

FR Yugoslavia 1996

MULTIPLE INDICATOR CLUSTER SURVEY

**Institute of Public
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**Institute of Public
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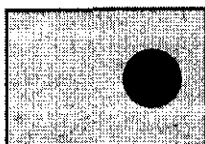
A list of interviewers and supervisors is in the Appendix

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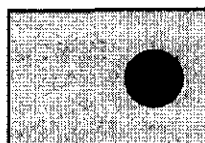
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A Declaration and A Plan of Action for Children Until the Year 2000 were adopted at the World Summit for Children held in 1990. The governments signatories pledged to monitor progress towards achieving the goals set at the Summit. The Plan of Action requires that each country establish mechanisms for regular and timely collection, analysis and publication of data necessary for monitoring social indicators related to the welfare of children. Measuring these indicators is the main part of this process, both in terms of providing information for action and in recognizing improvements.

The mid-decade goals focused the need for providing data on certain areas important for the survival and development of every child: the right to protection against vaccine-preventable diseases, the right to treatment for diarrhea and acute respiratory infections, the right to breastfeeding, proper nutrition, safe drinking water and sanitation, etc. Together with the World Health Organization (WHO) and UNESCO, UNICEF has defined indicators for measuring progress in achieving these goals by the mid-1990s.

Determining the values of these indicators in the territory of the FR Yugoslavia was the main reason for conducting this comprehensive survey. The results obtained make it possible to:

- monitor progress towards achieving the goals of the World Summit for Children at national level;
- evaluate and monitor the implementation of the Plan of Action;
- strengthen the existing national capability;
- compare indicators with those from other countries.

We hope that this survey will help to better assess the situation as it really is and mobilize the entire society, and the health care system in particular, for achieving the goals of the World Summit for Children in the FR Yugoslavia.

Summary

Goals aimed at preserving and promoting the health of this extremely vulnerable population subgroup were formulated at the World Summit for Children in 1990. This survey was conducted in order to determine the progress achieved toward these goals in the FR Yugoslavia, and it was limited to children under five years of age, their mothers (carers) and the households in which they live. Specific goals of the survey included determining:

- ⇒ the water and sanitation situation;
- ⇒ what mothers' (carers) know and do about the most common diseases in children - acute respiratory infections and diarrhoea;
- ⇒ the existing breastfeeding practices;
- ⇒ the coverage of children by BCG, DTP, polio and measles vaccinations;
- ⇒ the nutritional status of the children in this age group.

The methodological basis of the survey was established in accordance with recommendations from UNICEF's practical manual for multiple-indicator surveys, although certain modifications in this methodology were made because of the specific nature of the situation in the FRY.

The survey was conducted between October 15 and 31, 1996. It covered a total of 10,604 households, 2,437 mothers (carers) and 3,226 children under five years of age.

A two-stage stratified cluster sample was used in the survey. The first-stage units were local communities in urban settlements, and settlements themselves in rural areas. Within these, household clusters were selected for interviewing. This produced accurate assessments of the indicators observed for the FR Yugoslavia as a whole, the republics of Montenegro and Serbia, the provinces of Vojvodina and Kosovo-Metohija, central Serbia and the Belgrade area. Differences between urban and rural settlements were also obtained for each of these levels of evaluation.

The Preparation and supervision of the survey was done by: UNICEF Belgrade co-ordinating team, the Institute for Public Health of Serbia, the Institute for Public Health of Montenegro, regional institutes for public health and hygiene-and-epidemiology services (HE) at community health centres. A total of 250 co-ordinators, supervisors and interviewers conducted the survey.

The survey produced indicators values for assessing the progress towards the World Summit Goals for Children. A comparison with the mid-decade values of these indicators will enable us to make a realistic assessment of the situation in the FR Yugoslavia and to formulate an appropriate strategy within the Programme of Measures and Activities for achieving the WSFC goals by the year 2000.

The survey's most important results, with an evaluation of progress in achieving mid-term goals in the FR Yugoslavia, are presented in the following table:

Mid-decade goal	Indicator	Results for the FRY	Progress in achieving mid-decade goals
<ul style="list-style-type: none"> Increase water supply and sanitation so as to narrow the gap between the 1990 levels and universal access by the year 2000 of water supply by one-fourth and of sanitation by one-tenth. 	<ul style="list-style-type: none"> Proportion (and number) of population with access to an adequate amount of safe drinking water and proportion (and number) of population with access to a sanitary facility for human excreta within a convenient distance from the user's dwelling. 	<ul style="list-style-type: none"> 76.4 percent of the population gets drinking water from supply systems installed in the dwelling or yard. 69.3 percent of the population disposes of liquid waste by means of toilet facilities located in the dwelling and linked to sewage systems or septic tanks. 	<ul style="list-style-type: none"> There are no data from previous years to make comparisons.
<ul style="list-style-type: none"> For countries that are implementing Programme for Control of Acute Respiratory Infections (ARI): Strengthening health facilities capability for case management of pneumonia. 	<ul style="list-style-type: none"> Proportion of children under five years of age, with an acute respiratory infection needing assessment, who are taken to an appropriate health provider. Proportion of all health facilities that have a regular supply of free or affordable antibiotics and a trained worker and are thus able to give correct pneumonia case management. 	<ul style="list-style-type: none"> 43.1 percent of mothers (carers) with children under five years of age are led by major ARI symptoms - difficult and fast breathing - to take their child immediately to a doctor. 	<ul style="list-style-type: none"> The results suggest that mothers are not familiar enough with the standard management of ARI in children.
<ul style="list-style-type: none"> Achievement of 80 percent usage of Oral Rehydration Therapy (ORT) - increased fluid intake and continued feeding - as part of the Programme to Control Diarrhoeal Diseases. 	<ul style="list-style-type: none"> Proportion of diarrhoea episodes in under-fives treated with oral rehydration salts (ORS) and/or recommended home fluids (pre-1993 ORT definition). Proportion of diarrhoea episodes in under-fives treated with ORT (increased fluids) and continued feeding. Proportion of the population that has a regular supply of ORS available in their community. 	<ul style="list-style-type: none"> 98.5 percent of children under five years of age received ORS and/or other recommended home fluids during episodes of diarrhoea (pre-1993 definition of ORT). ORT (taking increased quantities of fluid and continued feeding) was given to 41.3 percent of children under five years of age who had had diarrhoea in the previous two weeks. 	<ul style="list-style-type: none"> The mid-decade goal of treating 80 percent of diarrhoea cases with ORT was not achieved.
<ul style="list-style-type: none"> Ending and preventing free and low-cost supplies of breastmilk substitutes in all hospitals and maternity facilities. Having target hospitals and maternity facilities achieve "baby-friendly" (BF) status in accordance with BFHI global criteria. 	<ul style="list-style-type: none"> Proportion of hospitals and maternity facilities targeted for BFHI by end of 1995. Proportion of hospitals and maternity facilities that have been officially designated as BF in accordance with global criteria. 	<ul style="list-style-type: none"> 6.2 percent of infants under 4 months of age are exclusively breastfed, 70 percent are predominantly breastfed, 35.2 percent are covered by timely complementary feeding (at the age of 6-9 months), 27.6 percent of children aged 12-15 months and 13.4 percent of children aged 20-23 months continue to breastfeed. 8.5 percent of hospitals were declared baby-friendly, and 31.7 were proposed for BF status. 	<ul style="list-style-type: none"> A law on preventing free supplies of breastmilk in all hospitals and maternities is in the procedure. Transformation of maternities and hospitals into BF facilities, as a goal for the year 2000, has begun. Low indicators values correspond to the number of BF hospitals in the FRY.

Mid-decade goal	Indicator	Results for the FRY	Progress in achieving mid-decade goals
<ul style="list-style-type: none"> • Elevation of immunisation coverage of six antigens of the Expanded Programme on Immunisation (EPI) to 80 percent or more in all countries. • Elimination of neonatal tetanus by 1995. • Reduction by 95% in measles deaths and reduction by 90% of measles cases compared with pre-immunisation levels by 1995, as a major step to the global eradication of measles in the longer run. • Elimination of polio in selected countries and regions. 	<ul style="list-style-type: none"> • Proportion of children immunised against tuberculosis before first birthday. • Proportion of children immunised against diphtheria, pertussis and tetanus (DPT3), before first birthday. • Proportion of children immunised against measles before first birthday. • Proportion of children immunised against poliomyelitis (OPV3) before first birthday. • Proportion of pregnant women immunised against tetanus. • Proportion of children protected against neonatal tetanus through mother's immunisation. • Annual number of cases of neonatal tetanus. Proportion of districts reporting neonatal tetanus cases. • Annual number of under-fives deaths due to measles. • Annual number of cases of polio. Proportion of districts reporting polio cases. 	<ul style="list-style-type: none"> • 97.1 percent of children were immunised against TB, 88 percent against diphtheria, tetanus and pertussis, 86.6 percent against polio by the age of 12 months and 90.8 percent against measles by the age of 12-23 months. • Six cases of neonatal tetanus were reported in 1995. • 108 children under five years of age had measles in 1995; no deaths were reported. • 24 cases of polio (in five out of 210 municipalities) were reported in 1996. 	<ul style="list-style-type: none"> • The goal of covering 80 percent of children by EPI vaccinations was achieved. • The goal of eliminating neonatal tetanus was not achieved, which calls for drawing up a programme to vaccinate pregnant women against tetanus in high-risk areas • Elimination of polio, which still persists in some municipalities in Kosovo-Metohija, remains one of EPI priorities. • As there is still a large number of measles cases, despite high coverage by measles vaccination, strategies must be developed to prevent and reduce the number of measles cases.
<ul style="list-style-type: none"> • Reduction of 1990 levels of severe and moderate malnutrition among under-five children by one-fifth or more. 	<ul style="list-style-type: none"> • Proportion of children under five years of age who fall below minus 2 (3) standard deviations from median weight for age of the NCHS/WHO reference population. • Proportion of children under five years of age who fall below minus 2 (3) standard deviations from median height for age of the NCHS/WHO reference population. • Proportion of children under five years of age who fall below minus 2 (3) standard deviations from median weight for height for age of the NCHS/WHO reference population. 	<ul style="list-style-type: none"> • 1.6 percent of under-fives fall below -2 SD and 0.4 percent fall below -3 SD from the median weight for the reference age group. • 6.8 percent of under-fives fall below -2 SD and 2.4 percent fall below -3 SD from the median height for the reference age group. • 2.1 percent of under-fives fall below -2 SD and 0.5 percent fall below -3 SD from the median weight for height for the reference age group. 	<ul style="list-style-type: none"> • Obesity is generally more prevalent than malnutrition. The height for age indicator suggests that the rate of stunting is significant. • Comparisons are not possible for lack of similar studies in the past.

Prospects for achieving the Year 2000 Goals in the FR Yugoslavia

Year 2000 Goal	Prospects for achieving the goal
<p>Universal access to safe drinking water and sanitary means of excreta disposal.</p>	<p>It is difficult to provide safe drinking water and sanitation for all due to the economic crisis and reduced investments in the construction of water-supply and sewage systems. In order to achieve these goals it is necessary to mobilise local communities, the international community, donors, Government agencies and NGOs and to introduce new, cheaper technologies for constructing water-supply and sewage systems.</p>
<p>Reduction by one-third in the deaths due to acute respiratory infections in children under-fives years.</p>	<p>Given the high child mortality rates for ARI in the FRY, extra efforts will be needed if this goal is to be achieved in terms of training health workers in treating ARI, providing information for mothers on the proper management of ARI, changing the essential drugs policy and promoting cost-effective use of antibiotics in health care.</p>
<p>Reduction by 50 percent in the deaths due to diarrhoea in children under five years of age and 25 percent reduction in the diarrhoea incidence rate</p>	<p>In view of the high incidence of diarrhoeal diseases in the FRY, reducing morbidity and mortality due to these diseases in children under five years of age is possible by mobilising the community for improving hygienic and epidemiological conditions, continuously training health workers, providing information to mothers (carers) about the care of children with diarrhoeal diseases and increasing the availability of ORS to the population.</p>
<p>Empowerment of all women to breastfeed their children exclusively for four to six months and to continue breastfeeding, with supplementary food, well into the second year of life.</p>	<p>Priority should be given to the Breastfeeding Support Programme and to BFHI. Breastfeeding promotion in the media must be increased, and the UNICEF-WHO breastfeeding policy promoted among medical professionals. In particular, it is necessary to inform pregnant women and mothers about the benefits of breastfeeding for the health of their children.</p>
<p>Maintenance of a high level of immunisation coverage (at least 90 percent of children under one year of age) against tuberculosis, diphtheria, tetanus, pertussis, measles, polio and against tetanus for women of child-bearing age.</p>	<p>Even though the desired coverage by vaccinations against most EPI antigens has been achieved, morbidity rates for some vaccine-preventable diseases are still high. That is why it is necessary to further strengthen immunisation services (by developing an information system to register and monitor children) and establish a cold chain throughout the FRY. The high level of mobilisation for the programme to eradicate polio should be used to expand activities to other EPI antigens. In particular, efforts should be made to promote a programme to immunise pregnant women against tetanus.</p>
<p>Reduction of severe and moderate malnutrition in children under five years of age by half in the 1990-2000 period.</p>	<p>The existing problems and bad nutrition-related practices in children necessitate long-term nutrition programmes. Health-education at community level and training of health workers may help improve nutrition. Priority should be given to designing growth monitoring charts and introducing child growth monitoring.</p>