

Republic of Georgia

**Multiple Indicator
Cluster Survey, 1999**

**State Department of Statistics
National Center for Disease Control
UNICEF**

Tbilisi, 2000

Abbreviations

ARI	Acute Respiratory Infection
BCG	Bacillus of Calmette and Guérin (vaccine to prevent tuberculosis)
CMSI	Center of Medical Statistics and Information
DPT	Diphtheria, Pertussis, and Tetanus vaccine
HH	Household
IDD	Iodine Deficiency Disorders
MICS	Multiple Indicator Cluster Survey
MoE	Ministry of Education
NCDC	National Center for Disease Control, Georgia
PHD	Public Health Department
PPM	Parts Per Million
PPS	Proportionate to Population Size
PSU	Primary Sampling Unit
SDS	State Department of Statistics, Georgia
VAD	Vitamin A Deficiency
WSC	World Summit for Children

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I. Introduction

1.1 Background and Planning of the Survey

Over the past ten years, a set of goals for children and development in the 1990s have been formulated in several international forums attended by virtually all Governments, relevant United Nations agencies, and major NGOs. In support of these goals the Plan of Action was elaborated calling for concerted national action and international co-operation to strive for the achievement, in all countries, of the following major goals for the survival, protection, and development by the year 2000.

- Reduction of 1990 under-5 child mortality rates by one third or to a level of 70 per 1,000 live births, whichever is the greater reduction;
- Reduction of maternal mortality rates by half of 1990 levels;
- Reduction of severe and moderate malnutrition among under-5 children by one half of 1990 levels;
- Universal access to safe drinking water and to sanitary means of excreta disposal;
- Universal access to basic education and completion of primary education by at least 80 per cent of primary school age children;
- Reduction of the adult illiteracy rate to at least half its 1990 level (the appropriate age group to be determined in each country), with emphasis on female literacy;
- Protection of children in especially difficult circumstances

The definition of the indicators for global reporting can be found in Appendix A.

Responding to the World Declaration on the Survival, Protection, and Development of Children, the Government of Georgia developed a National Plan of Action up to the Year 2000, which formulates the programmes of action for ensuring the implementation of the Declaration of the World Summit for Children. The National Plan of Action identifies the need to establish appropriate mechanisms for the regular and timely collection, analysis, and publication of data related to the welfare of children.

At a planning meeting held in February, 1999 with the participation of the representatives from the Ministry of Health, Ministry of Education, and the State Department of Statistics, it was decided to conduct a Multiple Indicator Cluster Survey (MICS) in order to obtain specific end-decade data. At that meeting the following working groups were formed for survey implementation (Table 1).

Table 1. Organizations involved in the 1999 Georgian MICS

Survey design and sampling	SDS, CMSI, NCDC, UNICEF
Fieldwork	NCDC
Data analysis	NCDC, UNICEF
Report writing	NCDC, UNICEF

With participation of all the counterparts, the data gaps were identified and decided to collect information on specific indicators.

1.2 Objectives of the Survey

As stated above the prior objective of the survey was to assess the progress being made towards the achievement of the end-decade goals (international as well as national) set forth at the World for Summit for Children in 1990 (see appendix A).

Namely, the purpose was to collect information on the following indicators:

- Household general characteristics
- Salt iodisation
- Water and Sanitation
- Child labour
- Education
- Maternal and newborn health
- Birth registration and age
- Breastfeeding
- Care of illness
- Immunisation
- Anthropometry

Relatively few reproductive health-related and no AIDS-related questions were asked in the 1999 Georgian MICS. The reason for this was because a CDC Reproductive Health Survey was scheduled to be performed in Georgia in 2000 which would obtain detailed information on women reproductive issues and on HIV/AIDS.

II. Methods

2.1 Survey Design

The survey was designed to collect nationwide data (excluding Abkhazia and South Osetia due to political instability) with subnational estimates. Twelve regions of the country were combined into seven survey regions and separate sampling was performed in each survey region. Grouping of regions was done taking into account the geographic location and similarity of medical characteristics of the population, especially for the immunisation module.

The survey regions are as follows (see Figure 1 for a map of Georgia):

1. Tbilisi
2. Kakheti
3. Mtskheta-Tianeti, Shida Kartli
4. Kvemo Kartli, Samtskhe-Javakheti
5. Racha-Lechkhumi, Imereti
6. Guria, Samegrelo
7. Ajara

Figure 1. Map of Georgia



2.2 Sampling

The survey used multistage sampling method. A sampling frame was provided by the State Department for Statistics listing all regions, districts, strata, census enumeration units and census areas. The size of the smallest unit, census area, is 20-60 households (HHs), the following unit by size is the census enumeration unit incorporating 4-5 census areas with the size from 67 to 900 households; strata is the combination of 3-5 census enumeration areas and so on for the remaining units.

At the first stage census enumeration units (which were the primary sampling unit or PSU) were selected from the sampling frame, from each of the survey region using probability proportional to household size (PPS) method. At the second stage 35 households (40 in Tbilisi) were selected in each PSU using systematic sampling method, selecting every n -th HH depending on the size of the PSU. The sample size calculations were performed based on immunizations for children 15-26 months as it required the largest sample size. The details of the sample size calculations can be found in Appendix C. The decision was to sample 35 households in each PSU (40 in Tbilisi) and that a total of 474 clusters would be included in the survey.

The collection of data at the cluster level was divided into two stages. During the first stage 150 SDS interviewers obtained lists of households residing in 474 PSUs and using systematic sampling method (every n -th HH), selected 35 HHs (40 for Tbilisi) in each. For example, if the PSU size contained 350 HHs, every 10th HH was selected for the mini-interview. At this stage the SDS interviewers collected information only on HH composition for the selected HHs. A copy of the form used can be found in Appendix C. Salt was tested for iodine content using a rapid test kit. At this stage 17,000 households were visited from 15 to 30, April, 1999.

Table 2. Demographics of the study regions

Regions	Estimated Population size	Estimated no. of HHs	No. of PSUs	No. of PSUs selected	PSU size (No. of HHs)		
					Avg	Min	Max
Tbilisi	1,327,000	372,753	621	77	553	324	914
Kakheti	449,900	127,813	287	45	416	234	673
Mtskheta-Mtianeti, Shida Kartli	516,100	148,518	339	93	445	67	765
Kvermo Kartli, Samtskhe-Javakheti	853,000	234,986	488	68	415	147	751
Racha-Lechkumi, Imereti	890,900	253,097	504	69	463	147	839
Guria, Samegrelo	712,390	215,549	458	93	460	139	903
Ajara	409,000	92,117	256	29	360	183	619
Total	5,158,290	1,444,832	2,953	474		67	914

Note that Abkhazia and Osetia were not surveyed; they had population sizes of 515,000 and 49,200, respectively.

At the second stage, which took place during 7-30 June, 40 interviewers and 40 assistants from the National Center for Disease Control (NCDC) visited all the HHs having underfives using the HH composition information generated during the first stage. Some of the HHs with eligible children for the education/child labour module (5-16 years of age) were sampled. It was assumed that each HH had only one child 5-16 years of age and thus 150 HHs would need to be visited per region, with the exception of Tbilisi where 160 HHs were to be sampled because of a higher non-response rate. For the entire country, this resulted in the target of visiting 150 HH with children 5-16 years of age in six of the regions and 160 HH in Tbilisi, for a total of 1060 HH ($150 \times 6 + 160 = 1060$). Because there were sometimes more than one child 5-16 years of age in the HH, the final sample size was approximated to 1400 for the education module and 1300 for the child labour module.

A sample of HHs with no children was also obtained in each PSU to allow for more valid regional and national estimates for the water- and sanitation-related goals. In each survey region, 125 HHs (135 for Tbilisi) with no children were selected for a total of 885 HHs ($125 \times 6 + 135 = 885$). These HHs without children were randomly selected from the SDS list.

Therefore, prior to initiating the second stage of sampling, the NCDC supervisors, using the SDS generated lists, determined the number of HHs to be selected in each PSU. All HHs with children less than five years of age were selected; HHs with children 5-16 years of age were systematically sampled to assure 150 were selected for each survey region (160 in Tbilisi); and HHs with no children were systematically sampled to assure 125 HH for each survey region (135 in Tbilisi). Thus, the NCDC interviewers had the identification numbers for each HHs they were to visit. Questionnaire modules for the household, underfives, and women's questionnaire were to be completed in all HHs visited. The education/child labour modules were to be completed only for those HHs which were identified for this purpose.

The interviewer for his/her cluster had the ID numbers of the HHs with information on which module to be completed in each of them.

2.3 Data Collection Instruments

The data collection instruments were modeled on early draft versions of the UNICEF *End-Decade Multiple Indicator* questionnaires with some modifications specific to the Georgian situation. The final version of the *End Decade Multiple Indicator Survey Manual* was not available until February, 2000 and the Georgian MICS was performed in June, 1999. There were some slight modifications of the UNICEF/MICS forms between May 1999 to February 2000. The final version of the UNICEF/MICS forms can be found at WWW.CHILDINFO.ORG.

The questionnaire was translated and adapted to local conditions by NCDC staff and one consultant for education/child labour module. The questionnaire was pilot tested 2 times, after which the translated version, skipping and coding was improved. When the final version was ready the questionnaire was sent to all participation institutions for providing comments.

A schematic of the different forms used and the age groups can be found in Figure 2 and the English translation of the forms can be found in Appendix C.

2.4 Training

SDS training: supervisors went to the regional centers and conducted one-day training sessions for district interviewers. They also supplied interviewers with the instructions on how to select HHs within each cluster and how to conduct interviews; in which cases they had to replace HHs; and what was regarded as a “non-response.” In almost all cases HHs were selected from the lists of HHs collected from the district or village/town center. During that training the use of the rapid salt testing kit was demonstrated.

NCDC interviewers training: 7-day-long on how to complete the various modules of the questionnaire and on anthropometric techniques, plus a 3-day pilot test in Tbilisi.

2.5 Fieldwork

Fieldwork took part at two stages. First mini-interviews were conducted where 17,000 households were visited by the SDS interviewers. During this stage data was collected on the composition of the households, namely on age distribution in order to identify target population eligible for interviewing. At this stage the salt was tested for iodisation. The fieldwork took two weeks with the participation of 150 interviewers.

At the second stage 40 NCDC interviewers and 40 interviewer assistants, visited already selected households for conducting MICS modules. The second stage lasted four weeks.

For testing salt, the MBI Kit part number 05-860-00 was used (MBI, T. Nagar, India). The particular kit used had an expiration date of 4/2000 and the following color codes: 0, 7ppm, 15 ppm, and 30 ppm. For data coding purposes, the following three categories were used: < 15 ppm, 15 ppm, and 30 ppm. This particular kit tests for potassium iodate; no kits were used to test for potassium iodide.

For the collection of weights, the UNICEF electronic scale was used (Seca UNICEF Electronic Scale 890). Lengths and standing heights were obtained using a portable length/height board. The weights of children was determined by measuring the mother's weight first and then the mother and child combined. (Note: the UNICEF scale will automatically subtract the difference between the two weight measurements). Recumbent lengths was obtained in children less than 24 months of age and standing heights on older children.

Immunisation information was collected, when available, during the interview with the mother/primary care taker. In addition, immunization information was collected at the child's immunization clinic ("policlinic"). Therefore, all immunization information is based on both parental and clinic immunization records. If there was a discrepancy between the mother/primary care takers information and the clinic record, the clinic record was used.

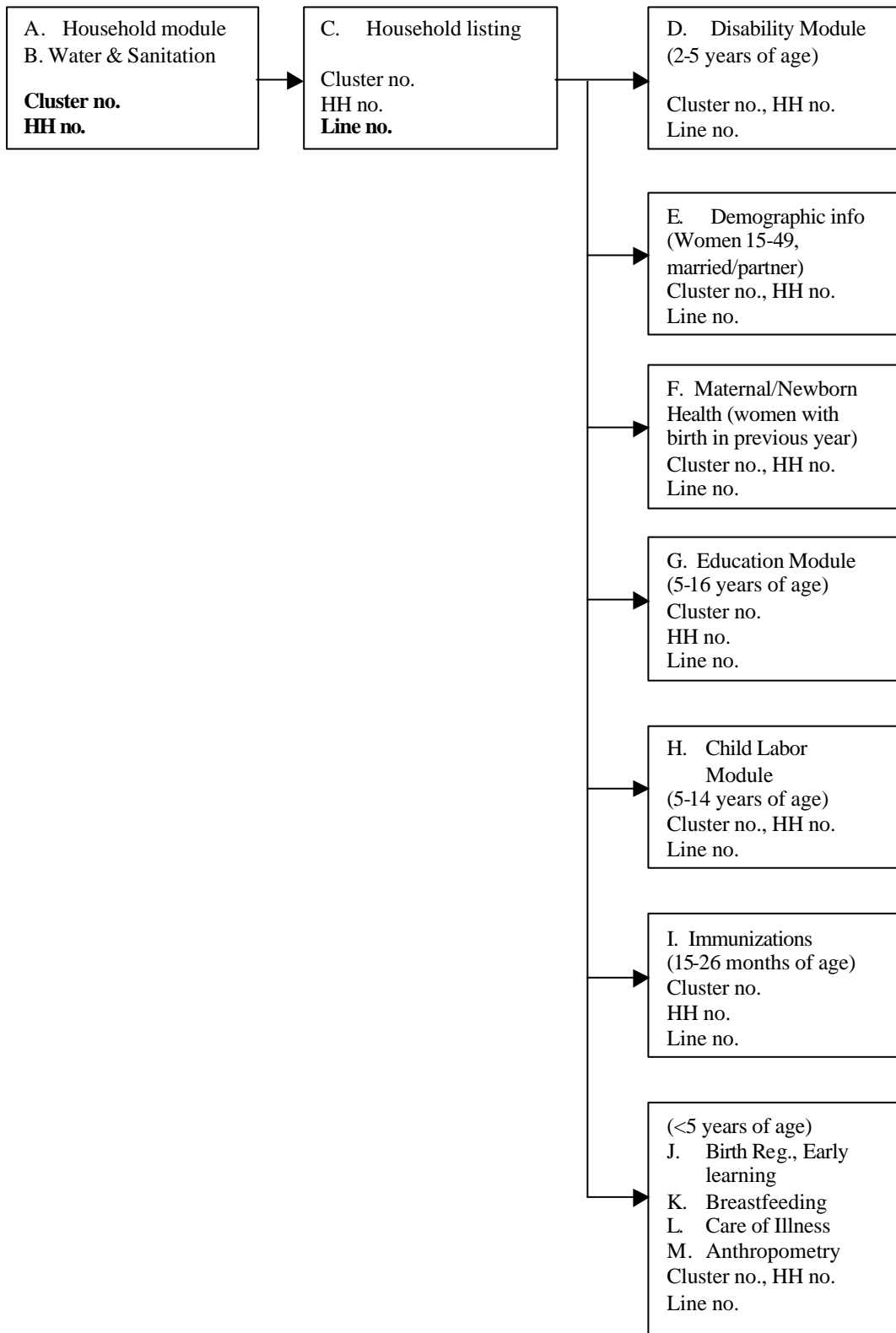
2.6 Data Entry

Data entry took place in July. The data entry programme was written in Delphi 4, taking into account skipping and checking.

2.7 Data Analysis

Data analyses were performed using SPSS for Windows and Epi Info (Version 6.04c). For many of the tables, both weighted and unweighted estimates are provided.

Figure 2. Schematic of the forms used in the second stage of the survey.



III SURVEY RESULTS

Survey results are first presented for response rates and then a general description of the population surveyed. After that, different health, education, and child's rights variables will be presented with a general format to first present the World Summit for Children goal or indicator(s) for a specific topic area. Next, the results from the MICS in Georgia will be presented. Many of the results are presented with weighted and unweighted estimates. The weighted estimates should always be used because they are more representative of the country. Percentages calculated based on fewer than 50 individuals should be interpreted cautiously. Finally, the Georgian results will be compared to those from the UNICEF region CEE/CIS/Baltic State countries* when such information is available.

3.2 WATER AND SANITATION

Access to Safe Drinking Water

The World Summit for Children goal 4 is for universal access to safe drinking water. The indicator is the proportion of the population using any of the following types of water supply: piped water, public tap, tubewell or borehole with a pump, a protected well or spring, or rainwater.

Table 15 depicts the main sources of drinking water. Overall, 75.6% of the population uses safe drinking water. There was a bit of variability by region, ranging from a low of 40.2% in Guria, and Samegrelo to 99.8% in Tbilisi. Access was higher in the urban areas (89.4%) compared to rural areas (61.2%). Nationally, water piped into the dwelling was the most common source of safe water (43.0%), followed by water piped into the yard (14.0%).

Worldwide it is estimated that 72% of the population has access to safe water; 90% of those in urban areas and 62% of those in rural areas. (UNICEF, 2000) In the CEE/CIS/Baltic State countries, seven countries had estimates. The median overall estimate was 74% (range, 49% to 93%), for urban the median was 98% (range, 66% to 99%), and for rural, the median was 53% (range, 18% to 84%). Georgia has overall estimates slightly higher than the worldwide or regional estimate.

Access to Sanitary Means of Excreta Disposal

The World Summit for Children goal 5 is for "universal access to sanitary means of excreta disposal." For the survey, a sanitary means of excreta disposal was defined as: flush toilet connected to a sewage system or septic tank; a pour flush latrine; improved pit latrine; or traditional pit latrine. The use of a bucket or other means was considered a nonsanitary means of disposal. Overall, 99.5% of the population had access to sanitary means of excreta disposal. All survey regions had high levels as did both urban (99.9%) and rural areas (99.0%).

* The CEE/CIS and Baltic States for the UNICEF Region are comprised of the following 27 countries: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova (Republic of), Poland, Romania, Russian Federation, Slovakia, Tajikistan, TFYR Macedonia, Turkey, Turkmenistan, Ukraine, Uzbekistan, and Yugoslavia.

The worldwide estimates of access to adequate sanitation are 44% overall; 79% of the population in urban areas and 25% of populations in rural areas. Of the seven CIS/CEE/Baltic States with this information, the median overall percentage was 85.5% (Range, 50% to 100%), in urban areas the median was 93.5% (range 46% to 100%), and in rural areas the median was 56% (range 8% to 100%).

3.3 Maternal and Child Health

The goals and indicators covered in this section are antenatal care, childbirth care, birthweight, and breastfeeding/complementary food.

Antenatal Care

Goals relating to antenatal care are in the World Summit for Children goals number 9 and 11. The indicator is the proportion of women 15-49 years of age who received antenatal care at least once during pregnancy by a skilled health professional. For the Georgian MICS, this question was asked of all women, 15-49 years of age, who had a birth within the previous year. A skilled health professional included: doctors, nurses, and midwives. Nonskilled professionals were traditional birth attendants, friends, or “other.”

Overall, 96.8% of women had received some form of antenatal care. Among all women giving birth in the previous year, 95.3% received care from a “skilled” person. A doctor was the most frequent professional seen. No worldwide or regional estimates were found.

Childbirth Care

The World Summit for Children goal 11 lists as one of its indicators the proportion of births attended by skilled health personnel. In the Georgian MICS this question was asked of women 15-49 years of age who had given birth in the previous year. Skilled health personnel were doctors, nurses, and midwives. Overall, 96.4% of the women had a skilled health person assisting at delivery, primarily doctors. There was little variation by survey region in the presence of a skilled person nor by urban/rural status.

Worldwide it is estimated that 58% of births have a skilled health professional assisting in the delivery.(UNICEF, 2000) In the CEE/CIS/Baltic states, this figure is 94%.

Birthweight

The World Summit for Children goal (WSC goal 12) was to reduce the occurrence of low birthweight (less than 2.5 kg) to less than 10%. The frequency of low birthweight in this survey was found to be 4.2%. Because of the small number of births per study region (ranging from 56 to 149), it is difficult to compare the regions. Rural areas tended to have a slightly lower frequency of low birthweight compared to urban areas (2.9% and 5.3%, respectively).

Worldwide it is estimated that 17% of infants are born with low birthweight. (UNICEF, 2000) The average frequency for the 13 CIS/CEE/Baltic State countries with information was 7% (range 4% to 9%).

Georgia has successfully met WSC goal 12. The low risk of low birthweight may be partially attributed to the high proportion of women receiving antenatal care and small family size.

Breastfeeding in children less than two years of age

The World Summit for Children goal 16 lists a number of ways to assess proper breastfeeding and complimentary food use in infants and children up to 24 months of age. While no specific coverage values are listed in WSC goal 16, countries should attempt to assure proper infant and child feeding habits. The goals are divided into four age groups: < 4 months; 6 – 9.9 months, 12- 15.9 months, and 20-23.9 months. Each of these age groups is discussed next.

<4 month old children: In this age group children the ideal situation is for children to be exclusively breastfed. Approximately 18% of children <4 months of age were exclusively breastfeeding (defined as breastfeeding but allowing for vitamins, mineral supplements, and medicine; see Table 20). The number of children in this age range was small (n=161) so it is difficult to determined subgroups with higher or lower proportions, but it appears that females and those living in urban areas were more likely to be exclusively breastfed. Worldwide it is estimated that 44% of children in this age group are exclusively breastfed, and for countries in the CEE/CIS/Baltic States region, 10 have information with estimates from 4% to 54% with a median of 16.5%.(UNICEF, 2000)

6-9.9 month old children: In this age group the ideal is for infants to be breastfed and also receiving complementary foods. The proportion of children 6-9.9 months of age breastfed and receiving solid or mushy food was 12.2% (Table 20). Males and children from rural areas appeared to be more likely to receive solid or mushy food. Worldwide it is estimated that 47% of children in this age are breastfed and received complementary foods, and for countries in the CEE/CIS/Baltic States region, only three had estimates of 35%, 38%, and 61% (UNICEF, 2000)

Children 12-15.9 months: Children in this age group should, ideally, still be breastfeeding in addition to receiving other foods. Thirty percent of children 12- 15.9 months of age were still breastfeeding (see Table 20). Males and children living in urban areas were slightly more likely to be still breastfeeding at the time of the survey. No worldwide or regional estimates were found for this indicator.

Children 12-23.99 months: Ideally children should receive some breast milk up to 24 months of age. Overall, 12% of children 12-23.9 months of age were still breastfeeding (Table 20). Worldwide it is estimated that 53% of children in this age range are still breastfed, and of the three countries in the CEE/CIS/Baltic States region with information on this indicator, the estimates were 13%, 21%, and 79%.(UNICEF, 2000)

It appears that activities directed towards proper breastfeeding and complementary food use in children < 24 months of age would be useful. There would be a number of benefits of proper feeding, including the potential to help lower the prevalence of stunting in Georgia and for mild subclinical vitamin A deficiency if a problem exists in the country.

3.4 NUTRITION

The nutrition-related indicators covered in this section are anthropometry in children less than five years of age, proportion of households using iodized salt; and vitamin A supplement use in women after birth.

Anthropometry

The World Summit for Children goals (WSC goal 3) for anthropometry were to reduce the 1990 levels by half in children less than five years of age. No national anthropometry data were available for Georgia for 1990. The overall prevalence of malnutrition as measured by anthropometry was low (Table 21). More detailed results of the anthropometry can be seen in Table 22. The Georgian children had, relative to other countries, low prevalences of low weight-for-age <-2 SD (3.1%), low prevalence of stunting (height-for-age <-2 SD, 11.7%), and wasting (weight-for-height <-2 SD, 2.3%).(Gorstein et al., 1994) In the reference population it is expected that 2.3% would have a Z score <-2 SD. The low prevalence of low weight-for-height in all areas and age groups would indicate that “wasting” is not a problem in Georgia. The prevalence of low height-for-age indicates that there is no significant problem with stunting in the country, but that a number of efforts might be directed towards lowering this prevalence. Rural areas tended to have higher prevalences of low anthropometry compared to urban areas. Compared to the average prevalence in 10 countries in the UNICEF CEE/CIS/Baltic States region with anthropometry data (UNICEF, 2000), Georgia had slightly lower prevalences.

While there is no way to directly measure the World Summit for Children goals on anthropometry, the anthropometry information suggests there is little wasting in the country and that the prevalence of stunting is low. The causes of stunting are complex and are generally related to low socioeconomic status. However, there may be some interventions that might help lower the prevalence of stunting. These would include improvements in proper feeding of infants, iodization of salt, and assuring high immunization levels, especially in younger children. Two other factors that play a role in stunting are diarrheal and respiratory diseases. It appears that in Georgia the prevalence of diarrhea and respiratory diseases are low in this population and that when they occur there is adequate treatment.

Iodine Deficiency and Iodized Salt

One of the World Summit for Children indicator for iodine deficiency disorders (WSC goal 14) was to assure that 90% of households were consuming iodized salt. Other parts of the goal are to determine the prevalence of iodine deficiency disorders (IDD), which were not assessed in this survey. The proportion of households with salt containing 15 ppm or more potassium iodate was 8.1%. The proportion of households with adequately iodized salt by study region ranged from 1.1% in Kvemo Kartli/Samtshke-Javakheti to 17.5% in Tbilisi. Urban areas had, on average, a higher proportion of households using iodized salt (12.3%) compared to rural areas (2.7%). The proportion of households with iodized salt was not influenced by whether or not there were children in the household.

The proportion of households using iodized salt was very low in this survey. However, this proportion is likely to be an underestimate because the rapid salt test kits used in the survey could

detect only salt fortified with potassium *iodate* and some salt in Georgia may have been fortified with potassium *iodide*.

Worldwide it is estimated that 66% of the salt is iodized.(UNICEF, 2000) Of the 11 countries in the UNICEF CEE/CIS/Baltic States region with iodized salt information (UNICEF, 2000), the average proportion of households with iodized salt was 25% (range, 0% to 100%). Achieving 90% coverage of households using iodized salt should be a priority in Georgia.

Vitamin A Deficiency and Vitamin A Supplementation

Goal 15 of the World Summit for Children relates to the virtual elimination of vitamin A deficiency (VAD) and its consequences. One of the indicators was to determine the proportion of mothers who received a vitamin A supplement before their infant was 8 weeks old. While there is no information suggesting that VAD is a significant health problem in Georgia, vitamin A supplements are provided to some women after birth. Overall, 8.6% of women who had a child in the previous 12 months reported receiving a vitamin A supplement before their infant was two months of age. By survey region, the vitamin A coverage ranged from 2.8% in Kakheti to 16.5% in Tbilisi. Women in urban areas were slightly more likely to receive a vitamin A supplement compared to women in rural areas (10.6% vs. 6.6%).

Of the countries in the CEE/CIS/Baltic States, mild subclinical VAD has been identified in certain areas in Romania, Turkey, and Uzbekistan. Most countries in the region have no data available.(WHO, 1996) Only one country in the region, Yugoslavia, has reported coverage information for vitamin A capsules in children 6-59 months of age.(UNICEF, 2000)

Data concerning whether or not VAD is a significant health problem are lacking in Georgia (WHO 1996). It is unlikely that VAD is a severe or moderate public health problem in Georgia. VAD tends to occur in areas where there are high prevalences of diarrheal and respiratory diseases in children, outbreaks of vaccine preventable diseases, high prevalences of malnutrition, and high risk of low birthweight, all factors that are relatively infrequent in Georgia. To assess whether or not mild, subclinical VAD exists would require an additional survey. However, for VAD and other reasons, it would be prudent to improve proper breastfeeding in infants.

3.5 IMMUNIZATION

The World Summit for Children goal 22 was to have 90% of children immunized by one year of age against diphtheria, pertussis, tetanus, measles, poliomyelitis, and tuberculosis by the year 2000. For the Georgian MICS, the age group studied was children 15-26.9 months of age rather than 12-23.9 months. The reason for this is measles vaccine is not recommended for children in Georgia until 12 months of age, where many other countries give measles vaccine at 9 months of age. In addition, in the Georgian MICS, immunization information was obtained from the household and also from the local immunization clinic ("polyclinic"). The estimates of coverage by antigen and for all vaccines are shown in Tables 26 and 27. Each antigen will be discussed separately followed by overall immunization levels. Please note that more detailed information on immunizations can be found in the consultant report *Immunization Programme Evaluation, Georgia: Survey Data and Results* by Alasdair Wylie, UNICEF Consultant, 10 January 2000.

BCG

As shown in Table 26, the BCG (Bacillus of Calmette and Guérin) coverage from a vaccination card and mother's report is presented. Overall, it was estimated that 91.4% of the children age 15-26.9 months of age had been immunized with BCG. Note that this figure does not include information on BCG vaccine scars. While the survey instructed the interviewer to inspect the child's left shoulder for a BCG vaccine scar, this information is not included in Tables 26 or 27. Adding the BCG scar information would increase the BCG vaccination coverage by around 1%. According to the vaccine information, 79.9% of the study population had received their BCG vaccination by 12 months of age. There was little difference in the coverage of 15-26.9 month olds by sex 90.7% and 92.0%, respectively. Coverage by survey region varied from a low of 81.9% in Kvemo Kartli, Samtshke-Javakheti to a high of 96.2% in Tbilisi.

Worldwide it is estimated that 82% of one-year old children have received BCG vaccine and in the CEE/CIS/Baltic the estimate is 91%.

DPT

The DPT (diphtheria, pertussis, and tetanus vaccine) coverage is the proportion of children receiving at least 1, 2, or 3 doses of DPT vaccine. The WSC goal is for 90% of children to have received 3 DPT doses by 12 months of age. In the Georgian MICS, the proportion of children having 3 DPT doses by 12 months of age was 61.4%. Among children 15-26.9 months, 80.5% had received 3 DPT doses. The percentage of children with 3 DPT was higher in females than males (83.8% and 76.6%, respectively), and by survey region, ranged from a low of 74.2% in Mtshkheta-Mtianeti, Shida Kartli to a high of 88.6% in Tbilisi.

Worldwide, it is estimated that 77% of one-year-old children had received 3 doses of DPT, and in the CEE/CIS/Baltic states, the estimate is 93%. (UNICEF, 2000)

Polio

Polio vaccine coverage is defined as the proportion of children receiving at least 1, 2, or 3 doses of polio vaccine. The WSC goal is for 90% of children to have received 3 polio doses by 12 months of age. In the Georgian MICS, the proportion of children receiving 3 doses of polio by 12 months of age was 61.9% (Table 26). Among children 15-26.9 months of age, 80.9% had received 3 doses of polio vaccine. The percentage of females receiving 3 doses of polio vaccine as higher in females than males (84.0% and 77.2%, respectively), and by survey region varied from a low of 73.2% in Guria, Samegrelo to a high of 90.5% in Kakheti.

Worldwide it is estimated that 77% of one-year-old children receive 3 doses of polio vaccine, and in the CEE/CIS/Baltic states, the estimate is 94%.(UNICEF, 2000)

Measles

The WSC goal is the proportion of children receiving measles vaccine by 12 months of age. While this goal is applicable to countries that recommend measles vaccine to be given to children at 9 months of age, in Georgia the recommended age is 12 months of age. By 15 months of age, 53% of the children had received a measles vaccination. For children 15-26.9 months of age, the measles

vaccine coverage was 73.3%. In the 15-26.9 month olds, the measles immunization levels were higher in females than males (79.3% and 66.0%, respectively), and varied from low coverage of 55.9% in Racha-Lechkhumi, Imereti to a high of 84.8% in Tbilisi.

Worldwide it is estimated that 74% of one-year-old children are immunized against measles, and in the CEE/CIS/Baltic states, the estimate is 92%.(UNICEF, 2000)

All Vaccines

“All Vaccines” refers to the percentage of children who have received 3 DPT, 3 polio, and a measles vaccination. The percentage of children who received all of these vaccines by 12 months of age is not provided because measles vaccine was not recommended until 12 months of age. For children 15-26.9 months of age, 67.4% had received all the vaccines. The percentage was higher in females than males (72.0% and 62.0%, respectively), and ranged from a low of 50.7% in Guria, Samegrelo to a high of 81.1% in Tbilisi. No worldwide or regional estimates were found for all vaccines.

3.6 PREVALENCE AND TREATMENT OF DIARRHEAL AND RESPIRATORY ILLNESSES IN CHILDREN/CARE OF ILLNESS

The prevalence of diarrheal and respiratory illnesses were assessed in children less than five years of age. In addition, the treatment and health seeking behaviors for these ill children was assessed.

Diarrhea in previous two weeks and treatment in children less than five years of age

While there were four World Summit for Children indicators for diarrhea (WSC goal 23), the Georgian MICS collected information related to two of the indicators: the proportion of under fives with diarrhea in previous two weeks who received appropriate oral rehydration and the proportion who had increased oral fluids and continued feeding. Note that the other two indicators usually require other data sources for their estimates. No specific target values were provided in the WSC 23 goal.

Approximately 6% of the children less than five years of age were reported as having diarrhea within the previous two weeks (Table 27). The period prevalence did not vary substantially by sex but there were apparent differences between the regions with period prevalence estimates ranging from a low of 2.8% in Kakheti and a high of 8.5% in Racha-Lechkhumi, Imereti. All of these prevalences are relatively low. The youngest ages (<24 months) tended to have a higher prevalence (~8.5%) compared to older children (≥24 months) who had a prevalence of ~4-5%.

One of the World Summit for Children indicators (WSC goal 23) was the proportion of children less than five years of age with diarrhea within the last two weeks who were treated with oral rehydration salts or an appropriate household solution. Appropriate household solutions/fluids were breast milk, milk, infant formula, and water. In addition, in Georgia, tea and yogurt were added as acceptable fluids. There seemed to be some confusion on the “water alone” category on the questionnaire. The intent of the question was to determine if water was the *only* fluid administered to the child during the diarrheal episode, which would not be considered appropriate. Water given with other fluids was acceptable. In the implementation of the question, it appeared that it was used

to ask if at anytime during the diarrheal illness was the child given only water. The various types of treatments children received are shown in Table 28. Overall, 95.7% of the children received recommended fluids. This proportion was similar for males and females, by survey region, urban/rural, and by age group.

The worldwide estimate on the proportion of children with diarrhea under five years of age receiving oral rehydration salts and/or recommended home fluids is 69%. Within the CEE/CIS/Baltic States region, eight countries had information on this indicator, with estimates ranging from 5% to 99% and a median of 30.5%.

Another WSC indicator for diarrheal diseases is that children with diarrhea should continue to be feed and should have increased fluids. The proportions by the amount they drank and feeding are shown in Table 28. Overall, of the children with diarrhea, 33% had increased fluid intake AND continued to feed. There are no worldwide or regional estimates for this indicator.

Acute respiratory infections in children under five years

Goal 24 of the World Summit for Children included an indicator on the proportion of children less than five years of age who had an acute respiratory infection (ARI) in the previous two weeks and were taken to an appropriate health provider. The End Decade definition of an ARI is a child with a cough who breathed faster than usual with short, quick breaths or had difficulty breathing *and* the symptoms were due to one of the following: 1) a problem in the chest; 2) a problem in the chest and blocked nose; or 3) do not know why. For the Georgian MICS appropriate providers were a hospital, health center, dispensary, MCH clinic, emergency room, or a private physician. Inappropriate providers were a pharmacy, a traditional healer, or a relative/friend.

The period prevalence of an ARI in the two weeks prior to the survey was low -3.8%. Because of the small numbers of children with an ARI, differences between sex, regions, urban/rural, and age groups should be performed cautiously. The providers seen by the children with ARI is depicted in Table 30 with most children being taken to a health center (41%) and the second most common health provider was a private physician (34%). Overall, 98.5% of the children saw an appropriate provider. No worldwide or regional estimates for this indicator were found.

3.7 EDUCATION

In this section several aspects of education are covered. First, preschool/early education, followed by primary school education (in Georgia, children approximately 6-11 years of age), secondary school (lower secondary 12-14 and upper secondary 15-17 years old), and then finally literacy levels of the population 15 years of age and older.

Early Education

Early education was defined as the proportion of children 36-59.9 months of age attending some form of education program. The World Summit for Children for this indicator was goal number 26. No specific values were provided as a goal for the indicator.

Overall, it is estimated that 30.9% of children 36-59.9 months of age attend some form of early education programme. In the Table 31 are weighted and unweighted estimates, and estimates for whether the child attended a state-owned (28.8%) or privately-owned (2.1%) preschool. The proportion is similar in males and females. There were differences by region, ranging from a high attendance in either state- or privately-owned preschools of 46.5% in Mtskheta-Mtianeti/Chida Kartli to a low of 11.0% in Ajara. Urban children were more likely to attend than rural children (40.1% vs. 21.2%) and the proportion attending school was higher in 4 year olds compared to 3 year olds (34.4% vs. 27.2%, respectively). No worldwide or regional estimates for this indicator were found.

Primary School Education

The World Summit for Children goal 6 addresses primary education indicators. Based on the MICS questionnaire, the *net primary school attendance* can be estimated. This estimate can be calculated from household-based surveys and is the proportion of primary school age children attending primary school. For the Georgia MICS, primary school is grades I through VI, approximately children 6 through 11 years of age (during the survey 7 through 12 years of age). No specific attendance values were provided in the goal. 97.5% of primary school age children attend either a state or private primary school. There were small differences in the overall proportion attending school by survey region, sex, or urban/rural status.

Worldwide the *net primary school attendance* is estimated to be 81% for males and 75% for females. For the four CIS/CEE/Baltic States with information, the median for males was 84% (range 74% to 89%) and females was 82% (range 71% to 90%).

Another indicator for WSC goal 6 was the proportion of children entering first grade of primary school who eventually reach grade five. The percentages of children who advanced one grade are shown in Table 33. The overall percent reaching grade 5 of those who entered first grade is calculated as the product of the four probabilities, which would be 100% in this table. The data are not presented by sex, region, or urban/rural status because there was only one child who did not advance in the normal sequence. Worldwide it is estimated that 77% of children who start primary school reach grade 5. For the 17 CIS/CEE/Baltic States with this information, the median was 98% (range 82% to 100%).(UNICEF, 2000)

Secondary School Education

There were no World Summit for Children goals concerning secondary education. Secondary school in Georgia is defined as grade VI through XI, approximately ages 12 through 17 years of age for children at the time of the survey. Overall, 97.6% of the children were attending lower secondary school (ages 12 through 14) and there was little difference between males and females.

Adult Literacy

The World Summit for Children goal 7 relates to adult literacy with a goal to reduce the illiteracy percent to at least half its 1990 level. For purposes of the Georgian MICS, adult was defined as an individual 15 years of age or older. The question in the survey was whether the adult can read a letter or newspaper with the following responses: easily, with difficulty, not at all, and do not know. An adult was defined as literate if one of the first two responses was selected, illiterate otherwise.

Overall, 98.8% of the adults were literate, 99.1% of males and 98.5% of females. The literacy rates were high in all survey regions and in urban/rural areas. There was a slight decline in literacy in the older age groups.

Worldwide it is estimated that in 1995 81% of males and 65% of females were literate.(UNICEF, 2000) In the CIS/CEE/Baltic states, 22 countries had estimates. The median was 99% in males (range 92% to 100%) and 99% in females (range 72% to 100%). In Georgia estimates for 1995 adult literacy levels were 100% in males and 99% in females.

3.8 CHILDREN'S RIGHTS

Registration of births in children under five years

Birth registration is considered one of the additional indicators for “monitoring children’s rights.” No target values were provided. In Georgia, almost 95% of the children under five had a registered birth, and this percentage did not vary much by sex, region, urban/rural, or age (Table 35). The most common reason for not registering the birth was because it cost too much. No worldwide or regional estimates were found.

Children’s living arrangements

This is also one of the additional indicators for monitoring children’s rights with no target values provided concerning whether or not children were living with a biologic parent. In Georgia, overall 95.3% of children 0-14 years of age lived with both parents; there was little variability by sex, survey region, urban/rural status, or age groups. No worldwide or regional estimates were found.

Child labour

One of the additional indicators for monitoring children’s rights was concerning child labor in those 5-14 years of age. A child is considered to be working if they work 4 or more hours per day. This work could be paid, unpaid, or domestic work. Overall, 30.0% of the children were working. There was little difference by sex, but there was a difference by age; older children (10-14 years of age) were more likely to work (39.3%) than younger children (5–9 years, 19.1%). There was also variability by survey region, ranging from a low of 18.1% in Tbilisi to a high of 39.2% in Racha-Lechkhumi, Imereti. In addition, the proportion was higher in rural vs. urban areas (39.6% and 21.4%, respectively).

3.9 MISCELLANEOUS GOALS, INDICATORS, AND OTHER FACTORS

Disabilities in children 24-59.9 months

The World Summit for Children goal 8 has an indicator the child disability rate. No specific goal values were provided. The prevalence of disabilities, such as blindness, hearing loss, and a number of other factors were rare. Because they occurred so infrequently, there was no attempt to present these disabilities by sex, region, urban/rural, or age group. The number of disabilities in each child is shown in Table 39. No worldwide or regional estimates were found.

Main source of heating in dwelling

There are no WSC goals related to heating. This question was added to the Georgian MICS. Overall, in Georgia, burning wood is the primary way households are heated (72.9%) followed by use of oil (15.6%). There were differences between survey regions.

Food Frequency

The frequency of consumption of certain foods was obtained. This was a question added to the Georgian MICS. The frequency of the consumption of meat, cheese, butter, other mild products, fruits, and vegetables can be seen in Table 41.

Table 3. The non-response percentage during the first stage of the survey by State Department of Statistics

Region	Eligible	Interviewed	Non-response (%)*
Tbilisi	3084	2986	3.2
Kakheti	1570	1570	0.0
Mtskheta-Mtianeti, Shida Kartli	3259	3117	4.4
Kvemo Kartli, Samtskhe-Javakheti	2388	2360	1.2
Racha-Lechkhumi, Imereti	2421	2375	1.9
Guria, Samegrelo	3252	3239	0.4
Ajara	1025	1025	0.0
Total	16999	16672	1.9

*Non-response defined as after two visits HH members were either not at home or they refused to participate in the survey.

Table 4. The non-response percentage for the household module during the second stage of the survey by National Center for Disease Control

Region	Eligible	Interviewed	Non-response (%)
Tbilisi	135	134	0.7
Kakheti	125	124	0.8
Mtskheta-Mtianeti, Shida Kartli	125	124	0.8
Kvemo Kartli, Samtskhe-Javakheti	125	125	0.0
Racha-Lechkhumi, Imereti	125	119	4.8
Guria, Samegrelo	125	123	1.6
Ajara	125	109	12.8
Total	885	858	3.1

Table 5. The non-response percentage for children less than 5 years of age during the second stage of the survey by National Center for Disease Control

Region	Eligible	Interviewed	Non-response (%)
Tbilisi	720	656	8.9
Kakheti	450	433	3.8
Mtskheta-Mtianeti, Shida Kartli	705	652	7.5
Kvemo Kartli, Samtskhe-Javakheti	650	627	3.5
Racha-Lechkhumi, Imereti	542	496	8.5
Guria, Samegrelo	863	818	5.2
Ajara	354	313	11.6
Total	4284	3995	6.7

Table 6: Percentage of cases missing information for selected questions

Question	Reference population	Percent missing	Number
Complete birth date	Women 15-49	0	0
Complete birth date	Children under 5	<1	1
Diarrhoea in last 2 weeks	Children under 5	<1	1
Weight	Children under 5	14.5	561
Height	Children under 5	15.6	604

Table 7: Age distribution of household population by sex (second stage of the survey)

Age	Males		Females	
	Number	Percent	Number	Percent
<5	1,851	16.2	1,767	13.8
5-9	1,257	11.0	1,375	10.8
10-14	743	6.5	858	6.7
15-19	526	4.6	702	5.5
20-24	656	5.7	1,118	8.7
25-29	1,050	9.2	1,269	9.9
30-34	1,045	9.2	1,065	8.3
35-39	1,025	9.0	800	6.3
40-44	653	5.7	555	4.3
45-49	480	4.2	576	4.5
50-54	404	3.5	495	3.9
55-59	392	3.4	510	4.0
60-64	509	4.5	606	4.7
65-69	394	3.5	408	3.2
70+	435	3.8	676	5.3
Missing/DK	0	0.0	1	0.0
Total	11,420	100.0	12,781	100.0

Table 8: Percent distribution of households by background characteristics (second stage of the survey)

	Percent	Number
Tbilisi	17.1	792
Kakheti	12.0	558
Mtskheta-Mtianeti, Shida Kartli	16.4	762
Kvemo Kartli, Samtskhe-Javakheti	14.4	668
Racha-Lechkhumi, Imereti	13.0	604
Guria, Samegrelo	18.1	839
Ajara	8.9	412
Urban	46.0	2,133
Rural	54.0	2,501

Table 9: Percent distribution of households by the number of rooms in the dwelling, by survey region (second stage of the survey)

No. of rooms in dwelling	Tbilisi	Kakheti	Mtskheta-Tianeti, Shida Kartli	Kvemo Kartli, Samtskhe-Javakheti	Racha-Lechkhumi, Imereti	Guria, Samegrelo	Ajara	Georgia
1	18.7	3.2	11.3	2.4	5.9	1.6	10.2	8.1
2	28.4	14.5	21.8	21.6	13.6	9.8	20.4	19.5
3	35.1	12.9	21.0	21.6	22.9	12.3	16.7	22.8
4	11.2	30.6	20.2	27.2	18.6	25.4	21.3	20.5
5	4.5	12.9	6.5	10.4	11.0	20.5	13.9	10.5
6	2.2	12.9	3.2	10.4	17.8	7.4	10.2	8.6
7		6.5	2.4		2.5	9.8	4.6	3.0
8		4.8	8.1	4.0	5.1	5.7	0.9	3.7
9		0.8	1.6	1.6		4.1		1.1
10		0.8	1.6		1.7	2.5	0.9	1.0
>10	0.0	0.0	2.4	0.8	0.8	0.8	0.9	0.7

Note that the columns sum up to 100%

Table 10: Percent distribution of households by the number of rooms in the dwelling and number of household members (second stage of the survey)

No of HH members	Number of rooms					
	1	2	3	4	5-10	>10
1	25	28	13	18	16	
2	14	24	26	18	19	
3	10	25	24	18	22	
4	8	18	23	23	25	1
5-10	5	16	23	22	33	1
>10			20	10	70	
Total	8	20	23	21	28	1

Note that the rows sum up to 100%.

Table 11: Percent distribution of number of household members by survey region (second stage of the survey)

Number of members in household	Tbilisi	Kakheti	Mtskheta-Tianeti, Shida Kartli	Kvemo Kartli, Samtskhe-Javakheti	Racha-Lechkhumi, Imereti	Guria, Samegrelo	Ajara	Georgia
1	6.7	8.1	8.1	4.8	8.4	8.9	2.8	7.0
2	12.7	16.1	14.5	7.2	10.1	10.6	11.0	11.4
3	23.9	12.1	12.1	7.2	10.9	16.3	10.1	14.6
4	14.2	21.8	15.3	16.8	15.1	20.3	27.5	17.3
5	16.4	21.0	17.7	20.0	22.7	18.7	18.3	19.1
6	11.2	14.5	12.1	24.8	21.0	14.6	15.6	16.3
7	10.4	3.2	8.1	9.6	5.0	6.5	5.5	7.6
8	.7	1.6	5.6	5.6	1.7	.8	5.5	2.6
9	2.2		3.2	1.6		1.6	1.8	1.5
10		1.6	3.2	1.6	2.5	.8	.9	1.4
>10	1.4			0.8	2.5	0.8	0.9	1.1

Note that the columns sum up to 100%

Table 12: Percent distribution of women 15-49 by background characteristics (second stage of the survey)

Characteristic	Wtd (%)	Unwtd (%)	Number	Characteristic	Wtd (%)	Unwtd (%)	Number
Tbilisi	25.5	17.9	867	Marital status			
Kakheti	8.7	11.1	539	Currently married	92.7	93.0	4502
Mtskheta-Mtianeti, Shida Kartli	10.0	16.1	778	Formerly married	5.3	5.0	244
Kvemo Kartli, Samtskhe-Javakheti	16.7	15.4	744	Never married	2.0	2.0	96
Racha-Lechkhumi, Imereti	17.3	12.6	609				
Guria, Samegrelo	13.8	18.1	877	Ever gave birth	96.9	96.9	4691
Ajara	8.1	8.8	428	Never gave birth	3.1	3.1	151
Urban	53.0	47.3	2290				
Rural	47.0	52.7	2552				
Age							
15-19	4.5	4.6	224				
20-24	19.0	19.2	932				
25-29	22.9	23.1	1120				
30-34	20.0	19.5	942				
35-39	14.2	14.1	684				
40-44	10.2	10.3	498				
45-49	9.1	9.1	442				
Total	100.0	100.0	4842				

Table 13: Percent distribution of women 15-49 with a live birth in the year preceding the interview by background characteristics (second stage of the survey)

Characteristic	Percent		Number	Characteristic	Percent		Number
	Wt	Unwt			Wt	unwt	
Tbilisi	23.2	15.7	110	Marital status			
Kakheti	7.0	10.1	71	Currently married	99.1	99.1	696
Mtskheta-Mtianeti, Shida Kartli	9.4	16.0	112	Not currently married	0.9	0.9	6
Kvemo Kartli, Samtskhe-Javakheti	15.9	16.3	114	Literacy			
Racha-Lechkhumi, Imereti	24.4	13.1	92	Can read newspaper	98.1	97.9	686
Guria, Samegrelo	12.3	20.8	146	Difficulty/cannot/dk	1.9	2.1	15
Ajara	7.9	8.0	56				
Urban	50.2	42.2	296				
Rural	49.8	57.8	405				
Age							
15-19	15.1	15.3	107				
20-24	34.3	34.5	242				
25-29	25.0	25.5	179				
30-34	17.2	16.8	118				
35-39	6.2	5.4	38				
40-44	2.2	2.4	17				
Total	100.0	100.0	701				

wt=weighted estimates, unwt=unweighted estimates

Table 14: Percent distribution of children under five by background characteristics (second stage of the survey)

	Weighted Percent	Unweighted Percent	Number
Male	51.1	51.3	2019
Female	48.9	48.7	1919
Tbilisi	27.6	16.3	641
Kakheti	7.0	10.8	425
Mtskheta-Mtianeti, Shida Kartli	10.2	16.2	638
Kvemo Kartli, Samtskhe-Javakheti	16.6	15.8	623
Racha-Lechkhumi, Imereti	18.3	12.4	487
Guria, Samegrelo	12.0	20.7	814
Ajara	8.2	7.9	310
Urban	51.9	43.3	1705
Rural	48.1	56.7	2233
Age			
< 6 months	7.0	7.1	279
6-11.9 months	10.3	9.8	386
12-23.9 months	19.0	18.8	742
24-35.9 months	22.2	22.0	868
36-47.9 months	20.5	21.1	832
48-59.9 months	21.0	21.1	831
Total	100.0	100.0	3938

Table 15: Percentage of the population with access to safe drinking water

	Main source of drinking water														No. Persons
	Piped into dwelling		Piped into yard		Public tap		Tubewell/Bore-hole		Protected well/spring		Rain-water		Total with safe drinking water		
	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	
Tbilisi	95.0	95.0	4.7	4.7	0.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0	99.8	99.8	576
Kakheti	8.7	8.7	24.4	24.4	14.7	14.7	1.6	1.6	17.4	17.4	6.9	6.9	73.7	73.7	505
Mtskheta-Mtianeti, Shida Kartli	32.0	32.0	16.5	16.5	6.3	6.3	1.1	1.1	4.0	4.0	11.1	11.1	71.0	71.0	569
Kvemo Kartli, Samtskhe-Javakheti	24.6	24.6	30.7	30.7	22.6	22.6	0.8	0.8	0.0	0.0	9.4	9.4	88.1	88.1	641
Racha-Lechkhumi, Imereti	29.7	29.7	14.6	14.6	4.5	4.5	1.1	1.1	2.0	2.0	8.6	8.6	60.5	60.5	555
Guria, Samegrelo	6.9	6.9	2.1	2.1	9.6	9.6	2.5	2.5	4.0	4.0	15.1	15.1	40.2	40.2	523
Ajara	56.6	56.6	13.5	13.5	2.0	2.0	0.0	0.0	0.0	0.0	1.2	1.2	73.2	73.2	512
Urban	74.8	69.8	8.2	8.9	3.2	4.4	0.6	0.7	1.4	1.9	1.3	1.4	89.4	87.1	1667
Rural	9.9	11.7	20.0	20.5	12.9	12.1	1.3	1.2	4.3	5.1	12.8	12.1	61.2	62.6	2214
Total	43.0	36.6	14.0	15.5	8.0	8.8	0.9	1.0	2.8	3.7	6.9	7.5	75.6	73.1	3881

Table continued on next page

(continued) Table 15: Percentage of the population with access to safe drinking water

	Main source of drinking water										Total	Total with safe drinking water		No.
	Unpro-ected well/spring		Pond, river, stream		Tanker truck/vendors		Other		DK			Wt	Unwt	
	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt		Wt	Unwt	
Tbilisi	0.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	99.8	99.8	576
Kakheti	24.0	24.0	0.0	0.0	0.0	0.0	0.4	0.4	2.0	2.0	100.0	73.7	73.7	505
Mtskheta-Mtianeti, Shida Kartli	27.1	27.1	0.0	0.0	0.0	0.0	0.0	0.0	1.9	1.9	100.0	71.0	71.0	569
Kvemo Kartli, Samtskhe-Javakheti	8.3	8.3	1.1	1.1	0.0	0.0	2.5	2.5	0.0	0.0	100.0	88.1	88.1	641
Racha-Lechkhumi, Imereti	26.8	26.8	0.0	0.0	0.2	0.2	0.0	0.0	0.0	0.0	100.0	60.5	60.5	555
Guria, Samegrelo	57.4	57.4	0.8	0.8	0.0	0.0	0.0	0.0	0.8	0.8	100.0	40.2	40.2	523
Ajara	25.2	25.2	0.0	0.0	0.0	0.0	1.6	1.6	0.0	0.0	100.0	73.2	73.2	512
Urban	9.7	11.6	0.0	0.0	0.1	0.1	0.5	0.6	0.4	0.7	100.0	89.4	87.1	1667
Rural	35.8	34.7	0.6	0.5	0.0	0.0	0.6	0.7	1.7	1.5	100.0	61.2	62.6	2214
Total	22.5	24.8	0.3	0.3	0.0	0.0	0.6	0.7	1.0	1.1	100.0	75.6	73.1	3881

Table 16: Percentage of the population with access to sanitary means of excreta disposal

	Type of toilet facility used by household											Total with sanitary means of excreta disposal		Number of persons
	Flush to sewage system or septic tank		Pour flush toilet		Improved pit latrine		Traditional pit latrine		Bucket/ other		Total	Wt	Unwt	
	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt				
Tbilisi	96.4	96.4	0.0	0.0	1.4	1.4	2.1	2.1	0.2	0.2	100.0	99.8	99.8	576
Kakheti	6.1	6.1	2.6	2.6	4.8	4.8	86.5	86.5	0.0	0.0	100.0	100.0	100.0	505
Mtskheta-Mtianeti, Shida Kartli	26.5	26.5	2.5	2.5	36.6	36.6	32.0	32.0	2.5	2.5	100.0	97.5	97.5	569
Kvemo Kartli, Samtskhe-Javakheti	17.0	17.0	0.0	0.0	38.4	38.4	44.6	44.6	0.0	0.0	100.0	100.0	100.0	641
Racha-Lechkhumi, Imereti	28.1	28.1	0.0	0.0	43.1	43.1	20.9	20.9	1.3	1.3	100.0	98.7	98.7	555
Guria, Samegrelo	18.5	18.5	1.3	1.3	31.5	31.5	48.6	48.6	0.0	0.0	100.0	100.0	100.0	523
Ajara	39.1	39.1	2.1	2.1	39.0	39.0	51.2	51.2	0.0	0.0	100.0	100.0	100.0	512
Urban	76.9	72.1	2.9	3.5	12.6	14.6	7.5	9.7	0.1	0.1	100.0	99.9	99.9	1667
Rural	4.1	4.4	1.0	1.0	34.3	30.9	59.7	62.7	1.0	0.9	100.0	99.0	99.1	2214
Total	41.2	33.5	2.0	2.1	23.2	23.9	33.1	39.9	0.5	0.6	100.0	99.5	99.4	3881

There was only one household reporting use of a bucket, none with an overhang latrine, and none reporting no facilities/bush/field; 21 households reporting “other” facilities.

Table 17: Percent distribution of women age 15-49 with a birth in the last year by type of personnel delivering antenatal care

	Person delivering antenatal care										Total	Number of women
	Doctor		Nurse, midwife**		TBA, relative, friend, other		Any skilled personnel*		No antenatal care received			
	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt		
Tbilisi	96.4	96.4	0.0	0.0	0.9	0.9	96.4	96.4	2.7	2.7	100.0	110
Kakheti	90.1	90.1	5.6	5.6	0.0	0.0	95.7	95.7	4.2	4.2	100.0	71
Mtskheta-Mtianeti, Shida Kartli	95.5	95.5	0.0	0.0	0.9	0.9	95.5	95.5	3.6	3.6	100.0	112
Kvemo Kartli, Samtskhe-Javakheti	85.9	85.9	3.5	3.5	6.1	6.1	89.4	89.4	4.4	4.4	100.0	114
Racha-Lechkhumi, Imereti	97.8	97.8	1.1	1.1	0.0	0.0	98.9	98.9	1.1	1.1	100.0	92
Guria, Samegrelo	96.6	96.6	0.7	0.7	0.7	0.7	97.3	97.3	2.1	2.1	100.0	146
Ajara	82.1	82.1	7.1	7.1	1.8	1.8	89.2	89.2	8.9	8.9	100.0	56
Urban	96.5	96.3	0.7	1.0	0.7	0.7	97.2	97.3	2.1	2.0	100.0	296
Rural	90.4	90.6	3.0	2.7	2.3	2.2	93.4	93.3	4.3	4.4	100.0	405
Total	93.4	93.0	1.9	2.0	1.5	1.6	95.3	95.0	3.2	3.4	100.0	701

* Skilled personnel include doctors, nurses, and midwives.** TBA=Traditional birth attendant; table categorized as the most skilled person seen.

Table 18: Percent distribution of women aged 15-49 with a birth in the last year by type of personnel assisting at delivery

	Person assisting at delivery										Total	Number of women
	Doctor		Nurse, midwife**		TBA, Relative, friend, other		Any skilled personnel*		No assistance received			
	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt		
Tbilisi	97.3	97.3	1.8	1.8	0.0	0.0	99.1	99.1	0.9	0.9	100.0	110
Kakheti	84.5	84.5	7.0	7.0	7.0	7.0	91.5	91.5	1.4	1.4	100.0	71
Mtskheta-Mtianeti, Shida Kartli	90.2	90.2	6.3	6.3	0.9	0.9	96.5	96.5	2.7	2.7	100.0	112
Kvemo Kartli, Samtskhe-Javakheti	89.5	89.5	3.5	3.5	5.3	5.3	93.0	93.0	1.8	1.8	100.0	114
Racha-Lechkhumi, Imereti	97.8	97.8	1.1	1.1	1.1	1.1	98.9	98.9	0.0	0.0	100.0	92
Guria, Samegrelo	94.5	94.5	2.7	2.7	2.1	2.1	97.2	97.2	0.7	0.7	100.0	146
Ajara	83.9	83.9	7.1	7.1	1.8	1.8	91.0	91.0	7.1	7.1	100.0	56
Urban	97.0	97.0	1.5	1.4	0.0	0.0	98.5	98.4	1.4	1.7	100.0	296
Rural	89.3	88.4	4.9	5.7	4.2	4.2	94.2	94.1	1.6	1.7	100.0	405
Total	93.2	92.0	3.2	3.9	2.1	2.1	96.4	95.6	1.5	1.7	100.0	701

* Skilled personnel include doctors, nurses, and midwives.** TBA=Traditional birth attendant; table categorized as the most skilled person seen.

Table 19: Percentage of live births in the last 12 months that weighed below 2500 grams at birth

	Percent of live births:				Number of live births
	Below 2500 grams		Weighed at birth		
	Wt	Unwt	Wt	Unwt	
Male					
Female					
Tbilisi	4.5	4.5	100.0	100.0	112
Kakheti	6.1	6.1	91.7	91.7	72
Mtskheta-Mtianeti, Shida Kartli	0.0	0.0	96.4	96.4	112
Kvemo Kartli, Samtskhe-Javakheti	5.1	5.1	83.6	83.6	116
Racha-Lechkhumi, Imereti	5.6	5.6	96.8	96.8	93
Guria, Samegrelo	4.2	4.2	96.0	96.0	149
Ajara	0.0	0.0	82.1	82.1	56
Urban	5.3	4.8	98.1	98.0	299
Rural	2.9	3.0	89.5	89.8	411
Total	4.2	3.8	93.8	93.2	710

Table 20: Percent of living children by breastfeeding status

	Percent of children 0-3.99 months exclusively breastfed			Percent of children 6-9.99 months receiving solid/mushy food			Percent of children 12-15.99 months still breastfed			Percent of children 20-23.99 months still breastfed		
	wt	unwt	n	wt	unwt	n	wt	unwt	n	wt	unwt	n
Male	15.2	17.4	86	15.8	16.2	142	32.5	35.3	102	9.9	10.2	137
Female	20.8	18.7	75	7.7	9.0	111	27.7	28.6	105	14.1	13.5	141
Tbilisi	23.1	23.1	25	5.0	5.0	40	26.9	26.9	26	14.1	14.1	64
Kakheti	14.3	14.3	14	17.9	17.9	28	47.1	47.1	17	14.8	14.8	27
Mtskheta-Mtianeti, Shida Kartli	15.6	15.6	32	9.1	9.1	33	44.8	44.8	29	10.0	10.0	40
Kvemo Kartli, Samtskhe-Javakheti	16.0	16.0	22	18.0	18.0	61	21.2	21.2	33	6.5	6.5	46
Racha-Lechkhumi, Imereti	15.8	15.8	17	13.9	13.9	36	30.6	30.6	36	10.3	10.3	29
Guria, Samegrelo	26.5	26.5	34	14.7	14.7	34	32.7	32.7	49	13.5	13.5	52
Ajara	0.0	0.0	11	6.1	6.1	21	23.5	23.5	17	15.0	15.0	20
Urban	19.7	20.0	70	8.2	7.9	101	33.6	32.9	85	12.1	11.2	143
Rural	15.9	16.5	91	16.0	16.4	152	26.7	31.1	122	11.7	12.6	135
Total	17.9	18.0	161	12.2	13.0	253	30.0	31.9	207	12.0	11.9	278

wt=weighted estimates; unwt=unweighted estimates; n=sample size

Table 21: Percentage of under-five children who are severely or moderately undernourished

	Weight for age				Height for age				Weight for height				Number of children		
	Percent below - 2 SD		Percent below - 3 SD		Percent below - 2 SD		Percent below - 3 SD		Percent below - 2 SD		Percent below - 3 SD				
	wt	unwt	wt	unwt	wt	unwt	wt	unwt	wt	unwt	wt	unwt	waz	haz	whz
Male	3.8	4.4	0.4	0.3	12.5	13.0	4.0	4.1	2.8	2.7	0.4	0.4	1753	1704	1697
Female	2.3	2.8	0.0	0.0	10.9	11.8	3.3	3.7	1.8	1.8	0.5	0.4	1681	1635	1633
Tbilisi	0.8	0.8	0.2	0.2	10.9	10.9	3.2	3.2	2.1	2.1	0.6	0.6	496	476	476
Kakheti	5.9	5.9	0.5	0.5	15.9	15.9	5.1	5.1	2.5	2.5	0.0	0.0	409	395	394
Mtskheta-Mtianeti, Shida Kartli	3.8	3.8	0.0	0.0	11.4	11.4	4.4	4.4	1.3	1.3	0.2	0.2	554	544	541
Kvemo Kartli, Samtskhe-Javakheti	4.2	4.2	0.0	0.0	15.4	15.4	5.4	5.4	4.4	4.4	0.8	0.8	529	501	503
Racha-Lechkhumi, Imereti	3.2	3.2	0.5	0.5	6.2	6.2	1.8	1.8	1.6	1.6	0.2	0.2	438	434	432
Guria, Samegrelo	4.1	4.1	0.1	0.1	13.8	13.8	4.0	4.0	1.9	1.9	0.4	0.4	736	723	719
Ajara	3.3	3.3	0.4	0.4	12.4	12.4	3.0	3.0	1.9	1.9	0.4	0.4	272	266	265
Urban	1.7	2.2	0.2	0.1	9.6	10.1	2.8	2.9	2.1	2.0	0.7	0.6	1428	1381	1380
Rural	4.5	4.6	0.3	0.2	13.9	14.0	4.5	4.6	2.5	2.5	0.2	0.3	2006	1958	1950
< 6 months	3.6	3.7	1.0	0.8	8.5	9.0	2.6	2.1	3.1	3.0	1.1	1.3	245	233	232
6-11 months	2.3	3.1	0.4	0.3	9.2	8.8	2.6	2.4	2.7	3.0	0.3	0.3	353	339	337
12-23 months	4.0	4.2	0.0	0.0	15.7	15.0	4.4	5.0	2.2	2.1	0.0	0.0	636	605	605
24-35 months	3.1	4.1	0.1	0.1	10.2	11.8	3.6	3.9	1.9	2.3	0.5	0.5	760	740	741
36-47 months	2.8	3.0	0.2	0.1	11.0	11.9	3.8	4.0	2.1	1.7	0.7	0.4	727	717	716
48-59 months	2.7	3.4	0.2	0.3	12.9	14.2	3.8	4.3	2.6	2.3	0.4	0.3	713	705	699
Total	3.1	3.6	0.2	0.2	11.7	12.4	3.7	3.9	2.3	2.3	0.5	0.4	3434	3339	3330

wt=weighted estimates; unwt=unweighted estimates;

Table 22: Percentage of under-five children who are severely or moderately undernourished, Global Database on Child Growth and Malnutrition

Age Grp, Mos Males and females	N	WEIGHT/HEIGHT (%)					HEIGHT/AGE (%)				WEIGHT/AGE (%)			
		<-3SD	<-2SD ¹	>+2SD	Mean Z-Score	SD Z-score	<-3SD	<-2SD ¹	Mean Z-Score	SD Z-score	<-3SD	<-2SD ¹	Mean Z-Score	SD Z-score
TOTAL (0-59)	3434	0.5	2.3	12.7	0.58	1.32	3.7	11.7	-0.33	1.47	0.2	3.1	0.20	1.22
0-5	245	1.1	3.1	13.7	0.52	1.37	2.6	8.5	-0.22	1.44	1.0	3.6	0.26	1.21
6-11	353	0.3	2.7	19.6	0.63	1.57	2.6	9.2	-0.11	1.49	0.4	2.3	0.31	1.31
12-23	636	0.0	2.2	17.7	0.82	1.48	4.4	15.7	-0.50	1.51	0.0	4.0	0.30	1.34
24-35	760	0.5	1.9	8.7	0.49	1.15	3.6	10.2	-0.10	1.56	0.1	3.1	0.27	1.19
36-47	727	0.7	2.1	11.1	0.50	1.24	3.8	11.0	-0.31	1.43	0.2	2.8	0.10	1.15
48-59	713	0.4	2.6	10.4	0.56	1.25	3.8	12.9	-0.58	1.33	0.2	2.7	0.05	1.15
Male	1753	0.4	2.8	13.0	0.61	1.35	4.0	12.5	-0.37	1.48	0.4	3.8	0.20	1.26
0-5	133	0.0	3.2	14.7	0.61	1.38	4.0	9.9	-0.38	1.49	1.9	3.0	0.20	1.23
6-11	191	0.5	3.2	19.0	0.53	1.50	4.0	12.5	-0.25	1.53	0.7	3.8	0.16	1.30
12-23	316	0.0	3.8	17.2	0.87	1.55	4.9	16.5	-0.51	1.50	0.0	5.8	0.33	1.42
24-35	377	0.3	2.1	10.2	0.56	1.20	4.6	11.5	-0.09	1.61	0.2	3.8	0.34	1.23
36-47	366	1.4	3.0	12.0	0.54	1.33	2.5	10.4	-0.32	1.41	0.4	2.8	0.15	1.17
48-59	370	0.4	2.0	9.5	0.54	1.23	3.9	13.2	-0.65	1.32	0.3	3.3	0.02	1.17
Female	1681	0.5	1.8	12.4	0.55	1.29	3.3	10.9	-0.28	1.46	0.0	2.3	0.19	1.19
0-5	112	2.3	2.9	12.6	0.41	1.35	1.0	6.9	-0.03	1.37	0.0	4.3	0.32	1.19
6-11	162	0.0	2.1	20.3	0.73	1.63	1.0	5.7	-0.04	1.43	0.0	0.6	0.46	1.31
12-23	320	0.0	0.6	18.3	0.77	1.40	3.8	15.0	-0.49	1.52	0.0	2.1	0.27	1.26
24-35	383	0.6	1.7	7.1	0.41	1.09	2.6	8.9	-0.11	1.52	0.0	2.4	0.20	1.16
36-47	361	0.0	1.2	10.1	0.46	1.15	5.2	11.6	-0.30	1.45	0.0	2.7	0.05	1.12
48-59	343	0.9	3.3	11.3	0.57	1.59	3.7	12.5	-0.50	1.33	0.2	2.1	0.08	1.12

(continued) Table 22: Percentage of under-five children who are severely or moderately undernourished, Global Database on Child Growth and Malnutrition

	N	WEIGHT/HEIGHT (%)					HEIGHT/AGE (%)				WEIGHT/AGE (%)			
		<-3SD	<-2SD ¹	>+2SD	Mean Z-Score	SD Z-score	<-3SD	<-2SD ¹	Mean Z-Score	SD Z-score	<-3SD	<-2SD ¹	Mean Z-Score	SD Z-score
RESIDENCE														
Urban	1428	0.7	2.1	13.7	0.64	1.82	2.8	9.6	-0.13	1.43	0.2	1.7	0.36	1.42
Rural	2006	0.2	2.5	11.7	0.52	1.65	4.5	13.9	-0.53	1.49	0.3	4.5	0.03	1.52
REGIONS														
Tbilisi (capital)	496	0.6	2.1	15.8	0.68	1.41	3.2	10.9	-0.04	1.50	0.2	0.8	0.43	1.19
Kakheti	409	0.0	2.5	9.9	0.42	1.26	5.1	15.9	-0.66	1.36	0.5	5.9	-0.11	1.25
Mtsketa-Mtianeti, Shida Kartli	554	0.2	1.3	11.5	0.60	1.26	4.4	11.4	-0.46	1.41	0.0	3.8	0.14	1.22
Kv. Kartli, Samtskhe-Javakheti	529	0.8	4.4	11.9	0.52	1.37	5.4	15.4	-0.48	1.67	0.0	4.2	0.08	1.25
Racha-Lechkhumi, Imereti	438	0.2	1.6	11.3	0.56	1.19	1.8	6.2	-0.17	1.29	0.5	3.2	0.24	1.18
Guria, Samegrelo	736	0.4	1.9	13.8	0.65	1.29	4.0	13.8	-0.56	1.41	0.1	4.1	0.14	1.25
Ajara	272	0.4	1.9	9.4	0.43	1.30	3.0	12.4	-0.50	1.39	0.4	3.3	-0.01	1.17

NOTES

All anthropometry values do not include the areas of Abkhazia or South Ossetia due to political instability; these areas account for approximately 10% of the population in Georgia. Sample sizes are based on the number of children with weight-for-age; sample sizes for weight-for-height and height-for-age were slightly smaller

¹ % <-2SD includes % <-3SD

Table 23: Percentage of households consuming adequately iodized salt

	Percent of households with no salt		Percent of households in which salt was tested		Percent of households with salt testing				Number of households interviewed
	Wt	Unwt	Wt	Unwt	< 15 PPM		15+ PPM		
Tbilisi	10.0	10.0	85.7	85.7	8.3	8.3	17.5	17.5	140
Kakheti	0.0	0.0	98.9	98.9	16.3	16.3	12.8	12.8	87
Mtskheta-Mtianeti, Shida Kartli	0.0	0.0	00.3	00.3	12.4	12.4	12.4	12.4	138
Kvemo Kartli, Samtskhe-Javakheti	0.0	0.0	98.3	98.3	6.2	6.2	1.1	1.1	180
Racha-Lechkhumi, Imereti	0.7	0.7	97.1	97.1	15.2	15.2	3.8	3.8	136
Guria, Samegrelo	0.5	0.5	99.5	99.5	8.7	8.7	2.7	2.7	184
Ajara	0.0	0.0	100.0	100.0	10.3	10.3	4.1	4.1	97
Urban	4.6	2.9	92.2	94.5	9.4	9.3	12.3	10.8	511
Rural	0.2	0.2	99.6	99.6	12.1	11.8	2.7	2.9	451
Total	1.5	1.9	95.3	96.9	10.6	10.5	8.1	7.0	962

Note: Adequately iodized salt is salt testing 15 PPM (parts per million) or more.

Table 24: Percentage of women with a birth in the last 12 months by whether they received a high dose Vitamin A supplement before the infant was 2 months old

	Received Vitamin A supplement		No. of women
	Wt	Unwt	
Tbilisi	16.5	16.5	109
Kakheti	2.8	2.8	71
Mtskheta-Mtianeti, Shida Kartli	5.4	5.4	112
Kvemo Kartli, Samtskhe-Javakheti	12.4	12.4	113
Racha-Lechkhumi, Imereti	2.2	2.2	91
Guria, Samegrelo	9.0	9.0	145
Ajara	5.6	5.6	54
Urban	10.6	10.3	292
Rural	6.6	6.9	403
Total	8.6	8.3	695

6 women (<1%) did not know if they received vitamin A capsules and are excluded from this table.

Table 25: Percentage of children age 15-26.9 months immunized against childhood diseases at any time before the survey and before the first birthday*

	Percentage of children who received:																						n
	BCG		DPT1		DPT2		DPT3		Polio 1		Polio2		Polio3		Measles		All		None				
	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt			
Vaccinated at any time before the survey																							
According to:																							
Vaccination card	81.6	81.8	82.3	81.6	80.9	79.5	77.5	76.3	81.0	80.1	80.2	78.6	76.8	75.3	65.4	64.3	61.4	60.3	13.7	13.4	718		
Mother's report	85.1	84.4	76.8	75.9	71.4	70.3	66.0	65.2	78.3	76.7	73.0	71.3	68.0	66.7	67.2	67.1	50.3	49.9	8.2	8.2	718		
Either	91.4	91.1	86.8	86.1	84.0	82.7	80.5	79.5	86.5	85.8	83.7	82.5	80.9	79.9	73.3	72.7	67.4	66.0	5.7	5.6	718		
Vaccinated by 12 months of age*	79.9	79.7	75.1	75.5	71.1	71.2	61.4	62.1	73.9	74.2	71.0	70.8	61.9	62.4	47.6	47.8	-	-	-	-	718		

*For measles, the information is vaccinated by 15 months of age; those without vaccine dates and an unknown history of vaccinations are considered as not vaccinated.

Table 26: Percentage of children age 15-26.9 months currently vaccinated against childhood diseases

	Percentage of children who received:																				n
	BCG		DPT1		DPT2		DPT3		Polio 1		Polio2		Polio3		Measles		All		None		
	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	
Male	90.7	90.5	84.5	83.5	81.2	79.4	76.6	74.9	84.0	83.2	80.9	79.0	77.2	75.6	66.0	65.1	62.0	60.3	5.1	5.4	315
Female	92.0	91.6	88.7	88.1	86.2	85.4	83.8	83.1	88.5	87.8	86.1	85.1	84.0	83.4	79.3	78.7	72.0	70.5	5.9	5.7	403
Tbilisi	96.2	96.2	91.7	91.7	90.2	90.2	88.6	88.6	92.4	92.4	90.9	90.9	89.4	89.4	84.8	84.8	81.1	81.1	2.3	2.3	132
Kakheti	93.2	93.2	93.2	93.2	91.9	91.9	85.1	85.1	94.6	94.6	91.9	91.9	90.5	90.5	78.4	78.4	77.0	77.0	2.7	2.7	74
Mtskheta-Mtianeti, Shida Kartli	92.7	92.7	84.7	84.7	77.4	77.4	74.2	74.2	86.3	86.3	77.4	77.4	75.0	75.0	70.2	70.2	62.1	62.1	4.0	4.0	124
Kvemo Kartli, Samtskhe-Javakheti	81.9	81.9	81.9	81.9	81.9	81.9	78.4	78.4	81.9	81.9	82.8	82.8	79.3	79.3	79.3	79.3	74.1	74.1	14.7	14.7	116
Racha-Lechkhumi, Imereti	92.6	92.6	86.8	86.8	82.4	82.4	75.0	75.0	85.3	85.3	80.9	80.9	75.0	75.0	55.9	55.9	52.9	52.9	5.9	5.9	68
Guria, Samegrelo	91.5	91.5	82.4	82.4	76.1	76.1	74.6	74.6	80.3	80.3	75.4	75.4	73.2	73.2	60.6	60.6	50.7	50.7	4.2	4.2	142
Ajara	88.7	88.7	83.9	83.9	83.9	83.9	82.3	82.3	80.6	80.6	80.6	80.6	79.0	79.0	79.0	79.0	62.9	62.9	4.8	4.8	62
Total	91.8	91.1	86.8	86.1	84.0	82.7	80.5	79.5	86.5	85.8	83.7	82.5	80.9	79.9	73.3	72.7	67.4	66.0	5.7	5.6	718

Vaccination coverage based on vaccination card and mothers report.

Table 27: Percentage of under-five children with diarrhoea in the last two weeks and treatment with ORS or ORT

	Children with diarrhoea who received:																		
	Had diarrhoea in last two weeks			Breast milk		Gruel or soup		Other home fluids		ORS packet		Milk or infant formula		Water with feeding		Water alone		Other liquids	
	wt	unwt	n	wt	unwt	wt	unwt	wt	unwt	wt	unwt	wt	unwt	wt	unwt	wt	unwt	wt	unwt
Male	6.3	6.4	2006	15.2	15.5	63.5	63.0	86.4	86.0	24.7	29.0	30.0	30.2	76.7	72.9	66.4	69.0	20.9	19.8
Female	5.6	6.0	1906	14.8	17.4	63.7	64.0	79.7	78.6	26.1	26.1	30.7	31.5	75.6	73.7	59.1	62.8	26.4	21.6
Tbilisi	3.6	3.6	636	17.4	17.4	60.9	60.9	91.3	91.3	13.6	13.6	26.1	26.1	91.3	91.3	60.9	60.9	26.1	26.1
Kakheti	2.8	2.8	425	25.0	25.0	50.0	50.0	58.3	58.3	25.0	25.0	8.3	8.3	75.0	75.0	83.3	83.3	16.7	16.7
Mtskheta-Mtianeti, Shida Kartli	8.1	8.1	629	27.5	27.5	81.6	81.6	83.7	83.7	15.6	15.6	26.1	26.1	92.2	92.2	51.1	51.1	20.0	20.0
Kvemo Kartli, Samtskhe-Javakheti	7.0	7.0	618	9.3	9.3	65.1	65.1	74.4	74.4	18.6	18.6	41.9	41.9	46.5	46.5	72.1	72.1	14.0	14.0
Racha-Lechkhumi, Imereti	8.5	8.5	485	12.2	12.2	61.0	61.0	85.4	85.4	29.3	29.3	24.4	24.4	90.2	90.2	51.2	51.2	36.6	36.6
Guria, Samegrelo	7.8	7.8	810	15.9	15.9	49.2	49.2	85.7	85.7	47.6	47.6	34.9	34.9	55.6	55.6	85.7	85.7	12.7	12.7
Ajara	3.6	3.6	309	0.0	0.0	90.0	90.0	90.0	90.0	22.2	22.2	44.4	44.4	50.0	50.0	40.1	40.1	30.0	30.0
Urban	5.7	6.1	1694	14.6	15.4	64.1	63.5	82.1	81.7	27.7	30.7	24.9	25.2	83.2	80.8	59.2	64.1	24.9	22.3
Rural	6.2	6.3	2218	15.4	17.1	63.2	63.5	84.6	83.2	23.0	25.4	36.0	35.1	69.1	67.6	67.0	67.6	21.9	19.4
0-5.99 months	9.4	10.1	276	52.9	57.1	16.6	18.5	56.6	57.1	9.8	14.8	28.0	33.3	56.5	53.6	42.9	48.1	7.0	3.8
6-11.99 months	7.5	8.3	385	13.5	18.8	75.2	75.0	89.0	87.5	28.3	28.1	44.2	37.5	77.9	75.0	56.1	62.5	16.6	18.8
12-23.99 months	9.2	9.1	735	22.3	23.9	76.2	74.6	84.0	84.8	30.1	30.8	33.6	32.3	80.2	77.6	67.7	70.8	24.2	20.0
24-35.99 months	4.5	5.0	863	4.3	2.3	63.7	59.5	91.1	88.4	20.8	27.5	29.0	29.3	76.6	74.4	60.3	61.9	18.5	19.0
36-47.99 months	4.0	4.2	827	0.0	0.0	58.9	60.0	90.7	88.2	37.4	38.2	18.2	23.5	73.8	71.4	76.3	80.0	30.8	23.5
48-59.99 months	4.6	4.7	826	1.7	2.6	66.5	73.7	81.4	81.6	19.1	21.6	26.1	28.9	82.4	78.9	65.3	65.8	37.4	34.2
Total	6.0	6.2	3912	15.0	16.4	63.6	63.5	83.3	82.6	25.4	27.7	30.3	30.8	76.2	73.3	63.0	66.1	23.4	20.7

Of 3938 children under five, diarrhea in the last two weeks was unknown for 26 (0.7%);

Table 28: Percentage of under-five children with diarrhoea in the last two weeks who received recommended fluids or treatment

	Had diarrhoea in last two weeks (% , n)			Received recommended fluids		No. of children with diarrhoea
	wt	unwt	n	wt	unwt	
Male	6.3	6.4	2006	94.9	94.5	129
Female	5.6	6.0	1906	96.6	94.7	115
Tbilisi	3.6	3.6	636	100.0	100.0	23
Kakheti	2.8	2.8	425	90.9	90.9	12
Mtskheta-Mtianeti, Shida Kartli	8.1	8.1	629	98.0	98.0	51
Kvemo Kartli, Samtskhe-Javakheti	7.0	7.0	618	95.3	95.3	43
Racha-Lechkhumi, Imereti	8.5	8.5	485	97.6	97.6	41
Guria, Samegrelo	7.8	7.8	810	88.9	88.9	63
Ajara	3.6	3.6	309	88.9	88.9	11
Urban	5.7	6.1	1694	96.3	95.1	104
Rural	6.2	6.3	2218	95.0	94.2	140
0-5.99 months	9.4	10.1	276	93.0	89.3	28
6-11.99 months	7.5	8.3	385	94.5	93.5	32
12-23.99 months	9.2	9.1	735	96.6	95.5	67
24-35.99 months	4.5	5.0	863	97.1	95.3	43
36-47.99 months	4.0	4.2	827	98.2	97.1	35
48-59.99 months	4.6	4.7	826	93.0	94.6	39
Total	6.0	6.2	3912	95.7	94.6	244

Of 3938 children under five, diarrhea in the last two weeks was unknown for 26 (0.7%);

Table 29: Percentage of under-five children with diarrhoea in the last two weeks who took increased fluids and continued to feed during the episode

	Had diarrhoea in last two weeks (% n)			Children with diarrhoea who:								Number of children with diarrhoea		
				Drank more		Drank the same or less		Ate somewhat less, same or more		Ate much less or none			Received increased fluids and continued eating*	
	wt	unwt	n	wt	unwt	wt	unwt	wt	Unwt	wt	unwt		Wt	unwt
Male	6.3	6.4	2006	50.7	51.2	41.4	40.3	66.7	66.9	33.3	33.1	33.5	34.7	129
Female	5.6	6.0	1906	47.8	45.2	45.6	45.2	75.0	75.9	25.0	24.1	33.2	31.8	115
Tbilisi	3.6	3.6	636	47.8	47.8	47.8	47.8	73.9	73.9	26.1	26.1	31.8	31.8	23
Kakheti	2.8	2.8	425	41.7	41.7	41.7	41.7	83.3	83.3	-	-	36.4	36.4	12
Mtskheta-Mtianeti, Shida Kartli	8.1	8.1	629	56.9	56.9	33.3	33.3	79.2	79.2	20.8	20.8	44.7	44.7	51
Kvemo Kartli, Samtskhe-Javakheti	7.0	7.0	618	51.2	51.2	44.2	44.2	64.3	64.3	35.7	35.7	35.7	35.7	43
Racha-Lechkhumi, Imereti	8.5	8.5	485	58.5	58.5	39.0	39.0	70.7	70.7	29.3	29.3	36.6	36.6	41
Guria, Samegrelo	7.8	7.8	810	41.3	41.3	44.4	44.4	69.8	69.8	30.2	30.2	26.2	26.2	63
Ajara	3.6	3.6	309	9.1	9.1	72.7	72.7	50.0	50.0	50.0	50.0	0.0	0.0	11
Urban	5.7	6.1	1694	50.4	49.0	42.4	41.3	72.7	72.5	27.3	27.5	34.9	34.7	104
Rural	6.2	6.3	2218	48.2	47.9	44.2	43.6	68.2	70.1	31.8	29.9	31.9	32.4	140
0-5.99 months	9.4	10.1	276	48.7	39.3	44.3	50.0	89.2	92.9	10.8	7.1	37.9	32.1	28
6-11.99 months	7.5	8.3	385	50.5	50.0	44.1	43.8	82.7	78.1	17.3	21.9	46.3	43.8	32
12-23.99 months	9.2	9.1	735	45.7	44.8	49.1	47.8	72.6	74.6	27.4	25.4	29.7	30.8	67
24-35.99 months	4.5	5.0	863	51.9	55.8	37.7	32.6	70.3	69.8	29.7	30.2	40.8	45.0	43
36-47.99 months	4.0	4.2	827	66.8	60.0	27.4	31.4	51.2	51.5	48.8	48.5	26.1	21.2	35
48-59.99 months	4.6	4.7	826	38.2	41.0	50.8	48.7	59.4	61.1	40.6	38.9	24.6	27.8	39
Total	6.0	6.2	3912	49.4	48.4	43.3	42.6	70.5	71.1	29.5	28.9	33.4	33.3	244

Table 30: Percentage of under-five children with acute respiratory infection in the last two weeks and treatment by health providers

	Had acute respiratory infection (% , n)			Percent of Children with ARI who were taken to:														No. with ARI
				Hospital		Health centre		Dispensary/ER		MCH clinic		Private physician		Any appropriate provider		Inappropriate provider		
	wt	unwt	n	wt	unwt	wt	unwt	wt	unwt	wt	unwt	wt	unwt	wt	unwt	wt	unwt	
Male	4.4	4.6	2004	24.7	23.5	44.5	42.4	5.0	4.7	14.6	18.8	32.4	36.5	100.0	100.0	7.6	5.9	85
Female	3.1	3.6	1907	11.8	12.8	42.3	39.1	3.0	3.1	19.6	25.0	35.8	37.5	96.3	96.9	5.9	6.3	64
Tbilisi	3.3	3.3	638	0.0	0.0	60.0	60.0	5.0	5.0	0.0	0.0	35.0	35.0	100.0	100.0	0.0	0.0	20
Kakheti	1.9	1.9	416	25.0	25.0	12.5	12.5	12.5	12.5	50.0	50.0	25.0	25.0	100.0	100.0	12.5	12.5	8
Mtskheta-Mtianeti, Shida Kartli	4.0	4.0	628	18.2	18.2	50.0	50.0	9.1	9.1	18.2	18.2	22.7	22.7	100.0	100.0	4.5	4.5	22
Kvemo Kartli, Samtskhe-Javakheti	1.1	1.1	621	0.0	0.0	60.0	60.0	20.0	20.0	20.0	20.0	20.0	20.0	100.0	100.0	0.0	0.0	5
Racha-Lechkhumi, Imereti	5.3	5.3	487	41.7	41.7	33.3	33.3	0.0	0.0	8.3	8.3	20.8	20.8	95.8	95.8	16.7	16.7	24
Guria, Samegrelo	8.4	8.4	812	15.2	15.2	34.8	34.8	0.0	0.0	27.3	27.3	50.0	50.0	98.5	98.5	3.0	3.0	66
Ajara	1.6	1.6	309	50.0	50.0	75.0	75.0	25.0	25.0	75.0	75.0	50.0	50.0	100.0	100.0	25.0	25.0	4
Urban	4.0	4.4	1694	15.1	17.9	54.4	55.2	4.5	4.5	2.2	3.0	34.0	35.8	98.0	98.5	4.3	4.5	67
Rural	3.5	3.9	2217	24.7	19.5	30.7	29.3	3.8	3.7	33.9	36.6	33.5	37.8	99.1	98.8	10.1	7.3	82
0-5.99 months	3.1	3.6	278	43.9	44.4	55.2	55.6	8.5	11.1	0.0	0.0	16.5	22.2	100.0	100.0	0.0	0.0	9
6-11.99 months	3.4	4.4	384	32.3	25.0	27.3	37.5	0.0	0.0	26.9	31.3	35.0	31.3	100.0	100.0	11.5	6.3	16
12-23.99 months	6.1	6.3	730	25.8	23.3	48.1	48.8	5.5	4.7	12.0	16.3	29.4	32.6	100.0	100.0	3.5	2.3	43
24-35.99 months	3.5	3.4	863	15.6	17.2	36.7	31.0	3.4	3.4	16.4	24.1	39.4	44.8	100.0	100.0	4.8	3.4	29
36-47.99 months	3.1	3.7	828	13.1	14.8	55.9	40.7	7.8	7.4	22.0	25.9	29.0	37.0	100.0	100.0	7.8	7.4	27
48-59.99 months	2.9	3.3	828	2.7	4.0	37.8	36.0	0.0	0.0	20.5	24.0	44.4	44.0	90.3	92.0	15.3	16.0	25
Total	3.8	4.1	3911	19.5	18.8	43.6	40.9	4.2	4.0	16.7	21.5	33.8	36.9	98.5	98.7	9.4	6.0	149

Note: the End Decade indicator definition for ARI is a child with cough who breathed faster than usual with short, quick breaths or had difficulty breathing AND the symptoms were due to: 1) a problem in the chest; 2) a problem in the chest and blocked nose; or 3) do not know why. In the Georgian MICS ARI is defined as a cough and faster breathing. Appropriate providers were a hospital, health center, dispensary, MCH clinic, emergency room, or a private physician. Due to the small number reporting a dispensary (n=4) or emergency room (n=3), these two were combined in the table. Inappropriate providers are a pharmacy (n=1), a traditional healer (n=2), or a relative/friend (n=7).

Table 31: Percentage of children aged 36-59.99 months who are attending some form of organized early childhood education programme

	Weighted Estimated (%)			Unweighted Estimates (%)			Number of children
	State	Private	None	State	Private	None	
Male	29.5	2.0	68.5	29.5	2.4	68.1	825
Female	28.0	2.2	69.8	28.7	2.1	69.3	771
Tbilisi	34.8	2.6	62.7	34.8	2.6	62.7	233
Kakheti	43.2	-	55.2	43.2	-	55.2	183
Mtskheta-Mtianeti, Shida Kartli	45.2	-	53.5	45.2	-	53.5	230
Kvemo Kartli, Samtskhe-Javakheti	14.3	-	85.7	14.3	-	85.7	252
Racha-Lechkhumi, Imereti	32.1	2.4	65.6	32.1	2.4	65.6	209
Guria, Samegrelo	23.5	4.7	71.8	23.5	4.7	71.8	362
Ajara	9.4	-	89.0	9.4	-	89.0	127
Urban	36.9	3.2	59.8	38.9	4.0	57.1	692
Rural	20.2	1.0	78.8	21.6	0.9	77.5	904
36-47.99 months	25.8	1.4	72.8	26.9	1.8	71.3	792
48-59.99 months	31.6	2.8	65.5	31.2	2.7	66.0	804
Total	28.8	2.1	69.1	29.1	2.3	68.7	1596

There were 12 children who were 3 or 4 years of age for whom information was not collected on this question and 55 children for whom the recorded response was “Don’t know.”

Table 32: Percentage of children of primary school age (6-11 years) attending school

		Male					Female					Total				
		State		Private		N	State		Private		N	State		Private		N
		Wt	Unwt	Wt	Unwt		Wt	Unwt	Wt	Unwt		Wt	Unwt	Wt	Unwt	
Tbilisi		94.4	94.4	5.6	5.6	89	96.3	96.3	3.7	3.7	81	95.3	95.3	4.7	4.7	170
Kakheti		94.3	94.3	1.1	1.1	88	94.5	94.5	1.1	1.1	91	94.4	94.4	1.1	1.1	179
Mtskheta-Mtianeti, Shida Kartli		94.2	94.2	4.7	4.7	86	95.9	95.9	1.4	1.4	73	95.0	95.0	3.1	3.1	159
Kvemo Kartli, Samtskhe-Javakheti		96.6	96.6	0.0	0.0	89	92.2	92.2	0.0	0.0	103	94.3	94.3	0.0	0.0	192
Racha-Lechkhumi, Imereti		98.9	98.9	1.1	1.1	92	98.9	98.9	1.1	1.1	95	98.9	98.9	1.1	1.1	187
Guria, Samegrelo		93.9	93.9	3.0	3.0	99	96.8	96.8	2.1	2.1	95	95.4	95.4	2.6	2.6	194
Ajara		98.3	98.3	1.7	1.7	60	98.9	98.9	1.1	1.1	95	98.7	98.7	1.3	1.3	155
Urban		94.7	94.4	4.4	4.0	251	97.2	97.4	2.4	1.8	274	96.0	96.0	3.4	2.9	525
Rural		97.0	96.6	1.3	1.4	352	95.2	95.3	0.9	1.1	359	96.1	95.9	1.1	1.3	711
Age																
Primary schooling	6	94.1	95.1	4.3	3.3	64	97.7	97.4	0.0	0.0	43	95.9	96.0	2.7	2.0	107
	7	98.7	98.5	1.3	1.5	68	97.3	98.7	2.7	1.3	76	97.9	98.6	2.1	1.4	144
	8	95.7	94.3	3.3	4.3	70	96.4	97.5	3.6	2.5	79	96.0	96.0	3.4	3.4	149
	9	93.7	94.6	5.0	3.6	56	100.0	100.0	0.0	0.0	67	97.2	97.6	2.2	1.6	123
	10	94.5	97.2	5.5	2.8	71	98.1	98.3	0.0	0.0	58	96.0	97.7	3.1	1.6	129
	11	99.0	100.0	1.0	0.0	65	96.1	97.0	3.9	3.0	67	98.0	98.5	2.0	1.5	132
	12	95.9	97.0	2.7	1.5	67	100.0	100.0	0.0	0.0	66	97.9	98.5	1.4	0.8	133
	13	97.8	96.5	2.2	3.5	57	92.9	91.8	0.0	0.0	73	95.0	93.8	1.0	1.5	130
	14	94.0	91.1	0.0	0.0	45	96.2	95.2	0.0	0.0	63	95.2	93.5	0.0	0.0	108
	15	89.4	87.5	5.5	5.0	40	82.6	80.5	8.8	9.8	41	85.9	84.0	7.2	7.4	81
Total		95.8	95.7	2.9	2.6	603	96.3	96.2	1.7	1.4	633	96.0	96.0	2.3	1.9	1236

Table 33: Percentage of children entering first grade of primary school who eventually reach grade 5

	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
Total	100.0%	100.0%	99.2%	100.0%
N	151	151	125	128

Table 34: Percentage of the population aged 15 years and older that is literate

	Male					Female					Total				
	Literate		Unknown		No.r	Literate		Unknown		No.	Literate		Unknown		No.
Wt	Unwt	Wt	Unwt	Wt		Unwt	Wt	Unwt	Wt		Unwt	Wt	Unwt	Wt	
Tbilisi	99.4	99.4	0.0	0.0	1236	99.5	99.5	0.0	0.0	1523	99.4	99.4	0.0	0.0	2759
Kakheti	99.0	99.0	0.0	0.0	859	97.7	97.7	0.1	0.1	952	98.3	98.3	0.1	0.1	1811
Mtskheta-Mtianeti, Shida Kartli	98.3	98.3	0.6	0.6	1318	97.6	97.6	0.9	0.9	1483	97.9	97.9	0.8	0.8	2801
Kvemo Kartli, Samtskhe-Javakheti	98.7	98.7	0.7	0.7	1114	96.4	96.4	1.0	1.0	1262	97.4	97.4	0.9	0.9	2376
Racha-Lechkhumi, Imereti	99.6	99.6	0.2	0.2	999	99.3	99.3	0.4	0.4	1168	99.4	99.4	0.3	0.3	2167
Guria, Samegrelo	99.0	99.0	0.0	0.0	1376	98.4	98.4	0.0	0.0	1603	98.7	98.7	0.0	0.0	2979
Ajara	99.9	99.9	0.0	0.0	667	99.5	99.5	0.0	0.0	789	99.7	99.7	0.0	0.0	1456
Urban	99.4	99.5	0.1	0.1	3305	99.5	99.5	0.1	0.1	4002	99.5	99.5	0.1	0.1	7307
Rural	98.7	98.7	0.3	0.4	4264	97.3	97.3	0.6	0.6	4778	98.0	98.0	0.5	0.5	9042
Age															
15-24	99.2	99.1	0.3	0.4	1182	99.4	99.2	0.4	0.4	1820	99.3	99.2	0.4	0.4	3002
25-34	99.7	99.7	0.1	0.1	2095	99.6	99.5	0.1	0.1	2334	99.7	99.6	0.1	0.1	4429
35-44	99.5	99.3	0.1	0.2	1678	99.3	99.2	0.1	0.1	1356	99.4	99.3	0.1	0.2	3034
45-54	99.2	99.2	0.3	0.3	884	99.2	99.0	0.4	0.5	1071	99.2	99.1	0.3	0.4	1955
55-64	98.8	99.0	0.0	0.0	901	97.8	97.7	0.4	0.4	1116	98.2	98.3	0.2	0.2	2011
65+	96.6	96.6	0.5	0.5	829	93.4	92.9	0.9	1.0	1084	94.8	94.5	0.7	0.8	1913
Total	99.1	99.0	0.2	0.2	7569	98.5	98.3	0.3	0.4	8780	98.8	98.6	0.3	0.3	16,349

Table 35: Percent distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration

	Birth is registered		Unknown if Birth is registered		Birth is not registered because:								Total	No. Of children
	wt	unwt	wt	unwt	Costs too much		Must travel too far		Other		Don't know			
					wt	unwt	wt	unwt	wt	unwt	wt	unwt		
Male	94.9	94.3	2.4	2.8	1.1	1.3	0.3	0.3	0.8	0.8	0.5	0.5	100.0	2019
Female	94.4	93.4	2.3	2.6	1.5	1.9	0.2	0.4	0.8	0.8	0.9	0.9	100.0	1919
Tbilisi	99.1	99.1	0.2	0.2	0.2	0.2	0.0	0.0	0.3	0.3	0.3	0.3	100.0	641
Kakheti	90.6	90.6	2.1	2.1	5.2	5.2	0.7	0.7	1.4	1.4	0.0	0.0	100.0	425
Mtskheta-Mtianeti, Shida Kartli	93.6	93.6	4.2	4.2	1.3	1.3	0.2	0.2	0.2	0.2	0.6	0.6	100.0	638
Kvemo Kartli, Samtskhe-Javakheti	83.9	83.9	8.8	8.8	2.6	2.6	0.8	0.8	1.8	1.8	2.1	2.1	100.0	632
Racha-Lechkhumi, Imereti	98.4	98.4	0.0	0.0	0.6	0.6	0.0	0.0	0.0	0.0	0.2	0.2	100.0	487
Guria, Samegrelo	95.7	95.7	1.0	1.0	1.2	1.2	0.5	0.5	0.9	0.9	0.7	0.7	100.0	814
Ajara	96.1	96.1	1.6	1.6	0.6	0.6	0.3	0.3	0.3	0.3	1.0	1.0	100.0	310
Urban	97.4	96.8	0.9	1.2	0.5	0.6	0.0	0.1	0.8	1.0	0.3	0.3	100.0	1705
Rural	91.6	91.6	3.9	3.8	2.1	2.3	0.6	0.6	0.7	0.7	1.2	1.1	100.0	2233
< 6 months	88.0	86.4	1.8	2.2	4.0	5.4	1.2	1.4	3.0	2.9	2.0	1.8	100.0	279
6-11.99 months	94.7	93.5	1.0	1.3	2.0	2.3	0.3	0.3	0.4	0.5	1.6	2.1	100.0	386
12-23.99 months	94.3	93.4	1.9	2.3	1.5	2.0	0.0	0.0	1.3	1.3	0.9	0.9	100.0	742
24-35.99 months	95.1	94.6	2.2	2.3	1.4	1.8	0.2	0.3	0.6	0.6	0.4	0.3	100.0	868
36-47.99 months	96.0	95.4	2.6	2.8	0.7	0.7	0.1	0.2	0.4	0.6	0.1	0.2	100.0	832
48-59.99 months	95.2	94.6	3.5	4.1	0.1	0.1	0.5	0.5	0.2	0.2	0.5	0.5	100.0	831
Total	94.6	93.9	2.3	2.7	1.3	1.6	0.3	0.4	0.8	0.8	0.7	0.7	100.0	3938

The "Birth is not registered because" don't know category includes: Didn't know it should be registered (n=7); does'nt know where to register (n=8); and don't know (n=14).

Table 36: Percentage of children 0-14 years of age in households not living with a biological parent

	Living with both parents		One or both parents dead*		No. of children
	Wt	Unwt	Wt	Unwt	
Male	95.3	95.9	0.2	0.2	3827
Female	95.4	96.1	0.1	0.1	3979
Tbilisi	91.8	91.8	0.2	0.2	1218
Kakheti	97.6	97.6	0.0	0.0	904
Mtskheta-Mtianeti, Shida Kartli	97.1	97.1	0.2	0.2	1274
Kvemo Kartli, Samtskhe-Javakheti	96.7	96.7	0.4	0.4	1245
Racha-Lechkhumi, Imereti	95.1	95.1	0.0	0.0	945
Guria, Samegrelo	96.8	96.8	0.1	0.1	1507
Ajara	97.7	97.7	0.0	0.0	717
Urban	93.0	93.5	0.1	0.1	3247
Rural	97.6	97.8	0.1	0.1	4559
0-4 years	95.9	96.4	0.0	0.0	3610
5-9 years	95.4	96.2	0.1	0.1	2618
10-14 years	94.0	94.8	0.5	0.4	1577
Total	95.3	96.0	0.1	0.1	7806

Table 37: Percentage of children 5-14 years of age who are currently working

	Domestic work										No. of children
	Paid work		Unpaid work		< 4 hours/day		4 or more hours/day		Currently working*		
	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	Wt	Unwt	
Male	4.8	5.1	24.9	28.8	87.4	86.5	12.6	13.2	31.2	34.6	631
Female	2.2	1.6	21.3	22.9	87.5	88.3	12.5	11.7	28.7	29.2	678
5-9 years	4.0	4.0	14.7	15.6	93.4	94.1	6.6	5.9	19.1	19.2	577
10-14 years	3.0	2.7	30.2	35.0	82.3	81.7	17.7	18.3	39.3	43.1	640
Tbilisi	5.8	5.8	7.6	7.6	87.7	87.7	12.3	12.3	18.1	18.1	171
Kakheti	4.2	4.2	32.7	32.7	88.7	88.7	11.3	11.3	37.5	37.5	168
Mtskheta-Mtianeti, Shida Kartli	2.0	2.0	29.5	29.5	71.1	71.1	28.9	28.9	34.9	34.9	149
Kvemo Kartli, Samtskhe-Javakheti	2.5	2.5	25.7	25.7	88.6	88.6	11.4	11.4	32.2	32.2	202
Racha-Lechkhumi, Imereti	0.6	0.6	33.5	33.5	89.2	89.2	11.3	11.3	39.2	39.2	158
Guria, Samegrelo	5.0	5.0	29.5	29.5	87.5	87.5	16.6	16.6	37.5	37.5	200
Ajara	2.4	2.4	22.5	22.5	98.2	98.2	1.8	1.8	21.1	21.1	169
Urban	3.9	3.3	13.1	14.6	88.4	88.5	11.6	11.5	21.4	22.1	512
Rural	3.1	3.3	34.3	33.9	86.3	87.0	13.7	13.0	39.6	38.9	705
Total	3.5	3.3	23.1	25.8	87.4	87.6	12.6	12.4	30.0	31.8	1217

Paid work can be in cash or in-kind; unpaid work is working for family business or farm; domestic work is household chores (unknown for 37 children and for <4 hours/day includes those who did not perform chores).

Table 38: Percentage of children 24-59.99 months of age with a disability

D3. Compared with other children, does or did [name] have any serious delay in sitting, standing, or walking?	Yes 47/2531 = 1.9%
D4. Compared with other children, does [name] have difficulty seeing, either in the daytime or at night? D4a) Squint D4b) Hardly sees No sight in one eye Blind	Yes 25/2531 = 1.0% Squints 15/2531 = 0.6% Hardly sees 6/2531 = 0.2% No sight in one eye 3/2531 = 0.1% Blind 1/2531 = 0.0%
D5. Does [name] have difficulty hearing? D5a) uses hearing aid D5b) hears with difficulty completely deaf	Yes 10/2531 = 0.4% Uses hearing aid 0/2531 = 0.0% Hears with difficulty 8/2531 = 0.3% Completely deaf 2/2531 = 0.1%
D6. When you tell the child to do something, does he/she seem to understand what you are saying?	No 13/2531 = 0.5%
D7. Do the child have difficulty in walking or moving his /her arms or weakness and/or stiffness in the arms or legs?	Yes 41/2531 = 1.6%
D8. Does the child sometimes have fits, become rigid, or lose consciousness?	Yes 78/2531 = 3.1%
D9. Does the child learn to do things like other children his/her age?	No 15/2531 = 0.6%
D10. Does the child speak at all (can he/she make him or herself understood in words; can say recognizable words?	No 32/2531 = 1.3%
D11. a) (For 3-5 year olds): Does the child have speech that is in any way different from normal (not clear enough to be understood by people other than the immediate family)? b) (For 2-year-olds): Can child name at least one object?	Yes 21/2531 = 0.8% No 5/2531 = 0.2%
D12. Compared with other child of the same age, does the child appear in any way mentally backward, dull or slow?	Yes 17/2531 = 0.7%

Table 39: Percentage of children 24-59.99 months of age with a disability, by sex and the number of disabilities

	Overall	Boys	Girls
Any disabilities	3.9%	4.3%	3.1%
One disability	2.1	2.0	2.1
Two disabilities	1.0	1.3	0.7
3-10 disabilities	0.8	1.0	0.3

Table 40: Percentage of households by the source of heating

Heating	Tbilisi	Kakheti	Mtskheta-Tianeti, Shida Kartli	Kvemo Kartli, Samtskhe-Javakheti	Racha-Lechkhumi, Imereti	Guria, Samegrelo	Ajara	Georgia
Electric	9.7	0.8	2.4	1.6	4.2	0.8	3.7	4.2
Gas	6.7	1.6	-	3.2	1.7	0.8	1.8	2.9
Oil	48.5	-	2.4	3.2	8.4	1.6	10.1	15.6
Wood	29.1	97.6	93.5	78.4	84.0	96.7	81.7	72.9
None	4.5	-	-	3.2	-	-	2.8	1.9
Other	1.5	-	1.6	10.4	1.7	-	-	2.5

Cells are percentages and the columns add up to 100%

Table 41: Frequency of consumption of certain foods within the household

	Everyday	Frequently	Rarely	Never
Meat	1.5	21.5	62.8	14.2
Cheese	27.2	31.5	34.4	6.9
Butter	22.6	27.3	36.8	13.3
Other milk products	30.1	30.7	31.4	7.8
Fruit	25.9	44	27.2	2.8
Vegetable	58.2	33.4	7.8	0.5

Cells are percentages

References

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Appendices

Appendix A

Indicators for Monitoring Progress at End-Decade

The following list includes the indicators for monitoring the WSC goals as well as additional indicators to monitor children's rights, HIV/AIDS, the Integrated Management of Childhood Illness (IMCI) initiative, and malaria. All the indicators on this list are covered in the current MICS except the ones 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' includes 6-month-olds and 9-month-olds. The information in this appendix is from the *End-Decade Multiple Indicator Survey Manual: Monitoring Progress Toward the Goals of the 1990 World Summit for Children. Division of Evaluation, Policy, and Planning, United Nations Children's Fund, New York, 2000*. Note that WSC stands for *World Summit for Children*. Not all for the WSC goals were measured by the MICS in Georgia.

Indicator	Description	Comments
<i>Indicators reflecting World Summit for Children goals</i>		
WSC goal 1. Between 1990 and the year 2000, reduction of infant and under-five child mortality rate by one third or to 50 and 70 per 1,000 live births respectively, whichever is less		
<i>Under-five mortality rate</i>	Probability of dying between birth and exactly five years of age, per 1,000 live births	
<i>Infant mortality rate</i>	Probability of dying between birth and exactly one year of age, per 1,000 live births	
WSC goal 2. Between 1990 and the year 2000, reduction of maternal mortality rate by half		
<i>Maternal mortality ratio (MMR)</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
WSC goal 3. Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-five children by half		
<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
<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	Moderate and severe levels, and severe levels, should be reported separately
<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	

Indicator	Description	Comments
WSC goal 4. Universal access to safe drinking water		
<i>Use of safe drinking water</i>	Proportion of population who use any of the following types of water supply for drinking: piped water; public tap; borehole/pump; protected well; protected spring; rainwater	
WSC goal 5. Universal access to sanitary means of excreta disposal		
<i>Use of sanitary means of excreta disposal</i>	Proportion of population who have, within their dwelling or compound: toilet connected to sewage system; any other flush toilet (private or public); improved pit latrine; traditional pit latrine	
WSC goal 6. 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		
<i>Children reaching grade 5</i>	Proportion of children entering first grade of primary school who eventually reach grade 5	
X <i>Net primary school enrolment ratio</i>	Proportion of children of primary-school age enrolled in primary school	Not covered in MICS
<i>Net primary school attendance rate</i>	Proportion of children of primary-school age attending primary school	
Optional		
<i>Proportion entering school</i>	Proportion of children of primary-school entry age who enter school at that age	
X <i>Learning achievement</i>	Proportion of children aged 10-12 years reaching a specific level of learning achievement in literacy, numeracy and life skills	
WSC goal 7. 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		
<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
WSC goal 8. Provide improved protection of children in especially difficult circumstances and tackle the root causes leading to such situations		
<i>Total child disability rate</i>	Proportion of children aged less than 15 years with some reported physical or mental disability	

Indicator	Description	Comments
WSC goal 9. Special attention to the health and nutrition of the female child and to pregnant and lactating women		
<i>Under-five mortality rate: female/male</i>	Probability of dying between birth and exactly five years of age, per 1,000 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)
X <i>HIV prevalence: female/male</i>	Proportion of population aged 15-49 who are HIV-positive: disaggregated by gender and age	Not covered in MICS
X <i>Iron-deficiency anaemia</i>	Proportion of women aged 15-49 with haemoglobin levels below 12g/100ml for non-pregnant women, and below 11g/100ml for pregnant women	Not covered in MICS
WSC goal 10. Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many		
<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 for all women
X <i>Fertility rate for women 15 to 19</i>	Number of live births to women aged 15-19 per 1,000 women aged 15-19	Only for estimation at global and regional level: not for measurement at national level
X <i>Total fertility rate</i>	Average number of live births per woman who has reached the end of her childbearing period	Only for estimation at global and regional level: not for measurement at national level

Indicator	Description	Comments
WSC goal 11. Access by all pregnant women to prenatal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies		
<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
X <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	Essential obstetric care is defined in UNICEF/WHO/UNFPA, <i>Guidelines for Monitoring the Availability and Use of Obstetric Services</i>
WSC goal 12. Reduction of the low birthweight rate (less than 2.5 kg) to less than 10 per cent		
<i>Birthweight below 2.5 kg</i>	Proportion of live births that weigh below 2,500 grams	
WSC goal 13. Reduction of iron-deficiency anemia in women by one third of the 1990 levels		
X <i>Iron-deficiency anaemia</i>	Proportion of women aged 15-49 with haemoglobin levels below 12g/100ml for non-pregnant women, and below 11g/100ml for pregnant women	Not covered in MICS
WSC goal 14. Virtual elimination of iodine deficiency disorders		
<i>Iodized salt consumption</i>	Proportion of households consuming adequately iodized salt	
X <i>Low urinary iodine</i>	Proportion of population (school-age children or general population) with urinary iodine levels below 10mcg/100ml	To be measured at national level only when 90% or more of households are consuming adequately iodized salt
<i>Optional</i>		
X <i>Goitre in schoolchildren</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

Indicator	Description	Comments
WSC goal 15. Virtual elimination of vitamin A deficiency (VAD) and its consequences, including blindness		
<i>Children receiving vitamin A supplements</i>	Proportion of children aged 6-59 months who 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	
X <i>Low vitamin A</i>	Proportion of children aged 6-59 months with serum retinol below 20mcg/100ml	To be measured at national level only when VAD is close to being eliminated
Optional		
<i>Children with night blindness</i>	Proportion of children aged 24-59 months with night blindness	To be measured only if a local term for night blindness exists
<i>Night blindness in pregnant women</i>	Proportion of women who had night blindness during the last pregnancy	To be measured only if a local term for night blindness exists
WSC goal 16. Empowerment of all women to breastfeed their children exclusively for four to six months and to continue breastfeeding, with complementary food, well into the second year		
<i>Exclusive breastfeeding rate</i>	Proportion of infants under 4 months (120 days) who are exclusively breastfed	
<i>Timely complementary feeding rate</i>	Proportion of infants aged 6-9 months (180-299 days) who are receiving breastmilk and complementary food	
<i>Continued breastfeeding rate</i>	Proportion of children aged 12-15 months and 20-23 months who are breastfeeding	Reported separately for the two age groups
X <i>Number of baby-friendly facilities</i>	Number of hospitals and maternity facilities designated as baby-friendly according to global BFHI criteria	Not covered in MICS
WSC goal 17. Growth promotion and its regular monitoring to be institutionalized in all countries by the end of the 1990s		
No indicators		
WSC goal 18. Dissemination of knowledge and supporting services to increase food production to ensure household food security		
No indicators		
WSC goal 19. Global eradication of poliomyelitis by the year 2000		
X <i>Polio cases</i>	Annual number of cases of polio	Not covered in MICS

Indicator	Description	Comments
WSC goal 20. Elimination of neonatal tetanus by 1995		
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
WSC goal 21. 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		
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>Under-five 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
WSC goal 22. 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 childbearing age		
<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>TB immunization coverage</i>	Proportion of one-year-old children immunized against tuberculosis	
<i>Neonatal tetanus protection</i>	Proportion of one-year-old children protected against neonatal tetanus through immunization of their mother	

Indicator	Description	Comments	
WSC goal 23. 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			
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 aged 0-59 months who had diarrhoea in the last two weeks and were treated with oral rehydration salts or an appropriate household solution (ORT)	
	<i>Home management of diarrhoea</i>	Proportion of children aged 0-59 months who had diarrhoea in the last two weeks and received increased fluids and continued feeding during the episode	
WSC goal 24. Reduction by one third in the deaths due to acute respiratory infections in children under five years			
X	<i>Under-five deaths from acute respiratory infections (ARI)</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 aged 0-59 months who had ARI in the last two weeks and were taken to an appropriate health provider	
WSC goal 25. Elimination of guinea worm disease (dracunculiasis) by the year 2000			
X	<i>Dracunculiasis cases</i>	Annual number of cases of dracunculiasis (guinea worm) in the total population	Not covered in MICS
WSC goal 26. Expansion of early childhood development activities, including appropriate low-cost family- and community-based interventions			
	<i>Preschool development</i>	Proportion of children aged 36-59 months who are attending some form of organized early childhood education programme	
WSC goal 27. 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			
No indicators			

Indicator	Description	Comments
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Additional indicators for monitoring children's rights

<i>Birth registration</i>	Proportion of children aged 0-59 months whose births are reported registered	
<i>Children's living arrangements</i>	Proportion of children in households aged 0-14 years not living with a biological parent	Calculated separately for children whose biological mother, father, or both parents are dead
<i>Orphans in households</i>	Proportion of children in households aged 0-14 years who are orphans	Calculated separately for children whose biological mother, father, or both parents are dead
<i>Child labour</i>	Proportion of children in households aged 5-14 years 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 initiative and malaria

<i>Home management of illness</i>	Proportion of children aged 0-59 months who were ill during the last two weeks and received increased fluids and continued feeding	
<i>Care-seeking knowledge</i>	Proportion of caretakers of children aged 0-59 months who know at least two 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	
Bednets	Proportion of children aged 0-59 months who slept under an insecticide-impregnated bednet during the previous night	Only in malaria risk areas
<i>Malaria treatment</i>	Proportion of children aged 0-59 months who were ill with fever in the last two weeks and received antimalarial drugs	Only in malaria risk areas

Indicator	Description	Comments
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Additional indicators for monitoring HIV/AIDS

<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	Number reduced in MICS from three to two
<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	

Indicator	Description	Comments
X <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	Indicator deleted from MICS
<i>Adolescent sexual behaviour</i>	Median age of girls/women at first pregnancy	

Appendix B

Sample Size Calculations

For immunizations, the sample size calculations are presented in Table C1. In this table the estimated proportion of children immunized was from. Sample sizes were calculated based on the prevalence/coverage estimate \pm and absolute value of 0.10 and an alpha of 0.05. The sample size assuming simple random sampling is provided and a sample size taking into account the estimated design effect (des eff) of 1.25 is also presented. Based on this information, the number of households necessary to visit to identify the number of children is estimated. One additional estimate is the nonresponse. For example, in Tbilisi, the sample size, taking into account the estimated design effect, was 101 children. Given an estimate of 0.0102 of the population 12-23.9 months of age, and an average number of individual per household of 3.56, the number of households to visit was calculated as $101 / (3.56 * 0.0102)$ which is approximately 2,788 households (see Monitoring progress toward the goals of the World Summit for Children, A practical handbook for multiple indicator surveys, UNICEF, 1995, page 4.12). The number of households needed to visit was increased to take into account nonresponse (for Tbilisi, estimated at 11%; $2788 * 1.11 = 3095$). Given an average of 40 households per PSU, it was estimated that 77 clusters would need to be selected in order to visit 3,095 households ($3095 / 40 \approx 77$). Table C2 presents the samples sizes needed for indicators in children less than 5 years of age.

Table B1. Sample size calculations based on immunizations

	Region		HH size	% of 1-2	cluster size	# of clusters	
1	Tbilisi	Estimated Prevalence	0.7	3.56	0.0102	40	77
		simple random	81				
		des.eff-1.25	101				
		sample size 1	2788				
		11% non-response	3095				
2	Kakheti	Estimated Prevalence	0.9	3.52	0.008	35	45
		simple random	34				
		des.eff-1.25	43				
		sample size 1	1509				
		4% non-response	1570				
3	Mtskheta-Mtianeti, Shida Kartli	Estimated Prevalence	0.65	3.46	0.0098	35	93
		simple random	85				
		des.eff-1.25	106				
		sample size 1	3133				
		4% non-response	3259				
4	Kvemo Kartli, Samtskhe-Javakheti	Estimated Prevalence	0.765	3.63	0.0102	35	68
		simple random	68				
		des.eff-1.25	85				
		sample size 1	2296				
		4% non-response	2388				
5	Racha-Lechkhumi, Imereti	Estimated Prevalence	0.77	3.52	0.009	35	69
		simple random	59				
		des.eff-1.25	74				
		sample size 1	2328				
		4% non-response	2421				
6	Guria, Samegrelo	Estimated Prevalence	0.75	3.3	0.0086	35	93
		simple random	71				
		des.eff-1.25	89				
		sample size 1	3127				
		4% non-response	3252				
7	Ajara	Estimated Prevalence	0.9	4.4	0.0098	35	29
		simple random	34				
		des.eff-1.25	43				
		sample size 1	986				
		4% non-response	1025				
Total:			17009				474

Appendix C

Questionnaires

Cluster No ____ Region ____ District ____ Sector ____ Census Area ____ Interviewer _____
 Name of the city/village _____ Supervisor _____

N	Address (indicating the location in the village)	Name of the household head	Number of household members of the following age group										Test on salt iodisation*	Interview outcome		Remark	
			<1 years	1 year old	2 year olds	3-4 year olds	5 year olds	6-11 year olds	12-14 year olds	15-16 year olds	15-49 old women	First visit		Second visit			
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11*																	
12																	
13																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25*																	

*Interviewer: in the households number 11 and 25 ask the household that you would like to check whether the salt used in the household is iodised and would like to see a sample of the salt used to cook the main meal eaten by members of the household last night. Once you have examined the salt enter the code for the test outcome in the appropriate cell.

Codes: 1=not iodised (no colour) 2=less than 15 PPM (weak colour) 3=15 PPM or more (strong colour) 4=No salt at home 5=Salt not tested

N	Address (indicating the location in the village)	Name of the household head	Number of household members of the following age group	Test	Interview outcome	Remark
---	---	----------------------------	--	------	-------------------	--------

			<1 years	1 year old	2 year olds	3-4 year olds	5 year olds	6-11 year olds	12-14 year olds	15-16 year olds	15-49 old women		First visit	Second visit	
26															
27															
28															
29															
30															
31															
32															
33															
34															
35															
36															
37															
38															
39															
40															
41															
42															

Interviewer:

After the completion of the interview under the column 'interview outcome' enter the following codes:

1=interview completed

2=not at home

Under the column 'remark' enter the following codes:

1=house is not inhabited in the last 12 months

2=not at home

HOUSEHOLD MODULE

We are representatives of the Ministry of Health and work on child and mother well-being issues. We would like to get certain information from mother or caretaker of children in this household on health and education related issues. Received information will remain strictly confidential.

All numeric data, e.g. day, month, number of rooms, should be written in Arabic numbers.

HOUSEHOLD INFORMATION PANEL					A	
A1. Cluster number:		A2. Household number:		A3. Interviewer number:		
A4. Name of the head of household: _____			A5. Date of interview: ____ _			
			Day Month Year			
A6. Region:	Tbilisi	1	A7. Area: Urban 1			
	Kakheti	2	Rural 2			
	Mtskheta-Mtianeti, Shida Kartli	3				
	Kvemo Kartli, Samtskhe-Javakheti	4				
	Racha-Lechkhumi, Imereti	5				
	Guria, Samegrelo	6	A8: Number of rooms in dwelling: _____			
	Ajara	7				
A9. Main source of heating in the dwelling: (circle only one response)			Electric heater	1		
			Gas heater	2		
			Oil heater	3		
			Wood heater	4		
			Do not have any	5		
			Other	6		
A10. Average weekly menu of the household		Everyday	Often	Seldom	Never	
10a	Meat	10a	1	2	3	4
10b	Cheese	10b	1	2	3	4
10c	Butter	10c	1	2	3	4
10d	Other dairy product	10d	1	2	3	4
10e	Fruit	10e	1	2	3	4
10f	Vegetable	10f	1	2	3	4
A11. Is the Interview complete?			Yes	1		
			No	2		
A12. If interview not completed, why not?			Refusal	1		
			Not at home	2		
			HH not found	3		
			Other	4		
Interviewer/Supervisor notes: (Use this space to record any notes about the survey of this household, such as information on call-back times, etc.)						

Circle the number for only one answer in the space at the right, If a respondent gives more than one answer, circle the most usual source/facility.

B1. What is the main source of drinking water for members of your household?	Piped -in dwelling	1
	-into yard/plot	2
	Public tap	3
	Piped well water	4
	Tubewell/borehole with pump	5
	Protected dug well or protected spring	6
	Unprotected dug well or spring	7
	River or stream	8
	Rainwater collection	9
	Tanker-truck, vendor	10
	Pond	11
Other (specify)	88	
No answer/don't know	99	
B2. How long does it take to get there, get water, and come back?	_____ (number of minutes)	
	Water on promises	888
	Don't know	999
B3. What kind of toilet facility does your household use?	Flush to sewage system or septic tank	1
	Pour flush latrine (water seal type)	2
	Improved pit latrine	3
	Traditional pit latrine	4
	No facilities	5⇒next module
Other (please specify) _____	8	
B4. Is this facility located in your dwelling, yard or compound?	In dwelling/yard	1
	Outside the dwelling/yard	2
	Don't know	9

HOUSEHOLD LISTING FORM

C

Cluster no. _____ Household no. _____

First, please tell me the name of each person who usually lives here (use country's definition of household members first, then list children. Add a continuation sheet if there is not enough room on this page. 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. Tehn, ask and record answers to questions as described in the Instructions to Interviewers. Tick here if you use a continuation sheet.

C3. Line No	C4. Name	C5. Gender 1-male 2-female	C6. Year of birth (999-don't know))	C7. Can he/she read a letter or newspaper 1-easily 2-with difficulty 3-not at all 9-do not know	C8. Circle line number if women is age 15-49	C9. Marital status 1-married/in union 2-widowed 3-divorced 4-separated 5-never married	C10. Circle line number of each child under 5 years of age and insert line no. of mother/ caretaker	C11. Circle line number of each child of 5-14 years age and insert line no. of mother/ caretaker	C12. Is this child's natural mother alive? 1 Yes 2 No 3 DK	C13. (if alive) Does natural mother live in this household 1 Yes 2 No	C14. Is the child's natural father alive? 1 Yes 2 No 3 DK	C15. (if alive) Does natural father live in this household 1 Yes 2 No
01		1 2		1 2 3 9	01	1 2 3 4 5	01	01	1 2 9	1 2	1 2 9	1 2
02		1 2		1 2 3 9	02	1 2 3 4 5	02	02	1 2 9	1 2	1 2 9	1 2
03		1 2		1 2 3 9	03	1 2 3 4 5	03	03	1 2 9	1 2	1 2 9	1 2
04		1 2		1 2 3 9	04	1 2 3 4 5	04	04	1 2 9	1 2	1 2 9	1 2
05		1 2		1 2 3 9	05	1 2 3 4 5	05	05	1 2 9	1 2	1 2 9	1 2
06		1 2		1 2 3 9	06	1 2 3 4 5	06	06	1 2 9	1 2	1 2 9	1 2
07		1 2		1 2 3 9	07	1 2 3 4 5	07	07	1 2 9	1 2	1 2 9	1 2
08		1 2		1 2 3 9	08	1 2 3 4 5	08	08	1 2 9	1 2	1 2 9	1 2
09		1 2		1 2 3 9	09	1 2 3 4 5	09	09	1 2 9	1 2	1 2 9	1 2
10		1 2		1 2 3 9	10	1 2 3 4 5	10	10	1 2 9	1 2	1 2 9	1 2

D1. Cluster no. ____ D2. Household no. ____

To be administered to caretakers of all children 2 through 5 years old, living in the household. Circle response in corresponding box. If the child has any symptoms, that is any response is circled, then insert the line number and name of a child.

	Child's name	Child's name	Child's name
	Line no.	Line no.	Line no.
D3. Compared with other children, do or did [name] have any serious delay in sitting, standing, or walking?	Yes	Yes	Yes
D4. Compared with other children, do [name] have difficulty seeing, either in the daytime or at night?	Yes	Yes	Yes
D4a) Squint	0	0	0
D4b) Hardly sees	1	1	1
No sight in one eye	2	2	2
Blind	3	3	3
D5. Do [name] have difficulty hearing?	Yes	Yes	Yes
D5a) uses hearing aid	0	0	0
D5b) hears with difficulty	1	1	1
completely deaf	2	2	2
D6. When you tell the child to do something, does he/she seem to understand what you are saying?	No	No	No
D7. Do the child have difficulty in walking or moving his /her arms or weakness and/or stiffness in the arms or legs?	Yes	Yes	Yes
D8. Does the child sometimes have fits, become rigid, or lose consciousness?	Yes	Yes	Yes
D9. Does the child learn to do things like other children his/her age?	No	No	No
D10. Does the child speak at all (can he/she make him or herself understood in words; can say recognizable words)?	No	No	No
D11. a) (For 3-5 year olds): Does the child have speech that is in any way different from normal (not clear enough to be understood by people other than the immediate family)?	Yes	Yes	Yes
b) (For 2-year-olds): Can child name at least one object?	No	No	No
D12. Compared with other child of the same age, does the child appear in any way mentally backward, dull or slow?	Yes	Yes	Yes

DEMOGRAPHIC INFORMATION

E

Cluster no. _____ **Household no.** _____

To be administered to each woman from 15 through 49 who has ever been married or had a partner. The dates should be written in Arabic.

E3. Line no. (from household list)	
E4. Name	
E5. Date of birth	____ ____ Month Year
E6. What was the date of your first marriage	____ ____ Month Year
E7. Are you pregnant now?	Yes 1 No 2 Don't know 3
E8. Have you ever given birth?	Yes 1 No 2
E9. What was the date of your first delivery	____ ____ Month Year
E10. What was the date of you last delivery	____ ____ ____ Day Month Year

If the respondent had last delivery within the last year go on to Maternal and Newborn Health module

EDUCATION MODULE

G

G1 Cluster No _____

G2 Household No _____

To be administered to the caretakers of all 5-16 year-old children. See HHlist form and copy the line No to G3 and the name of a child to G4.

G3. Line No	G4. Name of the child	G5. Has the child ever attended pre-school institution?	G6. (for 5-6 year olds only) If yes: has the child attended pre-school institution this year*?	G7. Has the child ever attended school?	G8. Has he/she attended school this year?	G9. Which grade has he/she attended this year?	G10. Did he/she attended school last year?	G11. Which grade did he/she attended last year?
		1 Yes 2 No	1 Yes, state-owned 2 Yes, private 3 No 9 Don't know	1 Yes 2 No ↓ Go to next child	1 Yes, state-owned 2 Yes, private 3 No ⇒Go to Q.10 9 Don't know ⇒ Q.10	99 Don't know	1 Yes, state-owned 2 Yes, private 3 No ↓ Go to next child 9 Don't know ↓ next child	99 Don't know
		1 2	1 2 3 9	1 2 ↓	1 2 3 9 ⇒10 ⇒10	----- (grade)	1 2 3 9 ↓ ↓	----- (grade)
		1 2	1 2 3 9	2 2 ↓	1 2 3 9 ⇒10 ⇒10	----- (grade)	1 2 3 9 ↓ ↓	----- (grade)
		1 2	1 2 3 9	3 2 ↓	1 2 3 9 ⇒10 ⇒10	----- (grade)	1 2 3 9 ↓ ↓	----- (grade)
		1 2	1 2 3 9	4 2 ↓	1 2 3 9 ⇒10 ⇒10	----- (grade)	1 2 3 9 ↓ ↓	----- (grade)
		1 2	1 2 3 9	5 2 ↓	1 2 3 9 ⇒10 ⇒10	----- (grade)	1 2 3 9 ↓ ↓	----- (grade)
		1 2	1 2 3 9	6 2 ↓	1 2 3 9 ⇒10 ⇒10	----- (grade)	1 2 3 9 ↓ ↓	----- (grade)
		1 2	1 2 3 9	7 2 ↓	1 2 3 9 ⇒10 ⇒10	----- (grade)	1 2 3 9 ↓ ↓	----- (grade)
		1 2	1 2 3 9	8 2 ↓	1 2 3 9 ⇒10 ⇒10	----- (grade)	1 2 3 9 ↓ ↓	----- (grade)
		1 2	1 2 3 9	9 2 ↓	1 2 3 9 ⇒10 ⇒10	----- (grade)	1 2 3 9 ↓ ↓	----- (grade)
		1 2	1 2 3 9	10 2 ↓	1 2 3 9 ⇒10 ⇒10	----- (grade)	1 2 3 9 ↓ ↓	----- (grade)

* 'This year' means 1998-1999 schooling year.

CHILD LABOR MODULE
H

H1 Cluster No _____

H2 Household No _____

To be administered to the caretakers of all 5-14 year-old children. See HH list form and copy the line No to G3 and the name of a child to G4.

Interviewer: Now I would like to ask about any work children in this household may do.

H3. Line No	H4. Name	H5. Did the child do any kind of work for pay during the past week? (cash or in kind) 1 Yes⇒Q.7 2 No	H6. <i>If yes:</i> Since last day of the week about how many hours did he/she work for pay? No. hours or 99 Don't know	H7. Does the child regularly help with households chores/house keeping at home? 1 Yes ⇒Q. 9 2 No	H8. <i>If yes:</i> About how many hours, since this time yesterday? No. hours or 99 Don't know	H9. Is the child regularly engaged in any other unpaid family work (on the farm or in business)? 1 Yes ⇒Go to next child 2 No	H10. <i>If yes:</i> Since last day of the week, about how may hours did he/she work? No. hours or 99 Don't know
		1 2	----- (No of hours)	1 2	----- (No of hours)	1 2	----- (No of hours)
		1 2	----- (No of hours)	1 2	----- (No of hours)	1 2	----- (No of hours)
		1 2	----- (No of hours)	1 2	----- (No of hours)	1 2	----- (No of hours)
		1 2	----- (No of hours)	1 2	----- (No of hours)	1 2	----- (No of hours)
		1 2	----- (No of hours)	1 2	----- (No of hours)	1 2	----- (No of hours)
		1 2	----- (No of hours)	1 2	----- (No of hours)	1 2	----- (No of hours)
		1 2	----- (No of hours)	1 2	----- (No of hours)	1 2	----- (No of hours)
		1 2	----- (No of hours)	1 2	----- (No of hours)	1 2	----- (No of hours)
		1 2	----- (No of hours)	1 2	----- (No of hours)	1 2	----- (No of hours)

IMMUNIZATION MODULE

I

I1. CLUSTER NO. ___ ___ ___ **I2. HOUSEHOLD NO.** ___ ___ **I3. CARETAKER LINE NO.** ___ ___ **I4. CHILD LINE NO.** ___ ___

If an immunization card is available, copy the dates for each type of immunization below. If the child received any vaccinations not recorded on the card, or if no card is available, use probing questions to find out if the child received each vaccination, and if so, how many doses she/he received. Record the caretaker's response for each vaccine dose in the space provided.

I5. Could you tell me why your children need to be immunised?	Protects from disease	1
	Incorrect answer	2
	Do not know	9
I6. Do you get any information about immunisation?	Yes	1
	No	2⇒Q8
I7. If yes: where do you get the information from?	TV, radio, newspaper	1
	Posters	2
	Heard from others	3
	Health workers	4
	Other (specify)_____	5
I8. Has your child been immunised?	Yes (fully)	1⇒Q10
	Yes (partially)	2
	Yes (but don't know fully or part.)	3⇒Q10
	No	4
	Do not know	5⇒Q10
I9. If "No" or partially – what is the main reason for this? (if the child is not immunised finish this module and go to next module)	<p>_____</p> <p>_____</p>	
I10. Do you have vaccination record card at home for the child?	Yes	1
	No	2⇒Q11b
	Do not know	9⇒Q11b
Copy the dates of all vaccinations from the card	Date of immunization (day/ month /year)	
	a. card at home	b. card/record at policlinic
I11. BCG		
I12. DPT1		
I13. DPT2		
I14. DPT3		
I15. DPT4		
I16. OPV1		
I17. OPV2		
I18. OPV3		
I19. OPV4		
I20. MEASLES		
<i>Continue on next page</i>		

I21. Check left shoulder (most common site) for BCG scar	Present.....1 Absent.....2 Unable to examine/can't tell...9
I22. Has the child ever been given a BCG vaccination against tuberculosis – that is an injection in the left shoulder that caused a scar?	Yes.....1 No.....2 Don't know.....9
I23. Has the child ever been given “vaccination injections” – that is an injection in the thigh or buttocks- to prevent him/her from getting tetanus, whooping cough, diphtheria? If yes how many times?	Yes.....1 No.....2 Don't know.....9 Number of times: __
I24. Has the child ever been given “vaccination drops” – to protect him/her from getting Polio? If yes how many times?	Yes.....1 No.....2 Don't know.....9 Number of times: __
I25. Has the child ever been given “vaccination injections” – that is an injection in the thigh or buttocks- to prevent him/her from getting measles?	Yes.....1 No.....2 Don't know.....9

BIRTH REGISTRATION AND EARLY LEARNING
J
Cluster no. ____ Household no. ____ Caretaker line no. ____ Child line no. ____

A separate form should be filled in for each child under 5 years listed in the Household Module – check Q10 on HH listing. Fill in the line number of each child, the line number of the child’s mother or caretaker and the cluster and household numbers in the space at the top of each page.

J5. Child’s name	
J6. Child’s age:	
J6a years	_____ (Years)
J6b months	_____ (Months)
J7. What is the child’s birth date?	_____
	_____ Day Month Year
J8. Do you have child’s birth certificate?	Yes, seen 1 ⇨ go to question 12 Yes, not seen 2 No 3 Don’t know 9
J9. If no birth certificate is shown ask: Has child’s been registered?	Yes 1 ⇨ go to question 12 No 2 Don’t know 3 ⇨ go to question 12
J10. Why is the child’s birth not registered?	Costs too much 1 Must travel too far 2 Did not know it should be registered 3 Late, and did not want to pay fine 4 Does not know where to register 5 Other 6 Don’t know 9
J11. Do you know where to register your child’s birth?	Yes 1 No 2 Don’t know 9
J12. If the child is over 3 years, ask: Does the child attend any organised learning or early childhood education programme?	State owned 1 Privately owned 2 No 3 Don’t know 9

BREASTFEEDING MODULE**K**

Cluster no. ____ Household no. ____ Caretaker line no. ____ Child line no. ____

K1. Has the child ever been breastfed?	Yes	1			
	No	2⇒ go to Q.4			
	Don't know	9⇒ go to Q.4			
K2. Is he/she still breastfeeding?	Yes	1			
	No	2			
	Don't know	9			
K3. Since this time yesterday, did he/she receive any of the following?			Yes	No	DK
K3a. Vitamin, mineral supplements or medicine	K3a	1	2	9	
K3b. Plain water	K3b	1	2	9	
K3c. Sweetened, flavored water or fruit juice or tea or infusion	K3c	1	2	9	
K3d. Oral rehydration solution (ORS)	K3d	1	2	9	
K3e. Tinned, powdered or fresh milk or infant formula	K3e	1	2	9	
K3f. Any other liquids (specify) _____	K3f	1	2	9	
K3g. Solid or semi-solid (mushy) food	K3g	1	2	9	
K4. Since this time yesterday, has the child been given anything to drink from a bottle with a nipple or teat?	Yes	1			
	No	2			
	Don't know	9			

CARE OF ILLNESS MODULE

L

L1. Has the child had diarrhea in the last	Yes	1⇒ go to Q.3		
L1a. 2 weeks since [<i>indicate the exact day of the week</i>], (<i>diarrhea is determined as perceived by mother, or as three or more loose or watery stool/day or blood in stool.</i>)	No	2		
	Don't know	9		
L1b. 1 month since [<i>indicate the exact day of the month</i>]	Yes	1⇒ go to Q.3		
	No	2		
	Don't know	9		
L2. In the last two weeks, has the child had any other illness or health problem?	Yes	1⇒ go to Q.4		
	No	2⇒ go to Q.11		
	Don't know	9⇒ go to Q.11		
L3. During the last episode of diarrhoea, did the child drink any of the following?		Yes	No	DK
L3a. breast milk	L3a	1	2	9
L3b. gruel or soup	L3b	1	2	9
L3c. other home fluids (e.g. tea, yougurt, etc.)	L3c	1	2	9
L3d. ORS packet solution	L3d	1	2	9
L3e. other milk or infant formula	L3e	1	2	9
L3f. water with feeding during some part of the day	L3f	1	2	9
L3g. water alone	L3g	1	2	9
L3h. other liquides (specify)	L3h	1	2	9
L3i. nothing (circle 1 in Q.4 and go on to Q.6)				
L4. During the child's illness, did he/she drink much less, about the same, or more than usual?	None or much less	1		
	About the same or somewhat less	2		
	More	3		
	Don't know	9		
L5. During the child's illness, did he/she eat much less, about the same, or more than usual?	None	1		
	Much less	2		
	Somewhat less	3		
	About the same	4		
	More	5		
	Don't know	9		
L6. Has the child had an illness with a cough at any time in the last two weeks, that is, since [<i>day of the week</i>] of the week before last?	Yes	1		
	No	2 ⇒ go to Q.11		
	Don't know	9 ⇒ go to Q.11		
L7. When the child had an illness with a cough, did he/she breathe faster than usual with short, quick breaths?	Yes	1		
	No	2		
	Don't know	9		
L8. Did you seek advice of treatment for the illness outside the home?	Yes	1		
	No	2 ⇒ go to Q.10		
	Don't know	9 ⇒ go to Q.11		

L9. From where did you seek care? anywhere else?		Yes	No
L9a. Hospital	L9a.	1	2
L9b. Health center	L9b.	1	2
L9c. Dispensary	L9c.	1	2
L9d. MCH clinic	L9d.	1	2
L9e. Emergency	L9e.	1	2
L9f. Private physician	L9f.	1	2
L9g. Pharmacy or drug seller	L9g.	1	2
L9h. Traditional healer	L9h.	1	2
L9i. Relative or friend	L9i.	1	2
L9j. Other (specify) (go to Q.11)			
L10. If no: why (name the reason)?	I am a physician		1
	Family member is a physician		2
	Did not consider necessary		3
	Other (specify)		4
	Don't know		9
L11. What types of symptoms would cause you to take your child to a health facility right away?		Yes	No
L11a. Child not able to drink or breastfed	L11a.	1	2
L11b. Child becomes sicker	L11b.	1	2
L11c. Child develops a fever	L11c.	1	2
L11d. Child has fast breathing	L11d.	1	2
L11e. Child has difficulty breathing	L11e.	1	2
L11f. Child has three or more loose or watery stool/day	L11f.	1	2
L11g. Child has a blood in stool	L11g.	1	2
L11h. Other (specify)	L11h.	1	2
L11i. Other (specify)	L11i.	1	2
L11j. Other (specify)	L11j.	1	2
L11k. Other (specify)	L11k.	1	2
(keep asking for more signs/symptoms until the caretaker can not recall any additional ones)			

M1. <i>Check age:</i> For children under 2 years length (lying)	_____ (cm)												
For children aged 2 or more years Height (standing)	_____ (cm)												
M2. Weight	_____ (kg)												
M3. Result:	<table border="0"> <tr> <td>Measured</td> <td></td> <td>1</td> </tr> <tr> <td>Not present</td> <td></td> <td>2</td> </tr> <tr> <td>Refused</td> <td>3</td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td>8</td> </tr> </table>	Measured		1	Not present		2	Refused	3		Other		8
Measured		1											
Not present		2											
Refused	3												
Other		8											
M4. Measurer's code													