KINGDOM OF LESOTHO

2000 END DECADE MULTIPLE INDICATOR CLUSTER SURVEY (EMICS)

DRAFT PRELIMINARY REPORT

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Executive Summary

This Draft Preliminary Report presents the initial results of the 2000 Lesotho End-Decade Multiple Indicator Cluster Survey (EMICS). These results were derived from a nationally representative survey of households, women, and children. The main objectives of the survey were:

⇨ to provide up-to-date information for assessing the situation of children and women in Lesotho at the end of the decade, and;

⇨ to furnish data needed for monitoring progress toward goals established at the World Summit for Children and as a basis for future action.

It is organised in four main sections. Chapter One is a documentation of the background to the 2000 Lesotho EMICS, and its objectives. The technical details of the survey, including sampling procedures, data collection and analysis are reported in Chapter Two. Chapter Three presents an evaluation of the quality of the data collected during the survey and used to prepare the analysis presented in Chapter Four. The Appendices attach the questionnaire used in the survey, some key documentation and lists key personnel and organisations involved in the 2000 Lesotho EMICS.

It is expected that this Draft Preliminary Report will generate discussion on the findings in respect of the health, education, and child labour situation in Lesotho amongst government agencies, non-governmental organisations (NGOs), multilateral donors, the press and the public.

Primary School Attendance

- Approximately sixty five percent of children of primary school age in Lesotho are attending primary school. School attendance in the all regions and districts averages above 58 percent.
- More than two thirds of children who enter the first grade of primary school eventually reach grade five.

Child Labour

- The term "currently working" reflects those children who have done any paid or unpaid work for someone who is not a member of the household or who did more than 4 hours of housekeeping chores in the household or who did other family work.
- Twenty nine percent of children aged 5-17 years is currently involved in some work activity. More male than female children currently working. More rural than urban children are engaged in work activity – 31.8 percent and 18.4 percent respectively.
- About 63.3 percent of the children do some domestic work that lasts less than 4 hours per day.

Water and Sanitation

- About seventy seven percent of the population has access to safe drinking water – 88.4 percent and 73.6 percent in urban and rural areas respectively. The situation in Mokhotlong district is far below the national average (76.8 percent), with only 49.0 percent of the population in the district having access to safe water.
- Approximately 54 percent of the population of Lesotho live in households with sanitary means of excreta disposal. The situation in the rural areas, at 44.2 percent, is far worse than in the urban areas, where 87.8 percent of the population has access to sanitary means of excreta disposal.

Breastfeeding

- Breastfeeding status is based on women's reports of children's consumption in the 24 hours prior to the interview.
- Approximately 22 percent of the children 0-3 months are exclusively breastfed. At age 6-9 months 51.2 percent of the children receive breastmilk and solid or semi-solid foods. By age 20-23 months, 58.1 percent of the children still continue to be breastfed.

Vitamin A Supplementation

- Within the six months prior to the 2000 Lesotho EMICS, 17.0 percent of children aged 6-59 months received a high dose Vitamin A supplement. Approximately 6.5 percent did not receive a supplement in the last 6 months but did receive some prior to that time.
- Data suggests that the mother's level of education is related to the likelihood of Vitamin A supplementation. The percentage receiving a supplement in the last six months increases from 13.5 percent among children whose mothers have no education to 19.2 percent among children of mothers with secondary or higher education.
- About 13.2 percent of the women who had delivered in the 12 months prior to the 2000 Lesotho EMICS were sure of having received Vitamin A Supplementation.

Salt Iodization

- Approximately sixty nine percent of households in Lesotho have adequately (15+ PPM) iodised salt. The percentage of households with adequately iodised salt ranges from a low 47.9 percent of the households in Quthing to 81.0 percent in Maseru. Households in urban areas with adequately iodised salt, at 90.6 percent, were higher than those in rural Lesotho at 62.6 percent.

Immunisation Coverage

- Close to 90.5 percent of children aged 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 88.5 percent of these children. The percentage declines for subsequent doses of DPT to 87.8 percent for the second dose, and 83.9 percent for the third dose.
- Similarly, 66.6 percent of children received Polio 0 by age 12 months and this declines to 82.4 percent by the third dose. This coverage is lower than that of Polio 1 and 2 at 87.8 percent and 86.0 percent respectively.

- Coverage for measles vaccine is lower than for the other vaccines at 71.3 percent. About 62.6 percent of children had all eight recommended vaccinations before 12 months of age.
- Male and female children are vaccinated at roughly the same rate - 84.4 and 85.4 percent respectively. Vaccination coverage is highest among children whose mothers have secondary or higher education. Coverage's documented suggest that children of women with at least primary education drop out of the immunisation Programme at a higher rate than those with educated mothers.

Knowledge of HIV/AIDS Transmission

- Fifty percent of women aged 15-49 know all two main ways of preventing HIV transmission – having only one uninfected sex partner and using a condom every time. Amongst adolescents (age 15-19) out of 75.8 percent who have heard of HIV/AIDS, 55.6 percent know of at least one way of preventing HIV transmission.
- Twenty three percent of women correctly identified three misconceptions about HIV transmission – that HIV can be transmitted through supernatural means, that it can be transmitted through mosquito bites, and that a healthy looking person cannot be infected. Approximately 51 percent of women identify the three possible means of HIV/AIDS transmission from mother to child – during pregnancy, at delivery, and through breastmilk.
- About 18.8 percent of the women are deemed to have sufficient knowledge of HIV/AIDS transmission. A woman is deemed to have sufficient knowledge of HIV/AIDS if they know the 2 main ways of preventing HIV/AIDS transmission and can correctly identify 3 misconceptions about HIV/AIDS transmission.

Assistance at Delivery

- A doctor, nurse, or midwife delivered about 59.8 percent of births occurring in the year prior to the. This is highest in the lowlands region at 64.5 percent and lowest in the mountains at 37.1 percent. Amongst the districts Leribe has the highest deliveries by skilled personnel at 70.0 percent, while Mokhotlong, with 37.1 percent has the lowest.

Birth Registration

- Births of 50.6 percent of children under five years in Lesotho have been registered. There are no significant variations in birth registration across sex, age, or education categories.

Disability Problems

- The results suggest no significant problem with respect to disability. However, it is worth noting that positive responses to questions such as "whether the child seems to understand what you are saying," yield only about 47.2 percent positive answers.

Contraceptive Use

- Approximately 69.6 percent of respondents indicated that they do not use any form of contraception at all.
- Thirty percent of the married/in union women indicated that they used some form of contraception – 29.5 percent used any modern method and 1.0 percent used some form of traditional method for contraception.

Acknowledgements

This Draft Preliminary Report could not have been possible without the efforts of a number of institutions and individuals.

To the Government of Lesotho, through its Bureau of Statistics for the tireless efforts made in carrying out its role as the implementing agency for the Multiple Indicator Cluster Surveys.

To the various institutions, which provided support in terms of personnel, vehicles and equipment, that supported this initiative.

To UNICEF, both the Maseru and ESARO offices for there dedicated provision of professional technical and financial support for the EMICS effort.

To the EMICS National Co-ordinator who worked tirelessly to get the data from the field into the data processing and analysis cooking pot.

To the many enumerators, and supervisors who spent their time and effort enduring arduous conditions to collect the information that enabled this report.

To the people of the "Mountain Kingdom in the Sky", the Kingdom of Lesotho who gave their time to answer the questions of the 2000 Lesotho EMICS and without whose co-operation, this report was a non-starter. May its results be seen in an improvement in the lives of its children, women, and men.

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Acronyms

BOS	-	Bureau of Statistics, Government of Lesotho
EAs	-	Enumeration Areas
EMICS	-	End-Decade Multiple Indicator Cluster Survey
GOL	-	Government of Lesotho
IMF	-	International Monetary Fund
KOL	-	Kingdom of Lesotho
MICS	-	Multiple Indicator Cluster Survey
NGOs	-	Non Government Organisations
UN	-	United Nations
UNESCO	-	United Nations Education, Scientific, and Cultural Organisation
UNICEF	-	United Nations Children's Fund
VAD	-	Vitamin A Deficiency
WB	-	World Bank
WHO	-	World Health Organisation
PSUs	-	Primary Sampling Units

1 Background and Objectives of the Survey

1.1 Introduction

At the World Summit for Children held in New York in 1990, the government of the Kingdom of Lesotho committed itself to a Declaration and Plan of Action for Children. Subsequently, a National Programme of Action for Children was developed and implemented.

1.2 Kingdom of Lesotho – National Programme of Action for Children 1995 – 2000: A Brief Description

The National Programme of Action developed by the government of the Kingdom of Lesotho attempts to show how the commitments made at the World Summit for Children in 1990 would be met. It discusses the short and medium term developmental goals of the government of the Kingdom of Lesotho. These include:

- Fostering labour-intensive growth by investing in rural infrastructure which supports agricultural intensification, marketable crop production, agro as well as small scale industries;
- Ensuring women's ownership rights to land;
- Improving access to capital and business advice in the small business sector;
- Removing restrictions on women's ability to obtain credit and do business;
- Ensuring environmental sustainability of development strategies through the involvement of communities in natural resource use management;
- Implementation of a population policy;
- Decentralising planning and implementation and choosing labour intensive techniques in the development of socio-economic infrastructure;
- Privatisation and rationalisation of public sector activities and enterprises;
- Increasing investment in education and health in poorer areas and encouraging teachers and health personnel to stay in such areas by paying an improved hardship allowance.

Implementation of the National Programme of Action for Children was to be carried out within the existing central and local government systems. An integrated development approach was adopted with the government aiming at improving the decentralisation of services, decision making and a focus on bottom-up approach to planning. This involved improved communication and co-ordination within the government sector and amongst NGOs. Community mobilisation and sensitisation was to receive priority under this Programme.

The financing of this National Programme of Action for Children was to be done through comprehensive targeting and costing of the planned interventions at the sectoral and constituency levels as well as encouraging all the partners in development to ensure that resources trickled down to the grassroots level.

The National Programme of Action for Children also called for the establishment of mechanisms for monitoring progress toward the goals and objectives set for the year 2000. Toward this end, UNICEF, in collaboration with WHO, UNESCO, and others developed a core set of indicators of specific aspects of the situation of children. The 2000 Lesotho EMICS was conducted in order to provide end-decade information on many of these and other indicators.

Table 1.0: Selected list of indicators from the Lesotho National Programme of Action for Children 1995-2000

INDICATOR	TARGETED GOALS FOR THE YEAR 2000[1]
Infant Mortality Rate	Reduce from 82 per 1000 to 37 per 1000 live births
Under Five Mortality Rate	Reduce from 60 to 30 per 1000 live births
Maternal Mortality Rate	Reduce 282 to 141 per 100,000
Immunisation Coverage	Increase DPT coverage from 80 to 90 per cent
	Increase Measles coverage from 77 to 90 percent
	Increase Polio coverage from 76 to 90 percent
	Sustain BCG coverage at 98 percent
	Increase Tetanus Toxoid from 11.8 to 50 percent
	Increase Hepatitis B coverage from 0 to 80 percent
Diarrhoea	Reduce incidence rate from 300 to 100
Nutrition Status (under 5 children)	Reduce underweight from 18 to 9 percent
	Reduce wasting from 5.7 to 2.8 percent
	Reduce stunting from 42 to 21 percent
Iodine and Vitamin A Deficiencies	Virtually eliminate the deficiencies and their consequences
Access to Safe Drinking Water	Urban from 44 to 58 percent
	Rural from 58 to 81 percent
Access to Sanitary Means of Excreta Disposal	Urban from 42 to 73 percent
	Rural from 25 to 52 percent
Education	Provide Universal Access to basic education for at least 80 percent of primary school-age children
	Increase Primary School completion rates from 30 to 65 percent Boys 29 to 64 percent Girls 51 to 85 percent
	Reduce illiteracy rates from 38 to 10 percent Males 54 to 25 percent Females from 30 to 10 percent

Source: Kingdom of Lesotho (1995) 1995-2000 National Programme of Action for Children

The Lesotho National Programme of Action for Children developed a set of indicators by which progress would be monitored would monitor progress. Table 1.0 above lists some of these giving the expected year 2000 targets.

[1] Current status year is 1993-4

This preliminary report presents selected results on some of the principal topics covered in the survey and on a subset of indicators. A comprehensive Full Technical Report is scheduled for publication towards the end of the year 2000.

1.3 Spatial Context of Lesotho[2]

Lesotho, the "Mountain Kingdom in the Sky", has a land mass area of approximately 30,350 km^2 and is completely land locked, being entirely surrounded by the Republic of South Africa. It is divided into four ecological regions: the lowlands, foothills, mountains, and the Senqu River Valley, as is clearly shown in Map 1.0. The mountains cover about 59 percent of the country and are characterised by steep topographical features and thin soils. Mountain climate is harsh with cool summers and cold winters, often accompanied by snow.

The lowlands consist of areas below 1800 meters above sea level and cover approximately 17 percent of Lesotho's surface area. Summers are warm in the lowlands, with occasional rain and the land is suitable for agriculture. The foothills lie at altitude between 1800 and 2000 meters above sea level. They lie between the lowlands and the Maluti Mountains. It is a narrow strip that makes up about 15 percent of the surface area of Lesotho.

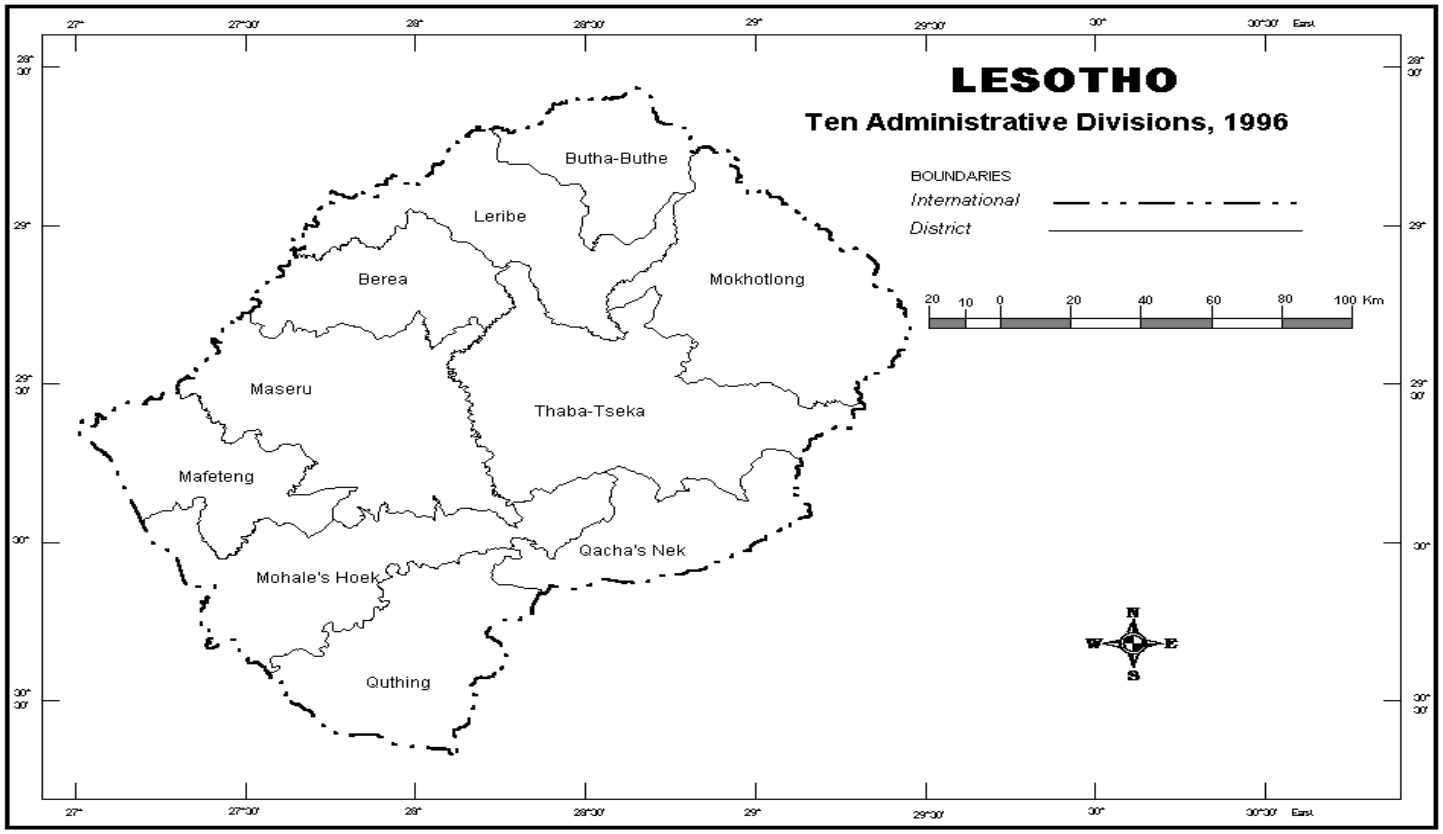
The Senqu River Valley is a zone that penetrates deep into the Maluti Mountains and comprises about 9 percent of the land area. The altitude and the climate in this zone do not vary much from that in the lowlands, and hence is suitable for cultivation.

Ten districts comprise the administrative disposition of Lesotho, as Map 1.1 shows. These are Butha-Buthe, Leribe, Berea, Maseru, Mafeteng, Mohale's Hoek, Quthing, Qacha's Nek, Mokhotlong and Thaba-Tseka. Most of its population is consists of the Basotho with a tiny sprinkling of other Africans, Europeans, and Asians.

Most economic activity is found on 25 % of the country that falls along the western and southwestern borders. These are commonly referred to as the lowlands.

[2] This section is derived largely from the Bureau of Statistics (1996) **Population Census Analytical Report: Volume IIIA – Population Dynamics**. Bureau of Statistics, Maseru. Pp. 21-31.

Map 1.0



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Map 1.1: Lesotho Administrative Divisions

1.4 Survey Objectives

The 2000 Lesotho End-Decade Multiple Indicator Cluster Survey had as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in Lesotho at the end of the decade and for looking forward to the next decade;
- To furnish data needed for monitoring progress toward goals established at the World Summit for Children and as a basis for future action;
- To contribute to the improvement of data and monitoring systems in Lesotho and to strengthen technical expertise in the design, implementation, and analysis of such systems.

1.5 Survey Organisation

The Government of Lesotho through the Ministry of Development Planning (Bureau of Statistics) conducted the 2000 Lesotho End-Decade Multiple Indicator Cluster Survey, with the UNICEF (Maseru) office providing the requisite technical and funding support.

Conduct of the 2000 Lesotho EMICS is discussed in the next chapter, under sample and survey methodology.

2 Sample and Survey Methodology

Sample survey design, data collection and analysis procedures used in the 2000 Lesotho EMICS Survey are discussed in the following sections.

2.1 Sampling Frame

The Bureau of Statistics provided the information that was utilised in constructing the 2000 Lesotho MICS, including the Rural Master Sampling Frame, the 1996 Population Census Frame, Urban Population Sampling Units File. Information availed through these documents included Enumeration Area (EA) Numbers, Number of Villages in the EAs, and the Number of Households. Table 2.0 shows the characteristics of this constructed sampling frame.

2.2 Sample Design

The 2000 Lesotho EMICS covered the whole country. Thus, the sample was designed to provide estimates of health indicators at four levels, viz.:

- The National Level;
- The Urban and Rural Levels;
- The Regional Level;
  - Lowland
  - Foothill
  - Mountain + Senqu Valley
- The District Level
  - Butha-Buthe
  - Leribe
  - Berea
  - Maseru
  - Mafeteng
  - Mohale's Hoek
  - Quthing
  - Qacha's Nek
  - Mokhotlong
  - Thaba-Tseka.

The largest sample size was regarded as the required sample size that would provide adequate information on all the indicators (see Appendix B).

It would have been ideal to maintain the distinction in the four ecological strata, however for practical reasons this was not possible. Senqu River Valley and the Mountains were combined, because having them reported separately, would have required a much larger sample to detect differences between the two.

Table 2.0: Characteristics of the 2000 Kingdom of Lesotho EMICS Sampling Frame by District, 1996

DISTRICT	URBAN			RURAL												LESOTHO	
				Lowlands			Foothills			Mountains			Senqu River Valley				
	Pop.	HHLDS	***PROP.***	Pop.	HHLDS	***PROP.***	Pop.	HHLDS	***PROP.***	Pop.	HHLDS	***PROP.***	Pop.	HHLDS	***PROP.***	*Total*	*HHLDS*
Butha-Buthe	23,065	4,613	***0.012***	39,000	7,800	***0.021***	43,865	8,773	***0.024***	5,595	1,119	***0.003***	-	-	-	*111,525*	*22,305*
Leribe	41,880	8,376	***0.023***	169,545	33,909	***0.091***	42,970	8,594	***0.023***	22,040	4,408	***0.012***	-	-	-	*276,435*	*55,287*
Berea	20,550	4,110	***0.011***	151,530	30,306	***0.081***	36,670	7,334	***0.020***	-	-	-	-	-	-	*208,750*	*41,750*
Maseru	240,715	48,143	***0.129***	135,860	27,172	***0.073***	63,410	12,682	***0.034***	34,345	6,869	***0.018***	-	-	-	*474,330*	*94,866*
Mafeteng	27,450	5,490	***0.015***	166,080	33,216	***0.089***	14,950	2,990	***0.008***	-	-	-	-	-	-	*208,480*	*41,696*
Mohale's Hoek	25,655	5,131	***0.014***	86,860	17,372	***0.047***	18,860	3,772	***0.010***	33,900	6,780	***0.018***	23,460	4,692	***0.013***	*188,735*	*37,747*
Quthing	12,740	2,548	***0.007***	-	-	-	-	-	-	36,545	7,309	***0.020***	65,445	13,089	***0.035***	*114,730*	*22,946*
Qacha's Nek	5,855	1,171	***0.003***	-	-	-	-	-	-	47,930	9,586	***0.026***	14,185	2,837	***0.008***	*67,970*	*13,594*
Mokhotlong	6,685	1,337	***0.004***	-	-	-	-	-	-	80,010	16,002	***0.043***	-	-	-	*86,695*	*17,339*
Thaba Tseka	5,430	1,086	***0.003***	-	-	-	-	-	-	116,865	23,373	***0.063***	-	-	-	*122,295*	*24,459*
LESOTHO	*410,025*	*82,005*	***0.220***	*748,875*	*149,775*	***0.403***	*220,725*	*44,145*	***0.119***	*377,230*	*75,446*	***0.203***	*103,090*	*20,618*	***0.055***	*1,859,945*	*371,989*

Notes to Table 2.0

Pop. - Population HHLDS - Number of Households PROP. - Proportional Distribution of Households

In determining the population of Lesotho by district it was assumed that each household composed of an average of 5 persons.

Two stage cluster sampling was applied in selecting the sample for the 2000 Lesotho EMICS exercise, using an updated sampling frame from the 1996 population census (see Table 2.0). A number of variables indicators and assumptions were taken into consideration when determining the sample size for the 2000 Lesotho EMICS. These included:

- The number of households by district, both urban and rural
- Ecological considerations were employed in the rural areas
- Measles was used as a key indicator
- Design effect of 2 for most variables
- Level of estimation. In addition to national estimates, district estimates for comparison were required.
- The error margins were approximately 10 percent for district level data and five percent for national level data.

Thus, the ecological strata were used for the ten districts, which were the main domains. Enumeration areas were the first stages of selecting sampling units on a systematic basis. Selection of primary sampling units was from each of the four ecological zones in the rural and urban areas. The second stage involved a systematic selection of twenty (20) households to cover the entire selected village of the selected enumeration areas. Consequently, 380 PSUs were identified, from which in each PSU twenty households were systematically selected, to give an expected sample of 7,600 households.

Table 2.1: Planned vs. Actual Sample for Lesotho MICS

DISTRICT	CLUSTERS			HOUSEHOLDS			PROPORTIONS (%)	
	Planned	Actual	Diff.	Planned	Actual	Diff.	Planned*	Actual
Butha-Buthe	23	24	1	460	461	1	6.0	6.2
Leribe	57	57	0	1140	1125	-15	14.9	15.1
Berea	43	44	1	860	858	-2	11.2	11.5
Maseru	96	96	0	1920	1842	-78	25.5	24.7
Mafeteng	43	43	0	860	856	-4	11.2	11.5
Mohale's Hoek	38	38	0	760	730	-30	10.1	9.8
Quthing	23	23	0	460	459	-1	6.2	6.1
Qacha's Nek	14	14	0	280	280	0	3.7	3.7
Mokhotlong	18	18	0	360	360	0	4.7	4.8
Thaba-Tseka	25	25	0	500	499	-1	6.6	6.7
All Districts	380	382	2	7600	7470	-130	100.1	100.0

Notes to Table 2.1:

Diff. – Difference *** - Total not equal to 100 due to rounding off errors**

The systematic selection of the households involved a listing procedure, where all the households in the selected village were listed. A systematic sample was to be selected and interviewed. To achieve this two- (2) enumerators were selected and assigned to each village to undertake the listing of households and were provided with a map or a sketch showing the boundaries of the areas under consideration.

Once the listing was accomplished the supervisor collected the completed household listing forms (Form 1 – see Appendix C) and together with the enumerator systematically drew a sample of twenty (20) households from each selected village.

Table 2.1 describes a consideration of the sample that was planned using the procedure discussed above and the actual sample that actually resulted during the field survey. The End-Decade Multiple Indicator Survey Manual[3], identifies several features of proper probability sample design. These are:

- Use of accepted probability-sampling methods at every stage of sample selection;
- Selection of a nationally representative sample;
- Ensuring faithfulness in field implementation to the sample design.
- Ensuring that the sample size is sufficient to achieve reliability requirements

The foregoing discussion has indicated that the 2000 Lesotho EMICS sample design met these requirements, with expected deviations[4].

2.3 The Questionnaires

The questionnaire applied in the 2000 Lesotho EMICS comprised a household questionnaire, questionnaires were administered in each household for women aged 15 – 49 and children under age five. The questionnaires were based on the MICS model questionnaire with additional modules. In all the following modules and panels constituted the 2000 Lesotho EMICS questionnaire[5]:

- **The Household Questionnaire**
  - Household Information Panel
  - Household Listing Form
  - Education Module
  - Child Labour Module
  - Water and Sanitation Module
  - Salt Iodization Module
  - Disability Module
- **Individual Women Questionnaire**
  - Women's Information Panel
  - Child Mortality Module
  - Tetanus Toxoid (TT) Module
  - Maternal and Newborn Health Module
  - Contraceptive Use Module
  - HIV/AIDS Module
- **The Children Under Five Questionnaire**
  - The Birth Registration and Early Learning Module
  - The Vitamin A Module
  - The Breast Feeding Module
  - Care of Illness Module
  - Immunisation Module
  - Anthropometry Module

[3] UNICEF (2000) **End-Decade Multiple Indicator Survey Manual*: Monitoring Progress Toward the Goals of the 1990 World Summit for Children***. Division of Evaluation, Policy and Planning, New York.

[4] See discussion on response rates in Chapter 3 on "Evaluation of Data Quality".

[5] See Appendix One for Complete 2000 Kingdom of Lesotho MICS Questionnaire.

The questionnaire was translated into the Sesotho Language. A pretest of the questionnaire was performed on the 21st of January 2000. It involved two teams of three each supervised by the National Co-ordinator, EMICS and the MICS Consultant. The pretest was done in Ha Foso Village of Berea district, which was selected for its accessibility to Maseru. Questionnaires were pretested for questionnaire administration time, key questions were tested for reliability and consistency and last but not least the logistics for successful questionnaire administration were tested. Based on the findings of this pretest, modifications to the questionnaire were made in respect of the wording and the translation as well as instructions to the enumerators aimed at ensuring proper questionnaire administration. Selection of the interview households was randomly done.

2.4 Data Collection, Processing and Analysis Procedures

Figure 2.0 describes the overall process of the fieldwork. Field staff was trained for five days in early March 2000. As part of the training a pilot test was conducted for a further five days. This was between the 13th to the 17th of March 2000. Eighty persons, comprising 65 enumerators and 15 supervisors, were involved. In this exercise, a dummy run of the actual survey was done. Listing and sampling procedures as well as the process of questionnaire administration were tested. Supervisors made notes of the issues identified during the pilot survey and a session was held with the enumerators to correct any shortcomings. Questionnaire administration time was about sixty (60) minutes per questionnaire.

Fifteen teams collected data; each comprised of four interviewers, one driver, and supervisor. The MICS Co-ordinator provided overall supervision. UNICEF Programme Officers and their GOL counterparts strengthened the overall supervision. The fieldwork begun in March 2000 and was concluded in May 2000.

Table 2.2: General constraints during data collection

❑	**Lack of accommodation near clusters**
❑	**Shortage of transport**
❑	**Inadequate maps - names of clusters on ground different from that on maps**
❑	**Publicity of EMICS on ground poor. Some Chief s were uncooperative**
❑	**Some personnel withdrew in the middle of the survey**
❑	**Delayed payment of allowances**

Table 2.2 describes some of the constraints encountered during the fieldwork.

2.5 Data Processing

Data was entered on twenty-two microcomputers using the IMPS Software. Figure 2.1 illustrates the data processing procedures highlighting the main steps taken to ensure quality control. All the questionnaires were double entered and internal consistency checks were performed. Procedures and standard programs developed under MICS and adapted to the Lesotho questionnaire were applied. Data processing began in July 2000 and was completed in October 2000. Data entry was accomplished through the IMPS software. Customised applications were included within the software that performed range and consistency checks.

2.6 Data Analysis

Data analysis was undertaken using the Statistical Package for Social Sciences (SPSS) version 10.0, MS Excel and ISSA version 5.2. Figure 2.2 illustrates the main stages that comprised the data analysis phase prior to drafting of the preliminary report. The entered data was verified, secondary edited and concatenated to create global national files for households, eligible women, and children under five. These were imported into SPSS using READ Applications, four files were created, namely the household information file, the household listing file, the women's file and the children's file. These new files were labelled and further variables that were needed for the analysis phase were created via the MAKE and TABLE Applications. Appendix G provides a list of variables created. The resulting four analysis files corresponded to the four units of analysis that were the focus of the 2000 Lesotho EMICS. These were:

- The Household Analysis File (HH.SAV)
- The Household Members (Listing) File (HL.SAV)
- The Women's File (WM.SAV)
- The Children Under Five File (CH.SAV)

Figure 2.3 describes the personnel involved in data analysis.

2.7 Organisational Structure

The fieldwork, data processing, data analysis and report dissemination was carried out within an organisational structure described by Figure 2.3. Personnel who formed the entities described in this structure are documented in Appendices D, E, and F.

2.8 Constraints

The 2000 Lesotho EMICS faced a number of challenges that caused it to surpass its original planned timeframe. Data collection was hampered by lack of transportation in a few of the districts. Data entry had to be put on hold for over a month so that the 2000 Lesotho EMICS could benefit from the insights provided at the MICS Data Processing Workshop in Nairobi. This was a worthwhile delay as it strengthened the mechanisms for ensuring data integrity.

In the data processing phase, one of the main challenges was the lack of transportation that would have enabled the secondary editing and subsequent phases to be undertaken on time.

Figure 2.0: Data Collection Process

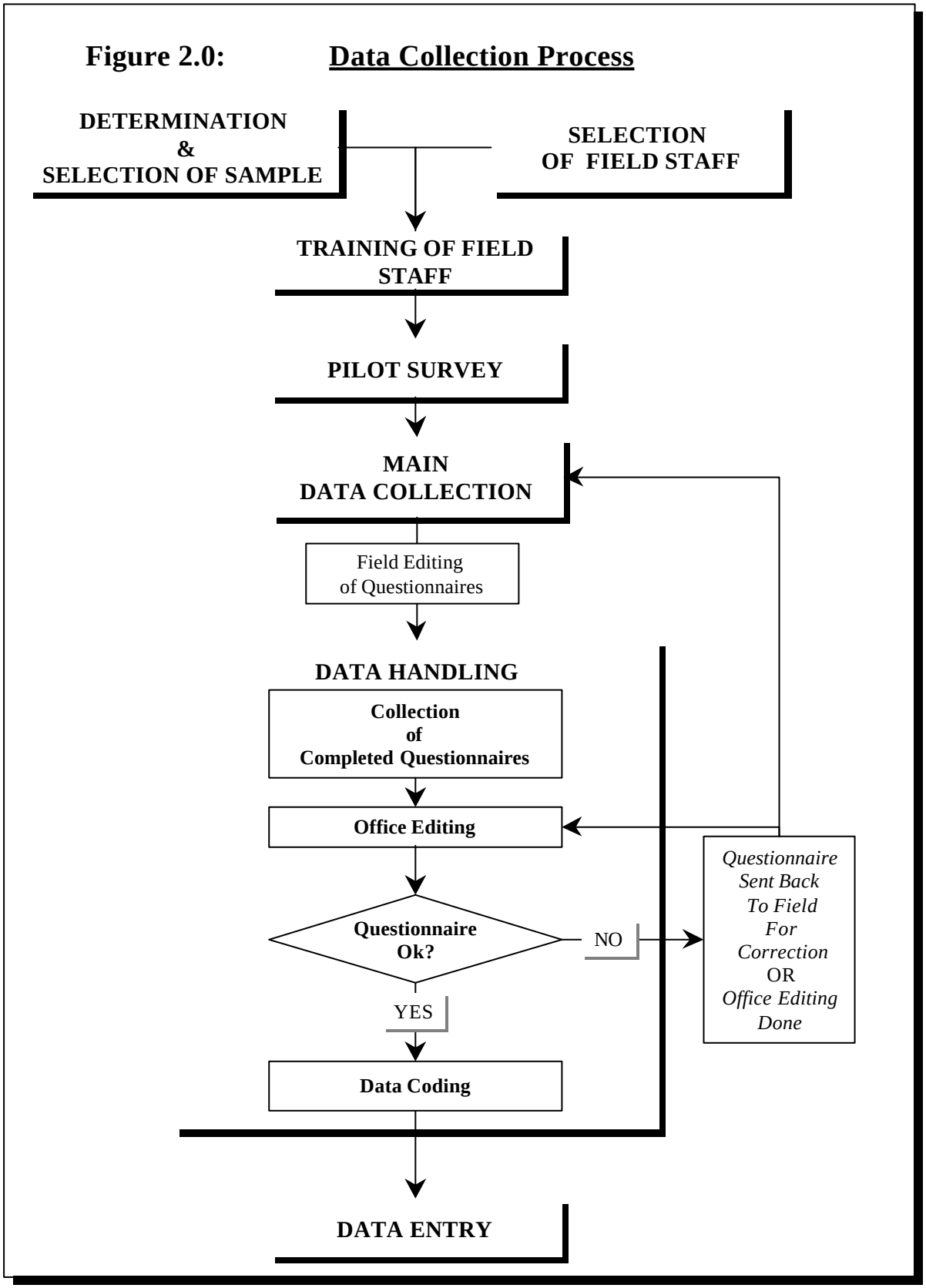


Figure 2.1: Data Processing Procedures

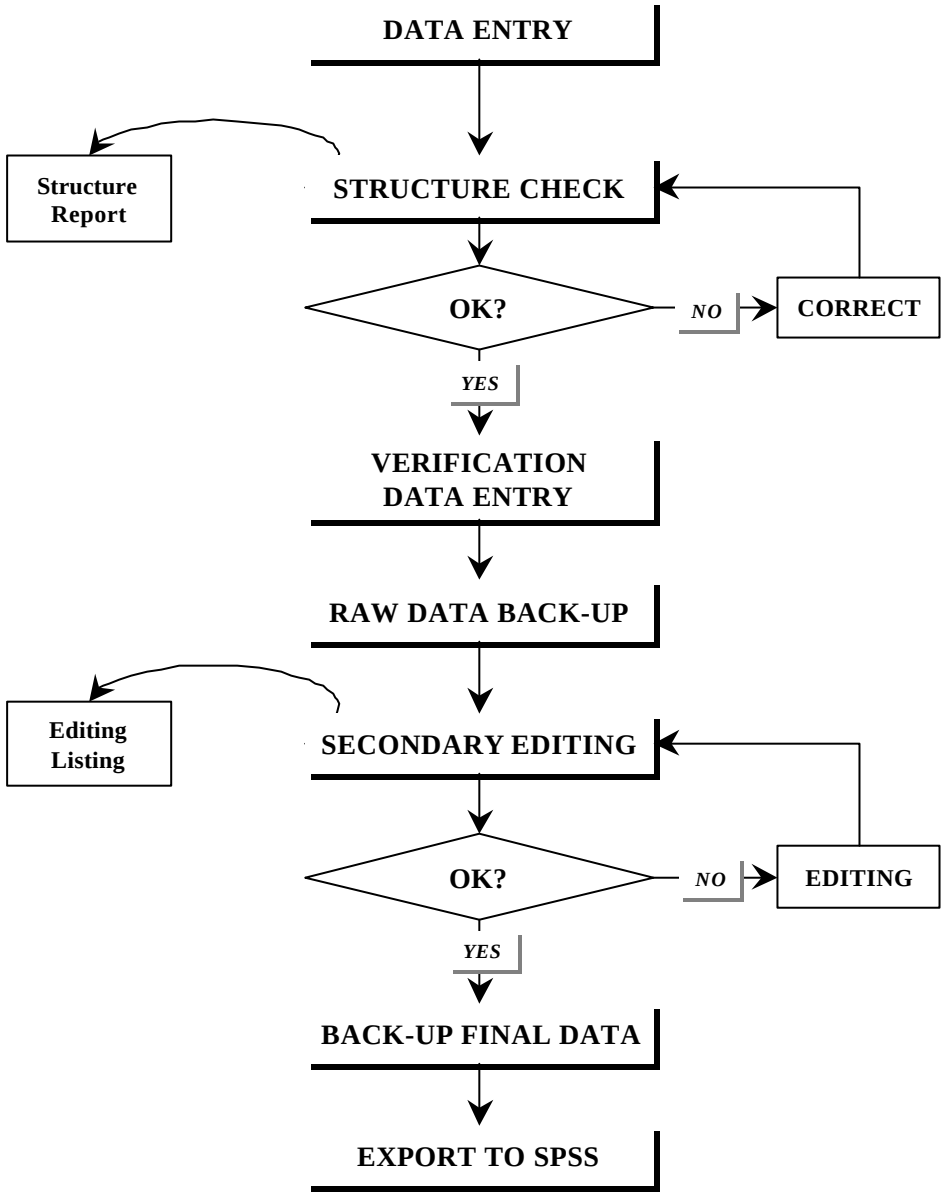


Figure 2.2: Preparation of Analysis Files

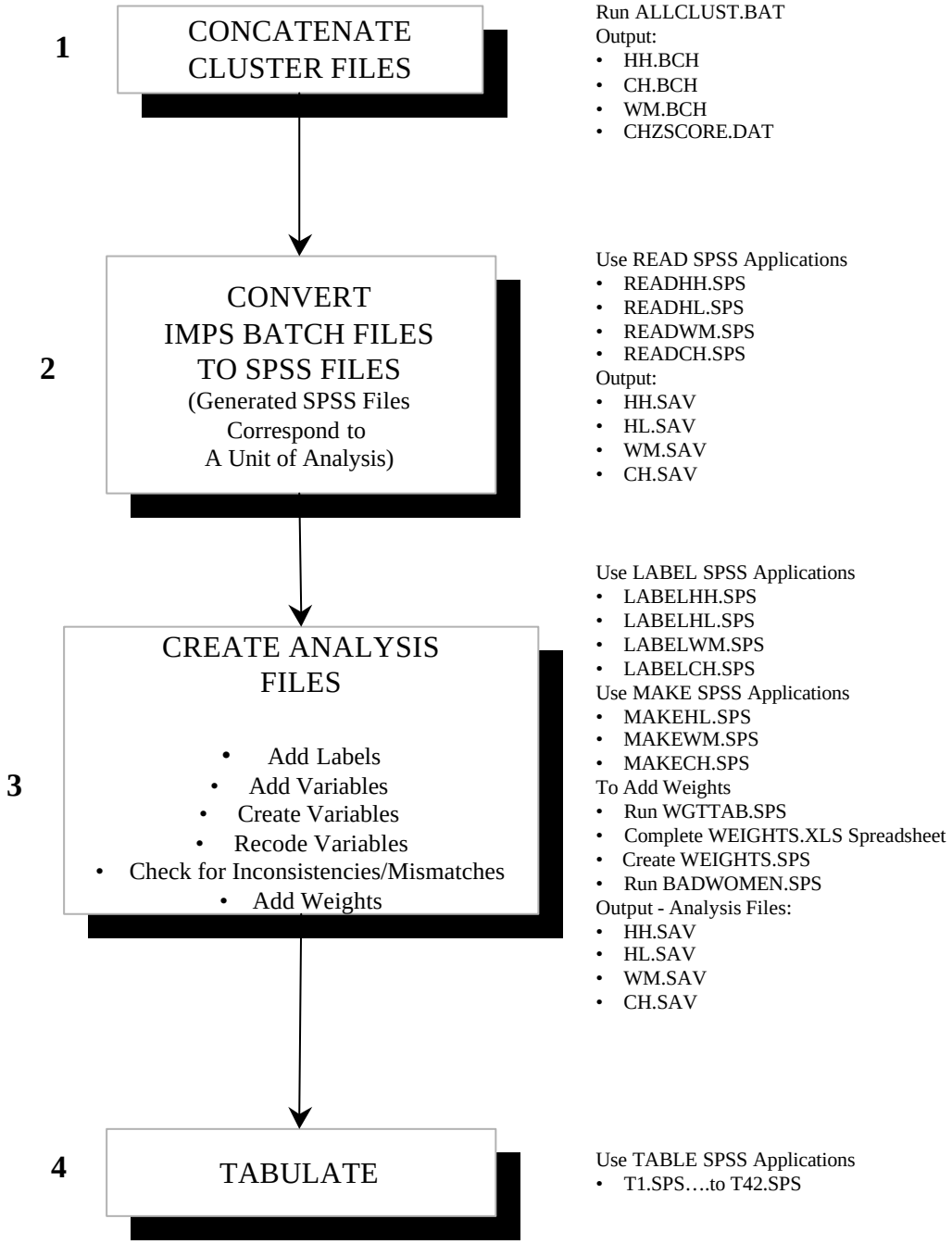
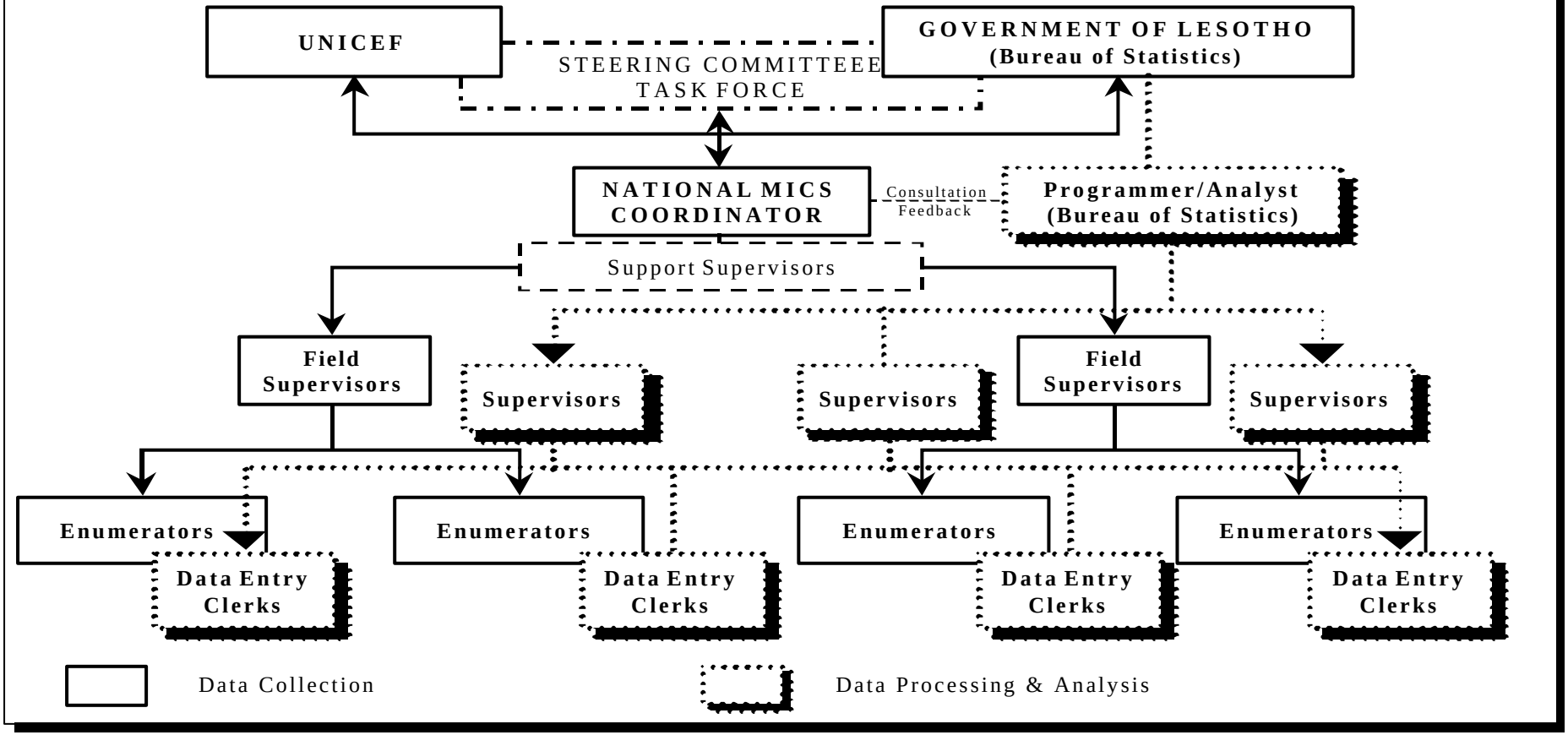


Figure 2.3: Organizational Structure for Data Collection, Processing and Analysis



2.9 Characteristics of the Respondents

Information on the characteristics of the household population and the survey respondents is provided to assist in the interpretation of the survey findings and to serve as a basic check on the sample implementation. Table 2.3 below describes the sample population for the 2000 Lesotho EMICS in terms of its location, household size, and age/gender distinction.

Table 2.3: Percent distribution of households by background characteristics, Lesotho, 2000

CHARACTERISTICS		AREA		TOTAL
		Urban	Rural	
Region	Lowland	91.5	51.5	61.3
	Foothill	.1	14.7	11.1
	Mountain	8.2	27.1	22.5
	Senqu Valley	.2	6.7	5.1
District	Butha-Buthe	4.4	6.8	6.2
	Leribe	10.1	16.7	15.1
	Berea	4.8	13.7	11.5
	Maseru	57.6	13.9	24.7
	Mafeteng	6.6	13.0	11.5
	Mohale's Hoek	7.7	10.5	9.8
	Quthing	2.7	7.3	6.1
	Qacha's Nek	1.1	4.6	3.7
	Mokhotlong	2.3	5.6	4.8
	Thaba-Tseka	2.8	8.0	6.7
Number of Household Members	1	14.8	10.6	11.6
	2-3	32.5	26.3	27.8
	4-5	31.4	30.1	30.4
	6-7	15.4	20.1	19.0
	8-9	4.2	9.4	8.1
	10+	1.8	3.4	3.0
Total		***100.0***	***100.0***	***100.0***
Number		***1821***	***5593***	***7414***
At least one child age < 17		66.3	75.4	73.1
At least one child age < 5		33.9	43.3	41.0
At least one woman age 15-49		74.9	71.1	72.0
Number		***1818***	***5583***	***7401***

Notes to Table2.3:

Missing values in this Table equal 57 households. This is 0.8 percent of the total number households.

As expected majority of the households that appear in this sample, at 61.3 percent, were located in the lowlands. Of the households interviewed, 1821 were urban and 5593 were rural. Majority of the households comprised between 2-5 members – 58.2 percent. Approximately 73 percent of the households had at least one child below age 17 years, 41 percent with at least one child under five years of age, and 72.0 percent of the interviewed households comprised at least one eligible woman.

Table 2.4: Percent distribution of women 15-49 by background characteristics, Lesotho, 2000

CHARACTERISTIC		Percent	Number of Eligible Women
Region	Lowland	60.1	4052
	Foothill	11.0	739
	Mountain	23.9	1609
	Senqu Valley	5.0	338
District	Butha-Buthe	6.6	447
	Leribe	14.7	993
	Berea	11.9	805
	Maseru	23.4	1580
	Mafeteng	11.7	790
	Mohale's Hoek	8.2	553
	Quthing	7.0	472
	Qacha's Nek	3.5	239
	Mokhotlong	5.5	371
	Thaba-Tseka	7.2	488
Area	Urban	25.4	1712
	Rural	74.6	5026
Age	15-19	21.0	1413
	20-24	20.6	1384
	25-29	15.2	1024
	30-34	11.9	798
	35-39	12.8	860
	40-44	10.3	693
	45-49	8.2	552
Marital Status	Never Married	31.7	2137
	Married/in union	56.1	3779
	Separated	4.9	330
	Divorced	1.1	72
	Widowed	6.3	423
Ever given birth	Yes	69.9	4709
	No	30.1	2032
Woman's education level	Primary	4.5	301
	Secondary/High	92.4	6230
	Higher/Tertiary	2.7	183
	Non-standard curriculum	.1	4
	Vocational	.1	8
	Missing/DK	.2	15
Total		***100.0***	***6741***

Table 2.4 describes the women age 15-49 in respect of their educational levels, their location and whether they have ever given birth. In terms of educational levels, over 90 percent of the eligible women interviewed had secondary education. Approximately 69.9 percent of them had given birth at one time before the 2000 Lesotho EMICS. Fifty six percent of them were married, while 31.7 percent were never married. About 25.4 percent of them were urban, while 74.6 percent were rural based.

Table 2.5: Percent distribution of children under 5 by background characteristics, Lesotho, 2000

CHARACTERISTIC		Percent	Number
Sex	Male	50.0	1867
	Female	50.0	1867
Region	Lowland	55.5	2074
	Foothill	12.2	456
	Mountain	26.6	994
	Senqu Valley	5.6	210
District	Butha-Buthe	5.8	217
	Leribe	16.3	609
	Berea	12.1	453
	Maseru	20.1	750
	Mafeteng	10.9	408
	Mohale's Hoek	8.6	321
	Quthing	6.7	252
	Qacha's Nek	4.0	150
	Mokhotlong	6.9	257
	Thaba-Tseka	8.5	317
Area	Urban	19.2	717
	Rural	80.8	3017
Age	< 6 months	9.9	369
	6-11 months	11.0	411
	12-23 months	20.4	762
	24-35 months	21.7	810
	36-47 months	19.1	711
	48-59 months	17.8	665
Mother's education level	None	6.6	246
	Primary	66.1	2471
	Secondary	27.2	1018
	Non-standard curriculum	.1	2
Total		***100.0***	***3737***

Table 2.5 describes the under five children who comprised the 2000 Lesotho EMICS. Approximately 80.8 percent of them came from rural areas as compared to 19.2 percent urban. Majority of their mothers/caretakers had received primary level education – 66.1 percent. About 55.5 percent were found in the lowlands. Maseru had 20.1 percent of the under five children who comprised the 2000 Lesotho EMICS sample. It had the largest share amongst the districts.

2.10 Other Issues

The 2000 Lesotho EMICS is the first survey that has made attempts to make estimates in respect of the child labour situation. It will therefore, provide good basis information in that respect. With this data it will be possible to look at the child survival differentials because the survey already has covered a number of important social indicators in this regard.

3 Evaluation of the Data Quality

Two types of errors usually affect the quality of data collected and hence the estimates derived from the survey sample data, viz.:

- Non-sampling Errors
- Sampling Errors

An evaluation of the data quality for the 2000 Lesotho EMICS will involve a description of the non-sampling errors and the measures undertaken to mitigate these. Secondly, an evaluation of sampling errors is undertaken for selected variables. Thirdly, and analysis of the response rates, the reasons for the response rates status and an analysis of key variables in respect of the proportions of missing data was done.

3.1 Non-sampling Errors

Non-sampling errors result from mistakes during the implementation of data collection and data processing. This include failure to locate and interview the correct households, misunderstanding of the questions on the part of the interviewer or interviewee (respondent), and data entry errors.

During the 2000 Kingdom of Lesotho MICS exercise a number of measures were incorporated in the data collection and processing procedures to minimise the effect of non-sampling errors, which are impossible to avoid and difficult to evaluate statistically. These included:

- Training of Enumerators
- Conducting of a Pilot Survey
- Field and Office Editing Procedures
- Documentation of the Data Handling and Management Procedures
- Double Entry of Collected Data
- 100 percent verification of data

3.2 Sampling Errors

Sampling errors on the other hand can be evaluated statistically. Consider the fact that the 2000 Kingdom of Lesotho MICS Sample is only one of the many possible samples that could have been chosen using the same sample design and expected size. Sampling errors in this regard are a measure of the variability between all possible samples.

These sampling errors are usually measured in terms of the standard errors for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to determine the confidence intervals within which the true value for the population can be reasonably assumed to fall. Table 3.0 documents the variables for which sampling errors would be estimated and their base populations.

Table 3.0: List of selected variables for sampling errors, Lesotho, 2000

VARIABLE	DESCRIPTION	BASE POPULATION
Women with no education	Proportion	Eligible women age 15-49
With secondary or higher education	Proportion	Eligible women age 15-49
Currently married or in union	Proportion	Eligible women age 15-49
Children ever born	Mean	Eligible women age 15-49
Currently using any contraceptive method	Proportion	Eligible women age 15-49
Currently using modern contraceptive method	Proportion	Eligible women age 15-49
Vitamin A Supplementation	Proportion	Children 6-59 months
Fully immunised	Proportion	Children 12-23 months
Weight for height (wasting)	Proportion	Children under five years
Height for age (stunting)	Proportion	Children under five years
Weight for age (underweight)	Proportion	Children under five years

3.3 Response Rates

Table 3.1 shows the response rates for the 2000 Lesotho EMICS, which go to discuss the completeness of reporting of the 2000 Lesotho EMICS. Overall the household response rate is about 99.7 percent, the eligible women's response rate is 93.6 percent, and that of under five children is 98.0 percent. This are higher than the 90 percent response rates normally expected from surveys similar to the 2000 Lesotho EMICS. In respect of the households, the planned sample was to select and interview 7,600 households. Based on this planned figure the response rate would be a slightly lower 97.4 percent, but still higher than the base 90 percent for similar surveys. One can therefore conclude that the 2000 Lesotho EMICS had a good response rate and its results would be, all things considered, reliable.

Table 3.1: Number of households and women, and response rates, Lesotho, 2000

CHARACTERISTIC	DISTRICT										*TOTAL*
	Butha-Buthe	Leribe	Berea	Maseru	Mafeteng	Mohale's Hoek	Quthing	Qacha's Nek	Mokhotlong	Thaba-Tseka	
Sampled households	461	1125	858	1842	856	730	459	280	360	499	*7471*
Occupied households	461	1122	857	1828	853	702	459	280	360	499	*7422*
Completed households	459	1120	856	1813	853	701	459	280	360	498	*7399*
Household response rate	**99.6**	**99.8**	**99.9**	**99.2**	**100.0**	**99.9**	**100.0**	**100.0**	**100.0**	**99.8**	***99.7***
Eligible women	464	1048	842	1748	804	674	475	265	373	511	*7204*
Interviewed women	447	992	811	1578	790	564	472	236	368	488	*6746*
Women response rate	***96.3***	***94.7***	***96.3***	***90.3***	***98.3***	***83.7***	***99.4***	***89.1***	***98.7***	***95.5***	***93.6***
Children under 5	218	623	459	773	415	343	253	156	257	331	*3828*
Interviewed children under 5	218	615	455	751	406	328	253	151	255	319	*3751*
Child response rate	**100.0**	**98.7**	**99.1**	**97.2**	**97.8**	**95.6**	**100.0**	**96.8**	**99.2**	**96.4**	***98.0***

Figure 3.0 describes the single year age distribution of the sample for the 2000 Lesotho EMICS. It shows the enumeration pattern amongst the sexes across the various ages that comprised the 2000 Lesotho EMICS.

Tables 3.2 and 3.4 describe the percentage of cases with missing information for selected questions and children under-five whose height or weight measurements are missing, the percentages seen are small.

Figure 3.0: Single year age distribution by sex, Lesotho, 2000[6]

[6] In Figure 3.0, the age 70+ is an aggregation of all household members who are aged 70 years and above.

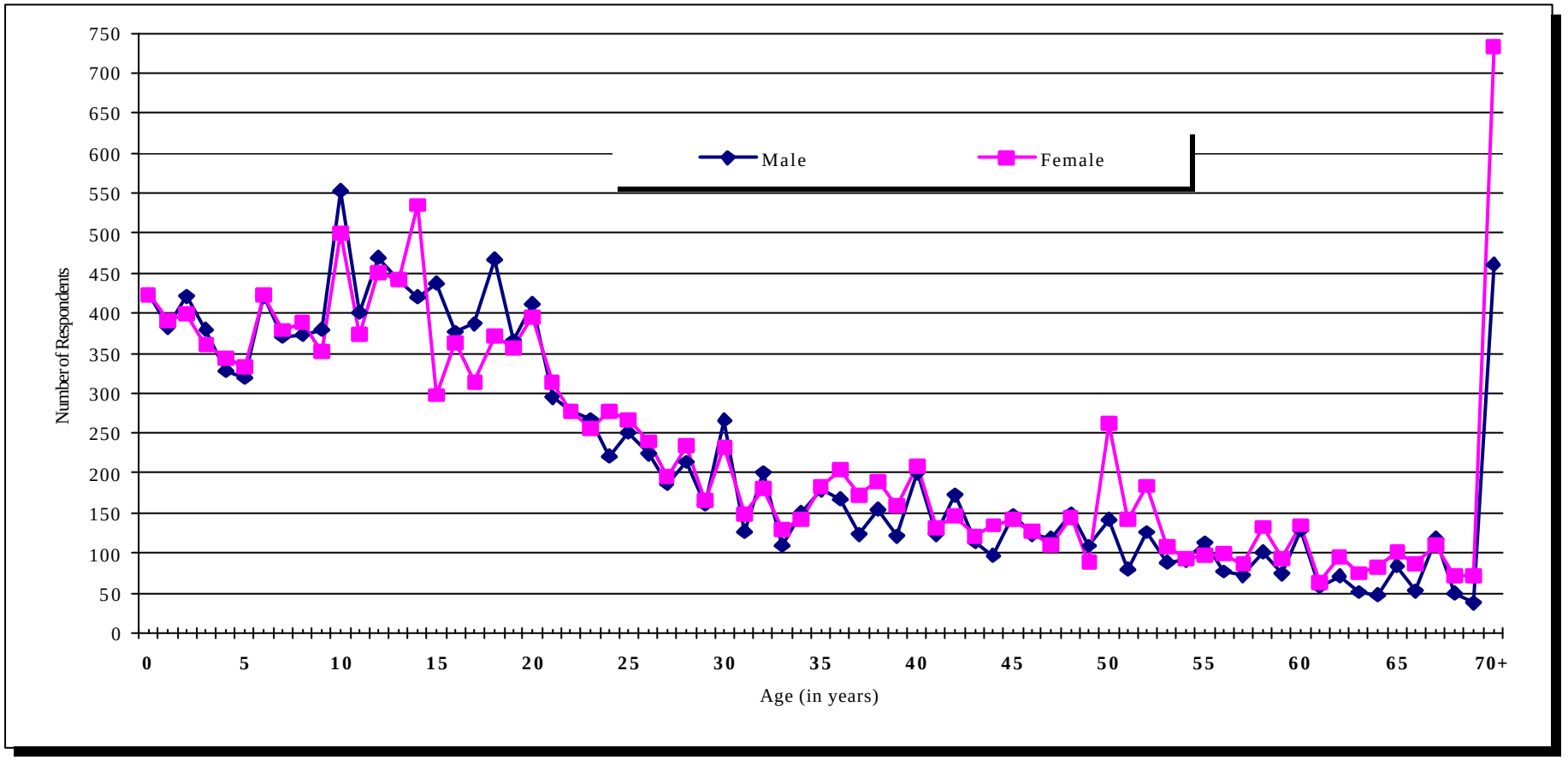

750
700
650
600
550
500
450
400
350
300
250
200
150
100
50
0
Number of Respondents
Male
Female
0
5
10
15
20
25
30
35
40
45
50
55
60
65
70+
Age (in years)

Table 3.2: Percent of cases missing information for selected questions, Lesotho, 2000

Selected Question	Percent missing	Number
Level of education	.0	23511
Year of education	.0	23484
Number of hours worked	.0	735
Complete birth date for eligible women	.0	6509
Date of last tetanus Toxoid injection	.0	125
Ever been tested for HIV	.0	5572
Complete birth date children under 5	.0	3602
Diarrhoea in last 2 weeks	.0	3602
Weight	.7	3602
Height	.3	3602

Table 3.3: Percent of under-5 children with missing height or weight, Lesotho, 2000[7]

CHARACTERISTIC		Missing height or weight	No. of children
Sex	Male	.9	1867
	Female	.9	1867
Region	Lowland	1.0	2074
	Foothill	.2	456
	Mountain	1.1	994
	Senqu Valley	.0	210
District	Butha-Buthe	.9	217
	Leribe	1.0	609
	Berea	1.3	453
	Maseru	.8	750
	Mafeteng	.7	408
	Mohale's Hoek	.6	321
	Quthing	.8	252
	Qacha's Nek	.7	150
	Mokhotlong	.8	257
	Thaba-Tseka	.9	317
Area	Urban	1.1	717
	Rural	.8	3017
Age	< 6 months	.8	369
	6-11 months	.7	411
	12-23 months	2.0	762
	24-35 months	.9	810
	36-47 months	.4	711
	48-59 months	.3	665
Mother's education level	None	.4	246
	Primary	.8	2471
	Secondary	1.1	1018
	Non-standard curriculum	.0	2
Total		***.9***	***3737***

Some parent's declined to have their children measured because the children were sleeping, or they were ill, or for cultural reasons that only dead people lie on boards. Some children declined to be measured and ran away.

[7] World Summit for Children Goal => Number 3, 9, 26

4 Results

The results of the 2000 Lesotho EMICS as described in the foregoing sections are documented in this section of the report.

4.1 Primary School Attendance

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

Table 4.0: Percentage of children of primary school age attending primary school, Lesotho, 2000[8]

CHARACTERISTIC		SEX				TOTAL	
		Male		Female			
		Attending	Number	Attending	Number	Attending	Number
Region	Lowland	66.8	1724	71.9	1586	69.2	3310
	Foothill	55.4	354	61.8	338	58.5	692
	Mountain	55.0	717	62.1	770	58.6	1487
	Senqu Valley	57.8	173	70.8	171	64.2	344
Area	Urban	68.8	565	72.3	541	70.5	1106
	Rural	60.5	2403	67.0	2324	63.7	4727
District	Butha-Buthe	63.5	189	71.3	171	67.2	360
	Leribe	68.3	400	71.7	371	69.9	771
	Berea	64.7	391	66.6	350	65.6	741
	Maseru	65.7	612	69.1	601	67.4	1213
	Mafeteng	58.3	403	71.5	355	64.5	758
	Mohale's Hoek	57.9	285	64.3	269	61.0	554
	Quthing	62.7	201	68.3	218	65.6	419
	Qacha's Nek	72.3	112	69.7	109	71.0	221
	Mokhotlong	47.7	149	64.7	173	56.8	322
	Thaba-Tseka	51.3	226	59.7	248	55.7	474
Age	6	17.3	421	19.4	422	18.4	843
	7	43.7	371	48.8	379	46.3	750
	8	62.2	373	73.7	388	68.1	761
	9	73.2	380	77.0	352	75.0	732
	10	73.4	553	84.8	500	78.8	1053
	11	79.1	401	83.9	373	81.4	774
	12	79.7	469	85.8	451	82.7	920
Total		***62.1***	***2968***	***68.0***	***2865***	***65.0***	***5833***

[8] World Summit for Children Goal => Number 6

Overall, 65 percent of primary school age children in Lesotho are attending primary school as shown in Table 4.0. More girls attend school than boys – 68.0 percent and 62.1 percent respectively. In urban areas 70.5 percent attend primary school as compared to 63.7 percent in the rural areas. Across the districts, Qacha's Nek has the highest overall attendance at 71.0 percent, while Thaba-Tseka has the lowest attendance rate at 55.7 percent. These attendance rates are highest in the lowlands as compared to the Foothills posting 69.2 and 58.5 percent respectively.

Table 4.1: Percentage of children entering first grade of primary school who eventually reach grade 5, Lesotho, 2000[9]

CHARACTERISTIC		Grade 1 reaching grade 2	Grade 2 reaching grade 3	Grade 3 reaching grade 4	Grade 4 reaching grade 5	Percent who reach grade 5 of those who enter grade 1[10]
Sex	Male	93.5	94.7	92.0	92.0	75.0
	Female	95.2	94.7	92.9	93.9	78.6
District	Butha-Buthe	93.2	89.8	88.4	89.7	66.4
	Leribe	96.0	95.1	93.3	95.5	81.3
	Berea	91.9	92.7	88.7	93.4	70.5
	Maseru	94.7	96.1	92.7	91.8	77.4
	Mafeteng	92.3	96.5	91.7	93.5	76.4
	Mohale's Hoek	92.8	92.2	93.7	93.4	74.9
	Quthing	95.4	91.7	89.8	90.0	70.7
	Qacha's Nek	94.6	97.5	96.9	96.3	86.0
	Mokhotlong	-	95.7	97.1	92.0	-
	Thaba-Tseka	96.7	97.3	-	97.4	-
Area	Urban	93.1	97.2	95.0	94.8	81.5
	Rural	94.6	94.1	91.8	92.6	75.6
TOTAL		***94.3***	***94.7***	***92.4***	***93.0***	***76.8***

Table 4.1 determines the cumulative probability that a child entering first grade will eventually reach fifth grade. From Table 4.1, we see that overall 76.8 percent of the children who enter first grade in primary school eventually reach grade 5. However, there are disparities across the sexes, district and area divide. For instance, 75.0 percent of male children who enter first grade eventually reach fifth grade compared to 78.6 percent for the female. In the districts this ranges from a low of 70.5 percent in Berea to 86.0 percent in Qacha's Nek. The urban rate at 81.5 percent is higher than the 75.6 percent achieved in the rural areas.

9 World Summit for Children Goal => Number 6

10 This percentage is calculated as the product of four probabilities. The probability that a child graduates from first grade and enters second grade, probability that a child graduates from second grade and enters third grade, probability that a child graduates from third grade and enters fourth grade, and the probability that a child graduates from fourth grade and enters fifth grade.

To calculate the first probability, the number of children in second grade at the time of the survey (ED20 = 2, 02) and who were in first grade last year (ED22 = 2, 01) are divided by the number of children who were in first grade last year (ED22 = 2, 01) and graduated to second grade (ED20 = 2, 02) or dropped out of school (ED17 = 2).

The children who repeated first grade do not enter the calculation because it is not known whether they will eventually graduate. Calculation of the other grades is similar. The number who graduated from one grade is divided by the number who graduated or dropped out of that grade.

These four probabilities are multiplied together to obtain the cumulative probability that a child reaching fifth grade is amongst those who entered first grade. – Please refer to questionnaire in Appendix A.

4.2 Child Labour

It is important to monitor the extent to which children work and the type of work in which they participate for several reasons. Children who are working are less likely to attend school and more likely to drop out. This pattern can trap children in a cycle of poverty and disadvantage. Working conditions for children are often unregulated with few safeguards against potential abuse. In addition, many types of work are intrinsically hazardous and others present less obvious hazards to children, such as exposure to pesticides in agricultural work, carrying heavy weights and scavenging in garbage dumps.

Table 4.2: Percentage of children 5-17 years of age who are currently working, Lesotho, 2000[11]

CHARACTERISTIC		Paid work	Unpaid work	Domestic work: < 4 hours/day	Domestic work: 4 or more hours/day	Family work (farm or business)	Currently working	No. of children
Sex	Male	3.0	5.3	60.3	6.4	23.50	32.6	5350
	Female	1.1	5.1	66.4	8.2	15.36	25.7	5150
Region	Lowland	1.8	4.4	68.0	6.1	17.18	26.1	6090
	Foothill	2.3	3.5	63.4	6.0	28.53	35.6	1241
	Mountain	2.3	7.0	53.3	8.6	21.29	32.1	2579
	Senqu Valley	3.2	9.5	58.0	16.3	16.78	34.9	590
Area	Urban	1.4	3.2	66.7	4.5	10.67	18.4	2033
	Rural	2.2	5.7	62.5	8.0	21.63	31.8	8467
District	Butha-Buthe	.7	7.8	60.8	9.5	24.82	34.8	681
	Leribe	2.0	1.2	64.2	3.0	19.84	25.0	1381
	Berea	1.6	.7	69.1	5.6	15.76	21.0	1339
	Maseru	1.8	4.1	70.3	4.2	22.44	29.1	2219
	Mafeteng	2.4	10.7	78.1	6.1	23.68	35.8	1368
	Mohale's Hoek	3.2	2.3	43.6	15.1	8.73	26.2	1065
	Quthing	3.3	14.6	60.7	13.8	17.46	35.9	733
	Qacha's Nek	.8	14.0	51.8	24.4	28.85	49.9	357
	Mokhotlong	3.8	4.9	59.7	4.7	23.45	31.7	533
	Thaba-Tseka	1.2	2.8	46.1	4.1	14.93	21.5	824
Age	5-9 years	.5	4.5	50.6	2.8	10.14	15.5	3739
	10-14 years	1.8	5.2	72.5	7.5	22.69	32.3	4584
	15-17 years	5.4	6.4	65.7	14.7	28.89	46.2	2177
Total		***2.1***	***5.2***	***63.3***	***7.3***	***19.50***	***29.2***	***10500***

Table 4.2 describes the status regarding working of children aged between 5-17 years in Lesotho. It describes in terms of sex, region, district and age group. Overall, 29.2 percent of the children aged between 5-17 are currently working. More of the male children are currently working, as compared with the female – 32.6 percent for the male and 25.7 percent for the female.

In this age group, 15.5 percent of those aged 5-9 years are currently working as compared to 32.3 percent for those aged 10-14 years old and 46.2 percent for the 15-17 year olds. It is worth noting that, most of these currently working are found in the rural as compared to the urban areas of Lesotho – 18.4 percent in the urban areas and 31.8 percent in the rural areas.

[11] Monitoring Children's Rights Indicator

Qacha's Nek has the largest group, in percentage terms, currently working - 49.9 percent of those surveyed currently being involved in work of some sort.

Approximately 63.3 percent of this age group are involved in domestic work for less than 4 hours each day, with more female than male children being involved – 66.4 percent and 60.3 percent respectively. Berea has the lowest showing, at 21.0 percent amongst the districts.

4.3 Water and Sanitation

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

Table 4.3 describes the distribution of the overall population in terms of their main source of drinking water. About fifty-three percent of the population draws its water from public taps, and only about 9.6 percent having piped water into their dwelling or yards/plots. Inspite of the fact that Lesotho is blessed by an abundance of rain, rainwater is a source for a very small 0.2 percent of the households.

The population using safe drinking water sources is described as those using piped water, public taps, boreholes/tubewells, protected wells, protected springs, or rainwater. Overall, 76.8 percent of the population of Lesotho has access to safe drinking water – 88.4 percent and 73.6 percent in urban and rural areas respectively. The district of Mokhotlong has 49.0 percent of its population having access to safe drinking water. This is far below the national average of 76.8 percent.

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrheal diseases and polio. Sanitary means of excreta disposal include: flush toilets connected to sewage systems or septic tanks, other flush toilets, improved pit latrines, and traditional pit latrines.

As described in Table 4.4, 53.6 percent of the overall population has access to sanitary means of excreta disposal – 87.8 percent in urban areas and 44.2 percent in rural areas. Again, Mokhotlong exhibits the lowest indicator in this regard, with 12.1 percent of its population having access to sanitary means of excreta disposal. Figure 4.0 makes a comparative assessment between access to safe water and sanitary means of excreta disposal at the district, urban, rural and national levels. The results described in Tables 4.3 and 4.4 become clearer, showing a disparity – more persons have access to safe water, less have access to sanitary means of excreta disposal. This has enormous environmental and public health implications.

Table 4.3: Percentage of the population using improved drinking water sources, Lesotho, 2000[12]

CHARACTERISTIC		MAIN SOURCE OF WATER														Total with safe drinking water	No. of persons
		Piped into dwelling	Piped into yard or plot	Public tap	Tubewell/borehole with pump	Protected dug well	Protected spring	Rainwater collection	Bottled water	Unprotected dug well	Unprotected spring	Pond, river or stream	Tanker truck vendor	Other	Missing/DK		
Region	Lowland	4.9	8.9	55.4	9.3	1.9	3.1	.3	.0	3.9	9.4	.2	.4	2.2	.0	83.8	19456
	Foothill	.3	.2	50.5	2.2	3.8	11.3	.2	.0	11.2	18.0	2.3	.0	.0	.0	68.5	3772
	Mountain	.6	4.7	44.8	.2	5.6	8.8	.0	.1	12.0	22.5	.2	.0	.4	.0	64.7	7793
	Senqu Valley	.3	.9	60.9	.6	3.9	4.2	.3	.0	2.5	23.2	2.5	.0	.0	.7	71.1	1723
District	Butha-Buthe	.5	1.3	62.7	11.9	4.6	4.1	.0	.0	8.0	6.0	.6	.2	.0	.0	85.1	2039
	Leribe	2.5	4.7	47.1	3.1	4.7	10.4	.1	.0	7.1	18.1	1.3	.2	.6	.0	72.6	4610
	Berea	1.5	1.6	66.1	3.6	3.3	2.2	.1	.0	9.4	11.0	.6	.5	.3	.0	78.3	3993
	Maseru	8.1	14.7	47.5	4.8	.6	6.0	.2	.0	3.7	9.1	.2	.5	4.5	.0	81.9	7513
	Mafeteng	2.6	6.3	59.5	17.8	.3	.2	.5	.0	1.6	10.0	.1	.0	1.1	.0	87.2	3965
	Mohale's Hoek	2.4	3.0	46.6	9.5	4.7	5.3	.5	.0	6.7	20.4	.5	.2	.2	.2	71.9	3208
	Quthing	1.2	5.8	59.3	.5	3.0	4.1	.3	.0	1.4	21.4	2.1	.0	1.0	.0	74.1	2080
	Qacha's Nek	1.8	5.2	74.2	.1	1.5	.9	.0	.0	1.7	14.2	.0	.0	.0	.3	83.7	1145
	Mokhotlong	.3	5.7	36.1	.0	.3	6.6	.0	.0	3.8	46.6	.0	.0	.6	.0	49.0	1677
	Thaba-Tseka	.2	3.3	40.7	.3	11.5	11.8	.0	.3	25.3	6.0	.6	.0	.1	.0	67.7	2514
Area	Urban	12.0	25.0	44.3	4.2	.7	2.0	.1	.0	2.9	3.0	.1	.3	5.3	.0	88.4	7098
	Rural	.7	1.3	54.9	6.3	3.8	6.4	.2	.0	7.7	17.4	.7	.2	.3	.0	73.6	25646
Total		***3.1***	***6.5***	***52.6***	***5.9***	***3.1***	***5.4***	***.2***	***.0***	***6.6***	***14.3***	***.6***	***.2***	***1.4***	***.0***	***76.8***	***32744***

[12] World Summit for Children Goal => Number 4

Table 4.4: Percentage of the population using sanitary means of excreta disposal, Lesotho, 2000[13]

CHARACTERISTIC		Type of toilet facility								Total with sanitary means of excreta disposal	Number of persons
		Flush to sewage system/septic tank	Pour flush latrine	Improved pit latrine	Traditional pit latrine	Open pit	Bucket	Other	No facilities/ bush/field		
Region	Lowland	2.1	.9	22.5	44.7	2.6	.0	1.0	26.3	70.1	19456
	Foothill	.0	.0	13.5	31.3	1.9	.0	1.2	52.2	44.7	3772
	Mountain	.1	.2	9.0	11.6	2.3	.1	9.0	67.7	20.9	7793
	Senqu Valley	.8	.0	13.9	19.9	6.2	.0	13.5	45.6	34.6	1723
District	Butha-Buthe	.2	.2	15.2	36.4	.7	.0	.0	47.2	52.1	2039
	Leribe	1.5	.0	17.8	49.4	.1	.0	1.8	29.4	68.7	4610
	Berea	.7	.1	14.7	41.1	3.7	.0	2.1	37.7	56.5	3993
	Maseru	3.4	2.2	25.2	43.0	2.1	.0	1.5	22.7	73.7	7513
	Mafeteng	1.4	.1	21.9	40.5	.5	.0	.0	35.6	63.9	3965
	Mohale's Hoek	.3	.0	16.9	18.6	14.7	.0	1.2	48.3	35.8	3208
	Quthing	.7	.7	17.5	23.5	.7	.0	17.9	39.1	42.4	2080
	Qacha's Nek	.4	.0	8.3	25.0	.0	.0	.8	65.5	33.7	1145
	Mokhotlong	.0	.0	9.3	2.8	.5	.0	.0	87.4	12.1	1677
	Thaba-Tseka	.0	.0	7.4	8.0	1.1	.2	18.8	64.6	15.4	2514
Area	Urban	4.7	2.3	36.9	44.0	1.2	.0	.7	10.2	87.8	7098
	Rural	.4	.1	12.5	31.2	3.0	.0	4.4	48.4	44.2	25646
Total		***1.3***	***.6***	***17.8***	***34.0***	***2.6***	***.0***	***3.6***	***40.1***	***53.6***	***32744***

[13] World Summit for Children Goal => Number 5

Figure 4.0: Access to Safe Drinking Water and Sanitary Means of Excreta Disposal by Region, Lesotho 2000

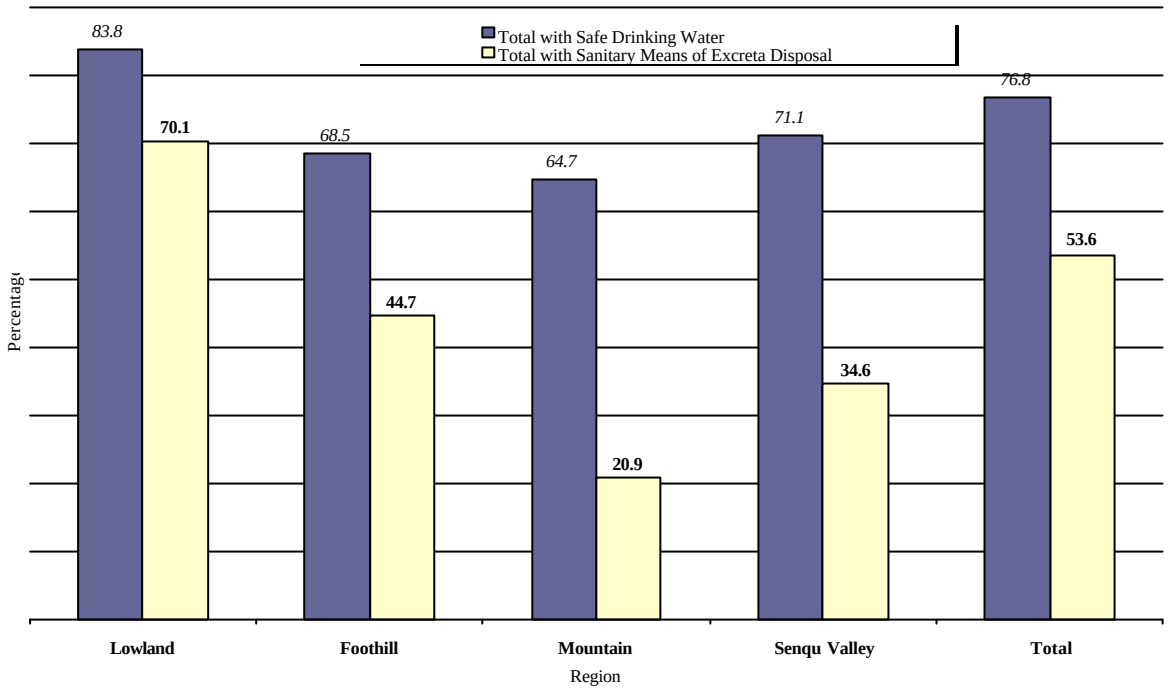


Figure 4.0a: Access to Safe Drinking Water and Sanitary Means of Excreta Disposal by District, Lesotho, 2000

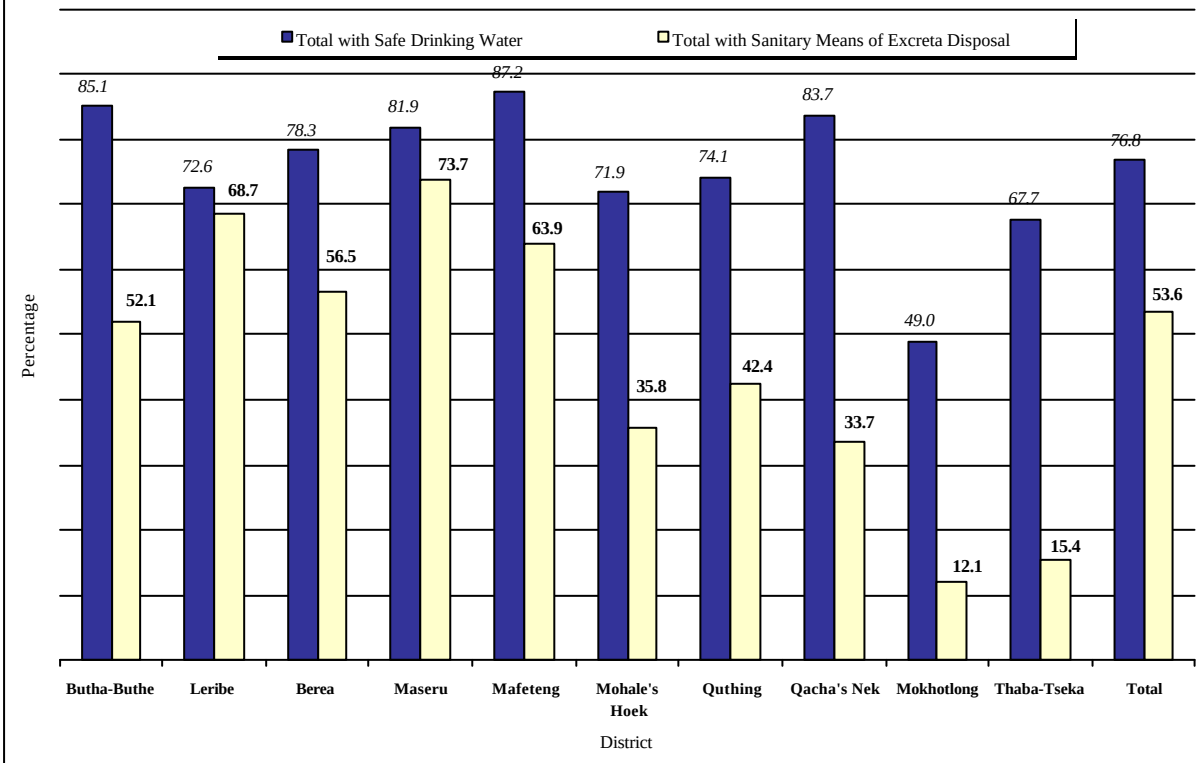
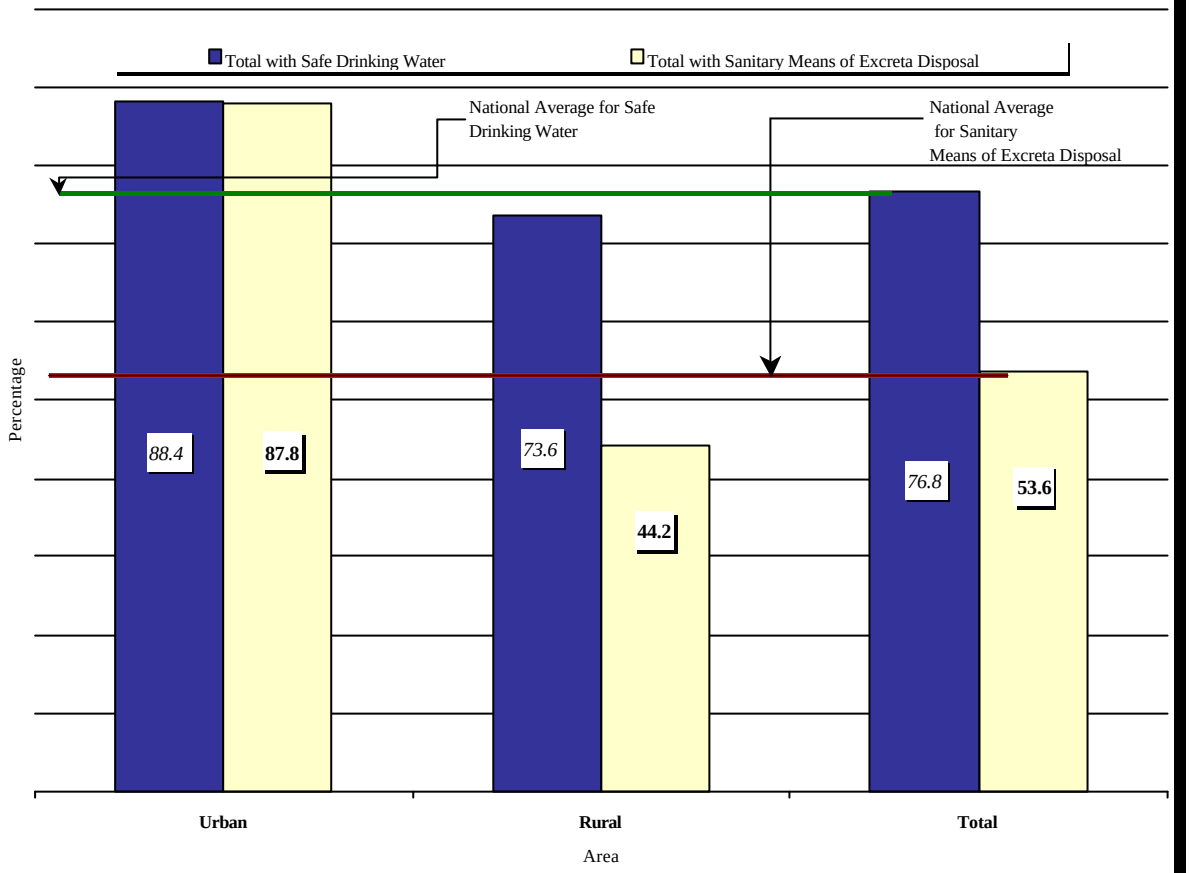


Figure 4.0b: Access to Safe Drinking Water and Sanitary Means of Excreta Disposal by Area, Lesotho, 2000



Based on the results depicted in Figures 4.0, 4.0a, and 4.0b, a meaningful comparison can be made between the 2000 Lesotho EMICS and the year 2000 target goals in respect of water and sanitation by the 1995-2000 Kingdom of Lesotho National Programme of Action for Children[14].

Table 4.4a: Comparison between 2000 Lesotho EMICS Results and NPAC[15] Goals

ASPECT	AREA	1993/94 Status (%)	Year 2000 NPAC target Goals (%)	2000 Lesotho EMICS (%)	*Deviation (% Points)*
Access to Safe Drinking Water	Urban	44.0	58	88.4	***30.4***
	Rural	58.0	81	73.6	***-6.4***
Access to Sanitary Excreta Disposal	Urban	42.0	73	87.8	***14.8***
	Rural	25.0	52	44.2	***-7.8***

From Table 4.4a, it is clear that Lesotho has made positive efforts in meeting its stated goals in the National Programme of Action for Children, only facing challenges in meeting access to safe drinking water and sanitary means for excreta disposal in the rural areas.

14 See Table 1.0 in Chapter 1.
15 1995-2000 Kingdom of Lesotho National Programme of Action for Children

4.4 Nutritional Status

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply, are not exposed to repeated illness, and are well cared for, they reach their growth potential and are considered well nourished. In a well-nourished population, there is a standard distribution of height and weight for children under age five. Undernourishment in a population can be gauged by comparing children to this standard distribution. The standard of reference here is the NCHS standard, which is recommended for use by UNICEF and the World Health Organisation. Each of the three nutritional status indicators[16] is expressed in standard deviation units (z-scores) from the median of this reference population.

The nutritional status data for the 2000 Lesotho EMICS is reported in Table 4.5 and Figure 4.1. Table 4.5 describes the percentage of under-five children who are severely or moderately undernourished[17]. The percent below 2 standard deviations in this table is used to create Figure 4.1 that describes the prevalence status. This data should be interpreted with caution given indications that there were problems with height measurements (see Appendix G - Anthropometry Data Check).

Weight for age is a measure of both acute and chronic malnutrition. Children whose weight for age is more than two standard deviations below the median of the reference population are considered *moderately* or *severely underweight* while those whose weight is more than three standard deviations below the main median are classified as *severely underweight*. According to Figure 4.3, the prevalence of those amongst the 12-23 month olds that are severely underweight is about 25.8 percent.

Height for age is a measure of linear growth. Children whose height for age is more than two standard deviations below the median of reference population are considered short for their age and are classified as *moderately* or *severely stunted*. Those whose height for age is more than three standard deviations below the median are classified as *severely stunted*. Stunting is a reflection of chronic malnutrition because of failure to receive adequate nutrition over a long period and recurrent or chronic illness. In the 12-23 month old age bracket, prevalence of stunting is about 55.6 percent. Figure 4.1[18] above intimates that stunting is a severe problem in Lesotho. This should be read conservatively given the results of the Anthropometry Data Check as indicated in Appendix G.

Finally, children whose weight for height is more than two standard deviations below the median of the reference population are classified as *moderately* or *severely wasted*, while those falling more than three standard deviations below the median are *severely wasted*.

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16 These are weight for age, height for age, and weight for height.

17 The percent "below – 2 standard deviations" includes those who fall 3 or more standard deviations below the median.

18 The apparent drop in the prevalence rates between age groups of 12-23 months and 24-35 months are of no statistical consequence, because the reference populations utilized in determining the z-scores are different.

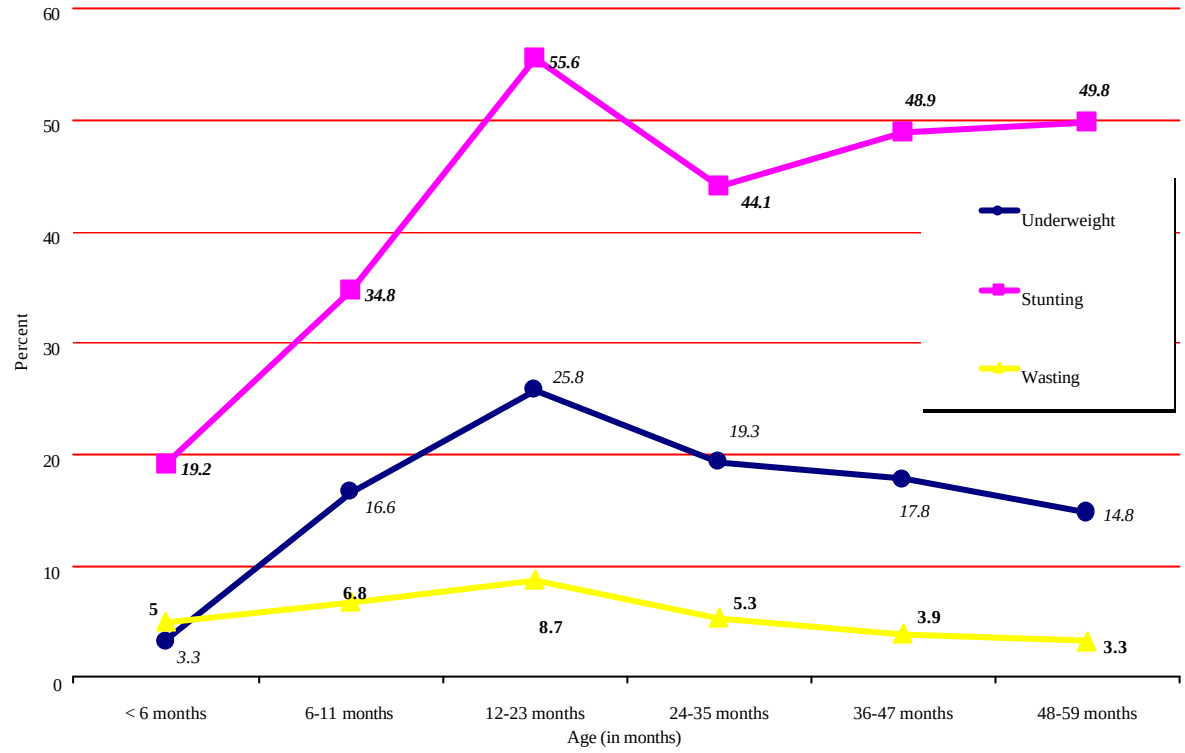
Table 4.5: Percentage of under-five children who are severely or moderately undernourished, Lesotho, 2000[19]

CHARACTERISTICS		UNDERWEIGHT		STUNTING		WASTNG		No. of children
		Weight for age: -2 SD	Weight for age: -3 SD	Height for age: -2 SD	Height for age: -3 SD	Weight for height: -2 SD	Weight for height: -3 SD	
Sex	Male	19.6	3.9	47.5	23.1	5.8	1.6	1487
	Female	16.0	3.7	43.3	19.1	5.0	1.1	1470
Region	Lowland	14.7	3.1	42.7	18.2	4.8	1.4	1706
	Foothill	21.4	3.9	53.0	27.7	3.6	.6	336
	Mountain	23.0	5.5	48.0	24.1	8.6	2.1	734
	Senqu Valley	19.3	3.3	46.4	23.2	2.2	.0	181
District	Butha-Buthe	20.6	3.3	58.3	36.1	5.0	1.1	180
	Leribe	17.4	3.7	44.6	18.9	3.9	.9	538
	Berea	13.4	3.8	44.1	18.4	4.9	1.6	368
	Maseru	13.2	1.6	41.7	19.0	4.6	1.0	505
	Mafeteng	15.4	2.7	41.8	16.2	4.1	1.1	366
	Mohale's Hoek	24.5	7.1	52.2	27.7	5.5	1.6	255
	Quthing	17.7	4.3	40.2	15.3	5.3	1.0	211
	Qacha's Nek	26.2	2.9	48.5	25.2	7.8	1.9	104
	Mokhotlong	22.4	6.3	54.6	29.8	4.9	2.0	207
	Thaba-Tseka	22.7	5.0	40.5	19.1	13.6	2.7	223
Area	Urban	13.5	3.2	39.0	16.7	5.6	.9	563
	Rural	18.8	4.0	46.9	22.1	5.4	1.5	2394
Age	< 6 months	3.3	.8	19.2	3.8	5.0	.8	240
	6-11 months	16.6	4.4	34.8	13.9	6.8	.7	298
	12-23 months	25.8	6.4	55.6	30.1	8.7	3.7	575
	24-35 months	19.3	4.0	44.1	21.5	5.3	1.3	678
	36-47 months	17.8	3.4	48.9	19.8	3.9	.3	618
	48-59 months	14.8	2.4	49.8	24.2	3.3	.7	547
Mother's education level	None	18.6	4.3	54.3	26.6	5.9	1.6	188
	Primary	20.3	4.8	47.4	22.4	5.8	1.6	1935
	Secondary	11.8	1.5	38.7	16.7	4.5	.7	832
	Non-standard curriculum	50.0	.0	50.0	.0	.0	.0	2
Total		***17.8***	***3.8***	***45.4***	***21.1***	***5.4***	***1.4***	***2957***[20]

[19] World Summit for Children Goal => Number 3, 9, 26

[20] 780 children are missing from this data. This constitutes about 20 percent of the sampled under-five children. This was due the fact that the children ran away, the mother refused the child to be measured or others were ill at the time of the survey.

Figure 4.1: Percent of under-five children who are undernourished, Lesotho, 2000



Wasting is usually the result of recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence. The prevalence of wasting amongst those aged 12-23 months is approximately 8.7 percent.

During the 2000 Lesotho EMICS, a number of challenges were encountered by the enumerators while getting data on the base variables for nutritional status indicators. For instance some children simply refused to be measured for height or weight. In other cases, traditional values mitigated against such measurement as the mothers considered that this would bring misfortune.

4.5 Breastfeeding

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon and there are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and is unsafe if clean water is not readily available.

The World Summit for Children goal states that children should be exclusively breastfed for four to six months, and that breastfeeding should continue with timely and sound complimentary food, well into the second year of life. Many countries have adopted the recommendations of exclusive breastfeeding for about six months.

In Table 4.6, the breastfeeding status is based on women's reports of children's consumption in the 24 hours prior to the interview. *Exclusive breastfeeding* refers to children who receive only breast milk and vitamins, mineral supplements, or medicine. *Complimentary breastfeeding* refers to children who receive breast milk and solid or semi-solid food. The last two columns of Table 4.6 include children who are continuing to be breastfed at one and at two years of age.

Percentages according to districts should be interpreted with caution since the sample sizes applied are small. This caveat applies to the sex and area percentages.

Data in Table 4.6 shows that 22.2 percent of the 0-3 months are exclusively breastfed. At 6-9 months, 51.2 percent of the children are receiving solid foods in addition to breastmilk. By the age of 12-15 months, 85.7 percent of the children are still being breastfed and by 20-23 months, 58.1 percent are still breastfeeding. In all the age groupings, except age group 12-15 months, boys are breastfed more than girls are.

The children in Butha-Buthe district, as described by the results in Table 4.6, breastfeed on average longer than children in other districts as well as in comparison with the national average.

The relation between the mother's level of education and the duration of the breastfeeding phase is not clear. It is however safe to point out that in all cases, the level of breastfeeding continues, but declines sharply with children aged 20-23 months.

Figure 4.2 shows the same results but differently. It shows that the percentage of children who are not breastfed is low in the early month's upto 15 months of age, and then it rises sharply. Children who are exclusively breastfed are more in the early months of life, but this declines rapidly after 3 months of age. Those children that receive breast milk are few and decline quickly as shown in Figure 4.2. The children that receive breast milk and supplementary food form the largest proportion of this group, but are rapidly weaned of breastmilk from about 15 months of age.

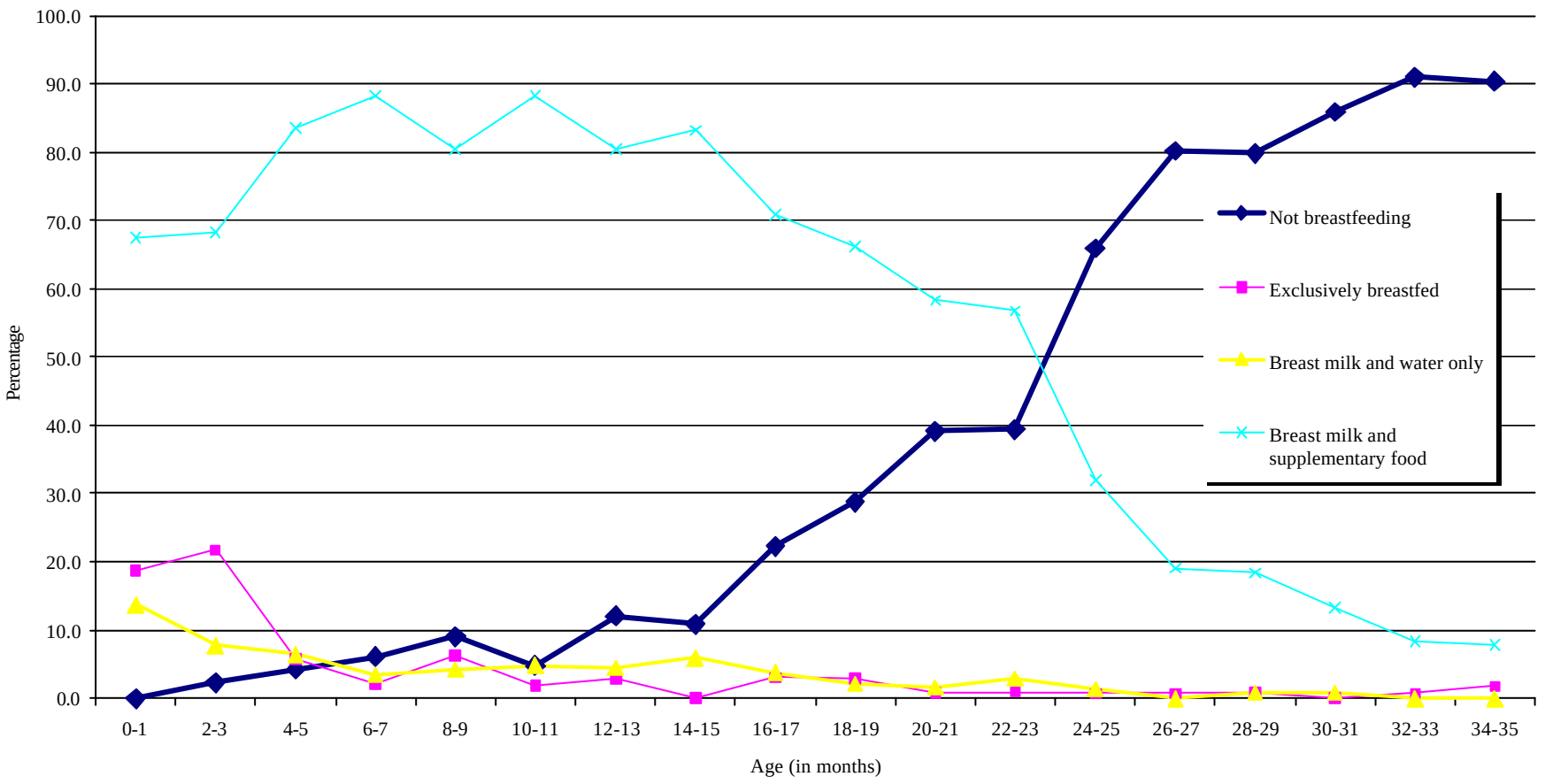
Table 4.6: Percent of living children by breastfeeding status, Lesotho, 2000[21][22]

CHARACTERISTIC		Exclusive breastfeeding		Solid foods		Breastfed		Breastfed	
		Children 0-3 months	Number of children	Children 6-9 months	Number of children	Children 12-15 months	Number of children	Children 20-23 months	Number of children
Sex	Male	29.4	109	54.2	144	83.8	130	60.2	123
	Female	15.2	112	48.4	159	87.8	115	55.9	118
District	Butha-Buthe	41.7	12	66.7	21	100.0	12	80.0	15
	Leribe	23.1	39	49.0	49	83.7	43	51.3	39
	Berea	22.6	31	48.6	37	83.3	30	54.5	33
	Maseru	12.8	39	55.4	65	85.5	55	51.0	51
	Mafeteng	10.7	28	75.0	32	85.0	20	59.4	32
	Mohale's Hoek	22.2	18	34.6	26	76.0	25	58.8	17
	Quthing	11.1	9	52.9	17	84.2	19	46.2	13
	Qacha's Nek	11.1	9	54.5	11	92.3	13	88.9	9
	Mokhotlong	25.0	20	53.3	15	100.0	10	66.7	15
	Thaba-Tseka	56.3	16	23.3	30	88.9	18	64.7	17
Area	Urban	18.2	44	48.5	68	76.6	47	52.2	46
	Rural	23.2	177	51.9	235	87.9	198	59.5	195
Mother's education level	None	18.2	11	50.0	14	100.0	10	52.6	19
	Primary	21.9	137	47.9	192	83.4	163	60.0	160
	Secondary	23.3	73	57.7	97	88.9	72	54.8	62
Total		***22.2***	***221***	***51.2***	***303***	***85.7***	***245***	***58.1***	***241***

[21] World Summit for Children Goal => Number 16

[22] Breastfeeding status is based on women's reports of children's consumption in the 24 hours prior to the interview. Exclusive breastfeeding refers to children who receive only breastmilk and vitamins, mineral supplements or medicine. Complimentary breastfeeding refers to children who re breastmilk and solid or semi-solid food.

Figure 4.2: Percent distribution of children by breasfeeding status, Lesotho, 2000



Exclusively breastfed includes vitamin, mineral supplements and medicine

4.6 Vitamin A Supplementation

Vitamin A deficiency (VAD) impairs children's immune systems, increasing their chances of dying of common childhood diseases and undermines the health of pregnant and lactating women. It can also cause eye damage and blindness in children. Yet it can be easily prevented by vitamin A supplementation or food fortification.

Table 4.7: Percent distribution of children aged 6-59 months by whether they received a high dose of Vitamin A supplement in the last 6 months, Lesotho, 2000[23]

CHARACTERISTIC		Vitamin A				No. of children
		Received: within last 6 months	Received: prior to last 6 months	Received: not sure when	Not received	
Sex	Male	15.8	7.1	1.8	75.3	1600
	Female	18.2	5.9	1.8	74.1	1572
Region	Lowland	20.4	6.2	1.2	72.2	1765
	Foothill	18.8	5.8	2.0	73.4	394
	Mountain	10.7	8.3	2.4	78.6	824
	Senqu Valley	9.0	3.7	3.7	83.6	189
District	Butha-Buthe	42.3	7.4	3.2	47.1	189
	Leribe	17.6	2.5	.6	79.3	518
	Berea	16.4	7.1	1.0	75.5	396
	Maseru	8.4	5.0	1.1	85.5	621
	Mafeteng	32.0	10.1	2.0	55.9	347
	Mohale's Hoek	26.0	8.7	3.6	61.7	277
	Quthing	3.7	2.3	.5	93.5	214
	Qacha's Nek	14.9	7.5	6.7	70.9	134
	Mokhotlong	12.0	2.4	1.0	84.7	209
	Thaba-Tseka	5.6	15.7	3.0	75.7	267
Area	Urban	13.4	5.8	2.5	78.3	599
	Rural	17.8	6.7	1.6	73.8	2573
Age	6-11 months	2.2	.7	.7	96.3	402
	12-23 months	18.1	4.9	1.5	75.6	741
	24-35 months	18.6	9.0	2.0	70.4	768
	36-47 months	19.3	6.3	2.1	72.2	662
	48-59 months	20.9	9.5	2.3	67.3	599
Mother's education level	None	13.5	6.7	1.0	78.8	208
	Primary	16.5	6.5	1.6	75.5	2102
	Secondary	19.2	6.5	2.6	71.7	860
Total		***17.0***	***6.5***	***1.8***	***74.7***	***3172***

UNICEF and WHO recommend that all countries with an under five mortality rate exceeding 70 per 1000 live births, or where vitamin A deficiency is a public health problem, should put in place a programme for control of vitamin A deficiency. Based on UNICEF/WHO guidelines children aged 6-12 months should be given one dose of Vitamin A capsule of 100,000 IU every six months, and children older than one year be given one high dose of 200,000 IU every six months.

[23] World Summit for Children Goal => Number 15

Table 4.7 describes the distribution of children (6-59 months) who had received a high dose Vitamin A Supplement in the six months prior to the 2000 Lesotho EMICS. It shows that 17.0 percent of the children had received a high dose Vitamin A supplement in the six months prior to the 2000 Lesotho EMICS. Fewer than 2.0 percent received a Vitamin A Supplement at some time in the past, but their mother/caretaker was unable to specify when. Approximately 6.5 percent had received the Vitamin A Supplement prior to the last six months.

In terms of region, the Senqu valley had the lowest coverage. Quthing, Thaba-Tseka, and Maseru displayed coverages below 10 percent. The age pattern of Vitamin A Supplementation in the last six months was 2.2 percent amongst children aged 6-11 months to 20.9 percent amongst those 48-59 months. The mother's educational level does not really seem to have a bearing on the Vitamin A Supplementation in Lesotho. It is 13.6 percent amongst children whose mothers/caretakers have no education, 16.9 and 19.5 percent respectively for those whose mothers have primary or secondary education in that order.

Table 4.8: Percentage of women with a birth in the last 12 months by whether they received a high dose of Vitamin A supplement before the infant was 8 weeks old, Lesotho, 2000[24]

CHARACTERISTIC		Received Vitamin A supplement	Not sure if received	No. of women
Region	Lowland	13.0	.0	485
	Foothill	13.9	.0	101
	Mountain	10.8	.0	222
	Senqu Valley	26.8	.0	41
District	Butha-Buthe	30.4	.0	46
	Leribe	15.4	.0	130
	Berea	6.1	.0	115
	Maseru	14.8	.0	183
	Mafeteng	7.4	.0	95
	Mohale's Hoek	14.3	.0	70
	Quthing	19.1	.0	47
	Qacha's Nek	7.4	.0	27
	Mokhotlong	8.1	.0	62
	Thaba-Tseka	14.9	.0	74
Area	Urban	16.4	.0	177
	Rural	12.4	.0	672
Woman's education level	Primary	16.3	.0	43
	Secondary/High	13.0	.0	784
	Higher/Tertiary	13.6	.0	22
Total		***13.2***	***.0***	***850***

Table 4.8 provides a description of the women who have given birth in the last 12 months prior to the survey who have or have not received Vitamin A supplementation. Overall, only 13.2 percent of the women who have delivered in the 12 months prior to the 2000 Lesotho EMICS were certain of having received Vitamin A Supplementation. In all the areas, except the Senqu Valley, this indicator posts 26.8 percent of the women being sure of having received Vitamin A Supplementation.

[24] World Summit for Children Goal => Number 15

4.7 Salt Iodization

Deficiency of iodine in the diet is the world's single greatest cause of preventable mental retardation and can lower average intelligence quotient (IQ) by as much as 13 points.

Table 4.9: Percent of households consuming adequately iodised salt, Lesotho, 2000[25]

CHARACTERISTIC		Percent of households with no salt	Percent of households in which salt was tested	Result of test		Number of households interviewed
				< 15 PPM	15+ PPM	
Region	Lowland	2.9	95.6	23.0	77.0	4583
	Foothill	8.0	90.6	42.4	57.6	828
	Mountain	4.8	94.2	43.8	56.2	1681
	Senqu Valley	4.7	92.6	56.1	43.9	379
Area	Urban	1.5	97.3	9.3	90.7	1835
	Rural	4.8	93.7	38.8	61.2	5636
District	Butha-Buthe	3.7	95.7	30.4	69.6	461
	Leribe	1.5	97.6	21.9	78.1	1125
	Berea	4.8	94.3	30.7	69.3	858
	Maseru	4.5	93.4	18.0	82.0	1842
	Mafeteng	6.1	93.2	34.7	65.3	856
	Mohale's Hoek	2.9	92.7	48.0	52.0	730
	Quthing	5.2	94.6	52.1	47.9	459
	Qacha's Nek	4.6	95.0	39.1	60.9	280
	Mokhotlong	3.9	96.1	50.3	49.7	360
	Thaba-Tseka	3.8	95.8	37.2	62.8	499
Total		***4.0***	***94.6***	***31.3***	***68.7***	***7470***

Table 4.9a: Percent of population consuming adequately iodized salt, Lesotho, 2000

CHARACTERISTIC		Percent of population with no salt	Percent of population in which salt was tested	Result of test		Number of persons
				< 15 PPM	15+ PPM	
Region	Lowland	2.6	97.1	23.1	76.9	19456
	Foothill	7.3	92.2	39.9	60.1	3772
	Mountain	4.8	94.8	42.5	57.5	7793
	Senqu Valley	4.5	94.8	55.4	44.6	1723
Area	Urban	.9	98.8	9.4	90.6	7098
	Rural	4.5	95.1	37.4	62.6	25646
District	Butha-Buthe	3.1	96.8	29.9	70.1	2039
	Leribe	1.4	98.4	19.8	80.2	4610
	Berea	3.9	95.6	30.8	69.2	3993
	Maseru	4.1	95.4	19.0	81.0	7513
	Mafeteng	5.7	93.8	33.5	66.5	3965
	Mohale's Hoek	3.2	96.3	46.1	53.9	3208
	Quthing	4.1	95.7	51.6	48.4	2080
	Qacha's Nek	4.5	95.5	36.4	63.6	1145
	Mokhotlong	4.2	95.8	47.8	52.2	1677
	Thaba-Tseka	3.9	95.7	37.5	62.5	2514
Total		***3.7***	***95.9***	***31.2***	***68.8***	***32744***

[25] World Summit for Children Goal => Number 14

Salt Iodization is an effective, low-cost way of preventing iodine deficiency disorders (IDD). *Adequately iodised salt* contains 15 PPM (part per million) of iodine or more. In the 2000 Lesotho EMICS, interviewers tested household salt for iodine levels by means of a testing kit. Overall, according to Table 4.9, approximately 94.6 percent of the households interviewed had their salt tested. Of those that had their salt tested 68.7 percent had salt that was adequately iodised. Amongst the districts Mokhotlong displayed the lowest reporting of households that had adequately iodised salt at 47.9 percent, as compared with Maseru, where 82 percent of the households had adequately iodised salt for consumption. Approximately 90.7 percent of the urban households had adequately iodised salt as compared to 61.2 percent in the rural areas.

Table 4.9a on the other hand describes the distribution of the population of Lesotho that has access to adequately iodised salt. The figures do not significantly differ from those displayed in Table 4.9. Table 4.9a shows that 95.9 percent of the household members had the salt that they use tested. Of those that had this test done, 68.8 percent were shown to be using adequately iodised salt, whilst 31.2 percent had their salt showing less than 15 ppm of Iodine in the salt that they used.

4.8 Immunisation Coverage

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12 months. The 2000 Kingdom of Lesotho MICS asked mothers to provide vaccination cards for children under the age of five. Interviewers copied this vaccination information from the cards onto the MICS questionnaire. If the child did not have a card, the mother was asked to recall whether or not the child had received each of the vaccinations and for, for DPT and Polio, how many times.

Table 4.10 shows the percentage of children age 12-23 months who received each of the vaccinations. The denominator of the table is comprised of children aged 12-23 months so that only children who are old enough to be fully vaccinated are counted. In the top panel, the numerator included all the children who were vaccinated at any time before the survey according to the vaccination card or the mother's report. In the bottom panel, only those who were vaccinated before their first birthday are included. For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards. The last column of Table 4.10 shows the immunisation coverage for each vaccine for children who had received it by their first birthday. This information is represented graphically in Figure 4.3.

Table 4.11 describes the immunisation status for children age 12-23 months in Lesotho. It shows that overall 84.9 percent of the children had health cards. It clearly shows that the more educated the mother of the child, the higher the level of immunisation against childhood diseases. Immunisation coverage is higher in the urban as compared to the rural areas – 76.3 percent for urban and 69.8 percent for the rural areas. The gender disparity is minimal with male coverage at 71.6 percent as compared to 70.6 percent for the females. It is highest in the lowlands, 73.8 percent and lowest in the Senqu Valley at 58.3 percent. Amongst the districts, it is highest in Butha-Buthe and lowest in Quthing at 59.1 percent

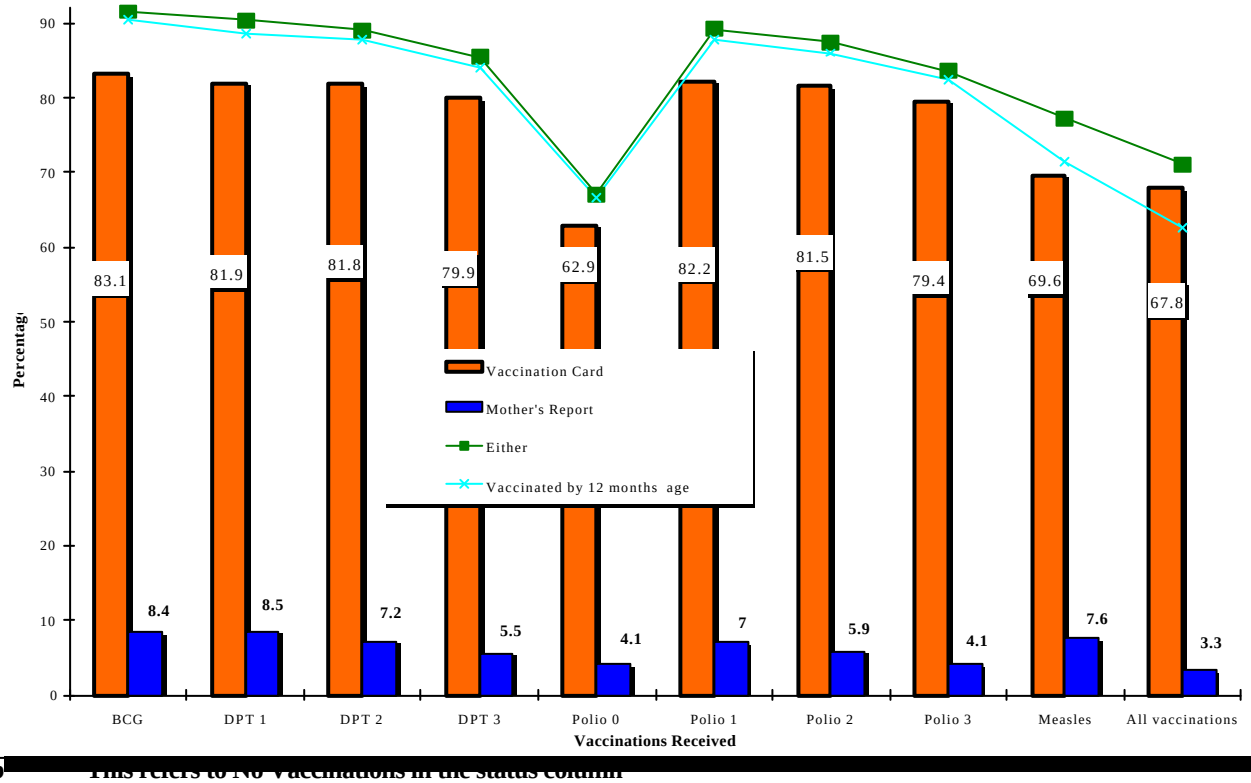
Table 4.10: Percentage of children age 12-23 months currently vaccinated any time before the survey or before 12 months of age, Lesotho, 2000

STATUS	Vaccination Card	Mother's Report	Either	Not vaccinated	Does not have all vaccinations [a]	Has some vaccinations [b]	No. of Children	Vaccinated by 12 months age
BCG	83.1	8.4	91.5	8.5	-	-	762	90.5
DPT 1	81.9	8.5	90.4	9.6	-	-	762	88.5
DPT 2	81.8	7.2	89.0	11	-	-	762	87.8
DPT 3	79.9	5.5	85.4	14.6	-	-	762	83.9
Polio 0	62.9	4.1	67.0	33.1	-	-	762	66.6
Polio 1	82.2	7	89.2	10.9	-	-	762	87.8
Polio 2	81.5	5.9	87.4	12.6	-	-	762	86.0
Polio 3	79.4	4.1	83.5	16.5	-	-	762	82.4
Measles	69.6	7.6	77.2	22.8	-	-	762	71.3
All vaccinations	67.8	3.3	71.1	-	28.9	-	762	62.6
No vaccinations	1	6.6	7.6	-	-	92.4	762	0.0

Notes to Table 4.10

a **This refers to All Vaccinations shown in the status column**

Figure 4.3: Percent of children age 12-23 months cuurently vaccinated any time before the survey or before 12 months of age, Lesotho, 2000



b **This refers to No Vaccinations in the status column**

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Table 4.11 Percentage of children age 12-23 months currently vaccinated against childhood diseases, Lesotho, 2000

CHARACTERISTIC		BCG	DPT 1	DPT 2	DPT 3	Polio 0	Polio 1	Polio 2	Polio 3	Measles	All	None	% with health card	No. of children
Sex	Male	91.9	89.6	88.3	84.6	64.3	89.1	87.8	83.3	77.3	71.6	7.8	84.4	384
	Female	91.0	91.3	89.7	86.2	69.6	89.2	87.0	83.6	77.0	70.6	7.4	85.4	378
Region	Lowland	93.0	92.3	90.5	88.0	73.1	91.4	89.6	85.6	79.5	73.8	5.6	86.2	443
	Foothill	89.0	89.0	86.8	82.4	67.0	84.6	79.1	76.9	75.8	65.9	11.0	84.6	91
	Mountain	88.5	86.5	86.5	82.3	52.6	85.9	86.5	83.3	75.0	69.8	10.9	81.8	192
	Senqu Valley	94.4	91.7	88.9	77.8	66.7	88.9	86.1	75.0	63.9	58.3	5.6	86.1	36
District	Butha-Buthe	100.0	100.0	97.7	93.2	81.8	100.0	95.5	95.5	95.5	86.4	.0	90.9	44
	Leribe	90.4	92.0	89.6	88.0	79.2	88.0	86.4	84.0	81.6	76.0	8.0	88.8	125
	Berea	90.8	91.8	89.8	83.7	62.2	89.8	85.7	80.6	73.5	68.4	7.1	83.7	98
	Maseru	91.9	91.3	90.7	88.2	71.4	90.1	89.4	87.0	80.1	77.0	8.1	87.6	161
	Mafeteng	91.3	87.5	85.0	82.5	58.8	87.5	82.5	77.5	73.8	60.0	7.5	76.3	80
	Mohale's Hoek	94.4	90.1	90.1	85.9	74.6	91.5	91.5	81.7	74.6	67.6	4.2	88.7	71
	Quthing	88.6	86.4	84.1	75.0	56.8	81.8	81.8	75.0	63.6	59.1	11.4	81.8	44
	Qacha's Nek	94.1	94.1	94.1	91.2	79.4	94.1	94.1	91.2	73.5	73.5	5.9	91.2	34
	Mokhotlong	95.9	89.8	87.8	83.7	36.7	91.8	91.8	87.8	73.5	61.2	4.1	73.5	49
	Thaba-Tseka	80.4	80.4	80.4	78.6	51.8	78.6	78.6	76.8	75.0	73.2	17.9	82.1	56
Area	Urban	94.1	94.7	93.4	91.4	85.5	92.8	92.8	87.5	81.6	76.3	5.3	89.5	152
	Rural	90.8	89.3	87.9	83.9	62.3	88.2	86.1	82.5	76.1	69.8	8.2	83.8	610
Mother's education level	None	87.8	82.9	82.9	68.3	41.5	82.9	78.0	68.3	70.7	56.1	12.2	75.6	41
	Primary	90.1	88.3	86.5	83.6	62.8	86.7	85.3	81.8	74.1	68.3	9.1	82.4	495
	Secondary	95.1	96.5	95.6	92.5	80.5	95.6	93.8	89.8	85.0	80.1	3.5	92.0	226
Total		***91.5***	***90.4***	***89.0***	***85.4***	***66.9***	***89.1***	***87.4***	***83.5***	***77.2***	***71.1***	***7.6***	***84.9***	***762***

4.8 Knowledge of HIV/AIDS Transmission

One of the most important strategies for reducing HIV/AIDS infection rates is the promotion of accurate knowledge of how AIDS is transmitted and how to prevent transmission.

Table 4.12: Percent of women 15-49 who know the main ways of preventing HIV transmission, Lesotho, 2000[26]

Characteristic		Heard of AIDS	Have only one faithful uninfected sex partner	Using a condom every time	Knows both (two) ways	Knows at least one way	Doesn't know any way	No. of women
Region	Lowland	89.6	58.9	67.7	54.8	71.8	28.2	4052
	Foothill	84.4	51.8	59.4	48.7	62.5	37.5	739
	Mountain	76.9	44.8	50.8	41.2	54.4	45.6	1609
	Senqu Valley	81.4	48.8	53.0	45.3	56.5	43.5	338
Area	Urban	91.6	63.7	73.8	60.1	77.4	22.6	1712
	Rural	83.5	51.0	58.0	47.1	61.9	38.1	5026
District	Butha-Buthe	94.9	60.0	67.6	55.5	72.0	28.0	447
	Leribe	88.9	57.5	67.8	54.2	71.1	28.9	993
	Berea	87.0	51.7	62.5	47.3	66.8	33.2	805
	Maseru	87.5	60.8	67.5	57.0	71.3	28.7	1580
	Mafeteng	88.7	58.1	63.0	53.0	68.1	31.9	790
	Mohale's Hoek	81.7	47.0	58.0	44.5	60.6	39.4	553
	Quthing	79.7	48.9	51.3	44.9	55.3	44.7	472
	Qacha's Nek	75.3	50.2	57.7	44.8	63.2	36.8	239
	Mokhotlong	67.9	25.9	31.0	22.1	34.8	65.2	371
	Thaba-Tseka	85.0	55.9	65.6	54.1	67.4	32.6	488
Age	15-19	75.8	43.8	50.4	40.0	54.2	45.8	1413
	20-24	86.7	56.4	65.4	53.3	68.5	31.5	1384
	25-29	87.4	58.7	65.9	54.0	70.6	29.4	1024
	30-34	90.5	59.8	68.4	55.9	72.3	27.7	798
	35-39	87.8	54.9	64.5	51.4	68.0	32.0	860
	40-44	90.8	57.4	63.5	53.4	67.5	32.5	693
	45-49	87.5	54.9	61.6	50.7	65.8	34.2	552
Woman's education level	Primary	61.5	31.2	34.2	28.9	36.5	63.5	301
	Secondary/High	86.4	54.8	62.7	51.0	66.5	33.5	6230
	Higher/Tertiary	99.5	76.0	84.7	68.9	91.8	8.2	183
Total		***85.6***	***54.3***	***62.0***	***50.4***	***65.8***	***34.2***	***6741***

Amongst the women age 15-49 in Lesotho, 85.6 percent have ever heard of AIDS, according to Table 4.12. In the urban areas the percentage is 91.6 percent compared to 83.5 percent in the rural areas. Women in the 2000 Lesotho EMICS were read several statements about the means of HIV/AIDS transmission and asked to state whether they believed those statements were true. Fifty-four percent believed that having only one uninfected partner could prevent HIV transmission. Sixty-two percent believe that using a condom every time one has sex can prevent HIV transmission and 42.5 percent agreed that abstaining from sex prevents HIV transmission. Overall, 33.3 percent knew all three ways of preventing HIV/AIDS transmission and 67.3 percent knew at least one way of preventing HIV/AIDS transmission. About 32.7 percent did not know any way of preventing HIV/AIDS transmission.

[26] Monitoring HIV/AIDS Indicator

In Mokhotlong, approximately 41.0 percent of women knew of the three ways identified. It was the only district where less than 70 percent of the women had ever heard about HIV/AIDS. Differences are apparent amongst the age groups. In all age groups knowledge is above 85 percent, except in the 15-19 year age set. In terms of the educational level, the trend exhibited is that the higher the level of education the more knowledgeable the women.

Table 4.12a: Percentage of women aged 15-19 who know the main ways of preventing HIV transmission, Lesotho, 2000[27]

CHARACTERISTIC		Heard of AIDS	Have only one faithful uninfected sex partner	Using condom every time	Abstaining from sex	Knows all three ways	Knows at least one way	Doesn't know any way	No. of women
Region	Lowland	79.6	47.9	54.3	42.8	31.2	60.3	39.7	849
	Foothill	78.1	40.6	50.6	37.5	27.5	54.4	45.6	160
	Mountain	65.0	34.1	40.2	26.0	18.4	44.7	55.3	331
	Senqu Valley	75.3	46.6	50.7	34.2	27.4	53.4	46.6	73
Area	Urban	82.8	50.5	60.2	45.5	36.4	64.3	35.7	319
	Rural	73.8	41.9	47.5	35.6	25.0	53.1	46.9	1094
District	Butha-Buthe	91.2	52.8	62.4	46.4	33.6	67.2	32.8	125
	Leribe	84.8	51.0	57.6	37.4	29.8	61.6	38.4	198
	Berea	71.4	38.5	44.5	41.8	27.5	52.2	47.8	182
	Maseru	75.2	47.3	51.7	43.6	33.9	57.4	42.6	298
	Mafeteng	77.3	48.3	54.1	42.4	28.5	61.0	39.0	172
	Mohale's Hoek	72.5	34.9	43.1	31.2	22.0	47.7	52.3	109
	Quthing	72.3	45.5	47.5	34.7	27.7	52.5	47.5	101
	Qacha's Nek	65.9	40.9	61.4	22.7	18.2	61.4	38.6	44
	Mokhotlong	54.7	18.6	22.1	19.8	10.5	29.1	70.9	86
	Thaba-Tseka	75.5	40.8	52.0	27.6	20.4	53.1	46.9	98
Age	15-19	75.8	43.8	50.4	37.8	27.6	55.6	44.4	1413
Woman's education level	Primary	47.4	28.9	28.9	21.1	18.4	31.6	68.4	38
	Secondary/High	76.5	44.1	50.9	38.2	27.8	56.0	44.0	1360
Total		***75.8***	***43.8***	***50.4***	***37.8***	***27.6***	***55.6***	***44.4***	***1413***

Table 4.12a describes the same picture as does Table 4.12, only this time it looks at the women aged 15-19 years old. In this age group 75.8 percent have ever heard about HIV/AIDS. About 27.6 percent know all three ways of preventing HIV/AIDS transmission, while 55.6 percent know of at least one way. Approximately 44 percent do not know any way at all. These figures are much lower than those shown for women in the 15-49 years group in Table 4.12.

Table 4.13 describes the identification of various misconceptions about AIDS amongst women 15-49. Overall 60.5 percent of them state that mosquitoes cannot transmit HIV/AIDS. There is a variation across the regions, districts, areas, ages and the educational level. In respect of the regions, only 45.6 percent of the women in the Senqu Valley identify this as a misconception, compared to 89.7 percent in the lowlands. Amongst the districts, 94.9 percent of the women in Butha-Buthe identify this as a misconception. A low 23.9 percent of the women are able to identify all three misconceptions about the transmittal of HIV/AIDS compared to the 71.7 percent who know at least one of them, a surprisingly low figure.

[27] Monitoring HIV/AIDS Indicator

Table 4.13: Women 15-49 who correctly identify misconceptions about HIV/AIDS, Lesotho, 2000[28]

CHARACTERISTIC		Heard of AIDS	Can't be transmitted by supernatural means	Can't be transmitted by mosquito bites	A healthy looking person can be infected	Knows all three misconceptions	Knows at least one misconception	Doesn't correctly identify any misconception	No. of women
Region	Lowland	89.6	66.3	39.7	56.7	26.1	77.6	22.4	4052
	Foothill	84.4	56.6	34.2	45.6	20.7	67.7	32.3	739
	Mountain	76.9	49.8	32.6	41.0	20.2	60.0	40.0	1609
	Senqu Valley	81.4	45.6	29.9	45.0	18.6	60.7	39.3	338
District	Butha-Buthe	94.9	65.8	40.7	55.3	23.9	79.4	20.6	447
	Leribe	88.9	63.4	39.7	49.7	25.9	73.4	26.6	993
	Berea	87.0	64.8	40.4	51.1	24.7	73.5	26.5	805
	Maseru	87.5	63.2	37.5	59.1	26.2	76.2	23.8	1580
	Mafeteng	88.7	67.2	36.7	52.9	22.3	77.1	22.9	790
	Mohale's Hoek	81.7	51.5	30.4	47.4	19.0	64.6	35.4	553
	Quthing	79.7	43.0	28.6	47.5	19.3	59.5	40.5	472
	Qacha's Nek	75.3	61.1	42.3	44.4	28.9	67.4	32.6	239
	Mokhotlong	67.9	41.0	24.8	17.8	7.0	47.2	52.8	371
	Thaba-Tseka	85.0	61.1	42.6	58.4	31.6	72.3	27.7	488
Area	Urban	91.6	71.6	43.9	67.6	33.0	83.5	16.5	1712
	Rural	83.5	56.4	34.5	45.5	20.6	67.4	32.6	5026
Age	15-19	75.8	47.8	31.3	39.8	18.5	58.0	42.0	1413
	20-24	86.7	64.2	40.5	52.5	25.9	74.8	25.2	1384
	25-29	87.4	65.2	40.9	54.2	26.1	76.3	23.7	1024
	30-34	90.5	67.2	40.2	59.1	28.4	78.2	21.8	798
	35-39	87.8	60.3	34.8	52.6	22.0	73.0	27.0	860
	40-44	90.8	62.3	35.6	55.0	22.7	75.5	24.5	693
	45-49	87.5	60.7	35.7	52.2	24.6	71.7	28.3	552
Woman's education level	Primary	61.5	31.6	22.9	25.9	10.0	42.9	57.1	301
	Secondary/High	86.4	60.9	36.8	51.3	23.3	72.2	27.8	6230
	Higher/Tertiary	99.5	90.2	66.7	89.6	60.1	98.4	1.6	183
Total		85.6	60.3	36.9	51.1	23.7	71.5	28.5	6741

[28] Monitoring HIV/AIDS Indicator

Table 4.14: Percentage of women 15-49 who correctly identify means of HIV transmission from mother to child, Lesotho, 2000[29]

CHARACTERISTIC		Can be transmitted from mother to child	Transmission during pregnancy possible	Transmission at delivery possible	Transmission through breastmilk possible	Knows all three	Did not know any specific way	Number of women
Region	Lowland	75.8	74.1	66.5	61.3	55.6	24.6	4052
	Foothill	68.3	66.8	59.4	57.0	51.6	32.1	739
	Mountain	56.0	54.8	45.1	48.6	40.2	44.1	1609
	Senqu Valley	65.1	62.1	51.2	53.0	42.6	35.2	338
District	Butha-Buthe	85.0	81.7	77.9	72.0	66.7	15.4	447
	Leribe	70.3	69.5	62.0	57.2	52.8	30.1	993
	Berea	71.6	70.3	64.7	58.9	53.4	28.2	805
	Maseru	75.4	73.8	65.7	62.8	57.0	25.2	1580
	Mafeteng	74.2	72.8	62.5	59.1	52.8	26.5	790
	Mohale's Hoek	64.6	61.8	51.2	45.2	35.6	35.6	553
	Quthing	65.0	62.3	50.8	54.2	44.1	35.4	472
	Qacha's Nek	69.0	68.6	62.3	60.7	55.2	31.0	239
	Mokhotlong	54.2	52.6	44.7	50.1	41.2	45.8	371
	Thaba-Tseka	48.4	47.5	36.7	42.4	34.0	51.8	488
Area	Urban	79.0	77.5	69.3	64.0	57.6	21.3	1712
	Rural	66.5	64.9	56.7	55.1	48.5	33.8	5026
Age	15-19	52.4	49.7	43.0	42.9	36.9	48.6	1413
	20-24	72.2	70.1	60.3	59.3	51.4	28.0	1384
	25-29	73.9	72.5	64.3	61.3	55.1	26.5	1024
	30-34	80.3	79.9	69.3	66.2	59.8	19.7	798
	35-39	73.4	72.3	65.0	60.3	54.0	26.6	860
	40-44	76.3	74.9	67.5	62.3	55.7	23.8	693
	45-49	71.0	70.3	62.7	59.2	53.4	29.0	552
Woman's education level	Primary	43.9	42.5	35.9	36.5	29.9	56.8	301
	Secondary/High	70.3	68.7	60.3	58.0	51.4	30.0	6230
	Higher/Tertiary	94.0	91.3	85.8	72.1	66.7	6.0	183
Total		***69.7***	***68.1***	***59.9***	***57.4***	***50.9***	***30.6***	***6741***

[29] Monitoring HIV/AIDS Indicator

Table 4.14 describes the percentage of women who correctly identify the means of HIV transmission from mother to child. Overall, 69.7 percent of the women know that HIV can be transmitted from mother to child. Slightly more than 50 percent of women are aware of all three possible ways of transmission of HIV from mother to child. Knowledge of at least one of the three possible ways ranges from 57.4 percent for breastmilk to 68.1 percent as transmittal during pregnancy being possible. Approximately 30 percent did not know of any specific way of transmission of HIV from mother to child.

Table 4.15: Percentage of women aged 15-49 who have sufficient knowledge of HIV/AIDS transmission, Lesotho, 2000[30]

CHARACTERISTIC		Heard of AIDS	Know 2 ways to prevent HIV transmission	Correctly identify 3 misconceptions about HIV transmission	Have sufficient knowledge	No. of women
Region	Lowland	89.6	54.8	26.1	20.7	4052
	Foothill	84.4	48.7	20.7	15.6	739
	Mountain	76.9	41.2	20.2	16.1	1609
	Senqu Valley	81.4	45.3	18.6	17.2	338
Area	Urban	91.6	60.1	33.0	26.7	1712
	Rural	83.5	47.1	20.6	16.2	5026
District	Butha-Buthe	94.9	55.5	23.9	17.2	447
	Leribe	88.9	54.2	25.9	20.8	993
	Berea	87.0	47.3	24.7	17.9	805
	Maseru	87.5	57.0	26.2	21.8	1580
	Mafeteng	88.7	53.0	22.3	16.6	790
	Mohale's Hoek	81.7	44.5	19.0	15.7	553
	Quthing	79.7	44.9	19.3	18.0	472
	Qacha's Nek	75.3	44.8	28.9	23.0	239
	Mokhotlong	67.9	22.1	7.0	3.0	371
	Thaba-Tseka	85.0	54.1	31.6	26.2	488
Age	15-19	75.8	40.0	18.5	14.4	1413
	20-24	86.7	53.3	25.9	20.8	1384
	25-29	87.4	54.0	26.1	20.0	1024
	30-34	90.5	55.9	28.4	23.1	798
	35-39	87.8	51.4	22.0	17.6	860
	40-44	90.8	53.4	22.7	18.3	693
	45-49	87.5	50.7	24.6	19.6	552
Woman's education level	Primary	61.5	28.9	10.0	9.0	301
	Secondary/High	86.4	51.0	23.3	18.6	6230
	Higher/Tertiary	99.5	68.9	60.1	44.8	183
Total		***85.6***	***50.4***	***23.7***	***18.8***	***6741***

Table 4.15 describes the percentage of women aged 15-49 deemed to have sufficient knowledge of HIV/AIDS transmission. Approximately 86 percent of the women has heard about HIV/AIDS. But only 33.3 percent have knowledge of three ways in which HIV transmission can be prevented. Only a shocking 23.3 percent correctly identify three misconceptions about HIV transmission. Overall, according to Table 4.14, only 11.9 percent of the women age 15-49 have sufficient knowledge about HIV/AIDS. Amongst the 15-19 year old eligible women, only 9.6 percent have sufficient knowledge about HIV/AIDS. The more educated the woman the more knowledgeable they are about HIV/AIDS.

[30] Monitoring HIV/AIDS Indicator

4.9 Assistance at Delivery

Provision of delivery assistance by skilled attendants can greatly improve outcomes for mothers and children by use of technically appropriate procedures, and accurate and speedy diagnosis and treatment of complications. *Skilled assistance at delivery* is defined as assistance provided by a doctor, nurse, or midwife.

Overall, 59.8 percent of the deliveries in the last year were carried out by skilled personnel, according to Table 4.16. This percentage is highest amongst women who live in the lowlands, in Leribe district, in the urban areas and women with a higher/tertiary level of education. Midwifes carried out 36.1 percent of the deliveries compared with 12.0 percent for the Doctor, 11.6 percent for the Auxiliary Midwife, and 9.1 percent for the Traditional Birth Attendant. A relative or a friend carried out about 23 percent of the deliveries.

4.10 Birth Registration

The International Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. Table 4.17 describes the distribution of children (0-59 months) by their birth registration status. Slightly over 50 percent of the children had their births registered. The female children were registered more than the males. Interestingly enough, registration was highest in the Senqu Valley, at 62.4 percent, higher than the national indicator. Birth registration was highest in Butha-Buthe and lowest in Leribe. The rural children were registered more than the urban ones – 53.0 percent and 40.7 percent respectively. Amongst the age groups there was not much of a difference in registration levels. It is worth noting that women with no education seemed to register their children more than the other more educated women. The reasons were varying, with 28.2 percent of the mothers/caretakers indicating that they did not know that births should be registered and 6.5 percent said they did not know where to register.

4.11 Disability Problems

Table 4.18 describes the prevalence of disability problems amongst children 24-108 months. At face value the description paints a picture that disability problems are low. The surprising result is the low percentages for affirmative responses to questions such as, "Does the child seem to understand what you are saying?" and "Does he/she speak at all?"

4.12 Contraceptive Use

Table 4.19 describes the pattern of contraceptive use in Lesotho at the time of the EMICS by women age 15-49 who are married or in union or by their partners. Approximately 69.6 percent of the respondents indicated that they do not use any form of contraception at all. Usage of the other contraception methods such as the pill, the condom, or the IUD are all used minimally, as Table 4.19 shows. Approximately 30.4 percent of the married/in union women indicated that they used some form of contraception – 29.5 percent used any modern method and 1.0 percent used some form of traditional method for contraception.

Table 4.16: Percent distribution of women aged 15-49 with a birth in the last year by type of personnel assisting at delivery, Lesotho, 2000 [31]

CHARACTERISTIC		Person assisting at delivery							Any skilled personnel	No. of women
		Doctor	Nurse/midwife	Auxiliary midwife	Traditional birth attendant	Relative/friend	Other/missing	No assistance received		
Region	Lowland	12.8	43.5	8.2	9.1	16.3	4.7	5.4	64.5	485
	Foothill	12.9	31.7	12.9	5.9	29.7	2.0	5.0	57.4	101
	Mountain	9.0	24.3	17.6	10.8	32.9	.5	5.0	50.9	222
	Senqu Valley	17.1	24.4	17.1	4.9	31.7	2.4	2.4	58.5	41
District	Butha-Buthe	13.0	39.1	13.0	8.7	21.7	.0	4.3	65.2	46
	Leribe	12.3	50.0	7.7	6.9	16.2	2.3	4.6	70.0	130
	Berea	8.7	47.0	6.1	5.2	23.5	6.1	3.5	61.7	115
	Maseru	16.9	35.0	10.4	9.3	16.9	5.5	6.0	62.3	183
	Mafeteng	8.4	38.9	8.4	14.7	21.1	5.3	3.2	55.8	95
	Mohale's Hoek	12.9	30.0	17.1	5.7	24.3	.0	10.0	60.0	70
	Quthing	12.8	38.3	10.6	.0	34.0	2.1	2.1	61.7	47
	Qacha's Nek	25.9	29.6	11.1	7.4	18.5	.0	7.4	66.7	27
	Mokhotlong	6.5	8.1	22.6	12.9	45.2	.0	4.8	37.1	62
	Thaba-Tseka	6.8	23.0	20.3	16.2	27.0	1.4	5.4	50.0	74
Area	Urban	20.3	43.5	11.9	4.5	11.9	2.8	5.1	75.7	177
	Rural	9.8	34.2	11.6	10.1	25.9	3.3	5.1	55.7	672
Woman's education level	Primary	11.6	18.6	9.3	18.6	34.9	.0	7.0	39.5	43
	Secondary/High	11.7	36.9	11.6	8.8	22.6	3.4	5.0	60.2	784
Total		***12.0***	***36.1***	***11.6***	***9.1***	***22.9***	***3.2***	***5.1***	***59.8***	***850***

[31] World Summit for Children Goal => Numbers 11

Table 4.17: Percent distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration, Lesotho, 2000[32]

CHARACTERISTIC		REGISTRATION STATUS		REASONS FOR NON-REGISTRATION						No. of children
		Birth registered	DK if birth registered	Must travel too far	Didn't know it should be registered	Late & didn't want to pay fine	Doesn't know where to register	Other	Reason DK or Missing	
Sex	Male	49.1	6.8	.9	28.9	1.0	6.7	2.8	3.7	1867
	Female	52.1	7.6	.9	27.5	.6	6.3	2.2	2.9	1867
Region	Lowland	43.6	7.4	.6	33.6	.8	7.6	3.4	2.9	2074
	Foothill	53.1	7.9	1.3	25.0	.4	6.4	1.8	4.2	456
	Mountain	61.6	6.4	1.3	20.4	.9	4.2	1.5	3.6	994
	Senqu Valley	62.4	7.1	1.0	19.0	1.0	6.7	.5	2.4	210
District	Butha-Buthe	89.9	2.3	1.4	1.4	.0	1.4	1.8	1.8	217
	Leribe	31.4	5.7	.7	48.8	.8	6.9	1.3	4.4	609
	Berea	45.9	9.5	.4	20.3	1.3	14.6	3.3	4.6	453
	Maseru	35.6	8.7	1.3	39.5	.4	6.5	5.3	2.7	750
	Mafeteng	53.9	7.1	.2	27.5	1.2	5.6	2.2	2.2	408
	Mohale's Hoek	62.6	8.4	.0	19.3	.6	5.6	1.2	2.2	321
	Quthing	67.1	7.5	1.6	17.5	.0	3.6	1.6	1.2	252
	Qacha's Nek	54.0	4.7	2.7	14.7	1.3	11.3	.7	10.7	150
	Mokhotlong	86.0	4.7	.4	3.5	1.9	.4	.8	2.3	257
	Thaba-Tseka	43.2	8.2	1.3	36.9	.6	4.7	2.2	2.8	317
Area	Urban	40.7	7.7	1.7	34.9	.7	6.7	4.5	3.2	717
	Rural	53.0	7.1	.7	26.6	.8	6.5	2.1	3.3	3017
Age (in months)	< 6 months	40.1	7.9	2.2	31.4	1.1	7.9	6.2	3.3	369
	6-11 months	48.2	5.6	1.0	31.6	.7	7.3	2.2	3.4	411
	12-23 months	51.6	6.3	.1	29.1	.9	7.0	2.5	2.5	762
	24-35 months	52.6	6.4	.7	26.8	.5	6.8	1.6	4.6	810
	36-47 months	53.2	7.6	1.0	26.6	1.0	5.9	2.8	1.9	711
	48-59 months	51.9	9.3	1.1	26.6	.8	5.1	1.5	3.8	665
Mother's education level	None	58.9	7.7	.4	20.3	1.2	7.3	1.6	2.4	246
	Primary	50.3	7.2	.9	28.8	.8	6.4	2.2	3.4	2471
	Secondary	49.2	7.0	.9	28.8	.8	6.8	3.4	3.1	1018
Total		***50.6***	***7.2***	***.9***	***28.2***	***.8***	***6.5***	***2.5***	***3.3***	***3737***

[32] Monitoring Children's Rights Indicator

Table 4.18: Percentage of children 24 to 108 months with disability problems, Lesotho, 2000

CHARACTERISTIC		Serious delay in sitting standing, or walking	Difficulty seeing compared with other children	Appears to have difficulty hearing	Seem to understand what you are saying	Difficulty with limbs?	Fits, become rigid, or lose consciousness	Learn to do things like other children his/her age	Does speak at all?	Speech different from normal?	Can name at least one object?	Appear in any way mentally backward, dull or slow?	No. of Caretakers
Region	Lowland	7.5	2.2	2.0	46.9	1.4	1.8	49.1	44.8	7.7	12.3	4.9	2074
	Foothill	7.7	2.2	2.4	46.7	3.1	1.8	52.0	47.4	7.0	12.1	9.6	456
	Mountain	9.7	4.0	3.3	47.4	2.5	2.2	50.1	45.9	10.8	12.8	5.1	994
	Senqu Valley	13.3	5.2	5.7	51.9	3.8	3.8	56.2	51.9	10.5	16.2	7.1	210
District	Butha-Buthe	12.0	2.3	4.6	52.1	2.8	.9	56.2	54.8	8.3	16.1	8.3	217
	Leribe	6.7	1.8	1.3	49.9	2.0	2.5	51.2	47.5	7.4	11.0	6.4	609
	Berea	5.1	.9	2.4	48.8	1.1	.9	48.8	45.0	8.6	12.4	7.3	453
	Maseru	6.1	2.4	2.0	44.9	2.7	2.0	48.7	44.1	6.5	11.5	5.1	750
	Mafeteng	10.8	2.7	2.0	51.5	.2	2.0	53.9	46.3	8.3	14.0	2.0	408
	Mohale's Hoek	13.1	5.0	3.1	30.2	2.8	3.7	37.4	34.9	10.9	9.7	7.5	321
	Quthing	11.5	2.4	3.2	53.6	2.8	4.4	58.7	50.8	7.9	16.3	4.4	252
	Qacha's Nek	15.3	5.3	4.7	50.0	2.7	2.0	57.3	52.0	14.0	12.7	8.7	150
	Mokhotlong	7.8	6.6	5.1	47.9	3.9	1.2	49.8	47.9	12.1	9.3	6.2	257
	Thaba-Tseka	6.3	3.2	2.2	47.3	.6	.9	47.3	43.5	9.1	17.4	3.5	317
Area	Urban	6.7	2.2	2.1	44.2	2.4	2.2	46.0	42.8	5.4	10.7	5.3	717
	Rural	8.8	3.0	2.7	48.0	2.0	2.0	51.1	46.5	9.3	13.1	5.7	3017
Mother's education level	None	9.3	4.9	3.7	52.0	3.7	1.6	55.7	50.8	7.7	12.6	7.3	246
	Primary	8.8	2.8	3.1	48.3	2.0	2.3	51.0	47.1	9.6	13.1	6.2	2471
	Secondary	7.1	2.5	1.2	43.3	1.7	1.6	46.6	41.4	6.5	11.4	3.8	1018
Total		***8.4***	***2.8***	***2.6***	***47.2***	***2.0***	***2.0***	***50.1***	***45.8***	***8.6***	***12.6***	***5.6***	***3737***

Table 4.19: Percentage of married or in union women aged 15-49 who are using (or whose partner is using) a contraceptive method, Lesotho, 2000[33]

CHARACTERISTIC		No method	Current method													Any modern method	Any traditional method	Any method	No. of currently married women
			Female sterilization	Male sterilization	Pill	IUD	Injections	Implants	Condom	Female condom	Diaphragm /foam/jelly	LAM	Periodic abstinence	Withdrawal	Other				
Region	Lowland	62.4	1.8	.1	12.3	3.8	16.5	.1	1.7	.0	.2	.1	.0	.4	.5	36.6	1.0	37.6	2212
	Foothill	71.7	.9	.0	8.4	2.6	11.9	.0	2.8	.0	.0	.2	.0	.5	.9	26.6	1.6	28.3	428
	Mountain	84.1	.5	.0	4.3	.1	8.2	.1	1.6	.1	.3	.1	.1	.4	.1	15.1	.7	15.9	964
	Senqu Valley	74.6	1.2	.0	4.6	.0	17.3	.0	1.7	.0	.0	.0	.0	.0	.6	24.9	.6	25.4	173
District	Butha-Buthe	58.6	1.3	.0	14.3	3.8	17.7	.0	3.0	.0	.0	.0	.0	1.3	.0	40.1	1.3	41.4	237
	Leribe	61.9	1.4	.2	11.1	3.9	18.1	.0	2.4	.2	.0	.0	.0	.3	.5	37.2	.9	38.1	586
	Berea	65.1	1.4	.0	9.7	5.1	13.4	.2	3.2	.0	.0	.2	.0	.5	1.2	33.0	1.8	34.9	433
	Maseru	68.1	2.0	.0	10.6	2.7	14.1	.2	1.3	.0	.0	.4	.0	.1	.5	31.0	.9	31.9	849
	Mafeteng	63.6	2.2	.2	13.7	2.6	15.6	.0	1.1	.0	.4	.0	.0	.4	.2	35.8	.7	36.4	461
	Mohale's Hoek	70.1	.3	.0	8.6	2.3	15.1	.0	1.6	.0	1.0	.0	.0	.3	.7	28.9	1.0	29.9	304
	Quthing	80.9	.8	.0	3.3	.0	12.2	.0	2.0	.0	.4	.0	.0	.0	.4	18.7	.4	19.1	246
	Qacha's Nek	77.2	1.6	.0	9.4	.0	9.4	.0	1.6	.0	.0	.0	.0	.8	.0	22.0	.8	22.8	127
	Mokhotlong	86.5	.0	.0	2.3	.5	6.5	.0	1.9	.0	.9	.0	.5	.9	.0	12.1	1.4	13.5	215
	Thaba-Tseka	86.5	.3	.0	3.8	.0	8.2	.3	.3	.0	.0	.3	.0	.0	.3	12.9	.6	13.5	319
Area	Urban	61.2	2.0	.0	11.0	5.0	16.7	.3	2.1	.0	.6	.3	.0	.5	.3	37.6	1.2	38.8	858
	Rural	72.0	1.1	.1	9.0	1.8	13.1	.0	1.7	.0	.1	.1	.0	.3	.5	27.1	.9	28.0	2919
Age	15-19	84.6	.0	.0	4.2	.7	8.1	.0	1.4	.0	.4	.0	.0	.7	.0	14.7	.7	15.4	285
	20-24	66.3	.1	.1	11.9	1.5	16.0	.3	2.8	.1	.1	.1	.0	.3	.3	33.0	.7	33.7	748
	25-49	68.9	1.8	.0	9.3	3.1	13.9	.1	1.6	.0	.2	.1	.0	.4	.5	30.0	1.1	31.1	2746
Woman's education level[34]	Primary	86.9	.0	.0	2.2	1.1	7.1	.0	.0	.0	.0	.5	.0	1.1	1.1	10.4	2.7	13.1	183
	Secondary/High	69.2	1.3	.1	9.8	2.5	14.2	.1	1.9	.0	.2	.1	.0	.3	.4	30.0	.8	30.8	3477
	Higher/Tertiary	52.4	4.9	.0	12.6	6.8	14.6	1.9	1.9	.0	1.9	1.0	.0	1.0	1.0	44.7	2.9	47.6	103
Total		69.6	1.3	.1	9.4	2.6	13.9	.1	1.8	.0	.2	.1	.0	.4	.4	29.5	1.0	30.4	3779

[33] World Summit for Children Goal => Number 10

[34] Non-standard curriculum and higher/tertiary education not displayed because the cases are less than 25. Missing Values in this case are 9.

Appendices to the Preliminary Report

Appendix A – The Kingdom of Lesotho MICS Questionnaire

CONFIDENTIAL

KINGDOM OF LESOTHO
MULTIPLE INDICATOR CLUSTER SURVEY (MICS)
FOR THE END OF DECADE GOALS
MARCH 2000

DISTRICT…….. **INTERVIEWER…….**
VILLAGE……... **SUPERVISOR……..**

HOUSEHOLD INFORMATIO N PANEL

1.Cluster number:	2. Household number:	3. Date of interview (day/month/year)
4. Interviewer number:	5. Name of Head of H/H	6. Area: Urban…… 1 Rural……. 2
6a. District: Butha-Buthe…… 01 Leribe…….. 02 Berea…… 03 Maseru…… 04 Mafeteng……. 05 Mohale`s Hoek…….. 06 Quthing…….. 07 Qacha`s Nek…….. 08 Mokhotlong…… 09 Thaba-Tseka……. 10	7. Region: Lowland…….. 1 Foothill……. 2 Mountain……. 3 Senqu Valley…… 4	8.Material of main house floor: Natural floor Earth/sand……. 01 Dung……. 02 Rudimentary floor Wood planks……. 03 Palm/bamboo…….. 04 Finished floor Parquet/polished wood.. 05 Vinyl/asphalt strips…….. 06 Ceramic tiles…….. 07 Cement…….. 08 Carpet……. 09 Other (specify) …… 10
8(a). No. Persons in H/H usually resident: __ __	9. (a) Number of rooms in dwelling: __ __ (b) How many are used for sleeping __ __	9 © H/H has: Electricity…… 1 Radio……. 2 Television…… … 3 Refrigerator…… …. 4 None……. 5
9.(d) Any member of H/H owns: Bicycle…….. 1 Motorcycle/scooter…… .. 2 Car or truck…….. 3 Scotch cart…… ….. 4 Horse…… 5 None……. 6	9. (e) Main cooking fuel used by H/H: Electricity…… .. 01 LPG/Natural Gas…… 02 Biogas…….. 03 Kerosene…….. 04 Coal, Lignite……. 05 Charcoal…… 06 Firewood/straw……. 07 Dung…….. 08 Other (specify) …… 09	10. Result of HH interview: Completed……..….. 1 Refused…….. 2 Not at home…… 3 HH not found……. 4 Other (specify) ……..…..… 5
11. No. of women 15 – 49 __ __	12. No. of women interviews completed: __ __	13. No. of children under age 5: __ __
14. Number of children interviews completed __ __	14a. Editing and coding …….	15. Data entry clerk ……
Interviewer/supervisor notes record notes about the interview e.g. call-back times …… ……		

CLUSTER NO__ __ __ HOUSEHOLD NO.__ __ __

HOUSEHOLD LISTING FORM

First, please tell me the name of each person who usually lives here, starting with the head of the household (i.e. `de jure` population)

					Eligible for:			For persons age 15 or over ask Qs. 7a - 9			For children under age 15 years ask Qs. 10-13			
					Women's modules	Child labour module	Child health modules							
1. Line no.	2. Name	3. Is (name) male or female? 1 Male 2 Female		4. How old is (name)? How old was (name) on his/her last birthday? Record in complete Years 99=DK	5. Circle Line no. if woman is age 15-49	6. For each child age 5-14: Who is the mother or primary caretaker of this child? Record Line no. of mother/ caretaker	7. For each child under 5: Who is the mother or primary caretaker of this child? Record Line no. of mother/ caretaker	7a. What was (name) employment status since (the same day last week)? 1 Paid employee 2 Own account 3 Employer 4 Subsistence farmer 5 Unpaid family worker 6 Job seeker 98 NA	8. Can he/she read a letter or newspaper easily, with difficulty or not at all? 1 Easily 2 Difficult 3 Not at all	9. What is the marital status of (name)?** 1Currently married/ in union 2 Widowed 3 Divorced 4 Separated 5 Never married	10. Is(name's natural mother alive? 1 Yes 2 No⇨Q12 9 DK⇨Q12	11. If alive: Does (name's) natural mother live in this house-hold? 1 Yes 2 No		12. Is (name's) natural father alive? 1 Yes 2 No 9 DK If 2 or DK ⇨Educatio n module	13. If alive: Does (name's) natural father live in this house-hold? 1 Yes 2 No	
Line	Name	M	F	Age	15-49	Mother	Mother	P O E S U J N	E D N DK	M W D S N	Y N DK	Y	N	Y N DK	Y	N
01		1	2	____ ____	01	___ ___	___ ___	1 2 3 4 5 6 98	1 2 3 9	1 2 3 4 5	1 2 9	1	2	1 2 9	1	2
02		1	2	____ ____	02	___ ___	___ ___	1 2 3 4 5 6 98	1 2 3 9	1 2 3 4 5	1 2 9	1	2	1 2 9	1	2
03		1	2	____ ____	03	___ ___	___ ___	1 2 3 4 5 6 98	1 2 3 9	1 2 3 4 5	1 2 9	1	2	1 2 9	1	2
04		1	2	____ ____	04	___ ___	___ ___	1 2 3 4 5 6 98	1 2 3 9	1 2 3 4 5	1 2 9	1	2	1 2 9	1	2
05		1	2	____ ____	05	___ ___	___ ___	1 2 3 4 5 6 98	1 2 3 9	1 2 3 4 5	1 2 9	1	2	1 2 9	1	2
06		1	2	____ ____	06	___ ___	___ ___	1 2 3 4 5 6 98	1 2 3 9	1 2 3 4 5	1 2 9	1	2	1 2 9	1	2
07		1	2	____ ____	07	___ ___	___ ___	1 2 3 4 5 6 98	1 2 3 9	1 2 3 4 5	1 2 9	1	2	1 2 9	1	2
08		1	2	____ ____	08	___ ___	___ __	1 2 3 4 5 6 98	1 2 3 9	1 2 3 4 5	1 2 9	1	2	1 2 9	1	2
09		1	2	____ ____	09	___ ___	____ ___	1 2 3 4 5 6 98	1 2 3 9	1 2 3 4 5	1 2 9	1	2	1 2 9	1	2
10		1	2	____ ____	10	___ ___	____ ____	1 2 3 4 5 6 98	1 2 3 9	1 2 3 4 5	1 2 9	1	2	1 2 9	1	2

CLUSTER NO. __ __ __ HOUSEHOLD NO. __ __ __

1. EDUCATION MODULE

If interview takes place between two school years, use alternative wording found in Appendix 1.

For persons age 5 or over ask Qs. 15 and 16	For children age 5 through 17 years, continue on, asking Qs. 17-22

14. Line no.	15. Has (name) ever attended school?	16. What is the highest level of school (name) attended? What is the highest grade (name) completed at this level? Level: 1 Primary 2 Secondary/High 3 Higher/Tertiary 4 Non-Standard Curriculum 5 Vocational 6 Literacy 98 NA/Preschool 99 DK GRADE: If less than 1 grade, enter 00.		17. Is (name) currently attending school?		18. During the year, 2000 did (name) attend school at any time?		19. Since last (day of the week), how many days did (name) attend school?	20. During 2000, which level and grade is/was (name) attending? Level: 1 Preschool 2 Primary 3 Secondary/high 4 Non-standard curriculum 5 Vocational 6 Higher/tertiary 7 Literacy 99 Dk Grade: 99 Dk		21. Did (name) attend school year before last?			22. Which level and grade did (name) attend last year? level: 1 preschool 2 primary 3 secondary 4 non-standard curriculum 5 Vocational 6 Higher/Tertiary 7 Literacy 99 DK Grade: 99 DK	
	1 Yes ⇨ Q.16 2 No ↘ next line			1 Yes 2 No		1 Yes 2 No ⇨ Q.21		Insert number of days in space below.			1 Yes 2 No ↘ next line 9 DK ↘ next line				
Line	Y No	Level	Grade	Yes	No	Yes	No	Days	Level	Grade	Y	N	DK	Level	Grade
01	1 2⇨next line	1 2 3 4 5 6 98 99	___ ___	1	2	1	2	____	12 3 4 5 6 98 99	__ ___	1	2	9	1 2 3 4 9	___ ___
02	1 2⇨next line	1 2 3 4 5 6 98 99	___ ___	1	2	1	2	____	12 3 4 5 6 98 99	__ ___	1	2	9	1 2 3 4 9	___ ___
03	1 2⇨next line	1 2 3 4 5 6 98 99	___ ___	1	2	1	2	____	12 3 4 5 6 98 99	__ ___	1	2	9	1 2 3 4 9	___ ___
04	1 2⇨next line	1 2 3 4 5 6 98 99	___ ___	1	2	1	2	____	12 3 4 5 6 98 99	__ ___	1	2	9	1 2 3 4 9	___ ___
05	1 2⇨next line	1 2 3 4 5 6 98 99	___ ___	1	2	1	2	____	12 3 4 5 6 98 99	__ ___	1	2	9	1 2 3 4 9	___ ___
06	1 2⇨next line	1 2 3 4 5 6 98 99	___ ___	1	2	1	2	____	12 3 4 5 6 98 99	__ ___	1	2	9	1 2 3 4 9	___ ___
07	1 2⇨next line	1 2 3 4 5 6 98 99	___ ___	1	2	1	2	____	12 3 4 5 6 98 99	__ ___	1	2	9	1 2 3 4 9	___ ___
08	1 2⇨next line	1 2 3 4 5 6 98 99	___ ___	1	2	1	2	____	12 3 4 5 6 98 99	__ ___	1	2	9	1 2 3 4 9	___ ___
09	1 2⇨next line	1 2 3 4 5 6 98 99	___ ___	1	2	1	2	____	12 3 4 5 6 98 99	__ ___	1	2	9	1 2 3 4 9	___ ___
10	1 2⇨next line	1 2 3 4 5 6 98 99	___ ___	1	2	1	2	____	12 3 4 5 6 98 99	__ ___	1	2	9	1 2 3 4 9	___ ___

Now for each woman age 15-49 years, write her name and line number at the top of each page in the Women's Questionnaire.
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker at the top of each page in the Children's Questionnaire.
You should now have a separate questionnaire for each eligible woman and child in the household.

CLUSTER NO………………… HOUSEHOLD NO……………………

2. CHILD LABOUR MODULE

To be administered to caretaker of each child resident in the household age 5 through 17 years.
Copy the number of each eligible child from household listing
now I would like to ask about any work children in this house may do

1 Line no.	2 Name	2a During the past week, did (name) do any kind of work for someone who is a member of this house hold? If yes: for pay? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No			3. During the past week did (name) do any kind of work for someone who is not a member of this household? If yes: for pay? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No⇨q.5			4. If yes: since last (day of the week) about how many hours did he/she do his work for someone who is not a member of the household? If more than one job ,include all hours at all jobs. Record response then	4a. At any time during the past year did (name) do any kind of work for someone who is a member of this household? If yes: for pay? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No			5 At any time during the past year did (name) do any kind of work for someone who is not a member of this household? If yes: for pay? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No			5a. For what reason did (name) work? 1.No more school opportunity 2. Self support 3. School fees 4. Lodging 5. Clothing 6. H/H food 7. Pocket money 8. Volunteer 9. Other (specify) Circle main reason	6. During the past week did (name) help with the housekeeping chores such as Cooking, Shopping, Cleaning, washing, Clothes, Fetching water, or Caring for children? 1.Yes 2.No⇨Q.8		7. if yes: Since last (day of the week), about how many hours did he/she spend doing these chores?	8. During the past week did (name) do any other family work (on the farm or in a business)? 1 Yes 2No⇨ next line		9. . if yes: Since last (day of the week) about how many hours did he/she do this work?
Line no.		Yes paid	Yes unpaid	No	Yes paid	Yes unpaid	No	No of hours	Yes paid	Yes unpaid	No	Yes paid	Yes unpaid	No	Reason for work	Yes	No	No. hours	Yes	No	No .of hours
__		1	2	3	1	2	3	__ __	1	2	3	1	2	3	1 2 3 4 5 6 7 8 9	1	2		1	2	__ __
__		1	2	3	1	2	3	__ __	1	2	3	1	2	3	1 2 3 4 5 6 7 8 9	1	2		1	2	__ __
__		1	2	3	1	2	3	__ __	1	2	3	1	2	3	1 2 3 4 5 6 7 8 9	1	2		1	2	__ __
__		1	2	3	1	2	3	__ __	1	2	3	1	2	3	1 2 3 4 5 6 7 8 9	1	2		1	2	__ __
__		1	2	3	1	2	3	__ __	1	2	3	1	2	3	1 2 3 4 5 6 7 8 9	1	2		1	2	__ __
__		1	2	3	1	2	3	__ __	1	2	3	1	2	3	1 2 3 4 5 6 7 8 9	1	2		1	2	__ __
__		1	2	3	1	2	3	__ __	1	2	3	1	2	3	1 2 3 4 5 6 7 8 9	1	2		1	2	__ __

When all children in the age range have been covered, *GO TO WATER AND SANITATION MODULE* ⇨

CLUSTER NO. __ __ __ HOUSEHOLD NO. __ __ __

4.WATER AND SANITATION MODULE

This module is to be administered once for each household visited.
Record only one response for each question.
If more than one response is given, record the most usual source or facility.

1. WHAT IS THE MAIN SOURCE OF DRINKING WATERFOR MEMBERS OF YOUR HOUSEHOLD?	Piped into dwelling..... 01 Piped into yard or plot..... 02 Public tap ..... 03 Tubewell/borehole with pump..... 04 Protected dug well..... 05 Protected spring..... 06 Rainwater collection..... 07 Bottled water..... 08 Unprotected dug well..... 09 Unprotected spring..... 10 Pond, river or stream..... 11 Tanker-truck, vendor..... 12 Other (specify) _____ 13 No answer or DK..... 99	
2. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes..... __ __ __ Water on premises..... 888 DK..... 999	
2a HOW FAR FROM THE HOESEHOLD IS THE WATER DRAWN	Inside the house/yard/compound……..1 Within 150 meters……2 Within 1 Kilometer……3 More than 1 kilometer……..4 Other (specify)……..5	
3. 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 (e.g., VIP)..... 3 Traditional pit latrine ..... 4 Open pit ..... 5 Bucket..... 6 Other (specify) _____ 7 No facilities or bush or field 8	8⇨Q.5
4. IS THIS FACILITY LOCATED WITHIN YOUR DWELLING, OR YARD OR COMPOUND?**	Yes, in dwelling/yard/compound..... 1 No, outside dwelling/yard/compound..... 2 DK..... 9	
5. WHAT HAPPENS WITH THE STOOLS OF YOUNG CHILDREN (0-3 YEARS) WHEN THEY DO NOT USE THE LATRINE OR TOILET FACILITY?	Children always use toilet or latrine..... 1 Thrown into toilet or latrine..... 2 Thrown outside the yard..... 3 Buried in the yard..... 4 Not disposed of or left on the ground..... 5 Other (specify) _____ 6 No young children in household..... 8	

GO TO SALT IODIZATION MODULE ⇨

	CLUSTER NO. __ __ __ HOUSEHOLD NO. __ __ __	
5. SALT IODIZATION MODULE		
1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT? Once you have examined the salt, circle number that corresponds to test outcome. Categories correspond to test kit recommended by UNICEF to be used in all MICS surveys.	Not iodized 0 PPM (no colour) ..... 1 Less than 15 PPM (weak colour) ..... 2 15 PPM or more (strong colour) ..... 3 No salt in home ..... 8 Salt not tested 9	
GO TO DISABILITY MODULE ⇨		

CLUSTER NO__ __ __ **HOUSEHOLD NUMBER**__ __ __

5. DISABILITY MODULE. TO BE ADMINISTERED TO CARETAKERS OF ALL CHILDREN 2 THROUGH 9 YEARS OLD LIVING IN THE HOUSEHOLD. INTERVIEWER: I WOULD LIKE TO ASK YOU IF ANY CHILDREN IN THIS HOUSEHOLD AGED 2 THROUGH 9 (READ NAMES LISTED IN THE HOUSEHOLD ROSTER) HAS ANY OF THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU. IF THE ANSWER TO ANY QUESTION IS "YES" , ASK FOR THE NAME OF THE CHILD, AND ENTER THE NAME AND LINE NO. IN SPACE PROVIDED. CIRCLE RESPONSE IN CORRESPONDING BOX. IF RESPONSE IS "NO", CROSS THROUGH EACH SPACE AS QUESTION IS ASKED.	
1.CHILD`S NAME	
2. LINE NO.	
3 COMPARED WITH OTHER CHILDREN, DOES (NAME) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?	YES…..1 NO…….2
4. COMPARED WITH OTHER CHILDREN, DOES (NAME) HAVE DIFFUCULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?	YES…..1 NO……2
5. DOES (NAME) APPEAR TO HAVE DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF)?	YES…..1 NO…...2
6. WHEN YOU TELL (NAME) TO DO SOMETHING, DOES SHE/HE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	YES…..1 NO…...2
7. DOES (NAME) HAVE DIFFICULTY IN WALKING OR MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND/OR STIFFNESS IN THE ARMS OR LEGS?	YES…..1 NO…...2
8. DOES (NAME) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSCIOUSNESS?	YES…..1 NO……2
9. DOES (NAME) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?	YES…..1 NO…...2
10. DOES (NAME) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN SAY RECOGNIZABLE WORDS?	YES…..1 NO……2
11. A. (FOR 3 – 9 YEAR OLDS): IS (NAME) `S SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMIDIATE FAMILY)?	YES…..1 NO…...2
11. B. (FOR 2 YEAR OLDS): CAN (CHILD) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?	YES…..1 NO…...2
12. COMPARED TO OTHER CHILDREN OF THE SAME AGE, DOES (NAME) APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?	YES…..1 NO……2

WHEN ALL THE CHILDREN IN THE AGE RANGE HAVE BEEN COVERED, **GO TO WOMEN`S MODULE** ⇨

CLUSTER NO. __ __ __ HOUSEHOLD NO. __ __ __ WOMAN LINE NO. __ __

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

6. WOMEN'S INFORMATION PANEL		
This module is to be administered to all women age 15 through 49 (see column 5 of HH listing). Fill in one form for each eligible woman.		
1. Woman's line number (from HH listing).	Line number.....__ __	
2. Woman's name.	Name _____	
3A. IN WHAT MONTH AND YEAR WERE YOU BORN? Or: 3B. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Date of birth Month/Year .....__ __ / __ __ __ __ DK date of birth ..... 999999 Or: Age (in completed years).....__ __	DK⇨3 B
GO TO CHILD MORTALITY MODULE ⇨		

Cluster no. __ __ __ Household no. __ __ __ Woman line no. __ __

7. CHILD MORTALITY MODULE

This module is to be administered to all women age 15-49.
All questions refer only to LIVE births.
Follow instructions as provided in training. See Instructions for Interviewers.

1. Now I would like to ask about all the births you have had during your life. Have you ever given birth? *If "NO" probe by asking:* I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours?	Yes ..... No.....	2⇨ contraceptive use module
1a. How old were you when you had your first child? 2b. How many years ago did you have your first birth?	Age in completed years……. __ __ DK ..... DK⇨2B Completed years since first birth .....__	
3. Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes ..... No.....	2⇨Q.5
4. How many sons live with you? How many daughters live with you?	Sons at home .....__ Daughters at home .....__	
5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	Yes ..... No.....	2⇨Q.7
6. How many sons are alive but do not live with you? How many daughters are alive but do not live with you?	Sons elsewhere .....__ Daughters elsewhere.....__	
7. Have you ever given birth to a boy or girl who was born alive but later died?	Yes ..... No.....	2⇨Q.9
8. How many boys have died? How many girls have died?	Boys dead.....__ Girls dead.....__	
9. Sum answers to Q. 4, 6, and 8.	Sum.....__	
10. Just to make sure that I have this right, you have had in total (*total number*) births during your life. Is this correct? ☐ Yes ⇨ *Go to Q.11* ☐ NO ⇨ *CHECK RESPONSES AND MAKE CORRECTIONS BEFORE PROCEEDING TO Q.11*		
11. OF these (*total number*) births you have had, when did you deliver the last one (even if he or she has died)?	Date of last birth Day/Month/Year.....__ __/__ __/__ __ __ __	

Did the woman's last birth occur within the last year, that is, since __/March/1999?
☐ *Yes, live birth in last year.* ⇨ *GO TO TETANUS TOXOID MODULE*
☐ *No live birth in last year.* ⇨ *GO TO CONTRACEPTIVE USE MODULE*

Cluster no. __ __ __ Household no. __ __ __ Woman line no. __ __

8. TETANUS TOXOID (TT) MODULE *SKIP THIS MODULE IF WOMAN HAD NO LIVE BIRTHS IN THE PAST YEAR*		
This module is to be administered to all women with a live birth in the year preceding date of interview.		
1. Do you have a card or other document with your own immunizations listed? *If a card is presented, use it to assist with answers to the following questions.*	Yes (card seen)..... 1 Yes (card not seen)..... 2 No ..... 3 DK 9	
2. When you were pregnant with your last child, did you receive any injection to prevent him or her from getting convulsions after birth (an anti-tetanus shot, an injection at the top of the arm or shoulder)?	Yes..... 1 No ..... 2 DK 9	 2⇨Q.4 9⇨Q.4
3. *If yes:* How many doses of tetanus toxoid (anti-tetanus injections) did you receive during your last pregnancy?	No. of doses .....__ __ DK 99	
How many TT doses were reported during last pregnancy in Q.3? ☐ *At least two TT injections during last pregnancy.* ⇨ *GO TO MATERNAL AND NEWBORN HEALTH MODULE* ☐ *Fewer than two TT injections during last pregnancy.* ⇨ *CONTINUE WITH Q.4*		
4. Did you receive any tetanus toxoid injection (*additional probes*) at any time before your last pregnancy, including during a previous pregnancy or between pregnancies?	Yes..... 1 No ..... 2 DK 9	 2⇨Q.7 9⇨Q.7
5. *If yes:* How many doses did you receive?	No. of doses .....__ __	
6a. When was the last dose received?	Date of last dose Month/Year .....__ __ / __ __ __ __ DK date..... 999999	 DK⇨6B
7. Add responses to Q.3 and Q.5 to obtain total number of doses in lifetime.	Total no. of doses.....__ __	

GO TO MATERNAL AND NEWBORN HEALTH MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Woman line no. __ __

9. MATERNAL AND NEWBORN HEALTH MODULE

This module is to be administered to all women with a live birth in the year preceding date of interview.

1. In the first two months after your last birth, did you receive a vitamin A dose like this? *Show red capsule .*	Yes ..... 1 No ..... 2 DK 9	
2. Did you see anyone for antenatal care for this pregnancy? *If yes*: Whom did you see? Anyone else? *Probe for the type of person seen and circle all answers given.*	Health professional: Doctor ..... 1 Nurse/midwife ..... 2 Nursing Assistant ..... 3 Other person Traditional birth attendant ..... 4 Relative/friend……5 Other (*specify*) _____6 No one 0	 4 ⇨ Q3 5⇨ Q3 6⇨ Q3 0⇨ Q3
2a How many times did you attend the antenatal clinic	Number of times…… __ __	
3. Who assisted with the delivery of your last child (*or name*)? Anyone else? *Probe for the type of person assisting and circle all answers given.*	Health professional: Doctor ..... 1 Nurse/midwife ..... 2 Nursing Assistant ..... 3 Other person Traditional birth attendant ..... 4 Relative/friend ..... 5 Other (*specify*) _____6 No one 0	
3a. where was (name) born?	At home……1 Health Centre……2 Hospital……..3 Private Practitioner……..4 Other (specify)……..5 DK…….99	
4. When your last child (*name*) was born, was he/she very large, larger than average, average, smaller than average, or very small?	Very big ..... 1 Bigger than average ..... 2 Average ..... 3 Smaller than average ..... 4 Very small ..... 5 DK 99	
5. Was (*name*) weighed at birth?	Yes ..... 1 No ..... 2 DK 9	 2⇨Q.7 9⇨Q.7
6. How much did (*name*) weigh? *Record weight from health card, if available.*	From card ..... 1 (grams) __ , __ __ __ From recall ..... 2 (grams) __ , __ __ __ DK 99999	
7. When you were pregnant with your last child, did you have difficulty with your vision during the daylight?	Yes ..... 1 No ..... 2 DK 9	
8. During that pregnancy, did you suffer from night blindness?	Yes ..... 1 No ..... 2 DK 9	

GO TO CONTRACEPTIVE MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Woman line no. __ __

10. CONTRACEPTIVE USE MODULE

Ask all women age 15-49 and then follow the skip instruction carefully.

1. what is (name`s) marital status?	Never Married ..... 1 Married/in union ..... 2 Separated……..3 Divorced…….4 Widowed……5	
2. Now I am going to change topics. I would like to talk with you about another subject – family planning – and your reproductive health. I know this is a difficult subject to talk about, but it is important that we obtain this information. Of course, all the information you supply will remain strictly confidential. You will never be identified with the answers to these questions. Are you pregnant now?	Yes, currently pregnant..... 1 No ..... 2 Unsure or DK 3	1⇨NEXT MODULE
3. Some couples use various ways or methods to delay or avoid a pregnancy. Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes..... 1 No 2	 2⇨NEXT MODULE
4. Which method are you using? *Do not prompt.* *If more than one method is mentioned, circle each one.*	Female sterilization ..... 01 Male sterilization ..... 02 Pill ..... 03 IUD..... 04 Injections..... 05 Implants ..... 06 Condom..... 07 Female condom..... 08 Diaphragm..... 09 Foam/jelly ..... 10 Lactational amenorrhoea method (LAM)..... 11 Periodic abstinence..... 12 Withdrawal..... 13 Other (*specify*) _____ 14	
4a. where do you get your contraceptives?	Family Planning……..1 Health Centre……..2 Hospital……3 Private Practitioner……4 Shop……..5 Other (Specify)……...6	

GO TO HIV/AIDS MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Woman line no. __ __

11. 11. HIV/AIDS MODULE

This module is to be administered to all women age 15-49.
See Instructions for Interviewers for further discussion of these questions.

1. Now I would like to talk with you about what you know about serious illness, in particular, about HIV and AIDS. Have you ever heard of the virus HIV or an illness called AIDS?	Yes ..... 1 No 2	 2⇨Q.18
2. Is there anything a person can do to avoid getting HIV, the virus that causes AIDS?	Yes ..... 1 No ..... 2 DK 9	 2⇨Q.8 9⇨Q.8
3. Now I will read some questions about how people can protect themselves from the AIDS virus. These questions include issues related to sexuality, which some people might find difficult to answer. However, your answers are very important to help understand the needs of people in (***country name***). Again, this information is all completely private and anonymous. Please answer yes or no to each question. Can people protect themselves from getting infected with the AIDS virus by having one uninfected sex partner who also has no other partners?	Yes ..... 1 No ..... 2 DK 9	
4. Do you think a person can get infected with the AIDS virus through supernatural means?	Yes ..... 1 No ..... 2 DK 9	
5. Can people protect themselves from the AIDS virus by using a condom correctly every time they have sex?	Yes ..... 1 No ..... 2 DK 9	
6. Can a person get the AIDS virus from mosquito bites?	Yes ..... 1 No ..... 2 DK 9	
7. Can people protect themselves from getting infected with the AIDS virus by not having sex at all?	Yes ..... 1 No ..... 2 DK 9	
8. Is it possible for a healthy-looking person to have the AIDS virus?	Yes ..... 1 No ..... 2 DK 9	

9. Can the AIDS virus be transmitted from a mother to a child?	Yes ..... 1 No ..... 2 DK 9	 2⇨Q.13 9⇨Q.13
10. Can the AIDS virus be transmitted from a mother to a child during pregnancy?	Yes ..... 1 No ..... 2 DK 9	
11. Can the AIDS virus be transmitted from a mother to a child at delivery?	Yes ..... 1 No ..... 2 DK 9	
12. Can the AIDS virus be transmitted from a mother to a child through breast milk?	Yes ..... 1 No ..... 2 DK 9	
13. If a teacher has the AIDS virus but is not sick, should he or she be allowed to continue teaching in school?	Yes ..... 1 No ..... 2 DK 9	
14. If you knew that a shopkeeper or food seller had AIDS or the virus that causes it, would you buy food from him or her?	Yes ..... 1 No ..... 2 DK 9	
15. I am not going to ask you about your HIV status (*use term understood locally*), but we are interested to know how much demand there is in your community for HIV testing and counseling. So, I would like to ask you: I do not want to know the results, but have you ever been tested to see if you have HIV, the virus that causes AIDS?	Yes ..... 1 No 2	 2⇨Q.17
16. I do not want you to tell me the results of the test, but have you been told the results?	Yes ..... 1 No 2	
17. At this time, do you know of a place where you can go to get such a test to see if you have the AIDS virus?	Yes ..... 1 No 2	

18. Is the woman a caretaker of any children under five years of age?

☐ *Yes.* ⇨ *GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE*
and administer one questionnaire for each child under five for whom she is the caretaker.

☐ *No.* ⇨ *CONTINUE WITH Q.19*

19. Does another eligible woman reside in the household?

☐ *Yes.* ⇨ *End the current interview by thanking the woman for her cooperation and*
GO TO QUESTIONNAIRE FOR INDIVIDUAL WOMEN
to administer the questionnaire to the next eligible woman.

☐ *No.* ⇨ *End the interview with this woman by thanking her for her cooperation.*
Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.

Cluster no. __ __ __ Household no. __ __ __ Caretaker line no. __ __ Child line no. __ __

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

This questionnaire is to be administered to all women who care for a child that lives with them and is under the age of 5 years (see Q.4 of the HH listing).
A separate form should be used for each eligible child.
Questions should be administered to the mother or caretaker of the eligible child (see Q.7 of the HH listing).
Fill in the line number of each child, the line number of the child's mother or caretaker, and the household and cluster numbers in the space at the top of each page.

12. BIRTH REGISTRATION AND EARLY LEARNING MODULE		
1. Child's name.	Name _____	
2. Child's age (copy from Q.4 of HH listing).	Age (in completed years).....__ __	
3. Now I would like to ask you some questions about the health of each child under the age of 5 in your care, who lives with you now. Now I want to ask you about (*name*). In what month and year was (*name*) born? PROBE*: WHAT IS HIS/HER BIRTHDAY?*	Date of birth Day/Month/Year ..... __ __/__ __/__ __ __ __	
4. Does (*name*) have a birth certificate? May I see it? *Verify reported date using an official document such as the birth certificate, national ID, passport, bukana etc.*	Yes, seen.....1 Yes, not seen.....2 No .....3 DK 9	1⇨Q.8
5. Has (*name's*) birth been registered?	Yes.....1 No .....2 DK 9	1⇨Q.8 9⇨Q.7
6. Why is (*name's*) birth not registered?	Must travel too far .....1 Did not know it should be registered.....2 Late, and did not want to pay fine.....3 Does not know where to register.....4 Other (*specify*) _____5 DK 9	
7. Do you know how to register your child's birth?	Yes.....1 No .....2 No answer.....3	
8. Does (*name*) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community childcare?	Yes.....1 No .....2 DK 9	 2⇨NEXT MODULE 9⇨NEXT MODULE
9. Within the last seven days, about how many hours did (*name*) attend?	Number of hours .....__ __	

GO TO VITAMIN A MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Caretaker line no. __ __ Child line no. __ __

13. VITAMIN A MODULE		
1. Has (*name*) ever received a vitamin A capsule (supplement) like this one? *Show blue capsule.*	Yes ..... 1 No ..... 2 DK 99	2⇨NEXT MODULE 99⇨NEXT MODULE
2. How many months ago did (*name*) take the last dose?	Months ago..... __ __ DK 99	
3. Where did (*name*) get this last dose?	On routine visit to health centre ..... 1 Sick child visit to health centre ..... 2 National Immunization Day campaign ..... 3 Other (*specify*) _____4 DK 99	

GO TO BREASTFEEDING MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Caretaker line no. __ __ Child line no. __ __

14. BREASTFEEDING MODULE		
1. HAS (*name*) EVER BEEN BREASTFED?	Yes ..... 1 No ..... 2 DK 99	 2⇨Q.4 99⇨Q.4
2. IS HE/SHE STILL BEING BREASTFED?	Yes ..... 1 No ..... 2 DK 99	 2⇨Q.4 99⇨Q.4
3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: *Read each item aloud and record response before proceeding to the next item.*	Y N DK	
3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	A. Vitamin supplements 1 2 99	
3B. PLAIN WATER?	B. Plain water 1 2 99	
3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice 1 2 99	
3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS 1 2 99	
3E. TINNED, POWDERED OR FRESH MILK OR INFANT FORMULA?	E. Milk 1 2 99	
3F. ANY OTHER LIQUIDS?	F. Other liquids (*specify*) _____ 1 2 99	
3G. SOLID OR SEMI-SOLID (MUSHY) FOOD?	G. Mushy food 1 2 99	
4. SINCE THIS TIME YESTERDAY, HAS (*name*) BEEN GIVEN ANYTHING TO DRINK FROM A BOTTLE WITH A NIPPLE OR TEAT?	Yes ..... 1 No ..... 2 DK 99	
5. WHAT DO YOU USE TO GIVE (NAME) FLUIDS?	Baby bottle……1 Baby mug……2 Ordinary mug……3 Hand……..……..4 DK……..99	

GO TO CARE OF ILLNESS MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Caretaker line no. __ __ Child line no. __ __

15. CARE OF ILLNESS MODULE		
1. Has (*name*) had diarrhoea in the last two weeks, that is, since (*day of the week*) of the week before last?	Yes ..... 1 No ..... 2 DK 99	1⇨Q.3
2. In the last two weeks, has (*name*) had any other illness, such as cough or fever, or any other health problem?	Yes ..... 1 No ..... 2 DK 99	1⇨Q.4 2⇨Q.11 99⇨Q.11
3. During this last episode of diarrhoea, did (*name*) drink any of the following: *Read each item aloud and record response before proceeding to the next item.* 3a. breast milk? 3b. cereal-based gruel or gruel made from roots or soup? 3c. ***other locally defined acceptable home fluids (e.g., SSS, yogurt drink)***? 3d. ORS packet solution? 3e. other milk or infant formula? 3f. water with feeding during some part of the day? 3g. water alone? 3h. Fluids such as (local beer***, coke, etc)*** 3i. nothing	Y N DK A. Breast milk ..... 1 2 99 B. Gruel ..... 1 2 99 C. Other acceptable ..... 1 2 99 D. ORS packet ..... 1 2 99 E. Other milk ..... 1 2 99 F. Water with feeding ..... 1 2 99 G. Water alone ..... 1 2 99 H. Unacceptable fluids ..... 1 2 99 I. Nothing 1 2 99	1⇨Q.5
4. During (*name's*) illness, did he/she drink much less, about the same, or more than usual?	Much less or none ..... 1 About the same (or somewhat less) ..... 2 More ..... 3 DK 99	
5. During (*name's*) illness, did he/she eat less, about the same, or more food than usual? *If "less", probe:* much less or a little less?	None ..... 1 Much less ..... 2 Somewhat less ..... 3 About the same ..... 4 More ..... 5 DK 99	
6. Has (*name*) had an illness with a cough at any time in the last two weeks, that is, since (*day of the week*) of the week before last?	Yes ..... 1 No ..... 2 DK 99	2⇨Q.11 99⇨Q.11

7. WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	Yes ..... 1 No ..... 2 DK 9	 2⇨Q.11 9⇨Q.11
8. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Blocked nose ..... 1 Problem in chest ..... 2 Both ..... 3 Other (*specify*) _____ 4 DK 9	1⇨Q.11 4⇨Q.11
9. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes ..... 1 No 2	 2⇨Q.11
10. FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE?	Hospital ..... 01 Health centre ..... 02 Dispensary ..... 03 Village health worker ..... 04 MCH clinic ..... 05 Mobile/outreach clinic ..... 06 Private physician ..... 07 Traditional healer ..... 08 Pharmacy or drug seller ..... 09 Relative or friend ..... 10 Other (*specify*) _____ 11	
11. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY? *Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, but do NOT prompt with any suggestions.*	Child not able to drink or breastfeed ..... 01 Child becomes sicker ..... 02 Child develops a fever ..... 03 Child has fast breathing ..... 04 Child has difficult breathing ..... 05 Child has blood in stool ..... 06 Child is drinking poorly ..... 07 Other (*specify*) _____ 08 Other (*specify*) _____ 09 Other (*specify*) _____ 10	

GO TO IMMUNIZATION MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Caretaker line no. __ __ Child line no. __ __

16. IMMUNIZATION MODULE

If an immunization card is available, copy the dates in Qs.2-5 for each type of immunization recorded on the card. Qs.7-15 are for recording vaccinations that are not recorded on the card. Qs.7-15 will only be asked when a card is not available.

1. IS THERE A VACCINATION RECORD FOR (*name*)?	Yes ..... 1 No ..... 2 DK 99	 2⇨Q.7 99⇨Q.7

Copy dates of all vaccinations from the card..		Date of Immunization								
		DAY		MONTH		YEAR				
2. BCG	BCG									
3A. OPV0	OPV0									
3B. OPV1	OPV1									
3C. OPV2	OPV2									
3D. OPV3	OPV3									
4A. DPT1	DPT1									
4B. DPT2	DPT2									
4C. DPT3	DPT3									
5. MEASLES	MEASLES									

5A. CHECK LEFT FOREARM (MOST COMMON SITE) FOR BCG SCAR OR RIGHT UPPER ARM (FOR RSA).	Scar present……..1 Scar absent……2 Unable to examine/cannot tell…….3
Now I would like to ask you questions relating to other vaccinations (which (name) received including those that he/she received during the National Immunization Days	
6. IN ADDITION TO THE VACCINATIONS SHOWN ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS - INCLUDING VACCINATIONS RECEIVED IN A NATIONAL IMMUNIZATION DAY? *Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, and/or Measles vaccine(s). Go to Q.15 after you finish.*	Yes ..... 1 *(Probe for vaccinations and write '66' in the corresponding day column on Q. 2 to Q. 5.)* No ..... 2 DK 99	1⇨Q.15 2⇨Q.15 99⇨Q.15
7. HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A NATIONAL IMMUNIZATION DAY CAMPAIGN?	Yes ..... 1 No ..... 2 DK 99	 2⇨Q.15 99⇨Q.15
8. HAS (*name*) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE LEFT SHOULDER THAT CAUSED A SCAR?	Yes ..... 1 No ..... 2 DK 99	

9. HAS (*name*) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes ..... 1 No ..... 2 DK 99	 2⇨Q.12 99⇨Q.12
10. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH OR LATER?	Just after birth ..... 1 Later ..... 2 DK……99	
11. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times ..... __ __	
12. HAS (*name*) EVER BEEN GIVEN "VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes ..... 1 No ..... 2 DK 99	 2⇨Q.14 99⇨Q.14
13. HOW MANY TIMES?	No. of times ..... __ __	
14. HAS (*name*) EVER BEEN GIVEN "VACCINATION INJECTIONS" – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes ..... 1 No ..... 2 DK 99	
15. PLEASE TELL ME IF (*name*) HAS PARTICIPATED IN ANY OF THE FOLLOWING NATIONAL IMMUNIZATION DAYS: ***A Measles Sep – Oct 1999*** ***B Polio 1998*** ***C Polio 1997*** ***D Polio 1996***	Y N DK ***Campaign A*** ..... 1 2 99 ***Campaign B*** ..... 1 2 99 ***Campaign C*** ..... 1 2 99 ***Campaign C*** 1 2 99	

GO TO ANTHROPOMETRY MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Woman line no. __ __ Child line no. __ __

17. ANTHROPOMETRY MODULE		
After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the HH listing before recording measurements.		
1. Child's weight.	Kilograms (kg) ..... ___ ___ . ___	
2. Child's length or height. *Check age of child:* ☐ *Child under 2 years old.* ⇨ *Measure length (lying down).* ☐ *Child ages 2 or more years.* ⇨ *Measure height (standing up).*	Length (cm) Lying down ..... 1 ___ ___ ___ . ___ Height (cm) Standing up..... 2 ___ ___ ___ . ___	
3. Measurer's identification code.	Measurer ..... ___ ___ ___	
4. Result.	Measured..... 1 Not present..... 2 Refused..... 3 Other (*specify*) _____4	
5. Is there another child in the household who is eligible for measurement? ☐ *Yes.* ⇨ *Record measurements for next child.* ☐ *No.* ⇨ *End the interview with this household by thanking all participants for their cooperation. Gather together all questionnaires for this household and check that identification numbers are at the top of each page. Tally on the Household Information Panel the number of interviews completed.*		

Appendix B – Sampling Design

SAMPLE SIZE DETERMINATION FOR LESOTHO EDG MICS

Key indicator: Measles immunization among 12-23mo olds

	National	Revised May '97
National	73.8	71
boys	73.1	71
girls	74.5	71
rural	76	69

Equation used:

n = [4r(1-r) * f * NR / e^2 * p(h) * n(h)]

Ref. Demographic and Health Surveys: Sampling Manual, Basic Documentation - 8, Macro International Inc., Calverton, Maryland, 1987

indicator	value	source	notes
alpha	0.05		
deff (f)	1.5	MICS 95	
national, r1	0.71	rev. MICS 1996	
national, r2	0.738	unrev. MICS 1996	
error margin, e	0.047		
e, urban strat.	0.086	MICS2 manual	Lesotho U:R is 22:78
NR adjustment	1.05		
prop 1-2yr, p (h)	0.02	CENSUS	
prop Males 1-2, p(m)	0.01	CENSUS	
num pers/hh, n(h)	5	CENSUS	

strata	r	4r(1-r)	a= 4r(1-r)*f*NR	b= e^2*p(h)*n(h)	Number of HH sample size	assumptions
natl (none) r1	0.71	0.8236	1.297	0.0001714	7568	12-23m=2% pop; e=4.4%
natl (none) r2	0.74	0.8236	1.297	0.00025	4873	12-23m=2% pop; e=6%
urban/rural	0.69	0.8556	1.348	0.00018	7562	+ u=22%pop, e=9%
U/LL/FT/MTS	0.66	0.8976	1.414	0.00012	11781	+ FT (12%) = -2se of natl cov, se=1, mrg SRV+mts, e=10%

	Column a	Column b	error change as a result of stratification	
sample size	e^2*p(h)*n(h)	/ pr*n(h)	sqrt. `b/pr*n(h)	
7568	0.000171	0.0017	0.0414	national
7568	0.000171	0.0078	0.088	urban/rural
7568	0.000171	0.0143	0.120	geological

CENSUS PARAMETERS

Table 1.
Population of Lesotho, by district, from 1996 census, assuming average of 5 persons per HH

	Urban	Rural				Total
District		Lowlands	Foothills	Mountains	SRV	
Butha Buthe	23,065	39,000	43,865	5,595		111,525
Leribe	41,880	169,545	42,970	22,040		276,435
Berea	20,550	151,530	36,670			208,750
Maseru	240,715	135,860	63,410	34,345		474,330
Mafeteng	27,450	166,080	14,950			208,480
Mohale's Hoek	25,655	86,860	18,860	33,900	23,460	188,735
Quthing	12,740			36,545	65,445	114,730
Qacha's Nek	5,855			47,930	14,185	67,970
Mokhotlong	6,685			80,010		86,695
Thaba Tseka	5,430			116,865		122,295
Lesotho	410,025	748,875	220,725	377,230	103,090	1,859,945

Table 2. Number of households distribution

	Urban	Rural				Total
District		Lowlands	Foothills	Mountains	SRV	
Butha Buthe	4613	7800	8773	1119		22305
Leribe	8376	33909	8594	4408		55287
Berea	4110	30306	7334			41750
Maseru	48143	27172	12682	6869		94866
Mafeteng	5490	33216	2990			41696
Mohale's Hoek	5131	17372	3772	6780	4692	37747
Quthing	2548			7309	13089	22946
Qacha's Nek	1171			9586	2837	13594
Mokhotlong	1337			16002		17339
Thaba Tseka	1086			23373		24459
Lesotho	82005	149775	44145	75446	20618	371989

Table 3. Proportional allocation distribution of households

	Urban	Rural				Total
District		Lowlands	Foothills	Mountains	SRV	
Butha Buthe	0.012	0.021	0.024	0.003		0.060
Leribe	0.023	0.091	0.023	0.012		0.149
Berea	0.011	0.081	0.020	0.000		0.112
Maseru	0.129	0.073	0.034	0.018		0.255
Mafeteng	0.015	0.089	0.008			0.112
Mohale's Hoek	0.014	0.047	0.010	0.018	0.013	0.101
Quthing	0.007			0.020	0.035	0.062
Qacha's Nek	0.003			0.026	0.008	0.037
Mokhotlong	0.004			0.043		0.047
Thaba Tseka	0.003			0.063		0.066
Lesotho	0.220	0.403	0.119	0.203	0.055	1.000
Urban/Rural	0.220				0.780	

clusters, take
350, 16 5600
380, 16 6080
380, 20 7600
300, 16 4800

Table 4a. Number of EAs to be selected for pps and 350 clusters

clusters	350					
	Urban	Rural				Total
District		Lowlands	Foothills	Mountains	SRV	
Butha Buthe	4	7	8	1	0	21
Leribe	8	32	8	4	0	52
Berea	4	29	7	0	0	39
Maseru	45	26	12	6	0	89
Mafeteng	5	31	3	0	0	39
Mohale's Hoek	5	16	4	6	4	36
Quthing	2	0	0	7	12	22
Qacha's Nek	1	0	0	9	3	13
Mokhotlong	1	0	0	15	0	16
Thaba Tseka	1	0	0	22	0	23
Total	77				273	350
take 20	1543				5457	7000

Table 4b. Number of EAs to be selected for pps and 380 clusters of 20hh each; SAMPLE=7600

clusters	350					
	Urban	Rural				Total
District		Lowlands	Foothills	Mountains	SRV	
Butha Buthe	5	8	9	1	0	23
Leribe	9	35	9	5	0	56
Berea	4	31	7	0	0	43
Maseru	49	28	13	7	0	97
Mafeteng	6	34	3	0	0	43
Mohale's Hoek	5	18	4	7	5	39
Quthing	3	0	0	7	13	23
Qacha's Nek	1	0	0	10	3	14
Mokhotlong	1	0	0	16	0	17
Thaba Tseka	1	0	0	24	0	25
Total	84				296	380
take 16	1340				4740	6080	**National**
take 20	**1675**				**5925**	**7600**	**National - Option Selected**

Table 4c. Number of EAs to be selected for pps and 300 clusters of 20hh each; SAMPLE=6000

clusters	300					
	Urban	Rural				Total
District		Lowlands	Foothills	Mountains	SRV	
Butha Buthe	4	8	9	1	0	23
Leribe	7	35	9	5	0	56
Berea	3	31	7	0	0	43
Maseru	39	28	13	7	0	97
Mafeteng	4	34	3	0	0	43
Mohale's Hoek	4	18	4	7	5	39
Quthing	2	0	0	7	13	23
Qacha's Nek	1	0	0	10	3	14
Mokhotlong	1	0	0	16	0	17
Thaba Tseka	1	0	0	24	0	25
Total						300
	66				234	6000
take 16	1058				3742	4800
take 20	**1323**				**4677**	**6000**	**National**

Appendix C – Listing Form, "Form 1"

Confidential

Kingdom of Lesotho
Multiple Indicator Cluster Survey for the End Decade Goals

MICS HOUSEHOLD LISTING FORM 1

DISTRICT: …….. VILLAGE: …….

CLUSTER: ……. RURAL/URBAN: ……..

Serial No. of H/H	Head of Household	Sex 1. M. 2. F.	No. of Under Fives	COMMENTS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

NAME OF ENUMERATOR: ……. DATE: …… SIGNATURE: ……

NAME OF SUPERVISOR: ……... DATE: …… SIGNATURE: ……

Appendix D – Steering Committee Members

NAME	DESIGNATION	INSTITUTION
Ms. L. Hlasoa	Director, Sectoral Planning	Ministry of Development Planning
Ms. M. Makhakhe	Director of Health Planning	Ministry of Health
Dr. M. Moteetee	Director of Primary Health Care	Ministry of Health
Ms. L. Chisepo	Director of Social Welfare	Ministry of Health
Ms. M. Makakole	Director of Planning	Ministry of Education
Ms. M. Motselebane	Director of Planning	Ministry of Agriculture
	Chief Legal Officer	Ministry of Justice
Ms. M. Mosae	Director of Rural Development	Ministry of Local Government
Ms. M. Tsepane	PAS	Ministry of Employment and Labour
Mr. Mile Mokhahlane	Director	Bureau of Statistics, Lesotho
Mr. Igor Marincek	Representative	World Food Programme
Dr. R. Tshabalala	Representative	World Health Organization
Mr. E.C. Iwuji	Technical Adviser	International Labour Organization
Mr. E. Omotoso	Resident Coordinator	United Nations
Ms. G. Nchee	Executive Secretary	CHAL

Appendix E – Task Force Members

NAME	INSTITUTION
Mr. M. Khahlane	Bureau of Statistics
Ms. T. Makoa	Bureau of Statistics
Mr. T. Mpeka	Bureau of Statistics
Ms. B. Hloaele	Bureau of Statistics
Ms. M. Rantekoa	LDTC, Education. Lesotho Distance Teaching
Ms. A.P. Raithule	Ministry of Local Government
Ms. M. Mohapi	Ministry of Health and Social Welfare
Ms. M. Chabane	Ministry of Justice and Human Rights
Ms. M. Sebotsa	Food and Nutrition Coordinating Office
Mr. T. Thulo	Ministry of Local Government
Ms. M. Khali	Christian Health Association of Lesotho (CHAL)
Ms. M. Matji	Ministry of Health and Social Welfare
Ms. T. Ramonono	Ministry of Health and Social Welfare
Ms. M. Ntsike	Food and Nutrition Coordinating Office
Mr. B. Majara	Ministry of Health and Social Welfare
Ms. N. Matsoso	Ministry of Health and Social Welfare
Ms. A. Mothibeli	Ministry of Education
Ms. M. Morojele	UNICEF

Appendix F - Persons involved in the 2000 Lesotho EMICS

The 2000 Lesotho MICS involved a multi-disciplinary team. The list of these persons is hereby provided and is delineated according to the main phases that comprised the survey.

1. Preparatory Phase

a). Questionnaire Design

- The Task Force[35]
- Ms. Mpho Morojele

b). Translation of Questionnaire

- Ms. Mpho Morojele
- Ms. M. Matji
- Ms. T. Ramonono

c). Enumerator Selection and Training

- The Task Force
- Mr. T. Mpeka

d). Sampling

- Ms. Kate Spring, MICS Consultant
- Ms. Mpho Morojele
- Mr. T. Mpeka

2. Data Collection

a). Field Enumerators

N. Lebesa	M. Ntoi	M. Molapo	M. Kompi
M. Lerotholi	M. Ntjatji	M. Mpatsi	M. Sehloho
B. Ts'oene	M. Mokhele	M. Khoarane	M. Ramoabi
M. Sesing	N. Chobokoane	T. Mohapi	V. Kolobe
S. Nkhapetla	T. Maseru	M. Selete	M. Joele
S. Ramonono	M. Mofolo	D. Lenka	P. Nthinya
N. Phalang	M. Mphanya	P. Stragom	N. Mosala
M. Kapeng	T. Thibathiba	C. Khesi	M. Ntaisane
N. M. Lerotholi	M. Mokete	M. Lephole	P. Swatzi
M. Maboee	L. Lemphane	T. Mokobocho	M. Seithleko
T. Damane	M. Sula	N. Mopeli	L. Kharasi
N. Makutle	N. Mohapi	R. Mphanya	M. Letela
M. Mphoto	M Ntoi	P. Ramokoena	M. Mokatjane
M. Pheko	T. Pheko	T. Manyeli	T. Ramohlabi
M. Khoiti	M. Tefo	R. Lepholisa	P. Hlalele
M. Tseiso	M. Mpakanyane	N. Lesoma	

[35] List of Task Force Members is in Appendix E

b). Field Supervisors

Butha-Buthe	P. Chabane		
Leribe	M. Rantekoa	M. Makhasane	M. Sekants'i
Berea	A. Raithule	C. Khachane	M. Sebotsa
Mafeteng	B. Litabe		
Maseru	M. Mohapi		
Mohale's Hoek	M. Shale	N. Matsoso	
Quthing	T. Ramonono		
Qacha's Nek	E. Moshesha		
Mokhotlong	M. Makoa		
Thaba Tseka	T. Mpeka		
Support Supervisors	*UNICEF Programme Officers*	*Government Counter Parts*	
	Dr. Margaret Ngau	Ms. M. Setlolela	Ms. M. Shai
		Ms. P. Kaloli	Ms. M. Molapo
	Ms. A. Kalaka	Ms. A. Maieane	Ms. M. Matsoai
	Ms. M. Moeketse	Ms. M. Marsoai	Ms. M. Phakisi

c). EMICS National Coordinator

- Ms. Mpho Morojele

3. Data Processing

a). Data Entry and Verification

Data Entry Clerks	M. Mokherane	M. Tsosane	M. Lefa
	L. Shelile	N. Shale	F. Pitso
	M. Phate	M. Sebalo	M. Maqelepo
	M. Mokhele	M. Ts'epe	S. Ntoane
	P. Pheko	Ntsopa Mokitimi	Litsoanelo Mphahama
	'Mantlali Rakhoabe	'Maleloko Khoiti	'Mantoetsi Mohale
	'Maserobanyane Serobanyane	Relebohile Jane	Mahlaha Moejane
	'Mathabo Molapo		
Supervisors	R. Motloheloa	P. Mahone	G. Makojoa
	M. Mokhethi		

b). Secondary Editing

- Ms. Botsoa Hloaele, Technical Director MICS
- Mr. Rampa Motloheloa

c). Adaptation of Programmes

- Dr. Eric A. Magolo
- Ms. Botsoa Hloaele
- Ms. M. Makoa

d). Analysis

- Ms. Mpho Morojele
- Dr. Eric A. Magolo
- Ms. M. Makoa

4. Drafting of Preliminary Report

a). Ms. Mpho Morojele
b). Ms. N. Makoa
c). Dr. Eric A. Magolo

5. Dissemination of Preliminary Report - Distribution List

a). Permanent Secretary, Ministry of Development Planning
b). Permanent Secretary, Ministry of Health and Social Welfare
c). Ms. Kimberly Gamble-Payne, Country Representative, UNICEF Maseru
d). Dr. Tibebu Haile Selassie, Programme Coordinator, UNICEF Maseru
e). Director, Bureau of Statistics, Lesotho
f). The Task Force
g). The Steering Committee
h). Ms. M. Motsepe, Programme Officer, UNICEF Maseru
i). Ms. Agnes Kalaka, Programme Officer Health , UNICEF Maseru
j). Ms. Malibuseng Moeketse, Programme Officer Nutrition, UNICEF Maseru
k). Dr. Margaret Ngau, Programme Officer Education, UNICEF Maseru
l). Ms. Mpho Morojele, National Coordinator 2000 MICS Lesotho
m). Ms. Mathulo Moletsane, Information and Documentation Assistant, UNICEF Maseru
n). National Press, Lesotho
o). Dr. Eric A. Magolo, Technical Assistance, 2000 EMICS

Appendix G - Anthropometry Data Check

Unit of Analysis	No. of Cases	Standard Deviations			
		Stunting ***Height for Age***	*Underweight* ***Weight for Age***	*Wasting* ***Weight for Height***	Acceptable Range
Lesotho	2910	1.75	1.25	1.38	1.00 - 1.30
Butha-Buthe	178	1.89	1.21	1.37	1.00 - 1.30
Leribe	533	1.59	1.19	1.31	1.00 - 1.30
Berea	360	1.65	1.30	1.35	1.00 - 1.30
Maseru	493	1.85	1.19	1.37	1.00 - 1.30
Mafeteng	362	1.59	1.24	1.28	1.00 - 1.30
Mohale's Hoek	252	1.62	1.26	1.44	1.00 - 1.30
Quthing	208	1.68	1.47	1.47	1.00 - 1.30
Qacha's Nek	101	1.80	1.20	1.54	1.00 - 1.30
Mokhotlong	203	1.90	1.24	1.27	1.00 - 1.30
Thaba-Tseka	220	1.99	1.14	1.44	1.00 - 1.30