.8	100.0	407
Area							
Urban	24.8	56.1	5.0	1.7	12.3	100.0	1 548
Rural	21.9	51.0	4.0	2.5	20.7	100.0	5 013
Age							
6-11 months	41.6	5.5	0.1	2.2	50.6	100.0	6 94
12-23 months	32.0	41.4	2.3	1.4	22.8	100.0	1 453
24-35 months	20.2	59.9	4.0	2.1	13.7	100.0	1 393
36-47 months	15.8	64.6	5.8	2.5	11.2	100.0	1 504
48-59 months	13.6	64.4	6.5	3.2	12.3	100.0	1 517
Mother's Education							
None	13.3	48.4	4.9	9.2	24.2	100.0	368
Primary	19.5	50.8	4.9	2.6	22.3	100.0	2 604
Secondary	25.8	53.4	3.5	1.3	16.0	100.0	3 324
Higher	24.3	57.0	5.3	2.7	10.6	100.0	263
Missing/DK	*	*	*	*	*	*	2*
Wealth quintiles							
Lowest	20.2	51.6	3.8	1.6	22.9	100.0	1 676
Second	22.0	50.2	3.3	2.9	21.7	100.0	1 504
Middle	21.8	50.2	5.3	3.2	19.6	100.0	1 351
Fourth	26.0	54.9	4.3	2.0	12.8	100.0	1 122
Highest	24.8	56.2	5.0	1.9	12.2	100.0	908
Total	**22.6**	**52.2**	**4.2**	**2.3**	**18.7**	**100.0**	**6 561**

* MICS indicator 42

Table A5.8: Post-partum mothers' vitamin A supplementation
Percentage of Women Aged 15-49 Years With a Live Birth in the 2 Years Preceding the Survey by Whether they Received a High Dose Vitamin A Supplement Before the Infant Was 8 Weeks Old, MIMS, Zimbabwe, 2009

Background characteristic	Received vitamin A supplement*	Not sure if received vitamin A	Number of women aged 15-49 years
Province			
Manicaland	36.6	1.6	404
Mashonaland Central	25.5	1.4	311
Mashonaland East	36.6	1.6	243
Mashonaland West	31.8	0.9	310
Matabeleland North	35.2	1.3	188
Matabeleland South	29.0	0.7	166
Midlands	26.0	2.1	341
Masvingo	38.4	0.0	335
Harare	38.1	0.9	374
Bulawayo	45.7	0.8	128
Area			
Urban	37.3	1.0	799
Rural	32.4	1.2	2 000
Mothers education			
None	34.9	2.9	53
Primary	29.4	1.7	925
Secondary	36.2	0.8	1 685
Higher	34.4	1.0	137
Wealth quintiles			
Lowest	28.4	1.0	725
Second	29.2	1.0	560
Middle	38.1	1.3	500
Fourth	39.9	1.4	579
Highest	35.9	1.2	436
Total	**33.8**	**1.2**	**2 799**

*MICS indicator 43
The numerator includes all women who say they received a vitamin A dose in the first two months after their last birth (even if their last birth was less than two months prior to the interview) (MN1 = 1). The denominator includes women who had a live birth in the two years preceding the date of interview.

Table A5.9: Low Birth Weight Infants
Percentage of Live Births in the 2 Years Preceding the Survey that Weighed Below 2500 Grams at Birth, MIMS, Zimbabwe, 2009

Background characteristic	Percent of live births:		Number of live births
	Below 2500 grams*	Weighed at birth**	
Sex			
Male	9.4	66.3	1 437
Female	11.7	65.3	1 362
Province			
Manicaland	10.3	58.2	404
Mashonaland Central	8.9	59.5	311
Mashonaland East	10.1	65.3	243
Mashonaland West	10.4	52.1	310
Matabeleland North	14.1	56.4	188
Matabeleland South	12.8	65.3	166
Midlands	10.4	55.6	341
Masvingo	9.3	68.1	335
Harare	10.9	94.4	374
Bulawayo	10.1	92.1	128
Area			
Urban	10.8	92.6	799
Rural	10.4	55.1	2 000
Mother's education			
None	13.5	31.2	53
Primary	11.1	47.0	925
Secondary	10.2	75.0	1 685
Higher	9.4	93.1	137
Wealth quintiles			
Lowest	11.1	43.5	725
Second	9.1	54.3	560
Middle	10.7	64.8	500
Fourth	11.6	84.8	579
Highest	9.5	93.8	436
Total	10.5	65.8	2 799

* MICS indicator 9; ** MICS indicator 10
The percentage of births weighing below 2500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's size at birth (i.e., very small, smaller than average, average, larger than average, very large) (MN9) and the mother's recall of the child's weight if the child was weighed at birth (MN11). First, the two items are cross-tabulated for those children who were weighed at birth to obtain the proportion of births in each category of size who weighed less than 2500 grams (25% of children reported as weighing exactly 2500 grams are treated as weighing less than 2500 grams to adjust for heaping on 2500 grams -- this is based on empirical distributions from DHS surveys). This proportion is then multiplied by the total number of children falling in the size category to obtain the estimated number of children in each size category who were of low birth weight. The numbers for each size category are summed to obtain the total number of low birth weight children. This number is divided by the total number of live births to obtain the percentage with low birth weight.

In the example shown below, the estimated number of births weighing less than 2500 grams is 157.3 and the total number of births is 950 so the percentage with low birth weight is 157.3/950 or 16.6%

Chapter 6: Child Health

Table A6.1: Vaccinations Among Children -summary
Percentage of Children Aged 12-23 Months Immunized Against Childhood diseases at Any Time Before the Survey and Before the First Birthday, MIMS, Zimbabwe, 2009

	Percentage of children who received:										Number of children aged 12-23 months
	BCG*	DPT1	DPT2	DPT3**	Polio1	Polio2	Polio3***	Measles****	All*** **	None	
Vaccinated at any time before the survey											
According to:											
Vaccination card	71.4	66.9	65.1	56.4	71.3	66.5	57.7	61.1	43.1	0.3	1 444
Mother's report	19.5	17.7	14.7	10.2	17.9	14.0	8.2	15.8	5.5	6.6	1 444
Either	90.9	84.6	79.9	66.6	89.2	80.5	65.9	76.8	48.6	6.9	1 444
Vaccinated by 12 months of age	90.8	83.5	78.2	62.9	88.8	79.1	61.1	68.9	36.8	6.9	1 444

* MICS indicator 25; ** MICS indicator 27; *** MICS indicator 26; **** MICS indicator 28; MDG indicator 15
* Total number of 12-23 month olds vaccinated with BCG, (OPV3, DPT3, Measles, HepB, or HiB) before 12 months, as validated by card or mother's recall. To estimate the number of children without a card to have received vaccine before 1st birthday the proportion of vaccinations given during the first year of life is assumed to be the same as for the proportion of children with a card that received the vaccine before 1st birthday.
**** In countries where measles vaccination is typically given at 15 months of age, such as in Latin America, 18-29 month-old age group is used.
***** MICS indicator 31
***** Number of 12-23 month-olds receiving DPT1-3, OPV-1-3, BCG and measles before first birthday.
This table is based on information copied onto the questionnaire from a vaccination card (IM2 – IM4C and IM6) AND, in cases for which no card was available, on the mother's or caretaker's reports of the child's vaccination history (IM11 – IM17). The denominator for the vaccination coverage rates includes children age 12-23 months so that only children who are old enough to be fully vaccinated are counted. In the top panel, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card or the mother's report. In the bottom panel, only those who were vaccinated before their first birthday should be included. 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.
Children who received 'all' vaccinations are those who have received 3 doses of DPT, 3 doses of Polio (excluding Polio 0), BCG, and Measles.

Table A6.1c: Vaccinations Among Children (continued)
Percentage of Children Aged 18-29 Months Immunized Against Childhood Diseases at Any Time Before the Survey and Before the First Birthday, MIMS, Zimbabwe, 2009

	Percentage of children who received:			Number of children aged 18-29 months
	HepB1	HepB2	HepB3*	
Vaccinated at any time before the survey				
According to:				
Vaccination card	61.1	57.9	53.3	1 442
Mother's report	21.5	18.7	14.3	1 442
Either	82.5	76.6	67.7	1 442
Vaccinated by 12 months of age	81.3	75.0	62.1	1 442

Table A6.1d: Vaccinations Among Children (continued)
Percentage of Children aged 12-23 Months Immunized Against Childhood Diseases at Any Time Before the Survey and Before the First Birthday, MIMS, Zimbabwe, 2009

	Percentage of children who received:			Number of children aged 12-23 months
	HepB1	HepB2	HepB3*	
Vaccinated at any time before the survey				
According to:				
Vaccination card	66.8	62.2	53.9	1 444
Mother's report	17.6	14.8	10.2	1 444
Either	84.5	77.0	64.1	1 444
Vaccinated by 12 months of age	83.9	75.9	61.4	1 444

Table A6.2a: Vaccinations by Background Characteristics
Percentage of Children Aged 18-29 Months Currently Vaccinated Against Childhood Diseases, MIMS, Zimbabwe, 2009

Background characteristic	Percentage of children who received:										Percent with health card	Number of children aged 18-29 months
	BCG	DPT1	DPT2	DPT3	Polio1	Polio2	Polio3	Measles	All	None		
Sex												
Male	92.8	81.4	77.0	68.3	88.8	82.2	70.5	85.3	51.2	5.9	69.9	743
Female	91.1	80.6	78.3	72.4	89.3	83.2	71.8	84.8	54.9	6.9	72.3	699
Province												
Manicaland	87.1	81.3	68.3	61.2	88.5	81.1	66.6	77.9	48.2	9.9	71.9	204
Mashonaland Central	91.1	82.6	80.8	76.0	90.2	89.6	73.7	88.9	58.3	4.9	69.6	156
Mashonaland East	92.7	70.5	69.1	62.6	90.8	85.8	73.5	85.1	47.0	5.7	66.1	135
Mashonaland West	88.6	80.8	75.2	68.5	84.3	78.5	70.5	81.2	54.1	10.3	71.6	166
Matabeleland North	97.3	89.7	83.9	75.0	92.5	88.6	75.4	84.9	56.0	2.7	81.9	99
Matabeleland South	95.5	83.8	80.6	73.9	86.8	85.7	75.8	83.2	50.1	2.7	81.2	94
Midlands	89.5	78.1	77.9	61.8	81.7	68.1	53.0	78.7	42.7	10.1	58.0	165
Masvingo	90.3	76.3	75.2	66.0	89.1	76.1	65.6	90.0	42.6	7.3	68.0	161
Harare	97.3	83.2	84.8	81.4	95.1	90.4	85.7	91.6	67.1	1.9	74.7	192
Bulawayo	97.2	93.2	93.4	91.2	93.9	91.8	79.6	94.2	73.7	2.8	79.7	71
Area												
Urban	95.8	83.2	82.7	80.5	92.3	89.7	83.5	91.3	65.6	3.7	74.8	404
Rural	90.5	80.2	75.7	66.3	87.7	79.9	66.4	82.6	48.1	7.4	69.7	1 038
Mother's education												
None	91.0	80.7	69.4	59.4	88.2	78.3	57.8	79.7	42.6	7.2	56.9	68
Primary	89.7	79.0	73.6	65.7	86.3	78.5	63.9	80.6	46.3	8.3	67.2	523
Secondary	93.6	82.6	82.0	74.4	90.6	85.5	76.2	87.8	58.1	5.0	74.7	775
Higher	91.0	79.2	69.3	70.5	92.4	86.0	81.3	91.5	56.9	6.5	73.8	76
Wealth quintiles												
Lowest	89.6	80.3	74.3	63.1	85.0	77.1	62.3	78.0	45.5	8.1	70.6	343
Second	89.4	78.2	75.8	63.2	86.3	78.5	63.9	81.4	45.5	9.0	67.3	326
Medium	92.5	81.0	77.0	70.5	91.4	83.9	71.5	86.9	50.4	5.4	68.3	250
Fourth	94.7	80.9	77.5	74.2	91.2	87.0	76.4	89.3	56.7	4.1	72.3	279
Highest	95.2	86.0	85.8	85.2	93.3	89.9	87.0	92.9	72.2	4.1	78.4	245
Total	**92.0**	**81.0**	**77.7**	**70.3**	**89.0**	**82.7**	**71.2**	**85.0**	**53.0**	**6.4**	**71.1**	**1 442**

Note: In this table, the calculation is the same as the top panel of Table CH.1 (i.e., the child's age at vaccination is not taken into account). Children who were vaccinated at any time before the survey are included in the numerator.

Table A6.2b: Vaccinations by Background Characteristics
Percentage of Children Aged 12-23 Months Currently Vaccinated Against Childhood Diseases, MIMS, Zimbabwe, 2009

Background characteristic	Percentage of children who received:										Percent with health card	Number of children aged 12-23 months
	BCG	DPT1	DPT2	DPT3	Polio1	Polio2	Polio3	Measles	All	None		
Sex												
Male	91.8	85.3	79.9	65.4	89.1	79.4	64.3	78.3	47.2	6.4	73.0	725
Female	90.1	83.9	79.8	67.7	89.4	81.6	67.6	75.3	50.1	7.3	75.1	720
Province												
Manicaland	86.6	82.1	69.0	53.0	84.2	73.2	55.7	68.7	37.4	11.6	71.3	223
Mashonaland Central	91.8	83.8	81.9	72.8	91.6	86.8	73.1	84.3	49.4	4.2	77.2	149
Mashonaland East	93.4	85.4	83.5	70.6	94.4	86.0	69.6	76.5	48.5	4.1	74.5	133
Mashonaland West	86.9	82.5	77.6	65.8	82.4	75.9	67.1	73.8	51.0	10.5	78.4	172
Matabeleland North	94.8	86.0	80.1	67.4	89.3	84.4	69.5	77.0	52.0	4.1	82.1	98
Matabeleland South	94.2	89.9	81.9	70.7	90.5	83.7	69.6	77.5	54.4	2.0	80.1	92
Midlands	85.9	77.9	77.3	53.2	83.1	68.7	49.1	67.2	37.3	12.0	61.0	162
Masvingo	91.3	83.2	76.7	60.6	91.1	72.9	57.7	77.8	41.6	6.9	68.8	166
Harare	96.4	90.9	90.8	83.6	97.3	94.4	83.3	85.5	63.2	2.1	77.9	180
Bulawayo	95.1	92.9	91.3	85.7	94.3	90.7	77.8	91.4	70.9	4.9	76.8	71
Area												
Urban	95.1	89.4	87.4	79.9	94.6	90.0	78.8	84.6	62.4	3.4	77.5	404
Rural	89.3	82.8	76.9	61.4	87.1	76.8	61.0	73.8	43.3	8.2	72.7	1 040
Mother's education												
None	(89.1)	(77.1)	(62.6)	(52.9)	(80.9)	(66.0)	(54.7)	(59.6)	(32.0)	(8.2)	(71.9)	(44)
Primary	88.5	80.8	75.0	60.0	86.1	76.4	58.2	72.4	42.7	9.1	71.0	499
Secondary	92.2	86.7	83.4	70.1	90.9	82.6	69.2	79.6	51.9	5.8	75.4	836
Higher	95.1	92.2	82.6	80.7	96.6	93.9	91.1	86.6	64.1	3.4	80.7	65
Wealth quintiles												
Lowest	86.9	81.0	75.1	56.9	81.7	72.9	56.0	67.4	40.6	10.9	70.9	350
Second	89.8	78.8	74.3	58.0	86.7	73.0	58.1	72.2	38.2	9.0	72.3	297
Medium	90.0	84.4	77.7	65.0	91.8	81.6	65.9	77.7	47.0	5.7	71.9	268
Fourth	94.3	90.1	86.3	75.6	94.0	87.9	72.5	83.5	54.9	3.0	77.6	308
Highest	95.2	91.2	88.8	83.1	94.9	90.8	83.5	87.8	69.1	4.6	78.6	220
Total	**90.9**	**84.6**	**79.9**	**66.6**	**89.2**	**80.5**	**65.9**	**76.8**	**48.6**	**6.9**	**74.0**	**1 444**

Note: In this table, the calculation is the same as the top panel of Table CH.1 (i.e., the child's age at vaccination is not taken into account). Children who were vaccinated at any time before the survey are included in the numerator.

Table A6.2c: Vaccinations by Background Characteristics (continued)
Percentage of Children Aged 18-29 Months Currently Vaccinated Against Childhood Diseases, MIMS, Zimbabwe, 2009

Background characteristic	Percentage of children who received:			Percent with health card	Number of children aged 18-29 months
	HepB1	HepB2	HepB3*		
Sex					
Male	82.6	76.5	66.0	69.9	743
Female	82.5	76.7	69.4	72.3	699
Province					
Manicaland	81.8	67.9	60.5	71.9	204
Mashonaland Central	89.9	86.8	77.3	69.6	156
Mashonaland East	85.8	78.5	69.2	66.1	135
Mashonaland West	78.1	72.2	62.9	71.6	166
Matabeleland North	68.7	66.3	59.6	81.9	99
Matabeleland South	71.2	67.7	60.1	81.2	94
Midlands	84.1	79.0	60.1	58.0	165
Masvingo	87.2	79.5	70.2	68.0	161
Harare	81.3	78.7	74.1	74.7	192
Bulawayo	96.2	94.3	91.1	79.7	71
Area	86.2	83.1	79.5	74.8	404
Urban	81.1	74.0	63.0	69.7	1 038
Rural					
Mother's education					
None	86.5	75.9	64.7	56.9	68
Primary	80.5	72.4	59.9	67.2	523
Secondary	83.7	79.8	72.8	74.7	775
Higher	81.4	72.9	71.3	73.8	76
Wealth quintiles					
Lowest	78.1	69.9	56.1	70.6	343
Second	80.2	73.5	59.9	67.3	326
Medium	83.2	77.5	70.7	68.3	250
Fourth	88.7	82.0	76.6	72.3	279
Highest	84.1	82.9	80.9	78.4	245
Total	**82.5**	**76.6**	**67.7**	**71.1**	**1 442**

Table A6.2d: Vaccinations by Background Characteristics (continued)
Percentage of Children Aged 12-23 Months Currently Vaccinated Against Childhood Diseases, MIMS, Zimbabwe, 2009

Background characteristic	Percentage of children who received:			Percent with health card	Number of children aged 12-23 months
	HepB1	HepB2	HepB3*		
Sex					
Male	84.5	76.7	62.4	73.0	725
Female	84.4	77.3	65.8	75.1	720
Province					
Manicaland	79.7	66.2	51.9	71.3	223
Mashonaland Central	88.4	84.0	73.3	77.2	149
Mashonaland East	87.4	79.6	67.3	74.5	133
Mashonaland West	84.3	78.3	65.2	78.4	172
Matabeleland North	73.0	66.7	61.3	82.1	98
Matabeleland South	84.7	77.5	66.9	80.1	92
Midlands	82.4	76.5	50.9	61.0	162
Masvingo	85.9	74.9	59.6	68.8	166
Harare	88.5	84.2	76.3	77.9	180
Bulawayo	93.0	90.3	84.7	76.8	71
Area					
Urban	89.5	84.7	76.4	77.5	404
Rural	82.5	74.0	59.4	72.7	1 040
Mother's education					
None	(78.2)	(65.7)	(53.7)	(71.9)	(44)
Primary	80.5	71.3	56.0	71.0	499
Secondary	86.4	80.1	68.1	75.4	836
Higher	93.8	87.6	81.9	80.7	65
Wealth quintiles					
Lowest	77.9	68.8	53.2	70.9	350
Second	80.1	71.3	56.1	72.3	297
Medium	86.0	78.2	64.8	71.9	268
Fourth	91.8	85.0	73.8	77.6	308
Highest	88.8	85.4	78.1	78.6	220
Total	**84.5**	**77.0**	**64.1**	**74.0**	**1 444**

Table A6.3: Neonatal tetanus protection
Percentage of Mothers With a Birth in the Last 12 Months Protected Against Neonatal Tetanus, MIMS, Zimbabwe, 2009

Background characteristic	Percent of mothers with a birth in the last 12 months who:						Number of mothers
	Received at least 2 doses during last pregnancy	Received at least 2 doses, the last within prior 3 years	Received at least 3 doses, last within prior 5 years	Received at least 4 doses, last within prior 10 years	Received at least 5 doses during lifetime	Protected against tetanus*	
Province							
Manicaland	52.3	7.9	0.8	0.4	0.0	61.4	404
Mashonaland Central	52.6	14.7	0.3	0.0	0.0	67.7	311
Mashonaland East	55.9	12.7	0.0	1.4	0.0	70.0	243
Mashonaland West	46.5	17.3	0.7	1.1	0.0	65.7	310
Matabeleland North	51.8	7.8	0.3	0.8	0.4	61.1	188
Matabeleland South	57.0	10.6	1.4	0.3	0.0	69.4	166
Midlands	47.4	10.1	0.8	1.3	0.2	59.8	341
Masvingo	45.4	15.6	3.5	0.6	0.0	65.2	335
Harare	38.2	23.0	1.6	0.9	0.0	63.7	374
Bulawayo	42.2	21.2	0.5	0.4	0.0	64.4	128
Area							
Urban	44.6	18.6	1.3	1.0	0.0	65.6	799
Rural	50.0	12.3	1.0	0.6	0.1	64.0	2 000
Age							
15-19	50.3	5.8	0.0	0.0	0.0	56.1	374
20-24	52.8	12.0	0.7	0.1	0.0	65.6	934
25-29	49.2	17.0	1.5	0.7	0.1	68.5	764
30-34	42.3	18.8	1.9	1.1	0.0	64.1	415
35-39	40.3	16.8	0.9	2.8	0.4	61.2	221
40-44	34.8	16.4	4.0	5.3	0.0	60.4	74
45-49	*	*	*	*	*	*	19*
Education							
None	30.2	11.3	0.0	0.0	0.0	41.5	53
Primary	46.4	12.1	1.3	0.8	0.1	60.7	925
Secondary	50.7	14.3	0.9	0.8	0.0	66.7	1 685
Higher	42.1	26.6	2.9	0.0	0.0	71.6	137
Wealth quintiles							
Lowest	47.2	12.0	1.6	0.3	0.1	61.3	725
Second	48.7	11.7	0.9	0.6	0.0	62.0	560
Middle	52.1	12.7	0.4	1.1	0.2	66.5	500
Fourth	48.5	15.7	1.7	0.6	0.0	66.6	579
Highest	46.2	19.9	0.5	1.3	0.0	68.0	436
Total	**48.5**	**14.1**	**1.1**	**0.7**	**0.1**	**64.5**	**2 799**

* MICS indicator 32

The information contained in the first five columns of this table are calculated in a hierarchical fashion:

1) If the mother reports receiving at least two tetanus toxoid injections during the most recent pregnancy (TT3 >= 2), she should be included in the first column.

2) If she reports receiving one injection during the last pregnancy (TT3=1) and at least one dose prior to the pregnancy (TT6>=1) or at least two tetanus toxoid injections (TT6 >=2) the last of which occurred less than 3 years ago (TT2 = 1 or TT8 < 3 years ago) she should be included in the second column.

3) If she received at least 3 tetanus toxoid injections over her lifetime (TT6 >= 3), the last of which occurred in the last 5 years (this may include one during her last pregnancy) (TT2 = 1 or TT8 < 5), then she should be included in the third column.

4) If she does not report either of the three previous situations but she has received at least 4 tetanus toxoid injections during her lifetime (TT6 >= 4), the last of which was in the last 10 years (TT8 <10), then she should be included in the fourth column.

5) Finally if she has not yet been included in one of the categories, but received five or more tetanus toxoid injections (TT6 >=5) at any point in her lifetime she falls in the fifth column

All women who fall into one of the first 5 columns are considered 'protected against tetanus' and should be included in the sixth column.

In many surveys, the sample sizes may be too small to present breakdowns by background characteristics.

Tetanus toxoid injections are given to women during pregnancy to protect infants from neonatal tetanus, a major cause of infant death that is due primarily to unsanitary conditions during childbirth. Two doses of tetanus toxoid during pregnancy offer full protection. However, if a woman was vaccinated during a previous pregnancy, she may only need a booster to give full protection. Five doses are thought to provide lifetime protection.

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Table A6.4: Oral Rehydration Treatment
Percentage of Children Aged 0-59 Months With Diarrhoea in the Last Two Weeks and Treatment With Oral Rehydration Solution (ORS) or Other Oral Rehydration Treatment (ORT), MIMS, Zimbabwe, 2009

Background characteristic	Had diarrhoea in last two weeks	Number of children aged 0-59 months	Children with diarrhoea who received:				ORT Use Rate *	Number of children aged 0-59 months with diarrhoea
			Fluid from ORS packet	Recommended homemade fluid	Pre-packaged ORS fluid	No treatment		
Sex								
Male	11.4	3 663	9.5	63.6	31.3	19.7	80.3	417
Female	10.6	3 579	7.6	53.9	32.0	24.9	75.1	380
Province								
Manicaland	14.4	1 012	12.2	49.5	21.1	29.9	70.1	146
Mashonaland Central	10.8	804	10.0	57.0	34.8	25.4	74.6	87
Mashonaland East	12.1	703	5.0	59.6	33.8	20.9	79.1	85
Mashonaland West	14.1	790	10.0	48.0	48.0	22.3	77.7	112
Matabeleland North	6.9	466	(7.6)	(42.9)	(16.2)	(38.0)	(62.0)	(32)
Matabeleland South	7.2	453	(6.0)	(71.4)	(12.2)	(22.4)	(77.6)	(32)
Midlands	9.0	873	3.4	71.7	25.4	17.8	82.2	78
Masvingo	11.1	848	7.8	66.9	25.4	19.3	80.7	94
Harare	11.7	968	11.0	66.1	43.9	12.9	87.1	113
Bulawayo	5.4	325	.*	*	*	*	*	18*
Area								
Urban	10.0	2 041	11.0	66.0	36.6	13.2	86.8	205
Rural	11.4	5 201	7.8	56.5	29.9	25.3	74.7	592
Age								
< 6 months	6.3	677	(2.4)	(29.6)	(31.9)	(38.6)	(61.4)	(43)
6-11 months	15.4	704	9.7	57.2	34.1	20.4	79.6	108
12-23 months	18.6	1 444	7.5	59.8	31.7	21.5	78.5	269
24-35 months	12.6	1 399	10.7	64.8	35.4	18.3	81.7	176
36-47 months	6.6	1 512	9.8	54.5	29.9	27.3	72.7	99
48-59 months	6.8	1 505	8.3	65.0	24.3	20.7	79.3	102
Mother's education								
None	12.5	342	(0.0)	(55.2)	(25.1)	(32.2)	(67.8)	(43)
Primary	11.4	2 688	9.4	54.3	30.5	25.9	74.1	305
Secondary	11.0	3 848	8.3	62.9	33.9	18.4	81.6	425
Higher	6.4	363	*	*	*	*	*	23*
Missing /DK	*	2*	*.	*.	*.	*.	*.	0*
Wealth quintiles								
Lowest	11.0	1 762	7.3	53.4	28.3	27.0	73.0	195
Second	11.9	1 551	6.5	58.9	29.4	23.6	76.4	185
Middle	11.8	1 361	8.2	55.0	29.6	27.1	72.9	161
Fourth	11.7	1 393	11.5	66.7	35.6	16.2	83.8	164
Highest	7.9	1 174	11.2	64.0	39.8	11.3	88.7	93
Total	**11.0**	**7 242**	**8.6**	**58.9**	**31.7**	**22.2**	**77.8**	**797**

* MICS indicator 33
* Percent under fives with diarrhoea in previous 2 weeks who received oral rehydration salts or an appropriate household solution (ORT)
In this table, the percentages receiving various treatments will not add to 100 since some children may have received more than one type of treatment.
The ORT use rate includes those who received oral rehydration salts from a packet or any appropriate household solution or pre-packaged ORS fluid (CA1 = 1 and CA2A = 1 or CA2B = 1 or CA2C=1).

Table A6.5: Home management of diarrhoea
Percentage of Children Aged 0-59 Months with Diarrhoea in the Last 2 Weeks who Took Increased Fluids and Continued to Feed During the Episode, MIMS, Zimbabwe, 2009

| Background characteristic | Had diarrhoea in last two weeks | Number of children aged 0-59 months | Children with diarrhea who: | | | | Received ORT or increased fluids and continued feeding* | Number of children aged 0-59 months with diarrhoea |
			Drank more	Drank the same or less	Ate somewhat less, same or more	Ate much less or none		
Sex								
Male	11.4	3 663	28.5	71.5	46.2	53.8	37.0	417
Female	10.6	3 579	25.9	72.1	40.0	60.0	32.5	380
Province								
Manicaland	14.4	1 012	27.2	71.6	37.4	62.6	29.3	146
Mashonaland Central	10.8	804	33.6	66.4	48.0	52.0	38.6	87
Mashonaland East	12.1	703	23.6	75.2	39.5	60.5	35.0	85
Mashonaland West	14.1	790	23.7	76.3	42.8	57.2	32.6	112
Matabeleland North	6.9	466	(24.9)	(75.1)	(33.0)	(67.0)	(16.0)	(32)
Matabeleland South	7.2	453	(49.6)	(50.4)	(29.2)	(70.8)	(14.6)	(32)
Midlands	9.0	873	23.5	74.3	41.9	58.1	35.8	78
Masvingo	11.1	848	20.5	78.2	45.4	54.6	36.1	94
Harare	11.7	968	30.1	68.6	56.3	43.7	51.2	113
Bulawayo	5.4	325	*	*	*	*	*	18*
Area								
Urban	10.0	2 041	28.9	70.4	52.6	47.4	45.7	205
Rural	11.4	5 201	26.7	72.3	40.0	60.0	31.1	592
Age								
0-11 months	10.9	1 381	18.1	79.9	33.9	66.1	27.0	151
12-23 months	18.6	1 444	29.0	70.0	41.2	58.8	32.1	269
24-35 months	12.6	1 399	36.5	63.5	50.7	49.3	42.9	176
36-47 months	6.6	1 512	21.3	78.7	49.9	50.1	39.4	99
48-59 months	6.8	1 505	26.4	72.1	43.4	56.6	35.5	102
Mother's education								
None	12.5	342	(25.6)	(70.2)	(53.3)	(46.7)	(40.7)	(43)
Primary	11.4	2 688	27.9	71.5	38.1	61.9	28.6	305
Secondary	11.0	3 848	27.6	71.5	45.4	54.6	38.4	425
Higher	6.4	363	*	*	*	*	*	23*
Wealth quintile								
Lowest	11.0	1 762	24.0	75.1	37.8	62.2	26.5	195
Second	11.9	1 551	29.9	70.1	41.4	58.6	34.6	185
Middle	11.8	1 361	30.1	67.4	35.0	65.0	28.4	161
Fourth	11.7	1 393	24.9	74.1	54.2	45.8	44.0	164
Highest	7.9	1 174	28.4	71.6	53.4	46.6	48.0	93
Total	**11.0**	**7 242**	**27.3**	**71.8**	**43.3**	**56.7**	**34.9**	**797**

Table A6.6: Care Seeking for Suspected Pneumonia
Percentage of Children Aged 0-59 Months with Suspected Pneumonia in the Last Two Weeks Taken to a Health Provider, MIMS, Zimbabwe, 2009

			Children with suspected pneumonia who were taken to:													
			Public sources					Private sources					Other source			
Background characteristic	Had acute respiratory infection[1]	Number of children aged 0-59 months	Govt. Hospital	Govt. health centre	Village health worker	Mobile/ outreach clinic	Other public	Mission hospital	Private hospital	Private physician	Pharmacy	Other private medical	Relative or friend	Other	Any appropriate provider*	Number of children aged 0-59 months with suspected pneumonia
Sex																
Male	6.2	3 663	0.0	5.4	27.9	1.8	2.2	2.2	1.7	0.0	0.7	0.0	4.1	3.9	41.3	228
Female	6.6	3 579	0.8	2.3	35.5	1.5	1.3	1.7	0.8	0.0	0.9	0.3	5.8	4.1	43.8	237
Province																
Manicaland	6.7	1 012	0.0	0.0	44.3	0.0	1.6	3.5	0.0	0.0	0.0	0.0	6.1	3.0	49.4	68
Mashonaland Central	5.4	804	(0.0)	(2.0)	(34.2)	(0.0)	(0.0)	(5.3)	(0.0)	(0.0)	(0.0)	(0.0)	(5.6)	(2.4)	(41.6)	(43)
Mashonaland East	4.5	703	(0.0)	(9.8)	(27.1)	(0.0)	(0.0)	(2.9)	(0.0)	(0.0)	0.0	(0.0)	(7.5)	(9.5)	(39.8)	(32)
Mashonaland West	5.8	790	(0.0)	(6.2)	(24.4)	(0.0)	(0.0)	(2.0)	(1.7)	(0.0)	(3.3)	(0.0)	(3.2)	(14.4)	(34.4)	(46)
Matabeleland North	8.5	466	(0.0)	4.1	32.3	0.0	0.0	0.0	3.3	0.0	3.3	0.0	4.0	8.4	39.8	39#
Matabeleland South	5.3	453	*	*	*	*	*	*	*	*	*	*	*	*	*	24*
Midlands	7.6	873	0.0	0.0	45.5	2.8	0.0	3.5	0.0	0.0	0.0	0.0	4.2	0.0	51.7	66
Masvingo	10.2	848	0.0	7.6	36.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.4	0.7	43.4	87
Harare	4.6	968	(2.2)	(0.0)	(10.1)	(12.6)	(11.4)	(0.0)	(8.3)	(0.0)	(1.7)	(0.0)	(0.0)	(3.1)	(44.5)	(44)
Bulawayo	5.0	325	*	*	*	*	*	*	*	*	*	*	*	*	*	16*
Area																
Urban	4.5	2 041	2.0	3.5	15.1	8.2	7.8	0.0	5.5	0.0	2.5	0.7	2.2	2.2	42.8	91
Rural	7.2	5 201	0.0	3.9	35.9	0.0	0.3	2.4	0.2	0.0	0.3	0.0	5.6	4.4	42.6	374
Age																
0-11 months	6.5	1 381	0.0	6.8	30.9	4.4	0.0	2.1	1.7	0.0	0.0	0.7	6.5	8.0	46.6	90
12-23 months	7.4	1 444	0.9	4.8	46.6	0.0	0.6	0.0	2.9	0.0	0.7	0.0	6.8	4.9	55.7	107
24-35 months	5.9	1 399	0.0	2.0	29.1	2.1	3.9	4.1	0.0	0.0	0.9	0.0	2.9	0.9	41.2	82
36-47 months	6.3	1 512	0.8	2.2	24.7	1.8	2.7	3.1	1.4	0.0	1.5	0.0	4.1	3.1	36.8	96
48-59 months	6	1 505	0.0	3.2	25.3	0.0	1.9	0.9	0.0	0.0	0.7	0.0	4.0	2.6	30.6	90
Mother's education																
None	8.4	342	(0.0)	(5.2)	(32.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(4.2)	(10.4)	(37.2)	(29)
Primary	7.4	2 688	0.4	3.6	34.3	0.9	1.3	2.1	0.4	0.0	0.3	0.0	6.4	3.2	42.6	199
Secondary	5.7	3 848	0.0	4.3	30.1	1.6	1.6	2.3	1.7	0.0	1.4	0.0	3.8	3.9	41.7	218
Higher	5.3	363	5*	*	*	*	*	*	*	0*	*	*	*	*	*	19*
Missing /DK	*	2	*	*	*	*	*	*	*	*	*	*	*	*	*	0*
Wealth quintiles																
Lowest	8.5	1 762	0.0	2.7	37.9	0.0	0.0	2.2	0.5	0.0	0.4	0.0	5.5	7.0	43.4	149
Second	7.6	1 551	0.0	5.4	33.8	0.0	0.9	2.0	0.0	0.0	0.6	0.0	4.2	1.6	41.6	119
Middle	6.1	1 361	0.0	4.1	36.5	0.0	0.0	2.8	0.2	0.0	0.0	0.0	7.7	2.7	43.6	83
Fourth	4.7	1 393	0.0	5.5	20.5	5.4	4.0	1.7	2.0	0.0	2.3	0.0	3.4	5.1	39.1	66
Highest	4.1	1 174	(3.7)	(0.8)	(15.3)	(8.0)	(9.2)	(0.0)	(7.6)	(0.0)	(1.6)	(1.3)	(2.7)	(1.3)	(45.7)	(49)
Total	**6.4**	**7 242**	**0.4**	**3.9**	**31.8**	**1.6**	**1.8**	**2.0**	**1.3**	**0.0**	**0.8**	**0.1**	**5.0**	**4.0**	**42.6**	**465**

* MICS indicator 23
* CA5=1 AND CA6=1 AND (CA7=1 OR 3) AND having seen an appropriate health provider, CA8=1 AND (CA9=A-H, I-J, L-O) (excludes Pharmacy)
[1] Children with acute respiratory infection or suspected pneumonia are those who had an illness with a cough (CA5=1) accompanied by rapid or difficult breathing (CA6=1) and whose symptoms were due to a problem in the chest, or both a problem in the chest and a blocked nose (CA7=1 or 3).
In this table, the percentages taken to various providers will not add to 100 since some children may have been taken to see more than one type of provider. Note: #For Matabeleland North, the unweighted sample size is 60.

Table A6.7: Antibiotic treatment of pneumonia
Percentage of Children Aged 0-59 Months with Suspected Pneumonia Who Received Antibiotic Treatment, MIMS, Zimbabwe, 2009

Background characteristic	Percentage of children aged 0-59 months with suspected pneumonia who received antibiotics in the last two weeks*	Number of children aged 0-59 months with suspected pneumonia in the two weeks prior to the survey
Sex		
Male	16.8	228
Female	15.3	237
Province		
Manicaland	15.7	68
Mashonaland Central	(17.7)	(43)
Mashonaland East	(14.5)	(32)
Mashonaland West	(17.1)	(46)
Matabeleland North	18.2	39#
Matabeleland South	(5.3)	(24)#
Midlands	10.0	66
Masvingo	13.7	87
Harare	33.8	(44)
Bulawayo	11.9	16*
Area		
Urban	25.2	91
Rural	13.8	374
Age		
0-11 months	15.7	90
12-23 months	29.0	107
24-35 months	16.1	82
36-47 months	6.7	96
48-59 months	10.8	90
Mother's education		
None	22.2	(29)
Primary	8.9	199
Secondary	21.5	218
Higher	*	19*
Wealth quintile		
Lowest	12.6	149
Second	15.2	119
Middle	14.1	83
Fourth	27.2	66
Highest	16.7	(49)
Total	**16.0**	**465**

* MICS indicator 22
* Numerator: CA5=1 AND CA6=1 AND (CA7=1 OR 3) AND CA11=A
Children with suspected pneumonia are those who had an illness with a cough (CA5=1) accompanied by rapid or difficult breathing (CA6=1) and whose symptoms were due to a problem in the chest, or both a problem in the chest and a blocked nose (CA7=1 or 3).
Note: #The unweighted Matabeleland South sample size was 37, whilst for Matabeleland North it was 60.

Table A6.8: Solid Fuel Use
Percent Distribution of Households According to Type of Cooking Fuel, and Percentage of Households Used Solid Fuels for Cooking, MIMS, Zimbabwe, 2009

Background characteristic	Type of fuel used for cooking									Total	Solid fuels for cooking *	Number of households
	Electricity	Liquefied Petroleum Gas (LPG)	Biogas	Kerosene	Charcoal	Wood	Crop residue/sawdust	Other	Missing			
Province												
Manicaland	13.4	0.0	0.0	0.0	0.5	85.9	0.0	0.0	0.2	100.0	86.4	1 582
Mashonaland Central	7.3	0.0	0.0	0.0	0.3	92.4	0.0	0.0	0.1	100.0	92.7	1 141
Mashonaland East	13.4	0.0	0.1	0.2	0.2	85.9	0.1	0.0	0.1	100.0	86.4	1 172
Mashonaland West	21.3	0.1	0.0	0.0	0.0	78.5	0.0	0.0	0.1	100.0	78.5	1 200
Matabeleland North	14.5	0.0	0.0	0.0	0.2	85.0	0.1	0.3	0.0	100.0	85.3	611
Matabeleland South	11.2	0.0	0.0	0.1	0.0	88.6	0.0	0.0	0.1	100.0	88.7	610
Midlands	24.9	0.0	0.0	0.0	0.4	74.5	0.1	0.0	0.1	100.0	75.0	1 380
Masvingo	9.8	0.0	0.0	0.0	0.1	90.0	0.1	0.0	0.0	100.0	90.2	1 207
Harare	84.5	0.0	0.1	2.0	0.1	13.0	0.2	0.0	0.1	100.0	15.3	1 907
Bulawayo	99.1	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.2	100.0	0.6	659
Area												
Urban	83.5	0.0	0.1	1.0	0.1	15.2	0.1	0.1	0.1	100.0	16.3	4 049
Rural	2.8	0.0	0.0	0.0	0.3	96.7	0.1	0.0	0.1	100.0	97.1	7 420
Education of household head												
None	5.7	0.0	0.0	0.0	0.5	93.8	0.1	0.0	0.0	100.0	94.3	1 070
Primary	13.7	0.0	0.0	0.3	0.2	85.6	0.1	0.0	0.1	100.0	86.2	4 269
Secondary	41.8	0.0	0.0	0.6	0.2	57.3	0.0	0.0	0.1	100.0	58.0	4 998
Higher	76.7	0.1	0.3	0.2	0.0	22.5	0.0	0.0	0.1	100.0	22.8	1 108
Missing/DK	*	*	*	*	*	*	*	*	*	100.0	*	24*
Wealth quintiles												
Lowest	0.0	0.0	0.0	0.0	0.1	99.9	0.0	0.0	0.0	100.0	100.0	2 092
Second	0.1	0.0	0.0	0.0	0.4	99.2	0.1	0.0	0.2	100.0	99.7	2 090
Middle	0.0	0.0	0.0	0.0	0.2	99.5	0.1	0.0	0.1	100.0	99.8	2 217
Fourth	48.7	0.0	0.0	1.3	0.2	49.5	0.1	0.1	0.2	100.0	51.1	2 740
Highest	96.8	0.0	0.2	0.2	0.2	2.7	0.0	0.0	0.0	100.0	3.1	2 330
Total	**31.3**	**0.0**	**0.0**	**0.4**	**0.2**	**67.9**	**0.1**	**0.0**	**0.1**	**100.0**	**68.5**	**11 469**

* MICS indicator 24; MDG indicator 29

Table A6.9: Solid Fuel Use by Type of Stove or Fire
Percentage of Households Using Solid Fuels for Cooking by Type of Stove or Fire, MIMS, Zimbabwe, 2009

Background characteristic	Food cooked on stove or open fire					Open fire and open stove/coal pot	Households using solid fuel
	Open fire	Open stove/coal pot	Closed stove	Missing	Total		
Province							
Manicaland	98.7	0.6	0.7	0.0	100.0	99.3	1 367
Mashonaland Central	88.2	11.7	0.0	0.0	100.0	100.0	1 057
Mashonaland East	99.9	0.0	0.1	0.0	100.0	99.9	1 010
Mashonaland West	99.8	0.2	0.0	0.0	100.0	100.0	942
Matabeleland North	99.9	0.1	0.0	0.0	100.0	100.0	521
Matabeleland South	99.1	0.7	0.3	0.0	100.0	99.7	541
Midlands	98.9	1.1	0.1	0.0	100.0	99.9	1 035
Masvingo	99.6	0.2	0.0	0.2	100.0	99.8	1 089
Harare	88.9	9.4	1.5	0.2	100.0	98.2	253
Bulawayo	*	*	*	*	100.0	*	4*
Area							
Urban	95.3	4.0	0.6	0.1	100.0	99.3	620
Rural	97.7	2.1	0.2	0.0	100.0	99.8	7 199
Education of household head							
None	97.6	2.4	0.0	0.0	100.0	100.0	1 009
Primary	97.7	2.0	0.2	0.0	100.0	99.7	3 670
Secondary	97.3	2.5	0.2	0.1	100.0	99.7	2 873
Higher	96.9	2.3	0.8	0.0	100.0	99.2	250
Missing/DK	*	*	*	*	100.0	*	17*
Wealth quintiles							
Lowest	98.4	1.5	0.0	0.1	100.0	99.9	2 091
Second	97.2	2.8	0.0	0.0	100.0	100.0	2 085
Middle	97.5	2.3	0.2	0.1	100.0	99.7	2 213
Fourth	97.2	2.2	0.6	0.0	100.0	99.3	1 363
Highest	86.5	9.3	4.2	0.0	100.0	95.8	67
Total	**97.5**	**2.2**	**0.2**	**0.0**	**100.0**	**99.7**	**7 819**

Table A6.10: Availability of Insecticide Treated Nets
Percentage of Households With at Least One Insecticide Treated Net (ITN), MIMS, Zimbabwe, 2009

Background characteristic	Percentage of households with		Number of households
	at least one mosquito net	at least one insecticide treated net (ITN)*	
Province			
Manicaland	42.4	37.0	1 582
Mashonaland Central	48.8	42.6	1 141
Mashonaland East	33.5	26.5	1 172
Mashonaland West	28.5	19.9	1 200
Matabeleland North	45.8	41.7	611
Matabeleland South	14.1	2.9	610
Midlands	38.2	27.1	1 380
Masvingo	35.2	28.2	1 207
Harare	45.4	21.6	1 907
Bulawayo	50.5	18.2	659
Area			
Urban	49.1	25.8	4 049
Rural	33.6	28.2	7 420
Education of household head			
None	30.8	26.9	1 070
Primary	31.8	24.7	4 269
Secondary	43.1	28.8	4 998
Higher	56.6	31.6	1 108
Missing/DK	*	*	24*
Wealth quintile			
Lowest	29.9	27.1	2 092
Second	33.2	29.5	2 090
Middle	30.9	25.3	2 217
Fourth	40.9	26.1	2 740
Highest	58.0	29.3	2 330
Total	**39.1**	**27.4**	**11 469**

*MICS indicator 36

*From ITN module, ITN is defined as:

(1) long-lasting net (TN5=1 OR TN5=2) OR

(2) pre-treated net obtained in the previous 12 months (TN5=3 AND TN4 < 12) OR

(3) pre-treated or other net treated in the previous 12 months (TN6=1 AND TN7 < 12).

A household is considered to have at least one mosquito net if TN1 = 1.

Table A6.11: Children Sleeping Under Bednets
Percentage of Children Aged 0-59 months Who Slept Under an Insecticide Treated Net During the Previous Night, MIMS, Zimbabwe, 2009

Background characteristic	Percentage of children who:						Number of children aged 0-59 months
	Slept under a bednet*	Slept under an insecticide treated net**	Slept under an untreated net	Slept under a net but don't know if treated	Don't know if slept under a net	Did not sleep under a bednet	
Sex							
Male	22.7	17.4	3.5	1.9	1.1	76.1	3 663
Female	22.5	17.3	3.4	1.7	1.4	76.1	3 579
Province							
Manicaland	24.2	20.5	1.9	1.9	1.9	73.9	1 012
Mashonaland Central	28.2	25.3	2.1	0.8	2.1	69.7	804
Mashonaland East	21.3	18.9	0.7	1.7	1.9	76.8	703
Mashonaland West	18.7	14.0	3.0	1.7	0.8	80.5	790
Matabeleland North	28.5	25.9	1.3	1.3	0.1	71.5	466
Matabeleland South	3.7	1.4	1.6	0.7	0.9	95.5	453
Midlands	21.9	17.6	1.1	3.1	0.3	77.7	873
Masvingo	17.2	15.2	1.5	0.4	1.0	81.9	848
Harare	28.2	15.7	10.3	2.2	2.2	69.6	968
Bulawayo	33.3	12.3	14.8	6.2	0.0	66.7	325
Area							
Urban	30.5	17.1	9.2	4.3	1.8	67.6	2 041
Rural	19.5	17.5	1.2	0.9	1.1	79.4	5 201
Age							
0-11 months	25.0	18.9	3.6	2.5	0.2	74.8	1 381
12-23 months	24.3	18.4	3.9	1.9	0.9	74.8	1 444
24-35 months	22.6	17.4	3.5	1.6	1.8	75.6	1 399
36-47 months	20.8	16.9	2.9	1.0	1.8	77.5	1 512
48-59 months	20.7	15.2	3.2	2.2	1.5	77.8	1 505
Wealth quintiles							
Lowest	20.5	19.1	0.9	0.5	.9	78.6	1 762
Second	19.5	17.5	1.3	0.7	1.2	79.3	1 551
Middle	17.7	15.6	1.1	1.0	1.3	81.0	1 361
Fourth	24.7	16.4	5.6	2.7	1.7	73.6	1 393
Highest	33.1	17.7	10.1	5.2	1.4	65.5	1 174
Total	**22.6**	**17.3**	**3.4**	**1.8**	**1.3**	**76.1**	**7 242**

* MICS indicator 38

* Numerator: ML10 = 1

** MICS indicator 37; MDG indicator 22

** From Malaria module, those who slept under a net that was: (1) long-lasting net (ML12=11 OR 12) OR (2) pre-treated net obtained in the previous 12 months ((ML12=21 OR 22) AND ML11<12) OR (3) other net obtained in the previous 12 months and already treated (ML11<12 AND ML13=1) OR (4) net was treated within the last 12 months (ML14=1 AND ML15 <12).

Table A6.12: Treatment of Children with Anti-Malarial Drugs
Percentage of Children Aged 0-59 Months Who Were Ill With Fever in the Last Two Weeks Who Received Anti-Malarial Drugs, MIMS, Zimbabwe, 2009

| | | | Children with a fever in the last two weeks who were treated with: | | | | | | | | | | |
| | | | Anti-malarials: | | | | | | Other medications: | | | | |
Background characteristic	Had a fever in last two weeks	Number of children aged 0-59 months	SP/ Fansidar	Chloro-quine	Armodia-quine	Qui-nine	Other anti-malarial	Any approp-riate anti-malarial drug	Paracet-amol/ Panadol/ Acetamin-ophen	Other	Don't know	Any appropriate anti-malarial drug within 24 hours of onset of symptoms*	Number of children with fever in last two weeks
Sex													
Male	7.6	3 663	7.8	13.3	1.2	7.1	0.1	24.4	27.9	13.1	1.1	14.2	278
Female	7.7	3 579	7.7	14.5	0.3	6.8	0.6	22.8	26.4	14.0	1.3	13.6	276
Province													
Manicaland	10.6	1 012	4.5	9.8	1.0	12.9	0.6	26.7	30.4	9.7	0.0	16.8	108
Mashonaland Central	12.5	804	10.6	14.5	1.7	2.0	0.0	21.7	27.0	5.5	0.9	15.9	100
Mashonaland East	9.4	703	7.4	14.4	0.0	15.9	0.0	32.3	22.0	9.9	0.0	14.5	66
Mashonaland West	9.5	790	3.5	17.1	0.0	6.2	0.0	24.5	16.1	14.2	4.3	12.0	75
Matabeleland North	4.9	466	(39.1)	(60.8)	(3.9)	(26.2)	(0.0)	(81.9)	(28.7)	(0.0)	(3.4)	(59.2)	(23)#
Matabeleland South	0.1	453	*	*	*	*	*	*	*	*	*	*	1*
Midlands	4.1	873	(8.1)	(12.5)	(0.0)	(0.0)	(0.0)	(14.8)	(31.1)	(16.8)	(0.0)	(3.7)	(35)
Masvingo	4.8	848	(12.3)	(15.6)	(1.4)	(3.7)	(1.0)	(26.6)	(17.4)	(8.2)	(4.2)	(15.1)	(41)
Harare	10.3	968	2.5	4.2	0.0	0.0	1.1	5.4	36.4	30.4	0.0	2.5	100
Bulawayo	1.9	325	*	*	*	*	*	*	*	*	*	*	6*
Area													
Urban	7.1	2 041	2.7	5.8	0.0	1.4	0.8	8.4	34.5	23.1	1.0	5.3	145
Rural	7.9	5 201	9.5	16.8	1.0	8.9	0.3	29.0	24.6	10.2	1.3	16.9	410
Age													
0-11 months	7.1	1 381	2.4	4.5	1.7	4.8	0.0	12.8	30.2	10.4	3.6	8.5	98
12-23 months	9.6	1 444	6.5	15.4	0.0	2.8	1.1	18.9	31.1	19.9	1.6	11.7	139
24-35 months	8.1	1 399	7.8	12.3	1.4	13.0	0.0	28.9	25.6	7.5	0.0	16.4	113
36-47 months	7.4	1 512	11.5	16.1	0.8	9.6	0.5	29.4	25.7	15.8	0.0	13.6	113
48-59 months	6.1	1 505	10.6	20.9	0.0	4.8	0.0	28.8	21.8	11.8	1.0	19.9	92
Mother's education													
None	13.5	342	(16.8)	(19.4)	(0.0)	(12.1)	(0.0)	(39.3)	(14.6)	(6.4)	(0.0)	(25.9)	(46)
Primary	7.6	2 688	10.1	20.9	1.3	9.9	0.3	33.8	24.7	9.2	1.7	19.3	205
Secondary	7.4	3 848	4.9	8.2	0.6	4.5	0.1	14.3	29.3	16.9	1.1	8.2	283
Higher+	5.6	363	*	*	*	*	*	*	*	*	*	*	20*
Wealth quintile													
Lowest	8.1	1 762	12.3	25.0	1.4	12.2	0.0	38.6	22.0	6.5	0.5	19.7	142
Second	9.3	1 551	6.5	10.3	1.2	6.7	0.0	21.8	27.9	10.5	2.4	11.6	144
Middle	6.3	1 361	4.6	9.2	0.0	10.1	0.0	22.4	20.0	11.9	1.1	16.9	86
Fourth	9.0	1 393	8.3	11.7	0.5	2.3	1.7	17.1	32.8	17.8	1.2	12.5	126
Highest	4.8	1 174	2.8	7.2	0.0	0.0	0.0	7.2	36.5	32.1	0.0	3.5	57
Total	**7.7**	**7 242**	**7.7**	**13.9**	**0.8**	**7.0**	**0.4**	**23.6**	**27.2**	**13.5**	**1.2**	**13.9**	**554**

Note: #The unweighted sample for Matabeleland North province is 36.

Table A6.13: Intermittent Preventive Treatment for Malaria
Percentage of Women Aged 15-49 Years Who Gave Birth During the Two Years Preceding the Survey who Received Intermittent Preventive Therapy (IPT) for Malaria During Pregnancy, MIMS, Zimbabwe, 2009

Background characteristic	Percentage of pregnant women who took:							Number of women who gave birth in prior two years
	Medicine to prevent malaria during pregnancy	SP/Fansidar only one time	SP/Fansidar two or more times*	SP/Fansidar, number unknown**	Chloroquine	Other medicines	Don't know	
Province								
Manicaland	51.2	15.3	20.5	0.1	15.4	1.2	1.3	404
Mashonaland Central	56.9	18.7	26.3	0.0	14.9	0.3	4.2	311
Mashonaland East	24.8	10.6	9.6	0.0	2.8	0.0	2.2	243
Mashonaland West	47.1	16.3	21.2	0.0	11.2	0.0	2.1	310
Matabeleland North	52.0	13.0	21.7	0.0	21.8	0.3	1.3	188
Matabeleland South	21.5	7.3	9.4	0.0	3.9	0.0	1.3	166
Midlands	34.4	9.0	13.9	0.0	13.3	0.0	1.7	341
Masvingo	40.5	11.5	7.8	0.0	20.5	0.3	4.7	335
Harare	5.5	2.5	1.3	0.0	1.2	0.0	0.6	374
Bulawayo	4.2	1.7	.5	0.0	2.0	0.0	0.6	128
Area								
Urban	20.4	6.6	8.2	0.0	5.9	0.0	0.8	799
Rural	42.0	13.0	16.2	0.0	13.6	0.4	2.6	2 000
Education								
None	46.2	21.7	13.6	0.0	12.9	0.0	0.0	53
Primary	41.3	12.6	15.6	0.1	14.5	0.4	2.6	925
Secondary	33.6	10.4	13.4	0.0	10.1	0.2	2.1	1 685
Higher	21.6	7.3	9.4	0.0	5.1	0.0	0.5	137
Wealth quintiles								
Lowest	43.5	12.5	16.1	0.0	15.5	0.2	3.3	725
Second	45.9	15.5	18.0	0.0	13.9	0.5	1.8	560
Middle	39.3	13.1	14.3	0.1	11.7	0.3	2.9	500
Fourth	25.7	8.5	9.6	0.0	8.2	0.3	1.4	579
Highest	19.4	4.7	10.1	0.0	5.1	0.0	0.7	436
Total	**35.8**	**11.2**	**13.9**	**0.0**	**11.4**	**0.3**	**2.1**	**2 799**

* MICS indicator 40
* Intermittent Preventive Therapy (IPT) is defined as pregnant women who received at least 2 doses of SP/Fansidar (MN6B=A AND MN6C>=2) during pregnancy
** If the percentage receiving SP/Fansidar but with the number unknown is less than 1 percent, this column may be omitted from the table.

Chapter 7: Environment

Table A7.1: Use of Improved Drinking Water Sources
Percentage Distribution of Household Population According to Main Source of Drinking Water ,and Percentage of Household Population Using Improved Drinking Water Sources, MIMS, Zimbabwe, 2009

Background characteristic	Main source of drinking water													Total	Impro-ved source of drinking water*	Number of household members
	Improved sources							Unimproved sources								
	Piped into dwelling	Piped into yard/ plot	Public tap/ stand-pipe	Tube-well/ bore-hole	Pro-tected well	Pro-tected spring	Bottled water[1]	Unpro-tected well	Unpro-tected spring	Tanker truck/ cart with tank/ drum	Dam/lake/ canal	Other				
Province																
Manicaland	9.0	7.8	1.8	27.3	19.4	0.7	0.0	26.1	4.6	0.1	2.9	0.3	100.0	66.0	7 093
Mashonaland Central	4.3	2.4	5.8	38.5	12.8	0.2	0.0	16.7	1.0	0.0	18.0	0.3	100.0	64.1	5 498
Mashonaland East	4.5	3.6	6.7	22.9	34.0	0.1	0.0	22.4	1.6	0.1	4.2	0.0	100.0	71.8	5 239
Mashonaland West	11.2	4.2	7.9	26.9	12.9	0.0	0.0	26.3	0.5	0.0	9.8	0.4	100.0	63.1	5 408
Matabeleland North	5.4	2.2	7.9	44.6	14.3	0.0	0.0	11.0	1.2	0.0	13.2	0.1	100.0	74.5	3 112
Matabeleland South	6.5	2.1	0.8	49.9	4.7	0.1	0.0	12.8	0.2	0.0	22.8	0.1	100.0	64.1	3 073
Midlands	19.1	5.7	1.9	28.6	13.9	0.1	0.0	20.3	1.8	0.0	8.7	0.0	100.0	69.2	6 504
Masvingo	8.8	2.7	3.4	31.6	11.5	1.1	0.0	29.1	3.2	0.3	6.9	1.3	100.0	59.1	5 501
Harare	42.5	17.2	1.7	23.0	13.0	0.1	0.2	1.8	0.1	0.2	0.0	0.1	100.0	97.8	8 013
Bulawayo	81.6	17.6	0.3	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	2 753
Area																
Urban	54.5	18.5	3.7	13.9	7.2	0.0	0.1	1.5	0.0	0.1	0.1	0.2	100.0	98.0	16 592
Rural	1.2	1.5	3.8	35.9	18.4	0.4	0.0	25.1	2.3	0.1	11.2	0.3	100.0	61.1	35 602
Education of household head																
None	4.0	2.2	3.1	36.9	13.2	0.3	0.0	21.9	3.6	0.0	14.6	0.2	100.0	59.7	5 218
Primary	8.7	4.1	3.8	33.2	16.7	0.3	0.0	22.1	1.8	0.1	8.8	0.4	100.0	66.8	21 224
Secondary	24.6	10.1	4.2	23.7	14.3	0.2	0.0	15.1	1.3	0.1	6.2	0.1	100.0	77.2	20 954
Higher+	47.8	10.9	2.2	23.4	10.4	0.0	0.4	3.0	0.2	0.3	0.9	0.4	100.0	95.1	4 662
DK/missing	10.3	10.1	6.1	39.9	12.3	0.0	0.0	8.7	0.0	0.0	12.6	0.0	100.0	78.7	136
Wealth quintile																
Poorest	0.0	0.0	1.5	35.3	12.1	0.2	0.0	30.2	2.1	0.0	18.4	0.1	100.0	49.1	10 442
Second	0.0	1.0	2.0	38.9	17.4	0.3	0.0	26.4	3.3	0.0	10.2	0.5	100.0	59.6	10 438
Middle	0.1	1.4	3.2	36.9	24.3	0.5	0.0	22.8	2.3	0.2	8.0	0.4	100.0	66.4	10 438
Fourth	24.1	17.7	10.5	21.8	15.9	0.2	0.0	7.6	0.2	0.1	1.5	0.4	100.0	90.2	10 439
Richest	66.4	14.6	1.4	11.7	4.4	0.1	0.2	0.8	0.0	0.1	0.2	0.1	100.0	98.8	10 437
Total	**18.1**	**6.9**	**3.7**	**28.9**	**14.8**	**0.3**	**0.0**	**17.6**	**1.6**	**0.1**	**7.7**	**0.3**	**100.0**	**72.8**	**52 194**

* MICS indicator 11

Table A7.2: Household Water Treatment
Percentage Distribution of Household Population According to Drinking Water Treatment Method used in the Household, and Percentage of Household Population that Applied an Appropriate Water Treatment Method, MIMS, Zimbabwe, 2009

| Background characteristic | Water treatment method used in the household | | | | | | Appropriate water treatment method | | | | | |
	None	Boil	Add bleach/ chlorine	Let it stand and settle	Add water treatment tablet	Other# / DK	All drinking water sources	Number of HH members	Improved drinking water sources	Number of HH members	Unimproved drinking water sources	Number of HH members
Province												
Manicaland	62.0	8.0	11.4	2.5	22.3	0.5	37.4	7 093	37.2	4 679	37.9	2 414
Mashonaland Central	68.4	11.5	2.9	0.7	19.7	0.9	31.0	5 498	27.7	3 522	36.9	1 976
Mashonaland East	72.0	9.8	4.2	0.6	16.7	1.4	26.4	5 239	27.1	3 760	24.8	1 478
Mashonaland West	64.6	13.5	1.7	0.4	27.2	1.4	34.4	5 408	34.8	3 411	33.6	1 997
Matabeleland North	86.8	4.5	0.5	0.4	7.8	0.9	12.6	3 112	10.1	2 319	19.8	794
Matabeleland South	85.1	9.7	1.7	0.5	4.0	1.0	14.3	3 073	11.8	1 970	18.8	1 104
Midlands	67.8	14.6	2.7	0.4	18.9	0.3	32.0	6 504	27.2	4 500	42.7	2 004
Masvingo	77.2	8.7	4.3	0.0	12.4	0.2	22.7	5 501	16.5	3 253	31.7	2 248
Harare	33.9	27.8	9.2	0.6	52.7	1.5	65.9	8 013	66.5	7 836	42.4	177
Bulawayo	58.5	33.3	1.9	0.1	10.5	0.1	41.4	2 753	41.4	2 753	.0.0	0
Area												
Urban	50.2	24.2	6.0	0.4	33.7	0.9	49.6	16 592	49.7	16 262	46.0	330
Rural	71.3	9.6	4.4	0.9	17.4	0.8	28.0	35 602	24.9	21 741	32.7	13 862
Education of household head												
None	70.2	9.3	2.3	0.8	20.2	0.5	29.3	5 218	27.5	3 114	32.0	2 104
Primary	69.2	11.4	4.9	1.0	18.7	1.0	30.0	21 224	29.0	14 181	32.1	7 044
Secondary	61.9	15.0	5.5	0.5	25.2	0.8	37.6	20 954	38.8	16 168	33.7	4 787
Higher+	49.0	29.3	5.2	0.3	31.7	0.7	50.6	4 662	50.1	4 434	60.9	228
DK/missing	74.0	23.1	1.8	0.0	8.1	0.0	25.9	136	29.4	107	(13.1)	(29)
Wealth quintile												
Poorest	72.3	8.7	2.6	0.8	18.3	0.6	27.1	10 442	22.6	5 131	31.4	5 311
Second	72.3	9.6	4.7	0.8	16.6	0.8	27.1	10 438	23.9	6 217	31.9	4 222
Middle	70.6	10.3	4.9	0.9	16.9	0.8	29.0	10 438	25.3	6 927	36.3	3 511
Fourth	59.7	14.4	6.2	0.7	28.5	1.3	39.3	10 439	40.2	9 416	31.2	1 023
Richest	48.1	28.4	5.9	0.4	32.7	0.7	51.7	10437	51.5	10 312	67.2	125
Total	**64.6**	**14.3**	**4.9**	**0.7**	**22.6**	**0.8**	**34.8**	**52 194**	**35.5**	**38 002**	**33.0**	**14 191**

Includes strain through cloth, use water filter and solar disinfection.

Table A7.3: Time to Source of Water
Percentage Distribution of Households According to Time to Go to Source of Drinking Water, Get Water and Return, and Mean Time to Source of Drinking Water, MIMS, Zimbabwe, 2009

Background characteristic	Water on premises	Time to source of drinking water						Total	Mean time to source of drinking water*	Number of households
		Less than 15 minutes	15 minutes to less than 30 minutes	30 minutes to less than 1 hour	1 hour or more	Don't know	Missing			
Province										
Manicaland	30.0	24.7	21.6	16.9	6.7	0.0	0.2	100.0	24.0	1 582
Mashonaland Central	12.0	27.0	22.0	24.8	14.2	0.0	0.0	100.0	32.5	1 141
Mashonaland East	30.5	31.7	22.0	12.0	3.7	0.2	0.0	100.0	18.8	1 172
Mashonaland West	29.0	28.8	19.0	16.6	6.5	0.2	0.0	100.0	22.9	1 200
Matabeleland North	13.3	24.1	20.3	25.4	16.9	0.1	0.0	100.0	30.4	611
Matabeleland South	15.5	13.3	26.0	26.5	18.6	0.1	0.0	100.0	34.5	610
Midlands	37.6	9.1	15.9	25.9	11.5	0.0	0.0	100.0	36.6	1 380
Masvingo	20.5	21.9	23.9	23.2	10.3	0.1	0.0	100.0	28.5	1 207
Harare	76.9	8.7	4.9	5.0	4.4	0.0	0.1	100.0	33.9	1 907
Bulawayo	99.5	0.4	0.1	0.0	0.0	0.0	0.0	100.0	7.7	659
Area										
Urban	82.9	7.0	3.9	3.5	2.7	0.0	0.0	100.0	29.0	4 049
Rural	14.3	25.7	24.2	24.1	11.6	0.1	0.0	100.0	28.4	7 420
Education of household head										
None	13.3	20.5	24.4	27.5	13.9	0.2	0.1	100.0	31.2	1 070
Primary	24.4	22.4	21.0	21.3	10.7	0.1	0.0	100.0	29.1	4 269
Secondary	46.7	18.6	14.3	13.9	6.5	0.0	0.0	100.0	26.7	4 998
Higher	72.8	9.5	9.1	4.5	4.1	0.0	0.0	100.0	28.1	1 108
Missing /DK	*	*	*	*	*	*	*	*	*	24*
Wealth quintiles										
Lowest	4.0	21.0	26.6	30.7	17.5	0.1	0.0	100.0	33.1	2 092
Second	8.9	25.2	25.8	27.5	12.5	0.1	0.0	100.0	29.7	2 090
Middle	18.8	27.6	24.7	20.7	7.9	0.1	0.1	100.0	24.5	2 217
Fourth	58.2	20.1	9.8	7.6	4.3	0.0	0.0	100.0	23.0	2 740
Highest	91.0	3.0	1.9	2.1	2.0	0.0	0.1	100.0	35.3	2 330
Total	**37.4**	**19.4**	**17.3**	**17.2**	**8.6**	**0.1**	**0.0**	**100.0**	**28.5**	**11 469**

* The mean time to source of drinking water is calculated based on those households that do not have water on the premises.

Table A7.4: Person Collecting Water
Percentage Distribution of Households According to the Person Collecting Drinking Water Used in the Household, MIMS, Zimbabwe, 2009

Background characteristic	Person collecting drinking water						Total	Number
	Adult woman	Adult man	Female child under age 15	Male child under age 15	Don't know	Missing		
Province								
Manicaland	79.2	11.0	6.8	2.5	0.0	0.5	100.0	1 103
Mashonaland Central	82.2	12.0	4.8	0.9	0.0	0.1	100.0	1 004
Mashonaland East	84.4	10.6	2.5	1.8	0.1	0.7	100.0	812
Mashonaland West	79.8	14.0	4.5	1.4	0.0	0.3	100.0	824
Matabeleland North	84.0	12.7	2.3	0.6	0.1	0.2	100.0	530
Matabeleland South	78.2	13.5	6.4	1.9	0.0	0.0	100.0	515
Midlands	83.9	9.4	5.5	1.2	0.0	0.1	100.0	860
Masvingo	80.1	12.5	6.2	1.2	0.1	0.0	100.0	960
Harare	70.0	26.1	1.3	2.2	0.0	0.4	100.0	386
Bulawayo	*	*	*	*	*	*	*	3*
Area								
Urban	70.2	25.6	2.0	1.9	0.0	0.2	100.0	646
Rural	81.8	11.3	5.1	1.5	0.0	0.3	100.0	6 351
Education of household head								
None	78.2	10.6	7.9	2.8	0.1	0.4	100.0	926
Primary	80.9	12.3	5.2	1.4	0.0	0.2	100.0	3 197
Secondary	82.9	12.5	3.2	1.1	0.0	0.3	100.0	2 578
Higher	68.0	23.5	5.6	2.9	0.0	0.0	100.0	281
Missing /DK	*	*	*	*	*	*	*	15*
Wealth quintiles								
Lowest	84.8	8.8	5.1	1.1	0.1	0.2	100.0	2 007
Second	84.3	8.3	5.5	1.5	0.0	0.4	100.0	1 902
Middle	79.5	13.5	4.7	1.9	0.0	0.3	100.0	1 800
Fourth	70.2	23.9	3.9	1.7	0.0	0.2	100.0	1 091
Highest	75.3	22.7	1.3	0.0	0.0	0.8	100.0	197
Total	**80.8**	**12.6**	**4.8**	**1.5**	**0.0**	**0.3**	**100.0**	**6 997**

Table A7.5: Use of Sanitary Means of Excreta
Percentage Distribution of Household Population According to Type of Toilet Facility Used by Household, and Percentage of Household Population Using Sanitary Means of Excreta Disposal, MIMS, Zimbabwe, 2009

	Type of toilet facility used by household													
	Improved sanitation facility						Unimproved sanitation facility						Percentage of population using sanitary means of excreta disposal*	Number of household members
	Flush/pour flush to:													
Background characteristic	Piped sewer system	Septic tank	Pit latrine	Ventilated improved pit latrine	Pit latrine with slab	Compos -ting toilet	Flush/ pour flush to some- where else /DK	Pit latrine without slab/ open pit	Bucket	Other/ missing	No facilities / bush / field	Total		
Province														
Manicaland	11.5	2.4	0.1	20.3	24.7	0.0	0.0	13.5	0.0	0.1	27.3	100.0	59.1	7 093
Mashonaland Central	5.3	0.8	0.1	23.6	20.1	0.0	0.2	18.8	0.0	0.3	30.7	100.0	49.9	5 498
Mashonaland East	6.7	4.9	0.1	26.8	20.5	0.1	0.0	8.6	0.0	0.3	31.9	100.0	59.2	5 239
Mashonaland West	22.5	2.0	0.0	19.9	9.2	0.0	0.0	5.7	0.0	0.1	40.8	100.0	53.5	5 408
Matabeleland North	8.0	1.3	0.0	16.0	5.5	0.0	0.1	0.0	0.0	0.4	68.7	100.0	30.8	3 112
Matabeleland South	6.2	1.1	0.0	23.9	16.1	0.0	0.0	0.4	0.4	0.3	51.6	100.0	47.3	3 073
Midlands	21.0	2.2	0.1	17.5	10.7	0.0	0.0	4.6	0.0	0.2	43.6	100.0	51.5	6 504
Masvingo	12.0	0.8	0.0	19.4	9.1	0.0	0.0	2.9	0.0	0.2	55.7	100.0	41.2	5 501
Harare	84.9	5.1	1.7	0.6	4.9	0.0	1.3	1.1	0.0	0.1	0.3	100.0	97.2	8 013
Bulawayo	93.8	5.1	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.8	0.0	100.0	98.9	2 753
Area														
Urban	85.2	5.8	0.9	1.7	3.6	0.0	0.7	0.9	0.1	0.2	1.0	100.0	97.2	16 592
Rural	1.1	1.3	0.1	23.6	17.1	0.0	0.0	8.9	0.0	0.2	47.7	100.0	43.1	35 602
Education of household head														
None	5.7	0.9	0.0	16.6	13.2	0.0	0.1	8.2	0.0	0.1	55.3	100.0	36.4	5 218
Primary	13.4	1.2	0.3	20.2	16.0	0.0	0.1	7.9	0.0	0.2	40.6	100.0	51.1	21 224
Secondary	39.1	3.0	0.4	13.9	11.5	0.0	0.4	5.5	0.0	0.3	25.9	100.0	67.8	20 954
Higher +	67.5	10.3	0.2	13.2	3.9	0.0	0.1	1.1	0.0	0.2	3.5	100.0	95.1	4 662
DK/missing	36.5	0.0	0.0	11.9	7.0	0.0	0.0	4.1	0.0	0.0	40.5	100.0	55.4	136
Wealth quintile														
Poorest	0.0	0.0	0.0	5.3	5.2	0.0	0.0	6.2	0.0	0.1	83.2	100.0	10.5	10 442
Second	0.0	0.0	0.1	19.0	16.6	0.0	0.0	14.8	0.0	0.4	49.2	100.0	35.7	10 438
Middle	0.1	0.1	0.2	35.9	27.2	0.0	0.0	7.7	0.0	0.3	28.5	100.0	63.6	10 438
Fourth	48.6	6.4	1.2	21.9	14.2	0.0	0.8	3.1	0.0	0.3	3.4	100.0	92.4	10 439
Richest	90.3	7.0	0.0	1.3	0.8	0.0	0.4	0.0	0.1	0.1	0.0	100.0	99.4	10 437
Total	**27.8**	**2.7**	**0.3**	**16.7**	**12.8**	**0.0**	**0.2**	**6.4**	**0.0**	**0.2**	**32.9**	**100.0**	**60.3**	**52 194**

Table A7.6: Disposal of Child's Faeces
Percentage Distribution of Children Aged 0-2 Years according to Place of Disposal of Child's Faeces, and the Percentage of Children Aged 0-2 years Whose Stools are Disposed of Safely, MIMS, Zimbabwe, 2009

Background characteristic	Place of disposal of child's faeces										Proportion of children whose stools are disposed of safely*	Number of children aged 0-2 years
	Child used toilet	Put/rinsed into toilet or latrine	Put/rinsed into drain or ditch	Thrown into garbage	Buried	Left in the open	Other	Don't know	Missing	Total		
Province												
Manicaland	5.6	51.8	7.2	3.1	25.6	2.0	3.5	0.2	1.1	100.0	57.3	596
Mashonaland Central	2.8	45.2	6.2	7.1	27.6	10.0	0.4	0.2	0.6	100.0	48.0	459
Mashonaland East	9.9	40.7	7.7	5.0	31.6	1.7	2.1	0.2	1.1	100.0	50.6	420
Mashonaland West	4.1	42.1	3.8	6.1	30.1	7.4	3.9	0.0	2.3	100.0	46.3	476
Matabeleland North	2.0	22.2	5.2	12.1	39.9	13.1	3.3	0.0	2.3	100.0	24.3	288
Matabeleland South	1.6	31.0	2.6	11.8	20.8	23.6	5.6	1.5	1.5	100.0	32.6	269
Midlands	8.3	39.6	4.6	3.7	36.9	5.7	0.7	0.1	0.3	100.0	47.9	504
Masvingo	2.0	34.5	11.3	7.2	33.6	5.7	4.5	0.9	0.4	100.0	36.4	494
Harare	14.9	79.9	1.5	2.6	0.2	0.0	0.2	0.0	0.7	100.0	94.8	561
Bulawayo	11.9	84.9	0.8	0.3	0.0	0.0	1.3	0.0	0.7	100.0	96.8	191
Area												
Urban	14.7	79.3	1.7	1.9	1.2	0.2	0.3	0.0	0.6	100.0	94.1	1 212
Rural	3.2	34.6	7.0	7.0	34.9	8.4	3.3	0.4	1.2	100.0	37.8	3046
Mother's education												
None	3.2	30.9	5.5	5.9	36.1	10.9	4.6	0.9	2.0	100.0	34.1	158
Primary	3.9	32.3	6.6	7.5	34.2	10.1	3.5	0.5	1.5	100.0	36.2	1 478
Secondary	7.3	55.2	4.9	4.8	21.3	3.8	1.8	0.1	0.8	100.0	62.6	2 414
Higher	17.2	74.8	3.6	0.9	2.0	0.2	1.2	0.0	0.0	100.0	92.0	208
Wealth quintiles												
Lowest	1.1	12.6	9.3	9.2	48.1	14.0	4.1	0.6	1.0	100.0	13.7	1 075
Second	3.9	29.7	7.4	7.1	38.7	7.7	3.4	0.2	1.9	100.0	33.6	884
Middle	4.4	54.6	5.4	5.3	22.0	4.0	3.0	0.3	1.1	100.0	59.0	772
Fourth	9.9	77.4	2.3	3.0	5.0	0.9	0.4	0.2	0.9	100.0	87.3	858
Highest	16.4	79.3	0.9	1.4	1.2	0.0	0.5	0.0	0.2	100.0	95.7	669
Total	**6.5**	**47.3**	**5.5**	**5.6**	**25.4**	**6.0**	**2.4**	**0.3**	**1.0**	**100.0**	**53.8**	**4 258**

* MICS indicator 14
* CA13=1 OR 2

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Table A7.7: Use of Improved Water Sources and Improved Sanitation
Percentage of Household Population Using Both Improved Drinking Water Sources and Sanitary Means of Excreta Disposal, MIMS, Zimbabwe, 2009

Background characteristic	Percentage of household population:			
	Using improved sources of drinking water*	Using sanitary means of excreta disposal**	Using improved sources of drinking water and using sanitary means of excreta disposal***	Number of household members
Province				
Manicaland	66.0	59.1	43.1	7 093
Mashonaland Central	64.1	49.9	36.6	5 498
Mashonaland East	71.8	59.2	49.1	5 239
Mashonaland West	63.1	53.5	43.9	5 408
Matabeleland North	74.5	30.8	28.4	3 112
Matabeleland South	64.1	47.3	34.1	3 073
Midlands	69.2	51.5	43.5	6 504
Masvingo	59.1	41.2	32.3	5 501
Harare	97.8	97.2	95.0	8 013
Bulawayo	100.0	98.9	98.9	2 753
Area				
Urban	98.0	97.2	95.3	16 592
Rural	61.1	43.1	31.1	35 602
Education of household head				
None	59.7	36.4	25.3	5 218
Primary	66.8	51.1	40.5	21 224
Secondary	77.2	67.8	60.4	20 954
Higher	95.1	95.1	91.3	4 662
Missing /DK	78.7	55.4	53.5	136
Wealth quintiles				
Lowest	49.1	10.5	6.8	10 442
Second	59.6	35.7	23.0	10 438
Middle	66.4	63.6	45.4	10 438
Fourth	90.2	92.4	84.2	10 439
Highest	98.8	99.4	98.2	10 437
Total	**72.8**	**60.3**	**51.5**	**52 194**

* MICS indicator 11; MDG indicator 30
* Water and Sanitation Module, WS1=11, 12, 13, 21, 31, 41, 51 OR (WS1=91 AND WS2=11, 12, 13, 21, 31, 41, 51)
** MICS indicator 12; MDG indicator 31
** This indicator is based on responses to WS7. WS7=11, 12, 13, 21, 22, 31.
*** This indicator is the percentage of household members using both improved sources of drinking water as defined in MICS indicator 11 and sanitary means of excreta disposal as defined in MICS indicator 12.

Table A7.8: Type of dwelling
Percentage Distribution of Households by Type of Dwelling, MIMS, Zimbabwe, 2009

Background characteristic	Type of dwelling unit							Total percent	Number of households
	Traditional	Mixed	Detached	Semi-detached	Flat/Town home	Shack	DK/Other		
Province									
Manicaland	23.3	44.7	21.1	7.9	1.0	1.6	0.4	100.0	1 582
Mashonaland Central	41.6	43.7	11.1	3.0	0.0	0.5	0.0	100.0	1 141
Mashonaland East	12.8	55.3	27.1	4.2	0.3	0.0	0.2	100.0	1 172
Mashonaland West	28.2	31.4	23.8	15.5	0.1	0.8	0.1	100.0	1 200
Matabeleland North	68.2	9.5	10.6	9.4	2.0	0.1	0.2	100.0	611
Matabeleland South	39.2	41.2	12.5	6.9	0.3	0.0	0.1	100.0	610
Midlands	33.8	31.6	24.4	5.9	3.8	0.4	0.1	100.0	1 380
Masvingo	26.1	45.4	18.8	8.9	0.8	0.0	0.0	100.0	1 207
Harare	0.0	0.3	66.8	27.8	4.5	0.2	0.3	100.0	1 907
Bulawayo	0.0	0.0	66.9	17.7	14.8	0.1	0.4	100.0	659
Area									
Urban	0.5	0.6	64.4	27.5	6.0	0.8	0.3	100.0	4 049
Rural	37.0	47.3	11.8	2.9	0.5	0.3	0.2	100.0	7 420
Education of household head									
None	45.9	38.9	9.8	4.4	0.7	0.2	0.0	100.0	1 070
Primary	32.4	41.2	17.5	6.9	1.4	0.4	0.2	100.0	4 269
Secondary	17.3	25.4	38.5	15.0	3.0	0.6	0.3	100.0	4 998
Higher	2.2	7.2	63.1	21.5	5.7	0.1	0.2	100.0	1 108
Missing/DK	*	*	*	*	*	*	*	*	24*
Wealth quintiles									
Lowest	91.5	8.2	0.0	0.0	0.0	0.3	0.0	100.0	2 092
Second	36.9	60.5	1.8	0.1	0.0	0.6	0.1	100.0	2 090
Middle	3.2	76.5	16.4	2.4	0.3	1.0	0.4	100.0	2 217
Fourth	0.4	14.4	55.4	25.3	3.9	0.3	0.4	100.0	2 740
Highest	0.1	0.2	67.1	25.1	7.2	0.1	0.1	100.0	2 330
Total	**24.2**	**30.8**	**30.4**	**11.6**	**2.4**	**0.5**	**0.2**	**100.0**	**11 469**

Table A7.9: Type of Dwelling Walls
Percentage Distribution of Households by Type of Dwelling Walls, MIMS, Zimbabwe, 2009

Background characteristic	Type of dwelling unit						Total percent	Number of households	Finished walls
	Mud/Pole and dagga	Cement	Bricks	Cement blocks	Wood planks/s hingles	Other/mis sing*			
Province									
Manicaland	12.3	1.5	78.6	3.8	2.1	1.6	100.0	1 582	84.0
Mashonaland Central	16.3	5.6	72.2	4.1	0.6	1.1	100.0	1 141	82.0
Mashonaland East	5.6	1.2	89.6	2.6	0.4	0.6	100.0	1 172	93.4
Mashonaland West	15.7	3.0	71.8	7.6	0.5	1.5	100.0	1 200	82.4
Matabeleland North	68.5	1.5	24.8	4.2	0.0	1.0	100.0	611	30.5
Matabeleland South	32.3	2.5	58.4	6.7	0.0	0.1	100.0	610	67.6
Midlands	9.0	0.3	74.8	14.1	0.2	1.6	100.0	1 380	89.2
Masvingo	12.6	0.5	82.2	2.9	0.1	1.6	100.0	1 207	85.7
Harare	0.1	11.7	77.3	9.6	0.3	1.0	100.0	1 907	98.7
Bulawayo	0.0	0.4	97.5	1.9	0.1	0.1	100.0	659	99.8
Area									
Urban	0.6	6.9	76.0	14.1	0.9	1.5	100.0	4 049	97.0
Rural	20.3	1.6	74.8	2.0	0.3	0.9	100.0	7 420	78.4
Education of household head									
None	29.3	3.0	63.7	3.1	0.0	0.9	100.0	1 070	69.8
Primary	19.3	2.2	72.5	4.3	0.4	1.2	100.0	4 269	79.0
Secondary	7.6	3.9	78.3	8.2	0.8	1.2	100.0	4 998	90.5
Higher	0.8	7.1	82.5	8.3	0.4	1.0	100.0	1 108	97.8
Missing/DK	*	*	*	*	*	*	*	24*	*
Wealth quintiles									
Lowest	61.5	0.0	37.1	0.0	0.0	1.4	100.0	2 092	37.2
Second	9.9	0.2	88.0	0.8	0.2	1.0	100.0	2 090	88.9
Middle	1.4	3.7	90.6	2.2	1.5	0.7	100.0	2 217	96.4
Fourth	0.2	5.9	78.5	13.4	0.6	1.4	100.0	2 740	97.8
Highest	0.0	6.6	79.6	12.3	0.3	1.1	100.0	2 330	98.5
Total	**13.3**	**3.5**	**75.2**	**6.3**	**0.5**	**1.1**	**100.0**	**11 469**	**85.0**

Table A7.10: Type of Dwelling Floor
Percentage Distribution of Households by Type of Dwelling Floor, MIMS, Zimbabwe, 2009

Background characteristic	Main material of floor					Total percent	Finished flooring	Number of households
	Earth/Sand/Dung	Ceramic tiles	Cement	Carpet	Other/missing*			
Province								
Manicaland	34.3	0.9	62.5	1.4	0.9	100.0	64.8	1 582
Mashonaland Central	57.1	0.1	41.8	0.1	0.9	100.0	42.0	1 141
Mashonaland East	28.3	0.6	70.2	0.2	0.7	100.0	71.0	1 172
Mashonaland West	38.9	0.4	60.0	0.4	0.3	100.0	60.8	1 200
Matabeleland North	70.7	0.2	29.0	0.0	0.2	100.0	29.1	611
Matabeleland South	45.9	0.6	53.1	0.0	0.3	100.0	53.7	610
Midlands	43.5	0.6	55.2	0.4	0.3	100.0	56.2	1 380
Masvingo	45.9	0.2	53.9	0.0	0.1	100.0	54.1	1 207
Harare	0.7	4.7	86.1	5.1	3.4	100.0	95.9	1 907
Bulawayo	0.0	4.6	91.7	1.9	1.8	100.0	98.2	659
Area								
Urban	1.5	3.5	89.4	3.3	2.3	100.0	96.2	4 049
Rural	51.4	0.3	47.8	0.2	0.4	100.0	48.3	7 420
Education of household head								
None	64.1	0.4	34.8	0.4	0.4	100.0	35.5	1 070
Primary	44.4	0.4	54.3	0.5	0.4	100.0	55.2	4 269
Secondary	25.1	1.2	71.4	1.3	0.9	100.0	74.0	4 998
Higher	2.6	7.2	80.4	4.7	5.0	100.0	92.4	1 108
Missing/DK	*	*	*	*	*	*	*	24*
Wealth quintiles								
Lowest	99.9	0.0	0.0	0.0	0.1	100.0	0.0	2 092
Second	74.6	0.1	24.9	0.0	0.4	100.0	25.0	2 090
Middle	8.7	0.2	90.5	0.0	0.6	100.0	90.7	2 217
Fourth	1.0	1.0	96.4	0.8	0.8	100.0	98.2	2 740
Highest	0.1	5.6	85.7	5.3	3.3	100.0	96.7	2 330
Total	**33.8**	**1.4**	**62.5**	**1.3**	**1.1**	**100.0**	**65.2**	**11 469**

* Includes 'wood planks', 'parquet or polished wood' and 'vinyl or asphalt strips'

Table A7.11: Type of Dwelling Roof
Percentage Distribution of Households by Type of Dwelling Roof, MIMS, Zimbabwe, 2009

Background characteristic	Main material of roof						Total percent	Finished roof	Number of households
	Thatch	Metal	Asbestos	Tiles	Cement	Other/missing*			
Province									
Manicaland	32.4	7.3	57.7	1.5	0.5	0.5	100.0	67.0	1 582
Mashonaland Central	56.7	2.8	38.4	0.2	0.0	1.8	100.0	41.4	1 141
Mashonaland East	35.6	7.0	55.7	1.1	0.2	0.3	100.0	64.1	1 172
Mashonaland West	39.0	8.1	51.5	0.2	0.2	1.0	100.0	60.0	1 200
Matabeleland North	70.4	3.6	25.1	0.0	0.1	0.8	100.0	28.8	611
Matabeleland South	50.8	15.6	31.2	0.3	0.1	2.0	100.0	47.2	610
Midlands	47.8	4.2	45.7	1.4	0.1	0.7	100.0	51.5	1 380
Masvingo	50.9	6.6	42.1	0.0	0.0	0.4	100.0	48.7	1 207
Harare	0.1	4.1	83.4	10.1	1.8	0.4	100.0	99.5	1 907
Bulawayo	0.0	5.8	89.0	4.5	0.7	0.1	100.0	99.9	659
Area									
Urban	0.6	4.1	86.9	6.4	1.3	0.7	100.0	98.7	4 049
Rural	54.4	7.2	37.2	0.4	0.1	0.8	100.0	44.8	7 420
Education of household head									
None	63.2	6.0	30.0	0.1	0.1	0.7	100.0	36.1	1 070
Primary	47.1	7.1	44.2	0.8	0.2	0.7	100.0	52.3	4 269
Secondary	26.7	5.3	64.3	2.2	0.5	0.9	100.0	72.4	4 998
Higher	3.0	5.8	76.2	12.6	2.0	0.3	100.0	96.7	1 108
Missing/DK	*	*	*	*	*	*	*	*	24*
Wealth quintiles									
Lowest	98.3	0.5	0.0	0.0	0.0	1.2	100.0	0.5	2 092
Second	84.4	5.6	9.2	0.0	0.0	0.8	100.0	14.8	2 090
Middle	9.7	14.2	74.3	0.7	0.1	1.0	100.0	89.3	2 217
Fourth	0.9	7.0	89.5	1.7	0.3	0.6	100.0	98.5	2 740
Highest	0.0	2.8	85.4	9.6	1.9	0.3	100.0	99.7	2 330
Total	**35.4**	**6.1**	**54.8**	**2.5**	**0.5**	**0.8**	**100.0**	**63.8**	**11 469**

* Includes 'no roof', 'rustic mat', 'wood planks' and 'wood'

Table A7.12: Number of Sleeping Rooms
Percentage Distribution of Households by Number of Sleeping Rooms, MIMS, Zimbabwe, 2009

Background characteristic	Number of rooms for sleeping						Total percent	3 or more	Number of households
	1	2	3	4	5 or more	Missing			
Province									
Manicaland	34.3	35.8	20.7	5.9	2.6	0.7	100.0	29.2	1 582
Mashonaland Central	36.3	38.9	18.1	4.9	1.2	0.5	100.0	24.2	1 141
Mashonaland East	39.8	36.0	18.7	3.9	0.6	1.0	100.0	23.2	1 172
Mashonaland West	38.3	40.1	16.8	3.3	0.9	0.6	100.0	21.0	1 200
Matabeleland North	37.8	33.0	19.2	6.2	2.1	1.6	100.0	27.5	611
Matabeleland South	31.2	35.7	23.3	7.5	1.7	0.5	100.0	32.6	610
Midlands	34.8	36.7	21.7	4.6	1.3	0.9	100.0	27.6	1 380
Masvingo	31.8	39.0	20.4	5.5	2.2	1.2	100.0	28.0	1 207
Harare	39.8	36.8	17.2	4.5	0.6	1.1	100.0	22.3	1 907
Bulawayo	34.8	38.3	21.5	4.3	0.8	0.3	100.0	26.6	659
Area									
Urban	39.8	36.6	17.7	4.3	0.7	0.9	100.0	22.7	4 049
Rural	34.3	37.5	20.4	5.2	1.7	0.8	100.0	27.3	7 420
Number of household members									
1	86.1	8.9	2.7	0.9	0.3	1.2	100.0	3.8	917
2	64.5	28.7	4.4	0.8	0.5	1.0	100.0	5.7	1 209
3	55.1	34.0	8.1	1.7	0.4	0.8	100.0	10.2	1 975
4	40.6	41.9	14.0	2.0	0.4	1.2	100.0	16.4	2 116
5	21.9	51.4	21.3	3.7	1.0	0.6	100.0	26.0	1 830
6 or more	7.0	39.1	38.2	11.7	3.3	0.7	100.0	53.2	3 422
Education of household head									
None	26.9	43.1	21.7	6.7	1.2	0.4	100.0	29.6	1 070
Primary	30.9	37.0	22.9	6.5	1.9	0.8	100.0	31.3	4 269
Secondary	44.8	36.0	14.2	3.2	0.7	1.1	100.0	18.1	4 998
Higher	27.4	37.7	27.6	4.6	2.3	0.4	100.0	34.4	1 108
Missing/DK	*	*	*	*	*	*	*	*	24*
Wealth quintiles									
Lowest	45.8	37.3	12.9	2.3	0.7	1.1	100.0	15.8	2 092
Second	34.4	39.8	19.9	4.2	1.0	0.7	100.0	25.1	2 090
Middle	25.6	38.2	25.6	7.4	2.3	0.9	100.0	35.2	2 217
Fourth	49.7	30.7	13.3	4.1	1.3	0.9	100.0	18.6	2 740
Highest	23.5	41.3	26.3	6.5	1.6	0.8	100.0	34.4	2 330
Total	**36.2**	**37.2**	**19.4**	**4.9**	**1.4**	**0.9**	**100.0**	**25.7**	**11 469**

Table A7.13: Refuse Disposal
Percentage Distribution of Households According to Refuse Disposal Method, MIMS, Zimbabwe, 2009

Background characteristic	Household disposal of solid waste								Total percent	Safe garbage disposal	Number of households
	Garbage collected	Dumped in public container	Dumped in public dump	Dumped else-where	Burned by household	Buried by household	Dumped in rubbish pit	Other/ Missing			
Province											
Manicaland	1.3	2.2	2.1	26.7	2.5	1.6	63.2	0.5	100.0	68.7	1 582
Mashonaland Central	0.3	0.4	1.1	42.1	1.4	0.5	53.6	0.6	100.0	55.4	1 141
Mashonaland East	0.6	1.0	0.8	22.1	4.3	4.5	64.5	2.2	100.0	66.9	1 172
Mashonaland West	5.6	0.2	3.5	40.4	2.8	1.3	42.2	3.9	100.0	51.5	1 200
Matabeleland North	3.1	1.1	2.0	39.7	3.9	3.6	42.9	3.6	100.0	49.2	611
Matabeleland South	3.7	2.2	2.0	38.3	2.5	1.5	49.1	0.7	100.0	57.1	610
Midlands	1.9	0.1	2.2	20.5	3.9	8.0	63.0	0.4	100.0	67.2	1 380
Masvingo	4.8	4.6	0.8	15.5	1.1	0.9	71.1	1.2	100.0	81.3	1 207
Harare	8.0	5.7	10.1	43.4	10.7	5.4	16.3	0.4	100.0	40.1	1 907
Bulawayo	3.1	0.2	12.8	10.1	45.7	14.1	13.8	0.2	100.0	29.9	659
Area											
Urban	9.4	5.0	10.0	31.3	15.8	7.0	21.2	0.4	100.0	45.6	4 049
Rural	0.2	0.5	0.5	29.9	1.5	2.2	63.4	1.7	100.0	64.6	7 420
Education of household head											
None	0.7	0.4	1.3	43.0	2.1	2.2	48.4	2.0	100.0	50.7	1 070
Primary	1.9	1.1	1.6	30.3	3.9	3.3	56.3	1.6	100.0	61.0	4 269
Secondary	4.5	2.8	5.5	28.8	7.7	4.4	45.4	0.9	100.0	58.2	4 998
Higher	7.9	4.7	6.9	25.9	16.1	5.4	32.3	0.9	100.0	51.8	1 108
Missing/DK	*	*	*	*	*	*	*	*	*	*	24*
Wealth quintiles											
Lowest	0.0	0.0	0.4	42.4	0.8	1.9	52.4	2.0	100.0	52.8	2 092
Second	0.0	0.0	0.3	27.9	0.9	2.0	67.0	1.9	100.0	67.3	2 090
Middle	0.0	0.0	0.5	26.8	1.6	2.5	67.1	1.6	100.0	67.5	2 217
Fourth	6.1	3.8	6.0	27.8	9.1	5.9	40.5	0.6	100.0	56.5	2 740
Highest	9.9	5.8	10.6	28.3	18.4	6.4	20.2	0.4	100.0	46.5	2 330
Total	**3.5**	**2.1**	**3.8**	**30.4**	**6.5**	**3.9**	**48.5**	**1.3**	**100.0**	**57.9**	**11 469**

Table A7.14: Status on Excreta Condition Around the Household
Percentage Distribution of Households According to Status on Excreta Condition Around the Household, MIMS, Zimbabwe, 2009

Background characteristic	General Condition of Area Surrounding Home Area							Appropriate excreta condition	Number of households
	Heavy defecation in area /raw sewage	Some defecation in area/raw sewage near house	Very little excreta visible	No excreta visible	Very clean recently swept	Other/Missing	Total Percent		
Province									
Manicaland	0.3	1.0	1.8	55.8	40.7	0.4	100.0	96.5	1 582
Mashonaland Central	0.6	1.0	15.6	50.4	32.4	0.0	100.0	82.8	1 141
Mashonaland East	0.1	0.7	6.8	55.8	36.4	0.2	100.0	92.2	1 172
Mashonaland West	0.6	0.6	10.1	56.1	32.0	0.6	100.0	88.1	1 200
Matabeleland North	0.0	0.1	4.3	74.4	21.0	0.1	100.0	95.4	611
Matabeleland South	0.4	0.0	19.3	46.0	34.1	0.2	100.0	80.1	610
Midlands	4.2	3.0	25.1	31.8	35.7	0.2	100.0	67.5	1 380
Masvingo	0.0	0.1	4.3	47.8	47.7	0.1	100.0	95.5	1 207
Harare	6.6	8.1	4.0	62.4	18.2	0.7	100.0	80.6	1 907
Bulawayo	0.5	1.2	3.6	85.3	9.0	0.4	100.0	94.3	659
Area									
Urban	5.0	5.5	5.4	58.4	25.3	0.5	100.0	83.7	4 049
Rural	0.1	0.3	11.2	52.9	35.2	0.3	100.0	88.1	7 420
Education of household head									
None	0.4	1.3	12.3	54.8	30.8	0.4	100.0	85.6	1 070
Primary	1.0	1.2	10.6	55.0	32.0	0.3	100.0	87.0	4 269
Secondary	2.8	3.1	8.4	54.2	31.2	0.4	100.0	85.4	4 998
Higher	2.3	2.8	4.1	56.7	33.8	0.3	100.0	90.5	1 108
Missing/DK	*	*	*	*	*	*	*	*	24*
Wealth quintiles									
Lowest	0.0	0.4	16.4	53.6	29.4	0.2	100.0	83.1	2 092
Second	0.2	0.5	13.3	52.8	33.0	0.3	100.0	85.7	2 090
Middle	0.0	0.3	8.1	54.2	37.3	0.1	100.0	91.5	2 217
Fourth	3.6	4.1	5.2	54.9	31.5	0.7	100.0	86.4	2 740
Highest	4.6	4.8	4.6	58.3	27.4	0.2	100.0	85.7	2 330
Total	**1.8**	**2.2**	**9.2**	**54.8**	**31.7**	**0.3**	**100.0**	**86.5**	**11 469**

Table A7.15: Characteristics of the Residential Area
Percentage Distribution of Households According to Characteristics of the Residential Area, MIMS, Zimbabwe, 2009

Background characteristic	What is area around the home used for?							Appropriate home surrounding	Number of households
	Mostly residential houses	Mostly commercial buildings	Mostly open space used for farming	Mostly open space not used	Mostly factories/ Manufacturing	Other/Missing	Total percent		
Province									
Manicaland	28.6	0.3	68.5	2.4	0.0	0.2	100.0	99.5	1 582
Mashonaland Central	31.0	0.1	62.9	5.1	0.1	0.9	100.0	99.0	1 141
Mashonaland East	18.5	0.4	79.8	1.3	0.0	0.1	100.0	99.6	1 172
Mashonaland West	37.0	0.2	55.7	3.8	0.7	2.6	100.0	96.5	1 200
Matabeleland North	44.2	3.0	40.4	10.2	0.9	1.3	100.0	94.8	611
Matabeleland South	41.3	1.3	46.5	10.6	0.0	0.2	100.0	98.5	610
Midlands	36.9	0.4	61.8	0.2	0.3	0.3	100.0	99.0	1 380
Masvingo	13.8	0.3	84.5	0.4	0.8	0.1	100.0	98.7	1 207
Harare	93.9	2.6	1.5	0.3	0.5	1.2	100.0	95.7	1 907
Bulawayo	97.7	1.0	0.0	0.2	0.1	1.0	100.0	97.9	659
Area									
Urban	93.9	1.7	2.2	0.4	0.7	1.1	100.0	96.5	4 049
Rural	17.5	0.5	77.5	3.8	0.1	0.6	100.0	98.7	7 420
Education of household head									
None	23.9	0.3	71.1	4.4	0.1	0.2	100.0	99.4	1 070
Primary	30.4	0.4	65.1	3.1	0.2	0.8	100.0	98.6	4 269
Secondary	53.4	0.9	42.1	2.2	0.6	0.8	100.0	97.7	4 998
Higher	78.0	3.3	16.1	1.0	0.1	1.5	100.0	95.1	1 108
Missing/DK	*	*	*	*	*	*	*	*	24*
Wealth quintiles									
Lowest	17.8	0.0	75.5	5.7	0.2	0.8	100.0	98.9	2 092
Second	14.9	0.1	80.8	3.6	0.1	0.6	100.0	99.3	2 090
Middle	17.2	0.2	79.4	2.7	0.1	0.3	100.0	99.4	2 217
Fourth	68.7	1.7	26.9	1.4	0.3	1.0	100.0	97.1	2 740
Highest	92.3	2.3	3.0	0.3	0.9	1.2	100.0	95.6	2 330
Total	**44.5**	**0.9**	**50.9**	**2.6**	**0.3**	**0.8**	**100.0**	**98.0**	**11 469**

Table A7.16: Air quality Condition Around the Household
Percentage Distribution of Households According to Air Quality Condition Around the Household, MIMS, Zimbabwe, 2009

Background characteristic	Smell of burning garbage	Smoke because of fires for cooking	Smell of bad water/sewerage	Fumes from cars/trucks	Fumes/smell from factories	Very dusty	None of these observed	Number of households
Province								
Manicaland	0.3	8.2	2.0	0.3	0.0	3.4	86.4	1 582
Mashonaland Central	0.0	2.3	1.2	0.5	0.0	3.6	92.5	1 141
Mashonaland East	0.7	8.0	1.7	0.1	0.7	0.4	89.5	1 172
Mashonaland West	0.2	10.0	0.8	0.0	0.0	1.1	87.9	1 200
Matabeleland North	1.0	7.7	0.5	0.7	1.3	2.5	87.1	611
Matabeleland South	0.6	3.9	0.3	0.3	0.1	0.6	94.2	610
Midlands	2.7	9.9	5.2	3.0	1.5	2.1	80.9	1 380
Masvingo	0.5	3.8	0.3	2.1	0.9	2.0	90.5	1 207
Harare	7.4	12.9	20.6	6.8	0.6	3.1	57.9	1 907
Bulawayo	3.2	1.6	4.5	3.5	0.0	2.4	85.3	659
Area								
Urban	5.0	9.2	14.1	5.5	1.1	2.4	68.9	4 049
Rural	0.4	6.9	0.0	0.2	0.2	2.2	90.5	7 420
Education of household head								
None	0.3	7.0	1.1	0.6	0.0	2.7	89.1	1 070
Primary	1.2	7.5	2.6	0.9	0.2	2.7	86.1	4 269
Secondary	2.5	8.1	7.4	2.9	0.8	1.9	79.9	4 998
Higher	5.1	6.7	7.5	4.6	1.1	1.9	78.1	1 108
Missing/DK	*	*	*	*	*	*	*	24*
Wealth quintiles								
Lowest	0.4	7.9	0.0	0.2	0.0	2.8	89.4	2 092
Second	0.4	6.5	0.0	0.2	0.0	2.2	90.9	2 090
Middle	0.3	6.5	0.2	0.4	0.1	1.6	91.5	2 217
Fourth	3.3	10.4	10.3	3.4	1.0	2.4	73.9	2 740
Highest	5.2	6.5	12.5	5.5	1.3	2.2	72.3	2 330
Total	**2**	**7.7**	**5**	**2.1**	**0.5**	**2.3**	**82.9**	**11 469**

Chapter 8: Reproductive Health and Fertility

Table A8.1: Total Fertility Rates for the 3 Years Preceding the Survey
Percentage of Women Aged 15-49 Years Currently Pregnant, and Mean Number of Children Ever Born to Women Age 40-49 Years, MIMS, Zimbabwe, 2009

Background characteristic	Total fertility rate	Percentage currently pregnant	Mean number of children ever born to women age 40-49 years
Area			
Urban	2.6	6.0	3.7
Rural	4.4	7.9	5.3
Province			
Manicaland	4.3	7.9	5.2
Mashonaland Central	4.1	9.1	5.1
Mashonaland East	3.8	8.6	5.0
Mashonaland West	3.9	7.4	4.9
Matabeleland North	4.8	5.6	5.3
Matabeleland South	4.4	6.4	5.1
Midlands	3.9	6.7	5.1
Masvingo	4.3	7.4	5.0
Harare	2.5	6.5	3.5
Bulawayo	2.7	5.1	3.6
Education			
None	4.8	4.3	6.1
Primary	4.6	7.5	5.3
Secondary +	3.3	7.2	3.7
Wealth quintile			
Poorest	5.6	8.9	5.7
Second	4.5	8.8	5.8
Middle	3.8	7.3	4.9
Fourth	3.3	6.6	4.2
Richest	2.4	5.3	3.5
Total	**3.7**	**7.2**	**4.7**

Note: Column 1 and 2 are based on women age 15-49 years.

Table A8.2: Use of Contraception
Percentage of Women Aged 15-49 Years Currently Married or in Union Who are Using (or Whose Partner is Using) a Contraceptive Method, MIMS, Zimbabwe, 2009

Background characteristic	Not using any method	Female sterilization	Male sterilization	Pill	IUD	Injections	Implants	Condom	Female condom	Diaphragm/ foam/ jelly	LAM	Periodic abstinence	Withdrawal	Other	Total percent	Any modern method	Any traditional method	Any method *	Number of women
Province																			
Manicaland	37.5	0.3	0.0	46.6	0.6	9.0	1.0	2.2	0.1	0.0	0.9	0.7	1.0	0.1	100.0	59.8	2.7	62.5	894
Mashonaland Central	30.2	0.7	0.0	58.2	0.0	7.1	0.8	1.5	0.2	0.1	0.0	0.0	0.9	0.3	100.0	68.6	1.1	69.8	753
Mashonaland East	32.3	0.1	0.0	46.1	0.6	11.3	2.5	1.4	0.1	0.5	4.6	0.0	0.4	0.0	100.0	62.8	5.0	67.7	679
Mashonaland West	32.4	0.1	0.2	56.8	0.0	6.5	1.1	1.0	0.3	0.2	0.1	0.2	0.8	0.3	100.0	66.2	1.4	67.6	715
Matabeleland North	49.4	0.4	0.2	38.8	0.3	8.0	1.7	1.1	0.0	0.0	0.0	0.0	0.0	0.0	100.0	50.6	0.0	50.6	325
Matabeleland South	54.0	1.3	0.0	27.1	0.0	13.0	1.8	1.8	0.5	0.1	0.2	0.0	0.0	0.1	100.0	45.6	0.3	46.0	301
Midlands	32.8	0.7	0.0	53.0	0.8	8.7	1.2	0.9	0.2	0.0	0.7	0.0	0.2	0.8	100.0	65.6	1.7	67.2	828
Masvingo	38.4	0.4	0.0	47.6	0.5	8.2	0.9	0.4	0.3	0.8	1.4	0.5	0.1	0.5	100.0	59.0	2.6	61.6	703
Harare	30.1	0.3	0.3	56.1	0.7	5.8	4.2	1.8	0.0	0.0	0.1	0.1	0.3	0.1	100.0	69.2	0.7	69.9	1 142
Bulawayo	35.1	1.7	0.0	41.2	0.3	9.9	4.3	3.2	0.4	0.6	1.5	0.4	0.6	0.8	100.0	61.7	3.3	64.9	337
Area																			
Urban	31.1	0.6	0.1	51.9	0.6	8.3	3.7	1.8	0.2	0.2	0.5	0.3	0.4	0.4	100.0	67.3	1.6	68.9	2 335
Rural	37.2	0.5	0.0	48.9	0.3	8.2	1.0	1.3	0.2	0.2	1.2	0.2	0.5	0.2	100.0	60.7	2.1	62.8	4 342
Age																			
15-19	59.9	0.0	0.0	35.3	0.0	2.2	0.0	0.6	0.1	0.0	0.8	0.0	0.6	0.5	100.0	38.3	1.8	40.1	558
20-24	35.4	0.1	0.0	56.1	0.0	5.0	1.3	0.7	0.0	0.0	0.9	0.0	0.2	0.2	100.0	63.3	1.3	64.6	1 547
25-29	29.7	0.0	0.3	54.7	0.2	9.8	1.8	1.7	0.0	0.0	1.0	0.3	0.3	0.0	100.0	68.6	1.7	70.3	1 620
30-34	26.1	0.1	0.0	56.2	0.6	10.1	2.4	1.4	0.2	0.6	1.2	0.3	0.5	0.4	100.0	71.6	2.2	73.9	1 128
35-39	29.2	0.7	0.1	49.6	0.6	10.8	3.1	2.1	0.7	0.1	0.8	0.7	0.9	0.4	100.0	68.0	2.8	70.8	835
40-44	36.3	2.3	0.0	41.8	1.0	10.8	3.1	1.9	0.0	0.8	1.0	0.0	0.6	0.4	100.0	61.7	2.0	63.7	556
45-49	54.5	2.6	0.0	23.6	1.8	9.1	2.1	2.7	0.7	0.1	0.5	0.2	1.4	0.7	100.0	42.7	2.8	45.5	432
Number of living children**																			
0	94.8	0.1	0.0	3.7	0.0	0.2	0.1	0.6	0.0	0.0	0.0	0.0	0.4	0.0	100.0	4.8	0.4	5.2	580
1	33.9	0.0	0.1	57.2	0.2	4.4	1.7	1.0	0.1	0.0	0.9	0.1	0.3	0.2	100.0	64.7	1.4	66.1	1 634
2	24.7	0.1	0.0	59.3	0.3	9.0	2.7	1.8	0.2	0.2	0.9	0.1	0.4	0.2	100.0	73.6	1.7	75.3	1 680
3	23.8	0.8	0.3	58.2	0.5	11.0	1.7	1.4	0.1	0.3	1.0	0.3	0.3	0.2	100.0	74.5	1.7	76.2	1 178
4+	33.6	1.3	0.0	43.5	1.0	12.2	2.2	1.9	0.4	0.3	1.3	0.5	1.0	0.7	100.0	62.9	3.5	66.4	1 605
Education																			
None	49.4	1.0	0.0	37.6	0.7	8.6	0.0	0.5	0.0	0.0	1.0	0.0	0.9	0.3	100.0	48.5	2.2	50.6	219
Primary	40.6	0.5	0.0	45.5	0.5	7.4	0.8	1.4	0.4	0.4	0.9	0.4	0.9	0.2	100.0	57.0	2.4	59.4	2 161
Secondary	31.6	0.4	0.1	54.0	0.2	8.4	2.1	1.3	0.1	0.1	0.9	0.1	0.3	0.3	100.0	66.8	1.6	68.4	3 831
Higher	30.9	1.0	0.0	42.8	1.8	10.5	7.0	3.3	0.0	0.2	1.2	0.5	0.3	0.7	100.0	66.5	2.6	69.1	466
Wealth quintiles																			
Lowest	41.9	0.3	0.1	46.0	0.4	6.4	0.4	1.3	0.3	0.3	1.6	0.3	0.8	0.1	100.0	55.3	2.8	58.1	1 314
Second	35.8	0.4	0.1	51.3	0.4	7.9	0.5	1.2	0.0	0.2	1.4	0.1	0.3	0.4	100.0	62.0	2.2	64.2	1 292
Middle	37.2	0.4	0.0	48.7	0.2	9.3	1.0	1.3	0.3	0.2	0.6	0.2	0.6	0.2	100.0	61.2	1.6	62.8	1 158
Fourth	31.1	0.6	0.0	53.6	0.1	9.1	2.3	1.8	0.1	0.1	0.4	0.4	0.4	0.1	100.0	67.7	1.2	68.9	1 498
Highest	30.5	0.8	0.2	49.6	1.1	8.6	5.2	1.7	0.2	0.2	0.7	0.1	0.4	0.7	100.0	67.6	1.8	69.5	1 415
Total	**35.1**	**0.5**	**0.1**	**49.9**	**0.4**	**8.3**	**2.0**	**1.5**	**0.2**	**0.2**	**0.9**	**0.2**	**0.5**	**0.3**	**100.0**	**63.0**	**1.9**	**64.9**	**6 677**

Table A8.3: Number of Antenatal Care Visits
Percentage of Women Aged 15-49 Years with a Live Birth During Last Two Years by Number of Antenatal Care Visits, Zimbabwe, 2009

Background characteristic	Number of antenatal care visits						Total percent	Number of women with a live birth during the past two years
	One	Two	Three	Four or more	DK/missing	No antenatal care		
Province								
Manicaland	2.6	6.8	18.3	63.3	2.0	7.0	100.0	404
Mashonaland Central	3.5	11.9	23.1	56.4	1.7	3.5	100.0	311
Mashonaland East	4.1	7.0	19.9	60.2	1.6	7.2	100.0	243
Mashonaland West	6.1	9.1	16.5	58.0	1.7	8.6	100.0	310
Matabeleland North	4.3	13.0	26.7	51.2	2.0	2.7	100.0	188
Matabeleland South	5.9	15.5	17.6	54.9	0.2	5.9	100.0	166
Midlands	5.4	13.6	17.2	49.5	2.8	11.6	100.0	341
Masvingo	3.0	10.0	21.5	60.4	1.5	3.6	100.0	335
Harare	8.5	10.6	17.2	53.8	2.1	7.9	100.0	374
Bulawayo	7.2	11.0	17.7	57.5	2.3	4.3	100.0	128
Area								
Urban	6.8	8.8	14.9	60.1	2.1	7.3	100.0	799
Rural	4.1	11.2	21.2	55.5	1.7	6.3	100.0	2 000
Age								
15-19	5.6	10.1	20.0	56.5	0.9	6.9	100.0	374
20-24	4.7	10.3	19.0	59.1	2.0	5.0	100.0	934
25-29	5.0	12.6	20.5	52.7	1.9	7.4	100.0	764
30-34	4.4	8.4	19.0	60.2	1.5	6.6	100.0	415
35-39	5.6	10.1	16.5	54.7	3.4	9.7	100.0	221
40-44	2.9	7.1	21.7	57.6	1.0	9.8	100.0	74
45-49	*	*	*	*	*	*	*	19*
Education								
None	9.9	15.1	23.5	41.8	4.1	5.7	100.0	53
Primary	4.9	11.9	20.2	51.4	2.1	9.4	100.0	925
Secondary	5.1	9.8	19.3	59.0	1.6	5.1	100.0	1 685
Higher	1.2	7.5	12.7	71.5	1.3	5.9	100.0	137
Wealth quintiles								
Lowest	4.1	12.1	22.8	51.9	1.7	7.3	100.0	725
Second	3.4	10.7	23.4	54.8	1.2	6.5	100.0	560
Middle	5.3	11.6	19.5	55.2	2.0	6.4	100.0	500
Fourth	6.0	8.2	16.8	59.5	2.0	7.5	100.0	579
Highest	6.3	9.3	11.8	65.6	2.4	4.6	100.0	436
Total	**4.9**	**10.5**	**19.4**	**56.8**	**1.8**	**6.6**	**100.0**	**2 799**

Table A8.4: Timing of First Antenatal Care
Percentage Distribution of Women Who Had a Live Birth During 2 Years Preceding the Survey by Timing of First Antenatal Care Visit, MIMS, Zimbabwe, 2009

| Background characteristic | Timing of first antenatal care visit | | | | | | | | | | | Total | Percent received ANC during 0-4 months of pregnancy | Number of women |
	1st month	2nd month	3rd month	4th month	5th month	6th month	7th month	8th month	9th month	DK/mis sing	No ANC			
Province														
Manicaland	0.7	1.8	17.5	12.5	20.9	23.0	11.3	3.2	0.5	1.6	7.0	100.0	32.5	404
Mashonaland Central	0.5	2.8	11.7	19.2	22.2	19.5	12.3	5.4	1.5	1.4	3.5	100.0	34.3	311
Mashonaland East	0.5	1.4	11.6	13.3	25.2	18.8	12.7	7.3	0.8	1.1	7.2	100.0	26.9	243
Mashonaland West	0.5	2.9	14.2	18.4	20.8	15.9	11.7	4.6	0.7	1.6	8.6	100.0	36.1	310
Matabeleland North	0.3	2.6	6.7	13.5	25.0	26.8	17.3	4.0	0.3	0.9	2.7	100.0	23.0	188
Matabeleland South	0.9	0.4	7.4	14.3	26.2	23.7	15.4	5.1	0.0	0.7	5.9	100.0	23.1	166
Midlands	0.4	2.9	10.5	16.1	17.3	19.7	15.2	3.5	0.4	2.3	11.6	100.0	29.9	341
Masvingo	1.6	1.8	16.3	22.9	22.1	16.1	11.3	3.5	0.4	0.3	3.6	100.0	42.6	335
Harare	1.1	1.9	11.0	13.5	17.6	20.8	13.1	6.3	4.9	1.8	7.9	100.0	27.5	374
Bulawayo	0.6	4.7	7.5	13.5	20.0	19.0	16.2	8.2	4.2	1.8	4.3	100.0	26.3	128
Area														
Urban	0.9	2.8	11.4	15.2	19.4	20.1	12.2	5.8	3.2	1.8	7.3	100.0	30.3	799
Rural	0.7	2.0	12.7	16.3	22.0	20.0	13.6	4.4	0.6	1.2	6.3	100.0	31.8	2 000
Age														
15-19	0.4	2.8	13.3	16.2	22.0	20.3	11.4	3.7	2.0	0.9	6.9	100.0	32.8	374
20-24	0.6	2.6	12.9	16.4	21.8	21.1	12.4	4.9	1.2	1.0	5.0	100.0	32.5	934
25-29	0.8	2.2	11.5	14.3	20.4	19.1	15.9	4.9	1.7	1.7	7.4	100.0	28.8	764
30-34	1.6	1.5	13.2	18.0	23.0	18.3	10.2	5.4	0.8	1.5	6.6	100.0	34.2	415
35-39	0.3	1.8	9.3	16.1	18.3	20.1	16.1	4.4	0.7	3.1	9.7	100.0	27.5	221
40-49	0.0	0.8	14.1	16.4	17.3	23.5	11.4	6.3	2.0	0.4	7.8	100.0	31.3	93
Education														
None	0.9	1.9	5.4	12.3	33.8	19.9	11.1	2.6	2.3	4.1	5.7	100.0	20.6	53
Primary	0.6	1.6	10.7	16.1	19.9	21.7	13.9	3.6	0.8	1.9	9.4	100.0	28.9	925
Secondary	0.7	2.4	12.8	16.3	21.7	19.2	13.2	5.8	1.8	1.1	5.1	100.0	32.1	1 685
Higher	2.8	5.2	20.4	14.3	20.0	19.4	8.6	2.5	0.0	1.0	5.9	100.0	42.7	137
Wealth quintiles														
Lowest	1.0	1.9	10.5	15.6	20.7	22.8	14.3	3.9	1.0	1.0	7.3	100.0	29.0	725
Second	0.5	1.7	14.1	18.0	22.7	18.3	12.5	4.0	0.7	1.1	6.5	100.0	34.3	560
Middle	0.3	2.2	12.6	14.8	23.2	19.8	14.4	5.0	0.1	1.3	6.4	100.0	29.8	500
Fourth	0.5	2.0	11.6	18.3	19.0	18.1	12.3	7.1	1.8	1.9	7.5	100.0	32.4	579
Highest	1.4	3.9	14.0	12.5	20.9	20.8	11.9	4.2	3.8	1.9	4.6	100.0	31.9	436
Total	**0.7**	**2.2**	**12.3**	**16.0**	**21.2**	**20.1**	**13.2**	**4.8**	**1.4**	**1.4**	**6.6**	**100.0**	**31.4**	**2 799**

Table A8.5: Antenatal Care Provider
Percentage Distribution of Women Aged 15-49 Who Gave Birth in the Two Years Preceding the Survey By Type of Personnel Providing Antenatal Care, MIMS, Zimbabwe, 2009

Background characteristic	Person providing antenatal care							Total	Any skilled personnel *	Number of women who gave birth in the preceding two years
	Medical doctor	Nurse/ midwife	Trained Traditional birth attendant	Untrained Traditional birth attendant	Relative/ Friend	Other/ missing	No antenatal care received			
Province										
Manicaland	6.4	77.1	4.0	1.8	1.1	2.7	7.0	100.0	83.7	404
Mashonaland Central	6.9	85.5	0.0	0.0	0.8	3.3	3.5	100.0	92.5	311
Mashonaland East	6.3	83.2	0.5	0.3	0.2	2.3	7.2	100.0	89.6	243
Mashonaland West	7.3	77.8	0.0	0.0	2.4	3.9	8.6	100.0	85.1	310
Matabeleland North	12.6	83.8	0.0	0.0	0.0	0.9	2.7	100.0	96.4	188
Matabeleland South	13.0	79.4	0.0	0.0	0.4	1.3	5.9	100.0	92.4	166
Midlands	6.7	75.6	0.8	0.4	1.2	3.7	11.6	100.0	82.3	341
Masvingo	2.7	86.4	2.7	1.4	0.9	2.2	3.6	100.0	89.1	335
Harare	18.9	70.6	0.2	0.0	0.0	2.4	7.9	100.0	90.0	374
Bulawayo	24.0	68.8	0.6	0.0	0.0	2.3	4.3	100.0	92.8	128
Area										
Urban	18.6	71.8	0.3	0.0	0.0	2.1	7.3	100.0	90.6	799
Rural	5.8	81.8	1.4	0.7	1.1	2.9	6.3	100.0	87.6	2 000
Age										
15-19	8.2	81.2	1.3	0.3	1.2	0.9	6.9	100.0	89.4	374
20-24	7.7	81.8	1.0	0.9	1.0	2.7	5.0	100.0	89.7	934
25-29	9.2	78.8	1.0	0.2	0.4	3.0	7.4	100.0	88.1	764
30-34	13.2	76.7	1.0	0.2	0.4	1.9	6.6	100.0	89.9	415
35-39	11.3	71.0	1.2	0.4	0.9	5.5	9.7	100.0	82.3	221
40-44	11.8	71.1	0.0	1.3	2.6	3.3	9.8	100.0	83.0	74
45-49	*	*	*	*	*	*	*	*	*	19*
Education										
None	2.8	79.9	2.5	0.8	0.0	8.4	5.7	100.0	82.7	53
Primary	5.3	78.8	1.5	0.5	0.8	3.8	9.4	100.0	84.1	925
Secondary	10.3	80.3	0.9	0.6	0.8	1.9	5.1	100.0	90.8	1 685
Higher	28.9	61.7	0.0	0.0	0.9	2.6	5.9	100.0	90.9	137
Wealth quintiles										
Lowest	4.8	81.2	1.3	0.8	1.0	3.7	7.3	100.0	86.0	725
Second	5.0	81.9	2.2	0.4	1.6	2.4	6.5	100.0	86.9	560
Middle	5.7	83.7	0.8	0.4	1.0	1.9	6.4	100.0	89.7	500
Fourth	12.2	75.9	0.7	0.6	0.1	3.0	7.5	100.0	88.5	579
Highest	23.5	69.6	0.2	0.0	0.3	1.8	4.6	100.0	93.1	436
Total	**9.4**	**78.9**	**1.1**	**0.5**	**0.8**	**2.7**	**6.6**	**100.0**	**88.4**	**2 799**

* MICS indicator 20

Table A8.6: Antenatal care

Percentage of Pregnant Women Receiving Antenatal Care Among Women Aged 15-49 Years Who Gave Birth in Two Years Preceding the Survey and Percentage of Pregnant Women Receiving Specific Care as Part of the Antenatal Care Received, MIMS, Zimbabwe, 2009

Background characteristic	Percent of pregnant women receiving ANC one or more times during pregnancy	Percent of pregnant women who had:				Number of women who gave birth in two years preceding survey
		Blood test taken*	Blood pressure measured*	Urine specimen taken*	Weight measured*	
Province						
Manicaland	93.0	58.6	66.2	33.4	74.7	404
Mashonaland Central	96.5	62.4	69.7	34.0	81.8	311
Mashonaland East	92.8	58.8	68.2	32.2	81.0	243
Mashonaland West	91.4	49.9	72.2	35.7	75.4	310
Matabeleland North	97.3	76.5	84.6	34.6	88.5	188
Matabeleland South	94.1	68.1	75.9	31.2	86.0	166
Midlands	88.4	49.2	67.9	38.7	73.5	341
Masvingo	96.4	54.7	73.9	24.2	80.0	335
Harare	92.1	75.2	84.7	47.9	83.9	374
Bulawayo	95.7	84.8	89.7	50.4	90.6	128
Area						
Urban	92.7	74.7	84.7	47.7	81.4	799
Rural	93.7	56.4	69.6	31.1	79.7	2 000
Age						
15-19	93.1	58.8	63.2	25.5	77.6	374
20-24	95.0	63.5	76.0	34.2	80.7	934
25-29	92.6	59.7	74.9	37.2	79.8	764
30-34	93.4	66.1	78.6	38.3	83.8	415
35-39	90.3	57.8	72.9	44.9	78.1	221
40-44	90.2	60.2	69.4	50.2	76.6	74
45-49	*	*	*	*	*	19*
Education						
None	94.3	49.3	60.2	19.5	69.9	53
Primary	90.6	49.9	64.1	26.6	75.4	925
Secondary	94.9	67.0	78.6	40.0	82.7	1 685
Higher	94.1	80.3	87.5	52.5	85.5	137
Wealth quintiles						
Lowest	92.7	52.7	68.2	29.2	76.0	725
Second	93.5	54.5	66.3	30.4	80.4	560
Middle	93.6	60.1	71.7	32.3	83.2	500
Fourth	92.5	68.4	79.8	38.6	79.6	579
Highest	95.4	78.4	88.0	54.3	84.0	436
Total	**93.4**	**61.6**	**73.9**	**35.8**	**80.2**	**2 799**

* MICS indicator 44
* Proportions calculated separately: Total number of women weighed, blood pressure measured, gave urine sample, gave blood sample: MN3A=1; MN3B=1; MN3C=1; MN3D=1.

Table A8.7: Place of Delivery
Percentage Distribution of Women 15-49 with a Birth in 2 Years Preceding the Survey by Place of Delivery, MIMS, Zimbabwe, 2009

Background characteristic	Place of delivery											Number of women who gave birth in preceding two years
	Home delivery	Government hospital	Government clinic/health centre	Other public	Private hospital	Private clinic	Private maternity home	Other private	Mission facility	Other	Missing	
Province												
Manicaland	48.9	23.2	16.4	0.3	0.9	0.4	0.0	0.0	7.6	0.4	1.8	404
Mashonaland Central	46.6	15.8	14.7	0.3	0.7	0.9	0.3	0.0	18.3	1.0	1.4	311
Mashonaland East	45.2	25.1	20.6	0.0	0.5	1.0	0.3	0.5	4.0	1.2	1.6	243
Mashonaland West	54.6	23.9	10.9	1.2	1.7	0.0	0.7	0.0	4.4	1.7	0.9	310
Matabeleland North	49.9	20.5	10.5	0.0	6.2	0.4	0.0	0.0	10.3	0.6	1.5	188
Matabeleland South	45.4	35.7	8.2	0.0	0.5	1.4	0.0	0.0	7.7	0.4	0.7	166
Midlands	44.6	25.9	6.7	0.4	1.9	2.4	0.0	0.0	15.8	0.2	2.1	341
Masvingo	31.6	26.0	23.0	2.0	4.4	2.2	0.0	0.0	8.9	1.5	0.3	335
Harare	5.7	54.9	21.4	1.8	3.8	4.1	0.2	0.0	1.8	4.9	1.3	374
Bulawayo	12.4	47.4	15.3	12.9	4.8	2.4	1.3	1.0	0.5	1.2	0.8	128
Area												
Urban	10.3	51.3	19.2	3.5	4.7	4.4	0.7	0.3	1.5	2.7	1.3	799
Rural	50.2	20.3	13.8	0.4	1.4	0.5	0.0	0.0	11.1	1.0	1.3	2 000
Age												
15-19	49.7	25.9	11.9	0.3	0.1	1.2	0.0	0.4	8.9	0.9	0.9	374
20-24	33.0	33.0	16.1	1.4	2.4	0.6	0.2	0.0	10.9	1.3	1.1	934
25-29	39.3	27.9	16.6	1.6	2.3	1.8	0.4	0.2	6.6	1.9	1.4	764
30-34	37.8	27.7	17.2	1.8	3.5	2.2	0.2	0.0	7.0	1.7	1.0	415
35-39	41.8	26.1	11.2	1.6	4.3	4.9	0.4	0.0	5.0	1.7	3.0	221
40-44	42.5	29.9	13.5	0.0	2.8	0.0	0.0	0.0	10.5	0.0	0.8	74
45-49	*	*	*	*	*	*	*	*	*	*	*	19
Education												
None	66.1	20.4	5.7	0.0	0.0	0.0	0.0	0.0	4.8	0.0	2.9	53
Primary	57.7	16.1	13.0	0.6	1.3	0.6	0.1	0.0	7.8	1.1	1.7	925
Secondary	30.4	35.3	17.0	1.6	2.3	1.4	0.3	0.2	9.0	1.5	1.0	1 685
Higher	4.0	45.8	13.8	2.8	11.4	11.6	0.0	0.0	5.6	4.0	1.0	137
Wealth quintiles												
Lowest	60.6	13.8	12.1	0.7	0.9	0.1	0.0	0.0	9.8	0.9	1.1	725
Second	53.5	18.4	13.0	0.4	1.2	0.3	0.0	0.0	11.1	1.0	1.0	560
Middle	41.1	26.0	17.2	0.0	0.1	0.6	0.2	0.0	12.0	1.5	1.4	500
Fourth	19.6	42.7	20.3	2.7	3.2	1.7	0.5	0.1	5.1	2.8	1.3	579
Highest	6.4	54.3	14.9	3.4	7.7	6.7	0.6	0.5	2.5	1.1	1.9	436
Total	**38.8**	**29.2**	**15.3**	**1.3**	**2.4**	**1.6**	**0.2**	**0.1**	**8.4**	**1.5**	**1.3**	**2 799**

Table A8.8: Assistance During Delivery
Percentage Distribution of Women Aged 15-49 With a Birth in Two Years Preceding the Survey by Type of Personnel Assisting at Delivery, MIMS, Zimbabwe, 2009

Background characteristic	Person assisting at delivery										Number of women who gave birth in preceding two years
	Medical doctor	Nurse/ midwife	Untrained traditional birth attendant	Community health worker	Relative / friend	Other	No attendant	Total	Any skilled personnel *	Delivered in health facility**	
Province											
Manicaland	5.7	45.9	11.6	0.9	10.1	2.9	3.0	100.0	51.6	48.8	404
Mashonaland Central	4.6	47.2	10.1	2.1	14.9	2.3	1.9	100.0	51.8	51.1	311
Mashonaland East	4.5	47.3	12.8	0.6	14.8	3.4	2.8	100.0	51.7	52.0	243
Mashonaland West	5.0	38.7	6.5	4.3	26.1	1.8	3.2	100.0	43.7	42.8	310
Matabeleland North	4.7	48.0	10.1	4.1	17.7	1.6	1.6	100.0	52.6	48.0	188
Matabeleland South	8.8	44.9	10.7	2.3	25.2	0.9	2.1	100.0	53.8	53.5	166
Midlands	7.0	46.0	7.7	0.8	14.4	3.4	5.3	100.0	53.0	53.1	341
Masvingo	7.0	59.7	5.4	0.9	14.5	1.3	3.5	100.0	66.7	66.6	335
Harare	16.8	77.1	0.8	0.4	1.2	1.9	0.3	100.0	93.9	88.0	374
Bulawayo	24.5	62.9	0.9	0.0	4.9	3.0	1.1	100.0	87.4	85.6	128
Area											
Urban	17.2	72.3	0.9	0.2	3.7	2.2	0.8	100.0	89.5	85.7	799
Rural	4.6	44.0	10.4	2.1	17.9	2.3	3.4	100.0	48.5	47.6	2 000
Age											
15-19	6.6	44.5	11.8	1.5	19.2	1.5	0.9	100.0	51.1	48.6	374
20-24	7.1	59.1	6.9	1.6	12.1	1.9	1.6	100.0	66.2	64.6	934
25-29	9.0	50.4	6.6	1.4	16.1	3.0	2.3	100.0	59.3	57.4	764
30-34	9.3	51.3	6.4	1.5	12.5	1.9	4.0	100.0	60.7	59.6	415
35-39	9.9	46.6	7.7	2.2	10.1	3.5	6.6	100.0	56.4	53.6	221
40-44	9.0	47.7	10.8	0.8	7.2	2.5	6.4	100.0	56.7	56.7	74
45-49	*	*	*	*	*	*	*	*	*	*	19*
Education											
None	3.9	27.1	9.3	0.7	21.3	4.1	10.8	100.0	31.0	31.0	53
Primary	3.4	36.4	11.1	2.4	22.0	3.5	4.9	100.0	39.8	39.5	925
Secondary	9.3	60.2	6.2	1.3	10.1	1.7	1.3	100.0	69.5	67.1	1 685
Higher	27.7	67.0	1.7	0.0	1.9	1.0	0.8	100.0	94.7	90.9	137
Wealth quintiles											
Lowest	3.1	35.6	12.1	1.6	24.6	2.3	5.1	100.0	38.6	37.4	725
Second	4.2	41.2	10.5	2.5	17.8	2.6	3.6	100.0	45.4	44.4	560
Middle	4.4	51.5	8.9	2.7	13.7	1.9	2.1	100.0	55.9	56.1	500
Fourth	8.9	72.3	3.9	0.8	5.6	2.6	1.0	100.0	81.3	76.3	579
Highest	24.9	67.1	0.2	0.0	1.9	1.9	0.2	100.0	92.1	90.6	436
Total	**8.2**	**52.0**	**7.7**	**1.6**	**13.8**	**2.3**	**2.6**	**100.0**	**60.2**	**58.5**	**2 799**

* MICS indicator 4; MDG indicator 17
** MICS indicator 5
* Skilled health personnel includes doctors, nurses and midwives. MN7=A, B, C
** Health Facility: MN8=21-26 OR 31-36
Denominator is total number of women with a birth in the last 2 years, CM12 = Yes

Chapter 9: Education

Table A9.1: Early Childhood Education
Percentage of Children Aged 36-59 Months Who Are Attending Some Form of Organized Early Childhood Education Programme and Percentage of First Graders Who Attended Pre-School, MIMS, Zimbabwe, 2009

Background characteristic	Percentage of children aged 36-59 months currently attending early childhood education*	Number of children aged 36-59 months	Percentage of children attending first grade who attended preschool program in previous year**	Number of children attending first grade
Sex				
Male	15.1	1 497	73.5	432
Female	20.4	1 521	75.5	473
Province				
Manicaland	26.5	420	80.7	131
Mashonaland Central	17.6	347	73.0	78
Mashonaland East	18.2	288	71.1	101
Mashonaland West	16.5	318	66.8	82
Matabeleland North	12.0	181	61.7	75
Matabeleland South	11.9	186	85.3	63
Midlands	12.5	371	74.9	110
Masvingo	9.3	356	69.0	91
Harare	20.1	415	84.2	120
Bulawayo	11.1	136	72.2	53
Area				
Urban	18.8	843	80.1	255
Rural	17.3	2 174	72.4	650
Age of child				
36-47 months	9.7	1 512	*	2
48-59 months	25.8	1 505	*	9
6 years	.	0	74.8	894
Mother's education				
None	13.3	185	*	24
Primary	13.2	1 218	75.3	228
Secondary	19.7	1 454	76.7	341
Higher	39.4	159	(94.3)	40
Mother not in household	*	0	68.7	272
Missing/DK	*	2*	*	0*
Wealth quintiles				
Lowest	14.8	692	63.5	220
Second	16.5	674	79.6	167
Middle	17.9	596	75.0	185
Fourth	17.9	541	76.5	170
Highest	22.9	514	81.7	161
Total	**17.7**	**3 017**	**74.5**	**905**

* **MICS indicator 52**
* The numerator includes children for whom BR6 = 1. The denominator is children aged 36-59 months.
** **MICS indicator 53**
** The numerator includes children for whom: (ED6 Level=1 and ED6 Grade=1) and ED8=0. The denominator is the number of children attending first grade of primary education (ED6 Level=1 and ED6 Grade=1).
*** Primary school entry age should be defined at the country level (usually based on UNESCO's ISCED1 classification). Here, it is assumed that primary education starts at age 6.

Table A9.2: Primary School Entry
Percentage of Children of Primary School Entry age (6 years) Attending Grade 1, MIMS, Zimbabwe, 2009

Background characteristic	Percentage of children of primary school entry age currently attending grade 1 *	Number of children of primary school entry age
Sex		
Male	72.7	716
Female	75.1	796
Province		
Manicaland	72.5	226
Mashonaland Central	63.7	149
Mashonaland East	71.9	180
Mashonaland West	68.5	153
Matabeleland North	74.9	115
Matabeleland South	78.2	112
Midlands	70.3	185
Masvingo	80.7	138
Harare	79.7	185
Bulawayo	91.3	69
Area		
Urban	80.2	389
Rural	71.8	1 123
Age		
6	74.0	1 512
Mother's education		
None	52.9	50
Primary	67.9	391
Secondary	81.3	522
Higher	80.4	66
Mother not in household	72.3	483
Wealth quintiles		
Lowest	65.2	387
Second	71.9	299
Middle	75.4	319
Fourth	75.2	267
Highest	87.4	241
Total	**74.0**	**1 512**
* MICS Indicator 54		

Table A9.3: Primary School Net Aattendance Ratio, 2009
Percentage of Children of Primary School Age (6-12 years)Attending Primary School (NAR), MIMS, Zimbabwe, 2009

Background characteristic	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio*	Number of children
Province						
Manicaland	93.5	707	93.8	763	93.7	1 470
Mashonaland Central	82.1	567	86.7	560	84.4	1 127
Mashonaland East	91.4	566	90.4	558	90.9	1 124
Mashonaland West	87.1	508	87.2	517	87.2	1 024
Matabeleland North	88.0	342	92.3	349	90.2	691
Matabeleland South	91.8	319	93.9	349	92.9	668
Midlands	91.2	685	91.2	678	91.2	1 363
Masvingo	92.5	531	95.5	547	94.0	1 078
Harare	92.4	627	95.1	609	93.7	1 237
Bulawayo	95.2	201	97.9	231	96.7	432
Area						
Urban	93.4	1 269	95.4	1 342	94.4	2 611
Rural	89.3	3 784	90.9	3 818	90.1	7 603
Age						
6	74.7	716	77.1	796	75.9	1 512
7	89.8	674	91.3	669	90.5	1 343
8	93.3	789	93.3	778	93.3	1 568
9	94.3	748	98.3	771	96.3	1 520
10	95.3	739	95.1	703	95.2	1 442
11	91.9	689	94.8	680	93.3	1 369
12	92.8	698	95.5	763	94.2	1 461
Mother's education						
None	76.9	250	86.2	241	81.0	490
Primary	88.3	1 294	90.5	1 320	90.0	2 613
Secondary	94.7	1 483	95.5	1 471	95.0	2 953
Higher	98.3	189	97.6	200	98.0	388
Mother not in household	89.3	1 839	90.6	1 928	90.0	3 767
Missing/DK	*	0	*	1	*	1
Wealth quintiles						
Lowest	84.2	1 183	85.5	1 198	84.9	2 380
Second	88.9	1 107	92.9	1 138	90.9	2 245
Middle	93.2	1 151	93	1 053	93.1	2 203
Fourth	91.0	828	93.1	916	92.1	1 744
Highest	97.0	784	97.8	857	97.4	1 641
Total	**90.4**	**5 053**	**92.1**	**5 160**	**91.2**	**10 214**

Table A9.4: Primary School Net Attendance Ratio, 2008
Percentage of Children of Primary School Age (6-12 years) Attending Primary School (NAR), (2008), MIMS, Zimbabwe, 2009

Background characteristic	Male NER	Number of male children	Female NER	Number of female children	Total NER	Total number of children
Province						
Manicaland	79.7	707	82.2	763	81.0	1 470
Mashonaland Central	72.6	567	75.5	560	74.0	1 127
Mashonaland East	78.5	566	79.9	558	79.2	1 124
Mashonaland West	77.4	508	77.9	517	77.7	1 024
Matabeleland North	73.2	342	79.0	349	76.2	691
Matabeleland South	81.1	319	78.8	349	79.9	668
Midlands	77.2	685	81.2	678	79.2	1 363
Masvingo	80.4	531	82.9	547	81.7	1 078
Harare	84.0	627	84.4	609	84.2	1 237
Bulawayo	79.0	201	86.8	231	83.2	432
Area						
Urban	82.7	1 269	84.6	1 342	83.7	2 611
Rural	77.0	3 784	79.4	3 818	78.2	7 603
Age						
6	19.4	716	23.4	796	21.5	1 512
7	63.6	674	69.9	669	66.8	1 343
8	87.4	789	89.8	778	88.6	1 568
9	92.5	748	96.8	771	94.7	1 520
10	95.8	739	96.2	703	96.0	1 442
11	93.8	689	95.6	680	94.7	1 369
12	94.4	698	97.2	763	95.9	1 461
Mother's education						
None	67.3	250	78.9	241	73.0	490
Primary	76.1	1 294	78.8	1 320	77.5	2 613
Secondary	81.0	1 483	82.3	1 471	81.7	2 953
Higher +	88.4	189	85.9	200	87.1	388
Mother not in the HH	78.4	1 839	80.7	1 928	79.6	3 767
Missing/DK	*	*	*	*	*	*
Wealth quintile						
Lowest	70.6	1 183	72.8	1 198	71.7	2 380
Second	78.7	1 107	81.0	1 138	79.9	2 245
Middle	79.2	1 151	81.8	1 053	80.5	2 203
Fourth	81.0	828	83.8	916	82.5	1 744
Highest	85.9	784	87.0	857	86.5	1 641
Total	**78.4**	**5 053**	**80.8**	**5 160**	**79.6**	**10 214**

* An asterisk indicates that a number is negligible and has been suppressed

Table A9.5: Reasons for Not Attending Primary School
Percentage of Children of Primary School Age Who Do Not Attend School and Reasons for Not Attending, MIMS, Zimbabwe, 2009

Background characteristic	Child is attending school	Child is not attending school	Don't know if child is attending school	Number of children of primary school age	School has closed/ has no teachers	Financial constraints	Caring for the sick	Household business responsibilities	Other household responsibilities	Not interested in school	Marriage/pregnancy related	School too far	Sick/Ill	School holiday	Missing	Total	Number of children of primary school age not in school
Sex																	
Male	91.7	4.0	4.2	5 053	4.4	68.2	0.3	0.5	0.5	8.9	0.4	1.2	5.5	0.7	9.4	100.0	209
Female	93.6	3.0	3.4	5 160	2.5	73.7	0.0	0.3	0.0	4.2	0.3	2.3	2.9	0.5	13.3	100.0	160
Province																	
Manicaland	95.7	1.5	2.8	1 470	*	*	*	*	*	*	*	*	*	*	*	*	22*
Mashonaland Central	85.7	7.5	6.7	1 127	2.7	75.3	0.0	0.0	0.0	12.2	0.0	0.0	4.0	0.0	5.8	100.0	89
Mashonaland East	93.0	3.9	3.0	1 124	(7.6)	(68.9)	(0.0)	(0.0)	(0.0)	(5.4)	(3.1)	(0.0)	(0.0)	(0.0)	(15.1)	(100.0)	(44)
Mashonaland West	89.0	5.7	5.2	1 024	6.4	74.4	0.0	0.0	1.6	2.8	0.0	4.4	5.2	2.5	2.6	100.0	60
Matabeleland North	91.8	3.5	4.6	691	(11.8)	(76.5)	(0.0)	(0.0)	(0.0)	(7.5)	(0.0)	(0.0)	(1.6)	(0.0)	(2.5)	(100.0)	(25)
Matabeleland South	94.6	2.4	3.1	668	*	*	*	*	*	*	*	*	*	*	*	*	16*
Midlands	92.6	3.1	4.2	1 363	(0.0)	(79.4)	(0.0)	(3.3)	(0.0)	(6.2)	(0.0)	(0.0)	(1.8)	(1.7)	(7.5)	(100.0)	(44)
Masvingo	94.9	1.6	3.5	1 078	*	*	*	*	*	*	*	*	*	*	*	*	18*
Harare	94.1	3.5	2.4	1 237	(1.6)	(60.3)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(5.9)	(0.0)	(32.2)	(100.0)	(47)
Bulawayo	97.0	1.0	2.0	432	*	*	*	*	*	*	*	*	*	*	*	*	4*
Area																	
Urban	95.1	2.2	2.7	2 611	1.1	60.2	0.0	0.0	0.0	0.0	0.0	0.0	4.2	2.3	32.1	100.0	65
Rural	91.8	3.9	4.2	7 603	4.1	72.8	0.2	0.5	0.3	8.3	0.4	2.0	4.4	0.2	6.6	100.0	304
Age																	
6	84.2	2.4	13.3	1 512	(3.5)	(45.5)	(0.0)	(0.0)	(0.0)	(1.5)	(0.0)	(6.3)	(3.0)	(0.0)	(40.3)	(100.0)	(39)
7	92.2	2.3	5.4	1 343	(6.8)	(60.3)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(2.9)	(4.4)	(6.8)	(18.8)	(100.0)	(33)
8	94.1	3.7	2.2	1 568	(4.8)	(77.8)	(0.0)	(0.0)	(0.0)	(6.7)	(0.0)	(0.0)	(4.2)	(0.0)	(6.6)	(100.0)	59
9	96.5	2.2	1.3	1 520	(4.9)	(79.2)	(0.0)	(0.0)	(0.0)	(7.1)	(0.0)	(0.0)	(8.0)	(0.0)	(0.8)	(100.0)	(33)
10	95.2	3.4	1.4	1 442	4.9	76.3	0.0	1.0	0.0	6.1	0.0	0.0	6.9	0.0	4.9	100.0	50
11	93.1	5.0	1.7	1 369	0.8	68.5	0.0	0.7	1.4	14.4	0.0	3.9	2.2	0.0	8.1	100.0	72
12	93.4	5.4	1.1	1 461	2.7	76.1	0.8	0.6	0.0	6.1	1.6	0.0	3.9	0.0	8.2	100.0	83
Mother's education																	
None	82.9	8.0	9.1	490	(9.2)	(77.0)	(0.0)	(1.3)	(0.0)	(7.5)	(0.0)	(0.0)	(2.6)	(0.0)	(2.4)	(100.0)	(39)
Primary	91.6	3.7	4.6	2 613	4.4	78.3	0.0	0.0	0.0	8.0	0.0	0.0	2.2	0.0	7.1	100.0	98
Secondary	96.3	1.6	2.1	2 953	6.1	55.3	0.0	1.8	0.0	1.9	0.0	1.1	2.2	0.0	31.7	100.0	54
Higher	99.9	0.0	0.1	388	*	*	*	*	*	*	*	*	*	*	*	*	0*
Mother not in household	91.1	4.6	4.3	3 767	1.1	69.7	0.4	0.0	0.6	7.6	0.8	3.2	6.6	1.3	8.8	100.0	177
Missing/DK	*	*	*	1	*	*	*	*	*	*	*	*	*	*	*	*	0*
Wealth quintiles																	
Lowest	87.3	5.8	6.9	2 380	8.2	76.4	0.5	1.1	0.0	8.4	0.0	0.0	0.8	0.5	4.2	100.0	140
Second	92.4	3.6	3.8	2 245	0.0	74.8	0.0	0.0	0.0	11	1.1	0.8	3.9	0.0	8.3	100.0	85
Middle	94.6	2.8	2.6	2 203	1.8	62.1	0.0	0.0	1.6	6.8	0.7	3.6	14.3	0.0	9.1	100.0	62
Fourth	92.8	3.4	3.8	1 744	1.2	71.3	0.0	0.0	0.0	0.0	0.0	5.1	0.0	2.4	20.0	100.0	64
Highest	98.0	0.9	1.1	1 641	*	*	*	*	*	*	*	*	*	*	*	*	18*
Total	**92.7**	**3.5**	**3.8**	**10 214**	**3.6**	**70.6**	**0.2**	**0.4**	**0.3**	**6.9**	**0.4**	**1.7**	**4.3**	**0.6**	**11.1**	**100.0**	**369**

Table A9.6: **Secondary School Net Attendance Ratio**
Percentage of Children of Secondary School Age (13-18 Years) Attending Secondary School (NAR), MIMS, Zimbabwe, 2009

Background characteristic	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio*	Number of children
Province						
Manicaland	47.8	573	49.5	565	48.6	1 138
Mashonaland Central	30.3	412	34.0	411	32.2	823
Mashonaland East	43.0	389	45.6	356	44.2	745
Mashonaland West	39.6	392	36.4	371	38.1	764
Matabeleland North	28.6	282	29.6	235	29.0	517
Matabeleland South	31.4	272	46.4	279	39.0	552
Midlands	44.3	496	49.0	530	46.7	1 026
Masvingo	47.6	444	42.8	420	45.3	864
Harare	68.3	467	53.6	515	60.6	982
Bulawayo	58.1	191	56.2	258	57.0	449
Area						
Urban	64.1	1 051	55.0	1252	59.2	2 303
Rural	37.5	2 869	40.4	2 688	38.9	5 558
Age						
13	34.1	702	44.7	717	39.5	1 418
14	50.2	703	61.6	818	56.3	1 521
15	57.8	642	64.8	580	61.1	1 221
16	56.7	673	54.3	633	55.5	1 305
17	38.8	634	25.9	615	32.5	1 249
18	28.0	567	12.6	578	20.3	1 145
Mother's education						
None	25.7	280	33.9	197	29.1	476
Primary	44.0	861	49.7	760	46.7	1 621
Secondary	64.7	615	73.8	618	69.3	1 233
Higher	83.4	101	83.8	89	83.6	190
Mother not in household	43.9	1 497	42.9	1 696	43.4	3 194
Missing/DK	*	*	*	2*	*	2*
Wealth Quintile						
Lowest	23.6	787	24.5	708	24.1	1 495
Second	36.0	876	39.9	822	37.9	1 698
Middle	45.2	896	49.4	808	47.2	1 704
Fourth	54.5	682	55.0	719	54.8	1 401
Highest	69.2	681	54.4	883	60.8	1 564
Total	**44.6**	**3 921**	**45.1**	**3 940**	**44.8**	**7 860**

* MICS indicator 56

Table A9.7: Reasons for Not Secondary School Attending
Percentage of Children of Secondary School Age Who Do Not Attend School and Reasons for Not Attending, MIMS, Zimbabwe, 2009

Background characteristic	Child is attending school	Child is not attending school	Don't know if child is attending school	Number of children of secondary school age	Reasons for not attending school													Total	Number of children of secondary school age not in school
					School has closed/has no teachers	Financial constraints	Caring for the sick	House-hold business responsibilities	Other household responsibilities	Not interested in school	Graduated/ Finished school/satisfied	Marriage/ pregnancy related	School too far	To work/ looking for work	Sick/ Ill	School holiday	Missing		
Sex																			
Male	63.1	35.8	1.0	3 921	0.6	62.8	0.5	0.1	1.0	10.6	7.9	0.6	0.1	1.1	1.8	0.4	12.5	100.0	1 412
Female	57.4	41.9	0.6	3 940	0.7	55.2	0.6	0.1	1.2	3.9	7.9	16.1	0.2	0.8	0.9	0.2	12.1	100.0	1 662
Province																			
Manicaland	66.6	32.9	0.4	1 138	0.5	61.5	1.9	0.0	1.1	3.1	8.3	9.3	0.0	0.8	1.9	0.7	10.8	100.0	376
Mashonaland Central	51.8	46.4	1.8	823	0.0	59.2	0.7	0.2	0.7	12.2	4.6	14.9	0.4	0.8	1.0	0.0	5.1	100.0	382
Mashonaland East	59.9	39.5	0.5	745	0.1	63.5	0.0	0.0	0.9	4.5	7.1	12.0	0.0	1.3	2.1	1.0	7.5	100.0	294
Mashonaland West	58.4	40.9	0.7	764	0.8	54.7	0.4	0.0	0.8	8.0	13.5	8.9	0.2	0.0	0.9	0.0	11.8	100.0	313
Matabeleland North	44.8	54.2	1.0	517	0.5	78.0	0.7	0.1	0.4	6.6	5.2	3.7	0.5	1.0	0.6	0.0	2.7	100.0	282
Matabeleland South	54.2	45.2	0.3	552	0.2	67.5	0.0	0.2	0.8	10.4	3.3	8.3	0.2	0.2	1.8	0.0	7.1	100.0	250
Midlands	62.8	36.4	0.8	1 026	1.9	53.4	0.5	0.0	1.6	7.7	9.3	10.2	0.1	0.9	1.7	0.2	12.5	100.0	378
Masvingo	64.1	34.5	1.1	864	0.0	54.9	0.8	0.0	4.3	4.7	4.2	10.5	0.0	0.1	1.8	0.2	18.3	100.0	301
Harare	65.4	33.8	0.8	982	1.7	46.6	0.0	0.0	0.0	6.8	8.1	4.4	0.0	2.6	1.0	0.4	28.5	100.0	340
Bulawayo	64.3	35.2	0.6	449	0.6	46.9	0.0	0.0	0.4	4.3	20.8	2.9	0.0	2.0	0.0	0.0	22.0	100.0	158
Area																			
Urban	64.8	34.7	0.6	2 303	1.7	43.5	0.4	0.0	0.3	4.5	14.0	4.7	0.0	2.1	1.2	0.5	26.9	100.0	808
Rural	58.4	40.6	0.9	5 558	0.3	64.1	0.6	0.1	1.4	7.9	5.7	10.5	0.2	0.5	1.4	0.2	7.1	100.0	2 266
Age																			
13	89.3	10.1	0.7	1 418	0.5	77.8	1.3	0.0	3.9	8.4	0.0	0.7	0.4	0.0	4.3	0.0	2.6	100.0	143
14	79.4	19.7	0.9	1 521	1.9	77.9	0.8	0.0	1.8	8.7	0.9	1.5	0.3	0.5	2.8	0.2	2.7	100.0	303
15	71.0	27.9	0.9	1 221	0.3	78.9	0.9	0.1	0.7	7.9	0.8	4.5	0.1	0.3	1.5	0.3	3.7	100.0	342
16	58.5	40.8	0.7	1 305	1.6	63.1	0.1	0.0	0.8	9.0	3.9	9.0	0.4	0.6	1.8	0.4	9.6	100.0	539
17	33.6	65.3	1.0	1 249	0.5	50.1	0.9	0.0	1.0	6.4	11.1	9.1	0.1	0.9	0.4	0.3	19.4	100.0	821
18	18.6	80.5	0.8	1 145	0.1	47.0	0.3	0.1	1.0	5.2	13.6	14.3	0.0	1.7	1.0	0.2	15.5	100.0	927
Mother's education																			
None	56.8	41.7	1.4	476	0.0	73.9	0.4	0.0	1.5	14.1	2.3	2.2	0.7	0.0	0.3	0.0	4.6	100.0	198
Primary	69.7	29.6	0.6	1 621	0.9	65.5	0.7	0.0	1.9	10.3	5.0	4.2	0.3	0.2	2.2	0.2	8.6	100.0	484
Secondary	82.5	17.1	0.4	1 233	3.2	49.6	0.0	0.0	0.0	4.8	11.7	4.7	0.0	0.8	2.5	0.7	22.0	100.0	213
Higher	88.8	10.7	0.5	190	*	*	*	*	*	*	*	*	*	*	*	*	*	*	21*
Mother not in household	60.7	38.2	1.0	3 194	0.5	64.6	0.9	0.0	1.1	6.3	5.1	8.8	0.1	0.8	1.2	0.3	10.2	100.0	1 229
Missing/DK	*	*	*	2	*	*	*	*	*	*	*	*	*	*	*	*	*	*	2*
Wealth quintiles																			
Lowest	49.3	49.2	1.4	1 495	0.4	72.3	0.9	0.1	1.4	6.8	3.9	9.5	0.3	0.1	1.1	0.2	3.1	100.0	739
Second	58.8	40.5	0.6	1 698	0.0	62.2	0.1	0.1	1.6	9.7	6.2	11.9	0.2	0.2	1.3	0.1	6.3	100.0	690
Middle	63.3	35.8	0.7	1 704	0.2	60.8	0.8	0.0	1.3	6.9	7.0	9.6	0.0	0.7	2.0	0.0	10.6	100.0	614
Fourth	64.0	35.4	0.6	1 401	1.2	55.8	0.7	0.0	0.6	6.5	8.4	9.0	0.1	1.8	1.0	0.6	14.1	100.0	497
Highest	65.6	33.6	0.7	1 564	2.1	35.4	0.2	0.0	0.4	4.3	16.4	3.7	0.0	2.6	1.3	0.5	33.2	100.0	534
Total	**60.3**	**38.9**	**0.8**	**7 860**	**0.7**	**58.7**	**0.6**	**0.1**	**1.1**	**7.0**	**7.9**	**9.0**	**0.1**	**0.9**	**1.3**	**0.3**	**12.3**	**100.0**	**3 075**

Table A9.8: Secondary School Age Children Attending Primary School
Percentage of Children of Secondary School Age (13-18 years) Attending Primary School, MIMS, Zimbabwe, 2009

Background characteristic	Male		Female		Total	
	Percent attending primary school	Number of children	Percent attending primary school	Number of children	Percent attending primary school	Number of children
Province						;
Manicaland	21.3	573	14.8	565	18.1	1138
Mashonaland Central	22.8	412	16.7	411	19.8	823
Mashonaland East	18.2	389	13.0	356	15.7	745
Mashonaland West	24.7	392	16.4	371	20.7	764
Matabeleland North	15.7	282	16.0	235	15.8	517
Matabeleland South	21.0	272	10.0	279	15.4	552
Midlands	21.8	496	11.7	530	16.6	1 026
Masvingo	21.5	444	16.9	420	19.2	864
Harare	6.5	467	6.3	515	6.4	982
Bulawayo	11.1	191	5.1	258	7.7	449
Area						
Urban	7.9	1 051	5.6	1 252	6.7	2 303
Rural	22.9	2 869	16.1	2 688	19.6	5 558
Age						
13	54.6	702	45.0	717	49.7	1 418
14	29.7	703	17.7	818	23.2	1 521
15	15.6	642	3.6	580	9.9	1 221
16	4.7	673	1.5	633	3.2	1 305
17	1.7	634	0.8	615	1.2	1 249
18	0.9	567	0.4	578	0.6	1 145
Mother's education						
None	30.8	280	23.3	197	27.7	476
Primary	26	861	19.7	760	23.0	1 621
Secondary	17.1	615	9.8	618	13.5	1 233
Higher	7.0	101	4.3	89	5.7	190
Mother not in household	20.9	1 497	14.3	1 696	17.4	3 194
Missing/DK	*	*	*	*	*	2*
Wealth quintiles						
Lowest	28.1	787	22.2	708	25.3	1 495
Second	24.1	876	17.5	822	20.9	1 698
Middle	19.6	896	12.9	808	16.4	1 704
Fourth	12.0	682	7.8	719	9.9	1 401
Highest	7.4	681	4.9	883	6.0	1 564
Total	**18.9**	**3 921**	**12.8**	**3 940**	**15.8**	**7 860**

Table A9.9: Children Reaching Last Year of Primary School
Percentage of Children Entering First Grade of Primary School Who Eventually Reach Grade 5 and Grade 7, MIMS, Zimbabwe

Background characteristic	Percent attending 2nd grade who were in 1st grade last year	Percent attending 3rd grade who were in 2nd grade last year	Percent attending 4th grade who were in 3rd grade last year	Percent attending 5th grade who were in 4th grade last year	Percent who reach grade 5 of those who enter 1st grade *	Percent attending 6th grade who were in 5rd grade last year	Percent attending 7th grade who were in 6th grade last year	Percent who reach last grade of primary school of those who enter 1st grade **
Sex								
Male	96.9	96.0	97.5	96.1	87.2	96.7	94.6	79.8
Female	97.3	98.0	97.3	98.2	91.1	96.8	96.5	85.0
Province								
Manicaland	99.3	100.0	99.3	98.2	96.8	98.1	97.6	92.7
Mashonaland Central	93.8	96.3	92.1	95.0	79.0	93.4	86.5	63.9
Mashonaland East	98.3	95.2	98.4	95.7	88.1	98.8	97.0	84.5
Mashonaland West	92.1	94.2	95.5	98.4	81.5	98.2	94.1	75.4
Matabeleland North	95.8	98.2	98.4	98.8	91.5	97.5	95.2	84.9
Matabeleland South	99.0	99.1	99.3	98.4	95.8	96.5	94.7	87.6
Midlands	97.4	95.6	97.1	96.5	87.2	94.1	95.6	78.5
Masvingo	99.1	99.1	99.4	95.2	93.1	96.1	96.3	86.2
Harare	97.0	95.6	97.0	98.6	88.7	97.8	98.0	85.0
Bulawayo	100.0	97.7	98.9	100.0	96.6	98.9	100.0	95.5
Area								
Urban	97.6	96.6	98.2	98.8	91.5	98.2	98.2	88.3
Rural	96.9	97.2	97.1	96.6	88.3	96.2	94.6	80.4
Mother's education								
None	95.2	91.4	96.6	92.8	77.9	92.8	87.1	63.0
Primary	95.3	96.8	98.2	96.4	87.5	95.4	95.3	79.5
Secondary	98.0	97.8	98.1	98.6	92.7	100.0	99.5	92.3
Higher	99.3	100.0	100.0	100.0	99.3	100.0	98.0	97.3
Mother not in household	97.6	97.3	96.6	97.0	89.0	95.8	94.9	80.9
Missing/DK	*	*	*	*	*	100.0	*	*
Wealth quintiles								
Lowest	95.8	94.8	97.1	96.7	85.3	93.6	93.9	75.0
Second	96.9	98.0	94.2	96.0	85.9	96.6	93.7	77.8
Middle	98.0	98.6	99.6	97.0	93.3	98.4	95.4	87.5
Fourth	95.3	96.3	97.5	97.0	86.8	97.0	95.1	80.1
Highest	100.0	97.8	99.0	99.8	96.7	98.2	100.0	95.0
Total	**97.1**	**97.0**	**97.4**	**97.2**	**89.1**	**96.8**	**95.5**	**82.4**

* MICS Indicator 57 ; ** MDG Indicator 7

Table A9.10:Primary School Completion and Transition to Secondary Education
Primary School Completion Rate and Transition Rate to Secondary Education, MIMS, Zimbabwe, 2009

Background characteristic	Net primary school completion rate *	Number of children of primary school completion age	Transition rate to secondary education **	Number of children who were in the last grade of primary school the previous year
Sex				
Male	36.7	698	79.5	580
Female	48.1	763	81.9	629
Province				
Manicaland	37.2	217	80.4	192
Mashonaland Central	22.6	150	63.4	132
Mashonaland East	47.4	150	83.3	126
Mashonaland West	43.0	160	78.7	103
Matabeleland North	30.0	68	64.1	65
Matabeleland South	44.5	106	74.5	89
Midlands	38.3	213	89.7	142
Masvingo	36.7	136	84.3	127
Harare	63.4	193	89.7	159
Bulawayo	68.6	68	90.2	74
Area				
Urban	66.8	401	91.3	362
Rural	33.5	1 060	76.2	846
Mother's education				
None	24.8	83	66.4	67
Primary	36.9	362	77.3	294
Secondary	61.1	357	88.7	272
Higher	80.5	48	95.4	42
Mother not in household	34.6	611	80.7	517
Missing/DK	*	0*	*	0*
Wealth quintiles				
Lowest	23.3	298	63.0	203
Second	30.1	327	73.8	241
Middle	37.9	324	84.7	286
Fourth	50.8	244	87.2	251
Highest	77.6	267	91.8	228
Total	**42.6**	**1 461**	**80.7**	**1 208**

* MICS Indicator 59; MDG Indicator 7b
** MICS Indicator 58

Table A9.11: Education Gender Parity
Ratio of Girls to Boys Attending Primary Education and Ratio of Girls to Boys Attending Secondary Education, MIMS, Zimbabwe

Background characteristic	Primary school net attendance ratio (NAR), girls	Primary school net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school NAR*	Secondary school net attendance ratio (NAR), girls	Secondary school net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school NAR*
Province						
Manicaland	93.5	93.8	1.0	49.5	47.8	1.0
Mashonaland Central	82.1	86.7	1.0	34.0	30.3	1.1
Mashonaland East	91.4	90.4	1.0	45.6	43.0	1.1
Mashonaland West	87.1	87.2	1.0	36.4	39.6	0.9
Matabeleland North	88.0	92.3	1.0	29.6	28.6	1.0
Matabeleland South	91.8	93.9	1.0	46.4	31.4	1.5
Midlands	91.2	91.2	1.0	49.0	44.3	1.1
Masvingo	92.5	95.5	1.0	42.8	47.6	0.9
Harare	92.4	95.1	1.0	53.6	68.3	0.8
Bulawayo	95.2	97.9	1.0	56.2	58.1	1.0
Area						
Urban	93.4	95.4	1.0	55.0	64.1	0.9
Rural	89.3	90.9	1.0	40.4	37.5	1.1
Mother's education						
None	76.9	86.2	0.9	33.9	25.7	1.3
Primary	88.3	90.5	1.0	49.7	44.0	1.1
Secondary	94.7	95.5	1.0	73.8	64.7	1.1
Higher	98.3	97.6	1.0	83.8	83.4	1.0
Mother not in household	89.3	90.6	1.0	42.9	43.9	1.0
Missing/DK	*	*	*	*	*	*
Wealth quintiles						
Lowest	84.2	85.5	1.0	24.5	23.6	1.0
Second	88.9	92.9	1.0	39.9	36.0	1.1
Middle	93.2	93.0	1.0	49.4	45.2	1.1
Fourth	91.0	93.1	1.0	55.0	54.5	1.0
Highest	97.0	97.8	1.0	54.4	69.2	0.8
Total	**90.4**	**92.1**	**1.0**	**45.1**	**44.6**	**1.0**

* MICS Indicator 61; MDG Indicator 9

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Table A9.12: Adult Literacy
Percentage of Women Aged 15-24 Years that Are Literate, MIMS, Zimbabwe, 2009

Background characteristic	Percentage literate *	Percentage not known	Number of women aged 15-24 years
Province			
Manicaland	93.4	0.2	680
Mashonaland Central	85.6	0.2	493
Mashonaland East	93.2	0.7	421
Mashonaland West	85.0	0.7	497
Matabeleland North	82.8	1.9	274
Matabeleland South	91.8	1.6	298
Midlands	93.0	1.2	628
Masvingo	84.8	1.4	487
Harare	96.7	0.1	899
Bulawayo	95.7	0.5	351
Area			
Urban	96.7	0.5	1 953
Rural	87.3	0.9	3 076
Age			
15-19	91.4	0.8	2 616
20-24	90.5	0.6	2 412
Education			
None	(7.6)	(3.2)	(36)
Primary	65.1	2.9	1 202
Secondary	100.0	0.0	3 618
Higher	100.0	0.0	172
Wealth quintiles			
Lowest	76.7	1.3	863
Second	88.5	1.1	888
Middle	92.6	0.6	892
Fourth	95.9	0.5	1 075
Highest	97.0	0.4	1 310
Total	**91.0**	**0.7**	**5 028**
* MICS Indicator 60; MDG Indicator 8			

Chapter 10: Child Protection

Table A10.1: Birth Registration
Percentage Distribution of Children Aged 0-59 Months by Whether Birth is Registered and Reasons for Non-Registration, MIMS, Zimbabwe, 2009

| Background characteristic | Child has birth certificate | Birth is registered * | Number of children aged 0-59 months | Reasons for not registering birth: | | | | | | | Number of children aged 0-59 months without birth registration |
				Costs too much	Must travel too far	Do not know where to register	Father not around/has no time	Parents do not have ID/birth certificate	Other	DK/Missing	
Sex											
Male	36.0	37.1	3 663	13.4	8.8	4.4	26.4	23.8	21.8	1.3	2 303
Female	37.8	38.4	3 579	13.3	7.2	5.4	29.5	24.1	19.5	1.0	2 204
Province											
Manicaland	33.7	34.2	1 012	11.9	9.6	3.9	22.9	27.4	24.0	0.3	666
Mashonaland Central	34.2	34.8	804	11.1	8.0	3.4	28.0	29.7	17.9	1.9	525
Mashonaland East	40.0	40.7	703	10.0	5.2	4.9	28.1	28.0	22.8	1.0	417
Mashonaland West	27.8	28.2	790	14.3	12.6	11.1	21.6	27.4	12.4	0.6	567
Matabeleland North	31.9	33.8	466	8.8	14.1	6.9	34.5	17.4	17.7	0.4	308
Matabeleland South	29.0	29.8	453	13.7	6.7	7.6	37.6	14.1	17.4	2.8	318
Midlands	31.8	32.2	873	25.5	10.1	2.3	21.7	24.9	14.8	0.7	592
Masvingo	33.4	34.4	848	15.9	4.9	1.6	35.4	23.5	17.8	0.9	556
Harare	56.2	57.3	968	6.3	1.6	3.9	28.3	14.9	42.0	2.9	413
Bulawayo	52.6	55.6	325	4.0	2.6	5.4	33.8	23.1	29.6	1.5	144
Area											
Urban	55.4	56.6	2 041	6.0	2.6	3.6	29.9	22.3	33.6	2.1	885
Rural	29.6	30.4	5 201	15.2	9.4	5.2	27.4	24.4	17.5	1.0	3 622
Child's age											
0-11 months	12.1	13.4	1 381	14.2	9.3	5.4	28.7	19.0	23.3	0.2	1 196
12-23 months	27.8	28.9	1 444	14.5	10.7	5.8	25.6	23.2	19.3	0.8	1 027
24-35 months	42.2	42.6	1 399	13.5	5.3	4.2	27.9	28.7	19.7	0.8	803
36-47 months	48.0	48.5	1 512	10.9	6.7	4.6	29.4	24.7	20.7	2.9	779
48-59 months	52.3	53.4	1 505	12.9	6.7	3.6	28.2	27.4	19.4	1.9	702
Mother/caretaker's age											
<15	*	*	16	*	*	*	*	*	*	*	14*
15-19	13.1	13.9	466	10.2	8.0	10.5	23.9	32.8	13.9	0.7	401
20-24	31.6	32.5	1 910	13.0	6.7	6.5	24.3	31.0	18.1	0.4	1 289
25-29	40.7	41.4	1 888	15.5	9.4	3.7	25.1	22.9	22.8	0.7	1 106
30-34	44.6	45.7	1 088	12.4	9.9	2.6	29.0	21.7	23.5	1.0	591
35-39	42.3	42.9	662	17.5	11.4	2.9	22.7	21.0	24.3	0.3	378
40-44	44.8	46.0	360	12.8	8.8	2.5	36.1	11.0	24.9	4.0	194
45-49	37.5	38.7	229	15.9	5.3	3.9	40.9	12.8	16.4	4.8	140
50 +	36.2	36.8	622	8.8	2.8	3.7	46.9	11.3	22.7	3.8	393
Missing	*	*	2	*	*	*	*	*	*	*	1*
Mother's education											
None	23.2	24.2	342	9.5	5.0	3.2	33.6	22.2	24.0	2.5	259
Primary	26.9	27.6	2 688	13.8	9.3	7.1	27.2	25.1	16.2	1.2	1 946
Secondary	41.6	42.5	3 848	13.7	7.4	3.3	27.5	23.9	23.6	0.6	2 212
Higher	73.6	75.4	363	6.5	4.4	0.5	35.8	6.7	35.7	10.4	89
Missing/DK	*	*	2*	*	*	*	*	*	*	*	1*
Wealth quintiles											
Lowest	22.3	23.1	1 762	15.3	12.0	5.8	23.3	27.3	16.0	0.2	1 355
Second	28.9	29.8	1 551	16.8	8.5	5.5	27.5	23.4	16.7	1.6	1 089
Middle	33.2	33.7	1 361	14.5	6.5	3.6	32.1	23.6	18.4	1.4	903
Fourth	42.6	43.7	1 393	7.3	5.7	4.5	29.5	24.5	27.6	0.9	785
Highest	66.9	68.0	1 174	6.1	0.8	3.4	32.2	13.4	40.3	3.7	375
Total	**36.9**	**37.8**	**7 242**	**13.4**	**8.0**	**4.9**	**27.9**	**24.0**	**20.7**	**1.2**	**4 507**

* MICS Indicator 62. Note: Reasons for non-registration does not add to 100%, as all respondents without registration were required to indicate if they knew where to register if they did not indicate this as reason for not registering.

Table A10.2: Knowledge of Where to Register a Birth
Percentage of Children by Whether the Mother/Caretaker Knew Where to Register a Birth, MIMS, Zimbabwe, 2009

Background characteristic	Know the place to register birth			Total	Number of children not registered
	Yes	No	DK/missing		
Province					
Manicaland	90.8	3.9	5.3	100.0	666
Mashonaland Central	94.3	3.4	2.2	100.0	525
Mashonaland East	91.4	4.8	3.8	100.0	417
Mashonaland West	87.0	11.1	1.8	100.0	567
Matabeleland North	90.2	7.0	2.8	100.0	308
Matabeleland South	88.8	7.6	3.6	100.0	318
Midlands	96.2	2.3	1.4	100.0	592
Masvingo	96.3	1.6	2.1	100.0	556
Harare	88.6	4.0	7.4	100.0	413
Bulawayo	87.7	5.6	6.6	100.0	144
Area					
Urban	90.8	3.7	5.5	100.0	885
Rural	91.9	5.2	2.9	100.0	3 622
Mother's education					
None	94.5	3.2	2.4	100.0	259
Primary	89.9	7.1	3.0	100.0	1 946
Secondary	93.1	3.3	3.6	100.0	2 212
Higher	89.6	0.5	9.9	100.0	89
Missing/DK	*	*	*	*	1*
Wealth quintiles					
Lowest	90.8	5.8	3.3	100.0	1 355
Second	91.6	5.6	2.9	100.0	1 089
Middle	93.4	3.6	3.0	100.0	903
Fourth	92.1	4.5	3.4	100.0	785
Highest	90.1	3.4	6.5	100.0	375
Total	**91.7**	**4.9**	**3.4**	**100.0**	**4 507**

Table A10.3: Number of Travel Outside the Community During Past One Year
Percentage of Women Aged 15-49 Years by Number of Travel Outside Their Home Community and Percent Stayed Out for More Than One Month at a Time, According to Selected Characteristics, MIMS, Zimbabwe, 2009

Background characteristic	Number of times traveled out side the community								Total percent	Percent away for more than one month at a time	6 or more times	Number of women
	None	Once	Two times	3-5 times	6-10 times	11-20 times	21-30 times	More than 30 times				
Province												
Manicaland	50.9	20.3	8.8	12.7	5.3	1.4	0.3	0.3	100.0	12.7	7.3	1 476
Mashonaland Central	23.4	20.7	16.7	26.9	7.2	3.2	1.2	0.6	100.0	16.7	12.3	1 089
Mashonaland East	32.5	19.7	12.2	24.4	6.8	2.9	0.7	0.8	100.0	17.3	11.2	1 040
Mashonaland West	39.0	22.6	13.2	16.5	6.4	1.5	0.3	0.5	100.0	16.6	8.6	1 117
Matabeleland North	54.3	17.9	9.1	12.8	4.1	1.4	0.0	0.4	100.0	14.1	5.9	584
Matabeleland South	47.5	19.4	9.4	16.6	4.6	1.9	0.3	0.3	100.0	16.2	7.1	611
Midlands	35.7	18.3	15.1	20.9	7.8	1.7	0.5	0.1	100.0	24.3	10.1	1 400
Masvingo	36.2	23.7	13.2	18.4	6.0	1.4	0.3	0.8	100.0	15.4	8.5	1 130
Harare	21.6	20.5	15.8	24.4	10.7	5.2	1.2	0.5	100.0	22.4	17.7	2 153
Bulawayo	38.0	21.8	11.8	17.1	6.4	3.7	0.7	0.4	100.0	16.6	11.2	739
Area												
Urban	27.3	20.1	14.0	22.9	10.0	4.0	1.1	0.6	100.0	21.6	15.7	4 436
Rural	41.0	20.9	12.5	17.9	5.2	1.8	0.4	0.4	100.0	15.6	7.8	6 903
Age												
15-19	45.0	20.8	12.6	16.4	3.8	0.9	0.3	0.3	100.0	20.7	5.2	2 616
20-24	32.5	21.6	14.4	21.3	6.8	2.6	0.5	0.4	100.0	20.8	10.2	2 412
25-29	34.7	20.7	12.6	19.2	8.1	3.4	1.0	0.4	100.0	17.5	12.9	2 129
30-34	29.4	19.5	13.1	23.4	9.8	3.3	0.9	0.6	100.0	16.4	14.6	1 459
35-39	34.7	20.1	12.7	19.2	8.7	3.3	0.7	0.6	100.0	14.2	13.3	1 208
40-44	31.8	19.6	12.5	22.3	8.0	4.4	0.7	0.7	100.0	14.2	13.8	828
45-49	33.5	20.1	13.5	19.9	8.5	2.8	1.0	0.8	100.0	13.0	13.0	687
Education												
None	48.9	21.8	10.1	13.6	3.7	0.8	0.5	0.5	100.0	8.6	5.5	316
Primary	43.1	21.6	12.4	16.0	4.8	1.4	0.4	0.4	100.0	13.6	6.9	3 310
Secondary	33.8	20.5	13.5	21.1	7.4	2.7	0.5	0.4	100.0	20.0	11.1	6 948
Higher	14.2	16.4	14.3	26.7	15.6	8.8	2.7	1.3	100.0	21.9	28.4	764
Missing/DK	*	*	*	*	*	*	*	*	*	*	*	1*
Wealth quintiles												
Lowest	48.3	20.2	11.0	14.8	4.2	1.1	0.1	0.2	100.0	12.9	5.7	1 954
Second	41.3	22.3	12.6	17.7	4.0	1.6	0.4	0.2	100.0	14.9	6.1	1 972
Middle	39.4	21.1	13.4	18.4	5.3	1.6	0.5	0.3	100.0	17.5	7.7	1 989
Fourth	30.0	21.5	13.7	22.4	8.8	2.6	0.5	0.6	100.0	19.7	12.5	2 529
Highest	25.6	18.5	14.1	23.4	11.0	5.2	1.5	0.8	100.0	22.3	18.4	2 895
Total	**35.6**	**20.6**	**13.1**	**19.8**	**7.1**	**2.7**	**0.6**	**0.5**	**100.0**	**18.0**	**10.9**	**11 339**

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Table A10.4: Percentage of Women Aged 15-49 Years in Marriage or Union Before their 15th Birthday
Percentage of Women Aged 20-49 Years in Marriage or Union before their 18th Birthday, and Percentage of Women Aged 15-19 Years Currently Married or in Union, MIMS, Zimbabwe, 2009

	Percentage married before age 15*	Number of women aged 15-49 years	Percentage married before age 18	Number of women aged 20-49 years	Percentage of women 15-19 married/in union**	Number of women aged 15-19 years	Percentage of women aged 15-19 years in polygynous marriage/union	Number of women aged 15-19 years currently married/in union	Percentage of women aged 15-49 years in polygynous marriage/union***	Number of women aged 15-49 currently married/in union
Background characteristic										
Province										
Manicaland	5.8	1 476	33.9	1 114	25.5	362	16.2	92	12.5	894
Mashonaland Central	9.0	1 089	48.5	846	36.9	243	6.2	90	13.3	753
Mashonaland East	6.6	1 040	35.7	835	29.5	205	8.3	61	9.0	679
Mashonaland West	8.0	1 117	44.6	883	26.4	234	13.0	62	11.4	715
Matabeleland North	4.4	584	31.3	432	22.7	152	2.0	35	12.0	325
Matabeleland South	2.6	611	24.3	429	14.2	182	4.2	26	8.2	301
Midlands	4.5	1 400	31.9	1 057	19.7	343	10.1	67	10.6	828
Masvingo	3.7	1 130	33.8	866	25.8	264	12.9	68	12.0	703
Harare	2.1	2 153	19.9	1 715	10.4	438	5.4	45	5.8	1 142
Bulawayo	0.8	738	14.4	545	6.3	193	5.1	12	5.5	337
Area										
Urban	2.2	4 436	21.2	3 463	10.3	973	7.2	100	5.9	2 335
Rural	6.4	6 903	38.7	5 259	27.9	1 643	10.2	458	12.4	4 342
Age										
15-19	2.4	2 616	N/A	0	21.3	2 616	9.7	558	9.7	558
20-24	4.3	2 412	30.1	2 412	N/A	0	N/A	N/A	6.3	1 547
25-29	4.9	2 129	31.9	2 129	N/A	0	N/A	N/A	9.4	1 620
30-34	5.4	1 459	30.8	1 459	N/A	0	N/A	N/A	9.9	1 128
35-39	6.3	1 208	31.3	1 208	N/A	0	N/A	N/A	14.4	835
40-44	7.3	828	32.1	828	N/A	0	N/A	N/A	16.6	556
45-49	7.5	687	39.5	687	N/A	0	N/A	N/A	11.3	432
Education										
None	20.2	316	60.4	310	52.4	7	0.0	3	17.4	219
Primary	10.0	3 310	50.3	2 680	34.2	629	9.6	151	15.0	2 161
Secondary	2.0	6 948	23.8	4 981	17.2	1 967	6.4	130	7.4	3 831
Higher	0.5	764	6.2	751	6.5	13	11.4	124	5.9	466
Wealth quintiles										
Lowest	7.8	1 954	42.3	1 530	35.7	423	9.6	151	13.3	1 314
Second	6.7	1 972	43.1	1 496	27.4	476	6.4	130	12.5	1 292
Middle	5.9	1 989	34.0	1 492	24.9	497	11.4	124	11.0	1 158
Fourth	3.8	2 529	30.1	2 013	19.4	517	9.2	100	8.2	1 498
Highest	1.4	2 895	16.6	2 191	7.5	704	15.0	53	6.3	1 415
Total	**4.7**	**11 339**	**31.8**	**8 723**	**21.3**	**2 616**	**9.7**	**558**	**10.1**	**6 677**

* An asterisk indicates that a number is negligible and has been suppressed
**MICS Indicator 68
***MICS Indicator 70

Table A10.5: Spousal Age Difference
Percentage Distribution of Currently Married/In Union Women Aged 15-19 and 20-24 Years According to the Age Difference with Their Husband or Partner, MIMS, Zimbabwe, 2009

Background characteristic	Percentage of currently married/in union women aged 15-19 years whose husband or partner is:					Number of women aged 15-19 years currently married/ in union	Percentage of currently married/in union women aged 20-24 years whose husband or partner is:						Number of women aged 20-24 years currently married/ in union
	0-4 years older	5-9 years older	10+ years older*	Husband/ partner's age unknown	Total		Younger	0-4 years older	5-9 years older	10+ years older*	Husband/ partner's age unknown	Total	
Province													
Manicaland	24.1	47.8	28.1	0.0	100.0	92	1.2	38.9	37.8	21.7	0.5	100.0	223
Mashonaland Central	28.3	53.7	17.1	0.9	100.0	90	0.8	39.9	39.5	19.8	0.0	100.0	202
Mashonaland East	27.0	53.4	19.5	0.0	100.0	61	0.8	40.7	41.5	14.0	3.1	100.0	152
Mashonaland West	21.7	52.4	24.2	1.8	100.0	62	1.5	39.3	43.4	15.4	0.4	100.0	197
Matabeleland North	32.4	38.4	29.2	0.0	100.0	35	1.0	41.3	39.2	18.5	0.0	100.0	74
Matabeleland South	26.9	43.9	29.2	0.0	100.0	26	1.9	35.3	38.0	24.7	0.0	100.0	56
Midlands	30.5	55.3	14.2	0.0	100.0	67	1.6	47.9	38.9	11.6	0.0	100.0	184
Masvingo	24.9	46.0	26.8	2.3	100.0	68	1.0	39.5	33.6	25.0	0.8	100.0	162
Harare	24.9	48.9	26.2	0.0	100.0	45	0.0	34.5	44.6	19.6	1.3	100.0	226
Bulawayo	28.9	48.3	22.8	0.0	100.0	12	0.9	49.0	36.8	11.6	1.7	100.0	72
Area													
Urban	25.9	51.3	22.9	0.0	100.0	100	0.5	38.0	44.3	15.9	1.3	100.0	498
Rural	26.6	49.6	23.0	0.8	100.0	458	1.2	41.3	37.6	19.3	0.5	100.0	1 049
Education													
None	*	*	*	*	*	3*	*	*	*	*	*	*	22*
Primary	23.1	48.9	27.7	0.4	100.0	215	1.6	37.8	35.9	23.4	1.3	100.0	435
Secondary	28.6	50.8	20.0	0.6	100.0	339	0.8	40.3	42.0	16.3	0.6	100.0	1 033
Higher	*	*	*	*	*	1*	0.0	55.4	32.7	11.9	0.0	100.0	57
Wealth quintiles													
Lowest	28.6	48.3	22.0	1.1	100.0	151	1.0	40.0	36.5	21.8	0.6	100.0	337
Second	27.7	52.9	19.4	0.0	100.0	130	1.9	41.3	38.5	18.0	0.3	100.0	326
Middle	23.4	50.8	25.2	0.7	100.0	124	0.7	46.0	34.6	17.2	1.4	100.0	272
Fourth	27.3	47.0	24.6	1.1	100.0	100	1.0	40.0	43.2	14.8	1.0	100.0	373
Highest	23.0	50.5	26.5	0.0	100.0	53	0.0	32.8	46.8	19.9	0.5	100.0	240
Total	**26.5**	**49.9**	**23.0**	**0.6**	**100.0**	**558**	**1.0**	**40.2**	**39.8**	**18.2**	**0.8**	**100.0**	**1 547**

* MICS indicator 69
* Currently married or in union (MA1=1 or 2) women aged 15-19 and 20-24 according to the difference in age with their husbands/partners (MA2<>98 AND ((MA2-(WM6-WM8)>=10) OR (MA2-WM9>=10))= <0, 0-4, 5-9, 10+).

Table A10.6: Attitudes Toward Domestic Violence
Percentage of Women Aged 15-49 Years who Believe a Husband is Justified in Beating his Wife/Partner in Various Circumstances, MIMS, Zimbabwe, 2009

Background characteristic	Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner:						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*	
Province							
Manicaland	24.7	37.2	24.1	23.6	10.6	54.0	1 476
Mashonaland Central	35.6	46.5	30.6	27.8	17.9	64.2	1 089
Mashonaland East	27.2	38.7	23.1	24.1	10.5	52.0	1 040
Mashonaland West	27.6	38.6	24.9	23.5	13.0	56.3	1 117
Matabeleland North	30.9	43.7	34.1	18.6	14.2	60.3	584
Matabeleland South	22.2	33.1	26.9	9.2	7.1	49.4	611
Midlands	26.8	39.2	31.4	23.8	13.6	54.0	1 400
Masvingo	32.0	41.7	25.4	25.5	10.5	60.2	1 130
Harare	10.2	20.6	8.3	6.6	3.1	29.8	2 153
Bulawayo	10.7	20.2	7.4	4.0	3.1	27.9	738
Area							
Urban	12.7	23.5	11.1	8.3	4.3	33.5	4 436
Rural	30.9	42.3	29.5	25.4	13.6	59.6	6 903
Age							
15-19	27.3	40.2	26.2	16.8	12.6	57.1	2 616
20-24	25.8	38.6	24.6	19.0	10.3	53.4	2 412
25-29	23.6	33.7	21.3	19.7	9.1	48.1	2 129
30-34	21.5	31.7	18.4	17.8	8.0	44.3	1 459
35-39	19.7	28.4	18.6	18.7	9.2	40.9	1 208
40-44	21.4	30.0	21.4	20.9	9.0	42.5	828
45-49	19.0	30.3	18.3	21.2	8.1	44.6	687
Marital/Union status							
Currently married/in union	25.6	36.2	23.7	21.2	9.9	50.8	6 677
Formerly married/in union	21.6	33.1	20.4	20.4	10.8	47.4	1 688
Never married/in union	20.9	33.2	20.2	12.1	9.7	47.4	2 963
Education							
None	31.2	42.1	29.8	37.8	17.2	60.6	316
Primary	32.6	43.3	32.5	28.9	15.6	61.0	3 310
Secondary	21.0	33.1	19.2	14.7	8.0	46.7	6 948
Higher	7.0	12.8	4.0	3.4	0.8	19.0	764
Missing/DK	*	*	*	*	*	*	1*
Wealth quintiles							
Lowest	34.8	46.3	36.4	28.7	16.6	64.8	1 954
Second	33.9	44.6	31.8	28.4	16.0	63.7	1 972
Middle	26.5	37.9	24.0	22.3	10.8	53.8	1 989
Fourth	19.6	31.7	17.9	14.7	6.8	44.5	2 529
Highest	11.1	21.5	9.0	6.4	3.7	30.6	2 895
Total	**23.8**	**34.9**	**22.3**	**18.7**	**10**	**49.4**	**11 339**

* MICS indicator 100
* Women that consider that a husband/partner is justified in hitting or beating his wife if: (a) She goes out without telling him (DV1A=1), (b) She neglects the children (DV1B=1), c) She argues with him (DV1C=1), (d) She refuses sex with him (DV1D=1), or (e) She burns the food (DV1E=1), (f) For any of these reasons (DV1A=1 or DV1B=1 or DV1C=1 or DV1D=1 or DV1E=1)

Table A10.7: Attitudes toward domestic violence
Percentage of Women Aged 15-24 Years Who Believe a Husband is Justified in Beating His Wife/Partner in Various Circumstances, MIMS, Zimbabwe, 2009

| Background characteristic | Percentage of women aged 15-24 years who believe a husband is justified in beating his wife/partner: | | | | | | Number of women aged 15-24 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*	
Province							
Manicaland	26.7	42.2	25.9	22.7	12.4	59.9	680
Mashonaland Central	40.2	51.7	36.0	25.6	19.7	71.0	493
Mashonaland East	27.4	39.0	25.7	22.3	10.1	53.7	421
Mashonaland West	32.2	45.1	29.8	23.6	16.5	63.9	497
Matabeleland North	33.2	50.4	36.8	19.9	17.8	68.2	274
Matabeleland South	25.6	40.2	33.1	9.8	9.5	59.9	298
Midlands	29.3	40.7	34.1	21.9	14.8	55.5	628
Masvingo	34.9	44.6	26.0	22.5	11.9	63.5	487
Harare	12.5	24.9	10.7	6.5	3.3	35.8	899
Bulawayo	13.4	27.7	9.5	5.1	4.2	38.3	351
Area							
Urban	15.6	30.0	15.2	8.8	5.9	42.1	1 953
Rural	33.5	45.4	31.9	23.6	15.1	63.7	3 076
Age							
15-19	27.3	40.2	26.2	16.8	12.6	57.1	2 616
20-24	25.8	38.6	24.6	19.0	10.3	53.4	2 412
Marital/Union status							
Currently married/in union	32.5	44.8	30.2	24.0	12.6	61.9	2 105
Formerly married/in union	23.0	38.5	28.3	20.7	13.2	55.6	295
Never married/in union	22.2	35.2	21.4	12.6	10.4	50.0	2 627
Education							
None	(37.4)	(42.9)	(37.6)	(32.1)	(23.5)	(59.8)	(36)
Primary	36.6	47.5	37.3	29.3	18.3	66.1	1 202
Secondary	23.9	37.8	22.4	14.6	9.7	53.2	3 618
Higher	8.9	15.8	5.0	4.0	0.4	22.4	172
Wealth quintiles							
Lowest	36.7	50.3	37.4	27.8	17.1	67.1	863
Second	36.8	46.5	33.8	25.4	17.2	67.9	888
Middle	29.4	41.7	27.4	20.8	13.4	57.8	892
Fourth	22.3	36.9	22.6	15.3	8.5	52.4	1 075
Highest	14.5	28	13	6.4	5.1	39.6	1 310
Total	**26.6**	**39.4**	**25.5**	**17.9**	**11.5**	**55.3**	**5 028**

Table A10.8: Knowledge About Domestic Violence Act
Percentage Distribution of Women Age 15-49 Years by Knowledge About Domestic Violence Act, MIMS Zimbabwe, 2009

Background characteristic	Are you aware of the domestic violence act			Total percent	Number of women
	Yes	No	Missing		
Province					
Manicaland	49.5	50.2	0.3	100.0	1 476
Mashonaland Central	38.8	61.1	0.1	100.0	1 089
Mashonaland East	51.2	48.7	0.1	100.0	1 040
Mashonaland West	40.9	59.1	0.0	100.0	1 117
Matabeleland North	34.0	65.8	0.2	100.0	584
Matabeleland South	28.6	71.2	0.2	100.0	611
Midlands	47.3	52.7	0.0	100.0	1 400
Masvingo	37.1	62.8	0.1	100.0	1 130
Harare	74.3	25.5	0.2	100.0	2 153
Bulawayo	69.2	30.8	0.0	100.0	738
Area					
Urban	70.6	29.3	0.1	100.0	4 436
Rural	37.3	62.6	0.1	100.0	6 903
Age					
15-19	36.1	63.6	0.3	100.0	2 616
20-24	50.9	49.1	0.0	100.0	2 412
25-29	55.6	44.3	0.1	100.0	2 129
30-34	58.9	41.1	0.0	100.0	1 459
35-39	56.5	43.3	0.1	100.0	1 208
40-44	57.1	42.7	0.2	100.0	828
45-49	49.1	50.5	0.3	100.0	687
Education					
None	21.4	78.1	0.5	100.0	316
Primary	28.8	71.1	0.2	100.0	3 310
Secondary	57.4	42.5	0.1	100.0	6 948
Higher	91.3	8.7	0.0	100.0	764
Missing/DK	*	*	*	*	1*
Marital/Union status					
Currently married/in union	51.1	48.8	0.1	100.0	6 677
Formerly married/in union	52.5	47.5	0.0	100.0	1 688
Never married/in union	47.3	52.5	0.2	100.0	2 963
Wealth quintiles					
Lowest	24.2	75.5	0.3	100.0	1 954
Second	33.4	66.5	0.1	100.0	1 972
Middle	43.0	56.8	0.1	100.0	1 989
Fourth	62.7	37.2	0.1	100.0	2 529
Highest	73.8	26.1	0.1	100.0	2 895
Total	**50.3**	**49.5**	**0.1**	**100.0**	**11 339**

Chapter 11: HIV and AIDS and Orphans and Vulnerable Children

Table A11.1: Knowledge of Preventing HIV Transmission
Percentage of Women Aged 15-49 Years Who Know the Main Ways of Preventing HIV Transmission, MIMS, Zimbabwe, 2009

Background characteristic	Heard of AIDS	Percentage who know transmission can be prevented by:			Knows all three ways	Knows at least one way	Doesn't know any way	Number of women
		Having only one faithful uninfected sex partner	Using a condom every time	Abstaining from sex				
Province								
Manicaland	98.8	84.5	78.6	77.8	60.5	95.2	4.8	1 476
Mashonaland Central	99.3	90.4	79.6	75.1	58.5	98.0	2.0	1 089
Mashonaland East	98.2	87.2	76.2	74.1	56.0	96.2	3.8	1 040
Mashonaland West	96.8	89.5	79.3	77.6	61.3	95.7	4.3	1 117
Matabeleland North	99.0	88.7	81.8	71.9	59.1	96.0	4.0	584
Matabeleland South	95.0	86.2	78.3	66.4	55.0	92.3	7.7	611
Midlands	98.1	89.4	81.5	80.5	63.9	96.9	3.1	1 400
Masvingo	98.9	91.0	84.7	79.3	66.1	97.9	2.1	1 130
Harare	99.7	94.5	89.0	83.4	72.9	99.1	0.9	2 153
Bulawayo	98.5	93.2	83.2	78.8	68.1	97.0	3.0	738
Area								
Urban	99.4	92.9	85.7	80.9	68.4	98.4	1.6	4 436
Rural	97.9	87.8	79.5	75.9	60.2	95.8	4.2	6 903
Age								
15-19	97.2	86.3	74.9	73.8	56.4	94.2	5.8	2 616
20-24	98.8	89.2	82.4	76.6	62.9	96.7	3.3	2 412
25-29	98.9	91.4	85.0	78.8	66.0	97.9	2.1	2 129
30-34	99.3	92.7	84.8	80.5	66.4	98.3	1.7	1 459
35-39	98.6	90.8	86.0	80.3	68.0	97.7	2.3	1 208
40-44	98.7	91.7	85.8	82.3	69.1	98.5	1.5	828
45-49	98.6	90.7	80.0	79.9	62.5	97.4	2.6	687
Education								
None	92.1	78.3	65.9	66.9	45.9	87.8	12.2	316
Primary	97.2	86.7	78.2	75.1	58.6	95.4	4.6	3 310
Secondary	99.2	91.4	83.6	78.5	65.0	97.6	2.4	6 948
Higher	99.9	93.5	90.0	88.6	77.0	99.6	0.4	764
Missing/DK	*	*	*	*	*	*	*	1*
Wealth quintiles								
Poorest	97.1	87.9	78.1	74.5	59.1	95.0	5.0	1 954
Second	98.0	88.4	79.4	76.1	59.8	96.4	3.6	1 972
Middle	98.5	86.9	79.6	75.2	59.2	96.0	4.0	1 989
Fourth	98.7	91.0	84.0	78.8	65.4	97.1	2.9	2 529
Richest	99.6	93.1	86.0	82.4	70.0	98.7	1.3	2 895
Total	**98.5**	**89.8**	**81.9**	**77.9**	**63.4**	**96.8**	**3.2**	**11 339**

Table A11.2: Identifying Misconceptions About HIV and AIDS
Percentage of Women Aged 15-49 Years Who Correctly Identify Misconceptions About HIV and AIDS, MIMS, Zimbabwe, 2009

Background characteristic	Percent who know that:		A healthy looking person can be infected	Reject two most common misconceptions and know a healthy-looking person can be infected	Percent who know that:		Number of women
	HIV cannot be transmitted by:				Option 3: HIV cannot be transmitted by sharing food	Option 4: HIV can be transmitted by sharing needles	
	Option 1: Supernatural means	Option 2: Mosquito bites					
Province							
Manicaland	83.7	80.3	90.3	65.6	91.3	91.6	1 476
Mashonaland Central	89.4	77.5	85.4	61.7	90.9	93.8	1 089
Mashonaland East	85.7	78.5	83.3	59.4	89.2	88.9	1 040
Mashonaland West	87.5	81.7	89.3	70.0	93.8	90.5	1 117
Matabeleland North	79.8	70.8	90.7	58.5	88.2	89.8	584
Matabeleland South	76.5	69.7	85.8	54.1	91.1	86.7	611
Midlands	87.6	83.7	87.9	68.9	92.1	91.0	1 400
Masvingo	86.5	85.2	87.8	68.3	95.9	92.6	1 130
Harare	96.1	88.3	97.1	83.6	96.2	96.1	2 153
Bulawayo	91.6	82.5	94.8	76.1	92.7	93.1	738
Area							
Urban	93.8	86.1	95.6	79.4	94.6	95.0	4 436
Rural	84.0	78.5	86.2	62.1	91.5	90.1	6 903
Age							
15-19	87.7	83.8	84.8	68.3	91.8	89.9	2 616
20-24	88.6	83.6	91.3	71.2	93.6	93.6	2 412
25-29	87.3	81.9	91.7	69.3	93.8	93.5	2 129
30-34	90.4	79.9	92.7	69.6	93.9	93.1	1 459
35-39	88.3	79.8	91.8	70.0	92.2	92.2	1 208
40-44	86.2	77.7	91.5	67.2	91.0	90.7	828
45-49	83.0	75.7	87.6	60.0	90.1	89.5	687
Education							
None	77.2	61.3	74.8	46.4	79.3	78.3	316
Primary	80.3	73.9	83.3	55.2	89.8	87.9	3 310
Secondary	91.2	84.8	92.8	74.5	94.6	94.1	6 948
Higher	94.2	93.1	97.8	86.1	94.4	97.2	764
Missing/DK	*	*	*	*	*	*	1*
Wealth quintiles							
Lowest	79.6	75.5	84.5	57.2	89.9	88.4	1 954
Second	84.4	79.5	85.3	62.0	91.9	90.1	1 972
Middle	84.5	79.1	88.2	63.7	92.7	91.2	1 989
Fourth	92.0	82.6	92.5	73.7	93.6	93.2	2 529
Highest	94.4	87.6	95.7	80.8	94.3	95.4	2 895
Total	**87.9**	**81.5**	**89.9**	**68.9**	**92.7**	**92.1**	**11 339**

Column 3 concerning a healthy looking person having AIDS includes all who respond positively to question HA8 (HA8=1).
The numerator for column 4 "Rejected two most common misconceptions and know a healthy looking person can be infected" includes all those who reject two most common misconceptions (so any two of the options HA3=2, HA5=2, HA7=2 or HA7A=1) and respond correctly that a healthy-looking person can be infected (HA8=1).

Table A11.3: Comprehensive Knowledge of HIV and AIDS Transmission
Percentage of Women Aged 15-49 Years Who Have Comprehensive Knowledge of HIV and AIDS Transmission, MIMS, Zimbabwe, 2009

Background characteristic	Know 2 ways to prevent HIV transmission	Correctly identify 3 misconceptions about HIV transmission	Have comprehensive knowledge (identify 2 prevention methods and 3 misconceptions), 15-49 years	Number of women, 15-49 years
Province				
Manicaland	69.8	65.6	48.4	1 476
Mashonaland Central	73.2	61.7	46.7	1 089
Mashonaland East	69.6	59.4	45.0	1 040
Mashonaland West	74.3	70.0	54.8	1 117
Matabeleland North	75.5	58.5	46.5	584
Matabeleland South	73.3	54.1	43.3	611
Midlands	74.9	68.9	55.0	1 400
Masvingo	79.2	68.3	56.6	1 130
Harare	84.8	83.6	71.5	2 153
Bulawayo	80.2	76.1	63.7	738
Area				
Urban	80.8	79.4	65.8	4 436
Rural	73.1	62.1	48.4	6 903
Age				
15-19	68.6	68.3	50.5	2 616
20-24	76.1	71.2	56.4	2 412
15-24	72.2	69.7	53.3	5 028
25-29	79.4	69.3	57.4	2 129
30-34	79.9	69.6	57.5	1 459
35-39	79.9	70.0	58.4	1 208
40-44	80.2	67.2	57.4	828
45-49	75.2	60.0	49.0	687
Education				
None	58.4	46.4	32.2	316
Primary	71.5	55.2	42.4	3 310
Secondary	78.2	74.5	60.3	6 948
Higher +	84.6	86.1	73.5	764
Wealth quintile				
Poorest	72.2	57.2	44.5	1 954
Second	73.3	62.0	48.2	1 972
Middle	72.2	63.7	48.7	1 989
Fourth	78.8	73.7	60.5	2 529
Richest	81.1	80.8	67.0	2 895
Total	**76.1**	**68.9**	**55.2**	**11 339**

Table A11.4: Knowledge of Mother-to-Child HIV Transmission
Percentage of Women Aged 15-49 Years Who Correctly Identify Means of HIV Transmission from Mother to Child, MIMS, Zimbabwe, 2009

Background characteristic	Know AIDS can be transmitted from mother to child	Percent who know AIDS can be transmitted:				Did not know any specific way	Number of women
		During pregnancy	At delivery	Through breastmilk	All three ways*		
Province							
Manicaland	94.8	83.6	81.0	82.4	65.2	4.0	1 476
Mashonaland Central	97.4	84.3	83.6	84.7	64.6	1.9	1 089
Mashonaland East	95.7	87.1	81.5	83.5	66.7	2.5	1 040
Mashonaland West	94.0	81.2	78.7	81.1	62.2	2.8	1 117
Matabeleland North	96.1	75.8	82.9	86.1	62.8	2.9	584
Matabeleland South	93.3	81.6	80.3	84.2	65.4	1.7	611
Midlands	95.8	85.0	79.2	76.6	57.9	2.3	1 400
Masvingo	96.6	88.0	80.4	86.7	68.0	2.3	1 130
Harare	97.8	83.7	88.7	87.1	69.9	1.9	2 153
Bulawayo	96.5	83.7	85.9	86.0	68.6	1.9	738
Area							
Urban	97.7	84.0	87.3	85.6	68.0	1.8	4 436
Rural	95.0	83.8	79.6	82.5	63.7	2.9	6 903
Age							
15-19	92.9	81.4	73.6	77.5	56.6	4.3	2 616
20-24	97.3	84.1	84.0	86.5	67.6	1.6	2 412
25-29	97.4	84.2	87.7	85.7	68.4	1.5	2 129
30-34	97.4	86.0	87.2	86.5	70.6	1.9	1 459
35-39	96.8	84.3	85.7	85.2	67.4	1.9	1 208
40-44	95.1	83.8	82.5	84.0	67.7	3.6	828
45-49	96.1	86.1	81.6	82.3	64.5	2.5	687
Education							
None	88.0	79.6	69.5	78.1	59.3	4.1	316
Primary	93.7	83.1	77.1	82.2	63.2	3.5	3 310
Secondary	97.1	84.5	84.5	84.0	65.9	2.1	6 948
Higher	99.3	83.2	94.8	89.4	72.4	0.6	764
Missing/DK	*	*	*	*	*	*	1*
Wealth quintiles							
Lowest	93.5	82.3	77.4	83.1	63.7	3.6	1 954
Second	95.0	84.5	78.9	81.6	62.7	3.0	1 972
Middle	95.9	84.6	80.6	81.3	63.0	2.5	1 989
Fourth	97.1	85.0	85.4	85.6	68.5	1.6	2 529
Highest	97.6	83.0	87.7	85.6	67.2	2.0	2 895
Total	**96.0**	**83.9**	**82.6**	**83.7**	**65.4**	**2.4**	**11 339**

* MICS indicator 89

Table A11.5: Attitudes Toward People Living with HIV/AIDS
Percentage of Women Aged 15-49 Years Who Have Heard of AIDS Who Express a Discriminatory Attitude Towards People Living with HIV and AIDS, MIMS, Zimbabwe, 2009

Background characteristic	Percent of women who:						Number of women who have heard of AIDS
	Would not care for a family member who was sick with AIDS	If a family member had HIV would want to keep it a secret	Believe that a teacher with HIV should not be allowed to work	Would not buy food from a person with HIV/AIDS	Agree with at least one discriminatory statement	Agree with none of the discriminatory statements*	
Province							
Manicaland	4.5	36.0	21.9	34.0	62.5	37.5	1 459
Mashonaland Central	4.6	44.2	29.5	40.5	72.5	27.5	1 081
Mashonaland East	4.5	30.2	21.3	28.2	55.5	44.5	1 022
Mashonaland West	4.2	40.4	29.8	31.9	64.7	35.3	1 082
Matabeleland North	5.3	43.6	30.6	41.8	71.9	28.1	578
Matabeleland South	7.0	41.5	28.9	42.2	70.7	29.3	581
Midlands	5.1	32.0	24.9	33.1	57.4	42.6	1 373
Masvingo	6.5	33.9	30.0	38.9	63.7	36.3	1 117
Harare	2.5	26.5	4.3	12.5	36.1	63.9	2 146
Bulawayo	2.1	23.7	5.8	15.0	36.8	63.2	727
Area							
Urban	3.0	29.2	7.1	16.4	42.1	57.9	4 412
Rural	5.3	37.2	30.0	38.4	66.2	33.8	6 755
Age							
15-19	8.1	40.0	23.4	32.2	63.9	36.1	2 543
20-24	4.7	34.4	20.1	30.0	55.7	44.3	2 384
25-29	3.5	32.1	19.4	28.8	54.7	45.3	2 105
30-34	2.5	31.3	17.7	27.2	52.4	47.6	1 448
35-39	2.5	31.2	18.4	26.5	51.8	48.2	1 192
40-44	2.3	30.5	23.6	31.7	55.6	44.4	817
45-49	1.9	31.5	27.3	31.2	58.0	42.0	677
Education							
None	6.7	44.9	50.0	49.5	78.7	21.3	291
Primary	5.8	37.8	36.1	45.5	71.2	28.8	3 217
Secondary	3.9	32.9	14.6	23.8	51.7	48.3	6 894
Higher	2.2	24.1	2.6	9.2	32.0	68.0	763
Missing/DK	*	*	*	*	*	*	1*
Wealth quintiles							
Lowest	7.4	38.5	39.2	46.3	71.6	28.4	1 896
Second	5.0	36.6	30.5	43.4	69.8	30.2	1 933
Middle	4.6	36.4	26.0	32.5	62.3	37.7	1 959
Fourth	3.1	32.9	13.5	21.9	50.9	49.1	2 496
Highest	3.1	28.7	5.4	14.5	39.4	60.6	2 883
Total	**4.4**	**34.0**	**20.9**	**29.7**	**56.7**	**43.3**	**11 167**

* MICS indicator 86
* Those expressing acceptance on the four questions addressing discriminatory statements are those responding 'yes' to HA10, HA11 and HA13 and 'no' to HA12 (HA10=1 and HA11=1 and HA12=2 and HA13=1). For each of the individual columns, the tests should be as follows: (1) HA13=2 (2) HA12=1 (3) HA10=2 (4) HA11=2. The column for those agreeing with at least one discriminatory statement includes those in at least one of the first four columns.

Table A11.6: Knowledge of a Facility for HIV Testing
Percentage of Women Aged 15-49 Years Who Know Where to Get an HIV Test, Percentage of Women Who Have Been Tested and, of Those Tested the Percentage Who Have Been Told the Result, MIMS, Zimbabwe, 2009

Background characteristic	Know a place to get tested*	Have been tested**	Number of women	If tested, have been told result	Number of women who have been tested for HIV
Province					
Manicaland	85.1	43.4	1 476	94.1	641
Mashonaland Central	88.9	47.5	1 089	91.1	517
Mashonaland East	83.3	45.5	1040	93.1	473
Mashonaland West	79.7	42.5	1 117	90.0	475
Matabeleland North	85.3	49.8	584	95.0	291
Matabeleland South	77.8	45.8	611	90.5	280
Midlands	78.0	33.1	1 400	89.2	463
Masvingo	84.5	41.0	1 130	92.0	463
Harare	91.9	51.3	2 153	94.7	1 105
Bulawayo	89.0	51.5	738	97.5	380
Area					
Urban	90.7	48.9	4 436	95.2	2 170
Rural	81.3	42.3	6 903	91.2	2 919
Age					
15-19	70.3	19.7	2 616	90.0	516
20-24	88.9	52.8	2 412	93.0	1 274
25-29	89.7	55.7	2 129	93.0	1 185
30-34	92.7	58.7	1 459	92.8	856
35-39	89.7	50.0	1 208	93.8	604
40-44	87.8	45.7	828	95.8	379
45-49	84.9	40.0	687	92.2	275
Education					
None	68.5	37.0	316	86.5	117
Primary	76.7	39.5	3 310	90.1	1 307
Secondary	88.3	45.6	6 948	93.5	3 166
Higher+	97.8	65.3	764	98.2	499
Wealth quintiles					
Poorest	77.2	41.9	1 954	89.9	818
Second	80.7	40.0	1 972	90.8	789
Middle	84.7	44.3	1 989	92.0	881
Fourth	87.8	48.4	2 529	93.8	1 225
Richest	90.9	47.5	2 895	95.9	1 376
Total	**85.0**	**44.9**	**11 339**	**92.9**	**5 088**

Table A11.7: HIV Testing and Counseling Coverage during Antenatal Care
Percentage of Women Aged 15-49 Years who Gave Birth in the 2 Years Preceding the Survey who were Offered HIV Testing and Counseling with their Antenatal Care, MIMS, Zimbabwe, 2009

Background characteristic	Received antenatal care from a health care professional for last pregnancy	Were provided information about HIV prevention during ANC visit*	Were tested for HIV at ANC visit	Received results of HIV test at ANC visit**	Number of women who gave birth in the 2 years preceding the survey
Province					
Manicaland	83.7	60.0	57.8	54.5	404
Mashonaland Central	92.5	70.9	59.1	53.3	311
Mashonaland East	89.6	67.9	56.3	50.4	243
Mashonaland West	85.1	53.5	45.7	38.5	310
Matabeleland North	96.4	69.1	66.4	62.1	188
Matabeleland South	92.4	65.2	66.0	59.8	166
Midlands	82.3	58.0	46.2	41.5	341
Masvingo	89.1	67.0	50.8	46.0	335
Harare	90.0	79.1	70.5	67.2	374
Bulawayo	92.8	81.4	82.1	82.1	128
Area					
Urban	90.6	78.8	71.2	68.0	799
Rural	87.6	61.2	52.8	47.6	2 000
Age					
15-19	89.4	55.1	54.2	50.0	374
20-24	89.7	68.1	60.2	55.6	934
25-29	88.1	65.0	57.0	52.8	764
30-34	89.9	75.7	61.7	54.7	415
35-49	82.4	64.1	54.4	50.8	314
Education of mother					
None	82.7	41.5	45.2	29.2	53
Primary	84.1	55.0	46.1	40.0	925
Secondary	90.8	72.1	63.6	59.7	1 685
Higher	90.9	79.0	76.3	76.3	137
Wealth quintile					
Poorest	86.0	57.2	48.8	43.4	725
Second	86.9	59.6	50.1	45.6	560
Middle	89.7	66.4	57.6	51.1	500
Fourth	88.5	72.4	65.1	61.3	579
Richest	93.1	81.2	75.1	72.3	436
Total	**88.4**	**66.2**	**58.1**	**53.4**	**2 799**

* MICS Indicator 90; ** MICS Indicator 91

Table A11.8: Children's Living Arrangements and Orphanhood
Percentage Distribution of Children Aged 0-17 Years According to Living Arrangements, Percentage of Children Aged 0-17 Years in Households Not Living With a Biological Parent and Percentage of Children Who are Orphans, MIMS, Zimbabwe, 2009

Background characteristic	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*	One or both parents dead**	Number of children
		Only father alive	Only mother alive	Both are alive	Both are dead	Father alive	Father dead	Mother alive	Mother dead					
Sex														
Male	42.9	2.3	4.9	11.1	6.7	16.5	7.5	2.9	1.6	3.5	100.0	25.1	23.0	12 914
Female	40.6	2.6	5.4	12.4	6.8	16.6	8.3	2.5	1.4	3.6	100.0	27.2	24.4	12 890
Province														
Manicaland	38.9	2.0	5.5	10.9	7.3	20.0	9.6	1.5	1.6	2.7	100.0	25.7	26.0	3 693
Mashonaland Central	48.4	2.7	4.6	10.1	8.5	12.3	7.7	2.3	1.3	1.9	100.0	25.9	24.9	2 805
Mashonaland East	42.8	3.1	5.5	11.4	8.1	14.0	8.0	2.9	1.4	2.9	100.0	28.1	26.0	2 614
Mashonaland West	46.2	1.7	5.5	11.1	6.6	15.3	7.2	2.8	1.5	2.2	100.0	24.9	22.5	2 660
Matabeleland North	36.8	2.2	6.9	14.3	5.2	18.5	7.7	1.8	1.1	5.5	100.0	28.6	23.1	1 717
Matabeleland South	27.0	3.3	6.8	14.4	6.8	22.4	6.1	2.4	1	9.7	100.0	31.3	24.0	1 715
Midlands	42.3	2.7	4.9	12.4	6.7	16.8	6.5	2.0	1.6	4.2	100.0	26.7	22.4	3 299
Masvingo	38.5	2.7	4.8	12.1	6.7	17.3	9.7	2.8	1.9	3.5	100.0	26.3	25.8	2 888
Harare	49.7	2.0	3.4	9.2	5.3	14.5	8.0	4.1	1.6	2.2	100.0	19.9	20.3	3 206
Bulawayo	36.5	2.7	4.9	16.9	5.0	15.9	6.1	5.1	2.1	4.8	100.0	29.4	20.8	1 208
Area														
Urban	46.1	1.9	3.8	11.3	5.1	15.5	7.2	4.3	1.6	3.1	100.0	22.1	19.7	6 981
Rural	40.1	2.7	5.7	11.9	7.4	16.9	8.1	2.1	1.5	3.7	100.0	27.6	25.3	18 822
Age														
0-4 years	56.8	0.9	1.5	9.0	0.6	24.6	3.2	1.0	0.3	2.2	100.0	12.0	6.5	7 369
5-9 years	41.6	2.4	5.2	13.9	4.7	16.5	7.5	3.2	1.4	3.7	100.0	26.1	21.1	7 448
10-14 years	33.9	3.5	7.4	11.2	11.0	12.1	10.8	3.4	2.5	4.3	100.0	33.1	35.1	7 211
15-17 years	27.8	3.7	8.0	14.0	14.7	9.4	12.2	3.3	2.4	4.5	100.0	40.4	41.0	3 776
Wealth quintile														
Lowest	43.9	2.4	5.1	9.4	6.3	16.9	9.2	1.9	1.5	3.6	100.0	23.1	24.5	5 842
Second	43.2	2.6	5.3	11.0	7.4	15.2	8.0	1.5	1.8	3.8	100.0	26.4	25.2	5 615
Middle	32.5	3.0	6.9	15.0	9.0	18.4	8.1	1.8	1.1	4.3	100.0	34.0	28.1	5 370
Fourth	44.4	1.7	4.3	10.9	5.4	16.1	8.2	4.0	1.9	3.1	100.0	22.4	21.5	4 601
Highest	45.6	2.4	3.8	12.7	5.2	15.9	5.5	4.9	1.3	2.8	100.0	24.1	18.2	4 375
Total	**41.8**	**2.5**	**5.2**	**11.7**	**6.8**	**16.5**	**7.9**	**2.7**	**1.5**	**3.5**	**100.0**	**26.1**	**23.8**	**25 804**

Table A11.9: Prevalence of Orphanhood and Vulnerability Among Children
Percentage of Children Aged 0-17 Years who are Orphaned or Vulnerable, MIMS, Zimbabwe, 2009

Background characteristic	Chronically ill parent	Adult death in household	Chronically ill adult in household	Vulnerable children	One or both parents dead	Orphans and vulnerable children	Child headed households	Number of children aged 0-17 years
Sex								
Male	2.3	4.2	13.7	18.6	23.0	36.3	0.2	12 914
Female	2.7	4.0	13.4	17.9	24.4	36.9	0.3	12 890
Province								
Manicaland	2.9	3.0	14.8	18.7	26.0	39.0	0.4	3 693
Mashonaland Central	2.2	3.5	14.2	18.1	24.9	37.5	0.0	2 805
Mashonaland East	1.7	4.0	9.2	13.8	26.0	35.1	0.1	2 614
Mashonaland West	2.4	5.9	18.4	23.5	22.5	39.4	0.2	2 660
Matabeleland North	2.4	3.3	14.5	18.2	23.1	37.1	0.2	1 717
Matabeleland South	2.9	4.8	10.7	17.0	24.0	36.9	0.2	1 715
Midlands	3.5	3.4	15.3	20.2	22.4	36.6	0.3	3 299
Masvingo	2.6	5.3	13.0	18.5	25.8	38.1	0.3	2 888
Harare	1.5	3.7	10.0	14.1	20.3	29.8	0.1	3 206
Bulawayo	3.6	4.9	15.6	21.3	20.8	37.6	0.7	1 208
Area								
Urban	2.0	4.1	11.0	15.6	19.7	30.8	0.4	6 981
Rural	2.7	4.1	14.5	19.2	25.3	38.8	0.2	18 822
Age								
0-4 years	1.6	3.3	12.4	15.7	6.5	20.4	0.0	7 369
5-9 years	2.7	4.1	13.4	18.0	21.1	34.2	0.0	7 448
10-14 years	2.8	4.6	14.2	19.6	35.1	47.0	0.2	7 211
15-17 years	3.2	4.4	14.9	20.8	41.0	53.1	1.3	3 776
Wealth quintile								
Poorest	2.5	4.3	16.3	20.9	24.5	40.0	0.1	5 842
Second	2.2	4.9	15.8	20.5	25.2	39.1	0.1	5 615
Middle	3.5	3.5	13.5	18.6	28.1	41.0	0.3	5 370
Fourth	2.2	3.6	11.8	16.1	21.5	32.4	0.3	4 601
Richest	2.0	3.8	8.9	13.6	18.2	27.9	0.4	4 375
Total	**2.5**	**4.1**	**13.5**	**18.2**	**23.8**	**36.6**	**0.2**	**25 804**

Table A11.10: School Attendance of Orphaned and Vulnerable Children
School Attendance of Children Aged 10-14 Years by Orphanhood and Vulnerability, MIMS, Zimbabwe, 2009

Background characteristic	Percent of children whose mother and father have died	School attendance rate of children whose mother and father have died	Percent of children of whom both parents are alive and child is living with at least one parent	School attendance rate of children of whom both parents are alive and child is living with at least one parent	Double orphans to non-orphans school attendance ratio*	Percent of children who are orphaned or vulnerable	School attendance of children who are orphaned or vulnerable	Percent of children who are not orphaned or vulnerable	School attendance of children who are not orphaned or vulnerable	OVC vs. non-OVC school attendance ratio	Total number of children aged 10-14 years
Sex											
Male	10.7	86.1	51.6	93.3	0.9	46.4	86.2	53.6	92.5	0.9	3 530
Female	11.4	82.7	47.2	93.6	0.9	47.6	87.2	52.4	93.2	0.9	3 680
Province											
Manicaland	11.5	89.6	46.8	96.2	0.9	50.3	92.6	49.7	95.5	1.0	1 051
Mashonaland Central	14.4	67.9	49.9	86.6	0.8	48.8	75.3	51.2	85.4	0.9	790
Mashonaland East	13.4	87.5	48.4	91.6	1.0	46.9	85.9	53.1	91.8	0.9	746
Mashonaland West	10.5	76.8	52.9	94.1	0.8	52.2	84	47.8	94.4	0.9	726
Matabeleland North	9.2	81.1	47.0	87.1	0.9	45	81.2	55.0	85.9	1.0	463
Matabeleland South	9.7	84.1	41.7	93.0	0.9	45.2	84.3	54.8	92.3	0.9	485
Midlands	10.8	85.6	51.6	93.7	0.9	45.5	89.9	54.5	94.3	1.0	960
Masvingo	10.7	85.3	47.1	94.9	0.9	47.3	88.0	52.7	94.6	0.9	816
Harare	9.0	99.5	56.4	97.0	1.0	39.8	90.8	60.2	95.6	1.0	841
Bulawayo	8.4	93.0	46.9	98.8	0.9	50.3	92.6	49.7	95.5	1.0	1 051
Area											
Urban	8.0	93.4	54.0	97.4	1.0	40.6	92	59.4	96.1	1.0	1 859
Rural	12.1	82.1	47.8	91.9	0.9	49.2	85.3	50.8	91.5	0.9	5 351
Wealth quintiles											
Lowest	11.3	71.9	49.1	87.1	0.8	51.9	79.3	48.1	87.2	0.9	1 545
Second	11.9	86.2	49.8	91.3	0.9	49.6	86.3	50.4	90.5	1.0	1 636
Middle	13.5	85.3	42.7	96	0.9	50.7	88.7	49.3	95.2	0.9	1 599
Fourth	9.6	88.3	51.2	95	0.9	42.1	88	57.9	94.4	0.9	1 205
Highest	7.9	95.5	56.3	98.9	1.0	37.3	95.8	62.7	97	1.0	1 227
Total	**11.0**	**84.3**	**49.4**	**93.4**	**0.9**	**47.0**	**86.7**	**53.0**	**92.8**	**0.9**	**7 211**

* MICS indicator 77; MDG indicator 20 - * See (5) below
1) Children whose mother and father have died (HL9=2 and HL11=2)
2) School attendance for children whose parents have died (HL9=2 and HL11=2 and ED4=1)
3) Children whose parents are both alive and the child is living with at least one of them (HL9=1 and HL11=1 and (HL10>0 or HL12>0))
4) School attendance for children whose parents are both alive and who lives with at least one of them (HL9=1 and HL11=1 and (HL10>0 or HL12>0) and ED4=1)
5) The orphan to non-orphan school attendance ratio is calculated by dividing column (2) by column (4).
6) Children who are orphaned or vulnerable are defined as in column (6) of table HA.11.
7) School attendance rate for children orphaned or vulnerable (ED4=1 for children included in column (6))
8) Children who are not orphaned or vulnerable are all children except those defined in column (6).
9) School attendance rate for children who are not orphaned or vulnerable (ED4=1 for children included in column 8)
10) The orphaned and vulnerable children (OVC) to non-orphaned and vulnerable (non-OVC) school attendance ratio is calculated by dividing column (7) by column (9).
Note: Check the sample sizes for each column to ensure that they are sufficiently large to calculate the indicator.
A double orphan is a child whose mother and father have both died.

Table A11.11: School Attendance of Orphaned Children
School Attendance of Children Aged 10-14 years by Orphanhood, MIMS, Zimbabwe, 2009

Background characteristic	School attendance rate of children aged 10-14 years	Percent of children whose both parents dead	Percent of children whose mother died and father alive	Percent of children whose father died and mother alive	Percent of children whose one or both parents died	Total number of children aged 10-14 years	School attendance rate of children whose both parents dead	Number of children whose both parents dead	School attendance rate of children whose mother died and father alive	Number of children whose mother have died and father alive	School attendance rate of children whose father died and mother alive	Number of children whose father died and mother alive	School attendance rate of children whose one or both parents died
Sex													
Male	89.6	10.7	5.8	17.6	34.1	3 530	86.1	377	89.5	205	83	622	84.8
Female	90.4	11.4	6.1	18.7	36.2	3 680	82.7	420	87.5	223	87	690	85.7
Province													
Manicaland	94	11.5	5.2	22.7	39.4	1 051	89.6	120	96.4	55	92.5	239	92.1
Mashonaland Central	80.5	14.4	6.8	16.2	37.4	790	67.9	114	75.6	54	73.5	128	72.1
Mashonaland East	89	13.4	6.1	18.7	38.2	746	87.5	100	91	45	83.1	140	85.6
Mashonaland West	89	10.5	5	19.2	34.7	726	76.8	77	85.8	36	82.3	139	81.4
Matabeleland North	83.8	9.2	3.5	19.6	32.3	463	81.1	43	64.4	16	80.4	91	78.7
Matabeleland South	88.7	9.7	6.1	17.8	33.6	485	84.1	47	95.3	29	78.6	86	82.3
Midlands	92.3	10.8	5.7	15.7	32.2	960	85.6	104	86.1	55	92.5	151	88.8
Masvingo	91.5	10.7	7.1	18.1	35.9	816	85.3	87	87.1	58	87.5	148	87.1
Harare	93.7	9	6.5	16.1	31.6	841	99.5	76	98.4	55	80.8	136	89.2
Bulawayo	94.9	8.4	7.3	16	31.7	333	93	28	91.2	24	94.7	53	93
Area													
Urban	94.4	8	5.8	16.7	30.5	1 859	93.4	149	97.2	107	88.3	311	90.8
Rural	88.4	12.1	6	18.7	36.8	5 351	82.1	647	85.5	320	84.1	1 000	83.7
Wealth quintile													
Lowest	83.1	11.3	6.3	20.1	37.7	1 545	71.9	174	76.5	97	79.6	311	76.9
Second	88.4	11.9	6.1	17.7	35.7	1 636	86.2	195	87.9	99	81.8	290	84.5
Middle	91.9	13.5	5.5	20.6	39.6	1 599	85.3	216	89.4	88	89.2	329	87.7
Fourth	91.7	9.6	6	17.8	33.4	1 205	88.3	115	95.6	72	85.1	215	87.2
Highest	96.5	7.9	5.8	13.6	27.3	1 227	95.5	97	97	72	93	167	94.5
Total	**90**	**11**	**5.9**	**18.2**	**35.1**	**7 211**	**84.3**	**797**	**88.4**	**428**	**85.1**	**1 311**	**85.3**

Table A11.12: Malnutrition Among Orphans and Vulnerable Children (WHO Standard)
Percentage of Children Aged 0-4 Years Who are Moderately or Severely Underweight, Stunted or Wasted by Orphanhood and Vulnerability , MIMS, Zimbabwe, 2009

	Percentage of children aged 0-4 years who are moderately or severly:			Number of children aged 0-4 years
	Underweight	Stunted	Wasted	
Orphaned	17.1	41.5	2.1	492
Vulnerable	10.7	34.7	1.9	1 145
Orphaned or vulnerable	12.5	37.1	2.0	1 489
Not orphaned or vulnerable	11.6	34.6	2.6	5 753
Total	**11.8**	**35.1**	**2.4**	**7 242**
Ratio OVC to non-OVC*	1.1	1.1	0.8	.

* MICS Indicator 79

Table A11.13: Malnutrition Among Orphans and Vulnerable Children (NCHS Standard)
Percentage of Children Aged 0-4 Years Who are Moderately or Severely Underweight, Stunted or Wasted by Orphan Hood and Vulnerability, MIMS, Zimbabwe, 2009

	Percentage of children aged 0-4 years who are moderately or severely:			Number of children aged 0-4 years
	Underweight	Stunted	Wasted	
Status				
Orphaned	22.04	33.40	1.89	408
Vulnerable	16.11	29.44	1.81	956
Orphaned or vulnerable	17.90	31.29	1.83	1 246
Not orphaned or vulnerable	15.77	28.00	2.23	4 808
Total	**16.21**	**28.68**	**2.15**	**6 054**
Ratio OVC to non-OVC*	1.14	1.12	0.82	.

* MICS indicator 79
* The ratio of orphaned and vulnerable children (OVC -- row 3) to non-orphaned and vulnerable children (non-OVC -- row 4) is calculated by dividing the percentage of orphaned or vulnerable children who are underweight, stunted or wasted by the percentage of non-orphaned or vulnerable children who are underweight, stunted or wasted, respectively.
Note: Review the sample sizes for the orphaned or vulnerable children category to ensure sufficient sample size to produce a reliable estimate.
The orphaned or vulnerable child status is calculated as defined in column (6) of table HA.11
The definitions of moderately or severely underweight, stunted or wasted are as in table NU.1
Orphaned and vulnerable children due to AIDS (OVC) includes children whose mother or father have died (regardless of cause), who live in a household with a chronically ill adult, whose parents are chronically ill, or who live in a household where an adult who was chronically ill has died in the past year.
An orphan is a child aged 0-17 years who has lost one or both parents. Children who are both orphaned and vulnerable will appear in the vulnerable column.
Vulnerable children due to AIDS include children who live in a household with a chronically ill adult, whose parents are chronically ill, or who live in a household where an adult who was chronically ill has died in the past year.

Table A11.14: Support for children orphaned and vulnerable
Percentage of Children Aged 0-17 Years Orphaned or Vulnerable whose Households Received Free Basic External Support in Caring for the Child, MIMS, Zimbabwe, 2009

Background characteristic	Percent of orphans and vulnerable children whose households received:							Number of children orphaned or vulnerable aged 0-17 years
	Medical support (in last 12 months)	Emotional and psychosocial support (in last 3 months	Social/ material support (in last 3 months)	Educational support (in last 12 months)	Any support*	All types of support	No support at all	
Sex								
Male	2.3	4.0	14.0	5.0	20.9	0.2	79.1	4 686
Female	2.2	4.2	12.7	6.3	20.8	0.2	79.2	4 759
Province								
Manicaland	4.7	5.9	25.1	7.0	33.5	0.5	66.5	1 441
Mashonaland Central	3.3	8.1	8.2	6.1	19.3	0.4	80.7	1 051
Mashonaland East	1.4	2.9	8.4	7.8	17.3	0.0	82.7	918
Mashonaland West	2.7	5.8	9.2	3.8	18.5	0.0	81.5	1 047
Matabeleland North	1.1	0.7	16.0	3.3	18.4	0.0	81.6	637
Matabeleland South	1.9	0.4	9.8	6.4	16.5	0.0	83.5	633
Midlands	1.2	3.6	18.3	6.8	25.6	0.1	74.4	1 207
Masvingo	1.1	2.8	14.2	4.2	20.2	0.1	79.8	1 100
Harare	1.3	3.2	6.4	4.7	11.4	0.4	88.6	956
Bulawayo	1.8	3.4	8.6	5.2	14.3	0.0	85.7	454
Area								
Urban	1.4	3.6	6.6	5.2	13.1	0.2	86.9	2 151
Rural	2.5	4.2	15.3	5.8	23.1	0.2	76.9	7 294
Age								
0-4 years	2.7	4.6	11.6	NA	16.2	0.2	83.8	1 502
5-9 years	2.3	4.5	13.4	4.5	20.5	0.0	79.5	2 549
10-14 years	2.4	3.9	14.8	8.9	23.8	0.3	76.2	3 390
15-17 years	1.5	3.4	12.2	5.9	19.7	0.1	80.3	2 004
Wealth quintile								
Poorest	2.0	2.9	14.9	4.6	20.4	0.0	79.6	2 336
Second	2.4	5.2	15.3	6.2	24.1	0.2	75.9	2 194
Middle	3.0	4.7	16.7	6.3	25.1	0.4	74.9	2 201
Fourth	1.8	4.1	9.7	6.6	18.3	0.2	81.7	1 493
Richest	1.5	3.3	5.2	4.5	11.1	0.2	88.9	1 221
Total	**2.2**	**4.1**	**13.3**	**5.7**	**20.8**	**0.2**	**79.2**	**9 445**

*MICS Indicator 81

APPENDIX G. LIST OF PERSONNEL INVOLVED IN THE SURVEY

SURVEY MANAGEMENT TEAM (18 Persons)

Zimbabwe National Statistics Agency (ZIMSTAT), formerly Central Statistical Office, (CSO)

Nyoni M. (Acting Director), Parirenyatwa C. (Deputy Director), Mungate T. (Assistant Director), Manyame O. (Acting Assistant Director), Mpofu R. (Acting Assistant Director), Marima E. (Senior Statistician), Mwadiwa T. (Statistician), Chikeya L. (Statistician), Matangira T. (Statistician), Chigiji H. (Statistician), Changa B. (Chief Programmer), Mahere L. (Programmer), Mbuwa C. (Programmer), Jonga N. (Statistician), Musariri H. (Statistician) and Damba A. (Statistician)

United Nations Children Fund (UNICEF)

Matemachani R, Makota V, Matsuda Y and Wise R

UNITED NATIONS CHILDREN FUND REGIONAL TECHNICAL BACKSTOPPING TEAM (4 Persons)

Vasudevan J, Pedersen B, Raggers H and Megil D.

REPORT AUTHORS (CONSULTANTS) (2 Persons)

Chipika J and Malaba J

STEERING COMMITTEE (27 Persons)

Zimbabwe National Statistics Agency (ZIMSTAT), formerly Central Statistical Office, (CSO)

Nyoni M, Parirenyatwa C, Mungate T, Manyame O, Marima E, Mwadiwa T E and Changa B,

United Nations Children Fund (UNICEF)

Matemachani R, Wise A, Botwe A, Matsuda Y and Makota V

Other Institutions

Ministry of Finance (Hamandishe E), Ministry of Public Service, Labour and Social Welfare (Mutowo A), Ministry of Economic Development (Dhliwayo TD), Ministry of Environment and Tourism (Gundu V), Ministry of Health and Child Welfare (MoHCW)(Midzi SM), Ministry of Justice, legal and Parliamentary Affairs (Gumbo N), Ministry of Local Government, Public Works and Urban development (Matanhire N), Ministry of Water Resources and Infrastructure Development (Chibode E), Ministry of Women Affairs, Gender and Community Development (Matizha G), Ministry of Education, Sport and Culture (Machingaidze T), The Joint United Nations Programme on HIV/AIDS (UNAIDS) (Bingana E), World Health Organization (WHO) (Kanyowa T), National Aids Council (NAC)(Maboreke L), United Nations Population Fund (UNFPA)Mlambo P .M, Department for International Development (DFID)(Beattie A) and World Bank, Dhliwayo R.

TECHNICAL COMMITTEE (31 Persons)

Zimbabwe National Statistics Agency (ZIMSTAT), formerly Central Statistical Office, (CSO)

Parirenyatwa C, Mungate T, Manyame O, Mpofu R, Marima E, Mwadiwa TE, Chikeya L, Matangira T, Chigiji H, Changa B, Mahere L, Mbuwa C, Jonga N, Damba A and
Mhembere F.

United Nations Children Fund (UNICEF)

Matemachani R, Wise A, Botwe A, Matsuda Y and Makota V

Other Institutions

Ministry of Finance (Machinjike N, Ndaona A, Zinhu TB, Gapare C), Ministry of Health and Child Welfare (Katiyo J), Ministry of Education, Sport and Culture (Chitiga ZM), Ministry of Public Service, Labour and Social Welfare (Mafoti D), CDC (Bangani B), UNFPA (Nhamo S), UNAIDS (Baingana E), National Aids Council (NAC), (Musarandega R) and SIRDC (Nyatsanza J).

ONLINE EDITORS (15 Persons)

Changa B, Chigiji H, Chikeya L, Chitiyo J, Damba A, Majoni T, Manyame O, Marima E, Matangira T, Mbuwa C, Mpofu R, Mungate T, Musariri H, Mwadiwa T E and Parirenyatwa C.

DATA ENTRY OPERATORS (60 Persons)

Basvi E, Chakamanga D, Chari M, Chari R, Chawanda E, Chihwehwete V, Chimbumu N, Chimondo O, Chinho K, Chinodakufa B, Chinyanya C, Chirumembi A, Dzvaka G, Gambiza M, Gawe L, Gowa M, Hambayi N, Jaravaza N, Jonasi J, Kanyowa B, Kapungu PE, Kunaka D, Kuzoraunye E, Mabika O, Machona C, Madimutsa M, Madzokere A, Mafirakurewa L, Mafusire J, Magigwana P, Makota J, Manyanda R, Maponga S, Mashingaidze S, Mautsa A, Mazhiri Z, Mhembere F, Moyo T W, Mucheke P, Mudondo Chanengeta F, Mukonzi B, Mumbamarwo S, Mumera A, Murwira T, Musayiri E, Musemerwi N, Mutirwara LT, Mwatse C, Ngara B, Nguluvhe S, Nhapi A, Nyamakwenje S, Nyaundi LKB, Rubunya N, Rwarinda J, Sanjobo S, Sigauke C, Tafirenyika D, Tongogara C, and Washaya C.

LISTERS (294 Persons)

Manicaland province (30 persons)

Chimupini W, Chipiro W, Chitsamba T, Chivende P, Doka N, Dondo A, Dube J, Furau B, Kadenga W, Kapasura T, Kumbana D, Madondo T, Magocha J, Makwarimba M, Mangwanda D.F, Mapaike P.S, Masuka I, Maupa S, Mhlanga D, Muchangwara G, Mukome M, Munhumwe T, Munyaradzi T, Murira M, Musasa E, Mutema S, Nyamutsaka C, Raitewa T, Sithole L and Stacha C.

Mashonaland Central province (40 persons)

Chapata B, Chapesa T, Chimbanda J, Chimukuze R, Chinguruanru C, Chiunye K, Dhliwayo P, Funzani N, Gandari F, Honye W, Jongwe N, Kanyoka H, Kosaya R, Madoro T, Maluleke P, Mapungwana E, Marira S, Marume D, Masiiwa D, Masora T, Msawu Antony, Mukoka D, Mukombwe L, Mukundwa Oliver, Mushonga O, Musora F, Mutazu H, Mutseta L, Nyamukondiwa J, Nyawuyanga M, Nyemba D, Nziramasanga J, Pfunye W, Rusike O, Rutavi E, Shapure N, Sharemu D, Soda N, Tsongola R and Zinyoni S.

Mashonaland East province (46 persons)

Bangira G, Chabuda M, Chapungu J, Chiadzwa E, Chidzambwa P, Chigumbu T, Chimbwanda I, Chimusepa D, Chinosengwa L, Chipendo S, Chizambire G, Chizombe E, Dick D, Gava T, Gutsire K, Gwenda S, Kamwanda S, Katsande K, Lunga Z, Magwenzi A, Mahachi T, Makawa L, Mambondiumwe P, Manhimbe A, Manyika L, Mapfunde R, Marongedza P, Masungo E, Matiyenga S, Mazire B, Mhlanga A, Mudimu P, Mukudu E, Musokuwaya P, Mutukwa W, Muzarabani C, Nyirenda T, Rambwe B, Samakande C, Shiri F, Shonhiwa M, Tambaoga B, Temwenjelo S, Tendenguwo L, Tengo W and Tigere C.

Mashonaland West province (47 persons)
Chagwedera J, ChapasukaT, Charana E, Chihota R, Chinyama L, Dzingai E, Dzvairo R, Goredema E, Kanhanga L, Kapfudza M, Kwaramba S, Madzudzo W, Makore S, Mandenga E, Mandii S, Maponga R, Maponga R, Marecha C, Mareverwa M, Masiiwa S, Masikinye A, Matienga B, Maya S, Motyo C, Moyo V, Mpandaguta S, Mubekapi F, Muchopa F, Mugariri C, Munouya G, Muntanga N, Mupariwa P, Musa B, Musevenzo I, Mutariswa F, Mutumburi E, Ngulube N, Ngwerume A, Nyamusona D, Nzarayapenga S, Phiri M, Seremani F, Sithunya F, Sumanje M, Tinago P, Vimbe K and Zimba B.

Matabeleland North province (19 persons)

Blazio E, Gatsi J, Jubane F, Mbambo C, Mlilo N, Molisa N, Moyo E, Mpala N, Mtovu V, Mudenda A, Mugande M, Muleya M, Ncube R, Ndiweni J, Ngwenya S, Nkomo G, Nkomo V, Sibanda P and Sikuka B.

Matabeleland South province (20 persons)

Bidi M, Dube H, Dube L, Gwizi J, Moyo I, Moyo P, Moyo S, Mpofu K, Mpofu N, Msipha N, Ncube B, Ncube N, Ndebele E, Ndlovu I, Ngwenya T, Sibanda P, Sibanda S, Siziba Q, Siziba S and Tlou P.

Midlands province (34 persons)

Chihlaba M, Chimunda E, Chinyowa S, Dongo J, Gusha M, Hove S, Katya C, Makwanya N, Mandiziva L, Mangozho A, Mawoneke S, Mazuru R, Mhishi A, Moyo E, Moyo M, Mseva E, Mukwena M, Mundingi N, Munhutu M, Mupeta J, Mutembwa L, Mutombwera F, Ncube B, Shanapinuka A, Sibanda M, Sipiriyano M, Takavarasha N, Tamai A, Taruvinga V, Taruziva A, Waida Saidi, Zinhumwe A, Zhou E and Zinyemba G.

Masvingo province (22 persons)

Chigombe G, Chimedza T, Chitubura C. D, Dhliwayo H, Gono F. D, Hodwana A, Mabaire R, Mabaya F, Manjengwa D, Maphosa T, Mathimise H, Mugonda T, Mutimba S, Ngubo G, Nyevedzanai K, Sithole A, Swatch A, Tasara S, Tozvireva P, Tsakani R, Vengai M and Ziishiri J.

Harare province (36 persons)

Bondera T, Chawanda E, Chimondo O, Chinyanya C, Deve P, Deve P, Hambayi N, Jonasi J, Kunaka D, Kuzoraunye E, Madimutsa M, Mafunga P, Manema E, Masora R, Masvosva R, Matorera J, Mhandire F, Mucheka J, Muhlauro E, Mukavhi A, Munapo M, Mupotsa M, Musemerwi N, Mutsau A, Muzamwese E, Napata M, Ndaba B, Nyama O, Nyamakwenje S, Nyanguru T, Nyoka B, Rinditsiye S, Tankai H, Taruona M, Taruvinga F. C and Wunganai S.

Bulawayo province (16 persons)

Chidzewere M, Dlodlo K, Dube Q, Mahwana M, Marira O, Mkandla N, Mpofu N, Mutizwa L, Mwale W, Ncube G, Ndlovu R, Ndlovu Vaine, Ngwenya H, Nkawu D, Ruvai S, and Samson V.

DRIVERS (33 Persons)

Charumbura T, Chatukuta J, Chibanda J, Chigumadzi L, Chinamise T, Chiripayi D, Chirwa T, Hlalanini C, Jinga J, Jonga R, Kaguru P, Lulaka M, Machingambi P, Madzongwe R, Mangondoza P, Masarirambi L, Mataure G, Mateka C, Mhondiwa F, Mlambo A, Muchemwa D, Mufundisi S, Mutize M, Ndlovu I, Nhokwara T, Paswaraviri G, Patsanza L, Ringisai N, Rusere S, Sithole T, Tigere C and Wadyehwata S.

MANICALAND PROVINCE (29 Persons)

Provincial Supervisor

Chitsamba T

Team Supervisors

Chivende P, Maupa S, Mangwanda D.F and Muchangwara G

Enumerators

Chimupini W, Chipiro W, Doka N, Dondo A, Dube J, Furau B, Kadenga W, Kapasura T, Kumbana D, Madondo T, Magocha J, Mapaike P.S, Masuka I, Mhlanga D, Mukome T, Munhumwe T, Munyaradzi T, Murira M, Musasa E, Mutema S, Nyamutsaka C, Raitewa T, Sithole L, and Stacha C.

MASHONALAND CENTRAL PROVINCE (22 Persons)

Provincial Supervisor

Taongai T

Team Supervisors

Dhliwayo P.C, Nyawuyanga M and Rusike O

Enumerators

Chapata B, Funzani N, Honye W, Kanyoka H, Karembera A, Kasaya R, Madoro T, Maluleke P, Mapungwana E, Masora T, Matambanadzo F, Mukombwe L, Mushonga O,
Nziramasanga J, Pfunye W, Soda N, Tsongola R and Zinyoni S.

MASHONALAND EAST PROVINCE (23 Persons)

Provincial Supervisor

Chinosengwa L

Team Supervisors

Chizombe E, Mhlanga A and Tambaoga B

Enumerators

Chabuda M, Chapungu J, Chimusepa D, Chitewe F, Chizambire C, Gwenda S, Mambondiumwe P, Manyika L, Marongedze P, Masungo E, Matiyenga S. V, Muzarabani C, Rambwe B, Shonhiwa M, Temwenjelo S, Tendenguwo L, Tigere C and Ziamanhlanhla L,

MASHONALAND WEST PROVINCE (22 Persons)

Provincial Supervisor

Mapondera L

Team Supervisors

Fushayi E, Mate C and Mujuru J

Enumerators

Benhara T, Chimhore M, Kwaramba S, Machila F, Magama E, Makore S, Mandii S, Masiiwa S, Matienga B, Muntanga N, Muzondo C, Nyamusona D, Nyirenda M, Nzarayapenga S, Phiri M, Sangister C, Sithunya F and Sumanje M.

MATABELELAND NORTH PROVINCE (21 Persons)

Provincial Supervisor

Mhlanga T

Team Supervisors

Moyo E, Ncube R and Nkomo V

Enumerators

Gatsi J, Judane F, Molisa N, Mpala N, Mtovu V, Mudenda A, Mugande N. M, Muleya M, Mlilo N, Ncube S, Ndiweni J, Ngwenya S, Njiba M, Nkomo G, Siachiwele T, Sibanda P and Sikuka B.

MATABELELAND SOUTH PROVINCE (21 Persons)

Provincial Supervisor

Gwizi J

Team Supervisors

Dube H, Ncube N and Ngwenya T

Enumerators

Bidi M, Dube L, Moyo I, Moyo S, Moyo S, Mpofu K, Mpofu N, Msipha N, Ncube B, Ncube B, Ndebele E, Ndlovu I, Sibanda P, Sibanda S, Siziba Q, Tlou P and Ndlovu T.

MIDLANDS PROVINCE (22 Persons)

Provincial Supervisor

Zinhumwe A

Team Supervisors

 Gusha H.M, Katya C and Hove S

Enumerators

Chihlaba M.M, Hove A, Makamure A, Mandiziva L, Mangozho A, Mazuru R, Mhishi A, Mseva E, Mucha J, Mundingi N, Mutembwa L, Ncube B, Sayi S, Shanapinuka A, Takavarasha N, Waida S, Zhou A and Zhou E.

MASVINGO PROVINCE (22 Persons)

Provincial Supervisor

Manjengwa D

Team Supervisors

Mugonda T, Swatch A and Ziishiri J

Enumerators

Chimedza T, Chigombe G, Chitubura C. D, Dhliwayo H, Gono F. D, Hodwana A, Mabaire R, Mabaya F, Maphosa T, Mathimise H, Mutimba S, Tsakani R, Ngubo G, Nyevedzanai K, Sithole A, Tasara S, Tozvireva P and Vengai M.

HARARE PROVINCE (24 Persons)

Provincial Supervisor

Mukavhi A

Team Supervisors

Bondera T. S, Deve P. T, Mutizwa L and Mupotsa   M

Enumerators

Mahlauro E, Manema E, Manhera S, Masora R, Masvosva R, Matorera J, Mhandire F, Mucheka J, Munapo M, Mutsau A, Muzamwese E, Napata L, Ndaba B, Ndudzo E, Nyama O, Nyanguru T, Size R, Tankai H, and Wunganai S.

BULAWAYO PROVINCE (16 Persons)

Provincial Supervisor

Ngwenya H

Team Supervisors

 Mahwana M and Mutizwa L

Enumerators

Chidzewere M, Dlodlo K, Dube Q, Marira O, Mkandla N, Mpofu N, Mwale W, Ncube G, Ndlovu R, Ndlovu V, Nkawu D, Ruvai S and Samson V.

APPENDIX H: QUESTIONNAIRES

REPUBLIC OF ZIMBABWE

MULTIPLE INDICATOR MONITORING SURVEY (MIMS)
2009

HOUSEHOLD QUESTIONNAIRE

PROVINCE: **E. A. NUMBER:**   **HHOLD:**

HOUSEHOLD QUESTIONNAIRE

Good ………….! My name is ……………………… and I am working for Central Statistics Office (CSO). We are working on a nationwide survey concerned with family health and education. We would very much appreciate your participation in this survey. The interview will take about 35 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified. During this time I would like to speak with the household head and all mothers or others who take care of children in the household.

May I start now? *IF PERMISSION IS GIVEN, BEGIN THE INTERVIEW.*

IDENTIFICATION PANEL	HH

HH1. LOCALITY NAME   CLUSTER NUMBER:

_____

HH2. HOUSEHOLD NUMBER:

HH3. INTERVIEWER NAME   NUMBER:

_____

HH4. FIELD SUPERVISOR'S NAME   NUMBER:

_____

HH5. DAY/MONTH/YEAR OF INTERVIEW | | | | | **2** **0** **0** **9** |

HH6. AREA:

URBAN 1
RURAL 2

HH7. PROVINCE

HH7A. DISTRICT

HH 8. NAME OF HEAD OF HOUSEHOLD:

_____

AFTER ALL QUESTIONNAIRES FOR THE HOUSEHOLD HAVE BEEN COMPLETED, FILL IN THE FOLLOWING INFORMATION.

HH9. RESULT OF HOUSEHOLD INTERVIEW:

COMPLETED 1
NOT AT HOME......................................2
REFUSED..3
HOUSEHOLD NOT FOUND/STRUCTURE
     DESTROYED 4

OTHER (*specify*) _____ 6

HH10. RESPONDENT TO HOUSEHOLD QUESTIONNAIRE:

NAME:_____

LINE NO:

HH11. TOTAL NUMBER OF HOUSEHOLD MEMBERS:

HH12. NO. OF WOMEN ELIGIBLE FOR INTERVIEW:

HH13. NO. OF WOMEN QUESTIONNAIRES COMPLETED:

HH14. NO. OF CHILDREN UNDER AGE 5:

HH15. NO. OF UNDER 5 QUESTIONNAIRES COMPLETED:

INTERVIEWER/EDITOR/ SUPERVISOR NOTES: *USE THIS SPACE TO RECORD NOTES ABOUT THE INTERVIEW WITH THIS HOUSEHOLD, SUCH AS CALL-BACK TIMES, INCOMPLETE INDIVIDUAL INTERVIEW FORMS, NUMBER OF ATTEMPTS TO RE-VISIT, ETC..*

HH16. DATA ENTRY CLERK:

 Name: ………………………….

HH16A. RECORD INTERVIEW TIME (HOUR AND MINUTE) | | : | |

HH16B. DATA ENTRY SUPERVISOR

Name: ………………………….

HH16C: FIELD EDITOR:

Name: ………………………….

MODULE 1: HOUSEHOLD LISTING FORM HL

First, please tell me the name of each person who usually lives here or spent the last night in this household, 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? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). IF YES, COMPLETE LISTING.*

THEN, ASK QUESTIONS STARTING WITH HL5 FOR EACH PERSON AT A TIME. ADD A CONTINUATION SHEET IF THERE IS NOT ENOUGH ROOM ON THIS PAGE. TICK HERE IF CONTINUATION SHEET USED ☐

					ELIGIBLE FOR:		If age 18-59 years	For children age 0-17 years ask HL9-HL12AA							
					WOMEN'S INTERVIEW	UNDER-5 INTERVIEW									
HL1. *Line no.*	**HL2.** *Name*	**HL3.** What is the relation-ship of (*NAME*) to the head of the house-hold?	**HL4.** Is (*NAME*) male or female? 1 MALE 2 FEM.	**HL5.** How old is (*NAME*)? How old was (*name*) on his/her last birthday? *Record in completed years* 98=DK*	**HL6.** *CIRCLE LINE NO. IF WOMAN IS AGE 15-49*	**HL8.** *FOR EACH CHILD UNDER 5:* Who is the mother or primary caretaker of this child? *RECORD LINE NO. OF MOTHER/ CARETAKER*	**HL8A.** Has (*NAME*) been very sick for at least 3 months during the past 12 months?	**HL9.** Is (*NAME'S*) natural/ biological mother alive? 1 YES 2 NO⇨ HL11 8 DK⇨ HL11	**HL10.** *IF ALIVE:* Does (*NAME'S*) natural/ biological mother live in this household? *RECORD LINE NO. OF MOTHER AND SKIP TO HL11 OR 00 FOR 'NO'*	**HL10A.** IF MOTHER DOES NOT LIVE IN HOUSE-HOLD Has (*name's*) mother been very sick for at least 3 months in the past 12 months?	**HL10AA** IF MOTHER DOES NOT LIVE IN HOUSE-HOLD Where does (NAME'S) mother live? (*SEE CODES BELOW*)	**HL11.** Is (*NAME'S*) natural/ biological father alive? 1 YES 2 NO⇨ NEXT LINE 8 DK⇨ NEXT LINE	**HL12.** *IF ALIVE:* Does (*NAME'S*) natural/ biological father live in this household? *RECORD LINE NO. OF FATHER AND SKIP TO NEXT MODULE OR 00 FOR 'NO'*	**HL12A.** *IF FATHER DOES NOT LIVE IN HOUSEHOLD:* Has (*name's*) father been very sick for at least 3 months in the past 12 months?	**HL12AA** *IF FATHER DOES NOT LIVE IN HOUSEHOLD:* Where does (NAME'S) father live? (*SEE CODES BELOW*)
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	Y N DK	Y N DK	MOTHER	Y N DK	MLOC	Y N DK	father	Y N DK	FLOC
01			1 2	__ __	01	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __
02			1 2	__ __	02	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __
03			1 2	__ __	03	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __
04			1 2	__ __	04	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __
05			1 2	__ __	05	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __

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HL1. Line no.	HL2. Name	HL3. What is the relation-ship of (NAME) to the head of the house-hold?	HL4. Is (NAME) male or female? 1 MALE 2 FEM.	HL5. How old is (NAME)? How old was (name) on his/her last birthday? Record in completed years 98=DK*	HL6. CIRCLE LINE NO. IF WOMAN IS AGE 15-49	HL8. FOR EACH CHILD UNDER 5: Who is the mother or primary caretaker of this child? RECORD LINE NO. OF MOTHER/ CARETAKER	HL8A. Has (NAME) been very sick for at least 3 months during the past 12 months?	HL9. Is (NAME'S) natural/ biological mother alive? 1 YES 2 NO⇨ HL11 8 DK⇨ HL11	HL10. IF ALIVE: Does (NAME'S) natural/ biological mother live in this household? RECORD LINE NO. OF MOTHER AND SKIP TO HL11 OR 00 FOR 'NO'	HL10A. IF MOTHER DOES NOT LIVE IN HOUSE-HOLD Has (name's) mother been very sick for at least 3 months in the past 12 months?	HL10AA IF MOTHER DOES NOT LIVE IN HOUSE-HOLD Where does (NAME'S) mother live? (SEE CODES BELOW)	HL11. Is (NAME'S) natural/ biological father alive? 1 YES 2 NO⇨ NEXT LINE 8 DK⇨ NEXT LINE	HL12. IF ALIVE: Does (NAME'S) natural/ biological father live in this household? RECORD LINE NO. OF FATHER AND SKIP TO NEXT MODULE OR 00 FOR 'NO'	HL12A. IF FATHER DOES NOT LIVE IN HOUSEHOLD: Has (name's) father been very sick for at least 3 months in the past 12 months?	HL12AA IF FATHER DOES NOT LIVE IN HOUSEHOLD: Where does (NAME'S) father live? (SEE CODES BELOW)
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	Y N DK	Y N DK	MOTHER	Y N DK	MLOC	Y N DK	father	Y N DK	FLOC
06			1 2	__ __	06	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __
07			1 2	__ __	07	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __
08			1 2	__ __	08	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __
09			1 2	__ __	09	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __
10			1 2	__ __	10	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __
11			1 2	__ __	11	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __
12			1 2	__ __	12	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __
13			1 2	__ __	13	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __

HL1. Line no.	HL2. Name	HL3. What is the relation-ship of (NAME) to the head of the house-hold?	HL4. Is (NAME) male or female? 1 MALE 2 FEM.	HL5. How old is (NAME)? How old was (name) on his/her last birthday? Record in completed years 98=DK*	HL6. CIRCLE LINE NO. IF WOMAN IS AGE 15-49	HL8. FOR EACH CHILD UNDER 5: Who is the mother or primary caretaker of this child? RECORD LINE NO. OF MOTHER/ CARETAKER	HL8A. Has (NAME) been very sick for at least 3 months during the past 12 months?	HL9. Is (NAME'S) natural/ biological mother alive? 1 YES 2 NO⇨ HL11 8 DK⇨ HL11	HL10. IF ALIVE: Does (NAME'S) natural/ biological mother live in this household? RECORD LINE NO. OF MOTHER AND SKIP TO HL11 OR 00 FOR 'NO'	HL10A. IF MOTHER DOES NOT LIVE IN HOUSE-HOLD Has (name's) mother been very sick for at least 3 months in the past 12 months?	HL10AA IF MOTHER DOES NOT LIVE IN HOUSE-HOLD Where does (NAME'S) mother live? (SEE CODES BELOW)	HL11. Is (NAME'S) natural/ biological father alive? 1 YES 2 NO⇨ NEXT LINE 8 DK⇨ NEXT LINE	HL12. IF ALIVE: Does (NAME'S) natural/ biological father live in this household? RECORD LINE NO. OF FATHER AND SKIP TO NEXT MODULE OR 00 FOR 'NO'	HL12A. IF FATHER DOES NOT LIVE IN HOUSEHOLD: Has (name's) father been very sick for at least 3 months in the past 12 months?	HL12AA IF FATHER DOES NOT LIVE IN HOUSEHOLD: Where does (NAME'S) father live? (SEE CODES BELOW)
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	Y N DK	Y N DK	MOTHER	Y N DK	MLOC	Y N DK	father	Y N DK	FLOC
14			1 2	__ __	14	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __
15			1 2	__ __	15	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __

HL1. Line no.	HL2. Name	HL3. What is the relation-ship of (NAME) to the head of the house-hold?	HL4. Is (NAME) male or female? 1 male 2 fem.	HL5. How old is (NAME)? How old was (name) on his/her last birthday? Record in completed years 98=dk*	HL6. CIRCLE LINE NO. IF WOMAN IS AGE 15-49	HL8. FOR EACH CHILD UNDER 5: Who is the mother or primary caretaker of this child? RECORD LINE NO. OF MOTHER/ CARETAKER	HL8A. Has (NAME) been very sick for at least 3 months during the past 12 months?	HL9. Is (NAME'S) natural/ biological mother alive? 1 yes 2 no⇨ HL11 8 dk⇨ HL11	HL10. IF ALIVE: Does (NAME'S) natural/ biological mother live in this household? RECORD LINE NO. OF MOTHER OR 00 FOR 'NO'	HL10A. IF MOTHER DOES NOT LIVE IN HOUSEH OLD Has (name's) mother been very sick for at least 3 months in the past 12 months?	HL10AA IF MOTHER DOES NOT LIVE IN HOUSEH OLD Where does (NAME'S) mother live? (SEE CODES BELOW)	HL11. Is (NAME'S) natural/ biological father alive? 1 yes 2 no⇨ next line 8 dk⇨ next line	HL12. IF ALIVE: Does (NAME'S) natural/ biological father live in this household? RECORD LINE NO. OF FATHER OR 00 FOR 'NO'	HL12A. IF FATHER DOES NOT LIVE IN HOUSEHOLD: Has (name's) father been very sick for at least 3 months in the past 12 months?	HL12AA IF FATHER DOES NOT LIVE IN HOUSEHO LD: Where does (NAME'S) father live? (SEE CODES BELOW)

NOW FOR EACH WOMAN AGE 15-49 YEARS, WRITE HER NAME AND LINE NUMBER AND OTHER IDENTIFYING INFORMATION IN THE INFORMATION PANEL OF THE WOMEN'S QUESTIONNAIRE. FOR EACH CHILD UNDER AGE 5, WRITE HIS/HER NAME AND LINE NUMBER AND THE LINE NUMBER OF HIS/HER MOTHER OR CARETAKER IN THE INFORMATION PANEL OF THE QUESTIONNAIRE FOR CHILDREN UNDER FIVE YOU SHOULD NOW HAVE A SEPARATE QUESTIONNAIRE FOR EACH ELIGIBLE WOMAN AND EACH CHILD UNDER FIVE IN THE HOUSEHOLD.

						WOMEN 15-49	UNDER-5s	VERY SICK (=1)	MOTHERS DEAD (=2)		MOTHERS VERY SICK (=1)		FATHERS DEAD (=2)		FATHERS VERY SICK (=1)	
Totals																

CODES FOR HL3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = Head 02 = Wife or Husband/Cohabiting partner 03 = Son or Daughter 04 = Son or Daughter-In-Law 05 = Grandchild	06 = Parent 07 = Parent-In-Law 08 = Brother or Sister 09 = Brother or Sister-In-Law 10 = Uncle/ Aunt	11 = Niece/ Nephew by blood 12 = Niece/ Nephew by marriage 13 = Other relatives 14 = Adopted/ Foster/ Stepchild 15 = Not related 98 = Don't Know

CODES FOR HL10AA & HL12AA

01. This locality 02. Harare 03. Bulawayo 04. Mutare 05. Chinhoyi 06. Gwanda 07. Bindura 08. Marondera 09. Masvingo (town) 10. Gweru 11. Lupane	20. Elsewhere in Zimbabwe 21. South Africa 22. Bostwana 23. Mozambique 24. Zambia 25. Elsewhere in Africa	31. UK 32. Elsewhere in Europe 33. Australia/New Zealand 34. United States/Canada 35. OTHER (SPECIFY_____

MODULE 1: HOUSEHOLD LISTING FORM   **HL**

Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used ☐ *LISTING. THEN, ASK QUESTIONS STARTING WITH HL15 FOR EACH PERSON AT A TIME. ADD A CONTINUATION SHEET FROM ANOTHER QUESTIONNAIRE IF THERE IS NOT ENOUGH ROOM ON THIS PAGE. TICK HERE IF CONTINUATION SHEET FROM ANOTHER QUESTIONNAIRE USED ☐*

HL1. *LINE NO.*	HL2. Name	*FOR EVERYBODY IN THE HOUSEHOLD AGED 15 AND ABOVE*			HL18.	HL19.	HL20.	HL21.
		HL15. What is (NAME'S) current marital status? *(SEE CODES)*	HL16. *IF MARRIED/ LIVING WITH PARTNERS* Does partner/ spouse live in household? 1 YES ⇨HL18 2 NO 8 DK	HL17. Where does partner/ spouse live? *(See Codes below)*	In the past 2 weeks, has [NAME] had any illness or injury? For example, has [NAME] had a cough, cold, diarrhoea, an accident or any other illness? 1 YES 2 NO ⇨HL20 8 DK ⇨HL20	What symptoms did [NAME] suffer from during this time? *(SEE CODES AND ENTER A MAXIMUM OF THREE SYMPTOMS)*	Did [NAME] go to any health facility or receive any care from a doctor, nurse, traditional healer, or pharmacist? 1 YES 2 NO ⇨ NEXT LINE 8 DK ⇨ NEXT LINE	Where did [NAME] go for advice or treatment? *(RECORD HEALTH PRACTITIONERS LISTED, SEE CODES BELOW)*
LINE	COPY NAME FROM HL2	MARITAL	Y N DK	SLOC	Y N DK	SYMPTOMS	Y N DK	HCARE
01		— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —
02		— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —
03		— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —
04		— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —
05		— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —
06		— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —
07		— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —
08		— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —

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09		— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —
10		— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —
11		— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —
12		— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —
13		— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —
14		— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —
15		— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —

CODES FOR H15: MARITAL STATUS	*CODES FOR HL17*			*CODES FOR HL19*		*CODES FOR HL21*
01.Married 02.Living with Partner 03.Divorced 04.Separated 05.Widowed 06.Never married/never lived with partner	01. This locality 02. Harare 03. Bulawayo 04. Mutare 05. Chinhoyi 06. Gwanda 07. Bindura 08. Marondera 09. Masvingo (town) 10. Gweru 11. Lupane	20. Elsewhere in Zimbabwe 21. South Africa 22. Bostwana 23. Mozambique 24. Zambia 25. Elsewhere in Africa	31. UK 32. Elsewhere in Europe 33. Australia/New Zealand 34. United States/Canada 35. OTHER (SPECIFY) _____	A. Diarrhoea B. Weight loss (major) C. Fever D. Skin rash E. Weakness F. Severe headache G. Vomiting H. Cough	I. Difficulty breathing J. Injury X. Other (specify)_____	01. Private hospital 02. Government hospital 03. Public health center 04. Doctor's practice 05. Practice of a private paramedic or nurse 06. Practice of a midwife 07. Practice of a village midwife 08. Private Clinic 09. Pharmacist 10. Traditional practitioners 11. Spiritual or faith healers 98.Other____

		MODULE 2: EDUCATION								ED
		ASK QUESTIONS FOR HOUSEHOLD MEMBERS AGE 3 YEARS AND ABOVE			**FOR HOUSEHOLD MEMBERS AGE 3-24 YEARS**					

ED1. LINE NO.	ED1A. Name	ED2. Has (NAME) ever attended school or pre-school? 1 YES 2 NO ↰ NEXT MEMBER	ED3. What is the highest level of school (NAME) attended? What is the highest grade (NAME) completed at this level? **LEVEL:** 00 = PRE-SCHOOL/ ECD 10 = PRIMARY 20 = SECONDARY 30 = HIGHER 98 = DK **GRADE:** 98 = DK IF LESS THAN 1 GRADE, ENTER 00.	ED4. During the (2009) school year, did (NAME) attend school or pre-school at any time? 1 YES 2 NO⇒ ED 6D	ED5. Since last (day of the week), how many days did (NAME) attend school? INSERT NUMBER OF DAYS IN SPACE BELOW.	ED6. During this school year, which level and grade is/was (NAME) attending? **LEVEL:** 00 = PRE-SCHOOL/ ECD 10 = PRIMARY 20 = SECONDARY 30 = HIGHER 98 = DK **GRADE:** 98 = DK IF LESS THAN 1 GRADE, ENTER 00.	ED6C. What type of school does (NAME) attend? 1. GOV'T 2.MUNICIPAL 3.RURAL COUNCIL 4PRIVATE 5.MISSION/ CHURCH 6.MINE/ FARM SCHOOL 8.OTHER (SPECIFY)	ED6D. WHY DID (NAME) NOT ATTEND SCHOOL? (See Codes BELOW)	ED7. Did (NAME) attend school or pre-school at any time during the previous school year, that is (2008)? 1 YES 2 NO↰ NEXT LINE 8 DK↰ NEXT LINE	ED8. During that previous school year, which level and grade did (NAME) attend? **LEVEL:** 00 = PRE-SCHOOL 10 = PRIMARY 20 = SECONDARY 30 = HIGHER 98 = DK **GRADE:** 98 = DK
LINE	COPY NAMES FROM HL2	SCHOOL YES NO	LEVEL GRADE	SCHOOL YES NO	DAYS	LEVEL GRADE	TYPE	REASON	SCHOOL Y N DK	LEVEL GRADE
01		1 2		1 2	___		___	__ __	1 2 8	
02		1 2		1 2	___		___	__ __	1 2 8	
03		1 2		1 2	___		___	__ __	1 2 8	
04		1 2		1 2	___		___	__ __	1 2 8	
05		1 2		1 2	___		___	__ __	1 2 8	
06		1 2		1 2	___		___	__ __	1 2 8	
07		1 2		1 2	___		___	__ __	1 2 8	

08		1 2					1 2	___					___	___ ___	1 2 8			
09		1 2					1 2	___					___	___ ___	1 2 8			
10		1 2					1 2	___					___	___ ___	1 2 8			
11		1 2					1 2	___					___	___ ___	1 2 8			
12		1 2					1 2	___					___	___ ___	1 2 8			
13		1 2					1 2	___					___	___ ___	1 2 8			
14		1 2					1 2	___					___	___ ___	1 2 8			
15		1 2					1 2	___					___	___ ___	1 2 8			

CODES FOR ED6B

00. School has closed/has no teachers
01. Financial constraints
02. Caring for the sick
03. Household business responsibilities
04. Other household responsibilities
05. Not interested
06. Graduated/finished schooling/satisfied

07. Marriage/pregnancy related
08. School too far
09. To work/Looking for work
10. Sick/ill
11. School holiday
98. Other (specify)_____

MODULE 3: EMPLOYMENT				EM
ASK QUESTIONS FOR HOUSEHOLD MEMBERS				
EM1. *LINE NO.*	EM1A. Name	EM2. Is name under 5 years of age? YES ⇨ 1 NO ⇨ 2	EM3. *IF (NAME) IS 5 YEARS AND ABOVE ASK EM3 AND EM4* What was *(NAME'S)* main activity in the last 12 months? *(SEE CODES BELOW)*	EM4. What other main activity did (*NAME)* engage in the last 12 months? *(SEE CODES BELOW)*
LINE	COPY NAMES FROM HL2	YES NO	ACTIVITY	ACTIVITY
01		1 2	__ __	__ __
02		1 2	__ __	__ __
03		1 2	__ __	__ __
04		1 2	__ __	__ __
05		1 2	__ __	__ __
06		1 2	__ __	__ __
07		1 2	__ __	__ __
08		1 2	__ __	__ __
09		1 2	__ __	__ __
10		1 2	__ __	__ __
11		1 2	__ __	__ __
12		1 2	__ __	__ __
13		1 2	__ __	__ __
14		1 2	__ __	__ __
15		1 2	__ __	__ __

CODES FOR EM3 AND EM4	
01.Paid employee-permanent 02.Paid employee-casual/ temporary/ contract/ seasonal 03.Employer 04.Own account worker (agriculture-related) 05.Own account worker (other) 06.Unpaid family worker	07. Unemployed 08. Student 09. Homemaker 10. Retired with pension 11. Retired without pension 96. Does nothing else 98. Other (specify) _____

MODULE 4: WATER AND SANITATION		WS
WS1. What is the main source of drinking water for members of your household?	**PIPED WATER** Piped into dwelling................................ 11 Piped into yard or plot........................... 12 Public tap/standpipe .... 13 Tubewell/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 (distilled) water .... 91 Other (*specify*)_____96	11⇨WS4A 12⇨WS4A
WS2. What is the main source of water used by your household for other purposes such as cooking and hand washing?	**PIPED WATER** Piped into dwelling................................ 11 Piped into yard or plot........................... 12 Public tap/standpipe .... 13 Tubewell/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 (distilled) water .... 91 Other (*specify*)_____96	11⇨WS4A 12⇨WS4A
WS3. How long does it take to go there, get water, and come back?	No. of minutes............................. ☐☐☐ Water on premises.................................. 995 DK.. 998	995⇨WS4A
WS4. Who usually goes to this source to fetch the water for your household? *PROBE:* Is this person under age 15? What sex? *CIRCLE CODE THAT BEST DESCRIBES THIS PERSON.*	Adult woman .... 01 Adult man... 02 Female (under 15 years) .... 03 Male (under 15 years).............................. 04 DK... 98	

WS4A. What is the availability of this source of water used for drinking?	Seasonal…………………………………………1 Perennial………………………………………2 DK ………………………………………… 3	
WS4C. Is there water available today from this source?	Yes…………………………………………..1 No…………………………………………..2 DK…………………………………………..8	
WS5. Do you treat your water in any way to make it safer to drink?	Yes.. 1 No .... 2 DK.. 8	2⇨WS7 8⇨WS7
WS6. What do you usually do to the water to make it safer to drink? Anything else? *RECORD ALL ITEMS MENTIONED.*	Boil .... A Add bleach/chlorine (Jik)/ alloy .... B Strain it through a cloth............................C Use water filter (ceramic, sand, composite, etc.) ....D Solar disinfection .... E Let it stand and settle................................. F Add water treatment tablet …………..……..G Other (*specify*)_____ X DK.. Z	

WS7. 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
	
	Ventilated Improved Pit latrine (VIP)
	(Blair toilet).. 21
	Pit latrine with slab................................... 22
	Pit latrine without slab/open pit................. 23
	
	Compositing toilet/ Arbo loo 31
	Bucket toilet …………………………….…. 41
	
	No facilities/bush/ field 95
	
	Other (*specify*)_____96
		
		95⇨ WS10
		
		96⇨ WS10

WS7A. Is toilet facility functional or not? *REQUEST TO SEE TOILET FACILITY AND RECORD WHETHER FUNCTIONAL OR NOT*	Yes…………………………………………..1 No…………………………………………..2 DK…………………………………………..8	
WS8. Do you share this facility with other households?	Yes.. 1 No 2	2⇨ WS10

| WS9. How many households in total use this toilet facility? | No. of households (if less than 10) 0

 Ten or more households........................... 10
 DK.. 98 | |
| WS10. How does your household dispose of refuse (solid waste)? | Collected 11
 Dump into public container 21
 Public dump 22
 Dump elsewhere... 23
 Burned by household.................................. 31
 Buried by household 32
 Rubbish pit …………………………….... 33

 Other (*specify*)_____96 | |

MODULE 5: HOUSEHOLD CHARACTERISTICS		HC
HC1A. What is the religious affiliation of the head of this household?	Roman Catholic..11 Protestant ....12 Pentecostal..13 Apostolic sect ……………………………… 14 Other Christians …………………………… 15 Moslem ....21 Traditional..31 No Religion ....41 Other (*specify*) _____ 96 DK..98	
HC1B. What is the main language used by the head of household?	Shona ....11 Ndebele ....12 English...13 Other language (*specify*) _____ 96 DK..98	
HC2. How many rooms in this household are used for sleeping?	No. of rooms...................................... ☐☐	

HC3. Main material of the dwelling floor:
 	
 RECORD OBSERVATION.
	Natural floor
	   Earth/sand/dung 11
	 Rudimentary floor
	   Wood planks...21
	 Finished floor
	   Parquet or polished wood.....................31
	   Vinyl or asphalt strips 32
	   Ceramic tiles...33
	   Cement 34
	   Carpet...35
	
	 Other (*specify*) 96	

HC3A. Type of dwelling unit? *RECORD OBSERVATION.*	Traditional ....11 Mixed ....12 Detached ....21 Semi-detached ....31 Flat/Town home.....................................41 Shacks..42 Other (*specify*) _____ 96	

HC4. Main material of the roof. *Record observation.*	**Natural roofing** No Roof...11 Thatch..12 **Rudimentary Roofing** Rustic mat.................................21 Wood planks.............................23 **Finished roofing** Metal..31 Wood..32 Asbestos...................................33 Tiles..34 Cement.......................................35 Other (*specify*) _____ 96	
HC5. Main material of the walls. *(RECORD OBSERVATION)*	**Natural walls** Cane/ trunks ....11 Mud (Pole and dagger) ....12 **Rudimentary walls** Stone with mud.........................22 Plywood.....................................24 Carton..25 Reused wood............................26 **Finished walls** Cement.......................................31 Stone with lime/cement ....32 Bricks...33 Cement blocks..........................34 Wood planks/shingles..............36 Other (*specify*) _____ 96	
HC6. What type of fuel does your household mainly use for cooking?	Electricity ....11 Liquefied Petroleum Gas (LPG) ....21 Biogas..22 Kerosene ....23 Charcoal ....31 Wood ....32 Crop residue/sawdust...............41 Animal waste ....51 None, no cooking.......................61 Gel ....71 Other (*specify*) _____ 96	11⇨HC8 21⇨HC8 22⇨HC8 61⇨HC9
HC7. In this household, is food cooked on an open fire, an open stove or a closed stove? *PROBE FOR TYPE.*	Open fire.....................................1 Open stove/coal pot....................2 Closed stove...............................3 Other (*specify*) _____ 6	
HC8. Is the cooking usually done in the house, in a separate building, or outdoors?	In the house................................1 In a separate building ....2 Outdoors.....................................3 Other (*specify*) _____ 6	

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		Yes	No	
HC9. Does your household have: Electricity? Radio? Television? Mobile telephone? Non-Mobile Telephone? Refrigerator? Satellite dish Computer Laptop? Deep Freezer? DVD/VCD?	Electricity ....1 Radio ....1 Television ....1 Mobile Telephone..............................1 Non-Mobile Telephone ....1 Refrigerator.......................................1 Satellite dish .... 1 Computer .... 1 Laptop computer .... 1 Deep Freezer .... 1 DVD/VCD 1		2 2 2 2 2 2 2 2 2 2 2	
HC9A. Does your household have electric power now?	Yes………………………………………1 No………………………………………2 DK………………………………………8			
HC10. Does any member of your household own: Bicycle? Motorcycle or scooter? Animal-drawn cart? Car or truck? Canoe/Boat without a motor? Canoe/Boat with a motor? Wheel Barrow?	Bicycle ....1 Motorcycle/Scooter ....1 Animal drawn-cart...............................1 Car/Truck..1 Canoe/Boat without a motor? ……...1 Boat with motor...................................1 Wheel barrow ……………………… .1	Yes	No 2 2 2 2 2 2 2	
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 hectares of agricultural land do members of this household own? IF MORE THAN 97, RECORD 97 IN RESPECTIVE BOXES.	Hectares…………………………… 1 ☐☐ DK.. 998			
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OR FARM ANIMALS?	Yes ....1 No 2			2⇨ NEXT MODULE
HC14. How many of the following animals does this household have? Cattle? Horses, Donkeys, or Mules? Goats? Sheep? Pig? Other farm animal (*specify*) Chickens? Other poultry? (*specify*) Other? *(specify)* IF NONE, RECORD '0000'. IF MORE THAN 9997, RECORD '9997'. IF UNKNOWN, RECORD ' '9998'.	Cattle .... Horses, Donkeys, or Mules.. Goats........................... Sheep .... Pigs .... Other farm animal........ Chickens...................... Other poultry............... Other (specify)............			

MODULE 6: ENVIRONMENTAL ASSESSMENT		EN
RECORD YOUR OBSERVATION. DO NOT ASK THE RESPONDENT THESE QUESTIONS		
EN1.What is the general condition of the neighborhood with respect to garbage disposal?	Lots of uncollected garbage ………………01 Some uncollected garbage ……………..... 02 Very little garbage …………………………. 03 No garbage visible …………………....…. 04 Other (SPECIFY) _____ 96	

EN2. What is the general condition of the area immediately around the house with respect to excreta removal?	Heavy defecation in area/raw sewage
	  running close to house ……………....... 01
	  Some defecation in area/raw sewage
	near house ………………………………... 02
	  Very little excreta visible
	  ………………... 03
	  No excreta visible ……………………… .. 04
	  Very clean, recently swept ……………… 05
	
	OTHER (SPECIFY) _____ 96	

EN3.What is the area around the respondent's house used for?	Mostly residential houses ………………. 01 Mostly commercial buildings ……………. 02 Mostly open space, used for farming/ livestock …………………………………… 03 Mostly open space, not used …………… 04 Mostly factories/manufacturing/ industrial buildings ………………………. 05 Other (SPECIFY) _____ 96	
EN4. How would you describe the air quality in the neighborhood? (RECORD ALL THAT APPLY)	Smell of burning garbage ………………. A Smoky because of fires for cooking, etc. ……………………………… B Smell of bad water/sewerage ……………. C Fumes from cars/trucks ……………………D Fumes/smell from factories ……………… E Very dusty …………………………………... F None of the above …………………………. Y	

MODULE 7: INSECTICIDE TREATED MOSQUITO NETS		TN
TN1. Does your household have any mosquito net that can be used while sleeping?	Yes .... 1 No.. 2	2⇨NEXT MODULE
TN2. How many mosquito nets does your household have? *IF 7 OR MORE NETS, RECORD '7'.*	Number of nets .... ☐	

TN3. Is the net (are any of the nets) any of the following brands:
 	
READ EACH BRAND NAME, SHOW PICTURE CARD, AND CIRCLE CODES FOR YES OR NO FOR EACH BRAND. IF POSSIBLE, OBSERVE THE NET TO VERIFY BRAND.
 	
LONG-LASTING TREATED NETS:
TN3L1. Olyset?
TN3L2. Permanet
 	
PRE-TREATED NETS:
 TN3p1. KO Tab 123
TN3P2. Iconet
 	
TN3O4. Other (*specify*)?
 	
TN3O4. DK brand
	Y N DK
	Long-lasting treated nets:
	   Olyset...1 2 8
	   Permanet......................................1 2 8
	
	Pre-treated nets:
	   KO Tab 123..................................1 2 8
	   Iconet 1 2 8
	
	   Other (*specify*) _____ 1 2 8
	
	   DK brand 1 2 8	

TN3A. Where did you get the (NAME OF NET HIGHEST IN THE LIST OF NETS AVAILABLE IN THE HOUSEHOLD, IN TN3) mosquito net?
 	
ASK QUESTION IN RELATION TO THE MOST EFFECTIVE MOSQUITO NET AVAILABLE IN THE HOUSEHOLD (CHECK TN3). IF THERE IS MORE THAN ONE NET IN THE SAME CATEGORY, ASK QUESTION REFERRING TO THE MOST RECENTLY OBTAINED NET.
	Public sector
	   Central hospital 11
	   Provincial hospital 12
	   District hospital.................................. 13
	   Rural hospital/Health centre/clinic..... 14
	   Mobile/outreach clinic ……………… 15
	   Other public (*specify*) 16
	
	Private medical sector
	   Private hospital/clinic.......................... 21
	   Private physician 22
	   Private pharmacy .... …. ……23
	   Other private
	      medical (*specify*) _____ 26
	
	Other source
	   Relative or friend ……………………. 31
	   Shop …………………………………. 32
	   Imported ……………………………… 33
	
	Mission facility …………………………….. 41
	
	Other (*specify*) 96
	DK 98	

TN4. *CHECK TN3 FOR BRAND OF NET(S). GO THROUGH THE ABOVE LIST IN ORDER UNTIL **ONE** BOX IS CHECKED AND FOLLOW INSTRUCTIONS:*

1. ☐ *LONG-LASTING TREATED NET (OLYSET OR PERMANET) MENTIONED?* ⇨ *GO TO NEXT MODULE*

2. ☐ *PRE-TREATED NET (KO TAB 123 OR ICONET) MENTIONED?* ⇨ *GO TO TN6*

3. ☐ *OTHER (SPECIFY) MENTIONED?* ⇨ *CONTINUE WITH TN5*

TN5. When you got the (most recent) net, was it already treated with an insecticide to kill or repel mosquitoes?	Yes .... 1 No... 2 DK/not sure 8	
TN6. How many months ago was the (most recent) net obtained? *IF LESS THAN 1 MONTH AGO, RECORD '00'.* *If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.*	Months ago .... ☐☐ More than 24 months ago .... 95 Not sure.. 98	
TN7. Since you got the net(s) has it (have any of these nets) ever been soaked or dipped in a liquid to kill/repel mosquitoes?	Yes .... 1 No... 2 DK 8	2⇨NEXT MODULE 8⇨NEXT MODULE
TN8. How long ago was the most recent soaking/dipping done? *IF LESS THAN 1 MONTH, RECORD '00'.* *IF ANSWER IS "12 MONTHS" OR "1 YEAR", PROBE TO DETERMINE IF NET WAS TREATED EXACTLY 12 MONTHS AGO OR EARLIER OR LATER.*	Months ago .... ☐☐ More than 24 months ago .... 95 Not sure.. 98	

MODULE 8: CHILDREN ORPHANED & MADE VULNERABLE BY HIV/AIDS   OV

OV1. CHECK HL5: ANY CHILDREN 0-17? ☐ YES ⇨ CONTINUE TO OV2 ☐ NO ⇨ NEXT MODULE		
OV2. I would like you to think back over the past 12 months. Has any usual member of your household died in the last 12 months?	Yes .... 1 No.. 2	2⇨OV5
OV3. (OF THOSE WHO DIED IN THE PAST 12 MONTHS) were any of these people between the ages of 18 and 59	Yes .... 1 No.. 2	2⇨OV5
OV4. (OF THOSE WHO DIED IN THE PAST 12 MONTHS AND WERE BETWEEN THE AGES OF 18 AND 59 were any of these people seriously ill for 3 of the 12 months before he/she died?	Yes .... 1 No.. 2	1⇨OV8
OV5. RETURN TO THE HOUSEHOLD LISTING AND CHECK THE FOLLOWING: 1. CHECK TOTALS FOR HL9 AND HL11. ☐ AT LEAST ONE MOTHER OR FATHER DEAD. ⇨ GO TO OV8 ☐ NO MOTHER OR FATHER DEAD 2. CHECK TOTALS FOR HL8A. ☐ AT LEAST ONE ADULT AGED 18-59 VERY SICK 3 OF LAST 12 MONTHS ⇨ GO TO OV8 ☐ NO ADULT AGED 18-59 VERY SICK 3 OF LAST 12 MONTHS 3. CHECK TOTALS FOR HL10A AND HL12A. ☐ AT LEAST ONE MOTHER OR FATHER ILL 3 OF LAST 12 MONTHS ⇨ GO TO OV8 ☐ NO MOTHER OR FATHER ILL 3 OF LAST 12 MONTHS ⇨ GO TO NEXT MODULE		
OV8. LIST ALL CHILDREN AGED 0-17 BELOW. RECORD NAMES, LINE NUMBERS AND AGES OF ALL CHILDREN, BEGINNING WITH THE FIRST CHILD AND CONTINUE IN ORDER IN WHICH LISTED IN THE HOUSEHOLD LISTING MODULE. USE A CONTINUATION SHEET IF THERE ARE MORE THAN 4 CHILDREN AGE 0-17 IN THE HOUSEHOLD. ASK ALL QUESTIONS FOR ONE CHILD BEFORE MOVING TO THE NEXT CHILD.		

	1ST CHILD	2ND CHILD	3RD CHILD	4TH CHILD
NAME (FROM HL2) LINE NUMBER (FROM HL1) AGE (FROM HL5)	____ __ __ __ __	____ __ __ __ __	____ __ __ __ __	____ __ __ __ __
OV9. I would like to ask you about any formal, organized help or support that your household may have received for (NAME) and for which you did not have to pay. By formal organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community-based. Remember this should be support for which you did not pay.				
OV10. Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine?	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8
OV11. In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home?	Yes...........1 No ....2 ⇨ OV13 DK............8	Yes...........1 No ....2 ⇨ OV13 DK............8	Yes...........1 No ....2 ⇨ OV13 DK............8	Yes...........1 No ....2 ⇨ OV13 DK............8
OV12. Did your household receive any of this support in the past 3 months?	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8

OV13. In the last 12 months, has your household received any material support for *(NAME),* such as clothing, food or financial support?	Yes...........1 No ....2 ⇨OV15 DK............8	Yes...........1 No ....2 ⇨OV15 DK............8	Yes...........1 No ....2 ⇨OV15 DK............8	Yes...........1 No ....2 ⇨OV15 DK............8
OV14. Did your household receive any of this support in the past 3 months?	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8
OV15. In the last 12 months, has your household received any social support for *(NAME),* such as help in household work, training for a caregiver, or legal services?	Yes...........1 No ....2 ⇨ OV17 DK............8	Yes...........1 No ....2 ⇨ OV17 DK............8	Yes...........1 No ....2 ⇨ OV17 DK............8	Yes...........1 No ....2 ⇨ OV17 DK............8
OV16. Did your household receive any of this support in the past 3 months?	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8
OV17. *CHECK OV8 FOR AGE OF CHILD:*	☐ *Age 0-4* ⇨ *next child* ☐ *Age 5-17* ⇨ *OV18*	☐ *Age 0-4* ⇨ *next child* ☐ *Age 5-17* ⇨ *OV18*	☐ *Age 0-4* ⇨ *next child* ☐ *Age 5-17* ⇨ *OV18*	☐ *Age 0-4* ⇨ *next child* ☐ *Age 5-17* ⇨ *OV18*
OV18. In the last 12 months, has your household received any support for *(NAME'S)* schooling, such as allowance, free admission, books, fees, uniforms or supplies?	Yes...........1 No ....2 DK............8	Yes........... 1 No .... 2 DK............ 8	Yes........... 1 No .... 2 DK............ 8	Yes........... 1 No .... 2 DK............ 8

MODULE 9: POVERTY AND HOUSEHOLD RESOURCES — PV

READ THIS TO RESPONDENT AND PROCEED WITH THE QUESTIONS THAT FOLLOW
NOW I WOULD LIKE TO ASK YOU ABOUT SPENDING ON HEALTH CARE AND MEDICINES IN THE LAST MONTH.

PV1. In the past month, what was the total amount of money spent by your household on health care and medicines? Please include costs of visits to doctors, clinics, hospitals, traditional healers, transportation to and from those places and medicines you have bought.	US $ ……………. 1 ⬚⬚⬚⬚.⬚⬚ SA Rand ……..… 2 ⬚⬚⬚⬚.⬚⬚ Zim $ ………….. 3 ⬚⬚⬚⬚.⬚⬚	
PV2. In the past month, what was the total value of any help for health care and medicine received by this household from friends, relatives, employers, or organizations?	US $ ……………. 1 ⬚⬚⬚⬚.⬚⬚ SA Rand ……..… 2 ⬚⬚⬚⬚.⬚⬚ Zim $ ………….. 3 ⬚⬚⬚⬚.⬚⬚	

NOW I WOULD LIKE TO ASK YOU ABOUT SPENDING ON EDUCATION SINCE THE BEGINNING OF THIS YEAR

PV3. Since the beginning of January, what was the total amount of money spent by your household on expenses related to the education of children in this household? Include expenses such as school fees, uniforms, books, and transportation.	US $ ……………. 1 ⬚⬚⬚⬚.⬚⬚ SA Rand ……..… 2 ⬚⬚⬚⬚.⬚⬚ Zim $ ………….. 3 ⬚⬚⬚⬚.⬚⬚	
PV4. Since the beginning of January, what was the total value of any education-related help received by this household? Please Include any scholarships, help with fees, uniforms, books, etc.	US $ ……………. 1 ⬚⬚⬚⬚.⬚⬚ SA Rand ……..… 2 ⬚⬚⬚⬚.⬚⬚ Zim $ ………….. 3 ⬚⬚⬚⬚.⬚⬚	

NOW, I WOULD LIKE TO ASK YOU WHETHER YOU OR ANYONE ELSE IN THIS HOUSEHOLD RECEIVED ANY FINANCIAL OR OTHER HELP OR SUPPORT FOR WHICH YOU DID NOT HAVE TO PAY

PV5. Did anyone in your household receive any such support during the last 6 months?	YES ……………………………………………… 1 NO ……………………………………………… 2 DK …………………………………………… 3	2⇨ END QUESTION NAIRE 3 ⇨ END QUESTION NAIRE
PV6. Who provided you with help? *(CIRCLE ALL THAT APPLY)*	Family members living in Zimbabwe …………….. A Family members living outside Zimbabwe ………. B Neighbors in this community ……………………... C Friends living in Zimbabwe ………………………. D Friends living outside Zimbabwe ……………… ... E Local organizations or charities/NGO …………… F Local government, chiefs, etc …………………… G Central government ………………………………. H Missions or religious organizations ……………… I Other (Specify)_____ X	

| PV7. What sort of help did you receive? (*CIRCLE ALL THAT APPLY*) | Cash ……………………………………………… A
Food ……………………………………………… B
Reduced school fees, help with
schooling expenses ……………………………... C
Reduced medical fees, help with
health problems ………………………………….... D
Inputs for farm or non farm business ……………. E
Help by providing time ………………….....……… F

Other (specify) _____ X | |

END QUESTIONNNAIRE

REPUBLIC OF ZIMBABWE

MULTIPLE INDICATOR MONITORING SURVEY (MIMS)
2009

WOMAN'S QUESTIONNAIRE

PROVINCE: ☐☐   **E. A. NUMBER:** ☐☐☐   **HHOLD:** ☐☐☐

INDIVIDUAL WOMEN QUESTIONNAIRE

IDENTIFICATION PANEL	WM

THIS MODULE IS TO BE ADMINISTERED TO ALL WOMEN AGE 15 THROUGH 49 (SEE COLUMN HL6 OF HH LISTING).
FILL IN ONE FORM FOR EACH ELIGIBLE WOMAN
FILL IN THE CLUSTER AND HOUSEHOLD NUMBER, AND THE NAME AND LINE NUMBER OF THE WOMAN IN THE SPACE BELOW.
FILL IN YOUR NAME, NUMBER AND THE DATE.

WM1. CLUSTER NUMBER: ☐☐☐	WM2. HOUSEHOLD NUMBER: ☐☐☐
WM3. WOMAN'S NAME: _____	WM4. WOMAN'S LINE NUMBER: ☐☐
WM5. INTERVIEWER NAME AND NUMBER: _____ ☐☐	WM6. DAY/MONTH/YEAR OF INTERVIEW: ☐☐ ☐☐ **2 0 0 9**

REPEAT GREETING IF NOT ALREADY READ TO THIS WOMAN:
Good ………….! My name is ………………………… and I am working for Central Statistical Office (CSO). We are working on a nationwide survey concerned with family health and education. You have been selected as one of the respondents to this survey and we would very much appreciate your participation. The interview will take about 30 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified.

IF PERMISSION IS GIVEN, BEGIN THE INTERVIEW. IF THE WOMAN DOES NOT AGREE TO CONTINUE, THANK HER, COMPLETE WM7, AND GO TO THE NEXT INTERVIEW. DISCUSS THIS RESULT WITH YOUR SUPERVISOR FOR A FUTURE REVISIT.

WM7. RESULT OF WOMAN'S INTERVIEW	COMPLETED …………………………………… …. 1
	NOT AT HOME……………………………………… 2
	REFUSED ………………………………………… 3
	PARTLY COMPLETED ……………………………. 4
	INCAPACITATED ………………………………… 5
	OTHER (*specify*) _____ 6

INTERVIEWER/EDITOR/SUPERVISOR NOTES: USE THIS SPACE TO RECORD NOTES ABOUT THE INTERVIEW WITH THIS HOUSEHOLD, SUCH AS CALL-BACK TIMES, INCOMPLETE INDIVIDUAL INTERVIEW FORMS, NUMBER OF ATTEMPTS TO RE-VISIT, ETC.

WM7A. Was questionnaire administered in privacy?	Yes………………………………………………………1
	No ……………………………………………… 2
WM7B. FIELD EDITOR (NAME AND NUMBER): Name _____ ☐☐	WM7C. FIELD SUPERVISOR (NAME AND NUMBER): Name: _____ ☐☐

WM7D. **RECORD THE TIME THE INTERVIEW LASTED**	Hour and minutes: …………… ☐☐ : ☐☐	
WM8. In what month and year were you born?	DATE OF BIRTH: Month .... ☐☐ DK month .... 98 Year .... ☐☐☐☐ DK year 9998	
WM9. How old were you at your last birthday?	AGE (IN COMPLETED YEARS) .... ☐☐	
WM10. Have you ever attended school?	Yes .... 1 No... 2	2⇨WM14
WM11. What is the highest level of school you attended: primary, secondary, or higher?	Pre-school …………………………………. 00 Primary.. 10 Secondary .... 20 Higher.. 30 Non-formal education................................. 96 DK 98	00⇨WM14 96⇨WM14 98⇨WM14
WM12. What is the highest grade you completed at that level? *IF LESS THAN 1 GRADE, ENTER 00*	Grade .... ☐☐	
WM13. *CHECK WM11:* ☐*SECONDARY OR HIGHER.* ⇨ *GO TO WM14A* ☐*PRESCHOOL, PRIMARY OR NON-FORMAL EDUCATION.* ⇨ *CONTINUE WITH WM14*		

WM14. Now I would like you to read this sentence to me.
 	
SHOW SENTENCES TO RESPONDENT.
IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:
Can you read part of the sentence to me?
 	
Example sentences for literacy test:
 	
1.   The child is reading a book.
2.   The rains came late this year.
3.   Parents must care for their children.
4.   Farming is hard work.
	Cannot read at all... 1
	Able to read only parts of sentence 2
	Able to read whole sentence 3
	No sentence in
	    required language_____ 4
	                        (specify language)
	Blind/mute, visually/speech impaired.......... 5	

WM14A. How long have you been living in (NAME OF CURRENT RESIDENCE)? IF LESS THAN ONE MONTH, RECORD '00' MONTHS	Months ………………………………… 1 ☐☐ Years ………………………………… 2 ☐☐ Always ………………………………. 3 Visitor ………………………………… 4	 3⇨WM14C 4⇨WM14C

WM14B. Just before you moved here, where did you live? *RECORD NAME AND CODE TYPE OF AREA.* *PROBE:* Is that a city, town or communal land or resettlement area? _____ Name of place	City …………………………………………… 1 Town …………………………………………… 2 Communal land ………………………………….. 3 Resettlement area …………………………….. 4 Other rural area …………………………………. 5 Abroad …………………………………...…….. 6	
WM14C. In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	Number of trips ……………………… 1 ☐☐ None ………………………………….. 00	3⇨NEXT MODULE
WM14D. In the last 12 months, have you been away from your home community for more than one month at a time?	Yes ………………………………………… 1 No ………………………………………….. 2	

MODULE 1: CHILD MORTALITY		CM
THIS MODULE IS TO BE ADMINISTERED TO ALL WOMEN AGE 15-49. *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? *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⇨ MARRIAGE /UNION MODULE
CM2A. What was the date of your first birth? I mean the very first time you gave birth, even if the child is no longer living, or whose father is not your current partner. *SKIP TO CM3 ONLY IF YEAR OF FIRST BIRTH IS GIVEN. OTHERWISE, CONTINUE WITH CM2B.*	Date of first birth Day...................................... ☐☐ DK day .... 98 Month .... ☐☐ DK month .... 98 Year .... ☐☐☐☐ DK year 9998	 ⇨CM3 ⇩CM2B
CM2B. How many years ago did you have your first birth?	Completed years since first birth....... ☐☐	
CM3. Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes .... 1 No.. 2	2⇨CM5
CM4. How many sons live with you? How many daughters live with you? *(IF NONE, write 00)*	Sons at home ………………………… ☐☐ Daughters at home ………………… ☐☐	
CM5. 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⇨CM7
CM6. How many sons are alive but do not live with you? How many daughters are alive but do not live with you? *(IF NONE, write 00)*	Sons elsewhere …………………… .. ☐☐ Daughters elsewhere ……………….. ☐☐	
CM7. Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but, did not survive?	Yes .... 1 No.. 2	 2⇨CM9
CM8. How many boys have died? How many girls have died?	Boys dead ………………………….. ☐☐ Girls dead …………………………. ☐☐	
CM9. SUM ANSWERS TO CM4, CM6, AND CM8.	Sum ……………………………….. ☐☐	

CM10. Just to make sure that I have this right, you have had in total (number in CM9) births during your life.
    Is this correct?

☐ *YES.* ⇨ *GO TO BH1*

☐ *NO.* ⇨ *CHECK RESPONSES AND MAKE CORRECTIONS BEFORE PROCEEDING TO BH1*

MODULE 1: BIRTH HISTORY   BH

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN BH1. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

# BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9	BH10
What name was given to your (first/ next) baby?	Were any of these births twins?	Is *(name)* a boy or girl?	In what month and year was *(name)* born? *PROBE:* What is his/her birthday?	Is *(name)* still alive?	How old was *(name)* at his/her last birthday? *RECORD AGE IN COMPLETED YEARS*	Is *(name)* living with you?	RECORD HH LINE NUMBER OF CHILD RECORD '00' IF CHILD NOT LISTED IN HH	*IF DEAD:* How old was *(name)* when he/she died? How many months old was *(name)*? *RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS*	Were there any other live births between *(name of previous birth)* and *(name)*?
	sin mul	B G	MONTH / YEAR	y n		y n			y n
01	1 2	1 2	__ __ /__ __ __ __	1 2 ⇨ **BH9**	__ __	1 2	___ ___ ⇨ **next line**	Days ....1 Month............2 Year ....3 __ __	
02	1 2	1 2	__ __ /__ __ __ __	1 2 ⇨ **BH9**	__ __	1 2	—— —— ⇨ **BH10**	Days ....1 Month............2 Year ....3 __ __	1 2 *Add* *NEXT*
03	1 2	1 2	__ __ /__ __ __ __	1 2 ⇨ **BH9**	__ __	1 2	—— —— ⇨ **BH10**	Days ....1 Month............2 Year ....3 __ __	1 2 *Add* *NEXT*
04	1 2	1 2	__ __ /__ __ __ __	1 2 ⇨ **BH9**	__ __	1 2	—— —— ⇨ **BH10**	Days ....1 Month............2 Year ....3 __ __	1 2 *Add* *NEXT*
05	1 2	1 2	__ __ /__ __ __ __	1 2 ⇨ **BH9**	__ __	1 2	—— —— ⇨ **BH10**	Days ....1 Month............2 Year ....3 __ __	1 2 *Add* *NEXT*
06	1 2	1 2	__ __ /__ __ __ __	1 2 ⇨ **BH9**	__ __	1 2	—— —— ⇨ **BH10**	Days ....1 Month............2 Year ....3 __ __	1 2 *Add* *NEXT*
07	1 2	1 2	__ __ /__ __ __ __	1 2 ⇨ **BH9**	__ __	1 2	—— —— ⇨ **BH10**	Days ....1 Month............2 Year ....3 __ __	1 2 *Add* *NEXT*
08	1 2	1 2	__ __ /__ __ __ __	1 2 ⇨	__ __	1 2	—— ——	Days ....1 Month............2 __ __	1 2 *Add* *NEXT*

MODULE 1: BIRTH HISTORY — BH

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN BH1. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

BH1		BH2		BH3		BH4	BH5		BH6	BH7		BH8	BH9		BH10	
# What name was given to your (first/ next) baby?		Were any of these births twins?		Is *(name)* a boy or girl?		In what month and year was *(name)* born? *PROBE:* What is his/her birthday?	Is *(name)* still alive?		How old was *(name)* at his/her last birthday? *RECORD AGE IN COMPLETED YEARS*	Is *(name)* living with you?		RECORD HH LINE NUMBER OF CHILD RECORD '00' IF CHILD NOT LISTED IN HH	*IF DEAD:* How old was *(name)* when he/she died? How many months old was *(name)*? *RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS*		Were there any other live births between *(name of previous birth)* and *(name)*?	
		sin	mul	B	G	MONTH / YEAR	y	n		y	n				y	n
												⇨ **BH10**	Year 3			
09		1	2	1	2	__ __ / __ __ __ __	1	2 ⇨ **BH9**	__ __	1	2	—— —— ⇨ **BH10**	Days .... 1 Month............2 Year 3	__ __	1 *Add*	2 *NEXT*
10		1	2	1	2	__ __ / __ __ __ __	1	2 ⇨ **BH9**	__ __	1	2	—— —— ⇨ **BH10**	Days .... 1 Month............2 Year 3	__ __	1 *Add*	2 *NEXT*
11		1	2	1	2	__ __ / __ __ __ __	1	2 ⇨ **BH9**	__ __	1	2	—— —— ⇨ **BH10**	Days .... 1 Month............2 Year 3	__ __	1 *Add*	2 *NEXT*
12		1	2	1	2	__ __ / __ __ __ __	1	2 ⇨ **BH9**	__ __	1	2	—— —— ⇨ **BH10**	Days .... 1 Month............2 Year 3	__ __	1 *Add*	2 *NEXT*
13		1	2	1	2	__ __ / __ __ __ __	1	2 ⇨ **BH9**	__ __	1	2	—— —— ⇨ **BH10**	Days .... 1 Month............2 Year 3	__ __	1 *Add*	2 *NEXT*
14		1	2	1	2	__ __ / __ __ __ __	1	2 ⇨ **BH9**	__ __	1	2	—— —— ⇨ **BH10**	Days .... 1 Month............2 Year 3	__ __	1 *Add*	2 *NEXT*
15		1	2	1	2	__ __ / __ __ __ __	1	2 ⇨ **BH9**	__ __	1	2	—— —— ⇨ **BH10**	Days .... 1 Month............2 Year 3	__ __	1 *Add*	2 *NEXT*

MODULE 1: BIRTH HISTORY   BH

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN BH1. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

#	BH1 What name was given to your (first/ next) baby?	BH2 Were any of these births twins?	BH3 Is (name) a boy or girl?	BH4 In what month and year was (name) born? *PROBE:* What is his/her birthday?	BH5 Is (name) still alive?	BH6 How old was (name) at his/her last birthday? *RECORD AGE IN COMPLETED YEARS*	BH7 Is (name) living with you?	BH8 RECORD HH LINE NUMBER OF CHILD RECORD '00' IF CHILD NOT LISTED IN HH	BH9 *IF DEAD:* How old was (name) when he/she died? How many months old was (name)? *RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS*	BH10 Were there any other live births between (name of previous birth) and (name)?
		sin mul	B G	MONTH / YEAR	y n		y n			y n

BH11	Have you had any live births since the birth of *(name of last birth)*? *IF YES,* RECORD BIRTH(S)	Yes...1 No 2	

BH12	*COMPARE CM9 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:* ☐ *NUMBERS ARE DIFFERENT ⇨ PROBE AND RECONCILE* ☐ *NUMBERS ARE SAME* ⟶	*Check:* FOR ALL BIRTHS: *Year of birth is recorded*..............................☐ FOR EACH LIVING CHILD: *Current age is recorded*....................☐ FOR EACH DEAD CHILD: *Age at death is recorded*.....................☐ FOR AGE AT DEATH **12 MONTHS OR 1 YEAR**: *Probe to*....................☐ *determine exact number of months*	

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MODULE 1: BIRTH HISTORY   BH

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN BH1. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

#	BH1 What name was given to your (first/ next) baby?	BH2 Were any of these births twins?	BH3 Is *(name)* a boy or girl?	BH4 In what month and year was *(name)* born? *PROBE:* What is his/her birthday?	BH5 Is *(name)* still alive?	BH6 How old was *(name)* at his/her last birthday? *RECORD AGE IN COMPLETED YEARS*	BH7 Is *(name)* living with you?	BH8 RECORD HH LINE NUMBER OF CHILD RECORD '00' IF CHILD NOT LISTED IN HH	BH9 *IF DEAD:* How old was *(name)* when he/she died? How many months old was *(name)*? *RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS*	BH10 Were there any other live births between *(name of previous birth)* and *(name)*?
		sin mul	B G	MONTH / YEAR	y n		y n			y n

BH13. *CHECK BH4: DID THE WOMAN'S LAST BIRTH OCCUR WITHIN THE LAST 2 YEARS, THAT IS, SINCE (DAY AND MONTH OF INTERVIEW) IN 2007?*

IF CHILD HAS DIED, TAKE SPECIAL CARE WHEN REFERRING TO THIS CHILD BY NAME IN THE FOLLOWING MODULES.

☐ *NO LIVE BIRTH IN LAST 2 YEARS.* ⇨ *GO TO MARRIAGE/UNION MODULE.*

☐ *YES, LIVE BIRTH IN LAST 2 YEARS.* ⇨ *RECORD NAME OF LAST BORN CHILD AND CONTINUE WITH BH14*

Name of child_____

| BH14. At the time you became pregnant with *(name)*, did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all? | Then…………………………………………………………………………….. 1

Later…………………………………………………………………………….. 2

No more…………………………………………………………………………... 3 | |

MODULE 2: TETANUS TOXOID (TT)		TT
THIS MODULE IS TO BE ADMINISTERED TO ALL WOMEN WITH A LIVE BIRTH IN THE 2 YEARS PRECEDING DATE OF INTERVIEW.		
TT1. Do you have a card or other document with your own immunizations listed? *IF A CARD IS PRESENTED, USE IT TO ASSIST WITH ANSWERS TO THE FOLLOWING QUESTIONS.*	Yes (card seen)... 1 Yes (card not seen)..................................... 2 No... 3 DK 8	
TT2. When you were pregnant with your last child, did you receive any injection to prevent him or her from getting tetanus that is convulsions after birth (an anti-tetanus shot, an injection at the top of the arm or shoulder)?	Yes... 1 No... 2 DK 8	 2⇨TT5 8⇨TT5
TT3. *IF YES:* How many times did you receive this anti-tetanus injection during your last pregnancy?	No. of times.................................... ☐☐ DK 98	 98⇨TT5
TT4. *HOW MANY TT DOSES DURING LAST PREGNANCY WERE REPORTED IN TT3?* ☐ *AT LEAST TWO TT INJECTIONS DURING LAST PREGNANCY.* ⇨ *GO TO NEXT MODULE* ☐ *FEWER THAN TWO TT INJECTIONS DURING LAST PREGNANCY.* ⇨ *CONTINUE WITH TT5*		
TT5. Did you receive any tetanus toxoid injection at any time before your last pregnancy?	Yes... 1 No... 2 DK 8	 2⇨NEXT MODULE 8⇨NEXT MODULE
TT6. How many times did you receive it?	No. of times.................................... ☐☐	
TT7. In what month and year did you receive the last anti-tetanus injection before that last pregnancy? *SKIP TO NEXT MODULE ONLY IF YEAR OF INJECTION IS GIVEN. OTHERWISE, CONTINUE WITH TT8.*	Month .... ☐☐ DK month .... 98 Year .... ☐☐☐☐ DK year 9998	 ⇨NEXT MODULE ⇩TT8
TT8. How many years ago did you receive the last anti-tetanus injection before that last pregnancy?	Years ago.. ☐☐	

MODULE 3: MATERNAL AND NEWBORN HEALTH   MN

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 BH13 AND RECORD NAME OF LAST-BORN CHILD HERE _____.
USE THIS CHILD'S NAME IN THE FOLLOWING QUESTIONS, WHERE INDICATED.

MN1. In the first two months after your last birth [*THE BIRTH OF NAME*], did you receive a Vitamin A dose like this? *SHOW 200,000 IU CAPSULES.*	Yes .... 1 No.. 2 DK 8	

MN2. Did you see anyone for antenatal care for this pregnancy?
 	
IF YES: Whom did you see? Anyone else?
 	
PROBE FOR THE TYPE OF PERSON SEEN AND CIRCLE ALL ANSWERS GIVEN.
	Health professional:
	    Doctor..A
	    Nurse/midwife ....B
	    Auxiliary midwife C
	Other person
	    Trained Traditional birth attendant..........E
	    Untrained Traditional birth attendant......F
	    Community health worker ....G
	    Relative/friend ....H
	
	Other (*specify*)_____ X
	No one...Y
		
		Y⇨MN6A

MN2A. How many months pregnant were you when you first received antenatal care for this pregnancy?	Months .... ☐☐ Don't Know... 98	
MN2BB. How many times did you receive antenatal care during this pregnancy?	Number of times............................. ☐☐ Don't Know... 98	

MN3. As part of your antenatal care, were any of the following done at least once?
 	
                                  Yes   No
 	
MN3A. Were you weighed?
MN3B. Was your blood pressure measured?
MN3C. Did you give a urine sample?
MN3D. Was your blood sample taken?
	
	                            Yes No
	
	Weight...1 2
	Blood pressure..................................1 2
	Urine sample.....................................1 2
	Blood sample 1 2	

MN4. During any of the antenatal visits for the pregnancy, were you given any information or counseled about HIV/AIDS?	Yes .... 1 No.. 2 DK 8	
MN5. I don't want to know the results, but were you tested for HIV/AIDS as part of your antenatal care?	Yes .... 1 No.. 2 DK 8	 2⇨MN6A 8⇨MN6A

MN6. I don't want to know the results, but did you get the results of the test?	Yes .... 1 No.. 2 DK 8	
MN6A. During this pregnancy, did you take any medicine in order to prevent you from getting malaria?	Yes .... 1 No.. 2 DK 8	2⇨MN6H 8⇨MN6H
MN6B. Which medicines did you take to prevent malaria? *CIRCLE ALL MEDICINES TAKEN. IF TYPE OF MEDICINE IS NOT DETERMINED, SHOW TYPICAL ANTI-MALARIA TO RESPONDENT.*	SP/Fansidar ....A Chloroquine...B Other (*specify*)_____ X DK ....Z	
MN6C. **CHECK MN6B** *FOR MEDICINE TAKEN:* ☐ *SP/FANSIDAR TAKEN. ⇨ CONTINUE WITH MN6D* ☐ *SP/FANSIDAR NOT TAKEN. ⇨ GO TO MN6H*		
MN6D. How many times did you take SP/Fansidar during this pregnancy to prevent malaria?	Number of times............................ ☐☐	
MN6E. Was it taken in presence of health worker?	Yes .... 1 No.. 2	
MN6H. During pregnancy did you sleep in treated net?	Yes .... 1 No.. 2	

MN7. Who assisted with the delivery of your last child (*NAME*)?
 	
Anyone else?
 	
PROBE FOR THE TYPE OF PERSON ASSISTING AND CIRCLE ALL ANSWERS GIVEN.
	Health professional:
	   Doctor..A
	   Nurse/midwife ....B
	   Auxiliary midwife C
	Other person
	   Trained Traditional birth attendant..........E
	   Untrained Traditional birth attendant ......F
	   Community health worker .... G
	   Relative/friend ....H
	
	Other (*specify*)_____ X
	No one...Y	

MN8. Where did you give birth to (*NAME*)?
 	
IF PLACE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE BELOW. PROBE TO IDENTIFY THE TYPE OF PLACE AND CIRCLE THE APPROPRIATE CODE.
 	
    _____
    (NAME OF PLACE)
	Home
	   Your home... 11
	   Other home 12
	
	Public sector
	   Govt. hospital/polyclinic 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
	     (*specify*) _____ 36
	
	Mission facility 41
	
	Other (*specify*)_____ 96	

MN9. In your opinion when your last child (*NAME*) was born, was he/she very large, larger than average, average, smaller than average, or very small?	Very large... 1 Larger than average..................................... 2 Average.. 3 Smaller than average................................... 4 Very small .... 5 DK 8	
MN10. Was (*NAME*) weighed at birth?	Yes... 1 No... 2 DK 8	2⇨MN12 8⇨MN12
MN11. How much did (*NAME*) weigh? *RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.*	From card.................. 1 (kgs) ☐☐·☐☐ From recall .... 2 (kgs) ☐☐·☐☐ DK 99998	
MN12. Did you ever breastfeed (*NAME*)?	Yes... 1 No... 2	2⇨ NEXT MODULE
MN13. How long after birth did you first put (*NAME*) to the breast? *IF LESS THAN 1 HOUR, RECORD '00' HOURS.* *IF LESS THAN 24 HOURS, RECORD HOURS.* *OTHERWISE, RECORD DAYS.*	Immediately... 000 Hours.......................................1 ☐☐ *or* Days ....2 ☐☐ Don't know/remember............................. 998	

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MODULE 4: MARRIAGE/UNION		MA
MA1. Are you currently married or living together with a man as if married?	Yes, currently married .... 1 Yes, living with a man .... 2 No, not in union 3	3⇨MA3
MA2. How old was your husband/partner on his last birthday?	Age in years .... ☐☐ DK 98	
MA2A. Besides yourself, does your husband/partner have any other wives?	Yes, ... 1 No .... 2 DK 98	2⇨MA5 98⇨MA5
MA2в. How many other wives does he have?	Number .... ☐☐ DK 98	⇨MA5 98⇨MA5
MA3. Have you ever been married or lived together with a man?	Yes, formerly married .... 1 Yes, formerly lived with a man .... 2 No 3	3⇨NEXT MODULE
MA4. What is your marital status now: are you widowed, divorced or separated?	Widowed .... 1 Divorced .... 2 Separated 3	
MA5. Have you been married or lived with a man only once or more than once?	Only once .... 1 More than once 2	
MA6. In what month and year did you first marry or start living with a man as if married?	Month .... ☐☐ DK month .... 98 Year .... ☐☐☐☐ DK year 9998	
MA7. *CHECK MA6:* ☐ *BOTH MONTH AND YEAR OF MARRIAGE/UNION KNOWN?* ⇨ *GO TO NEXT MODULE* ☐ *EITHER MONTH OR YEAR OF MARRIAGE/UNION NOT KNOWN?* ⇨ *CONTINUE WITH MA8*		
MA8. How old were you when you started living with your first husband/partner?	Age in years .... ☐☐	

MODULE 5: CONTRACEPTION		CP
CP1. I would like to talk with you about another subject – family planning – and your reproductive health. Are you pregnant now?	Yes, currently pregnant................................1 No..2 Unsure or DK 8	1⇨ NEXT MODULE
CP2. Some people 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. Which method(s) are you using? *DO NOT PROMPT.* *IF MORE THAN ONE METHOD IS MENTIONED, CIRCLE EACH ONE.*	Female sterilization ....A Male sterilization ....B Pill ....C IUD ....D Injections ....E Implants..F Male condom .... G Female condom ....H Diaphragm ....I Foam/jelly...J Lactational amenorrhoea method (LAM) ....K Periodic abstinence......................................L Withdrawal .... M Other (*specify*)_____ X	

MODULE 6: ATTITUDE TOWARDS 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: DV1A. If she goes out with out telling him? DV1B. If she neglects the children? DV1C. If she argues with him? DV1D. If she refuses sex with him? DV1E. 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	
DV2. Are you aware of the domestic violence Act?	Yes …………………………………………….. 1 No …………………………………………… 2	

MODULE 7: HIV/AIDS (WOMEN AGE 15-49)		HA
HA1. Now I would like to talk with you about something else. Have you ever heard of the virus HIV or an illness called AIDS?	Yes.. 1 No... 2	 2⇨ END INTERVIEW
HA2. Can people protect themselves from getting infected with the HIV/AIDS virus by having one sex partner who is not infected and also has no other partners?	Yes.. 1 No... 2 DK 8	
HA3. Can people get infected with the HIV/AIDS virus because of witchcraft or other supernatural means?	Yes.. 1 No... 2 DK 8	
HA4. Can people reduce their chance(s) of getting the HIV/AIDS virus by using a condom every time they have sex?	Yes.. 1 No... 2 DK 8	
HA5. Can people get the HIV/AIDS virus from mosquito bites?	Yes.. 1 No... 2 DK 8	
HA6. Can people reduce their chance(s) of getting infected with the HIV/AIDS virus by not having sex at all?	Yes.. 1 No... 2 DK 8	
HA7. Can people get the HIV/AIDS virus by sharing food with a person who has AIDS?	Yes.. 1 No... 2 DK 8	
HA7A. Can people get the HIV/AIDS virus by getting injections with a needle that was already used by someone else?	Yes.. 1 No... 2 DK 8	
HA8. Is it possible for a healthy-looking person to have the HIV/AIDS virus?	Yes.. 1 No... 2 DK 8	
HA9. Can the HIV/AIDS virus be transmitted from a mother to a baby: Yes No DK HA9A. During pregnancy?	 Yes No DK During pregnancy...................... 1 2 8	
HA9B. During delivery?	During delivery 1 2 8	
HA9C. By breastfeeding?	By breastfeeding 1 2 8	
HA10. If a female teacher has the HIV/AIDS virus but is not sick, should she be allowed to continue teaching in school?	Yes.. 1 No... 2 DK/not sure/depends 8	
HA10A. If a male teacher has the HIV/AIDS virus but is not sick, should he be allowed to continue teaching in school?	Yes.. 1 No... 2 DK/not sure/depends 8	

HA11. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the HIV/AIDS virus?	Yes .... 1 No.. 2 DK/not sure/depends 8	
HA12. If a member of your family became infected with the HIV/AIDS virus, would you want it to remain a secret?	Yes .... 1 No.. 2 DK/not sure/depends 8	
HA13. If a member of your family became sick with the HIV/AIDS virus, would you be willing to care for him or her in your household?	Yes .... 1 No.. 2 DK/not sure/depends 8	
HA14. *CHECK MN5: TESTED FOR HIV DURING ANTENATAL CARE?* ☐ *YES.* ⇨ *GO TO HA18A* ☐ *NO.* ⇨ *CONTINUE WITH HA15*		
HA15. I do not want to know the results, but have you ever been tested to see if you have HIV, the virus that causes AIDS?	Yes .... 1 No.. 2	2⇨HA18
HA15A. When was the last time you were tested?	Less than 12 months.................................. 1 12-23 months .... 2 2 years or more.. 3	
HA16. I do not want you to tell me the results of the test, but have you been told the results?	Yes .... 1 No.. 2	
HA17. Did you, yourself, ask for the test, was it offered to you and you accepted, or was it required?	Asked for the test .... 1 Offered and accepted .... 2 Required.. 3	2⇨ END INTERVIEW
HA18. At this time, do you know of a place where you can go to get such a test to see if you have the HIV/AIDS virus?	Yes .... 1 No.. 2	2⇨ END INTERVIEW
HA18A. *IF TESTED FOR HIV DURING ANTENATAL CARE:* Other than at the antenatal clinic, do you know of a place where you can go to get a test to see if you have the HIV/AIDS virus?	Yes .... 1 No.. 2	

FOLLOW INSTRUCTONS IN YOUR INTERVIEWER'S MANUAL

REPUBLIC OF ZIMBABWE

MULTIPLE INDICATOR MONITORING SURVEY (MIMS)
2009

UNDER 5 QUESTIONNAIRE

PROVINCE: ⬚⬚ **E. A. NUMBER:** ⬚⬚⬚ **HHOLD:** ⬚⬚⬚

CHILDREN UNDER FIVE QUESTIONNAIRE

IDENTIFICATION PANEL	UF

THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO ALL MOTHERS OR CARETAKERS (SEE HOUSEHOLD LISTING, COLUMN HL8) WHO CARE FOR A CHILD THAT LIVES WITH THEM AND IS UNDER THE AGE OF 5 YEARS (SEE HOUSEHOLD LISTING, COLUMN HL5).
A SEPARATE QUESTIONNAIRE SHOULD BE USED FOR EACH ELIGIBLE CHILD.
FILL IN THE CLUSTER AND HOUSEHOLD NUMBER, AND NAMES AND LINE NUMBERS OF THE CHILD AND THE MOTHER/CARETAKER IN THE SPACE BELOW. INSERT YOUR OWN NAME AND NUMBER, AND THE DATE.

UF1. CLUSTER NUMBER:	UF2. HOUSEHOLD NUMBER:
UF3. CHILD'S NAME:	UF4. CHILD'S LINE NUMBER:
UF5. MOTHER'S/CARETAKER'S NAME:	UF6. MOTHER'S/CARETAKER'S LINE NUMBER:
UF7. INTERVIEWER'S NAME AND NUMBER:	UF8. DAY/MONTH/YEAR OF INTERVIEW: 2 0 0 9

REPEAT GREETING IF NOT ALREADY READ TO THIS WOMAN:
Good ………….! My name is ………………………… and I am working for Central Statistics Office (CSO). We are working on a nationwide survey concerned with family health and education. You have been selected as one of the respondents to this survey and we would very much appreciate your participation. The interview will take about 20 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified.

IF PERMISSION IS GIVEN, BEGIN THE INTERVIEW. IF THE RESPONDENT DOES NOT AGREE TO CONTINUE, THANK HIM/HER AND GO TO THE NEXT INTERVIEW. DISCUSS THIS RESULT WITH YOUR SUPERVISOR FOR A FUTURE REVISIT.

UF9. RESULT OF CHILD'S INTERVIEW	COMPLETED …………………………………… …. 1
	NOT AT HOME……………………………………… 2
	REFUSED …………………………………………… 3
	PARTLY COMPLETED …………………………… 4
	INCAPACITATED …………………………………… 5
	OTHER (*specify*) _____ 6

INTERVIEWER/EDITOR/SUPERVISOR NOTES: USE THIS SPACE TO RECORD NOTES ABOUT THE INTERVIEW WITH THIS HOUSEHOLD, SUCH AS CALL-BACK TIMES, INCOMPLETE INDIVIDUAL INTERVIEW FORMS, NUMBER OF ATTEMPTS TO RE-VISIT, ETC.

UF9A. FIELD EDITOR (NAME AND NUMBER): Name _____ ☐☐	UF9B. FIELD SUPERVISOR (NAME AND NUMBER): Name: _____ ☐☐
UF10. Now I would like to ask you some questions about the health of each child under the age of 5 in your care, who lives with you now. Now I want to ask you about (*NAME*). In what month and year was (*NAME*) born? *Probe:* What is his/her birthday? *IF THE MOTHER/CARETAKER KNOWS THE EXACT BIRTH DATE, ALSO ENTER THE DAY; OTHERWISE, CIRCLE 98 FOR DAY.*	Date of birth: Day .... ☐☐ DK day ....98 Month... ☐☐ DK month...................................98 Year .... ☐☐☐☐ DK year................................ 9998
UF11. How old was (*NAME*) at his/her last birthday? *RECORD AGE IN COMPLETED YEARS.*	Age in completed years............ ☐☐

MODULE 1: BIRTH REGISTRATION AND EARLY LEARNING		BR
BR1. Has (*NAME*'s) birth been registered with the Births and Deaths Registry?	Yes .... 1 No... 2 DK 8	2⇨BR3
BR2. Does (*NAME*) have a birth certificate? May I see it?	Yes, seen .... 1 Yes, not seen ………………………………… 2 No... 3 DK 8	1⇨BR5 2⇨BR5
BR3. Why is (*NAME*) 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 Do not know where to register .... 5 Father not around/ has no time ……………. 6 Have applied but, not received it …………. 7 Parents do not have ID/birth certificate ….. 8 Other (*specify*)_____ 96 DK 98	5⇨BR5
BR4. Do you know where to register your child's birth?	Yes.. 1 No... 2	
BR5. *CHECK AGE OF CHILD IN UF11: CHILD IS 3 OR 4 YEARS OLD?* ☐ *YES.* ⇨ *CONTINUE WITH BR6* ☐ *NO.* ⇨ *GO TO NEXT MODULE*		
BR6. 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⇨NEXT MODULE 8⇨NEXT MODULE
BR7. Within the last seven days, about how many hours did (*NAME*) attend?	No. of hours	

MODULE 2: VITAMIN A – CHILDREN 6 MONTHS AND OLDER		VA
VA1. Has (*NAME*) ever received a vitamin A capsule (supplement) like this one? *SHOW CAPSULES:* *100,000 IU FOR THOSE 6-11 MONTHS OLD, (BLUE)* *200,000 IU FOR THOSE 12-59 MONTHS OLD. (RED).*	Yes .... 1 No.. 2 DK 8	2⇨NEXT MODULE 8⇨NEXT MODULE
VA2. How many months ago did (*NAME*) take the last dose?	Months ago .... ☐☐ DK 98	
VA3. Where did (*NAME*) get this last dose?	On routine visit to health facility .... 1 Sick child visit to health facility .... 2 National Immunization Day campaign .... 3 Child health week.. 4 Outreach/mobile clinics............................... 5 Other (*specify*)_____ 6 DK 8	

MODULE 3: BREASTFEEDING		BF
BF1. Has (*NAME*) ever been breastfed?	Yes 1	
	No.. 2	2⇨BF3
	DK ……………………………………… 8	8⇨BF3
BF2. Is (*NAME*) still being breastfed?	Yes 1	1⇨BF2B
	No.. 2	
	DK 8	8⇨BF2B
BF2A. For how many months did you breastfeed (*NAME*)?	Months .... ☐☐	
	DK 98	
BF2B. Was (*NAME*) breastfed yesterday?	Yes 1	
	No.. 2	
BF3. Since this time yesterday, did he/she receive any of the following: *READ EACH ITEM ALOUD AND RECORD RESPONSE BEFORE PROCEEDING TO THE NEXT ITEM.*	Y N DK	
BF3A. Vitamin, mineral supplements (Abidec, Minadex, etc)?	A. Vitamin supplements 1 2 8	
BF3B. Plain water?	B. Plain water................................... 1 2 8	
BF3C. Sweetened, flavoured water or fruit juice or tea or infusion?	C. Sweetened water or juice............. 1 2 8	
BF3D. ORS?	D. ORS... 1 2 8	
BF3E. Infant formula (e.g.S26, Nan, Lactogen)?	E. Infant formula.............................. 1 2 8	
BF3F. Tinned, powdered or fresh milk?	F. Milk.. 1 2 8	
BF3G. Any other liquids (e.g. Mahewu)?	G. Other liquids 1 2 8	
BF3H. Solid or semi-solid (mushy) food?	H. Solid or semi-solid food................ 1 2 8	
BF4. *CHECK BF3H: CHILD RECEIVED SOLID OR SEMI-SOLID (MUSHY) FOOD?* ☐ *YES.* ⇨ *CONTINUE WITH BF5* ☐ NO OR DK. ⇨ GO TO NEXT MODULE		
BF5. Since this time yesterday, how many times did (*NAME*) eat solid, semisolid, or soft foods other than liquids? *IF 7 OR MORE TIMES, RECORD '7'.*	No. of times.. ☐	
	Don't know 8	

MODULE 4: CARE OF ILLNESS		CA
CA1. Has (*NAME*) had diarrhoea in the last two weeks, that is, since (*DAY OF THE WEEK*) of the week before last? *DIARRHOEA IS DETERMINED AS PERCEIVED BY MOTHER OR CARETAKER, OR AS THREE OR MORE LOOSE OR WATERY STOOLS PER DAY, OR BLOOD IN STOOL.*	Yes .... 1 No.. 2 DK 8	2⇨CA5 8⇨CA5
CA2. During this last episode of diarrhoea, did (*NAME*) drink any of the following: *READ EACH ITEM ALOUD AND RECORD RESPONSE BEFORE PROCEEDING TO THE NEXT ITEM.* CA2A. A fluid made from a special packet called (*ORS*)? CA2B. Government-recommended homemade fluid (sugar-salt solution)? CA2c. Other liquids	Yes No DK A. Fluid from ORS packet .... 1 2 8 B. Recommended homemade fluid .. 1 2 8 C. Other liquids ………………………. 1 2 8	
CA3. During (*NAME*'S) illness, did he/she drink much less, about the same, or more than usual?	Much less or none....................................... 1 About the same (or somewhat less) .... 2 More .... 3 DK 8	
CA4. During (*NAME*'S) illness, did he/she eat less, about the same, or more food than usual? *IF "LESS", PROBE:* much less or a little less?	None... 1 Much less.. 2 Somewhat less.. 3 About the same... 4 More .... 5 DK 8	
CA4A. *Check CA2A: ORS packet used?* ☐ *Yes.* ⇨ *Continue with CA4B* ☐ *No.* ⇨ *Go to CA5*		

CA4B. Where did you get the (*ORS PACKET FROM CA2A)?*	Public sector
	    Central hospital 11
	    Provincial hospital 12
	    District hospital.................................. 13
	    Rural hospital/Health centre/clinic..... 14
	    Mobile/outreach clinic ……………….. 15
	    Other public (*specify*) 16
	
	Private medical sector
	    Private hospital/clinic......................... 21
	    Private physician 22
	    Private pharmacy .... …. ……23
	    Other private
	        medical (*specify*) _____ 26
	
	Other source
	    Relative or friend ……………………. 31
	    Shops ……………………………….. 32
	    Imported…………………………….. 33
	
	Mission facility ……………… ……………. 41
	
	Other (*specify*) 96
	DK 98	

CA5. Has (*NAME*) had an illness with a cough at any time in the last two weeks, that is, since (*DAY OF THE WEEK*) of the week before last?	Yes .... 1 No.. 2 DK 8	2⇨CA12 8⇨CA12
CA6. When (*NAME*) had an illness with a cough, did he/she breathe faster than usual with short, quick breaths or had difficult in breathing?	Yes .... 1 No.. 2 DK 8	2⇨CA12 8⇨CA12
CA7. Were the symptoms due to a problem in the chest or a blocked nose?	Problem in chest .... 1 Blocked nose .... 2 Both.. 3 Other (*specify*)_____ 6 DK 8	2⇨CA12 6⇨CA12
CA8. Did you seek advice or treatment for the illness outside the home?	Yes .... 1 No.. 2 DK 8	2⇨CA10 8⇨CA10

CA9. From where did you seek care?
 	
Anywhere else?
 	
CIRCLE ALL PROVIDERS MENTIONED,
BUT DO NOT PROMPT WITH ANY SUGGESTIONS.
 	
IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC,
WRITE THE NAME OF THE PLACE BELOW. PROBE TO
IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE
APPROPRIATE CODE.
 	
_____
(NAME OF PLACE)
	Public sector
	    Central hospital ....A
	    Provincial hospital ....B
	    District hospital...C
	    Rural hospital/Health centre/clinic...........D
	    Mobile/outreach clinic ....E
	    Other public (*specify*)_____ H
	
	Private medical sector
	    Private hospital/clinic I
	    Private physician .... J
	    Private pharmacy ....K
	    Other private
	        medical (*specify*)_____ O
	
	Other source
	    Relative or friend ....P
	
	  Mission facility ....S
	
	Other (*specify*)_____ X	

CA10. Was (*NAME*) given medicine to treat this illness?	Yes .... 1 No.. 2 DK 8	2⇨CA12 8⇨CA12
CA11. What medicine was (*NAME*) given? *CIRCLE ALL MEDICINES GIVEN.*	Antibiotic...A Paracetamol/Panadol/Acetaminophen ....P Aspirin .... Q Ibuprofen..R Other (*specify*)_____ X DK ....Z	

CA11A. *CHECK CA11: ANTIBIOTIC GIVEN?* ☐ *YES.* ⇨ *CONTINUE WITH CA11B* ☐ *NO.* ⇨ *GO TO CA12*		

CA11B. Where did you get the antibiotic?	Public sector
	    Central hospital 11
	    Provincial hospital 12
	    District hospital.................................. 13
	    Rural hospital/Health centre/clinic..... 14
	    Mobile/outreach clinic ……………… 15
	    Other public (*specify*) 16
	
	Private medical sector
	    Private hospital/clinic......................... 21
	    Private physician 22
	    Private pharmacy .... …. ……23
	    Other private
	        medical (*specify*) _____ 26
	
	Other source
	    Relative or friend …………………… 31
	    Shops ………………………………… 32
	    Imported …………………………… 33
	
	Mission facility ……………………………… 41
	
	Other (*specify*) 96	

CA12. *CHECK UF11: CHILD AGED UNDER 3?* ☐ *YES.* ⇨ *CONTINUE WITH CA13* ☐ NO. ⇨ GO TO CA14		
CA13. The last time *(NAME)* passed stools, what was done to dispose of the stools?	Child used toilet/latrine............................... 11 Put/rinsed into toilet or latrine .... 12 Put/rinsed into drain or ditch .... 13 Thrown into garbage (solid waste)............ 14 Buried.. 15 Left in the open .... 16 Other (*specify*)_____ 96 DK 98	
ASK THE FOLLOWING QUESTION (CA14) ONLY ONCE FOR EACH MOTHER/CARETAKER. CA14. Sometimes children have severe illnesses and should be taken immediately to a health facility. What types of symptoms would cause you to take your child to a health facility right away? *KEEP ASKING FOR MORE SIGNS OR SYMPTOMS UNTIL THE 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/high temperature ....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	

MODULE 5: MALARIA FOR UNDER-FIVES		**ML**
ML1. In the last two weeks, that is, since (*DAY*	Yes.. 1	

OF THE WEEK) of the week before last, has (*NAME*) been ill with a fever?	No...2	2⇨ML10
	DK 8	8⇨ML10
ML2. Was (*NAME*) seen at a health facility during this illness?	Yes ....1 No...2	 2⇨ML6
	DK 8	8⇨ML6
ML3. Did (*NAME*) take a medicine for fever or malaria that was provided or prescribed at the health facility?	Yes ....1 No...2	 2⇨ML5
	DK 8	8⇨ML5

ML4. What medicine did (*NAME*) take that was provided or prescribed at the health facility?
 	
 CIRCLE ALL MEDICINES MENTIONED.
	Anti-malarials:
	 SP/Fansidar ....A
	 Chloroquine...B
	 Quinine..C
	 Artemisinin-based combinations
	       (e.g. Coartem).......................D
	 Other anti-malarial
	    (*specify*)_____ H
	
	 Other medications:
	 Paracetamol/Panadol/Acetaminophen ...P
	 Aspirin .... Q
	 Ibuprofen ....R
	
	 Other (*specify*)_____ X
	 DK ....Z	

ML5. Was (*NAME*) given medicine for the fever or malaria before being taken to the health facility?	Yes ....1 No...2	1⇨ML7 2⇨ML8
	DK 8	8⇨ML8
ML6. Was (*NAME*) given medicine for fever or malaria during this illness?	Yes ....1 No...2	 2⇨ML8
	DK 8	8⇨ML8

ML7. What medicine was (*NAME*) given?
 	
 CIRCLE ALL MEDICINES GIVEN. ASK TO SEE THE MEDICATION IF TYPE IS NOT KNOWN. IF TYPE OF MEDICATION IS STILL NOT DETERMINED, SHOW TYPICAL ANTI-MALARIALS TO RESPONDENT.
	Anti-malarials:
	 SP/Fansidar ....A
	 Chloroquine...B
	 Quinine..C
	 Artemisinin-based combinations
	       (e.g. Coartem)...............................D
	 Other anti-malarial
	    (*specify*)_____ H
	
	 Other medications:
	 Paracetamol/Panadol/Acetaminophen ...P
	 Aspirin .... Q
	 Ibuprofen ....R
	
	 Other (*specify*)_____ X
	 DK ....Z	

ML8. *CHECK ML4 AND ML7: ANTI-MALARIAL MENTIONED (CODES A - H)?*

☐*YES.* ⇨ *CONTINUE WITH ML9*

☐*NO.* ⇨ *GO TO ML10*

ML9. How long after the fever started did (*NAME*) first take (*NAME OF ANTI-MALARIAL FROM ML4 or ML7*)? *IF MULTIPLE ANTI-MALARIALS MENTIONED IN ML4 OR ML7, NAME ALL ANTI-MALARIAL MEDICINES MENTIONED.* *RECORD THE CODE FOR THE DAY ON WHICH 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	

ML9A. Where did you get the (*NAME OF ANTI-MALARIAL FROM ML4 or ML7*)?
 	
IF MORE THAN ONE ANTI-MALARIAL IS MENTIONED IN ML4 OR ML7, REFER TO THE FIRST ANTI-MALARIAL GIVEN FOR THE FEVER (THE ANTI-MALARIAL GIVEN ON THE DAY RECORDED IN ML9).
	Public sector
	    Central hospital 11
	    Provincial hospital 12
	    District hospital................................. 13
	    Rural hospital/Health centre/clinic..... 14
	    Mobile/outreach clinic ……………… 15
	    Other public (*specify*) 16
	
	Private medical sector
	    Private hospital/clinic......................... 21
	    Private physician 22
	    Private pharmacy .... …. ……23
	    Other private
	        medical (*specify*) _____ 26
	
	Other source
	    Relative or friend ……………………… 31
	    Shops ………………………………… 32
	    Imported ……………………………… 33
	
	Mission facility ……………………………… 41
	
	Other (*specify*) 96	

ML10. Did (*NAME*) sleep under a mosquito net last night?	Yes.. 1 No.. 2 DK 8	2⇨NEXT MODULE 8⇨NEXT MODULE
ML11. How long ago did your household obtain the mosquito net? *IF LESS THAN 1 MONTH, RECORD '00'.* *IF ANSWER IS "12 MONTHS" OR "1 YEAR", PROBE TO DETERMINE IF NET WAS TREATED EXACTLY 12 MONTHS AGO OR EARLIER OR LATER.*	Months ago .... ☐☐ More than 24 months ago .... 95 Not sure... 98	

ML12. What brand is this net?
 	
IF THE RESPONDENT DOES NOT KNOW THE BRAND OF THE NET, SHOW PICTORIALS, OR IF POSSIBLE, OBSERVE THE NET.
 	
LONG LASTING TREATED NETS:
Olyset
 	
Permanet
 	
PRE-TREATED NETS:
KO Tab 123
Iconet
 	
Other *(specify)*
 	
DK brand
	
	Long lasting treated net:
	   Olyset 11
	
	   Permanet... 12
	
	Pre-treated net:
	   KO Tab 123... 21
	
	   Iconet 22
	
	Other *(specify)* *96*
	
	DK brand... 98
		
		11⇨NEXT MODULE
		12⇨NEXT MODULE
		
		21⇨ML14
		
		22⇨ML14

ML13. When you got that net, was it already treated with an insecticide to kill or repel mosquitoes?	Yes.. 1 No... 2 DK/not sure 8	
ML14. Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill/repel mosquitoes or bugs?	Yes.. 1 No... 2 DK 8	 2⇨ NEXT MODULE 8⇨ NEXT MODULE
ML15. How long ago was the net last soaked or dipped? *IF LESS THAN 1 MONTH, RECORD '00'.* *IF ANSWER IS "12 MONTHS" OR "1 YEAR", PROBE TO DETERMINE IF NET WAS TREATED EXACTLY 12 MONTHS AGO OR EARLIER OR LATER.*	Months ago .... ☐☐ More than 24 months ago .... 95 DK 98	

MODULE 6: IMMUNIZATION		IM

IF AN IMMUNIZATION CARD IS AVAILABLE, COPY THE DATES IN IM2-IM8 FOR EACH TYPE OF IMMUNIZATION OR VITAMIN A DOSE RECORDED ON THE CARD. IM10-IM18 ARE FOR RECORDING VACCINATIONS THAT ARE NOT RECORDED ON THE CARD. IM10-IM18 WILL ONLY BE ASKED WHEN A CARD IS NOT AVAILABLE.

IM1. Is there a vaccination card for (*NAME*)?	Yes, seen .... 1 Yes, not seen .... 2 No... 3	 2⇨IM10 3⇨IM10

(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	

		DAY		MONTH		YEAR				
IM2. BCG	BCG									
IM3A. Polio at birth	OPV0									
IM3B. Polio 1	OPV1									
IM3C. Polio 2	OPV2									
IM3D. Polio 3	OPV3									
IM4A. DPT1	DPT1									
IM4B. DPT2	DPT2									
IM4C. DPT3	DPT3									
IM5A. HepB1Hib (or DPTHepB1Hib)	(DPT)HH1									
IM5B. HepB2Hib (or DPTHepB2Hib)	(DPT)HH2									
IM5C. HepB3Hib (or DPTHepB3Hib)	(DPT)HH3									
IM6. Measles (or MMR)	Measles									
IM8A. Vitamin A (1)	VitA1									
IM8B. Vitamin A (2)	VitA2									

IM9. In addition to the vaccinations and vitamin A capsules shown on this card, did (*NAME*) receive any other vaccinations – including vaccinations received in campaigns or immunization days? *RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, OPV 0-3, DPT 1-3, HEPATITIS B 1-3, MEASLES VACCINE(S), OR VITAMIN A SUPPLEMENTS.*	Yes.. 1 *(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN ON IM2 TO IM8B.)* No.. 2 DK 8	1⇨IM19 2⇨IM19 8⇨IM19
IM10. 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⇨IM19 8⇨IM19

| IM11. Has (*NAME*) ever been given a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that caused a scar? | Yes 1

No 2

DK .... 8 | |

IM12. Has (*NAME*) ever been given any "vaccination drops in the mouth" to protect him/her from getting diseases – that is, polio?	Yes .... 1 No... 2 DK 8	2⇨IM15 8⇨IM15
IM13. How old was he/she when the first dose was given – just after birth (within two weeks) or later?	Just after birth (within two weeks).............. 1 Later 2	
IM14. How many times has he/she been given these drops?	No. of times....................................... ☐☐	
IM15. Has (*NAME*) ever been given "DPT or [DPT]HH vaccination injections" – that is, an injection in the thigh – to prevent him/her from getting tetanus, whooping cough, diphtheria? (sometimes given at the same time as polio)	Yes .... 1 No... 2 DK 8	2⇨IM17 8⇨IM17
IM16. How many times?	No. of times....................................... ☐☐	
IM17. Has (*NAME*) ever been given "Measles vaccination injections" – that is, a shot in the arm at the age of **9** months or older - to prevent him/her from getting measles?	Yes .... 1 No... 2 DK 8	
IM19. Please tell me if (*NAME*) has benefited from any of the following campaigns, national immunization in the last year and/or vitamin A: IM19A. National Immunization last year *IM19B.* Vitamin A campaign *IM19c.* Child Health Week	Y N DK National Immunization .... 1 2 8 Vitamin A.. 1 2 8 Child Health Week 1 2 8	

IM20. *DOES ANOTHER ELIGIBLE CHILD RESIDE IN THE HOUSEHOLD FOR WHOM THIS RESPONDENT IS MOTHER/CARETAKER?* **CHECK HOUSEHOLD LISTING, COLUMN HL8.**

☐ *YES.* ⇨ *END THE CURRENT QUESTIONNAIRE AND THEN*
GO TO <u>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</u> *TO ADMINISTER THE QUESTIONNAIRE FOR THE NEXT ELIGIBLE CHILD.*

☐ *NO.* ⇨ *END THE INTERVIEW WITH THIS RESPONDENT BY THANKING HIM/HER FOR HIS/HER COOPERATION.*

IF THIS IS THE LAST ELIGIBLE CHILD IN THE HOUSEHOLD, GO ON TO <u>ANTHROPOMETRY MODULE</u>.

MODULE 7: ANTHROPOMETRY	AN

AFTER QUESTIONNAIRES FOR ALL CHILDREN ARE COMPLETE, THE MEASURER WEIGHS AND MEASURES EACH CHILD. RECORD WEIGHT, LENGTH/HEIGHT AND MID UPPER ARM CIRCUMFERENCE 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. Child's weight.
Kilograms (kg)......................... ☐☐.☐

AN2. Child's length or height.

CHECK AGE OF CHILD IN UF11:

☐ *CHILD UNDER 2 YEARS OLD.* ⇨ *MEASURE LENGTH (LYING DOWN).*

Length (cm) Lying down ....1 ☐☐☐.☐

☐ *CHILD AGE 2 OR MORE YEARS.* ⇨ *MEASURE HEIGHT (STANDING UP).*

Height (cm) Standing up ....2 ☐☐☐.☐

AN2A. ***CHECK AGE OF CHILD IN UF11:*** *CHILD IS 6-59 MONTHS?*

☐ *YES.* ⇨ *CONTINUE WITH AN2B*

☐ *NO* ⇨ *GO TO AN 3*

AN2B. Child's Mid Upper Arm Circumference (MUAC).
Mid Upper Arm Circumference (cm) ☐☐.☐

AN2C. *check child for bilateral pitting oedema*

Does child have bilateral pitting oedema?

Yes 1

No.. 2 | 2⇨AN3

AN2D. What is the grade of oedema?
Mild-both feet (below the ankles) (+)...........1

Moderate-both feet and legs (below the knees) (+ +) ………………………………… 2

Generalised including the face (+ + +) 3

AN3. Measurer's identification code.
Measurer code .... ☐☐

AN4. Result of measurement.
Measured 1
Not present 2
Refused.. 3 ☐
Other (*specify*)_____ 6

AN5. *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.