



ZIMBABWE



MICS

MULTIPLE INDICATOR CLUSTER SURVEY

2014



Key Findings Report





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Acknowledgements

The Multiple Indicator Cluster Survey (MICS) was carried out in 2014 by the Zimbabwe National Statistics Agency (ZIMSTAT) as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF).

The global MICS programme was developed by UNICEF in the 1990s as an international household survey programme to collect internationally comparable data on a wide range of indicators on the situation of children and women. MICS surveys measure key indicators that allow countries to generate data for use in policies and programmes, and to monitor progress towards the Millennium Development Goals (MDGs) and other internationally agreed upon commitments.

The objective of this report is to facilitate the timely dissemination and use of results from the MICS prior to the release of full tables and the final survey report that will contain detailed information on all survey findings by various demographic, social, economic and cultural characteristics. The final survey report is expected to be released in the fourth quarter of 2014.

Results presented in this report are not expected to change and are considered final. For more information on indicators and the analysis conducted in the full final report please go to mics.unicef.org and data.unicef.org.

Suggested citation:

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List of Acronyms

ACT	Artemisinin-based Combination Therapy
AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Antenatal Care
ARI	Acute Respiratory Infection
BCG	Bacille de Calmette et Guérin
CDC	Centres for Disease Control and Prevention
CPF	Child Protection Fund
CSPRO	Census and Survey Processing software
DFID	Department for International Development
DPT	Diphtheria, Pertussis and Tetanus
EA	Enumeration Area
EC	European Commission
ETF	Education Transition Fund
GoZ	Government of Zimbabwe
HIV	Human Immuno-deficiency Virus
HTF	Health Transition Fund
IUCD	Intrauterine Contraceptive Device
ICT	Information, Communication Technology
ITNs	Insecticide Treated Nets
LAM	Lactational Amenorrhoea Method
MCHIP	Maternal and Child Health Integrated Programme
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey

List of Acronyms

MIMS	Multiple Indicator Monitoring Survey
MTP	Medium Term Plan
NAC	National AIDS Council
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PPM	Parts Per Million
PPS	Probability Proportional to Size
PSUs	Primary Sampling Units
STERP	Short Term Emergency Recovery Programme
SPSS	Statistical Package for Social Sciences software
SMT	Survey Management Team
TFR	Total Fertility Rate
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNFPA	United Nations Population Fund
UNAIDS	Joint United Nations Programme on HIV and AIDS
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene programme
WB	World Bank
WHO	World Health Organisation
ZEPI	Zimbabwe Expanded Programme on Immunisation
ZimASSET	Zimbabwe Agenda for Sustainable Socio-Economic Transformation
ZIMSTAT	Zimbabwe National Statistics Agency
ZMS12	Zimbabwe Master Sample
ZNFPC	Zimbabwe National Family Planning Council
ZRP	Zimbabwe Republic Police
ZUNDAF	Zimbabwe United Nations Development Assistance Framework

Preface

The first Zimbabwe Multiple Indicator Cluster Survey (MICS), following the Multiple Indicator Monitoring Survey (MIMS) which was a customised version, was conducted in 2014. The MICS was designed to collect information on a variety of socio-economic and health indicators required to inform the planning, implementation and monitoring of national policies and programmes for the enhancement of the welfare of women and children. The MICS plays a critical role in informing national policies such as the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (ZimASSET) October 2013 to December 2018.

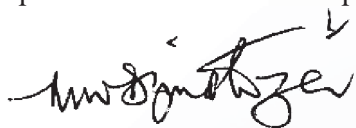
This Key Findings Report covers indicators on child mortality, nutrition, breastfeeding and infant feeding, tetanus toxoid, malaria/fever, water and sanitation, reproductive health, maternal and newborn health, child development, literacy and education, child protection, early marriage and polygyny, attitudes towards domestic violence, children's living arrangements, sexual behaviour, male circumcision, access to Mass Media and Information, Communication Technology (ICT), and tobacco and alcohol use.

The Zimbabwe National Statistics Agency (ZIMSTAT) wishes to express sincere gratitude to the various institutions and individuals whose commitment and dedication to duty made the survey a success. The survey was made possible through financial and technical support received from United Nations Children's Fund (UNICEF), European Union, United Nations Population Fund (UNFPA), United Nations Development Fund (UNDP), United States Agency for International Development (USAID) and Maternal and Child Health Integrated Programme (MCHIP). In addition, the expertise contributed by various consultants (global, regional and national) in the areas of sampling, training, fieldwork, data processing and report writing, timely coverage from the media, and input from various stakeholders who participated in MICS workshops cannot be overemphasized. This survey would not have been possible without the unwavering commitment of the Survey Management Team (SMT), field and data entry personnel, and the patience and cooperation of respondents.

ZIMSTAT would like to acknowledge the following institutions who are members of the MICS Steering and Technical Committees for their invaluable contributions towards the accomplishment of the survey:

- Ministry of Finance and Economic Development;
- Ministry of Health and Child Care;
- Ministry of Primary and Secondary Education;
- Ministry of Public Service, Labour and Social Welfare;
- Ministry of Environment, Water and Climate;
- Ministry of Media, Information and Broadcasting Services;
- Ministry of Women's Affairs, Gender and Community Development;
- Ministry of Local Government, Public Works and National Housing;
- Ministry of Justice, Legal and Parliamentary Affairs;
- Ministry of Information Communication Technology, Postal and Courier Services;
- Office of the President and Cabinet;
- National AIDS Council (NAC);
- Registrar General's Office;
- Zimbabwe Republic Police (ZRP) Victim Friendly Unit;
- Harare City Health Department;
- United Nations Development Fund (UNDP);
- World Health Organisation (WHO);
- Joint United Nations Programme on HIV and AIDS (UNAIDS);
- United Nations Population Fund (UNFPA);
- European Commission (EC);
- United States Agency for International Development (USAID);
- Centres for Disease Control and Prevention (CDC);
- World Bank (WB);
- Department for International Development (DFID), and
- United Nations Children's Fund (UNICEF).

Following the production and dissemination of this Key Findings Report, a comprehensive Multiple Indicator Cluster Survey Final Report will be published in the fourth quarter of 2014.



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Director-General
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MICS

Multiple Indicator Cluster Survey

Chapter 1

Introduction



Introduction

This report highlights the findings of the Multiple Indicator Cluster Survey conducted by the Zimbabwe National Statistics Agency between February and April 2014. MICS is an international household survey programme that was developed by UNICEF after the 1990 World Summit for Children, to assist countries in filling data gaps for monitoring human development in general and the situation of children and women in particular. Since its inception, MICS has been conducted in more than 100 countries.

In Zimbabwe, a customized version of the MICS, the Multiple Indicator Monitoring Survey, was first conducted in 2009. The MICS is designed to collect information on a large number of indicators required for monitoring the goals and targets of the Millennium Declaration, the World Fit for Children Declaration and Plan of Action, the goals of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) and the African Summit on Malaria. It measures close to half of the indicators for the Millennium Development Goals (MDGs) covering nutrition; child and maternal mortality, health, child protection and development; education; reproductive health and sexual behaviour.

1.1 SURVEY OBJECTIVES

The specific objectives of the Zimbabwe MICS 2014 were to:

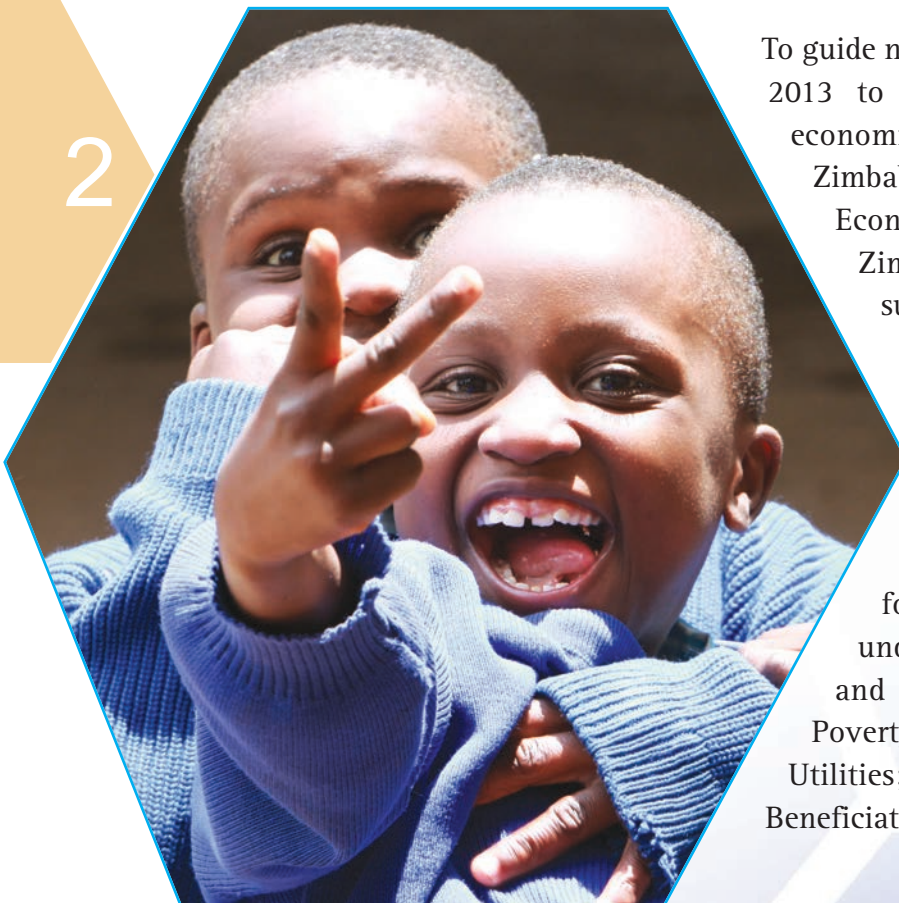
- collect information critical to the monitoring and reporting on selected indicators for all the 8 MDGs,
- assist monitoring of Government of Zimbabwe's (GoZ) national priorities focusing on basic social services such as ZimASSET,

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- assist monitoring of the Zimbabwe United Nations Development Assistance Framework (ZUNDAF) 2012 to 2015 and individual GoZ/United Nations programme social outcome indicators including transition funds, namely, Health Transition Fund (HTF), Education Transition Fund (ETF), Child Protection Fund (CPF), and Water, Sanitation and Hygiene (WASH) programme
- provide decision makers with evidence on the situation of children's and women's rights and other vulnerable groups in Zimbabwe.

1.2 BACKGROUND

Between 2010 and 2013, the GoZ launched the Three Year Rolling Macroeconomic and Budget Framework, 2010-12 (STERP II), and implemented a five-year strategic development plan, the Zimbabwe 2011-2015 Medium Term Plan (MTP) aimed at stimulating sustainable economic recovery and growth.



To guide national development for the period 2013 to 2018, the GoZ crafted a new economic blue print known as the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (ZimASSET). ZimASSET was crafted to achieve sustainable development and social equity anchored on indigenization, empowerment and employment creation which will be largely propelled by the judicious exploitation of the country's human and natural resources. The four strategic clusters identified under ZimASSET are: Food Security and Nutrition; Social Services and Poverty Eradication; Infrastructure and Utilities; and Value Addition and Beneficiation (GoZ, 2013).

Introduction

In such a transitional environment of socio-economic recovery towards sustained growth and development, it is critical that policy, planning and programming be informed by recent and comprehensive data sets such as the MICS. This MICS Key Findings Report presents survey results for use by policy makers, stakeholders and planners.

Chapter 2

Sample and Survey Methodology



Sample and Survey Methodology

2.1 SAMPLE DESIGN

The population of Zimbabwe, according to the 2012 Population Census National Report, is 13 061 239, comprising of 6 280 539 males and 6 780 700 females. The population is relatively young with 41 percent being below age 15 and about 4 percent age 65 and above. Sixty-seven percent of the population resides in rural areas.

The sampling frame for the MICS was based on the 2012 Zimbabwe Master Frame (ZMS12) developed from the 2012 Zimbabwe Census Population. The primary sampling units (PSUs) in the master sample frame are clusters (census Enumeration Areas (EAs)). A stratified two-stage sample design was used. At the first stage clusters were selected with probability proportional to size (PPS), where size is the number of households enumerated in the 2012 population census. The second stage involved the selection of households using random systematic sampling.

For the 2014 MICS, the sample had 682 clusters, 229 in urban areas and 453 in rural areas.

A representative sample of 17 047 households was selected for the survey. The ultimate units of analysis for the MICS are the individual households and persons, including specific sub-population groups, that is, women of reproductive age 15 to 49, men age 15 to 54, and children under 5 years of age.

2.2 QUESTIONNAIRES

Four modular questionnaires were used in the survey. These questionnaires were adapted and customized from standard MICS questionnaires. All

Sample and Survey Methodology

questionnaires were translated from English to two main vernacular languages in Zimbabwe, i.e. Shona and Ndebele. The questionnaires were:

A **household questionnaire** which was responded to by a knowledgeable adult household member, covered the household listing, education, child discipline, household characteristics, water and sanitation, indoor residual spraying, use of Insecticide Treated Nets (ITNs), handwashing and salt iodization.

A **Woman's questionnaire**, administered to all women in the 15 to 49 age group from each selected household, encompassed women's characteristics, birth history, maternal and newborn health, post-natal care, marriage, contraception, sexual behaviour, access to Mass Media and use of Information Communication Technology, desire for last birth, illness and symptoms, attitude towards domestic violence, marriage/union, maternal mortality and knowledge on HIV and AIDS.

A **Man's questionnaire**, for the 15 to 54 age group, was administered in every third household selected. The modules were largely a subset of those included in the woman's questionnaire. A module on circumcision was included in the questionnaire.

A **Children's questionnaire**, for children under 5 years, was responded to by the mother or primary caregiver. It covered children's characteristics, birth registration and early childhood development, vitamin A, breastfeeding and dietary intake, care of illness, malaria, immunization, and anthropometry.

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2.3 SURVEY ACTIVITIES

Stakeholder Consultation: In October 2013, ZIMSTAT and UNICEF organised a one-day consultative workshop for stakeholders and the members of the Steering and Technical Committees. Participants agreed on the most critical indicators to be collected in the survey, established and agreed on the composition and Terms of Reference for the two Committees.

Pre-test: The survey instruments which included questionnaires and manuals were pre-tested before the survey fieldwork in a pre-test training workshop held from 24 November to 7 December, 2013. A total of 128 participants attended the workshop. Participants were mainly from ZIMSTAT (Provincial Supervisors, field team leaders, measurers and data entry personnel), UNICEF and Technical and Steering Committee members.

Sample and Survey Methodology

The pre-test was conducted to test the entirety of the survey procedures. Based on the results, further modifications were made to translations and content of the questionnaires.

Listing and Mapping: In preparation for data collection for the MICS, a household listing and mapping exercise was conducted during the period 9 to 21 January 2014. It involved listing all households in each selected cluster in order to update the features on the cluster maps and to facilitate the selection of the final households.

Main Training: Interviewers were trained before fieldwork. A total of 231 participants attended the Main Training workshop held from 2 to 21 February 2014. Participants were mainly from ZIMSTAT (Provincial Supervisors, field team leaders, measurers and interviewers), UNICEF and Technical Committee members.

Fieldwork: Data collection was from 24 February to 28 April 2014. The data was collected by 29 mobile teams. Each team was composed of one team leader, one measurer, four to five interviewers and a driver. Provincial Supervisors, in close collaboration with Technical Committee members, coordinated and supervised data collection.

Data Processing: Data entry and processing was conducted from 10 March to 7 May, 2014 by 42 Data entry operators and 9 Supervisors and support staff. Data were entered using the Census and Survey Processing (CSPro 5.0) software. All four questionnaires were double entered to ensure quality control. Data analysis was conducted using SPSS. The Survey Management Team as secondary editors also complemented the efforts of the data entry supervisors on internal consistency checks.

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2.4 QUALITY CONTROL

ZIMSTAT used a variety of and complementary quality control measures and checks to ensure that the MICS data and findings were of high quality. Some of the controls utilized include the following:

Training: All persons involved in the MICS received at least one form of training to strengthen their capacity in their designated area of focus. All interviewers and supervisors were trained on the data collection tools at one central location, which ensured the sharing of the same information and understanding of the survey objectives, instruments, and expected survey output.

Sample and Survey Methodology

Field Teams Supervision: Supervision was done by Team Leaders, Provincial Supervisors and national supervisors. The supervision involved observing the interviews and visiting completed clusters for spot checks.

Field Editing: Questionnaires were edited in the field. This was done to ensure that quality data was collected and high response rates for households and all eligible individuals were achieved.

Data entry feedback to the field team: Data entry commenced two weeks after the survey started. This contributed to enhance data quality as field check tables containing identified errors were sent back to the field without delay.

Data verification: All questionnaires were double entered to ensure accurate data capturing. Secondly, a verification exercise of households in selected clusters was undertaken.

Steering and Technical Committees: Two committees were established to oversee the MICS process. The Steering Committee for the MICS was responsible for providing overall guidance to the survey's Technical Committee with regards to the organization, implementation, financing of the survey, the dissemination and utilization of the survey results. The Committee was chaired by ZIMSTAT and comprised of designated representatives from the key governmental institutions, UN agencies and donor agencies involved in the MICS survey. The overall objective of the Technical Committee was to provide technical input at all stages until the final report is published. The Technical Committee reported to the Steering Committee.





Global and Regional Technical Support: MICS received technical support from both the global and regional MICS Teams at all stages of the survey and this included participation in international workshops for survey design and data processing, experts coming into the country at pre-test, fieldwork, data entry and data processing stages.

2.5 SAMPLE COVERAGE

The MICS is based on representative sample of 17 047 households. The sample within provinces was selected in such a way as to allow separate estimates of all key indicators for the provinces. Of the sampled 17 047 households, 16 041 were found to be occupied and 15 686 were successfully interviewed,

Sample and Survey Methodology

giving a household response rate of 97.8 percent. In the interviewed households 15 376 eligible women age 15 to 49 years, and 9 008 men age 15 to 54 years were identified. Of the eligible women, 14 408 were successfully interviewed yielding a response rate of 93.7 percent. Of the eligible men, 7 914 were successfully interviewed giving a response rate of 87.9 percent. Additionally, 10 223 children under the age of five years were listed in the household questionnaire, and 9 884 mothers/caretakers were interviewed, yielding a response rate of 96.7 percent, see Table 1.

Table 1: Survey implementation			
Sample frame	2012 Zimbabwe Master Sample (ZMS12)	Questionnaires	Household Women (age 15-49) Men (age 15-54) Children under five
Listing	January 2014		
Interviewer training	February 2014	Fieldwork	February – April 2014
Survey sample			
Households		Children under five	
	- Sampled 17 047		- Eligible 10 223
	- Occupied 16 041		- Mothers/caretakers interviewed 9 884
	- Interviewed 15 686		- Response rate (Percent) 96.7
	- Response rate (Percent) 97.8		
Women		Men	
	- Eligible for interviews 15 376		- Eligible for interviews 9 008
	- Interviewed 14 408		- Interviewed 7 914
	- Response rate (Percent) 93.7		- Response rate (Percent) 87.9

2.6 SURVEY LIMITATIONS AND CONSTRAINTS

The survey was designed to provide estimates at national, provincial and urban/rural levels.

Chapter 3

Results




Results

This chapter presents key findings on the situation of women, men and children in the areas of health, education, child protection, HIV and AIDS and Water and Sanitation, etc.

3.1 SURVEY POPULATION AND HOUSEHOLD CHARACTERISTICS

Overall, 66.7 percent of the household population reside in rural areas, while 33.3 percent live in urban areas. The average household size is 4.2 persons. Fifty percent of the population is under 18 years of age and 15.6 percent is under five (see Table 2).

 Average household size	4.2	Percentage of household population living in	
		- Urban areas	33.3
		- Rural areas	66.7
Percentage of population under:			
- Age 5	15.6	- Manicaland	12.1
- Age 18	50.3	- Mashonaland Central	9.8
		- Mashonaland East	10.1
		- Mashonaland West	11.1
Percentage of women age 15-49 years with at least one live birth in the last 2 years	27.1	- Matabeleland North	7.6
		- Matabeleland South	7.1
		- Midlands	10.6
		- Masvingo	11.3
		- Harare	13.7
		- Bulawayo	6.6

Housing Conditions

Information on housing conditions indicates that 32.3 percent of the households have electricity. The majority (84.6 percent), of the dwelling units

have finished walls, 70.1 percent have finished floors, and 70.2 percent have finished roofing as shown in Table 3A.

Slightly over two-thirds (68.7 percent) of the households own agricultural land and 62.4 percent have farm animals/livestock. About 37 percent of the households own a television set and 18.7 percent own a refrigerator. About 84 percent of the households owns a mobile phone (see Table 3B).




Table 3A: Housing characteristics	
	Percentage of households with
	- Electricity 32.3
	- Finished floor 70.1
	- Finished roofing 70.2
	- Finished walls 84.6
	Mean number of persons per room used for sleeping 2.3

Table 3B: Household or personal assets	
	Percentage of households that own
	- A television 37.4
	- A refrigerator 18.7
	- Agricultural land 68.7
	- Farm animals/livestock 62.4
	Percentage of households where at least a member has or owns a
	- Mobile phone 84.4
	- Car or truck 8.8

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3.2 CHILD MORTALITY

The infant mortality rate is the probability of dying before the first birthday. The under-five mortality is the probability of dying before the fifth birthday.

For the MICS, infant and under-five mortality rates were calculated from the mother's birth history information using the direct method of estimation. The direct method of estimation is based on the assumption that mortality among mothers is very low and the reported birth history is complete.

For the five-year period preceding the survey, the under-five mortality rate is 75

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deaths per 1,000 live births. The infant mortality rate is 55 deaths per 1,000 live births. Neonatal mortality rate, the probability of dying within the first month of life, is 29 deaths per 1,000 live births (see Table 4).

Table 4: Early childhood mortality

MICS Indicator		Indicator	Description	Value ^A
1.1		Neonatal mortality rate	Probability of dying within the first month of life	29
1.2	MDG 4.2	Infant mortality rate	Probability of dying between birth and the first birthday	55
1.3		Post-neonatal mortality rate	Difference between infant and neonatal mortality rates	25
1.4		Child mortality rate	Probability of dying between the first and the fifth birthdays	21
1.5	MDG 4.1	Under-five mortality rate	Probability of dying between birth and the fifth birthday	75

^A Indicator values are per 1,000 live births and refer to the five-year period before the survey

The mortality levels across the successive five-year periods show that infant mortality rate was 50 deaths per 1,000 live births between 2000 and 2004, 58 deaths per 1,000 live births between 2005 to 2009, and was 55 deaths per 1,000 live births between 2010 and 2014. Similarly, the under-five mortality rate was 75 deaths per 1,000 live births between 2000 and 2004, 84 deaths per 1,000 live births between 2005 and 2009, and 75 deaths per 1,000 live births between 2010 and 2014 (see Figure 1).

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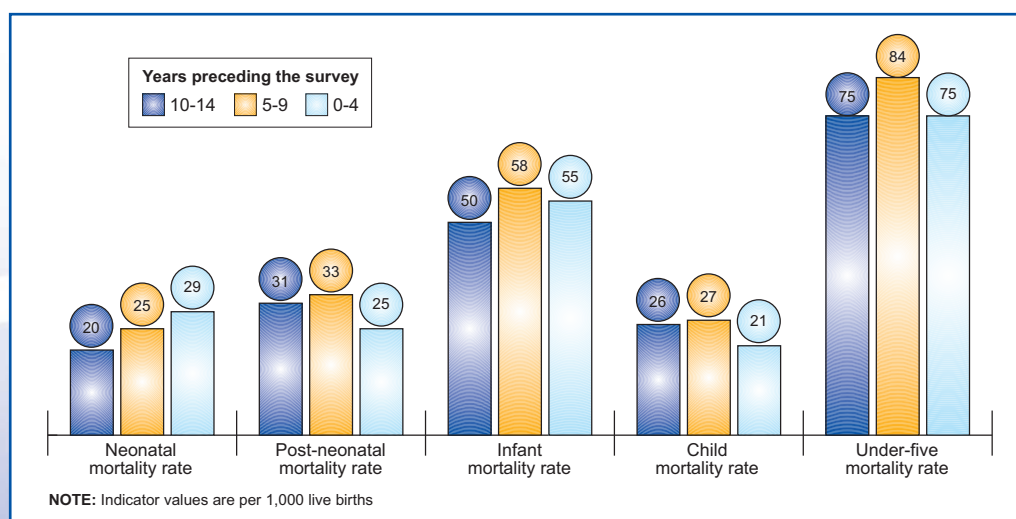


Figure 1: Early childhood mortality rates, MICS, 2014

3.3 NUTRITION

Nutritional Status of Children under 5

The 2014 MICS collected data on nutritional status of children by measuring height and weight of children under 5 in sampled households. These measurements were compared against the World Health Organisation (WHO) growth standards for children under 5. The four anthropometric indices of nutritional status used to assess the nutritional status of children in this report are weight-for-age (underweight); height-for-age (stunting); weight-for-height (wasting and overweight).



Table 5: Nutritional status¹

MICS Indicator		Indicator	Description	Value
2.1a	MDG 1.8	Underweight prevalence (a) Moderate and severe (b) Severe	Percentage of children under age 5 who fall below	11.2
2.1b			(a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for age of the WHO standard	
2.2a		Stunting prevalence (a) Moderate and severe (b) Severe	Percentage of children under age 5 who fall below	27.6
2.2b			(a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median height for age of the WHO standard	
2.3a		Wasting prevalence (a) Moderate and severe (b) Severe	Percentage of children under age 5 who fall below	3.3
2.3b			(a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for height of the WHO standard	
2.4		Overweight prevalence	Percentage of children under age 5 who are above two standard deviations of the median weight for height of the WHO standard	3.6

Results

Overall, 11.2 percent of children were underweight, 27.6 percent were stunted, 3.3 percent were wasted, and 3.6 percent were overweight, see Table 5 and Figure 2.

The percentage of stunting initially increases with a child's age, with prevalence highest between 18 and 35 months, and declines thereafter. The prevalence of underweight is highest among children age 18 to 23 months, while children age 12 to 17 months are likely to be wasted. Children under 6 months are likely to be overweight.

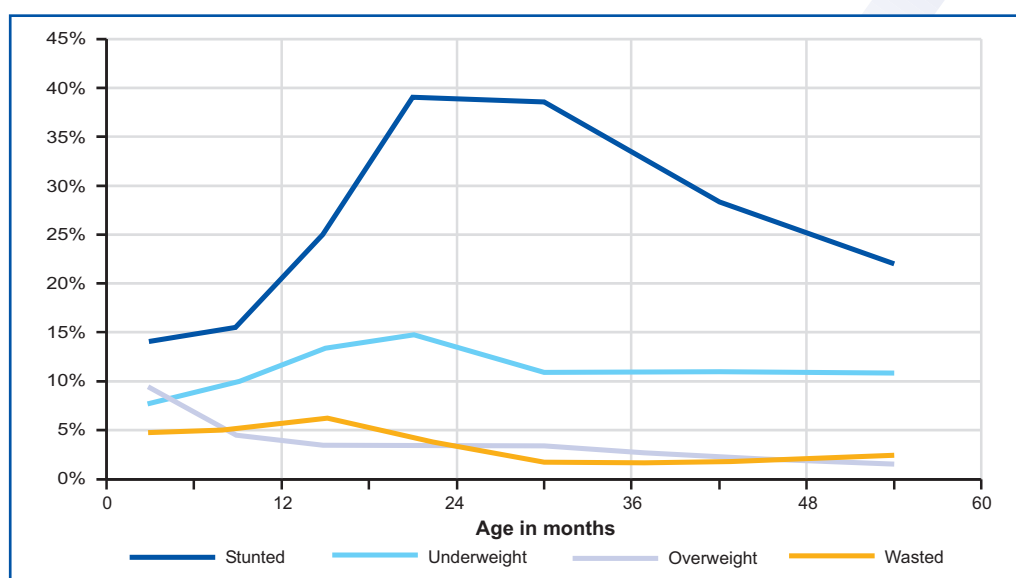


Figure 2: Underweight, stunted, wasted and overweight children under age 5 (moderate and severe), MICS, 2014

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Breastfeeding and Infant Feeding

Breastfeeding is nearly universal in Zimbabwe, with 98.1 percent of women with a live birth in the last 2 years reporting having breastfed their last live-born child at any time. Early breastfeeding practices determine the successful establishment and duration of breastfeeding. For women with a live birth in the last 2 years, 58.9 percent put their last newborn to the breast within one hour of birth.

Exclusive breastfeeding of babies under the age of 6 months is recommended. About 41 percent of infants under 6 months of age were exclusively breastfed.



Sixty-four percent of infants under 6 months received breast milk as the predominant source of nourishment during the previous day.

Complimentary feeding is recommended from age 6 months onwards. Eighty-seven percent of infants 6 to 8 months were fed on such foods (see Table 6).

Table 6: Breastfeeding and infant feeding

MICS Indicator	Indicator	Description	Value
2.5	Children ever breastfed	Percentage of women with a live birth in the last 2 years who breastfed their last live-born child at any time	98.1
2.6	Early initiation of breastfeeding	Percentage of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth	58.9
2.7	Exclusive breastfeeding under 6 months	Percentage of infants under 6 months of age who are exclusively breastfed ⁱⁱ	41.0
2.8	Predominant breastfeeding under 6 months	Percentage of infants under 6 months of age who received breast milk as the predominant source of nourishment ⁱⁱⁱ during the previous day	64.4
2.9	Continued breastfeeding at 1 year	Percentage of children age 12-15 months who received breast milk during the previous day	84.4
2.10	Continued breastfeeding at 2 years	Percentage of children age 20-23 months who received breast milk during the previous day	17.1
2.11	Median duration of breastfeeding	The age in months when 50 percent of children age 0-35 months did not receive breast milk during the previous day	17.7
2.12	Age-appropriate breastfeeding	Percentage of children age 0-23 months appropriately fed ^{iv} during the previous day	57.1
2.13	Introduction of solid, semi-solid or soft foods	Percentage of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	87.3
2.14	Milk feeding frequency for non-breastfed children	Percentage of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	11.3
2.15	Minimum meal frequency	Percentage of children age 6-23 months who received solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum number of times ^v or more during the previous day	59.1

Results

Table 6: Breastfeeding and infant feeding continued...

MICS Indicator	Indicator	Description	Value
2.16	Minimum dietary diversity	Percentage of children age 6–23 months who received foods from 4 or more food groups ^{vi} during the previous day	28.0
2.17a 2.17b	Minimum acceptable diet	(a) Percentage of breastfed children age 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day (b) Percentage of non-breastfed children age 6–23 months who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day	17.3 4.6
2.18	Bottle feeding	Percentage of children age 0-23 months who were fed with a bottle during the previous day	10.3

Iodized Salt Consumption

Iodine is an essential micronutrient. Salt is iodised to provide the needed iodine in populations. In line with Zimbabwe’s Food and Food Standards Regulations of 1995, household salt should be fortified with iodine to at least 30 parts per million (ppm). Salt is adequately iodized when it contains at least 15 ppm. About 55 percent of households were using iodized salt, (see Table 7).

Table 7: Salt iodization

MICS Indicator	Indicator	Description	Value
2.19	Iodized salt consumption	Percentage of households with salt testing 15 parts per million or more of iodide/iodate	54.5

Low Birthweight

Birthweight is an important indicator when assessing a child’s health in terms of early exposure to childhood morbidity and mortality. Babies who weigh less than 2,500 grams at birth are considered to have a higher risk of early childhood death. One in ten of the most recent live births in the last 2 years preceding the survey weighed below 2,500 grams at birth. Eighty-three percent of the most recent live births in the last 2 years preceding the survey were weighed at birth, see Table 8.

Table 8: Low-birthweight

MICS Indicator	Indicator	Description	Value
2.20	Low-birthweight infants	Percentage of most recent live births in the last 2 years weighing below 2,500 grams at birth	10.1
2.21	Infants weighed at birth	Percentage of most recent live births in the last 2 years who were weighed at birth	83.0

3.4 CHILD HEALTH

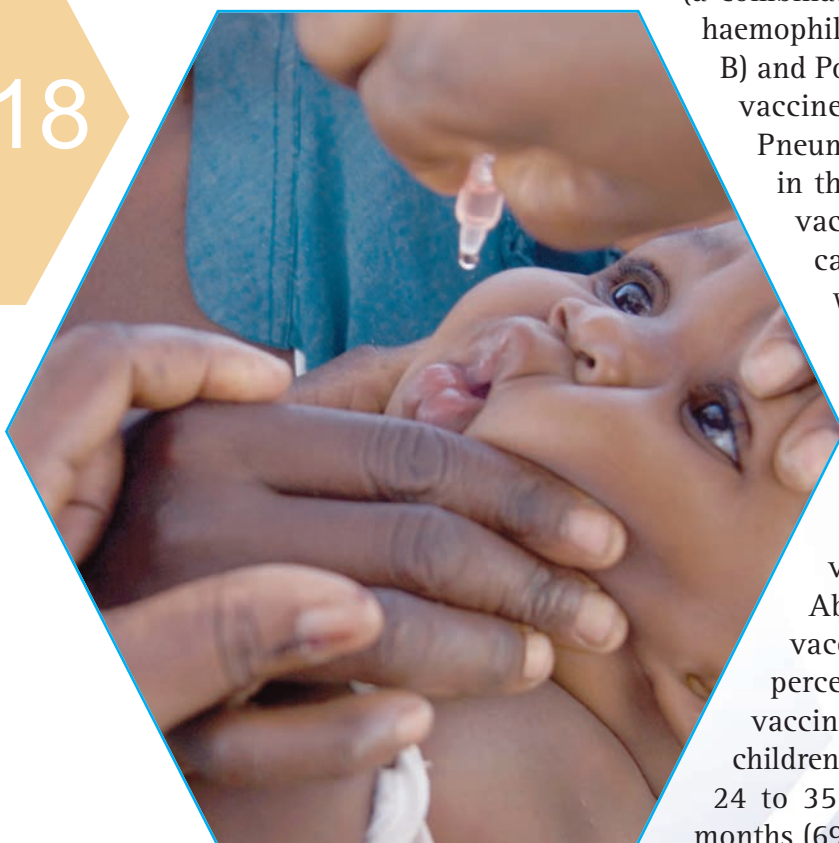
Child Immunisation

Zimbabwe has been implementing an immunisation programme under the Zimbabwe Expanded Programme on Immunisation (ZEPI) since 1982. The programme has a schedule for the administration of all basic childhood vaccines. According to the programme, a child is said to be fully immunised, if he/she receives one dose of BCG vaccine, three doses each of Pentavalent

(a combination of diphtheria, pertussis, tetanus, haemophilus influenza type b and hepatitis type B) and Polio vaccines and one dose of Measles vaccine as well as three doses of Pneumococcal conjugate vaccine. However, in these results Pneumococcal conjugate vaccine was not included in the calculation of full immunization as it was introduced when some of the children had already passed the expected age for pneumococcal immunizations.

Overall, 69.2 percent of children age 12 to 23 months were fully vaccinated by their first birthday. About 92 percent had received BCG vaccination, 84.9 percent polio 3, 85.4 percent DPT3, 82.6 percent measles vaccine. The proportion of fully vaccinated children has increased between the age groups 24 to 35 months (54 percent) and 12 to 23 months (69 percent) (see Table 9 and Figure 3).

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Results

Table 9: Vaccinations				
MICS Indicator		Indicator	Description	Value
3.1		Tuberculosis immunization coverage	Percentage of children age 12-23 months who received BCG vaccine by their first birthday	92.4
3.2		Polio immunization coverage	Percentage of children age 12-23 months who received the third dose of OPV vaccine (OPV3) by their first birthday	84.9
3.3		Diphtheria, pertussis and tetanus (DPT) immunization coverage	Percentage of children age 12-23 months who received the third dose of DPT vaccine (DPT3) by their first birthday	85.4
3.4	MDG 4.3	Measles immunization coverage	Percentage of children age 12-23 months who received measles vaccine by their first birthday	82.6
3.5		Hepatitis B immunization coverage	Percentage of children age 12-23 months who received the third dose of Hepatitis B vaccine (HepB3) by their first birthday	85.4
3.6		Haemophilus influenzae type B (Hib) immunization coverage	Percentage of children age 12-23 months who received the third dose of Hib vaccine (Hib3) by their first birthday	85.4
3.8		Full immunization coverage	Percentage of children age 12-23 months who received all ^{vi} vaccinations recommended in the national immunization schedule by their first birthday	69.2

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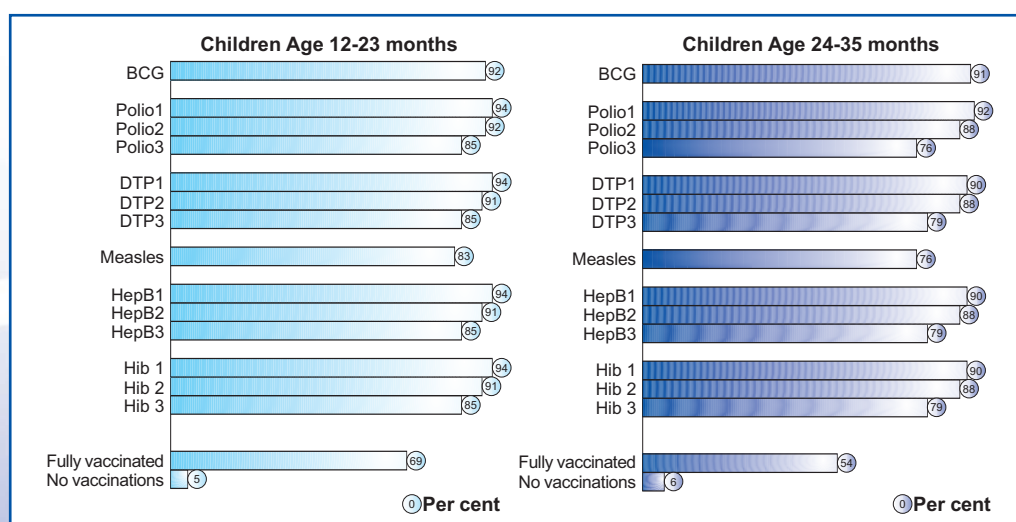


Figure 3: Vaccinations by age 12 months, MICS, 2014

Neonatal Tetanus Protection

Of the women age 15–49 years with a live birth in the last two years preceding the survey, 63.5 percent had received at least two doses of tetanus toxoid vaccine within the appropriate interval prior to the most recent birth to prevent neonatal tetanus, (see Table 10).

MICS Indicator	Indicator	Description	Value
3.9	Neonatal tetanus protection	Percentage of women age 15-49 years with a live birth in the last 2 years who were given at least two doses of tetanus toxoid vaccine within the appropriate interval prior to the most recent birth	63.5

Diarrhoea

Data on the prevalence of diarrhoea was obtained by asking mothers or primary caregivers whether their child under the age of five years had had diarrhoea during the two weeks preceding the survey. The results show that 15.5 percent of children under age 5 had suffered an episode of diarrhoea in the two weeks preceding the survey. Of these, 41.8 percent sought advice or treatment from a healthy facility or provider. About 14 percent of the children with diarrhoea were treated with oral rehydration salts (ORS) and zinc while 56.4 percent received ORT and continued feeding (see Table 11).

MICS Indicator	Indicator	Description	Value
-	Children with diarrhoea	Percentage of children under age 5 with diarrhoea in the last 2 weeks	15.5
3.10	Care-seeking for diarrhoea	Percentage of children under age 5 with diarrhoea in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	41.8
3.11	Diarrhoea treatment with oral rehydration salts (ORS) and zinc	Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORS and zinc	13.8
3.12	Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding	Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORT (ORS packet, pre-packaged ORS fluid, recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	56.4

Results

Acute Respiratory Infection (ARI) Symptoms

The survey results show that 5.3 percent of children under five years of age had had ARI symptoms in the two weeks preceding the study. Of these, 52.7 percent were treated at a health facility or provider, and 34.3 percent of them were treated with antibiotics, (see Table 12).

Table 12: Acute Respiratory Infection (ARI) symptoms

MICS Indicator	Indicator	Description	Value
-	Children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks	5.3
3.13	Care-seeking for children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	52.7
3.14	Antibiotic treatment for children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks who received antibiotics	34.3

Primary Source of Domestic Energy

The survey collected information on the type of fuel mainly used for cooking by the household. Nationally, 73.9 percent of households indicated that they used solid fuels for cooking.

Table 13: Solid fuel use

MICS Indicator	Indicator	Description	Value
3.15	Use of solid fuels for cooking	Percentage of household members in households that use solid fuels as the primary source of domestic energy to cook	73.9

Malaria/Fever

While malaria is endemic in Zimbabwe, it is important to highlight that malaria is found only in specific areas of the country designated as 'malaria prone zones'. Information on this indicator was obtained by asking mothers or primary caregivers of children under age five if their children experienced

any fever during the two weeks preceding the survey. Twenty-seven percent of the children had experienced episodes of fever during this period. Among children with fever, 43.6 percent sought advice or treatment from a health facility or provider. Three percent of the children with fever received anti-malarial treatment. Treatment with Artemisinin-based Combination Therapy (ACT) among children who received anti-malarial treatment was 78.8 percent.

The survey collected information on the ownership and use of mosquito nets by households as well as indoor residual spraying of dwelling units. Slightly more than half (53.7 percent) of the households had at least one insecticide treated net (ITN) while 20.9 percent had at least one ITN for every two people. The percentage of the households with at least one ITN or who benefited from indoor residual spraying in the last 12 months preceding the survey was 58.5 percent. Thirty-four percent of the households had at least one ITN for every two people or lived in dwelling units that had indoor residual spraying in the last 12 months preceding the survey.

About 6 percent of women age 15-49 years received three or more doses of SP/Fansidar, at least one of which was received during an ANC visit, to prevent malaria during their last pregnancy that led to a live birth in the last 2 years preceding the survey, (see Table 14).

MICS Indicator		Indicator	Description	Value
-		Children with fever	Percentage of children under age 5 with fever in the last 2 weeks	27.1
3.16a 3.16b		Household availability of insecticide-treated nets (ITNs) ^{viii}	Percentage of households with (a) at least one ITN (b) at least one ITN for every two people	53.7 20.9
3.17a 3.17b		Household vector control ^{ix}	Percentage of households (a) with at least one ITN or that have been sprayed by IRS ^x in the last 12 months (b) with at least one ITN for every two people or that have been sprayed by IRS in the last 12 months	58.5 34.0
3.18	MDG 6.7	Children under age 5 who slept under an ITN	Percentage of children under age 5 who slept under an ITN the previous night	26.8
3.19		Population that slept under an ITN	Percentage of household members who slept under an ITN the previous night	22.1

Results

Table 14: Malaria /Fever

MICS Indicator		Indicator	Description	Value
3.20		Care-seeking for fever	Percentage of children under age 5 with fever in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	43.6
3.21		Malaria diagnostics usage	Percentage of children under age 5 with fever in the last 2 weeks who had a finger or heel stick for malaria testing	14.1
3.22	MDG 6.8	Anti-malarial treatment of children under age 5	Percentage of children under age 5 with fever in the last 2 weeks who received any antimalarial treatment	3.0
3.23		Treatment with Artemisinin-based Combination Therapy (ACT) among children who received anti-malarial treatment	Percentage of children under age 5 with fever in the last 2 weeks who received ACT (or other first-line treatment according to national policy)	78.8
3.24		Pregnant women who slept under an ITN	Percentage of pregnant women who slept under an ITN the previous night	26.3
3.25		Intermittent preventive treatment for malaria during pregnancy	Percentage of women age 15-49 years who received three or more doses of SP/Fansidar, at least one of which was received during an ANC visit, to prevent malaria during their last pregnancy that led to a live birth in the last 2 years	6.4

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3.5 WATER AND SANITATION

Safe drinking water and sanitation are some of the essential elements that determine improvement of living standards, as they reduce morbidity from diseases such as diarrhoea, dysentery, cholera and typhoid.

Seventy-six percent of households members who are using improved sources of drinking water (piped water, tube well or borehole, protected well, protected spring). Of the 34 percent who still use unimproved drinking water, 12 percent reported using an appropriate treatment method for their drinking water. As for improved sanitation (flush/pour flush, pit latrine with slab), 35 percent of household members reported using improved sanitation facilities which are not shared.

Results

Mothers and primary caregivers of children under-five years of age were asked on how they dispose of stools for children under 2 years. Fifty-six percent of children had their stool disposed of safely.

Households were asked questions on the availability of a fixed place for handwashing, as well as water and soap. In households with specific place for handwashing, 51 percent had water and soap or other cleansing agents present. Of those households with no observed place for handwashing, 55.8 percent reported availability of soap or other cleansing agents in the household, (see Table 15).



Table 15: Water and sanitation

MICS Indicator		Indicator	Description	Value
4.1	MDG 7.8	Use of improved drinking water sources	Percentage of household members using improved sources of drinking water	76.1
4.2		Water treatment	Percentage of household members in households using unimproved drinking water who use an appropriate treatment method	12.0
4.3	MDG 7.9	Use of improved sanitation	Percentage of household members using improved sanitation facilities which are not shared	35.0
		Open defecation	Percentage of household members with no facility	31.7
4.4		Safe disposal of child's faeces	Percentage of children age 0-2 years whose last stools were disposed of safely	57.8
4.5		Place for handwashing	Percentage of households with a specific place for hand washing where water and soap or other cleansing agent are present	50.5
4.6		Availability of soap or other cleansing agent	Percentage of households with soap or other cleansing agent	55.8

Results

Nearly all households (98 percent) in urban areas and 68 percent in rural areas used an improved water source. Forty-seven percent of households in urban areas and 30 percent in rural areas used improved sanitation facilities which are not shared, see Figure 4.

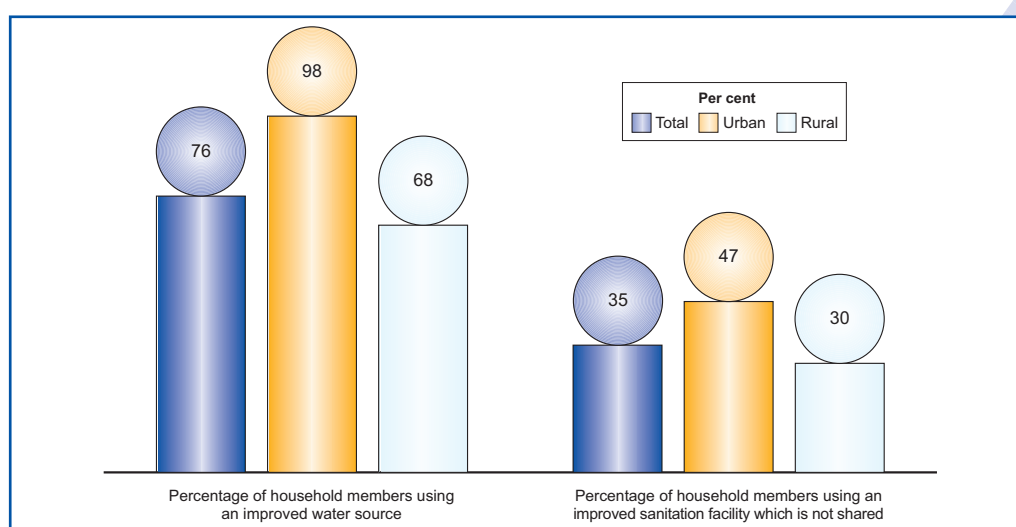


Figure 4: Use of improved water and sanitation in urban and rural areas, MICS, 2014

3.6 REPRODUCTIVE HEALTH

Contraception and unmet need

The total fertility rate is 4.3 children per woman while the adolescent birth rate, also known as the age-specific fertility rate for women age 15-19 years is 120 births per 1,000 women. Contraceptive prevalence, defined as the percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method is 67 percent. However, there are women who want to space their children or limit the number who are not currently using contraception. This is defined as unmet need for contraception, which is at 10.4 percent (see Table 16).



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Table 16: Contraception and unmet need

MICS Indicator		Indicator	Description	Value
-		Total fertility rate	Total fertility rate ^A for women age 15-49 years	4.3
5.1	MDG 5.4	Adolescent birth rate	Age-specific fertility rate ^A for women age 15-19 years	120
5.2		Early childbearing	Percentage of women age 20-24 years who had at least one live birth before age 18	22.4
5.3	MDG 5.3	Contraceptive prevalence rate	Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method	67.0
5.4	MDG 5.6	Unmet need	Percentage of women age 15-49 years who are currently married or in union who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	10.4

^A The age-specific fertility rate is defined as the number of live births to women in a specific age group during a specified period, divided by the average number of women in that age group during the same period, expressed per 1,000 women. The age-specific fertility rate for women age 15-19 years is also termed as the adolescent birth rate.

The total fertility rate (TFR) is calculated by summing the age-specific fertility rates calculated for each of the 5-year age groups of women, from age 15 through to age 49. The TFR denotes the average number of children to which a woman will have given birth by the end of her reproductive years (by age 50) if current fertility rates prevailed.

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Contraceptive methods are classified into two broad categories, namely modern methods and traditional methods. The contraceptive prevalence rate for use of modern methods of contraception is 66.5 percent. About 0.5 percent of women used traditional methods. Thirty-three percent are using neither a modern method nor a traditional method (see Figure 5).

Results

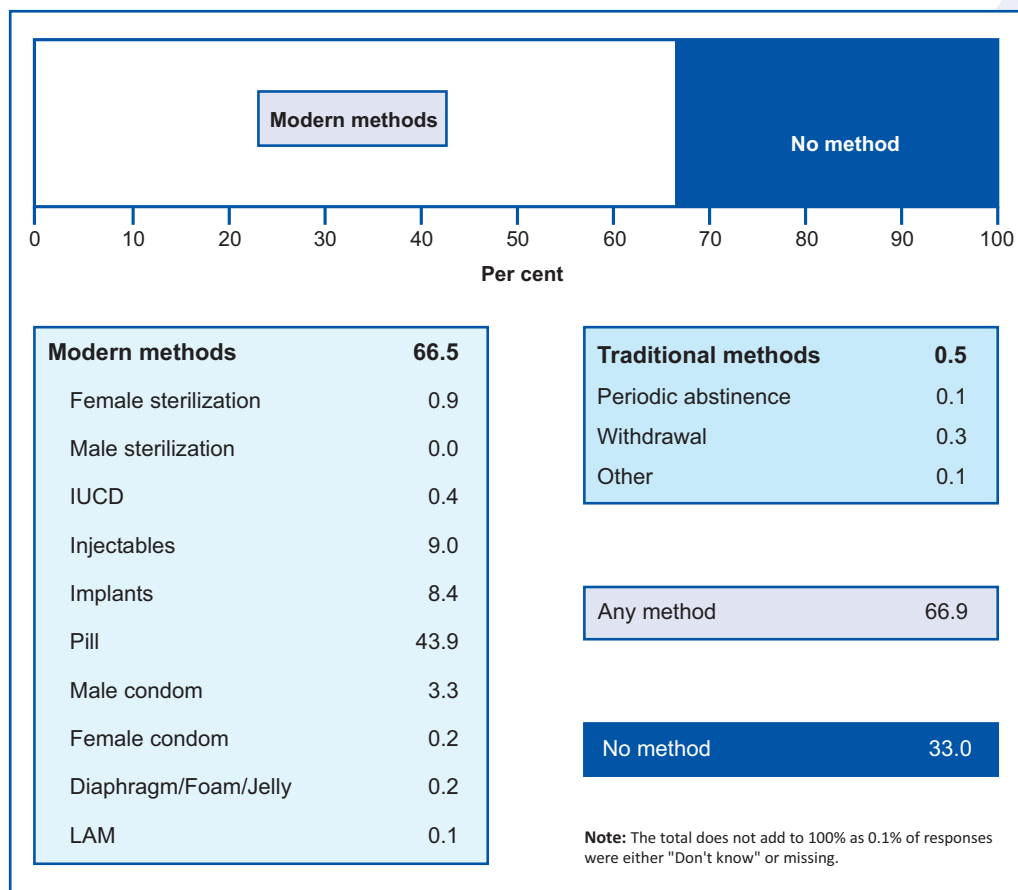


Figure 5: Use of contraception, MICS, 2014

Maternal and newborn health

Antenatal care (ANC) is a key entry point for a pregnant woman to receive a broad range of health promotion and preventive health services including nutritional support, prevention, detection and treatment of malaria, tuberculosis, sexually transmitted diseases, HIV and AIDS. ANC from a skilled provider is important to monitor the pregnancy and reduce the risks of mother and child dying during pregnancy and at delivery.

The survey found that 93.7 percent of women age 15-49 years with a live birth in the 2 years preceding the survey were attended to, during ANC, at least once by a skilled health personnel during their last pregnancy. Seven in ten women were attended to at least four times. Of the women who gave birth in the last two years, 51.8 percent had their blood pressure measured, and

provided urine and blood samples during their ANC visits. Eighty percent of women age 15-49 years with a live birth in the last 2 years preceding the survey were attended by skilled health personnel at delivery of their most recent live birth. About 80 percent of the women delivered in a health facility, with 6 percent delivering by caesarean section (see Table 17).



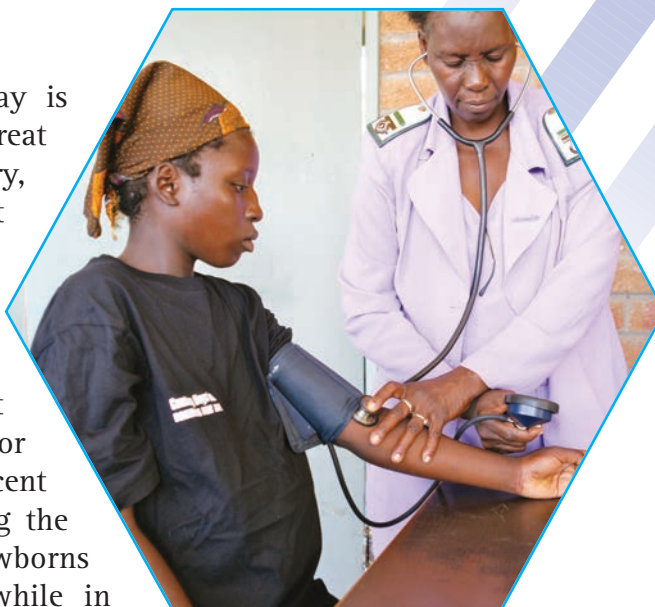
Table 17: Maternal and newborn health

MICS Indicator		Indicator	Description	Value
5.5a 5.5b	MDG 5.5 MDG 5.5	Antenatal care coverage	Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth (a) at least once by skilled health personnel (b) at least four times by any provider	93.7 70.1
5.6		Content of antenatal care	Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples during the last pregnancy that led to a live birth	51.8
5.7	MDG 5.2	Skilled attendant at delivery	Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth	80.0
5.8		Institutional deliveries	Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered in a health facility	79.6
5.9		Caesarean section	Percentage of women age 15-49 years whose most recent live birth in the last 2 years was delivered by caesarean section	6.0

Results

Postnatal Health Checks

Receiving postnatal care without delay is important for both mother and child to treat complications arising from the delivery, and to provide the mother with important information on how to care for herself and the child.



Of the women age 15-49 years who delivered in a health facility, 83.5 percent stayed in the health facility for 12 hours or more after the delivery of their most recent live birth in the last 2 years preceding the survey. Eighty-five percent of newborns received a post-natal health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery. About 77 percent of mothers received a postnatal health check in a health facility or at home within 2 days after delivery of their most recent live births that occurred in the 2 years preceding the survey (see Table 18).

Table 18: Post-natal health checks

MICS Indicator	Indicator	Description	Value
5.10	Post-partum stay in health facility	Percentage of women age 15-49 years who stayed in the health facility for 12 hours or more after the delivery of their most recent live birth in the last 2 years	83.5
5.11	Post-natal health check for the newborn	Percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	85.0
5.12	Post-natal health check for the mother	Percentage of women age 15-49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth in the last 2 years	77.3

A majority (79.6 percent) of women age 15 to 49 delivered their babies in a health facility compared to 17.6 with home deliveries (see Figure 6).

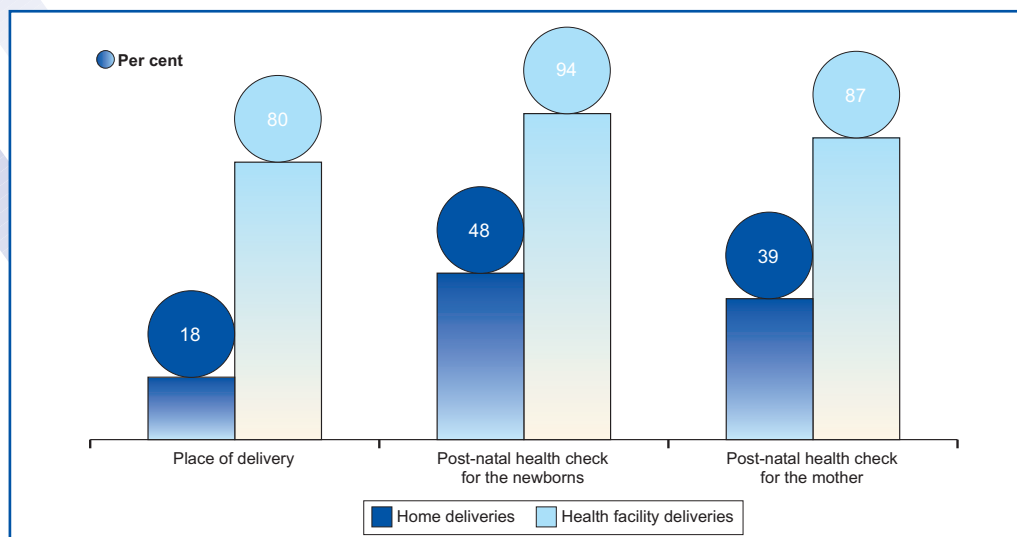


Figure 6: Place of delivery and post-natal health checks, MICS, 2014

Maternal Mortality

The survey collected information from women age 15 to 49 years about their siblings born to the same mother for estimation of Maternal Mortality Ratio (MMR). The estimate of the MMR for the seven-year period preceding the survey is 614 deaths per 100,000 live births, see Table 19. For the five year period preceding the survey the MMR is 581 deaths per 100,000 live births.

Table 19: Maternal mortality			
MICS Indicator	Indicator	Description	Value
5.13	Maternal mortality ratio	Deaths during pregnancy, childbirth, or within two months after delivery or termination of pregnancy, per 100,000 births within the 7-year period preceding the survey	614
	Maternal mortality ratio	Deaths during pregnancy, childbirth, or within two months after delivery or termination of pregnancy, per 100,000 births within the 5-year period preceding the survey	581

3.7 CHILD DEVELOPMENT

The survey contained questions used to obtain information about the extent to which households provide a supportive and stimulating learning environment to children on various aspects of development (physical, social, emotional, language, and cognitive development).

Results

The percentage of children age 36-59 months who have been attending an early childhood education programme is 21.6 percent. About 43 percent of children age 36-59 months engaged in four or more activities to promote learning and school readiness in the last 3 days preceding the survey with an adult in the household. On availability of children's books and playthings, 3.4 percent of children under age 5 had three or more children's books, while 62.3 percent had two or more types of playthings. The early child development index is 61.8 percent (see Table 20).

Table 20: Child development

MICS Indicator	Indicator	Description	Value
6.1	Attendance to early childhood education	Percentage of children age 36-59 months who are attending an early childhood education programme	21.6
6.2	Support for learning	Percentage of children age 36-59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the last 3 days	43.1
6.3	Father's support for learning	Percentage of children age 36-59 months whose biological father has engaged in four or more activities to promote learning and school readiness in the last 3 days	2.6
6.4	Mother's support for learning	Percentage of children age 36-59 months whose biological mother has engaged in four or more activities to promote learning and school readiness in the last 3 days	17.3
6.5	Availability of children's books	Percentage of children under age 5 who have three or more children's books	3.4
6.6	Availability of playthings	Percentage of children under age 5 who play with two or more types of playthings	62.3
6.7	Inadequate care	Percentage of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the last week	18.3
6.8	Early child development index	Percentage of children age 36-59 months who are developmentally on track in at least three of the following four domains: literacy-numeracy, physical, social-emotional, and learning	61.8

3.8 LITERACY AND EDUCATION



In the MICS, literacy rate was measured by assessing one's ability to read in full a short simple statement about everyday life save for respondents who had attended at least secondary education. The literacy rate among young people age 15-24 was estimated at 92.0 percent for women and 86.1 percent for men.

The percentage of children in the first grade (Grade 1) of primary school who had attended pre-school during the previous school year was 86.2 percent (School Readiness). Net intake rate in primary education, defined as the percentage of children of school-entry age who enter the first grade of primary school, was 73.3 percent. The percentage of children of primary school age currently attending primary or secondary school was estimated at 93.7 percent (adjusted net attendance ratio), while that for children of secondary school age currently attending secondary school or higher, was 57.5 percent. The proportion of children reaching the last grade of primary was 90.7 percent, while primary completion rate was 98.9 percent. The transition rate, the percentage of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school, was 78.9 percent. The gender parity index for primary school was estimated at 1.01, while that for secondary schools was 1.17 (see Table 21 and Figure 7).

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Table 21: Literacy and education^{xi}

MICS Indicator		Indicator	Description	Value
7.1	MDG 2.3	Literacy rate among young people	Percentage of young people age 15-24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education (a) women (b) men	92.0 86.1
7.2		School readiness	Percentage of children in first grade of primary school who attended pre-school during the previous school year	86.2
7.3		Net intake rate in primary education	Percentage of children of school-entry age who enter the first grade of primary school	73.3
7.4	MDG 2.1	Primary school net attendance ratio (adjusted)	Percentage of children of primary school age currently attending primary or secondary school	93.7
		Out of school (primary)	Percentage of children of primary school age not attending school or pre-school	1.5

Results

Table 21: Literacy and education ^{xi} continued...				
MICS Indicator		Indicator	Description	Value
7.5		Secondary school net attendance ratio (adjusted)	Percentage of children of secondary school age currently attending secondary school or higher	57.5
		Out of school (secondary)	Percentage of children of secondary school age not attending primary, secondary or higher education	21.9
7.6	MDG 2.2	Children reaching last grade of primary	Percentage of children entering the first grade of primary school who eventually reach last grade	90.7
7.7		Primary completion rate	Number of children attending the last grade of primary school (excluding repeaters) divided by number of children of primary school completion age (age appropriate to final grade of primary school)	98.9
7.8		Transition rate to secondary school	Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year divided by number of children attending the last grade of primary school during the previous school year	78.9
7.9	MDG 3.1	Gender parity index (primary school)	Primary school net attendance ratio (adjusted) for girls divided by primary school net attendance ratio (adjusted) for boys	1.01
7.10	MDG 3.1	Gender parity index (secondary school)	Secondary school net attendance ratio (adjusted) for girls divided by secondary school net attendance ratio (adjusted) for boys	1.17

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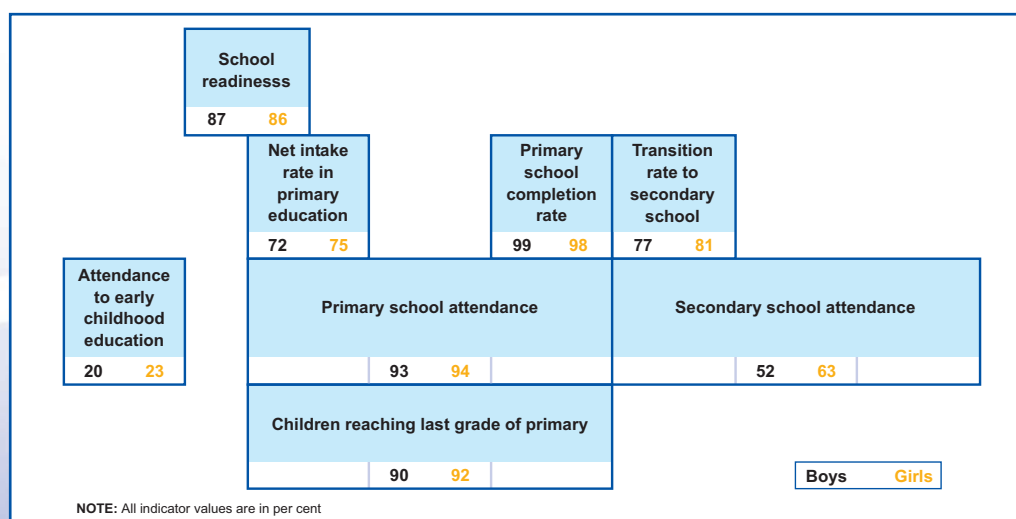


Figure 7: Education indicators by sex, MICS, 2014

3.9 CHILD PROTECTION

Birth Registration

The survey sought to provide an estimate of the extent of birth registration of children under 5 years of age. A 'birth certificate' is a vital record that documents the birth of a child. A child may not have been issued a birth certificate but the birth may still have been registered with the Registrar General's Office. Thirty-two percent of children under age 5 have registered births (see Table 22).



Table 22: Birth registration

MICS Indicator	Indicator	Description	Value
8.1	Birth registration	Percentage of children under age 5 whose births are reported registered	32.3

Child discipline

The survey collected information on the disciplinary methods used with children age 1-14 years by adults living in the same household. The disciplinary practices ranged from non-violent approaches, psychological aggression, and moderate and severe forms of physical punishment.

Sixty-three percent for children age 1-14 were reported to have experienced psychological aggression or physical punishment in the past month preceding the survey (see Table 23 and Figure 7).

Table 23: Child discipline

MICS Indicator	Indicator	Description	Value
8.3	Violent discipline	Percentage of children age 1-14 years who experienced psychological aggression or physical punishment during the last one month	62.6

Results

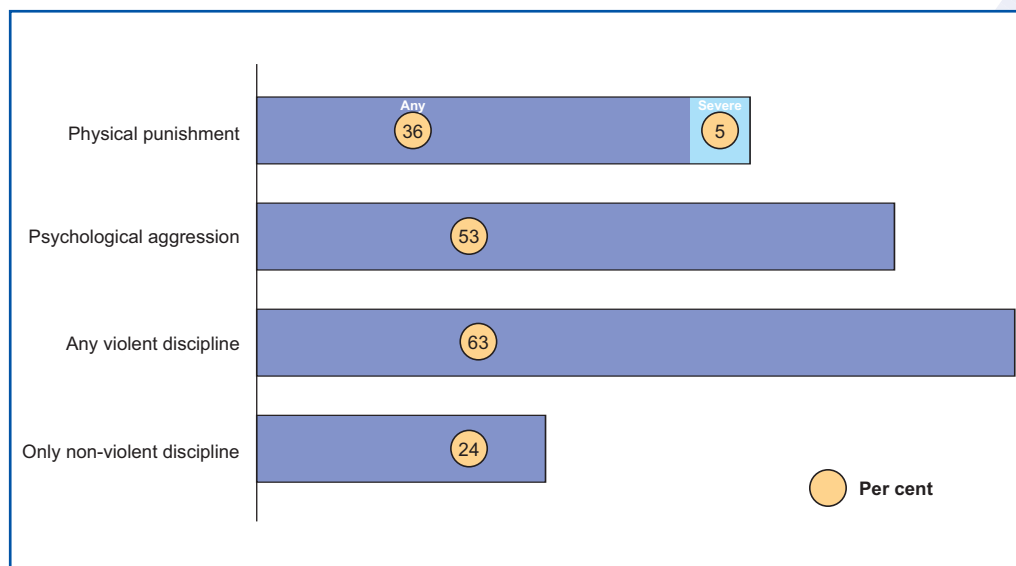


Figure 8: Child disciplining methods, children age 1-14 years, MICS, 2014

Early Marriage and Polygyny

Information on age at first marriage was obtained by asking all ever-married respondents the month and year they had been married or started living with a partner as if married. The proportion of women who were married before the age of 15 is more than that of men. Five percent of women and 0.3 percent of men age 15-49 years were first married or in union before age 15. One in three women and less than 1 in 20 (3.7 percent) of men age 20-49 were first married or in union before age 18. Young people age 15-19 years currently married or in union were 24.5 percent and 1.7 percent for women and men, respectively. The percentage of women and men age 15-49 years who are in a polygynous union was 10.1 percent and 3.8 percent, respectively.

Age mixing is prevalent for young women, with 19.9 percent of women age 15-19, and 17.5 percent of women age 20-24 years married or in union with a spouse 10 or more years older (see Table 24).

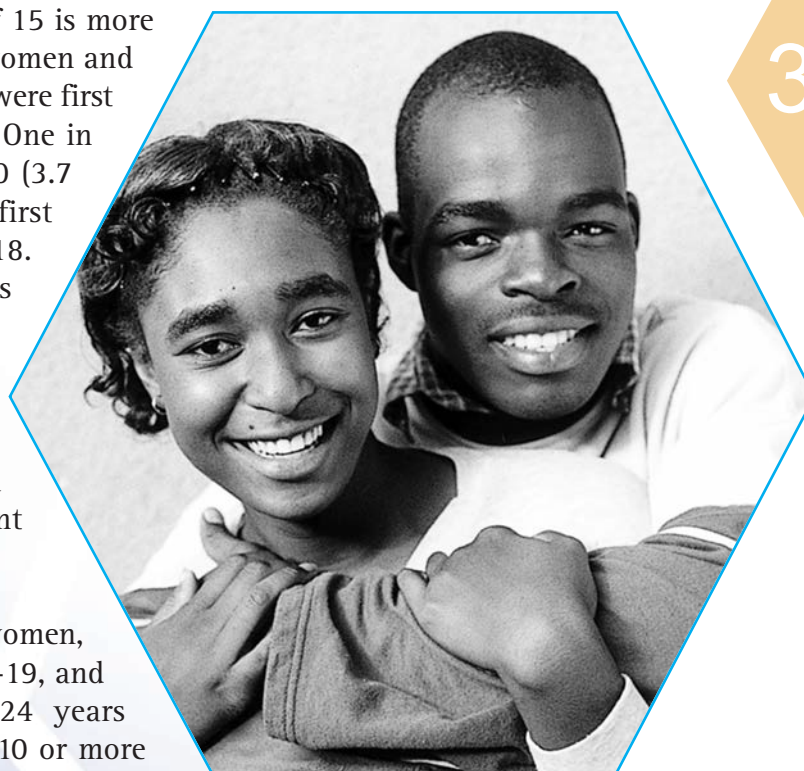


Table 24: Early marriage and polygyny

MICS Indicator	Indicator	Description	Value
8.4	Marriage before age 15	Percentage of people who were first married or in union before age 15 (a) Women age 15-49 years (b) Men age 15-49 years (c) Men age 15-54 years	5.0 0.3 0.3
8.5	Marriage before age 18	Percentage of people who were first married or in union before age 18 (a) Women age 20-49 years (b) Men age 20-49 years (c) Men age 20-54 years	32.8 3.7 3.9
8.6	Young people age 15-19 years currently married or in union	Percentage of young people age 15-19 years who are married or in union (a) Women (b) Men	24.5 1.7
8.7	Polygyny	Percentage of women who are in a polygynous union (a) Women age 15-49 years (b) Men age 15-49 years (c) Men age 15-54 years	10.1 3.8 4.1
8.8a 8.8b	Spousal age difference	Percentage of young women who are married or in union and whose spouse is 10 or more years older, (a) among women age 15-19 years, (b) among women age 20-24 years	19.9 17.5
Note: (b) Standard MICS age group (c) Zimbabwe specific age group			

Domestic Violence

A question which asked individual respondents of attitudes towards wife-beating was administered. The question is used to measure the belief that a husband is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food. The purpose of these questions are to capture the social justification of violence (in context where women have a lower status in society) as a disciplinary action when a woman does not comply with certain expected gender roles. Thirty-seven percent of women and 23.7 percent of

Results

men age 15-49 years believe that a husband is justified in hitting or beating his wife for at least one of the reasons (see Table 25).

Table 25: Attitudes towards domestic violence

MICS Indicator	Indicator	Description	Value
8.12	Attitudes towards domestic violence	Percentage of people who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food. (a) Women age 15-49 years (b) Men age 15-49 years (c) Men age 15-54 years	37.4 23.7 23.3
Note: (b) Standard MICS age group (c) Zimbabwe specific age group			

Children's Living Arrangements

Nearly 27 percent of children under 18 years of age are living with neither biological parent, whilst 10.6 percent had at least one biological parent living abroad. Eighteen percent of children 0-17 years have at least one or both biological parents dead (orphanhood) (see Table 26).

Table 26: Children's living arrangements

MICS Indicator	Indicator	Description	Value
8.13	Children's living arrangements	Percentage of children age 0-17 years living with neither biological parent	26.6
8.14	Prevalence of children with one or both parents dead	Percentage of children age 0-17 years with one or both biological parents dead	17.9
8.15	Children with at least one parent living abroad	Percentage of children 0-17 years with at least one biological parent living abroad	10.6

3.10 HIV and AIDS and SEXUAL BEHAVIOUR

HIV and AIDS knowledge and attitudes

The survey collected information on knowledge and attitudes on HIV and AIDS among women and men. Knowledge of HIV and AIDS is nearly universal in Zimbabwe. Ninety-nine percent of women and men age 15-49 have heard of HIV and AIDS. The percentage of young people age 15-24 knowledgeable about HIV prevention were 56.4 percent for women and 51.7 percent for men. Furthermore, the percentage of people age 15-49 knowledgeable of mother-to-child transmission of HIV was 63.4 percent for women, and 51.6 percent for men, (see Table 27).

Table 27: HIV and AIDS knowledge and attitudes

MICS Indicator		Indicator	Description	Value
-		Have heard of AIDS	Percentage of people who have heard of AIDS (a) Women age 15-49 years (b) Men age 15-49 years (c) Men age 15-54 years	99.4 98.8 98.8
9.1	MDG 6.3	Knowledge about HIV prevention among young people	Percentage of young people age 15-24 years who correctly identify ways of preventing the sexual transmission of HIV ^{xii} , and who reject major misconceptions about HIV transmission ^{xiii} (a) Women (b) Men	56.4 51.7
9.2		Knowledge of mother-to-child transmission of HIV	Percentage of people who correctly identify all three means ^{xiv} of mother-to-child transmission of HIV (a) Women age 15-49 years (b) Men age 15-49 years (c) Men age 15-54 years	63.4 51.6 52.0
9.3		Accepting attitudes towards people living with HIV	Percentage of people expressing accepting attitudes on all four questions toward people living with HIV (a) Women age 15-49 years (b) Men age 15-49 years (c) Men age 15-54 years	43.2 43.8 43.9
Note: (b) Standard MICS age group (c) Zimbabwe specific age group				

Results

HIV testing

Ninety-five percent and 93.5 percent of women and men age 15-49, respectively, knew where to be tested for HIV. More women than men have been tested for HIV and know the results. Fifty-one percent of women and 40.3 percent of men age 15-49 years have been tested for HIV in the last 12 months preceding the survey and know their results of the most recent test. About 84.5 percent and 58.9 percent of sexually active young women and men, respectively, were tested for HIV and know the result of their most recent test.

Results on HIV testing and counselling indicate that 77.7 percent of women age 15-49 years who had a live birth in the last 2 years preceding the survey and received ANC during the pregnancy of their most recent birth, reported that they received counselling on HIV during ANC. About 89 percent reported being tested for HIV (see Table 28).

Table 28: HIV testing

MICS Indicator	Indicator	Description	Value
9.4	People who know where to be tested for HIV	Percentage of people who state knowledge of a place to be tested for HIV (a) Women age 15-49 years (b) Men age 15-49 years (c) Men age 15-54 years	95.2 93.5 93.6
9.5	People who have been tested for HIV and know the results	Percentage of people who have been tested for HIV in the last 12 months and who know their results (a) Women age 15-49 years (b) Men age 15-49 years (c) Men age 15-54 years	50.6 40.3 40.5
9.6	Sexually active young people who have been tested for HIV and know the results	Percentage of young people age 15-24 years who have had sex in the last 12 months, who have been tested for HIV in the last 12 months and who know their results (a) Women (b) Men	84.5 58.9
Note: (b) Standard MICS age group (c) Zimbabwe specific age group			



Table 28: HIV testing continued...

MICS Indicator	Indicator	Description	Value
9.7	HIV counselling during antenatal care	Percentage of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they received counselling on HIV during antenatal care	77.7
9.8	HIV testing during antenatal care	Percentage of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they were offered and accepted an HIV test during antenatal care and received their results	89.3

Sexual Behaviour

The percentage of young people age 15-24 who reported never having had sex was 78 percent for women and 61.9 for men. Less than five percent each of women and men reported having had sex before the age of 15. Eighteen percent of women age 15-24 reported having had sex in the last 12 months with a partner who was 10 or more years older. Men age 15-49 were reported more likely to have multiple sexual partners in the last 12 months preceding the survey with 10.6 percent compared to 1.2 percent for women of the same age group.

Correct and consistent use of condoms is important for the prevention of pregnancy and sexually transmitted diseases. Among people with multiple sexual partners, 49.1 percent of women and 43.1 percent of men age 15-49 years reported using a condom at last sex in the last 12 months preceding the survey.

The percentage of sexually active young people age 15-24 years who reported having had sex with a non-marital, non-cohabitating partner in the last 12 months was 11.8 percent for women, and 28.8 for men. About 57.6 percent young women and 74.9 percent young men reported condom use with non-regular partners (see Table 29).

Results

Table 29: Sexual behaviour

MICS Indicator	Indicator	Description	Value
9.9	Young people who have never had sex	Percentage of never married young people age 15-24 years who have never had sex (a) Women (b) Men	78.0 61.9
9.10	Sex before age 15 among young people	Percentage of young people age 15-24 years who had sexual intercourse before age 15 (a) Women (b) Men	4.1 3.9
9.11	Age-mixing among sexual partners	Percentage of women age 15-24 years who had sex in the last 12 months with a partner who was 10 or more years older	17.9
9.12	Multiple sexual partnerships	Percentage of people who had sexual intercourse with more than one partner in the last 12 months (a) Women age 15-49 years (b) Men age 15-49 years (c) Men age 15-54	1.2 10.6 10.7
9.13	Condom use at last sex among people with multiple sexual partnerships	Percentage of people who report having had more than one sexual partner in the last 12 months who also reported that a condom was used the last time they had sex (a) Women age 15-49 years (b) Men age 15-49 years (c) Men age 15-54 years	49.1 43.1 42.4
9.14	Sex with non-regular partners	Percentage of sexually active young people age 15-24 years who had sex with a non-marital, non-cohabitating partner in the last 12 months (a) Women (b) Men	11.8 28.8
9.15	Condom use with non-regular partners	Percentage of young people age 15-24 years reporting the use of a condom during the last sexual intercourse with a non-marital, non-cohabiting sex partner in the last 12 months (a) Women (b) Men	57.6 74.9

Note: (b) Standard MICS age group
(c) Zimbabwe specific age group

Orphans

The ratio of school attendance of orphans to school attendance of non-orphans is 0.94.

Table 30: Orphans				
MICS Indicator		Indicator	Description	Value
9.16	MDG 6.4	Ratio of school attendance of orphans to school attendance of non-orphans	Proportion attending school among children age 10-14 years who have lost both parents divided by proportion attending school among children age 10-14 years whose parents are alive and who are living with one or both parents	0.94

Male Circumcision

Male circumcision has been promoted in the fight against HIV and AIDS. About 11 percent of men age 15 to 49 reported having been circumcised (see Table 31).

Table 31: Male circumcision			
MICS Indicator	Indicator	Description	Value
9.17	Male circumcision	Percentage of men who report having been circumcised	11.2
		(a) Men age 15-49 years (b) Men age 15-54 years	11.1

3.11 ACCESS TO MASS MEDIA AND ICT

Access to mass media

The survey collected information on the exposure of respondents to mass media, and the use of computers and the internet. Eight percent of women and 15 percent of men age 15-49 years indicated that they, at least once a week, read a newspaper or magazine, listen to the radio, and watch television.

Results

Table 32: Access to mass media

MICS Indicator	Indicator	Description	Value
10.1	Exposure to mass media	Percentage of people who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television (a) Women age 15-49 years (b) Men age 15-49 years (c) Men age 15-54 years	8.0 15.0 15.0
Note: (b) Standard MICS age group (c) Zimbabwe specific age group			

Use of Information/Communication Technology (ITC)

Eighteen percent of women and 24 percent of men age 15-24 years had used a computer during the last 12 months preceding the survey. About 22 percent of women and 31 percent of men age 15-24 years had used the internet (see Table 33).

Table 33: Use of information/communication technology

MICS Indicator	Indicator	Description	Value
10.2	Use of computers	Percentage of young people age 15-24 years who used a computer during the last 12 months (a) Women (b) Men	18.0 24.0
10.3	Use of internet	Percentage of young people age 15-24 years who used the internet during the last 12 months (a) Women (b) Men	21.6 30.8

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3.12 TOBACCO AND ALCOHOL USE

Tobacco Use

Information on the use of tobacco was collected during the survey. Less than one percent and 19.4 percent of women and men age 15-49 years, respectively, smoked cigarettes, or used smoked or smokeless tobacco products at any time during the last one month preceding the survey (see Table 34).

Table 34: Tobacco use

MICS Indicator	Indicator	Description	Value
12.1	Tobacco use	Percentage of people who smoked cigarettes, or used smoked or smokeless tobacco products at any time during the last one month (a) Women age 15-49 years (b) Men age 15-49 years (c) Men age 15-54 years	0.7 19.4 20.3
12.2	Smoking before age 15	Percentage of people who smoked a whole cigarette before age 15 (a) Women age 15-49 years (b) Men age 15-49 years (c) Men age 15-54 years	0.1 1.9 2.1
Note: (b) Standard MICS age group (c) Zimbabwe specific age group			

Alcohol use

The proportion of women and men 15-49 years who had at least one alcoholic drink at any time during the last one month preceding the survey was 2 percent and 29.6 percent, respectively. About 3 percent of men age 15-49 years had at least one alcoholic drink before age 15 while only 0.5 percent of women of the same age group had at least one alcoholic drink before age 15 (see Table 35).

Table 35: Alcohol Use

MICS Indicator	Indicator	Description	Value
12.3	Use of alcohol	Percentage of people who had at least one alcoholic drink at any time during the last one month (a) Women age 15-49 years (b) Men age 15-49 years (c) Men age 15-54 years	2.0 29.6 30.2
12.4	Use of alcohol before age 15	Percentage of people who had at least one alcoholic drink before age 15 (a) Women age 15-49 years (b) Men age 15-49 years (c) Men age 15-54 years	0.5 2.8 2.8
Note: (b) Standard MICS age group (c) Zimbabwe specific age group			

Annexes

Multiple Indicator Cluster Survey 2014



SUMMARY TABLE OF KEY INDICATORS

Indicator	MICS Indicator number	Total	Province										Residence		Gender	
			Bulawayo	Manica-land	Mashona-land Central	Mashona-land East	Mashona-land West	Matabele-land North	Matabele-land South	Midlands	Masvingo	Harare	Urban	Rural	Male	Female
Water and Sanitation (%)																
Use of improved drinking water sources	4.1	76.1	98.9	78.9	65.9	81.0	68.5	69.1	73.1	71.5	64.3	97.2	98.4	67.5		
Use of improved sanitation (not shared)	4.3	35.0	55.0	35.3	31.5	38.5	31.4	19.9	40.3	37.9	27.5	39.3	47.3	30.3		
Open defecation (no facility, bush field)	-	31.7	1.3	18.1	20.6	20.3	34.5	69.6	43.4	39.3	54.5	0.1	1.1	43.5		
Child Protection (%)																
Birth registration	8.1	32.3	56.5	30.7	26.4	32.2	22.4	30.3	30.0	26.6	26.7	54.9	57.2	23.4	32.9	31.8
Violent discipline	8.3	62.6	69.5	57.5	69.4	71.6	65.1	56.5	46.1	64.3	63.8	67.5	67.5	61.1	63.2	62.0
Marriage before age 15 (female 15-49 years)	8.4	5.0	1.3	5.8	10.2	5.8	7.4	2.9	1.9	5.1	6.1	3.1	2.5	6.3		
Marriage before age 15 (male 15-54 years)	8.4	0.3	0.2	0.4	0.6	0.5	0.2	0.0	0.7	0.2	0.3	0.2	0.2	0.4		
Marriage before age 18 (female 20-49 years)	8.5	32.8	14.9	35.3	49.1	37.9	43.9	33.2	23.2	33.1	36.6	20.7	19.3	40.3		
Marriage before age 18 (male 20-54 years)	8.5	3.9	1.9	4.1	7.8	4.3	6.1	3.9	3.1	2.3	4.4	1.5	1.9	5.0		
Attitudes towards domestic violence (female 15-49 years)	-	37.4	24.4	37.6	46.6	44.4	43.2	38.1	30.3	33.8	46.8	28.8	25.7	43.6		
Attitudes towards domestic violence (male 15-54 years)	-	23.3	18.1	24.6	31.7	24.2	26.1	24.4	22.9	18.2	27.8	17.4	17.4	26.1		
Education																
Primary net attendance ratio (adjusted)	7.4	93.7	97.6	93.0	90.5	94.7	92.2	95.4	94.8	92.5	93.1	95.0	96.4	93.0	93.2	94.2
Out of school (primary)	-	1.5	0.6	1.1	2.2	1.2	1.7	1.7	1.3	1.7	2.1	1.1	0.7	1.7	1.6	1.4
Secondary net attendance ratio (adjusted)	7.5	57.5	82.7	54.3	43.3	63.5	55.1	51.0	52.0	55.8	53.7	77.5	79.0	51.6	52.2	63.1
Out of school (secondary)	-	18.0	9.2	15.6	23.2	11.9	17.9	23.9	30.9	16.4	19.1	9.9	8.7	20.5	19.3	16.6
Primary completion rate	7.7	98.9	91.8	104.0	102.2	112.8	86.2	98.2	101.7	105.6	83.3	117.0	103.4	97.8	99.5	98.4
Transition rate to secondary school	7.8	78.9	91.9	83.1	69.7	83.1	75.0	70.1	68.0	87.1	78.4	88.2	88.3	76.3	77.4	80.5

Indicator	MICS Indicator number	Total	Province										Residence		Gender	
			Bulawayo	Manica-land	Mashona-land Central	Mashona-land East	Mashona-land West	Matabele-land North	Matabele-land South	Midlands	Masvingo	Harare	Urban	Rural	Male	Female
HIV/AIDS (%)																
Knowledge about HIV prevention among young women 15-24 years	9.1	56.4	64.0	60.0	58.1	54.2	54.8	64.9	46.9	52.5	47.8	61.4	65.8	51.4		
Knowledge about HIV prevention among young men 15-24 years	9.1	51.7	64.2	53.6	55.7	53.9	49.4	57.9	37.3	46.9	45.3	59.3	64.8	47.0		
Child Mortality (Indicator values are per 1,000 live births and refer to the five-year period before the survey)																
Infant mortality rate	1.2	55	37	50	73	39	58	36	67	63	63	61	51	56	59	50
Under-five mortality rate	1.5	75	48	75	91	64	74	53	85	84	89	77	66	78	79	70
Child Health (%)																
BCG immunization coverage (12-23 months)	-	94.7	96.3	94.6	94.6	91.1	92.1	99.3	95.3	97.7	92.6	96.1	96.8	93.9	94.0	95.5
Polio immunization coverage (12-23 months)	3.2	87.5	91.5	86.3	87.9	88.2	87.2	93.6	86.6	89.0	75.9	93.2	92.7	85.4	87.6	87.4
DPT/PENTA immunization coverage (12-23 months)	-	87.3	92.4	87.1	85.8	88.0	86.6	94.3	86.4	89.1	75.5	92.4	92.4	85.4	87.4	87.2
Measles immunization coverage (12-23 months)	3.4	87.6	90.8	86.7	85.2	86.6	87.0	93.0	92.2	91.1	78.1	89.0	90.3	86.5	88.1	87.1
Full immunisation coverage	3.8	80.3	85.8	80.6	78.4	81.9	81.8	86.9	80.5	82.9	65.2	83.1	85.3	78.4	81.1	79.5
Diarrhoea treatment with oral rehydration salts (ORS) and zinc	3.11	13.8	*	22.4	20.9	17.6	17.2	5.1	10.3	9.1	9.2	11.2	12.5	14.2	13.7	13.9
Nutrition (%)																
Underweight prevalence (WHO standards-moderate and severe)	2.1a	11.2	9.6	10.8	13.0	12.5	11.7	11.4	13.9	11.1	10.9	7.0	6.8	12.7	12.5	9.8
Stunting prevalence (WHO standards-moderate and severe)	2.2a	27.6	20.0	34.0	31.8	25.7	28.0	25.8	30.1	26.9	29.4	21.0	20.0	30.4	31.1	24.1
Wasting prevalence (WHO standards-moderate and severe)	2.3a	3.3	3.8	2.6	2.8	3.6	3.6	3.8	3.9	3.7	2.8	2.1	2.5	3.5	3.7	2.9
Reproductive Health (%)																
Antenatal care coverage (any skilled provider)	5.5a	93.7	96.0	91.1	93.3	91.2	93.5	98.4	96.4	93.0	93.4	93.7	95.3	93.0		
Skilled attendant at delivery	5.7	80.0	95.1	72.2	71.1	80.7	74.1	88.7	84.4	75.4	76.2	89.7	92.9	74.6		
Institutional deliveries	5.8	79.6	94.3	72.0	71.0	80.3	73.3	88.7	84.2	75.6	75.1	89.7	92.7	74.2		

* Note: Figure suppressed

Steering Committee Members

- Zimbabwe National Statistics Agency
- Ministry of Finance and Economic Development
- Ministry of Health and Child Care
- Ministry of Primary and Secondary Education
- Ministry of Public Service, Labour and Social Welfare
- Ministry of Environment, Water and Climate
- Ministry of Media, Information and Broadcasting Services
- Ministry of Women's Affairs, Gender and Community Development
- Ministry of Local Government, Public Works and National Housing
- Ministry of Justice, Legal and Parliamentary Affairs
- Ministry of Information Communication Technology, Postal and Courier Services
- Office of the President and Cabinet
- National AIDS Council (NAC)
- Zimbabwe National Family Planning Council (ZNFPC)
- UN agencies (UNICEF, UNDP, WHO, UNAIDS & UNFPA)
- Donors (EC, USAID, CDC, WB, DFID)
- City Health Department

Technical Committee Members

- Zimbabwe National Statistics Agency
- Ministry of Health and Child Care
- Ministry of Primary and Secondary Education
- Ministry of Public Service, Labour and Social Welfare
- Ministry of Finance and Economic Development
- National AIDS Council (NAC)
- Zimbabwe National Family Planning Council (ZNFPC)
- Registrar General's Office
- ZRP Victim Friendly Unit
- UN agencies (UNICEF, UNFPA)
- Donors (EU, USAID, DFID, CDC)

Notes

- i Weight and height/length measurements were successfully completed for 97.0 and 96.6 percent of children under age 5, respectively
- ii Infants receiving breast milk, and not receiving any other fluids or foods, with the exception of oral rehydration solution, vitamins, mineral supplements and medicines
- iii Infants receiving breast milk and certain fluids (water and water-based drinks, fruit juice, ritual fluids, oral rehydration solution, drops, vitamins, minerals, and medicines), but do not receive anything else (in particular, non-human milk and food-based fluids)
- iv Infants age 0-5 months who are exclusively breastfed, and children age 6-23 months who are breastfed and ate solid, semi-solid or soft foods
- v Breastfeeding children: Solid, semi-solid, or soft foods, two times for infants age 6-8 months, and three times for children 9-23 months; Non-breastfeeding children: Solid, semi-solid, or soft foods, or milk feeds, four times for children age 6-23 months
- vi The indicator is based on consumption of any amount of food from at least 4 out of the 7 following food groups: 1) grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables
- vii Full vaccination includes the following: BCG, Polio, Pentavalent (DPT, HepB, Hib) and measles

Zimbabwe Expanded Programme on Immunization Schedule

Age	Vaccination
Birth	BCG
6 Weeks	Oral Polio Vaccine 1; Pentavalent (DPT, HepB, Hib) 1; Pneumococcus Vaccine 1
10 Weeks	Oral Polio Vaccine 2; Pentavalent (DPT, HepB, Hib) 2; Pneumococcus Vaccine 2
14 Weeks	Oral Polio Vaccine 3; Pentavalent (DPT, HepB, Hib) 3; Pneumococcus Vaccine 3
9 Months	Measles
18 Months	Oral Polio Vaccine Booster: DPT Booster

- viii An ITN is (a) a conventionally treated net which has been soaked with an insecticide within the past 12 months, (b) factory treated net which does not require any treatment (LLIN), (c) a pretreated net obtained within the last 12 months, or (d) a net that has been soaked with or dipped in insecticide within the last 12 months
- ix (a) Households covered by vector control, (b) Universal coverage of vector control
- x Indoor Residual Spraying
- xi Education indicators, wherever applicable, are based on information on reported school attendance (at any time during the school year), as a proxy for enrolment.
- xii Using condoms and limiting sex to one faithful, uninfected partner
- xiii The two most common misconceptions about HIV transmission are included in the indicator calculation: i) Supernatural means and ii) Sharing food with someone with HIV
- xiv Transmission during pregnancy, during delivery, and by breastfeeding
- xv Ibid
- xvi People (1) who think that a female teacher who is HIV-positive and is not sick should be allowed to continue teaching, (2) who would buy fresh vegetables from a shopkeeper or vendor who is HIV-positive, (3) who would not want to keep secret that a family member is HIV-positive, and (4) who would be willing to care for a family member with AIDS in own home
- xvii Ibid

