

## **EXECUTIVE DIRECTIVE**

To: Representatives  
Assistant Representatives

From: Carol Bellamy  
Executive Director

Subject: **End-decade assessment - indicators for assessing progress globally**

You are aware of the high priority which UNICEF assigns to assessing progress to the *World Summit for Children* (WSC) goals at end-decade. You will also recall that EXD/1998-008, of 8 August 1998, described the expected reporting system and schedule, and its direct linkage with the review of WSC achievements to be presented by the UN Secretary General to the UNGA in 2001. A key part of this schedule is the list of indicators to be used for reporting on the global situation and progress over the decade.

The list of these indicators for global reporting is attached in Annex 1 and is divided into four parts. The major part is composed of indicators for WSC, with three small groups of indicators on additional child rights, on IMCI and on HIV/AIDS.

I am asking you to take immediate action in your country on these indicators, in order to make a quick appraisal of: (a) the likely data gaps at end-decade; (b) if a household survey would be able to fill these data gaps; and (c) the approximate cost of such a survey. The specifics of the action you are required to take are identified in Annex 2.

Country Offices will be expected to plan and budget for support to national partners in undertaking any necessary survey activities, using regular general resources (or supplementary funds if available) where such support is required. The indicators are absolutely vital, and I expect, therefore, that you will modify existing budgets, where possible, to accommodate these surveys. In exceptional cases, such as Country Programmes receiving the minimum GR annual allocation level, a case may be presented to the Regional Director for consideration of additional resources to part-fund the survey costs. If there are other extenuating circumstances, those too should be brought to the attention of the Regional Director. See Annex 2 for further details.

Regional Directors have been asked to review your reports of data gaps and survey costs, and to provide me with an assessment of the implications for their regions.

The end-decade assessment process provides an excellent opportunity to help countries not only assess what progress has been made during the decade, but also to establish a baseline for the next decade, and to use the data to plan and improve future priority programme interventions.

I look forward to the Regional Directors' reviews on your reports.

*cc: Regional Directors; Directors – New York, Geneva, Florence, Tokyo, Copenhagen*

# ANNEX 1:

## INDICATORS FOR MONITORING PROGRESS AT END-DECADE

The following list includes indicators for monitoring the World Summit for Children goals, as well as additional indicators to monitor children's rights, HIV/AIDS, the Integrated Management for Childhood Illness (IMCI) Initiative and malaria. All indicators on this list can be measured through household surveys, except ones that are marked with an "x". Age ranges indicated with a hyphen include the month or year given as the outer boundary of the range. For example, 6-9 months means 6 through 9 months of age.

### Indicators listed by World Summit for Children goal:

Goal	<i>Indicator:</i> Name	Description	Comment
<b>1</b>	<b>Between 1990 and the year 2000, reduction of infant and under-five child mortality rate by one-third or to 50 and 70 per 1000 live births respectively, whichever is less</b>		
	<i>Under-Five Mortality Rate</i>	Probability of dying between birth and exactly five years of age, per 1000 live births	
	<i>Infant Mortality Rate</i>	Probability of dying between birth and exactly one year of age, per 1000 live births	
<b>2</b>	<b>Between 1990 and the year 2000, reduction of maternal mortality rate by half</b>		
	<i>Maternal Mortality Ratio</i>	Annual number of deaths of women from pregnancy related causes, when pregnant or within 42 days of termination of pregnancy, per 100,000 live births	For countries without complete vital registration systems, MMR should be measured only once every 7-10 years.  Process indicators should be used to measure progress in the short term.
<b>3</b>	<b>Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-five children by half</b>		
	<i>Underweight prevalence</i>	Proportion of under-fives who fall below minus 2 and below minus 3 standard deviations from median weight for age of NCHS/WHO reference population	To be measured not more than once every three years  Moderate and severe, and severe levels should be reported separately
	<i>Stunting prevalence</i>	Proportion of under-fives who fall below minus 2 and below minus 3 standard deviations from median height for age of NCHS/WHO reference population	
	<i>Wasting prevalence</i>	Proportion of under-fives who fall below minus 2 and below minus 3 standard deviations from median weight for height of NCHS/WHO reference population	
<b>4</b>	<b>Universal access to safe drinking water</b>		
	<i>Use of safe drinking water</i>	Proportion of population who use any of the following types of water supply for drinking: (1) piped water; (2) public tap; (3) borehole/pump; (4) well (protected/covered); (5) protected spring	

<b>Goal</b>			
<b>Indicator:</b>	<b>Name</b>	<b>Description</b>	<b>Comment</b>
<b>5</b>	<b>Universal access to sanitary means of excreta disposal</b>		
	<i>Use of sanitary means of excreta disposal</i>	Proportion of population who have, within their dwelling or compound: (1) toilet connected to sewage system; (2) any other flush toilet (private or public); (3) improved pit latrine; (4) traditional pit latrine	
<b>6</b>	<b>Universal access to basic education, and achievement of primary education by at least 80 per cent of primary school-age children through formal schooling or non-formal education of comparable learning standard, with emphasis on reducing the current disparities between boys and girls</b>		
	<i>Children reaching grade 5</i>	Proportion of children entering first grade of primary school who eventually reach grade 5	
<b>x</b>	<i>Net primary school enrolment ratio</i>	Proportion of children of primary school age enrolled in primary school.	
	<i>Net primary school attendance rate</i>	Proportion of children of primary school age attending primary school.	
	<b>Optional:</b>		
	<i>Proportion entering school</i>	Proportion of children of primary school entry age who enter school at that age	
	<i>Learning achievement</i>	Proportion of children aged 10 - 12 years reaching a specific level of learning achievement in literacy, numeracy and life skills.	
<b>7</b>	<b>Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level, with emphasis on female literacy</b>		
	<i>Literacy rate</i>	Proportion of population aged 15 years and older who are able, with understanding, to both read and write a short simple statement on their everyday life	To be measured at most once every five years
<b>8</b>	<b>Provide improved protection of children in especially difficult circumstances and tackle the root causes leading to such situations</b>		
	<i>Total child disability rate</i>	Proportion of children aged less than 15 years with some reported physical or mental disability	
<b>9</b>	<b>Special attention to the health and nutrition of the female child and to pregnant and lactating women</b>		
	<i>Under-Five Mortality Rate - female/male</i>	Probability of dying between birth and exactly five years of age, per 1000 live births - disaggregated by gender	
	<i>Underweight prevalence - female/male</i>	Proportion of under-fives who fall below minus 2 standard deviations from median weight for age of NCHS/WHO reference population - disaggregated by gender	
	<i>Antenatal Care</i>	Proportion of women aged 15-49 attended at least once during pregnancy by skilled health personnel	"skilled health personnel" includes only doctors, nurses and midwives; does NOT include traditional birth attendants (trained or untrained)

<b>Goal</b>			
<b>Indicator:</b>	<b>Name</b>	<b>Description</b>	<b>Comment</b>
<b>x</b>	<i>HIV prevalence</i>	Proportion of population aged 15 - 49 who are HIV positive - disaggregated by gender and age	
	<i>Anemia</i>	Proportion of women aged 15 - 49 years with haemoglobin levels below 12 grams/100ml blood for non-pregnant women, and below 11 grams/100ml blood for pregnant women	
<b>10 Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many</b>			
	<i>Contraceptive prevalence</i>	Proportion of women aged 15 - 49 who are using (or whose partner is using) a contraceptive method (either modern or traditional)	This indicator should be reported separately for women who are married or in union, and all women
	<i>Fertility rate for women 15 to 19</i>	Number of live births to women aged 15 - 19 per 1000 women aged 15 - 19	Only for estimation at global and regional level - not for measurement at national level
	<i>Total fertility rate</i>	Average number of live births per woman who has reached the end of her child bearing period	Only for estimation at global and regional level - not for measurement at national level
<b>11 Access by all pregnant women to pre-natal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies</b>			
	<i>Antenatal Care</i>	Proportion of women aged 15-49 attended at least once during pregnancy by skilled health personnel	"skilled health personnel" includes only doctors, nurses and midwives; does NOT include traditional birth attendants (trained or untrained)
	<i>Childbirth care</i>	Proportion of births attended by skilled health personnel	see definition of "skilled health personnel" above
<b>x</b>	<i>Obstetric care</i>	Number of facilities providing <i>comprehensive</i> essential obstetric care per 500,000 population  Number of facilities providing <i>basic</i> essential obstetric care per 500,000 population	Definition of essential obstetric care is given in the UNICEF/WHO/UNFPA <i>Guidelines for Monitoring the Availability and Use of Obstetric Services</i>
<b>12 Reduction of the low birth weight (less than 2.5 kg) rate to less than 10 per cent</b>			
	<i>Birth weight below 2.5 kg.</i>	Proportion of live births that weigh below 2500 grams	
<b>13 Reduction of iron deficiency anemia in women by one third of the 1990 levels</b>			
	<i>Anemia</i>	Proportion of women aged 15 - 49 with haemoglobin levels below 12 grams/100ml blood for non-pregnant women, and below 11 grams/100ml blood for pregnant women	
<b>14 Virtual elimination of iodine deficiency disorders</b>			
	<i>Iodized salt consumption</i>	Proportion of households consuming adequately iodized salt	
	<i>Low urinary iodine</i>	Proportion of population (school age children or general population) with urinary iodine levels below 10 micrograms/100ml urine	To be measured at national level only when 90% or more of households are consuming adequately iodized salt.

<b>Goal</b>			
<b>Indicator:</b>	<b>Name</b>	<b>Description</b>	<b>Comment</b>
<i>Optional:</i>			
x	<i>Goitre in school children</i>	Proportion of children aged 6 - 11 years with any size of goitre (palpable and visible combined)	To be measured only when salt iodization or urinary iodine levels are not measured
<b>15 Virtual elimination of vitamin A deficiency and its consequences, including blindness</b>			
	<i>Children receiving vitamin A supplements</i>	Proportion of children 6 - 59 months of age who have received a high dose vitamin A supplement in the last 6 months	
	<i>Mothers receiving vitamin A supplements</i>	Proportion of mothers who received a high dose vitamin A supplement before infant was 8 weeks old	
	<i>Low vitamin A</i>	Proportion of children 6 - 59 months of age with serum retinol below 20 micrograms/100ml	To be measured at national level only when VAD is close to being eliminated
<i>Optional:</i>			
	<i>Children with night blindness</i>	Proportion of children 24 - 59 months of age with night blindness	To be measured only if a local term for nightblindness exists
	<i>Nightblindness in pregnant women</i>	Proportion of women who had nightblindness during the last pregnancy	To be measured only if a local term for nightblindness exists
<b>16 Empowerment of all women to breast-feed their children exclusively for four to six months and to continue breastfeeding, with complementary food, well into the second year</b>			
	<i>Exclusive breastfeeding rate</i>	Proportion of infants less than 4 months (120 days) of age who are exclusively breastfed	
	<i>Timely complementary feeding rate</i>	Proportion of infants 6 - 9 months (180 to 299 days) of age who are receiving breastmilk and complementary food	
	<i>Continued breastfeeding rate</i>	Proportion of children 12 - 15 months and 20 - 23 months of age who are breastfeeding	Reported separately for the two age groups
x	<i>Number of baby-friendly facilities</i>	Number of hospitals and maternity facilities which are designated as baby-friendly according to global BFHI criteria	
<b>17 Growth promotion and its regular monitoring to be institutionalized in all countries by the end of the 1990s</b>			
- no indicators			
<b>18 Dissemination of knowledge and supporting services to increase food production to ensure household food security</b>			
- no indicators			
<b>19 Global eradication of poliomyelitis by the year 2000</b>			
x	<i>Polio cases</i>	Annual number of cases of polio	
<b>20 Elimination of neonatal tetanus by 1995</b>			
x	<i>Neonatal tetanus cases</i>	Annual number of cases of neonatal tetanus	Only for estimation at global and regional level - not for measurement at national level

<b>Goal</b>			
<b>Indicator:</b>	<b>Name</b>	<b>Description</b>	<b>Comment</b>
<b>21</b>	<b>Reduction by 95 per cent in measles deaths and reduction by 90 per cent of measles cases compared to pre-immunization levels by 1995, as a major step to the global eradication of measles in the longer run</b>		
x	<i>Under-five deaths from measles</i>	Annual number of under-five deaths due to measles	Only for estimation at global and regional level - not for measurement at national level
x	<i>Measles cases</i>	Annual number of cases of measles in children under five years of age	Only for estimation at global and regional level - not for measurement at national level
<b>22</b>	<b>Maintenance of a high level of immunization coverage (at least 90 per cent of children under one year of age by the year 2000) against diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis and against tetanus for women of child-bearing age</b>		
	<i>DPT immunization coverage</i>	Proportion of one year old children immunized against diphtheria, pertussis and tetanus (DPT)	
	<i>Measles immunization coverage</i>	Proportion of one year old children immunized against measles	
	<i>Polio immunization coverage</i>	Proportion of one year old children immunized against poliomyelitis	
	<i>Tuberculosis immunization coverage</i>	Proportion of one year old children immunized against tuberculosis	
	<i>Children protected against neonatal tetanus</i>	Proportion of one year old children protected against neonatal tetanus through immunization of their mother	
<b>23</b>	<b>Reduction by 50 per cent in the deaths due to diarrhoea in children under the age of five years and 25 per cent reduction in the diarrhoea incidence rate</b>		
x	<i>Under five deaths from diarrhoea</i>	Annual number of under- five deaths due to diarrhoea	Only for estimation at global and regional level - not for measurement at national level
	<i>Diarrhoea cases</i>	Average annual number of episodes of diarrhoea per child under five years of age	
	<i>ORT use</i>	Proportion of children 0 - 59 months of age who had diarrhoea in the last two weeks who were treated with oral rehydration salts or an appropriate household solution (ORT)	
	<i>Home management of diarrhoea</i>	The proportion of children 0 - 59 months of age who had diarrhoea in the last two weeks and received increased fluids and continued feeding during the episode.	
<b>24</b>	<b>Reduction by one third in the deaths due to acute respiratory infections in children under five years</b>		
x	<i>Under-five deaths from acute respiratory infections</i>	Annual number of under-five deaths due to acute respiratory infections	Only for estimation at global and regional level - not for measurement at national level
	<i>Care seeking for acute respiratory infections</i>	Proportion of children 0 - 59 months of age who had ARI in the last two weeks and were taken to an appropriate health provider	

<b>Goal</b>			
<i>Indicator:</i>	<b>Name</b>	<b>Description</b>	<b>Comment</b>
<b>25</b>	<b>Elimination of guinea-worm disease (dracunculiasis) by the year 2000</b>		
<b>x</b>	<i>Dracunculiasis cases</i>	Annual number of cases of dracunculiasis (guinea-worm) in the total population	
<b>26</b>	<b>Expansion of early childhood development activities, including appropriate low-cost family- and community-based interventions</b>		
	<i>Preschool development</i>	Proportion of children aged 36 - 59 months who are attending some form of organized early childhood education programme	
	<i>Underweight prevalence</i>	Proportion of under-fives who fall below minus 2 standard deviations from median weight for age of NCHS/WHO reference population	
<b>27</b>	<b>Increased acquisition by individuals and families of the knowledge, skills and values required for better living, made available through all educational channels, including the mass media, other forms of modern and traditional communication and social action, with effectiveness measured in terms of behavioural change</b>		
	- no indicators -		

### Additional indicators for monitoring children's rights:

<b>Name</b>	<b>Description</b>	<b>Comment</b>
<i>Birth registration</i>	Proportion of children 0 - 59 months of age whose births are reported registered	
<i>Children's living arrangements</i>	Proportion of children 0 - 14 years of age in households not living with a biological parent	Calculated separately for children whose biological mother, father, or both parents are dead
<i>Orphans in household</i>	Proportion of children 0 - 14 years of age who are orphans living in households	Calculated separately for children whose biological mother, father, or both parents are dead
<i>Child labour</i>	Proportion of children 5 - 14 years of age who are currently working (paid or unpaid; inside or outside home)	Calculated separately for paid, unpaid, and domestic work for more than 4 hours per day

## Additional indicators for monitoring IMCI and malaria:

Name	Description	Comment
<i>Home management of illness</i>	Proportion of children 0 - 59 months of age reported ill during the last two weeks who received increased fluids and continued feeding	
<i>Care seeking knowledge</i>	Proportion of caretakers of children 0 - 59 months of age who know at least 2 of the following signs for seeking care immediately: child not able to drink or breastfeed, child becomes sicker, child develops a fever, child has fast breathing, child has difficult breathing, child has blood in the stools, child is drinking poorly.	
<i>Bednets</i>	Proportion of children 0 - 59 months of age who slept under an insecticide-impregnated bednet during the previous night	Only in malaria risk areas
<i>Malaria treatment</i>	Proportion of children 0 - 59 months of age who were ill with fever (in malaria risk areas) in the last two weeks who received anti-malarial drugs	

## Indicators for monitoring HIV/AIDS:

Name	Description	Comment
<i>Knowledge of preventing HIV/AIDS</i>	Proportion of women who correctly state the three main ways of avoiding HIV infection	
<i>Knowledge of misconceptions of HIV/AIDS</i>	Proportion of women who correctly identify three misconceptions about HIV/AIDS.	
<i>Knowledge of mother to child transmission of HIV</i>	Proportion of women who correctly identify means of transmission of HIV from mother to child	
<i>Attitude to people with HIV/AIDS</i>	Proportion of women expressing a discriminatory attitude towards people with HIV/AIDS	
<i>Women who know where to be tested for HIV</i>	Proportion of women who know where to get a HIV test	
<i>Women who have been tested for HIV</i>	Proportion of women who have been tested for HIV	
<i>Attitude toward condom use</i>	Proportion of women who state that it is acceptable for women in their area to ask a man to use a condom	
<i>Adolescent sexual behaviour</i>	Median age of girls/women at first pregnancy	

## ANNEX 2: ACTIONS TO BE TAKEN ON GLOBAL INDICATOR LIST

The following actions by the Country Representative or Assistant Representative are requested in relation to the global indicator list for assessment of progress at end-decade (see Annex 1).

- a) Determine, by a rapid review, the indicators in attached indicator table which are likely, in your judgement, to have national data of reasonable quality and timeliness (referenced to year 1999 or 2000) by the end of year 2000, and those indicators which are not.
- b) For those indicators for which adequate data are not expected to be available by end-decade, identify if they are amenable to data collection via household surveys. *All indicators listed in the indicator table are identified as to whether they can be obtained via household surveys or not.*
- c) If a household survey is an appropriate means for filling data gaps in your country, estimate approximately how much this might cost. *Many countries will have experience with the mid-decade Multiple Indicator Cluster Surveys (MICS) to draw upon. A reasonable national household sample size would be of the order of 4000 households for many countries. However, if you wish to obtain estimates for sub-national areas, the sample size will have to be considerably larger, with significant cost implications. In assessing the likely cost of obtaining data through household surveys, consider using a forthcoming survey on which questions could be added, as this would cost less than a household survey solely dedicated to collecting end-decade data. Survey costs should include not only data collection, but also data processing, analysis and reporting.*
- d) Since the end-decade assessment is a high priority activity, funding for obtaining data through a household survey is normally expected to come from the country programme budget. Contributions by government and other partners for obtaining data should also be sought. If such funding is inadequate, please identify the amount of this shortfall and the reasons.
- e) Complete the attached form with the necessary information **and send it to your Regional Director by 14 May, 1999, with a copy to Marta Santos Pais, Director EPP, NYHQ.**

If you have questions about the above, please refer them to your Regional Office.

# HOUSEHOLD SURVEY COSTS FORM

COUNTRY NAME: \_\_\_\_\_

1. Identify all end-decade indicators for which reasonable national data of reasonable quality and timeliness (*data referenced to year 1999 or 2000*) are not expected to be available by the end of year 2000. *Please complete column 4 of the attached table of indicators.*
2. For which of the indicators listed in the response to question 1 would you expect to obtain data through a household survey? *Please complete column 5 of the attached table of indicators.*
3. Would the household survey data be obtained using:  
a) a survey specifically developed to collect end-decade data (such as a MICS)?  
Yes No (*circle appropriate response*)  
or  
b) questions added onto another household survey (such as a DHS)?  
Yes No (*circle appropriate response*)  
*If answer is "No" to both (a) and (b), include reason below*
4. What household sample size is envisaged, and what is the expected total cost of the survey (*including data collection, processing, analysis and reporting*)?  
Household sample size: \_\_\_\_\_ households  
Total cost of survey ..... US\$ \_\_\_\_\_
5. How much is UNICEF likely to have to contribute to the cost of the survey, and how much is the Government expected/likely to cover?  
Cost to UNICEF ..... US\$ \_\_\_\_\_  
Expected Govt. contribution (*in cash or kind*) US\$ \_\_\_\_\_  
Expected other partner contribution ..... US\$ \_\_\_\_\_
6. Can the UNICEF contribution be funded from the Country Programme General Resource budget or through Supplementary Funds?  
Yes No (*circle appropriate response*)
7. If "No" to question 6, what is the amount not covered? *Please give reasons why this cannot be covered by the country office budget.*  
Amount not covered ..... US\$ \_\_\_\_\_  
Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SEND COMPLETED ORIGINAL (of this form and indicator table) TO YOUR REGIONAL DIRECTOR AND A COPY TO MARTA SANTOS PAIS, DIRECTOR, EPP, NYHQ.**

**THANK YOU**

## HOUSEHOLD SURVEY COSTS FORM: INDICATOR TABLE

The following indicator list is extracted from Annex 1, using the short name for each indicator – and excludes repeated and optional indicators, and indicators not intended to be measured at country level. This list is for use only with questions 1 and 2 of the Household Survey Cost Form in Annex 2.

*Please circle the appropriate response in columns (4) and (5).*

(1)	(2)	(3)	(4)	(5)
Indicator name <i>(Further details on each indicator can be found in Annex 1)</i>	WSC goals (same numbers as in Annex 1)	Data obtainable through household surveys?	Data of reasonable quality and timeliness available by end year 2000?	Are data expected to be obtained through a household survey?.
Under-five mortality rate and infant mortality rate	1, 9	Yes	Yes No	Yes No
Maternal mortality rate	2	Yes	Yes No	Yes No
Underweight prevalence	3, 9, 26	Yes	Yes No	Yes No
Stunting and wasting prevalence	3	Yes	Yes No	Yes No
Use of safe drinking water	4	Yes	Yes No	Yes No
Use of sanitary means of excreta disposal	5	Yes	Yes No	Yes No
Children reaching grade 5	6	Yes	Yes No	Yes No
Net primary school enrolment ratio	6	No	Yes No	Yes No
Net primary school attendance rate	6	Yes	Yes No	Yes No
Literacy rate	7	Yes	Yes No	Yes No
Total child disability rate	8	Yes	Yes No	Yes No
Antenatal care	9, 11	Yes	Yes No	Yes No
HIV prevalence	9	No	Yes No	Yes No
Anemia (women)	9, 13	Yes	Yes No	Yes No
Contraceptive prevalence	10	Yes	Yes No	Yes No
Childbirth care	11	Yes	Yes No	Yes No
Obstetric care	11	No	Yes No	Yes No
Birth weight below 2.5 kg.	12	Yes	Yes No	Yes No
Iodized salt consumption	14	Yes	Yes No	Yes No
Low urinary iodine	14	Yes	Yes No	Yes No
Children receiving vitamin A supplements	15	Yes	Yes No	Yes No
Mothers receiving vitamin A supplements	15	Yes	Yes No	Yes No
Low vitamin A (serum retinol)	15	Yes	Yes No	Yes No
Exclusive breastfeeding rate	16	Yes	Yes No	Yes No
Timely complementary feeding rate	16	Yes	Yes No	Yes No
Continued breastfeeding rate	16	Yes	Yes No	Yes No
Number of baby-friendly facilities	16	No	Yes No	Yes No
Polio cases	19	No	Yes No	Yes No

(1) Indicator name <i>(Further details on each indicator can be found in Annex 1)</i>	(2) WSC goals (same numbers as in Annex 1)	(3) Data obtainable through household surveys?	(4) Data of reasonable quality and timeliness available by end year 2000?		(5) Are data expected to be obtained through a household survey?.	
DPT immunization coverage	22	Yes	Yes	No	Yes	No
Measles immunization coverage	22	Yes	Yes	No	Yes	No
Polio immunization coverage	22	Yes	Yes	No	Yes	No
Tuberculosis immunization coverage	22	Yes	Yes	No	Yes	No
Children protected against neonatal tetanus	22	Yes	Yes	No	Yes	No
Diarrhoea cases	23	No	Yes	No	Yes	No
ORT use	23	Yes	Yes	No	Yes	No
Home management of diarrhoea	23	Yes	Yes	No	Yes	No
Care seeking for acute respiratory infections	24	Yes	Yes	No	Yes	No
Dracunculiasis cases	25	No	Yes	No	Yes	No
Preschool development	26	Yes	Yes	No	Yes	No
Birth registration		Yes	Yes	No	Yes	No
Children's living arrangements		Yes	Yes	No	Yes	No
Orphans in household		Yes	Yes	No	Yes	No
Child labour		Yes	Yes	No	Yes	No
Home management of illness		Yes	Yes	No	Yes	No
Care seeking knowledge		Yes	Yes	No	Yes	No
Bednets		Yes	Yes	No	Yes	No
Malaria treatment		Yes	Yes	No	Yes	No
Knowledge of preventing HIV/AIDS		Yes	Yes	No	Yes	No
Knowledge of misconceptions of HIV/AIDS		Yes	Yes	No	Yes	No
Knowledge of mother to child transmission of HIV		Yes	Yes	No	Yes	No
Attitude to people with HIV/AIDS		Yes	Yes	No	Yes	No
Women who know where to be tested for HIV		Yes	Yes	No	Yes	No
Women who have been tested for HIV		Yes	Yes	No	Yes	No
Attitude to condom use		Yes	Yes	No	Yes	No
Adolescent sexual behaviour		Yes	Yes	No	Yes	No