Lao PDR

Monitoring the situation of children and women

Multiple Indicator Cluster Survey 2006

Ministry of Planning and Investment
Department of Statistics

Ministry of Health
Hygiene and Prevention
Department

United Nations
Children's Fund

MICS

MICS

Multiple Indicator Cluster Survey 2006

FINAL REPORT

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Ministry of Planning and Investment
Department of Statistics

Ministry of Health
Hygiene and Prevention Department

The Lao PDR Multiple Indicator Cluster Survey (MICS) was carried out by the Department of Statistics of Ministry of Planning and Investment in collaboration with the Hygiene and Prevention Department of Ministry of Health. Financial and technical support was provided by the United Nations Children's Fund (UNICEF) and by the US Centers for Disease Control and Prevention.

The survey was conducted as part of the third round of MICS surveys (MICS3), carried out around the world in more than 50 countries, in 2005-2006, following the first two rounds of MICS surveys that were conducted in 1995 and the year 2000. Survey tools were based on the models and standards developed by the global MICS project, designed to collect information on the situation of children and women in countries around the world. Additional information on the global MICS project may be obtained from www.childinfo.org.

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Summary Table of Findings

Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) Indicators, Lao PDR, 2006

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value
NUTRITION				
Nutritional status	6	4	Underweight prevalence	37.1 percent
	7		Stunting prevalence	40.4 percent
	8		Wasting prevalence	6.5 percent
Breastfeeding	45		Timely initiation of breastfeeding	29.8 percent
	15		Exclusive breastfeeding rate	26.4 percent
	16		Continued breastfeeding rate at 12-15 months at 20-23 months	 81.7 percent 48.4 percent
Salt iodisation	41		Iodised salt consumption (salt with any iodine)	83.8[1] percent
Vitamin A	42		Vitamin A supplementation (under-fives)	18.1 percent
	43		Vitamin A supplementation (post-partum mothers)	17.9 percent
Low birth weight	9		Low birth weight infants	10.8 percent
	10		Infants weighed at birth	22.1 percent
CHILD HEALTH				
Immunization	25		Tuberculosis immunization coverage	61.0 percent
	26		Polio immunization coverage	32.2 percent
	27		DPT immunization coverage	31.8 percent
	28	15	Measles immunization coverage	33.0 percent
	31		Fully immunized children	14.2 percent
Tetanus toxoid	32		Neonatal tetanus protection	55.5 percent
Care of illness	33		Use of oral rehydration therapy (ORT)	50.5 percent
	34		Home management of diarrhoea	34.8 percent
	35		Received ORT or increased fluids, and continued feeding	49.2 percent
	23		Care seeking for suspected pneumonia	32.3 percent
	22		Antibiotic treatment of suspected pneumonia	52.1 percent
Solid fuel use	24	29	Solid fuels	97.5 percent
Malaria	36		Household availability of insecticide-treated nets (ITNs)	45.0 percent
	37	22	Under-fives sleeping under insecticide-treated nets	40.5 percent
	38		Under-fives sleeping under mosquito nets	86.7 percent
	39	22	Antimalarial treatment (under-fives)	5.1 percent
	40		Intermittent preventive malaria treatment (pregnant women)	1.0 Percent

1 Differs from the standard MICS indicator, as the Lao PDR MICS only tested the presence/absence of iodine in salt, and did not test whether it was "adequately" iodised by measuring ppms.

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value
ENVIRONMENT				
Water and Sanitation	11	30	Use of improved drinking water sources	51.5 percent
	12	31	Use of improved sanitation facilities	44.8 percent
	13		Water treatment	65.7 percent
	14		Disposal of child's faeces	11.4 percent
Security of tenure and durability of housing			Houses in Poor Condition	45.9[2] percent
REPRODUCTIVE HEALTH				
Maternal and newborn health	20		Antenatal care	35.1 percent
	44		Content of antenatal care Blood sample taken Blood pressure measured Urine specimen taken Weight measured	 9.3 percent 23.8 percent 11.4 percent 31.8 percent
	4	17	Skilled attendant at delivery	20.3 percent
	5		Institutional deliveries	17.1 percent
CHILD DEVELOPMENT				
Child development	46		Support for learning	25.3 percent
	47		Father's support for learning	19.8 percent
	48		Support for learning: children's books	2.5 percent
	49		Support for learning: non-children's books	10.7 percent
	50		Support for learning: materials for play	30.0 percent
	51		Non-adult care	25.5 percent
EDUCATION				
Education	52		Pre-school attendance	7.4 percent
	53		School readiness	30.9 percent
	54		Net intake rate in primary education	57.7 percent
	55	6	Net primary school attendance rate	79.0 percent
	56		Net secondary school attendance rate	35.5 percent
	57	7	Children reaching grade five	65.4[3] percent
	58		Transition rate to secondary school	88.2 percent
	59	7b	Primary completion rate	26.7 percent
	61	9	Gender parity index primary school secondary school	 0.95 ratio 0.81 ratio
Literacy	60	8	Adult literacy rate	67.3 Percent

2 This figure does not correspond to the standard MICS indicator (Indicator 95) for "slum household" as the durability and tenure of the household are not taken into consideration in Lao PDR MICS.

3 This figure represents the survival rate to grade five. This is different from the standard MICS indicator of the net primary school completion rate (MICS Indicator 57) as this figure does not include children that repeat grades and eventually move up to reach grade five.

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value
CHILD PROTECTION				
Birth registration	62		Birth registration	71.5 percent
Child labour	71		Child labour	11.3 percent
	72		Labourer students	72.2 percent
	73		Student labourers	12.0 percent
Child discipline	74		Child discipline Any psychological/physical punishment	71.2 percent
Domestic violence	100		Attitudes towards domestic violence	81.2 percent
Disability	101		Child disability	8.2 percent
HIV/AIDS, SEXUAL BEHAVIOUR, AND ORPHANED AND VULNERABLE CHILDREN				
	90		Counselling coverage for the prevention of mother-to-child transmission of HIV	7.6 percent
	91		Testing coverage for the prevention of mother-to-child transmission of HIV	1.1 percent
Support to orphaned and vulnerable children	75		Prevalence of orphans	6.6 percent
	77	20	School attendance of orphans versus non-orphans	0.85 ratio
	78		Children's living arrangements	3.9 percent

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
BCG	Bacillis-Cereus-Geuerin (Tuberculosis)
CBAW	Child-bearing Age Women
CLE	Centre for Laboratory and Epidemiology
CSPro	Census and Survey Processing System
DPT	Diphtheria Pertussis Tetanus
EPI	Expanded Programme on Immunization
FDQCC	Food and Drug Quality Control Centre
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
IDD	Iodine Deficiency Disorders
INMU	Institute of Nutrition, Mahidol University, Thailand
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Net
Lao PDR	Lao People's Democratic Republic
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
MPI	Ministry of Planning and Investment
NCHS	U.S. National Centers for Health Statistics
NGPES	National Growth and Poverty Eradication Strategy
NSC	National Statistics Centre (New name - Department of Statistics)
NSEDP	National Socioeconomic Development Plan
ORS	Oral Re-hydration Salts
ORT	Oral Re-hydration Treatment
ppm	Parts Per Million
RHF	Recommended Home Fluid
SPSS	Statistical Package for Social Sciences
UI	International Unit
UNAIDS	United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
USCDC	U.S. Center for Disease Control and Prevention
USI	Universal Salt Iodisation
WFFC	World Fit For Children
WHO	World Health Organization

Foreword

The Multiple Indicator Cluster Survey 2006 (MICS 2006) is the third Multiple Indicator Cluster Survey undertaken by the Department of Statistics (Former NSC) of the Ministry of Planning and Investment in close collaboration with the Hygiene and Prevention Department of Ministry of Health. For the purposes of MICS3 a number of additional nutrition indicators were included, with the aim of strengthening the planning and management of the national nutrition programme. A separate National Nutrition Survey report has been produced to document the findings from the nutrition component of the survey.

MICS3 was carried out by the Department of Statistics, under the Ministry of Planning and Investment, in collaboration with the Hygiene and Prevention Department, under the Ministry of Health. UNICEF and the US Centers for Disease Control and Prevention (US CDC) provided financial and technical support for the survey.

The survey was undertaken with the purpose of:

- providing up-to-date information to be used to assess the situation of children and women in the Lao PDR;
- furnishing data needed for monitoring progress toward goals established in the Millennium Declaration, the goals of A World Fit For Children (WFFC), and other internationally agreed upon goals;
- providing a basis for future action; and
- contributing to the improvement of data and monitoring systems in the Lao PDR and strengthening technical expertise in the design, implementation, and analysis of such systems.

The survey results will serve as the baseline information for government and programming towards improving the health and living conditions of children and women. In addition, we believe that the survey will provide key sources and reference information for researchers and academics to conduct in-depth analysis and research studies in specific areas.

We would like to extend our sincere appreciation to all organisations and individuals who have contributed to making this survey a success.

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Executive Summary

The Lao PDR Multiple Indicator Survey is a nationally representative sample survey which was conducted between March and June 2006. In the 5,894 households successfully interviewed nationally in the survey, 33,100 household members were listed. Of these, 16,467 were males and 16,633 were females. The average household size found in the survey was 5.6.

Nutrition

Nutritional Status

- 37.1 percent of children under age five are moderately or severely underweight and 9.0 percent are classified as severely underweight.
- 40.4 percent of children are stunted or too short for their age and 6.5 percent are wasted or too thin for their height.
- Children are more likely to be underweight and stunted in rural areas than in urban areas.
- Children in the South region are more likely to be underweight than other children at 49.5 percent.
- Children in the poorest quintile households are about 2.4 times more likely to be underweight and more than three times more likely to be stunted than those of the richest quintile.

Breastfeeding

- 26.4 percent of infants aged 0-5 months are exclusively breastfed. Infants aged 0-5 months in the South region are least likely to be exclusively breastfed at 6.4 percent.
- 29.8 percent of women started breastfeeding within one hour of their infant's birth. The figure was lowest in the South region at 17.5 percent.
- Over half of mothers (55.2 percent) started breastfeeding within one day of their infant's birth.

Salt Iodisation

- In 83.8 percent of households, salt was found to be iodised.

Vitamin A Supplementation

- Within the six months prior to the survey, 18.1 percent of children aged 6-59 months had received a high dose Vitamin A supplement.
- 10.6 percent did not receive the supplement in the last six months but did receive one prior to that time.
- 11.0 percent of children received a Vitamin A supplement at some time in the past but their mother/ caretaker was unable to specify when.
- 58.7 percent of children aged 6-59 months never received a Vitamin A supplement prior to the survey. Children in the North region are most likely to not receive any Vitamin A supplement.
- 17.9 percent of mothers with a birth in the previous two years before the survey received a Vitamin A supplement within eight weeks of the birth.

Child Health

Immunization

- 14.2 percent of children receive all eight recommended vaccinations by their first birthday.
- Only 11.6 percent of one-year old children from Hmong speaking households are completely vaccinated and nearly 50 percent are not vaccinated against any disease.

Tetanus Toxoid

- 55.5 percent of women are protected.
- 69.6 percent of urban women are protected, while the figure declines to 59.1 for women in rural areas with road access and about 40.7 for rural without road access women.
- Women with secondary or higher education are most likely to be protected at a rate of about 74.3 percent, while those with no education are least likely at about 39.4 percent.

Oral Rehydration Treatment of Diarrhoea

- About half (50.5 percent) of children with diarrhoea received one or more of the recommended home treatments, while the other half (49.5 percent) received no treatment.
- Children with diarrhoea in the South region are most likely to receive oral re-hydration treatment at 60.3 percent, while children from the Central region are least likely at 43.4 percent.

Antibiotic Treatment of Pneumonia

- 4.8 percent of children aged 0-59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Of these children, 32.3 percent were taken to an appropriate provider.
- Slightly more than half (52.1 percent) of under-5 children with suspected pneumonia had received an antibiotic during the two weeks prior to the survey.

Solid Fuel Use

- Most households (97.5 percent) are using solid fuel for cooking.
- In the North region, 95.6 percent of households use firewood, while 65.2 percent do so in the Central and the South regions.
- In the Central and the South regions, 29.2 percent and 31.4 percent of households use coal/lignite respectively.
- The use of coal/lignite is higher in urban areas as compared with rural areas (44.0 percent in urban, 14.7 percent in rural with road access, and 6.3 percent in rural without road access areas).
- Throughout the country, an open stove or fire with no chimney or hood is used by 86.6 percent of households.

Malaria

- 93.6 percent of households have at least one mosquito net, and 45.0 percent have at least one insecticide treated net (ITN).
- 86.7 percent of children under the age of five slept some kind of mosquito net the night prior to the survey and 40.5 percent slept under an ITN. 23.9 percent of children slept under an unidentified mosquito net.
- 8.2 percent of children with fever in the two weeks prior to the survey were treated with an “appropriate” anti-malarial drug and 5.1 percent received anti-malarial drugs within 24 hours of onset of symptoms.
- The prevalence of medicine to prevent malaria during pregnancy is 6.9 percent, with only 1.0 percent prevalence of intermittent preventive therapy.
- The availability of ITN is highest in rural areas with road access at 51.6 percent.

Environment

Water and Sanitation

- About half (51.5 percent) of the population uses an improved source of drinking water – 70.4 percent in urban, 49.6 percent in rural with road access and 35.0 percent in rural without road access areas. In the South region, nearly 30 percent of the water source is surface water.
- 65.7 percent of households appropriately treat water for drinking at home (90.2 percent in the North, 73.0 percent in the South, and 45.0 percent in the Central region). Boiling is almost the only method used for appropriate treatment.
- For 37.4 percent of households, the drinking water source is on the premises. Excluding those households with water on the premises, the average time to the source of drinking water is 11.7 minutes.

- In 83.4 percent of households, women collect water. Children collect water in less than 10 percent of households.
- 44.8 percent of the population is living in households using improved sanitation facilities. The percentage is 83.5 in urban areas, 38.8 in rural with road access, and 15.8 in rural without road access areas. While 98.3 percent of the richest quintile households use improved sanitation facilities, only 7.1 percent of those in the poorest quintile do. Residents of the South region are much less likely than others to use improved facilities at 27.7 percent.
- Children's stools are disposed of safely in 11.4 percent of cases. 63.2 percent of stools are left in the open.

Reproductive Health

Antenatal Care

- 35.1 percent of women nationwide receive antenatal care by skilled personnel.
- 39.3 percent of pregnant women receive antenatal care during pregnancy.
- 60.7 percent do not receive any antenatal care.
- 76.2 percent of women in urban areas receive antenatal care by skilled personnel, while 34.0 percent in rural with road access areas and 14.1 percent in rural without road access areas do.
- 75.7 percent of women with secondary or higher education receive skilled antenatal care, while 14.2 percent of those with no education do.
- 87.6 percent of women in the richest quintile receive skilled antenatal care, while 16.3 percent of those in the poorest quintile do.

Assistance at Delivery

- 20.3 percent of births occurring in the year prior to the survey were delivered by skilled personnel.
- 67.8 percent of deliveries in urban areas are assisted by skilled personnel, while 15.2 percent and 3.0 percent of cases are in rural with road access and rural without road access areas respectively.
- While only 3.4 percent of mothers who have no education are attended by skilled personnel, 62.8 percent of mothers who have secondary or higher education are attended by skilled personnel.
- 17.1 percent of the births in the year prior to the MICS survey were delivered in health facilities.
- In urban areas, 61.6 percent of births are delivered in health facilities, while only 11.9 percent are in rural with road access areas and 1.9 percent are in rural without road access areas. While the figure is 72.6 percent for the richest quintile, it is only 2.8 percent for the poorest quintile.

Child Development

- For 25.3 percent of under-five children, an adult had engaged in more than four activities that promote learning and school readiness during the three days preceding the survey.
- A larger proportion of adults engage in learning and school readiness activities with children in urban areas (42.7 percent) than in rural areas (23.0 percent in with road-access areas, 19.4 percent in without road access areas).
- The households belonging to the richest quintile (45.6 percent) are three times more likely to engage in these activities than those belonging to the poorest quintile (14.9 percent).
- 10.7 percent of children under five years old have three or more non-children's books, and 2.5 percent have three or more children's books in their households. 30.0 percent have three or more types of playthings.
- 25.5 percent of children were left with inadequate care during the week preceding the survey. Children of both rural areas were about twice as likely to be left with inadequate care than those of urban areas.

Education

Pre-School Attendance and School Readiness

- 7.4 percent of children aged 36-59 months are attending pre-school. The figure is 33.6 percent in urban areas, but as low as 2.4 and 2.1 percent in rural with and without road access areas respectively.
- 30.9 percent of children who are currently aged six and attending the first grade of primary school were attending pre-school the previous year.
- Almost two-thirds of children in urban areas (63.1 percent) had attended pre-school the previous year while about one-fifth among those living in rural with road access areas (20.2 percent) and one-fourth among those in rural without road access areas (27.4 percent) had.

Primary School Participation

- 57.5 percent of children of primary school entry age attend grade one.
- 79.0 percent of children of primary school age attend school.
- 93.0 percent of children attend school in urban areas, while in rural with road access and without road access areas, 79.9 and 65.6 percent attend respectively.
- 98.2 percent of children from richest quintile households attend primary school, as compared with only 59.0 percent of those from the poorest quintile.
- At the time of the survey, 26.7 percent of the children of primary completion age (11 years) were attending the last grade of primary education. This value should be distinguished from the gross primary completion ratio which includes children of any age attending the last grade of primary.
- Gender parity for primary school is 0.95. The number of girls facing disadvantage is particularly pronounced in the North region, as well as among children from the poorest households, of mothers with no education, rural areas, and in households where the head speaks Khmou or Hmong.

Secondary School Participation

- 35.5 percent of secondary school age children attend secondary school nationwide (29.3 percent of secondary school age children attend primary school). The figure of 8.1 percent for the poorest quintile children rises along the quintiles, up to 69.9 percent of the richest quintile.
- 63.8 percent of secondary school age children in urban areas attend secondary school, while only 29.4 percent of those in rural with road access areas and 16.5 percent in rural without road access areas do.
- The gender parity index is 0.81 for secondary education.

Adult Literacy

- 67.3 percent of females aged 15-24 years are literate.
- The percentage is highest in the Central region at 76.2 percent and lowest in the North region at 57.3 percent.
- In urban areas 93.1 percent are literate, while about 61.7 percent are in rural with road access areas and 40.0 percent are in rural without road access areas.
- While 100 percent of females aged 15-24 with at least secondary education are automatically assumed to be literate in the questionnaire, only 65.1 percent of those with primary education and 0.3 percent of those with no education are literate.
- The literacy rate is positively correlated to the socioeconomic status of the women, ranging from 95.7 percent in the richest quintile females to 24.2 percent in the poorest quintile females.

Child Protection

Birth Registration

- The births of 71.5 percent of children under five years have been registered.
- Children in the North are least likely to have their births registered at 59.0 percent. The reg-

istration rate gradually rises with the age of children, from 61.0 percent of those aged 0-11 months old to 72.5 percent of those aged 12-23 months old and almost stays the same thereafter.
- Mother's education and the socioeconomic status of the household are positively correlated to the registration rate.

Child Labour

- 11.3 percent of children aged 5-14 years are involved in child labour. The figures are 10.2 percent for boys and 12.5 percent for girls.
- Child labour is most common in the North region at 15.1 percent.
- 7.6 percent of children in urban areas are involved in child labour, while 11.6 percent in rural with road access and 13.8 percent in rural without road access areas are.
- Of the 68.1 percent of the children 5-14 years of age attending school, 12.0 percent are also involved in child labour activities. On the other hand, out of the 11.3 percent of the children classified as child labourers, 72.2 percent are attending school.

Child Discipline

- 71.2 percent of children aged 2-14 years are subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members.
- 7.5 percent are subjected to severe physical punishment.
- 18.4 percent of mothers/caretakers believe that children should be physically punished.
- Rural without road access children are most likely to receive psychological or physical punishment. Children of mothers with less education and of poorer households are more likely to receive psychological and physical punishment.

Domestic Violence

- 81.2 percent of women believe that a husband is justified in beating his wife/partner.
- About two-thirds of women believe that a husband's violence is justified when his wife/partner neglects the children.

Child Disability

- 8.2 percent of children aged 2-9 years have at least one reported disability.
- 3.0 percent of children aged 2-9 are not learning to do things like other children his/her age.

HIV/AIDS and Orphaned and Vulnerable Children

HIV Counselling and Testing

- 7.6 percent of child-bearing age women who gave birth in the two years preceding the survey were offered HIV counselling, and 1.5 percent were tested for HIV at antenatal care visits. 1.1 received HIV test results.

Orphans and Vulnerable Children

- 87.9 percent of children aged 0-17 years are living with both parents.
- 3.9 percent of children aged 0-17 years are not living with a biological parent.
- 6.6 percent of children aged 0-17 years have lost one or more parents.
- 0.7 percent of children aged 10-14 have lost both parents.

Photo: Jacky Knowles

CHAPTER 1

Introduction

Background

This report is based on the Lao PDR Multiple Indicator Cluster Survey, conducted in 2006 by the Department of Statistics of the Ministry of Planning and Investment in close collaboration with the Hygiene and Diseases Prevention Department of Ministry of Public Health. The survey provides valuable information on the situation of children and women in the Lao PDR, and was largely based on the need to monitor progress towards goals and targets emanating from recent international agreements, such as the Millennium Declaration, adopted by all 191 United Nations Member States in September 2000, and the Plan of Action of A World Fit For Children, adopted by 189 Member States at the United Nations Special Session on Children in May 2002. Both of these commitments build upon promises made by the international community at the 1990 World Summit for Children.

In signing these international agreements, governments committed themselves to improving conditions for their children and to monitoring progress towards that end. UNICEF was assigned a supporting role in this task (see table below).

A Commitment to Action: National and International Reporting Responsibilities

The governments that signed the Millennium Declaration and the World Fit for Children Declaration and Plan of Action also committed themselves to monitoring progress towards the goals and objectives they contained:

"We will monitor regularly at the national level and, where appropriate, at the regional level and assess progress towards the goals and targets of the present Plan of Action at the national, regional and global levels. Accordingly, we will strengthen our national statistical capacity to collect, analyse and disaggregate data, including by sex, age and other relevant factors that may lead to disparities, and support a wide range of child-focused research. We will enhance international cooperation to support statistical capacity-building efforts and build community capacity for monitoring, assessment and planning." (**A World Fit for Children**, paragraph 60)

"…We will conduct periodic reviews at the national and subnational levels of progress in order to address obstacles more effectively and accelerate actions…." (**A World Fit for Children**, paragraph 61)

The Plan of Action (paragraph 61) also calls for the specific involvement of UNICEF in the preparation of periodic progress reports:

"… As the world's lead agency for children, the United Nations Children's Fund is requested to continue to prepare and disseminate, in close collaboration with Governments, relevant funds, programmes and the specialised agencies of the United Nations system, and all other relevant actors, as appropriate, information on the progress made in the implementation of the Declaration and the Plan of Action."

Similarly, the **Millennium Declaration** (paragraph 31) calls for periodic reporting on progress:

"…We request the General Assembly to review on a regular basis the progress made in implementing the provisions of this Declaration, and ask the Secretary-General to issue periodic reports for consideration by the General Assembly and as a basis for further action."

The Lao PDR is one of the least developed countries in the world, with about 73 percent of the population living in rural areas. Although the economic situation has improved, In 2005 estimated GDP per capita was still only US$511 per year and, according to the Population and Housing Census 2005, 33.6% of villages do not have road access. Such a population structure and economic condition impose a heavy burden on government systems, especially for the provision of health care, as well as education.

The Government of the Lao PDR gives highest priority to upgrading conditions and providing opportunities for the full development of the country's children. In 1979, the Action Committee for the International Year of Child was established and played an active role in promoting the well being of children. The Lao PDR participated in the World Summit For Children in 1990. The Summit Declaration and Plan of Action were signed by Lao representatives on 4 July 1991 and the Lao PDR acceded to the Convention of the Rights of the Child and in 1996 submitted its first report to the UN Committee of Child Rights. The National Commission for Mothers and Children was established in March 1992 to prepare and oversee the implementation of the Lao PDR Programme of Action for Children.

The country has had experience in conducting MICS1 and 2, which were originally developed in response to the World Summit for Children to measure progress towards an internationally agreed set of mid-decade goals and end-decade goals respectively. MICS1 and 2 were conducted in 1996 and 2000 respectively, allowing Lao PDR to report to the General Assembly of the United Nations with recent data on the progress made.

The third round of MICS "MICS3" focuses on providing data for indicators used to monitor progress towards A World Fit for Children, the Millennium Development Goals (MDGs), as well as for other major international commitments and the National Priorities Goals, particularly for the Lao Government's National Growth and Poverty Eradication Strategy (NGPES). MICS3 was combined with a National Nutrition Survey, which involved collection of additional information on food taboos, consumption of specific foods and collection of biological samples from a subset of households included in the MICS sampling frame.

This final report presents the results of the indicators and topics covered in the MICS survey, however, data for the additional nutrition modules are presented in a separate, National Nutrition Survey report.

Survey Objectives

The 2006 Lao PDR Multiple Indicator Cluster Survey has as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in the Lao PDR;
- To furnish data needed for monitoring progress toward goals established in the Millennium Declaration, the goals of A World Fit For Children (WFFC), and other internationally agreed upon goals, as a basis for future action;
- To contribute to the improvement of data and monitoring systems in the Lao PDR and to strengthen technical expertise in the design, implementation, and analysis of such systems.

Photo: Jacky Knowles

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CHAPTER 2

Sample and Survey Methodology

Sample Design

The sample for the Lao PDR Multiple Indicator Cluster Survey (MICS) was designed to provide estimates on a large number of indicators conerning the situation of children and women at the national level, for urban and rural areas, and for three regions: North, Central and South. Regions were identified as the main sampling domains and the sample was selected in two stages. Within each region, 100 census enumeration areas were selected with probability proportional to size. After a household listing was carried out within the selected enumeration areas, a systematic sample of 20 households was drawn. Although the sample was designed to collect information from 6,000 households, it was known in advance that one village only had 15 households, therefore the total expected number of households was 5,995. Of the selected enumeration areas, all but two were visited during the fieldwork period. The two missing enumeration areas were replaced in the field with villages of similar area type. The sample was stratified by region and is not self-weighting. For reporting national level results, sample weights are used. A more detailed description of the sample design can be found in Appendix A.

Questionnaires

Three sets of questionnaires were used in the survey: 1) a household questionnaire which was used to collect information on all de jure household members, the household, and the dwelling; 2) a women's questionnaire administered in each household to all women aged 15-49 years; and 3) an under-5 questionnaire, administered to mothers or caretakers of all children under five living in the household. The questionnaires included the following modules:

The Household Questionnaire included the following modules:

- Extended household listing
- Education [1]
- Water and Sanitation
- Household Characteristics
- Insecticide Treated Nets
- Child Labour
- Child Discipline
- Disability
- Salt Iodisation and Consumption of Fortifiable Centrally-processed Foods

The Questionnaire for Individual Women was administered to all women aged 15-49 years living in the households, and included the following modules:

[1] Differing from the MICS standard questionnaire, the code for "higher education" was removed from the Lao PDR MICS questionnaire. All respondents who answered university as their highest level of education were coded similarly to the respondents who answered the highest grade in secondary school as their highest level of education. Together, they are classified as "Secondary +".

- Pregnancy
- Tetanus Toxoid
- Maternal and Newborn Health
- Attitudes Towards Domestic Violence
- Anthropometry assessments on women of reproductive age
- Collection of blood and urine from women of reproductive age

The Questionnaire for Children Under Five was administered to mothers or caretakers of children under five years of age[2] living in the households. Normally, the questionnaire was administered to mothers of under-5 children; in cases when the mother was not listed in the household roster or was not home, a primary caretaker for the child was identified and interviewed. The questionnaire included the following modules:

- Birth Registration and Early Learning
- Child Development
- Vitamin A
- Breastfeeding
- Care of Child Illness
- Malaria among Under Five
- Immunization
- Anthropometry
- Collection of blood and stool samples (In the subset of nutrition clusters only - results of biochemical analyses of these samples can be found in the nutrition report)

The questionnaires are based on the MICS3 model questionnaire[2]. From the MICS3 model English version, the questionnaires were translated into Lao and were pre-tested in four villages of Vientiane Capital during January 2006. Based on the results of the pre-test, modifications were made to the wording and translation of the questionnaires. A copy of the Lao PDR MICS questionnaires is provided in Appendix F[3].

In addition to the administration of questionnaires, fieldwork teams tested the salt used for cooking in the households for iodine content, and measured the weights and heights of children aged under five years. Details and findings of these measurements are provided in the respective sections of the report.

Moreover in the subset of clusters selected for the nutrition component, there was collection of:

- salt (for quantitative assessment of iodine content);
- blood from women of reproductive age (15-49 years) and children 6-59 months old (for assessment of hemoglobin, serum ferritin, transferrin receptor, C-reactive protein and alpha1-glycoprotein);
- urine from women of reproductive age (for assessment of iodine content); and
- stool samples from children aged 24-59 months (for assessment of intestinal and liver parasite infection).

Training and Fieldwork

Training for the fieldwork was conducted over 14 days in February 2006. Training included lectures on interviewing techniques and the contents of the questionnaires. In addition, a group of laboratory technicians were trained in collection of biochemical samples for the nutrition component of the survey and were also trained and standardised in anthropometry measurement techniques. Towards the end of the training period, all trainees spent three days in practice interviewing, anthropometry

2 The terms “children under five”, “children age 0-4 years”, and “children aged 0-59 months” are used interchangeably in this report.

3 The model MICS3 questionnaire can be found at www.childinfo.org, or in UNICEF, 2006.

4 When the respondents did not speak Lao, enumerators and volunteers from village committees translated the questions into local languages verbally (as most languages do not have scripts).

and sample collection in nine villages (one village per team). The pilot villages were all in rural areas with road access.

The data were collected by nine teams; each comprised four interviewers, one driver, one laboratory technician (who was responsible for anthropometry and also collection of additional samples for the additional nutrition component of the survey), one editor/measurer and a supervisor[5]. Fieldwork began in March 2006 and concluded in June 2006.

Data Processing

Data were entered using the CSPro software. The data were entered on 14 microcomputers and carried out by 14 data entry operators and four data entry supervisors. In order to ensure quality control, all questionnaires were double entered and internal consistency checks were performed. However due to unfamiliarity in using the CSPro software, the final consistency checks and the correction in data files were performed using the Statistical Package for Social Sciences (SPSS) software instead. Procedures and standard programmes developed under the global MICS3 project and adapted to the Lao PDR questionnaire were used throughout, except for the final step in consistency checks. Data processing began in May 2006 and was completed in August 2006. Data were analysed using the SPSS software program, Version 14, and the model syntax and tabulation plans developed by UNICEF for this purpose with alterations for the Lao context.

5 Against the MICS standard guidelines, male interviewers were used in the Lao PDR MICS. It has been the norm in the country to use male interviewers in national household surveys conducted by the Department of Statistics of the Ministry of Planning and Investment.

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CHAPTER 3

Sample Coverage and the Characteristics of Households and Respondents

Sample Coverage

Of the 5,995 households selected for the sample, 5,991 were found to be occupied. Of these, 5,894 were successfully interviewed for a household response rate of 98.4 percent. In the interviewed households, 7,703 women (age 15-49) were identified. Of these, 7,387 were successfully interviewed, yielding a response rate of 95.9 percent. In addition, 4,204 children under five were listed in the household questionnaire. Questionnaires were completed for 4,136 of these children, which corresponds to a response rate of 98.4 percent. Overall response rates of 94.3 and 96.8 are calculated for the women's and under-5's interviews respectively (Table HH.1). Response rates were similar across all regions and areas.

Characteristics of Households

The age and sex distribution of survey population is provided in Table HH.2. The distribution is also used to produce the population pyramid in Figure HH.1. In the 5,894 households successfully interviewed in the survey, 33,100 household members were listed. Of these, 16,467 were males, and 16,633 were females. These figures also indicate that the survey estimated the average household size at 5.6.

Children aged 0-17 years make up 47.6 percent of the household members identified in the survey and also comprise 48.8 percent of males and 46.3 percent of females surveyed. Children under 15 years of age make up 40.6 percent of the total household members and represent 41.2 percent of males, 40.0 percent of females surveyed. Household populations aged between 15-64 make up 55.4 percent of the total household population surveyed, and comprise 54.9 percent of males, 55.9 percent of females surveyed. All these figures are very close to and are within the acceptable range of the relevant figures found in the 2005 National Census of the Lao PDR; however a few minor irregularities are observed as the figure for males aged 20-24 drops by 4.1 percentage points from the age group 15-19, and that of females aged 15-19 drops by 4.4 percentage points from the age group 10-14. These sudden drops in the population distribution seem somewhat abnormal, as the respective drops occur only by 2.5 and 2.2 percentage points in the Census. It suggests possible bias among the interviewers when determining women's ages around the cut off point for inclusion for further interviews.

Another irregularity observed in the population pyramid of the survey is that the female population aged 50-54 exceeds its population aged 45-49 by about 25 percent. This trend is not observed in the census. The raw data shows that the number of women aged exactly 50 was about seven times greater than the number of women aged 49, and twice the number of women aged 51. It could be assumed that a considerable proportion of women aged around 50 do not know their exact ages and tend to round them to 50. However, this trend was not found among men of same age. Also, as more women aged under 50 rounded up their age to 50 than women aged over 50 rounded their age down to 50, it seems likely that a degree of bias was introduced by the interviewers to avoid inclusion of women for further interviews.

In the survey, 0.1 percent of males, females, and total household members' ages were missing.

Figure HH.1: Age and Sex Distribution of Household Population, Lao PDR, 2006

Table HH.3 provides basic background information on the households. Within households, the sex of the household head, region, urban/rural status, number of household members, and mother tongue[6] of the household head are shown in the table. These background characteristics are also used in subsequent tables in this report; the figures in the table are also intended to show the numbers of observations by major categories of analysis in the report.

The weighted and unweighted numbers of households are equal, since sample weights were normalised (See Appendix A). The table also shows the proportions of households where at least one child under 18, at least one child under five, and at least one eligible woman age 15-49 were found. In the survey, 89.9 percent of household heads were male. 37.8 percent of households had four to five members and 27.9 percent had six to seven members. About 90 percent of households had at least one child aged under 18 and a similar percentage of households had at least one woman aged 15-49. About half of all households (48.3 percent) had at least one child aged under five.

Characteristics of Respondents

Tables HH.4 and HH.5 provide information on the background characteristics of female respondents 15-49 years of age and of children under five. In both tables, the total numbers of weighted and unweighted observations are equal, since sample weights have been normalised (standardised). In addition to providing useful information on the background characteristics of women and children, the tables are also intended to show the numbers of observations in each background category. These categories are used in the subsequent tabulations of this report.

Table HH.4 provides background characteristics of female respondents 15-49 years of age. The

6 This was determined by asking "what is the household head's mother tongue (speaking language)?" Based on the Population and Housing Census 2005, there are 49 ethnic groups in the country, and Lao (54.6 percent), Hmong (8.0 percent), and Khmou (10.9 percent) were identified as the three major ethnic groups. According to the Lao National Front for Reconstruction, each ethnic group has its own language, meaning there are as many as 49 ethnic languages in the country.

table includes information on the distribution of women according to region, urban-rural areas, age, education[7], wealth index quintiles[8], and ethnicity. While the population of the Lao PDR is concentrated in the Central region, the raw sample was taken equally from all three regions. Consequently, the weighted number of women for the Central region is about 1.5 times greater than that of the unweighted number, and the number for the South region is 0.58 of the unweighted number. The number stayed more or less the same for the North region. The weight applied to the sample did not yield any significant changes for the distribution of females in other attributes.

The weighted sample shows that 72.7 percent of females between age 15 and 49 have primary or higher education. This figure is very close to the figure that can be derived from the most recent national census of the Lao PDR which was conducted in 2005 and recorded a figure of 72.1 percent. In the weighted sample, 25.3 percent of females belong to the households from the richest wealth index quintile, while those who belong to each of the other quintiles represent between 17.5 and 21.1 percent of the total. This may be due to the fact that many females reside away from their nuclear families to live in the households belonging to the richest quintile, mostly located in urban areas, for such purposes as to 1) attend school, 2) live with their relatives, or 3) work as housekeepers.

Some background characteristics of children under five are presented in Table HH.5. These include distribution of children by several attributes: sex, region and area of residence, age in months, mother's or caretaker's education, wealth, and ethnicity. Similar to the figures found in Table HH.4, since the national population of the Lao PDR is concentrated in the Central region and is most scarce in the South region, the weighted number of under-5 children is about 1.5 times greater than the unweighted number in the Central region, while the number falls by about 40 percent for the South region. The number remains almost the same for the North region.

According to Table HH.5, 39.9 percent of children under five were born to mothers who have no education. As the proportion of females aged 15-49 who do not have any education is 26.1 percent, this shows that females without any education tend to have more births than those with education. The weighted number of children under five is most represented in the poorest quintile at 29.8 percent, followed by the second quintile at 23.8 percent. The proportion continues to decline along the wealth quintiles to 12.1 percent for the richest quintile. Comparing these figures with those of Table HH.4, it can be derived that while more females tend to reside in households belonging to the richest quintile, they have fewer children than those of the poorest quintile.

7 Unless otherwise stated, "education" refers to educational level attended by the respondent throughout this report when it is used as a background variable.

8 Principal components analysis was performed by using information on the ownership of household goods and amenities (assets) to assign weights to each household asset, and obtain wealth scores for each household in the sample (The assets used in these calculations were as follows: electricity, clock, radio, electric fan, mattress, black and white television, colour television, CD/VCD player, water pump, bed, DVD player, satellite, mobile telephone, telephone, refrigerator, air conditioner, cloth washing machine, sofa, watch, bicycle, oxcart, motorbike, tractor, tuk-tuk, car/truck, engine boat, type of sanitation facility, type of cooking fuel, type of materials used for floor, roof, and wall). Each household was then weighted by the number of household members, and the household population was divided into five groups of equal size, from the poorest quintile to the richest quintile, based on the wealth scores of households they were living in. The wealth index is assumed to capture the underlying long-term wealth through information on the household assets, and is intended to produce a ranking of households by wealth, from poorest to richest. The wealth index does not provide information on absolute poverty, current income or expenditure levels, and the wealth scores calculated are applicable for only the particular data set they are based on. Further information on the construction of the wealth index can be found in Rutstein and Johnson, 2004, and Filmer and Pritchett, 2001.

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CHAPTER 4

Nutrition

For the MICS3 survey in the Lao PDR, additional modules were included and conducted for a subsample of the overall survey in order to assess in more detail nutritional status and factors potentially influencing nutritional status so that effective interventions can be designed and evaluated in the future. These included assessment of: haemoglobin and iron status among children aged 6-59 months and among non-pregnant women aged 15-49 years; iodine nutrition and adherence to postpartum food taboos among non-pregnant women aged 15-49 years; parasite infection rates among children aged 24-59 months; quantitative assessment of iodine in salt using the WYD checker; and, obtaining information about the frequency of consumption of potential food fortification vehicles, such as cooking oil, sugar, MSG etc. Full details of these nutrition modules, methodology, results and recommendations can be found in the separate National Nutrition Survey report. Results below include only information about standard MICS nutrition modules.

Nutritional Status

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply, are not exposed to repeated illness, and are well cared for, they reach their growth potential and are considered well nourished.

Malnutrition is associated with more than half of all child deaths worldwide. Undernourished children are more likely to die from common childhood ailments, and if they survive, they are more likely to have recurring sicknesses and faltering growth. Three-quarters of the children who die from causes related to malnutrition were only mildly or moderately malnourished – showing no outward sign of their vulnerability. The Millennium Development Goal target is to reduce by half the proportion of people who suffer from hunger between 1990 and 2015. The World Fit for Children goal is to reduce the prevalence of malnutrition among children under five by at least one-third (between 2000 and 2010), with special attention to children under two. A reduction in the prevalence of malnutrition will assist in the goal to reduce child mortality.

In a well-nourished population, there is a reference distribution of height and weight for children under five. Under-nourishment in a population can be gauged by comparing children to a reference population. The reference population used in this report is the WHO/USCDC/NCHS reference, which was recommended for use by UNICEF and the World Health Organization at the time the survey was implemented. Analysis of the same nutrition data using the WHO standards (2005) can be found in the separate national nutrition survey report. Each of the three nutritional status indicators can be expressed in standard deviation units (z-scores) from the median of the reference population.

Weight-for-age is a measure of both acute and chronic malnutrition. Children whose weight-for-age is more than two standard deviations below the median of the reference population are considered moderately or severely underweight while those whose weight-for-age is more than three standard deviations below the median are classified as severely underweight.

Height-for-age is a measure of linear growth. Children whose height-for-age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as moderately or severely stunted. Those whose height-for-age is more than three

standard deviations below the median are classified as severely stunted. Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.

Finally, children whose weight-for-height is more than two standard deviations below the median of the reference population are classified as moderately or severely wasted, while those who fall more than three standard deviations below the median are severely wasted. Wasting is usually the result of a recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

In MICS, weights and heights of all children under five were measured using anthropometric equipment recommended by UNICEF (UNICEF, 2006). Findings in this section are based on the results of these measurements.

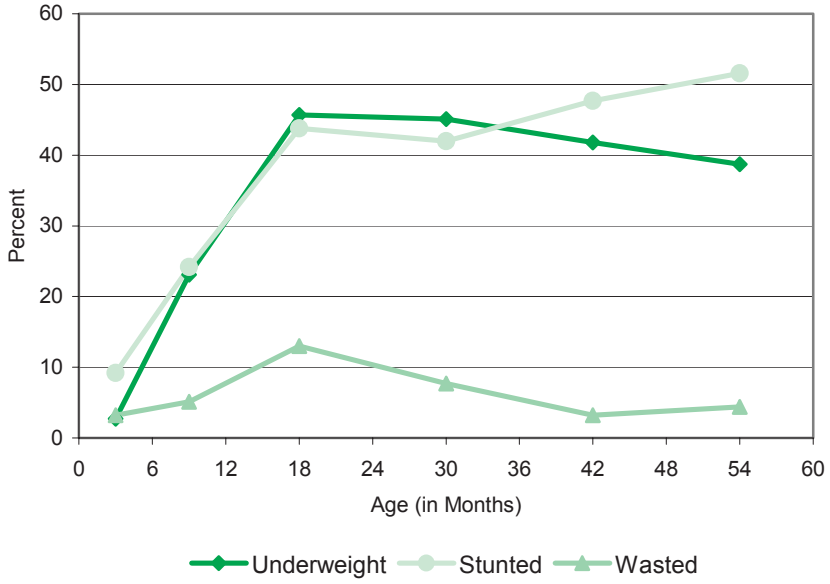
Table NU.1 shows percentages of children classified into each of these categories, based on the anthropometric measurements that were taken during fieldwork. Additionally, the table includes the percentage of children who are overweight, which takes into account those children whose weight for height is above two standard deviations from the median of the reference population.

In Table NU.1, children who were not weighed and measured (approximately 1.7 percent of children) and those whose measurements are outside a plausible range are excluded. In addition, a small number of children whose birth dates are not known are excluded.

Almost two in every five children under five in the Lao PDR are moderately or severely underweight (37.1 percent) and 9.0 percent are classified as severely underweight (Table NU.1). 40.4 percent of children are stunted or too short for their age and 6.5 percent are wasted or too thin for their height.

Children in the South region are more likely to be underweight than other children, at 49.5 percent. Mother's education is strongly correlated to the weight and height of children. While around 40 percent of children of mothers who have no education (42.2 percent) or primary education (37.2 percent) are underweight, 25.0 percent of those whose mothers have secondary or higher education are

Figure NU.1: Percentage of children under-5 who are undernourished, Lao PDR, 2006



underweight. Similarly, while about half of children whose mothers have no education are stunted, about a quarter of those whose mothers have secondary or higher education are also stunted. Children are least likely to be stunted in the Central region at 34.9 percent.

The pattern of malnutrition with age indicates a large increase in both underweight and stunting between the ages of 6-8 months (Figure NU.1). This may be due to poor sanitation, low access to clean water and low knowledge of appropriate young child feeding practices, since many children of these ages are introduced to complementary foods and are exposed to contamination in water, food and in the environment. Children are more likely to be underweight and stunted in rural areas than in urban areas. Children in the households belonging to the poorest quintile are about 2.4 times as likely to be underweight and more than three times as likely to be stunted than those of the richest quintile.

Underweight is significantly lower among children from households where the head speaks Hmong (28.2 percent) when compared with children from households where the head speaks Lao (33.8 percent), Khmou (37.3 percent), or "other" languages (54.3 percent). The prevalence of child stunting is significantly lower among children from households where the household head speaks Lao (31.9 percent) compared with 47.2 to 53.8 percent among children in the other three groups. The prevalence of wasting is highest among children from households where the household head speaks "other" languages at 9.7 percent.

Breastfeeding

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, as soon as other liquids and foods are introduced into the diet there is an increased risk of infection, subsequent growth faltering and micronutrient malnutrition, especially in areas where clean water is not readily available. The World Fit for Children goal states that children should be exclusively breastfed for six months and continue to be breastfed with safe, appropriate and adequate complementary feeding up to two years of age and beyond.

WHO/UNICEF have the following feeding recommendations:

- Exclusive breastfeeding for first six months
- Continued breastfeeding for two years or more
- Safe, appropriate and adequate complementary foods beginning at six months
- Frequency of complementary feeding: twice per day for 6-8 month olds; three times per day for 9-11 month olds

It is also recommended that breastfeeding be initiated within one hour of birth.

The indicators of recommended child feeding practices are as follows:

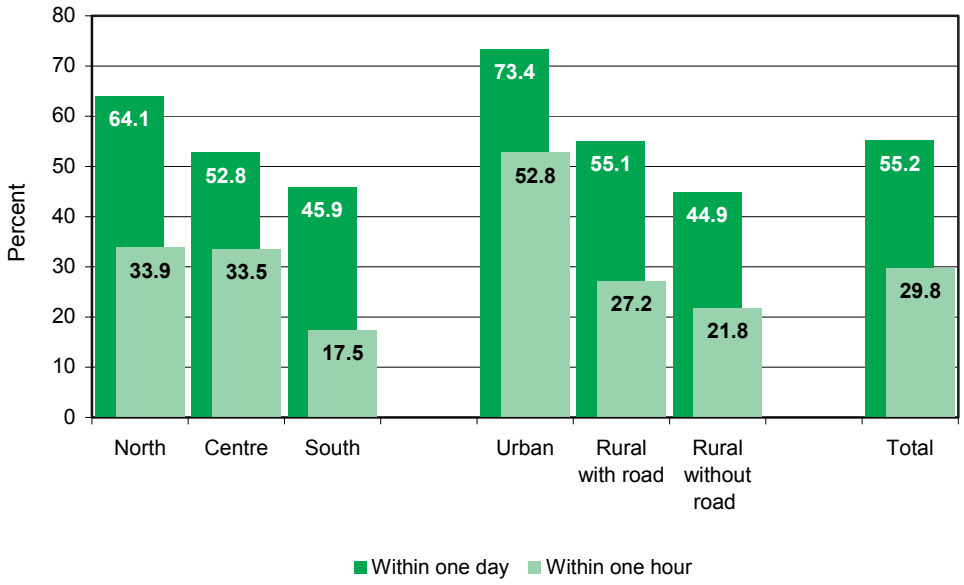
- Exclusive breastfeeding rate (< 6 months & < 4 months)
- Timely complementary feeding rate (6-9 months)
- Continued breastfeeding rate (12-15 & 20-23 months)
- Timely initiation of breastfeeding (within one hour of birth)
- Frequency of complementary feeding (6-11 months)
- Adequately fed infants (0-11 months)

Table NU.2 provides the proportion of women who started breastfeeding their infants within one hour of birth, and women who started breastfeeding within one day of birth (which includes those who started within one hour). Overall, less than one in every three women (29.8 percent) in the Lao PDR started breastfeeding within one hour of their infant's birth. The figure was lowest in the South region at 17.5 percent. Mothers living in urban areas or who have at least secondary education were about twice as likely to start breastfeeding within one hour than those living in rural areas or with no more than primary education. The figures increase from 21.7 percent of the mothers in the poorest quintile to 56.2 percent of those in the richest quintile. Mothers of households where "other" languages are spoken are least likely to start breastfeeding within one hour of birth at 19.4 percent.

Nationally, over half of mothers (55.2 percent) started breastfeeding within one day of their infant's birth. The percentage was lower in the South and Central regions at 45.9 percent and 52.8 percent

respectively, compared with 64.1 percent in the North Region. While 74.2 percent of mothers who have at least secondary education started breastfeeding within one day, only about 50 percent of those with primary (50.1 percent) or no education (51.5 percent) did. Urban mothers were most likely to start breastfeeding within one day at 73.4 percent, as compared with those in rural areas with road access at 55.1 percent and of rural areas without road access at 44.9 percent. Across the wealth quintiles, around 48-54 percent of mothers belonging to the poorest four quintiles started breastfeeding within one day, while 79.0 percent of those of the richest quintile did. Mothers of households where the household head speaks "other" languages are least likely to start breastfeeding within one day of birth at 45.7 percent.

Figure NU.2 Percentage of mothers who started breastfeeding within one hour and within one day of birth, Lao PDR, 2006

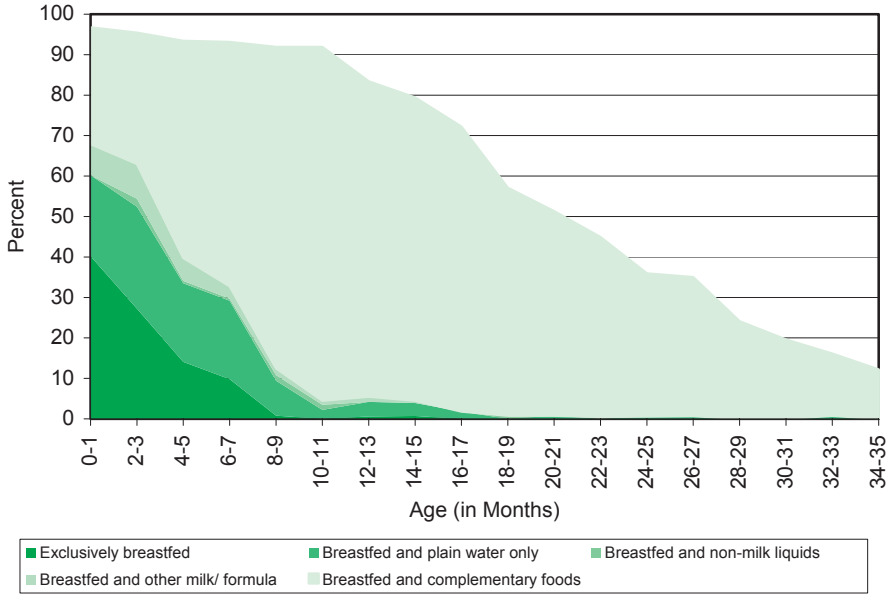


In Table NU.3, breastfeeding status is based on the reports of mothers/caretakers of children's consumption of food and fluids in the 24 hours prior to the interview. Exclusively breastfed refers to infants who received only breast milk (and vitamins, mineral supplements, or medicine). The table shows exclusive breastfeeding of infants during the first six months of life (separately for 0-3 months and 0-5 months), as well as complementary feeding of children 6-9 months and continued breastfeeding of children at 12-15 and 20-23 months.

Approximately one-fourth (26.4 percent) of children aged less than six months are exclusively breastfed. At age 6-9 months, 70.3 percent of children are receiving breast milk and soft/mushy, semi solid or solid foods. By age 12-15 months, 81.7 percent of children are still being breastfed and by age 20-23 months, 48.4 percent are still breastfed. No major disparities are found between the feeding pattern for boys and girls. Children aged 0-5 months living in households where the household head speaks Khmou or Hmong are exclusively breastfed more commonly (46.8 percent and 57.0 percent respectively) than those of households where the head speaks Lao (18.1 percent) or "other" languages (7.3 percent). Only 6.4 percent of children aged 0-5 months from the South region are exclusively breastfed, while 43.6 percent of those in the North are exclusively breastfed.

Figure NU.3 shows the detailed pattern of breastfeeding by the child's age in months. Even at the earliest ages, the majority of children are receiving liquids or foods other than breast milk.

Figure NU.3 Infant feeding patterns by age: Percent distribution of children aged under 3 years by feeding pattern by age group, Lao PDR, 2006



The adequacy of infant feeding in children under 12 months is provided in Table NU.4. According to the standard MICS definition, adequate infant feeding for infants aged between 6-12 months is breastfeeding with solid or semi-solid (mushy) food (at least two times a day for infants aged 6-9 months, and at least three times for infants aged 9-11 months). However, in the Lao PDR MICS, some types of semi-solid (mushy) food were not categorised under the semi-solid food (as they should be), and instead were categorised together with "any other liquid" as inadequate food[9]. Therefore, some children who are fed with breast milk and the types of semi-solid (mushy) food that are not categorised correctly as adequate food were not counted towards those adequately-fed. This means the prevalence of children aged 6-11 months fed with complementary food found in the Table NU.4 and described below does not include all infants fed adequately with complementary foods and is an underestimation of the prevalence of adequately-fed infants.

For infants aged 0-5 months, 26.4 percent are appropriately fed exclusively with breast milk. No significant disparity was found between males and females. Infants in the North region are most likely to be exclusively breastfed at 43.6 percent. Those in the South region have the lowest figure at 6.4 percent.

For the age group 6-8 months, at least 34.7 percent nationwide are fed with breast milk and complementary food at least twice in 24 hours.

As a result of these feeding patterns, at least 44.5 percent of children aged 6-11 months are being fed with breast milk and complementary food for the minimum recommended times per day.

9 This occurred due to the difficulties in precisely translating the difference between other liquid and mushy food (some mushy foods were considered liquid as opposed to solid).

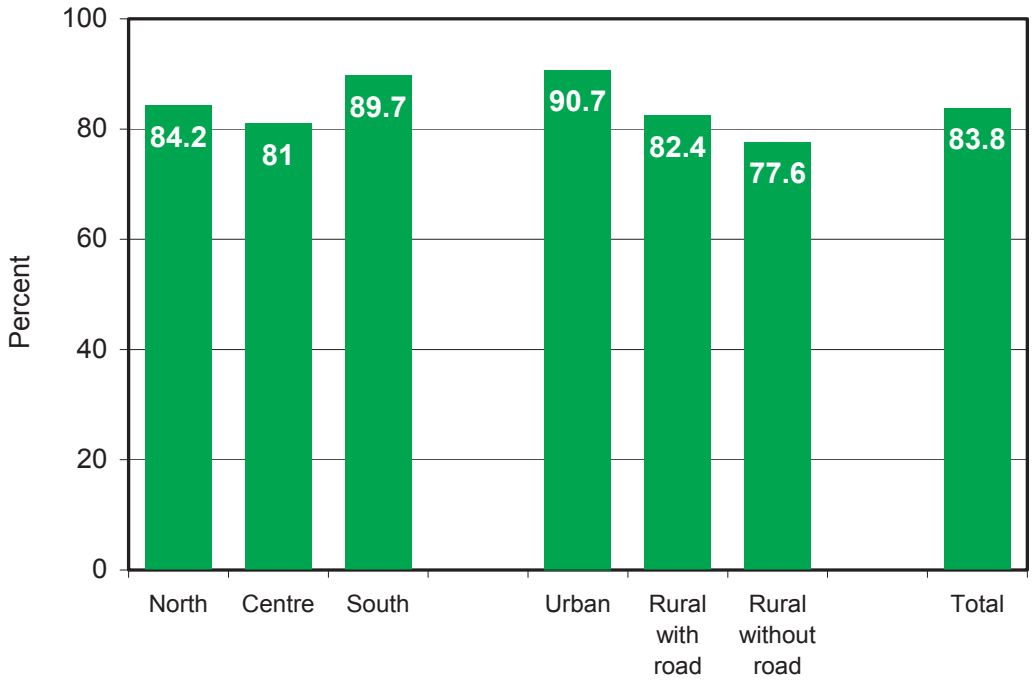
Salt Iodisation

Iodine Deficiency Disorders (IDD) is the world's leading cause of preventable mental retardation and impaired psychomotor development in young children. In its most extreme form, iodine deficiency causes cretinism. It also increases the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated with goitre. IDD takes its greatest toll in impaired mental growth and development, contributing in turn to poor school performance, reduced intellectual ability, and impaired work performance. The international goal is to achieve sustainable elimination of iodine deficiency by 2005. The indicator is the percentage of households consuming adequately iodised salt (>15 parts per million). However, the Lao PDR MICS only tested the presence/absence of iodine in salt using a field rapid test kit[10].

In the Lao PDR, the Government has established an IDD control programme using increased iodine intake through Universal Salt Iodisation (USI) as its main strategy. In May 1995, the Prime Minister issued a decree requiring all salt, locally produced or sold on the market, to be iodised.

In over 99 percent of households, salt was tested for iodine content by using salt test kits and testing for the presence of potassium iodate. Table NU.5 shows that in a very small proportion of households (0.4 percent), there was no salt available. In 83.8 percent of households, salt was found to be iodised. For more detailed discussion of iodised salt use throughout the country please refer to the National Nutrition Survey Report.

Figure NU.4 Percentage of households consuming iodized salt, Lao PDR, 2006



10 This was due to the field test kit not being able to measure the ppm level precisely. Some of the salt samples collected for MICS were further tested in a laboratory for ppm measurements, and these results are found in the National Nutrition Survey Report.

Vitamin A Supplements

Vitamin A is essential for eye health and proper functioning of the immune system. It is found in foods such as milk, liver, eggs, red and orange fruits, red palm oil and green leafy vegetables, although the amount of vitamin A readily available to the body from these sources varies widely. In developing areas of the world, where vitamin A is largely consumed in the form of fruits and vegetables, daily per capita intake is often insufficient to meet dietary requirements. Inadequate intakes are further compromised by increased requirements for the vitamin as children grow or during periods of illness, as well as increased losses during common childhood infections. As a result, vitamin A deficiency is quite prevalent in the developing world and particularly in countries with the highest burden of under-5 deaths.

The 1990 World Summit for Children set the goal of virtual elimination of vitamin A deficiency and its consequences, including blindness, by the year 2000. This goal was also endorsed at the Policy Conference on Ending Hidden Hunger in 1991, the 1992 International Conference on Nutrition, and the UN General Assembly's Special Session on Children in 2002. The critical role of vitamin A for child health and immune function also makes control of deficiency a primary component of child survival efforts, and therefore critical to the achievement of the fourth Millennium Development Goal: a two-thirds reduction in under-five mortality by the year 2015.

For countries with vitamin A deficiency problems, current international recommendations call for high-dose vitamin A supplementation every four to six months, targeted at all children between the ages of 6-59 months living in affected areas. Providing young children with two high-dose vitamin A capsules a year is a safe, cost-effective, efficient strategy for eliminating vitamin A deficiency and improving child survival. Giving vitamin A to new mothers who are breastfeeding helps protect their children during the first months of life and helps to replenish the mother's stores of vitamin A, which are depleted during pregnancy and lactation. For countries with vitamin A supplementation programmes, the definition of the indicator is the percentage of children 6-59 months of age receiving at least one high dose vitamin A supplement in the last six months.

Based on UNICEF/WHO guidelines, the Lao PDR Ministry of Health recommends that children aged 6-11 months be given one capsule of 100,000 international units (UI) of Vitamin A and children aged 12-59 months be given a 200,000 UI capsule of vitamin A at least every six months. Vitamin A capsule distribution is linked to immunization services nationwide and capsules are given when the child has contact with these services after six months of age. It is also recommended that mothers take a vitamin A supplement within six weeks of giving birth due to increased vitamin A requirements during pregnancy and lactation.

Within the six months prior to the MICS, 18.1 percent of children aged 6-59 months had received a high dose vitamin A supplement (Table NU.6). 10.6 percent did not receive the supplement in the last six months, but did receive one prior to that time. 11.0 percent of children received a vitamin A supplement at some time in the past, but their mother/caretaker was unable to specify when. While about 20 percent of children living in households where the head speaks Lao or Khmou receive vitamin A supplement at least every six months, only 10.4 percent of those of households where the head speaks Hmong do. The figure was 17.1 percent for those living in households where "other" languages are spoken.

Nationally, 58.7 percent of children aged 6-59 months never received a vitamin A supplement prior to the survey. Children in the North region are most likely not to receive any vitamin A supplement at 66.2 percent. The mother's level of education is also related to the likelihood of vitamin A supplementation. While about half of children aged 6-59 whose mothers have secondary or higher education receive vitamin A supplements at some time, only about one-third of those whose mothers who have no education do. The percentage of children who have never received vitamin A is the highest for the poorest quintile at 64.6 percent, and is the lowest for the richest quintile at 49.3 percent. 65.8 percent of children from rural areas without road access never receive vitamin A supplements while about 55 percent of those from urban (54.1 percent) and rural areas with road access (56.4 percent) areas also never receive them.

17.9 percent of mothers who had a birth in the previous two years before the MICS received a vitamin A supplement within eight weeks of the birth (Table NU.7). This percentage is highest in urban areas at 31.9 percent and lowest in rural areas without road access at 11.4 percent. Vitamin A coverage increases with the education of the mother, but it is still only 28.4 percent among women with secondary or higher education. While 38.6 percent of mothers of households belonging to the richest quintile receive a vitamin A supplement within eight weeks of the birth, only 11.3 percent of those of households belonging to the poorest quintile do.

Low Birth Weight

Weight at birth is a good indicator not only of a mother's health and nutritional status but also the newborn's chances for survival, growth, long-term health and psychosocial development. Low birth weight (less than 2,500 grams) carries a range of grave health risks for children. Babies who were undernourished in the womb face a greatly increased risk of dying during their early months and years. Those who survive have impaired immune function and increased risk of disease; they are likely to remain undernourished, with reduced muscle strength, throughout their lives, and suffer a higher incidence of diabetes and heart disease in later life. Children born underweight also tend to have a lower IQ and cognitive disabilities, affecting their performance in school and their job opportunities as adults.

In the developing world, low birth weight stems primarily from the mother's poor health and nutrition. Three factors have most impact: the mother's poor nutritional status before conception, the mother's short stature (due mostly to under nutrition and infections during her childhood), and poor nutrition during the pregnancy. Inadequate weight gain during pregnancy is particularly important since it accounts for a large proportion of foetal growth retardation. Moreover, diseases such as diarrhoea and malaria, which are common in many developing countries, can significantly impair foetal growth if the mother becomes infected while pregnant.

In addition, teenagers who give birth when their own bodies have yet to finish growing run the risk of bearing underweight babies.

One of the major challenges in measuring the incidence of low birth weight is the fact that more than half of infants in the developing world are not weighed. In the past, most estimates of low birth weight for developing countries were based on data compiled from health facilities. However, these estimates are biased for most developing countries because the majority of newborns are not delivered in these facilities, and those who are represent only a selected sample of all births.

Because many infants are not weighed at birth and those who are weighed may be a biased sample of all births, the reported birth weights usually cannot be used to estimate the prevalence of low birth weight among all children. Therefore, the percentage of births weighing below 2500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's size at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's weight or the weight as recorded on a health card if the child was weighed at birth[11].

Only 22.1 percent of births are weighed at birth and 10.8 percent of them weighed less than 2,500 grams at birth (Table NU.8).

[11] For a detailed description of the methodology, see Boerma, Weinstein, Rutstein and Sommerfelt, 1996.

Photo: Jim Holmes

5

CHAPTER 5

Child Health

Immunization

The Millennium Development Goal 4 is to reduce child mortality by two thirds between 1990 and 2015. Immunization plays a key part in this goal. Immunizations have saved the lives of millions of children in the three decades since the launch of the Expanded Programme on Immunization in 1974. Worldwide there are still 27 million children overlooked by routine immunization and as a result, vaccine-preventable diseases cause more than two million deaths every year.

A World Fit for Children goal is to ensure full immunization of children under one year of age at 90 percent nationally, with at least 80 percent coverage in every district or equivalent administrative unit.

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT+HepB to protect against diphtheria, pertussis, tetanus and Hepatatis B, three doses of polio vaccine, and a measles vaccination by the age of 12 months. Mothers were asked to provide vaccination cards for children under the age of five. Interviewers copied vaccination information from the cards onto the MICS questionnaire.

Overall, 48.9 percent of children have health cards. If the child did not have a card, the mother was asked to recall whether or not the child had received each of the vaccinations and, for DPT+HepB and Polio, how many times. The percentage of children aged 12 to 23 months who received each of the vaccinations is shown in Table CH.1. The denominator for the table is comprised of children aged 12-23 months so that only children who are old enough to be fully vaccinated are counted. In the top panel, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card or the mother's report. In the bottom panel, only those who were vaccinated before their first birthday, as recommended are included. For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards.

61.0 percent of children aged 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 60.1 percent. The percentage declines for subsequent doses of DPT to 45.3 percent for the second dose, and 31.8 percent for the third dose (Figure CH.1). Similarly, 63.0 percent of children received Polio 1 by age 12 months and this declines to 32.2 percent by the third dose. The coverage for measles vaccine by 12 months is 33.0 percent. As a result, the percentage of children who had all eight recommended vaccinations by their first birthday is 14.2 percent (Figure CH.1).

Figure CH.1 Percentage of children aged 12-23 months who received the recommended vaccinations by 12 months, Lao PDR, 2006

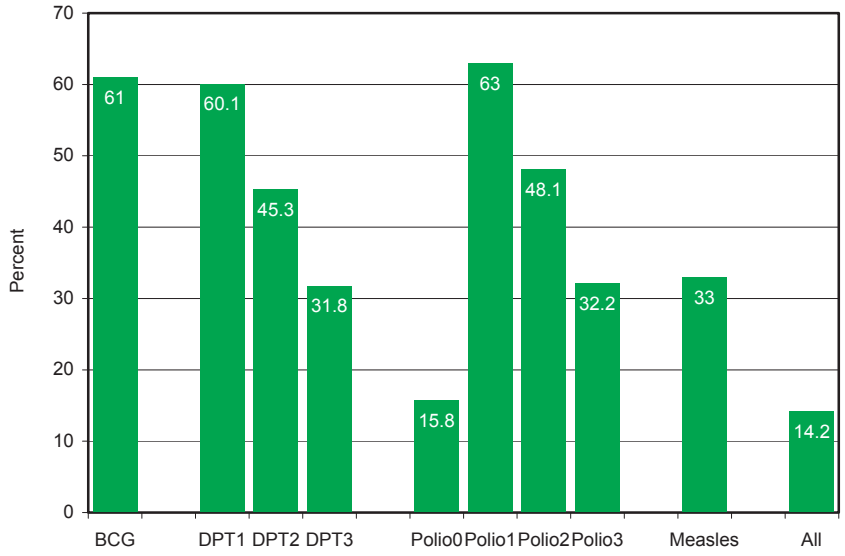


Table CH.2 shows vaccination coverage rates among children 12-23 months by background characteristics. The figures indicate children receiving the vaccinations at any time up to the date of the survey, and are based on information from both the vaccination cards and mothers'/caretakers' reports[12].

Urban children have the highest vaccination completion rates for all recommended vaccines except measles and rural without road access children have the lowest. While in urgan areas 40.3 percent of children are completely vaccinated, the figure is only 24.8 percent in rural areas with road access and 24.3 percent are in rural areas without road access. While 26.7 percent of children in urban areas are not vaccinated against any disease, the figure rises to 36.4 percent in rural areas without road access. Children from the South region tend to be vaccinated most commonly with any of the recommended vaccines, while children from the Central region tend to be vaccinated at the lowest rate for all diseases except for measles and the third dose of polio and DPT. While around 30 percent of children from the Central (29.1 percent) and South (32.5 percent) regions are completely vaccinated, only 20.4 percent are in the North region. 39.3 percent of children in the Central region are not vaccinated against any diseases, while 29.5 percent in the North and 20.4 percent in the South region are not vaccinated against any diseases either.

Children of mothers who have no education are least likely to be vaccinated for any of the diseases. 18.8 percent of children of mothers who have no education are completely vaccinated, while 39.3 percent of those of mothers who have secondary or higher education are completely vaccinated. 40.4 percent of children of mothers who have no education are not vaccinated against any diseases, while 26.0 percent of those of mothers who have at least primary education are not either. Children of households where the head speaks Hmong are less likely to be vaccinated for any of the diseases as compared with those of other households; only 11.6 percent of them are completely vaccinated and 48.0 percent are not vaccinated against any disease.

12 The results of this MICS differ from the routine data used by the WHO/UNICEF Review of National Immunization Coverage 1980-2006. The routine data is based on an estimated number of children under age one and an estimated number of births, whereas MICS data is based on the sample population.

Tetanus Toxoid

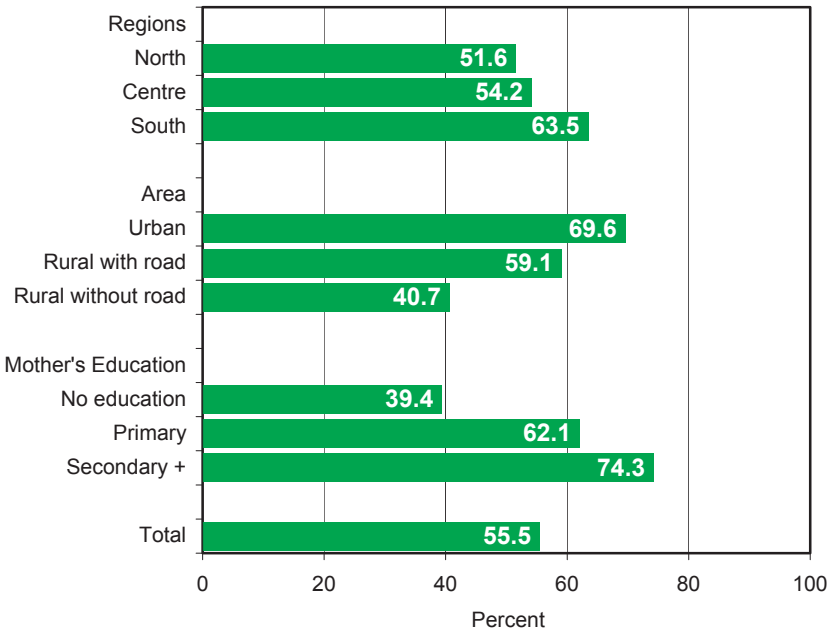
One of the MDGs is to reduce by three quarters the maternal mortality ratio, with one strategy to eliminate maternal tetanus. In addition, another goal is to reduce the incidence of neonatal tetanus to less than one case of neonatal tetanus per 1000 live births in every district. A World Fit for Children goal is to eliminate maternal and neonatal tetanus by 2005.

Prevention of maternal and neonatal tetanus is to assure all pregnant women receive at least two doses of tetanus toxoid vaccine. However, if women have not received two doses of the vaccine during the pregnancy, they (and their newborn) are also considered to be protected if the following conditions are met:

- Received at least two doses of tetanus toxoid vaccine, the last within the prior three years;
- Received at least three doses, the last within the prior five years;
- Received at least four doses, the last within 10 years;
- Received at least five doses during lifetime.

Table CH.3 shows the protection status from tetanus of women who have had a live birth within the last 24 months. Figure CH.2 shows the protection of women against neonatal tetanus by major background characteristics. Overall, 55.5 percent of women in the Lao PDR are protected against tetanus. Women from the South region had the highest protection rate of 63.5 percent, when compared with those from the Central region (54.2 percent) and the North region (51.6 percent). 69.6 percent of urban women are protected, while the figure declines to 59.1 and 40.7 percent for those of rural areas with road access and of rural areas without road access, respectively. Education of women is also very closely correlated to their protection rate as women with secondary or higher education are most likely to be protected, at a rate of 74.3 percent, while those with no education are least likely at 39.4 percent. 74.0 percent of women from the richest quintile and 72.4 percent of women from the fourth quintile groups are protected, while only 60.3 percent of those from the middle quintile and 45.7 percent of those from the poorest and second quintile groups are protected. 63.1 percent of women of households where the head speaks Lao and 57.7 percent of women of households where the head speaks Khmou are protected, while 49.6 percent of those of households where the head speaks "other" languages and 34.2 percent of those of households where the head speaks Hmong are protected.

Figure CH.2 Percentage of women with a live birth in the last 12 months who are protected against neonatal tetanus Lao PDR, 2006



Oral Rehydration Treatment

Diarrhoea is the second leading cause of death among children under five worldwide. Most diarrhoea-related deaths in children are due to dehydration from loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhoea – either through oral rehydration salts (ORS) or a recommended home fluid (RHF) - can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea.

The goals are to: 1) reduce by one half death due to diarrhoea among children under five by 2010 compared with 2000 (A World Fit for Children); and 2) reduce by two thirds the mortality rate among children under five by 2015 compared with 1990 (Millennium Development Goals). In addition, the World Fit for Children calls for a reduction in the incidence of diarrhoea by 25 percent.

The indicators are:

- Prevalence of diarrhoea
- Oral rehydration therapy (ORT)
- Home management of diarrhoea
- ORT or increased fluids AND continued feeding

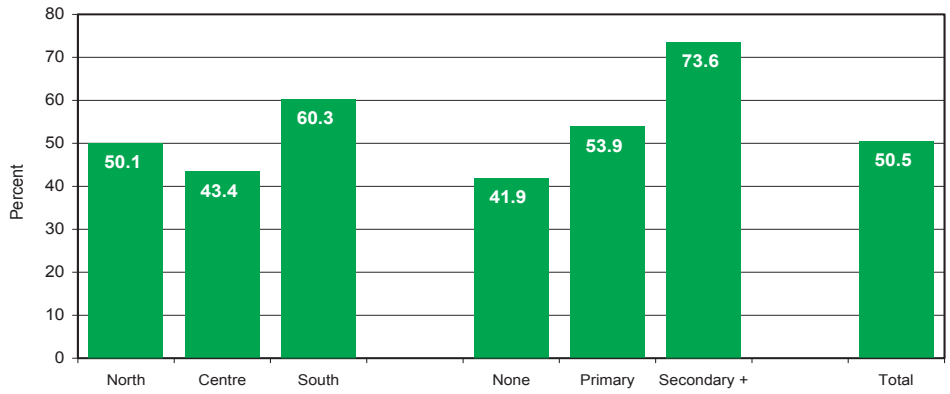
In the MICS questionnaire, mothers (or caretakers) were asked to report whether their child had had diarrhoea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank.

Overall, 12.4 percent of under-5 children had diarrhoea in the two weeks preceding the survey (Table CH.4). The peak of diarrhoea prevalence occurs in the weaning period, among children aged 6-23 months.

Table CH.4 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhoea. Since mothers were able to name more than one type of liquid, the percentages do not necessarily add to 100. 30.7 percent received fluids from ORS packages, 19.6 percent from pre-packaged ORS fluids, and 29.8 percent received recommended homemade fluids. About half (50.5 percent) of children with diarrhoea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF), while the other half (49.5 percent) received no treatment.

Children with diarrhoea in the South region are most likely to receive oral re-hydration treatment at 60.3 percent, while children from the Central region are least likely at 43.4 percent. Although the sample sizes were small (less than 50 for urban areas), the results indicate that the prevalence of oral rehydration treatment was 84.7 percent in urban areas, 50.3 percent in rural areas with road access, and 40.8 percent in rural areas without road access.

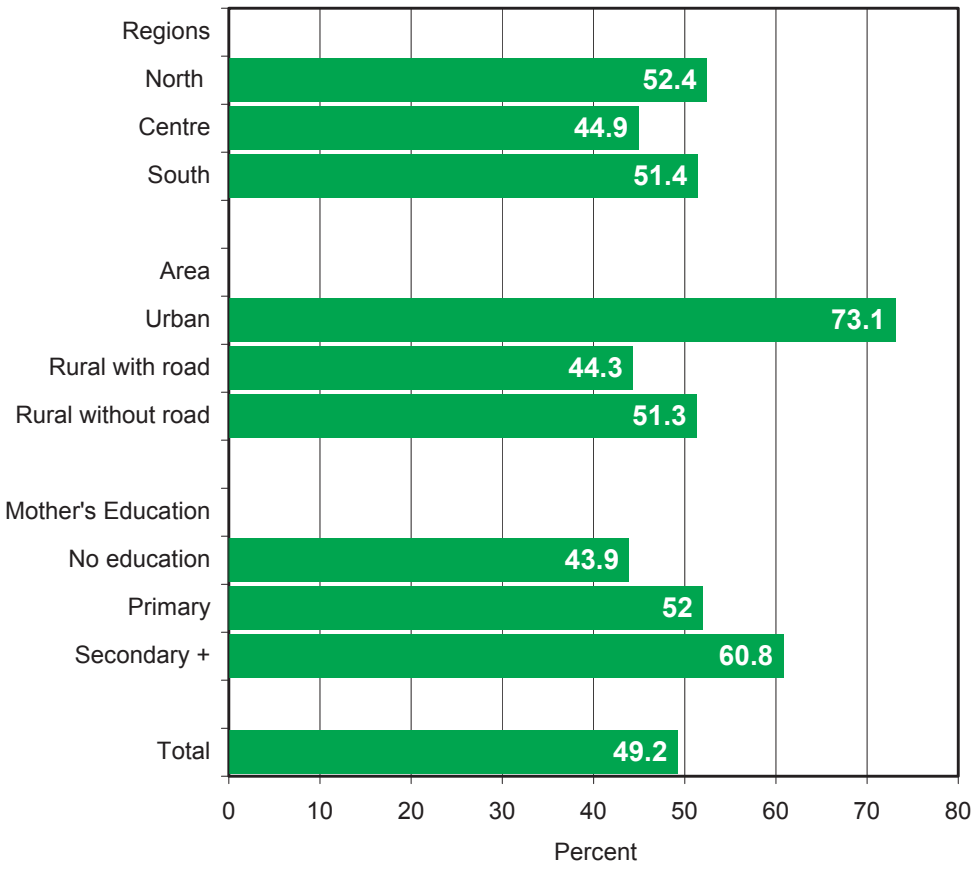
Figure CH.3 Percentage of children aged 0-59 months with diarrhoea who received oral rehydration treatment, Lao PDR, 2006



Little more than half (53.0 percent) of under-5 children with diarrhoea drank more than usual while 45.0 percent drank the same or less (Table CH.5). 70.2 percent ate somewhat less, the same or more (continued feeding), but 28.9 percent ate much less or ate almost nothing. Combining the information in Table CH.5 with those in Table CH.4 on oral rehydration therapy, it is observed that 49.2 percent of children either receive ORT or increased fluid intake, and at the same time, feeding is continued, as is the recommendation.

Different attributes affect home management of diarrhoea. 53.1 percent of boys' diarrhoea cases are treated with ORT or increased fluids AND continued feeding, while 44.1 percent of girls cases are). Although the sample size may have been too small to show patterns with statistical confidence, these types of home management of diarrhoea are most common for children from urban areas at 73.1 percent, as compared with children from rural areas with road access and from rural areas without road access of which 44.3 and 51.3 percent are treated in such ways respectively. The prevalence of the home management system which consists of ORT or increased fluids AND continued feeding is higher for children whose mothers have higher education. It is less prevalent for children of households where the head speaks Hmong at 40.5 percent and those of households where the head speaks "other" languages at 43.4 percent, as compared with those of other households that have 52.9-53.9 percent of prevalence.

Figure CH.4 Percentage of children aged 0-59 months with diarrhoea who received ORT or increased fluids, AND continued feeding, Lao PDR, 2006



Care Seeking and Antibiotic Treatment of Pneumonia

Pneumonia is the leading cause of death in children and the use of antibiotics in under-5s with suspected pneumonia is a key intervention. A World Fit for Children goal is to reduce by one-third the deaths due to acute respiratory infections.

Children with suspected pneumonia are those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were NOT due to a problem in the chest and a blocked nose. The indicators are:

- Prevalence of suspected pneumonia
- Care seeking for suspected pneumonia
- Antibiotic treatment for suspected pneumonia
- Knowledge of the danger signs of pneumonia

Table CH.6 presents the prevalence of suspected pneumonia and, if care was sought outside the home, the site of care. 4.8 percent of children aged 0-59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Of these children, 32.3 percent were taken to an appropriate provider. 10.9 percent were taken to Government hospitals, 9.6 percent to private hospitals or clinics, 9.1 percent to government regional health centres, and 3.1 percent to village health centres.

Table CH.7 presents the use of antibiotics for the treatment of suspected pneumonia in under-5s by sex, age, region, residence, and socioeconomic factors. In the Lao PDR, slightly more than half (52.1 percent) of under-5 children with suspected pneumonia had received an antibiotic during the two weeks prior to the survey.

Issues related to knowledge of danger signs of pneumonia are presented in Table CH.7A. Obviously, mothers' knowledge of the danger signs is an important determinant of care-seeking behaviour. Overall, 6.4 percent of women know of the two danger signs of pneumonia – fast and difficult breathing. The most commonly identified symptom for taking a child to a health facility is fever. 12.1 percent of mothers identified fast breathing and 19.6 percent of mothers identified difficult breathing as symptoms for taking children immediately to a health care provider.

Solid Fuel Use

More than three billion people around the world rely on solid fuel (biomass and coal) for their basic energy needs, including cooking and heating. Cooking and heating with solid fuel leads to high levels of indoor smoke and a complex mix of health-damaging pollutants. The main problem with the use of solid fuels is in the form of products of incomplete combustion, including carbon monoxide (CO), polyaromatic hydrocarbons, sulphur dioxide (SO2) and other toxic elements. Use of solid fuels increases the risks of acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, low birth weight, cataracts, and asthma. The primary indicator is the proportion of the population using solid fuels as the primary source of domestic energy for cooking.

Overall, most households (97.5 percent) in the Lao PDR are using solid fuels for cooking. In the North region, 95.6 percent of households use firewood, while 65.2 percent do so in the Central and the South regions. In the Central and the South regions, about 30 percent of households use coal/lignite (29.2 percent in the central and 31.4 percent in the south region). The use of coal/lignite is higher in urban areas as compared with rural areas (44.0 percent in urban, 14.7 percent in rural areas with road access, and 6.3 percent in rural areas without road access). While only 30.6 percent of households belonging to the richest quintile use firewood, 67.3 percent of fourth quintile households, 86.1 percent of middle quintiles, and almost all of poorest (99.9 percent) and second quintile (97.6 percent) households do.

Solid fuel use alone is a poor guide to levels of indoor air pollution, since the concentration of the pollutants is different when the same fuel is burnt in different stoves or fires. Use of closed stoves with chimneys minimises indoor pollution, while use of an open stove or fire with no chimney or hood

means that there is no protection from the harmful effects of solid fuels. The type of stove used with solid fuel is depicted in Table CH.9. Throughout the Lao PDR, open stoves or fires with no chimneys or hoods are used by 86.6 percent of households. In the North and the Central regions, 87.0 and 98.5 percent of households use these types of stove, while the figure is significantly lower at 57.9 percent in the South region. In the South region, 41.7 percent of households use open stoves or fires with chimneys or hoods. Overall, there are few disparities among different areas, education of household heads, wealth quintiles or languages.

Malaria

Malaria is a leading cause of death of children under age five in the Lao PDR. It also contributes to anaemia in children and is a common cause of school absenteeism. Preventive measures, especially the use of mosquito nets treated with insecticide (ITNs), can dramatically reduce malaria mortality rates among children. In areas where malaria is common, international recommendations suggest treating any fever in children as if it were malaria and immediately giving the child a full course of recommended anti-malarial tablets. Children with severe malaria symptoms, such as fever or convulsions, should be taken to a health facility. Also, children recovering from malaria should be given extra liquids and food and, for younger children, should continue breastfeeding.

The questionnaire incorporates questions on the availability and use of bed nets, both at household level and among children under five years of age, as well as anti-malarial treatment, and intermittent preventive therapy for malaria. In the Lao PDR the survey results indicate that 45.0 percent of households have at least one ITN. 93.6 percent of households have at least one mosquito net that is not necessarily treated with insecticide. (Table CH.10). In the South region, 60.4 percent of households have at least one ITN, while 50.7 percent in the North region and 35.0 percent in the Central region do. The availability of ITNs is highest in rural areas with road access at 51.6 percent, when compared with 41.6 percent of rural areas without road access and 35.1 percent of urban areas.

Results indicate that 86.7 percent of children under the age of five slept under any mosquito net on the night prior to the survey and 40.5 percent slept under an ITN. 23.9 percent of children slept under an unidentified mosquito net (Table CH.11). ITN use among children under five is constant among different age groups and there are no significant gender disparities among children under five. While 45.5 percent of children in rural areas with road access slept under an ITN, 33.4 percent of those in rural areas without road access did. Children in the South region are most likely to sleep under an ITN at 54.3 percent.

Questions on the prevalence and treatment of fever were asked for all children under five. Slightly more than one in every seven (15.2 percent) children under five years of age were ill with fever in the two weeks prior to the MICS3 (Table CH.12). Fever prevalence peaked at 12-23 months (20.1 percent) and declined with age. The level of mothers' education was not a significant factor in the prevalence of ill children in the two weeks prior to the survey. Regional differences in fever prevalence are not large, ranging from 11.6 to 17.9 percent across the three regions.

Mothers were asked to report all of the medicines given to a child to treat the fever, including medicines given at home and medicines given or prescribed at a health facility. Overall, 8.2 percent of children with fever in the two weeks prior to the survey were treated with an "appropriate" anti-malarial drug and 5.1 percent received anti-malarial drugs within 24 hours of onset of symptoms.

"Appropriate" antimalarial drugs include chloroquin, Sulfamethoxazol and Pyrimetamine (SP), artemisine combination drugs, etc. In the Lao PDR, 4.0 percent of children with fever were given chloroquin, and 0.7 percent were given SP. Only 0.1 percent received artemisine combination therapy. A large percentage (52.7 percent) of children were given other types of medicines that are not anti-malarials, including antipyretics such as paracetamol, panadol or acetaminophen.

Overall, children with fever in the Central region are least likely to receive an appropriate anti-malarial drug within 24 hours of onset of symptoms at 0.5 percent.

Pregnant women living in places where malaria is highly prevalent are four times more likely than

other adults to get malaria and twice as likely to die of the disease. Once infected, pregnant women risk anemia, premature delivery and stillbirth. Their babies are likely to be of low birth weight, which makes them unlikely to survive their first year of life. For this reason, steps are taken to protect pregnant women by distributing insecticide-treated mosquito nets and treatment during antenatal check-ups with drugs that prevent malaria infection (intermittent preventive treatment). In the Lao PDR MICS, women were asked of the medicines they had received in their last pregnancy during the two years preceding the survey. Women are considered to have received intermittent preventive therapy if they have received at least two doses of SP/Fansidar during the pregnancy.

Intermittent preventive treatment for malaria in pregnant women who gave birth in the two years preceding the survey is presented in Table CH.13. In the Lao PDR, the prevalence of medicine to prevent malaria during pregnancy is 6.9 percent, with only 1.0 percent prevalence of intermittent preventive therapy.

Photo: Jim Holmes

6

CHAPTER 6

Environment

Water and Sanitation

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

The MDG goal is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. The World Fit for Children goal calls for a reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one-third.

The list of indicators used in MICS are as follows:

Water

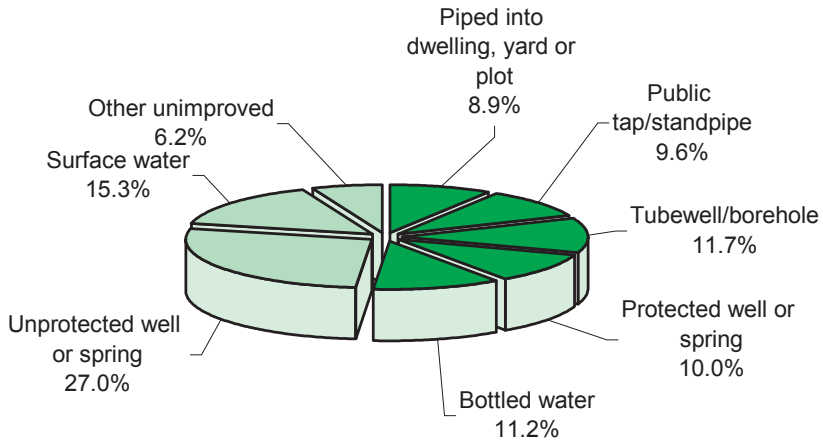
- Use of improved drinking water sources
- Use of adequate water treatment method
- Time to source of drinking water
- Person collecting drinking water

Sanitation

- Use of improved sanitation facilities
- Sanitary disposal of child's faeces

The distribution of the population by source of drinking water is shown in Table EN.1 and Figure EN.1. The population using improved sources of drinking water are those using any of the following types of supply: piped water (into dwelling, yard or plot), public tap/standpipe, tubewell/borehole, protected well, protected spring or rainwater collection. Bottled water is considered as an improved water source only if the household is using an improved water source for other purposes, such as handwashing and cooking.

Figure EN.1 Percentage distribution of household members by source of drinking water Lao PDR, 2006



Overall, about half (51.5 percent) of the population uses an improved source of drinking water – 70.4 percent in urban areas, 49.6 percent in rural areas with road access and 35.0 percent in rural areas without road access. Across regions, the coverage ranges from 56.7 percent of the North region to 47.0 percent of the Central region. 72.4 percent of households in the richest quintile use an improved source of water, while only 40.4 percent of those in the poorest quintile do.

The most common improved sources of water are tubewell/borehole (11.7 percent), bottled water (11.2 percent) and public tap/standpipe (9.6 percent). The most common unimproved sources of water are unprotected wells (21.1 percent), surface water (15.3 percent), unprotected spring water (5.9 percent). 5.9 percent of people use bottled water for drinking, but use unimproved sources for other purposes. In the Central region unprotected wells form more than one fourth of the source of drinking water. In the South region, 29.0 percent of the water source is surface water.

Use of in-house water treatment is presented in Table EN.2. Households were asked of ways they may be treating water at home to make it safer to drink – boiling, adding bleach or chlorine, using a water filter, and using solar disinfection were considered as proper treatment of drinking water. The table shows the percentages of household members using appropriate water treatment methods, separately for all households, for households using improved and unimproved drinking water sources. Overall, about two-thirds (65.7 percent) of households appropriately treat water for drinking at home (90.2 percent in the North, 73.0 percent in the South, and 45.0 percent in the Central region). While only half (50.7 percent) of urban households treat water appropriately at home, 69.2 percent and 74.2 percent of households do in rural areas with road access and without road access areas respectively. While 90.5 percent of households where the head speaks Khmou and 86.6 percent of households where the head speaks Hmong appropriately treat water, only 59.5 percent of households where the head speaks “other” languages and 58.8 percent of households where the head speaks Lao do so. Boiling is by far the most common method used for appropriate treatment.

The amount of time it takes to obtain water is presented in Table EN.3 and the person who usually collected the water in Table EN.4. Note that these results refer to one roundtrip from home to drinking water source. Information on the number of trips made in one day was not collected.

Table EN.3 shows that for 37.4 percent of households, the drinking water source is on the premises. For 93.1 percent of all households, it takes less than 30 minutes to get to the water source and bring water, while 1.7 percent of households spend more than one hour. Excluding those households with water on the premises, the average time to the source of drinking water is 11.7 minutes.

Table EN.4 shows that for the majority of households, an adult female (83.4 percent) is usually the person collecting the water, when the source of drinking water is not on the premises. Adult men collect water in only 8.3 percent of cases, as female (6.3 percent) or male (1.5 percent) children

under age 15 collect water in the rest of cases. While adult women collect water in 84.3 percent of the poorest wealth quintile households, this figure drops to 64.8 percent for the households belonging to the richest quintile. Contrarily, while adult men collect water in 7.2 percent of the households belonging to the poorest quintile, the figure rises to 26.7 percent for the households belonging to the richest quintile.

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio. Improved sanitation facilities for excreta disposal include: flush or pour flush toilets connected to a piped sewer system, septic tank, or latrine; ventilated improved pit latrines; pit latrines with slabs; and composting toilets.

44.8 percent of the population of the Lao PDR is living in households using improved sanitation facilities (Table EN.5). The percentage is 83.5 in urban areas, 38.8 in rural areas with road access, and 15.8 in rural areas without road access. While 98.3 percent of the households belonging to the richest quintile use improved sanitation facilities, only 7.1 percent of those in the poorest quintile do. Education level of the household head is strongly correlated with the use of improved sanitation facilities, ranging from 27.3 percent where the household head has no education to 68.7 percent where they have secondary or higher education. Residents of the South region are much less likely than others to use improved facilities at 27.7 percent. The most common improved facilities are flush toilets with connection to pit (26.9 percent) and septic tank (15.0 percent). While 56.1 percent of households where the head speaks Lao use improved facilities, only 33.7 percent of those where the head speaks Khmou, 29.5 percent of those where the head speaks Hmong, and 13.8 percent of those where the head speaks “other” languages do.

Safe disposal of a child’s faeces is disposing of the stool, by the child using a toilet or by rinsing the stool into a toilet or latrine. Disposal of faeces of children 0-2 years of age is presented in Table EN.6. In the Lao PDR, children’s stools are disposed of safely in 11.4 percent of cases. In urban areas, they are safely disposed in 41.2 percent of cases, but in rural areas with road access and rural areas without road access, they are done so in only 7.5 and 1.0 percent of cases respectively. Mother’s education is strongly correlated with safe disposal, ranging from 2.5 percent safe disposal by mothers who have no education to 38.5 percent of mothers who have secondary or higher education. While no significant disparities are found among the poorest three quintiles of the population, whose proportion of safe disposal does not surpass 5.2 percent, the pattern improves significantly to 18.3 percent for the fourth quintile and drastically to 51.1 percent for the richest quintile. While 18.3 percent of households where the head speaks Lao dispose of stools safely, 7.0 percent of those where the head speaks Khmou, 3.6 percent of those where the head speaks Hmong, and 0.9 percent of those where the head speaks “other” languages do so. Nationally, 63.2 percent of stools are left in the open.

An overview of the percentage of household members using improved sources of drinking water and sanitary means of excreta disposal is presented in Table EN.7. The table indicates that 29.1 percent of households in the Lao PDR are using both improved sources of drinking water and sanitary means for excreta disposal. The figure for the households in the South region is considerably lower than those of other regions at 19.3 percent. While about two out of every three urban households are using improved water sources and sanitary means for excreta disposal, only about one in five households in rural areas with road access and one in10 in rural areas without road access are using them. The use of improved sources and sanitary means are strongly correlated with the education level of household heads and wealth of households, ranging from 17.2 percent use where household heads have no education to 45.3 percent in households where the head has secondary or higher education, and from 5.1 percent of the poorest quintile to 71.5 percent of the richest quintile. The use of improved water sources and sanitary means is lower among households where the head speaks “other” languages, at 11.3 percent, and in Hmong speaking households at 18.3 percent, as compared with the figures for households where Lao or Khmou are spoken (34.8 percent among Lao speaking households, 28.7 percent among Khmou speaking households).

Houses in Poor Condition

Target 11 of the MDGs is on the achievement of significant improvements in the lives of at least 100 million slum dwellers, and the related indicator is the proportion of urban household members living in slum housing. In MICS, three indicators were introduced to measure issues related to houses in poor condition: security of tenure, durability of housing, and proportion living in slum households. An urban household is considered a slum in MICS if it fulfils one of the following conditions: improved drinking water sources are not used, improved sanitation facilities are not used, living area is not sufficient, housing is not durable, or security of tenure is lacking. For MICS in Lao PDR, information on only three of these conditions was collected: living area is not sufficient, improved drinking water source are not secured, and improved sanitation facilities are not used. Therefore, the findings of this survey do not show the proportion of urban household members living in slum households; it shows the proportion of urban household members living in houses in poor condition (not a standard MICS indicator).

Table EN.8 brings together these three components of houses in poor condition (see above). Overall, 45.9 percent of households are considered to be living in houses in poor condition. This coincides with 47.2 percent of household members. 30.6 percent of the households belonging to the richest quintile still live in houses in poor condition.

Photo: Jim Holmes

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CHAPTER 7

Reproductive Health

Antenatal Care

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health. For example, if the antenatal period is used to inform women and families about the danger signs and symptoms and about the risks of labour and delivery, it may provide the route for ensuring that pregnant women do, in practice, deliver with the assistance of a skilled health care provider. The antenatal period also provides an opportunity to supply information on birth spacing, which is recognised as an important factor in improving infant survival. Tetanus immunization during pregnancy can be life-saving for both the mother and infant. The prevention and treatment of malaria among pregnant women, management of anaemia during pregnancy and treatment of sexually transmitted infections (STIs) can significantly improve foetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infections (e.g., malaria and STIs) during pregnancy. More recently, the potential of the antenatal period as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to and use of antenatal services.

WHO recommends a minimum of four antenatal visits based on a review of the effectiveness of different models of antenatal care. WHO guidelines are specific on the content on antenatal care visits, which include:

- Blood pressure measurement
- Urine testing for bateriuria and proteinuria
- Blood testing to detect syphilis and severe anemia
- Weight/height measurement (optional)

In the Lao PDR 39.3 percent of women receive antenatal care at least once during the pregnancy.

The type of personnel providing antenatal care to women aged 15-49 years who gave birth in the two years preceding is presented in Table RH.1. Overall, only 35.1 percent of women nationwide receive antenatal care by skilled personnel (23.3 percent by medical doctor, 9.7 percent by nurse/midwife, and 2.1 percent by auxiliary midwife). 60.7 percent do not receive any antenatal care. In the Central region 44.4 percent of women receive antenatal care by skilled personnel, in the South region the figure is 30.1 percent, while it is 27.9 percent in the North region. 76.2 percent of women in urban areas receive antenatal care by skilled personnel, while 34.0 percent in rural areas with road access and 14.1 percent in rural areas without road access do. Skilled antenatal care coverage is strongly correlated to women's education and wealth. 75.7 percent of women with secondary or higher education receive skilled antenatal care, while only 14.2 percent of those with no education do. 87.6 percent of women in the richest quintile receive skilled antenatal care, compared with 16.3 percent of those in the poorest quintile. Between 35-39 percent of women aged 15-39 years are attended by skilled personnel, while only 14.1 percent of women aged 40-44 years are. While 49.1 percent of women of households where the head speaks Lao receive antenatal care, this figure drops to 31.5 percent of those in households where the head speaks Khmou, to18.0 percent in households where the head

speaks “other” languages, and to 10.3 percent in households where the head speaks Hmong.

The types of services pregnant women receive are shown in Table RH.2. Overall, among pregnant women aged 15-49 years who gave birth in the two years preceding the survey in the Lao PDR, 39.3 percent received at least instance of one antenatal care during pregnancy, 9.3 percent had a blood sample taken, 23.8 percent had blood pressure measured, 11.4 percent had urine specimen taken and 31.8 percent were weighed. While 48.3 percent of pregnant women in the Central region received antenatal care, only 33.9 percent in the South and 32.7 percent in the North region did. In urban areas, 81.1 percent women received antenatal care, whereas only 37.8 percent in rural with road access areas and 18.8 percent in rural areas without road access did. 79.8 percent of women with at least secondary education received antenatal care, but only 42.4 percent of those with primary education and 18.3 percent of those with no education did. While 91.5 percent of women from the richest quintile received antenatal care, only 20.4 percent of those from the poorest quintile did. Access to antenatal care is most common among women of households where the head speaks Lao (at 54.2 percent), less common among those in households where the head speaks Khmou (35.9 percent) and those in households where the head speaks “other” languages (21.0 percent) and least common among those from households where the head speaks Hmong (13.0 percent).

Assistance at Delivery

Three quarters of all maternal deaths occur during delivery and the immediate post-partum period. The single most critical intervention for safe motherhood is to ensure a competent health worker with midwifery skills is present at every birth, and transport is available to a referral facility for obstetric care in case of emergency. A World Fit for Children goal is to ensure that women have ready and affordable access to skilled attendance at delivery. The indicators are the proportion of births with a skilled attendant and proportion of institutional deliveries. The skilled attendant at delivery indicator is also used to track progress toward the Millennium Development Goal target of reducing the maternal mortality ratio by three quarters between 1990 and 2015.

The MICS included a number of questions to assess the proportion of births attended by a skilled attendant. A skilled attendant includes a doctor, nurse, midwife or auxiliary midwife.

About one in every five births that occurred in the year prior to the MICS survey was delivered by skilled personnel (20.3 percent) (Table RH.3). 67.8 percent of deliveries are assisted by skilled personnel in urban areas, while 15.2 percent and 3.0 percent of cases are assisted by skilled personnel in rural areas with road access and rural areas without road access respectively. While only 3.4 percent of mothers who have no education are attended by skilled personnel, 62.8 percent of mothers who have secondary or higher education are attended by skilled personnel. The percentage of delivery assisted by skilled personnel is strongly correlated with the wealth quintiles of mothers as well; ranging from 3.0 percent for mothers of the poorest quintile to 81.2 percent for mother of the richest quintile. While 31.8 percent of women from households where the head speaks Lao give birth with assistance of skilled personnel, only 10.4 percent of those from households where the head speaks Khmou, 7.1 percent of those from households where the head speaks Hmong, and 5.3 percent of those from households where the head speaks “other” languages do so.

17.1 percent of the births in the two years prior to the MICS survey were delivered in health facilities. Compared with the other two regions, in the Central region, it is almost three times more common to have the delivery in a health facility. In urban areas, 61.6 percent of births are delivered in health facilities, while only 11.9 percent are in rural areas with road access and 1.9 percent are in rural areas without road access. The more educated a mother is, the more likely she is to deliver her child at a health facility. While the figure is 72.6 percent for the richest quintile, it is only 2.8 percent for the poorest quintile. While 27.3 percent of women of households where the head speaks Lao give birth in a health facility, only 7.8 percent of those of households where the head speaks Khmou, 5.9 percent of those of households where the head speaks Hmong, and 4.1 percent of those of households where the head speaks “other” languages do.

Only 3.5 percent of the births in the year prior to the MICS survey were delivered with assistance by a nurse or midwife. Doctors assisted 15.4 percent of deliveries and auxiliary midwives assisted 1.4 percent. In the South region, 45.0 percent of births were delivered by traditional birth attendants.

Photo: Jim Holmes

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CHAPTER 8

Child Development

It is well recognised that a period of rapid brain development occurs in the first three to four years of life, and the quality of home care is the major determinant of the child's development during this period. In this context, involvement of adults in children's activities, presence of books in the home, for the child, and the conditions of care are important indicators of quality of home care. A World Fit for Children goal is that "children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn."

Information on a number of activities that support early learning was collected in the survey. These included the involvement of adults with children in the following activities: reading books or looking at picture books, telling stories, singing songs, taking children outside the home, compound or yard, playing with children, and spending time with children naming, counting, or drawing things.

For just one-fourth (25.3 percent) of under-five children, an adult engaged in more than four activities that promote learning and school readiness during the three days preceding the survey (Table CD.1). The average number of activities that adults engaged with children was 2.7. The table also indicates that the father's involvement in such activities was somewhat limited. Fathers' involvement with one or more activities was only 19.8 percent. 6.9 percent of children were living in a household without their natural father.

There are no gender differentials in terms of involvement of adults in children's activities. A larger proportion of adults engage in learning and school readiness activities with children in urban areas (42.7 percent) than in rural areas (23.0 percent in with road-access areas, 19.4 percent in without road access areas). Adult engagement in activities with children is greatest in the South region at 31.9 percent as compared with around 23 percent in other regions. The households belonging to the richest quintile (45.6 percent) are three times more likely to engage in these activities than those belonging to the poorest quintile (14.9 percent). Mothers and fathers with higher education tend to engage themselves in activities with children more commonly than those with less education. While household members are engaged in four or more activities to promote learning and school readiness in 33.1 percent of households where the head speaks Lao, it is done in only 17.2 percent of households where the head speaks Khmou, 17.0 percent of those where the head speaks Hmong, and 15.2 percent of those where the head speaks "other" languages.

Exposure to books in early years not only provides the child with greater understanding of the nature of print, but may also give the child opportunities to see others reading, such as older siblings doing school work. Presence of books is important for later school performance and IQ scores.

In the Lao PDR, only 10.7 percent of children are living in households where at least three non-children's books are present (Table CD.2). Even worse, only 2.5 percent of children aged 0-59 months have three or more children's books. Both the median number of non-children's books and children's books are very low (0.0 and 0.3 books). While no gender differentials are observed, urban children appear to have more access to both types of books than those living in rural households. 22 percent of under-5 children living in urban areas live in households with more than three non-children's books, while the figure is 9.3 percent in rural areas with road access and 6.8 percent in rural areas without road access. The proportion of under-5 children who have three or more children's books is

9.0 percent in urban areas, 1.5 percent in rural areas with road access and 0.8 percent in rural areas without road access. The presence of both non-children's and children's books is positively correlated with the mother's education and the household's wealth status. In 21.4 percent of households where mothers have secondary or higher education, there are three or more non-children's books, while the figure is 6.3 percent for households where mothers have no education. About a quarter (24.0 percent) of households belonging to the richest quintile have three or more non-children books, while only 4.0 percent of those in the poorest quintile do. Similar differences are observed for children's books.

Table CD.2 also shows that 30.0 percent of children aged 0-59 months had three or more playthings to play with in their homes, while 18.9 percent had none of the playthings mentioned in the questions presented to the mothers/caretakers (Table CD.2). The playthings in MICS included household objects, homemade toys, toys that came from a store, and objects and materials found outside the home. Among the lowest four quintile groups, the existence of three or more playing things is positively related to the socioeconomic status of households; however, the richest quintile (22.2 percent) has lower percentage than the second quintile group (29.9 percent). Only 10.9 percent of households in the North region have three or more toys, while 44.8 percent do in the Central region and 31.4 percent do in the South region. 40.7 percent of households where the head speaks Lao have three or more types of playthings, while only 29.3 percent of households where the head speaks "other" languages, 12.2 percent of households where the head speaks Khmou, and 9.6 percent of households where the head speaks Hmong do.

While female children are more likely to play with household objects than male children, male children are more likely to play with toys that came from a store than female children. 60.4 percent of children in the Central region play with toys that came from a store, while only 31.3 percent of those in the South region and 15.7 percent of those in the North region do. The higher the education of mother is the less their children play with household objects or objects and materials found outside the home; the more their children play with toys that came from a store. 64.0 percent of children from the households belong to the richest quintile play with toys that came from a store, while only 21.2 percent of those from the households belonging to the poorest quintile do. While 54.5 percent of children of households where the head speaks Lao play with toys from a store, 27.4 percent of those of households where the head speaks "other" languages, and approximately 15 percent of those from Khmou-speaking and Hmong-speaking households do.

Leaving children alone or in the presence of other young children is known to increase the risk of accidents. In MICS, two questions were asked to find out whether children aged 0-59 months were left alone during the week preceding the interview, and whether children were left in the care of other children under 10 years of age.

Table CD.3 shows that 24.0 percent of children aged 0-59 months were left in the care of other children, while 5.9 percent were left alone during the week preceding the interview. Combining the two care indicators, it is calculated that 25.5 percent of children were left with inadequate care during the week preceding the survey. No differences were observed by the sex of the child. Inadequate care was most prevalent among children whose mothers had no education (29.9 percent), while it was least prevalent among children whose mothers had at least secondary education (14.6 percent). Children aged 24-59 months were left with inadequate care more commonly (32.0 percent) than those who were aged 0-23 months (15.6 percent). Children of both rural areas with road access and without road access areas (27.8 percent and 27.6 percent respectively) were about twice as likely to be left with inadequate care than those of urban areas (14.6 percent). While 33.3 percent of the households belonging to the poorest quintile left their children with inadequate care, the percentage dropped to 27.4 percent for the second quintile, to 24.3 percent for the middle, and 15.5 percent for the fourth quintile households. The figure slightly bounced up again for the richest quintile to 17.0 percent.

Photo: Jim Holmes

CHAPTER 9

Education

Pre-School Attendance and School Readiness

Pre-school education and attendance at an organised learning or child education programme is important for the readiness of children to go to school. One of the World Fit for Children goals is the promotion of early childhood education.

Only 7.4 percent of children aged 36-59 months are attending pre-school (Table ED.1). Urban-rural differentials are significant – the figure is as high as 33.6 percent in urban areas, compared with 2.4 and 2.1 percent in rural with and without road access areas respectively. While 11.5 percent of children in the Central region attend pre-school, 5.1 percent in the North region and 3.3 percent in the South region do. No significant disparities between genders exist, but disparities among wealth quintiles are considerable. 43.7 percent of children living in households belonging to the richest quintile attend pre-school, while the figure drops to 7.9 percent for fourth quintile households and continues to drop to 1.4 percent for households belonging to the poorest quintile. While 35.1 percent of children of mothers who have at least secondary education attend pre-school, only 3.3 percent of those of mothers who have primary education and 1.0 of those of mothers who have no education attend.

The table also shows the proportion of children in the first grade of primary school who attended pre-school the previous year (Table ED.1), an important indicator of school readiness. Overall, 30.9 percent of children who are currently six years old and attending the first grade of primary school were attending pre-school the previous year. Almost two-thirds of children in urban areas (63.1 percent) had attended pre-school the previous year compared with about one-fifth among those living in rural areas with road access (20.2 percent). Regional variations are also very significant; first graders in the South region had attended pre-school about three times as much (45.3 percent) as their counterparts in the North region (16.3 percent). Among children of mothers who have at least secondary education, 54.0 percent of those that are attending first grade have attended preschool. The figure drops to 31.2 percent for children of mothers who have primary education and to 11.6 percent for those whose mothers who have no education. While the figure for the households belonging to the richest quintile is over 70 percent, it drops to about 30 percent for the fourth quintile, and under 20 percent for the rest of quintiles.

Primary and Secondary School Participation

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

The indicators for primary and secondary school attendance include:

- Net intake rate in primary education
- Net primary school attendance rate
- Net secondary school attendance rate

- Net primary school attendance rate of children of secondary school age
- Female to male education ratio (or gender parity index - GPI)

The indicators of school progression include:

- Survival rate to grade five
- Transition rate to secondary school
- Net primary completion rate

Of children who are of primary school entry age (age six) in the Lao PDR, 57.7 percent are attending the first grade of primary school (ED.2).

Table ED.3 provides the percentage of children of primary school age attending primary or secondary school[13]. About four out of five children of primary school age are attending school (79.0 percent). Boys' attendance rate is about four percentage points higher than that of girls at the national level. In urban areas, boys and girls have almost similar attendance rates, but in rural areas without road access boys' attendance rate is more than seven percentage points higher than girls'. Overall, 93.0 percent of children attend school in urban areas, while in rural areas with road access and without road access areas, 79.9 and 65.6 percent attend respectively. Strong positive correlations exist with regard to mother's education and the socioeconomic status of households. While 96.6 percent of children of mothers who have secondary or higher education attend primary school, the figure drops to 86.0 percent for those of mothers who have primary education and further to 65.5 percent for those of mothers who have no education. 98.2 percent of children from households belonging to the richest quintile attend primary school, as compared with only 59.0 percent of those from the poorest quintile. While the net attendance ratio is 88.7 percent for the children of households where the head speaks Lao, it is 79.2 percent for those of households where the head speaks Khmou, 68.6 percent for those of the households where the head speaks Hmong, and 52.4 percent for those of households where the head speaks "other" languages.

The secondary school net attendance ratio is presented in Table ED.4. Only 35.5 percent of secondary school age children attend secondary school nationwide. 29.3 percent of secondary school age children attend primary school in the Lao PDR. The secondary school attendance rate is highest in the Central region at 42.3 percent, as compared with approximately 30 percent in the North and South regions. The percentage of children attending secondary school rises from 20.1 percent at 11 years old to 42.6 percent at14 years old, and then drops to 35.0 percent for 16-year-olds. Very strong positive correlations exist with regards to mother's education and the household's socioeconomic status. While 18.0 percent of children of mothers who have no education attend secondary school, 72.3 percent of those of mothers who have secondary or higher education attend. The figure of 8.1 percent for the poorest quintile children rises along the quintiles, up to 69.9 percent in the richest quintile. 63.8 percent of children in urban areas attend secondary school, while only 29.4 percent of those in rural areas with road access and 16.5 percent in rural areas without road access do. The secondary school net attendance ratio is 45.6 percent for households where the head speaks Lao, 21.8 percent for those where the head speaks Hmong, 20.4 percent for those where the head speaks Khmou, and 10.0 percent for those where the head speaks "other" languages. It is 39.0 percent for male and 31.8 percent for female.

The primary school net attendance ratio of children of secondary school age is presented in Table ED.4W. Three out of 10 (29.3 percent) children of secondary school age are attending primary school when they should be attending secondary school. The remaining 35.2 percent are not attending school at all. They are children out of school since it has already been indicated that 35.5

[13] The percentage for not attending school, especially for ages 17-24 may be slightly higher than the reality. As the code for "higher education" was removed from the Lao PDR MICS questionnaire, all respondents who answered university as their highest level of education were coded similarly to the respondents who answered the highest grade in secondary school as their highest level of education. Together, they are classified as "Secondary +". In this process, some of the respondents attending university might have been omitted from the data. However, the omission may only affect the data slightly as the Population Census 2005 indicates that only 0.7 percent of the population in the age group 15-19 and 6.4 percent of the population in the age group 20-24 complete higher education.

percent of them are attending secondary school. Only 16.5 percent of secondary school age children living in urban areas attend primary school, while only 32.8 percent of those in rural areas with road access and 36.0 percent of those in rural areas without road access do. While only 15.0 percent of secondary school age children of mothers who have at least secondary education still attend primary school, 30.2 percent of children whose mothers who have primary education and 37.6 percent of those whose mothers who have no education do. The percentage of children aged 11 who are still attending primary school is 63.6 percent, but the figure gradually declines with age to 2.7 percent for those aged 16.

The percentage of children in first grade who reach grade five without repeating grades is presented in Table ED.5[14]. Of all children in grade one, about two-thirds of them (65.4 percent) will reach grade five without repeating any grade. This number does not include children that repeat grades and who eventually move up to reach grade 5. Girls are more likely to reach grade 5 without repeating grades than boys by a difference of about 3 percent. Nearly three-quarters (73.9 percent) of children in grade one reach grade five without repetition in urban areas while about two-thirds (66.1 percent) do in rural areas with road access and 56.1 percent do in rural areas without road access. While 58.7 percent of children of mothers who have no education in grade one reach grade five without repeating grades, 69.1 percent of those of mothers who have primary education and 76.7 percent of those of mothers who have secondary education do. Children of households belonging to the poorest quintile are least likely to reach grade five at 56.4 percent while children of the households belonging to the richest quintile are most likely at 78.6 percent.

The net primary school completion rate and transition rate to secondary education are presented in Table ED.6. At the time of the survey, 26.7 percent of the children of primary completion age (11 years) were attending the last grade of primary education. This value should be distinguished from the gross primary completion ratio which includes children of any age attending the last grade of primary. Girls' completion rate is about seven percentage points higher than that of boys'. While the figure is 52.3 percent in urban areas, it is 22.1 percent in rural areas with road access and 9.4 percent in rural areas without road access. The completion rate is lowest in the North region at 17.6 percent, when compared with 33.9 percent in the Central region and 26.1 percent in the South region. Mother's education is strongly correlated to the completion rate, as while 6.7 percent of children whose mothers have no education complete primary school, 58.0 percent of those whose mothers have secondary or higher education do. While only one in 20 children of households belonging to the poorest quintile completes primary school, two out of three children of the richest quintile do. The completion rate is highest among households where the head speaks Lao at 39.6 percent, as compared with 7.1 percent of those where the head speaks Khmou, 6.9 percent of those where the head speaks Hmong, and 4.8 percent of those where the head speaks "other" languages.

88.2 percent of the children that successfully completed the last grade of primary school were found at the time of the survey to be attending the first grade of secondary school.

The ratio of girls to boys attending primary and secondary education is provided in Table ED.7. These ratios are better known as the Gender Parity Index (GPI). Notice that the ratios included here are obtained from net attendance ratios rather than gross attendance ratios. The latter ratios provide an erroneous description of the GPI mainly because in most of the cases the majority of over-aged children attending primary education tend to be boys. The table shows that gender parity for primary school is 0.95. The indicator drops to 0.81 for secondary education. The disadvantage of girls is particularly pronounced in the North region, as well as among children from the poorest households, of mothers who have no education, rural areas, and of households where the head speaks Khmou or Hmong. The school attendance of girls is more affected by the level of mother's education and the wealth of household than that of boys. The location of households (urban, rural areas with road access, or rural areas without road access) also has greater implications for girls than for boys.

14 This is different from the standard MICS indicator of the net primary school completion rate (MICS Indicator 57)

Adult Literacy

One of the World Fit for Children goals is to assure adult literacy. Adult literacy is also an MDG indicator, relating to both men and women. In MICS, since only a women's questionnaire was administered, the results are based only on females aged 15-24. Literacy was assessed on the ability of women to read a short simple statement or on school attendance. The percentage of literate women is presented in Table ED.8. Overall, about two out of three (67.3 percent) females are literate in the Lao PDR. The percentage is highest in the Central region at 76.2 percent and lowest in the North region at 57.3 percent. 93.1 percent are literate in urban areas, while about 61.7 percent are in rural areas with road access and 40.8 percent are in rural areas without road access. While 100 percent of females aged 15-24 with at least secondary education are automatically assumed to be literate in the questionnaire, only 65.1 percent of those with primary education and 0.3 percent of those with no education are literate. The literacy rate is positively correlated to the socioeconomic status of these females, ranging from 95.7 percent of the richest quintile females to 24.2 percent of the poorest quintile females. While 81.5 percent of females of households where the head speaks Lao are literate, only 48.3 percent of those from households where the head speaks Khmou are and this drops to 31.7 percent of those from households where the head speaks "other" languages, and 30.3 percent of those from households where the head speaks Hmong.

Photo: Jim Holmes

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CHAPTER 10

Child Protection

Birth Registration

The Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. The World Fit for Children states the goal to develop systems to ensure the registration of every child at or shortly after birth, and fulfil his or her right to acquire a name and a nationality, in accordance with national laws and relevant international instruments. The indicator is the percentage of children under five whose birth is registered.

The births of 71.5 percent of children under five years in the Lao PDR have been registered (Table CP.1)[15]. There are no significant variations in birth registration between boys and girls. Children in the North are least likely to have their births registered at 59.0 percent, as compared with those in the South region at 83.7 percent and those in the Central region at 74.7 percent. The registration rate gradually rises along the age of children, from 61.0 percent of those aged 0-11 months old to 72.5 percent of those 12-23 months old and almost stays the same after, reaching 75.4 percent of those aged 48-59 months. Mother's education and the socioeconomic status of the household are positively correlated to the registration rate. While 62.9 percent of children of mothers who have no education are registered, the figure rises to 84.3 percent for those of mothers who have at least secondary education. The registration rate is 62.0 percent for children belonging to the poorest quintile, which rises to 84.7 percent for those of the richest quintile.

Child Labour

Article 32 of the Convention on the Rights of the Child states: "States Parties recognise the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development..." The World Fit for Children mentions nine strategies to combat child labour and the MDGs call for the protection of children against exploitation. In the MICS questionnaire, a number of questions addressed the issue of child labour, that is, children 5-14 years of age involved in labour activities. A child is considered to be involved in child labour activities at the moment of the survey if during the week preceding the survey:

- At age 5-11 they engaged in at least one hour of economic work or 28 hours of domestic work per week.
- At age 12-14 they engaged in at least 14 hours of economic work or 28 hours of domestic work per week.

This definition allows differentiation between child labour and child work to identify the type of work that should be eliminated. As such, the estimate provided here is a minimum of the prevalence of

[15] Although further analysis and more data are needed to draw any conclusions, a possible explanation for the significant increase in birth registration since the previous MICS may be that the Government has strengthened the birth registration process and system throughout the country through the conduct of the Population Census in 2005.

child labour since some children may be involved in hazardous labour activities for a number of hours that could be less than the numbers specified in the criteria explained above. Table CP.2 presents the results of child labour by the type of work.

Percentages do not add up to the total child labour as children may be involved in more than one type of work. Overall, 11.3 percent of children aged 5-14 years are involved in child labour in the Lao PDR. The figures are 10.2 percent for boys and 12.5 percent for girls. Child labour is most common in the North region at 15.1 percent. The rate is lowest in urban areas at 7.6 percent. Mother's education and the socioeconomic status of households are negatively correlated to the prevalence of child labour. While12.2 percent of children of mothers who have no education are engaged in child labour, the prevalence declines to 8.8 percent for those of mothers who have at least secondary education. While 13.1 percent of children in the households belonging to the poorest quintile are engaged in child labour, the figure drops to 6.6 percent for those belonging to the richest quintile.

Table CP.3 presents the percentage of children classified as student labourers or as labourer students. Student labourers are the children attending school that were involved in child labour activities at the moment of the surveys. More specifically, of the 68.1 percent of the children 5-14 years of age attending school, 12.0 percent are also involved in child labour activities. On the other hand, out of the 11.3 percent of the children classified as child labourers, 72.2 percent are also attending school. Children of rural areas, of mothers who have no education, or of poorest quintiles tend to be involved in child labour more commonly than those of urban areas, mothers who have higher education, or higher index quintiles.

Child Discipline

As stated in A World Fit for Children, "children must be protected against any acts of violence …" and the Millennium Declaration calls for the protection of children against abuse, exploitation and violence. In the Lao PDR MICS survey, mothers/caretakers of children age 2-14 years were asked a series of questions on the ways parents tend to discipline their children when they misbehave. Note that for the child discipline module, one child aged 2-14 per household was selected randomly during fieldwork. Out of these questions, the two indicators used to describe aspects of child discipline are: 1) the number of children 2-14 years that experience psychological aggression as punishment or minor physical punishment or severe physical punishment; and 2) the number of parents/caretakers of children 2-14 years of age that believe that in order to raise their children properly, they need to physically punish them.

In the Lao PDR, 71.2 percent of children aged 2-14 years are subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members (Table CP.4). More importantly, 7.5 percent of children are subjected to severe physical punishment. 18.4 percent of mothers/caretakers believe that children should be physically punished.

Male children are subjected more to minor physical discipline (47.0) than female children (39.8). Even though children of the North region are least likely to receive minor physical punishment at 41 percent, they are most likely to receive severe physical punishment at 8.8 percent. Urban children are most likely to be disciplined only by non-violent ways and least likely to receive psychological or physical punishment. Children from rural areas without road access are least likely to be disciplined only by non-violent ways and most likely to receive psychological or physical punishment. Children of mothers who have higher education and of richer households are more likely to receive only non-violent discipline and less likely to receive psychological and physical punishment than those of mothers who have less education and of poorer households.

Domestic Violence

A number of questions were asked of women aged 15-49 years to assess their attitudes on whether husbands are justified in hitting or beating their wives/partners for a variety of reasons. These questions were asked to gain an indication of cultural beliefs that tend to be associated with the prevalence of violence against women by their husbands/partners. The main assumption here is that

women who agree with the statements indicating that husbands/partners are justified in beating their wives/partners under the situations described, in reality, tend to be abused by their own husbands/partners. The responses to these questions can be found in Table CP.5. Nationally, 81.2 percent of women believe that a husband is justified in beating his wife/partner for one of following reasons: 1) when she goes out without telling him, 2) when she neglects the children, 3) when she argues with him, 4) when she refuses sex with him, or 5) when she burns the food. Compared with other regions, a greater proportion of women from the South region (85.2 percent) believe that a husband beating his wife/partner for one of these reasons is justified. 84.3 percent of women from rural areas with road access and 82.7 percent of those from rural areas without road access also believe these reasons provide justification for beating and 75.0 percent of those from urban areas agree with them. 81.9 percent of women with no education and 84.7 percent of women with primary education believe that beatings are justifiable, whereas among those with at least secondary education 75.8 percent believe so. Between 82.7 percent and 84.1 percent of women of the poorest four quintile groups believe that these reasons justify beatings, while 74.7 percent of women of the richest quintile group believe so. Nationally, about two-thirds of women believe that a husband's violence is justified when his wife/partner neglects the children.

Child Disability

One of the World Fit for Children goals is to protect children against abuse, exploitation, and violence, including the elimination of discrimination against children with disabilities. For children age 2-9 years, a series of questions were asked to assess a number of disabilities/impairments, such as sight impairment, deafness, and difficulties with speech. This approach rests in the concept of functional disability developed by WHO and aims to identify the implications of any impairment or disability for the development of the child (e.g. health, nutrition, education ,etc.). Table CP.6 presents the results of these questions. In the Lao PDR, 8.2 percent of children aged 2-9 years have at least one reported disability. Disability is most common among children of the North region at 9.5 percent. Prevalence of children with disabilities is 6.5 percent in urban areas, whereas in rural with road areas the rate is 8.4 percent and in rural without road areas it is 9.1 percent. It is highest among children of mothers who have no education at 9.1 percent and lowest among those of mothers who have secondary or higher education at 5.2 percent. While 9.8 percent of children of households belonging to the poorest quintile have at least one disability, 5.9 percent of those of the richest quintile do. Children of households where the head speaks Khmou have the highest disability rate at 11.5 percent. 3.0 percent of children aged 2-9 are not learning to do things like other children his/her age.

Photo: Jacky Knowles

CHAPTER 11

HIV/AIDS and Orphaned and Vulnerable Children

HIV Counselling and Testing

The UN General Assembly Special Session on HIV/AIDS (UNGASS) called on governments to improve the knowledge and skills of young people to protect themselves from HIV. The indicators to measure this goal, as well as the MDG of reducing HIV infections by half include improving the level of knowledge of HIV and its prevention, and changing behaviours to prevent further spread of the disease. The partial HIV module was administered to women 15-49 years of age.

Among women who had given birth within the two years preceding the survey, the percentage who received counselling and HIV testing during antenatal care is presented in Table HA.1. Overall, only 7.6 percent of mothers were offered HIV counselling, and 1.5 percent were tested for HIV at antenatal care visits. Figures remain very low across all categories at one-digit for HIV Testing. Women in urban areas are most likely to receive HIV counselling at 21.7 percent. While 18.6 percent of women who have at least secondary education receive HIV counselling, 8.9 percent of those who have primary education and 1.3 percent of those who have no education do. Women in the richest (22.3 percent) and fourth (16.0 percent) quintiles are more likely to receive HIV counselling than those of the other quintiles.

Orphans and Vulnerable Children

As the HIV epidemic progresses, more and more children are becoming orphaned and vulnerable because of AIDS. Children who are orphaned or in vulnerable households may be at increased risk of neglect or exploitation if the parents are not available to assist them. Monitoring the variations in different outcomes for orphans and vulnerable children and comparing them to their peers gives us a measure of how well communities and governments are responding to their needs.

To monitor these variations, a measurable definition of orphaned and vulnerable children needed to be created. The UNAIDS Monitoring and Evaluation Reference Group developed proxy definition of children who have been affected by adult morbidity and mortality. This should capture many of the children affected by AIDS in countries where a significant proportion of the adults are HIV infected. This definition classifies children as orphaned and vulnerable if they have experienced the death of either parent, if either parent is chronically ill, or if an adult (aged 18-59) in the household either died (after being chronically ill) or was chronically ill in the year prior to the survey.

The frequency of children living with neither parent, mother only, and father only is presented in Table HA.2. In the Lao PDR, 87.9 percent of children aged 0-17 years are living with both parents. 6.6 percent of children have lost one or more parents. The figures are similar across all categories, except for those aged 15-17 years, 76.3 percent of whom live with both parents, and 15.6 percent of whom have lost one or more parents.

One of the measures developed for the assessment of the status of orphaned and vulnerable children relative to their peers looks at the school attendance of children 10-14 for children who have lost both parents (double orphans) versus children whose parents are alive (and who live with at least

one of these parents). If children whose parents have died do not have the same access to school as their peers, then families and schools are not ensuring that these children's rights are being met.

In the Lao PDR, 0.7 percent of children aged 10-14 have lost both parents (Table HA.3). Although the sample size of children that have lost both parents was very small in the survey, the survey indicates that 70.1 per cent of them are currently attending school. Among the children ages 10-14 who have not lost a parent and who live with at least one parent, 81.3 percent are attending school.

List of References

Boerma, J. T., Weinstein, K. I., Rutstein, S.O., and Sommerfelt, A. E. , 1996. Data on Birth Weight in Developing Countries: Can Surveys Help? *Bulletin of the World Health Organization*, 74(2), 209-16.

Blanc, A. and Wardlaw, T. 2005. "Monitoring Low Birth Weight: An Evaluation of International Estimates and an Updated Estimation Procedure". *WHO Bulletin*, 83 (3), 178-185.

Rutstein, S.O. and Johnson, K., 2004. *The DHS Wealth Index*. DHS Comparative Reports No. 6. Calverton, Maryland: ORC Macro.

Government of Lao People's Democratic Republic (Steering Committee for Census of Population and Housing), 2006. *Results from the Population and Housing Census 2005*, Vientiane.

UNICEF, 2006. *Monitoring the Situation of Children and Women. Multiple Indicator Cluster Survey Manual*, New York.

www.Childinfo.org.

Tables

Table HH.1: Results of household and individual interviews

Numbers of households, women and children under 5 by results of the household, women's and under-five's interviews, and household, women's and under-five's response rates, Lao PDR, 2006

Background characteristics	Area			Region			Total
	Urban	Rural with road	Rural without road	North	Centre	South	Urban
Sampled households	1480	3420	1095	1995	2000	2000	5995
Occupied households	1480	3416	1095	1995	1996	2000	5991
Interviewed households	1427	3380	1087	1979	1926	1989	5894
Household response rate	**96.4**	**98.9**	**99.3**	**99.2**	**96.5**	**99.5**	**98.4**
Eligible women	2010	4280	1413	2644	2528	2531	7703
Interviewed women	1921	4104	1362	2538	2413	2436	7387
Women response rate	**95.6**	**95.9**	**96.4**	**96.0**	**95.5**	**96.2**	**95.9**
Women's overall response rate	**92.1**	**94.9**	**95.7**	**95.2**	**92.1**	**95.7**	**94.3**
Eligible children under 5	633	2538	1033	1468	1134	1602	4204
Mother/Caretaker Interviewed	616	2502	1018	1430	1116	1590	4136
Child response rate	**97.3**	**98.6**	**98.5**	**97.4**	**98.4**	**99.3**	**98.4**
Children's overall response rate	**93.8**	**97.5**	**97.8**	**96.6**	**95.0**	**98.7**	**96.8**

Table HH.2: Household age distribution by sex

Percent distribution of the household population by five-year age groups and dependency age groups, and number of children aged 0-17 years, by sex, Lao PDR, 2006

		Sex				Total	
		Male		Female		Number	Percent
		Number	Percent	Number	Percent	Number	Percent
Age	0-4	2064	12.5	1966	11.8	4030	12.2
	5-9	2399	14.6	2296	13.8	4695	14.2
	10-14	2323	14.1	2399	14.4	4722	14.3
	15-19	1865	11.3	1655	10.0	3520	10.6
	20-24	1187	7.2	1314	7.9	2501	7.6
	25-29	1053	6.4	1158	7.0	2210	6.7
	30-34	972	5.9	1141	6.9	2113	6.4
	35-39	1013	6.2	1009	6.1	2022	6.1
	40-44	853	5.2	830	5.0	1683	5.1
	45-49	764	4.6	642	3.9	1406	4.2
	50-54	605	3.7	793	4.8	1398	4.2
	55-59	415	2.5	405	2.4	820	2.5
	60-64	317	1.9	345	2.1	662	2.0
	65-69	241	1.5	242	1.5	483	1.5
	70+	385	2.3	416	2.5	800	2.4
	Missing/DK	12	(*)	23	(*)	35	(0.1)
Dependency age groups	<15	6786	41.2	6661	40.0	13447	40.6
	15-64	9044	54.9	9291	55.9	18335	55.4
	65+	625	3.8	658	4.0	1283	3.9
	Missing/DK	12	(*)	23	(*)	35	(0.1)
Age	Children aged 0-17	8037	48.8	7708	46.3	15746	47.6
	Adults 18+/Missing/DK	8429	51.2	8925	53.7	17354	52.4
Total		**16467**	**100.0**	**16633**	**100.0**	**33100**	**100.0**

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.
Note: DK= Doesn't know

Table HH.3: Household composition

Percent distribution of households by selected characteristics, Lao PDR, 2006

		Weighted percent	Number of households weighted	Number of households unweighted
Sex of household head	Male	89.9	5297	5322
	Female	10.1	597	572
Region	North	31.2	1842	1979
	Centre	48.9	2881	1926
	South	19.9	1172	1989
Area	Urban	28.0	1653	1427
	Rural with road	51.5	3036	3380
	Rural without road	20.4	1205	1087
Number of household members	1	(0.9)	51	42
	2-3	15.1	893	854
	4-5	37.8	2231	2182
	6-7	27.9	1644	1685
	8-9	12.1	713	750
	10+	6.2	363	381
Mother tongue of head	Lao	67.6	3986	3839
	Khmou	11.4	673	702
	Hmong	8.9	526	494
	Other Language	12.0	708	857
	Missing	(*)	2	2
Total		**100.0**	**5894**	**5894**

At least one child aged < 18 years	90.6	5894	5894
At least one child aged < 5 years	48.3	5894	5894
At least one woman aged 15-49 years	91.8	5894	5894

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.
Figures in parenthesis are based on 25-49 unweighted cases.

Table HH.4: Women's background characteristics

Percent distribution of women aged 15-49 years by background characteristics, Lao PDR, 2006

		Weighted percent	Number of women weighted	Number of women unweighted
Region	North	31.8	2347	2538
	Centre	49.0	3622	2413
	South	19.2	1418	2436
Area	Urban	30.2	2231	1921
	Rural with road	49.5	3653	4104
	Rural without road	20.3	1503	1362
Age	15-19	20.8	1539	1546
	20-24	16.7	1235	1231
	25-29	15.0	1112	1116
	30-34	14.9	1104	1096
	35-39	13.2	974	982
	40-44	10.9	805	806
	45-49	8.4	618	610
Education	None	26.1	1929	1996
	Primary	41.8	3090	3261
	Secondary +	30.9	2286	2054
	Non-standard curriculum	1.1	82	76
Wealth index quintiles	Poorest	17.6	1299	1380
	Second	17.5	1290	1367
	Middle	18.6	1375	1526
	Fourth	21.1	1558	1598
	Richest	25.3	1865	1516
Mother tongue of head	Lao	68.1	5033	4818
	Khmou	11.8	873	914
	Hmong	8.1	598	570
	Other Language	11.9	880	1083
	Missing	(*)	2	2
Total		**100.0**	**7387**	**7387**

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Table HH.5: Children's background characteristics

Percent distribution of children under five years of age by background characteristics, Lao PDR, 2006

		Weighted percent	Number of under-5 children weighted	Number of under-5 children unweighted
Sex	Male	51.0	2109	2119
	Female	49.0	2027	2017
Region	North	34.2	1413	1430
	Centre	42.3	1749	1116
	South	23.6	975	1590
Area	Urban	16.8	694	616
	Rural with road	54.3	2247	2502
	Rural without road	28.9	1195	1018
Age	< 6 months	10.9	451	445
	6-11 months	8.5	353	362
	12-23 months	20.0	828	839
	24-35 months	20.5	847	828
	36-47 months	22.7	937	938
	48-59 months	17.4	720	724
Mother's education	None	39.9	1649	1627
	Primary	42.3	1749	1838
	Secondary	16.4	677	622
	Non-standard curriculum	(1.5)	61	49
Wealth index quintiles	Poorest	29.8	1234	1238
	Second	23.8	984	1004
	Middle	19.1	789	855
	Fourth	15.2	629	633
	Richest	12.1	501	406
Mother tongue of head	Lao	53.2	2200	2143
	Khamu	13.6	562	548
	Hmong	15.3	631	570
	Other Language	17.9	740	873
	Missing	(*)	3	2
Total		100.0	4136	4136

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.
Figures in parenthesis are based on 25-49 unweighted cases.

Table NU.1: Child malnourishment

Percentage of children aged 0-59 months who are severely or moderately malnourished, Lao PDR, 2006 (NCHS/WHO Reference Population)

	Weight for age		Height for age		Weight for height			Number of children aged 0-59 months
	% below - 2 SD*	% below - 3 SD*	% below - 2 SD**	% below - 3 SD**	% below - 2 SD***	% below - 3 SD***	% above + 2 SD	
Sex								
Male	36.6	8.7	40.4	15.4	7.0	0.6	0.7	2,019
Female	37.6	9.3	40.5	16.2	5.8	0.5	0.8	1,921
Region								
North	33.5	7.1	43.1	18.0	3.9	0.5	1.1	1,348
Centre	32.9	7.1	34.9	11.9	6.4	0.7	0.8	1,643
South	49.5	14.8	46.2	19.3	10.1	0.4	0.3	949
Residence								
Urban	25.7	4.0	25.7	6.9	6.0	1.4	1.1	635
Rural with road	37.8	8.9	42.0	16.4	6.3	0.4	0.9	2,161
Rural without road	42.0	11.9	45.7	19.6	7.0	0.4	0.5	1,145
Age								
< 6 months	2.7	0.6	9.2	1.9	3.2	0.3	3.5	403
6-11 months	23.1	6.2	24.2	6.2	5.1	-	2.0	344
12-23 months	45.7	12.5	43.8	15.3	13.0	0.6	0.5	796
24-35 months	45.1	12.1	42.0	16.7	7.7	1.1	0.3	814
36-47 months	41.8	9.0	47.7	21.7	3.2	0.5	0.4	898
48-59 months	38.7	7.4	51.6	20.5	4.4	0.4	0.1	686
Mother's education								
None	42.2	11.5	48.4	23.1	5.8	0.5	0.6	1,577
Primary	37.2	8.9	38.3	13.1	7.3	0.3	0.7	1,675
Secondary	25.0	3.4	24.5	4.9	6.2	1.3	1.6	630
Non-standard curriculum	25.6	4.2	56.7	11.9	2.4	0.0	0.0	59
Wealth index quintiles								
Poorest	43.9	12.6	52.6	25.0	5.7	0.4	0.9	1,183
Second	38.0	9.8	44.1	17.0	6.2	0.3	0.4	940
Middle	39.9	8.0	37.4	13.8	8.0	0.7	0.4	771
Fourth	32.7	5.8	32.2	7.5	6.5	0.4	1.0	605
Richest	18.2	3.4	16.8	3.4	6.2	1.5	1.4	442
Ethnicity/Language/Religion								
Lao	33.8	7.3	31.9	10.4	7.4	0.7	0.6	2,096
Kammu	37.3	8.8	48.5	19.7	3.2	0.5	0.9	535
Hmong	28.2	4.1	47.2	18.5	2.3	0.2	2.2	604
Other Language	54.3	18.3	53.8	26.5	9.7	0.5	0.1	702
Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	3
Total	**37.1**	**9.0**	**40.4**	**15.8**	**6.5**	**0.5**	**0.8**	**3,941**

* MICS indicator 6; MDG indicator 4

** MICS indicator 7

*** MICS indicator 8

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Table

Table NU.2: Initial breastfeeding

Percentage of women aged 15-49 years with a birth in the 2 years preceding the survey who breast-fed their baby within one hour of birth and within one day of birth, Lao PDR, 2006

		Percentage who started breastfeeding within one hour of birth*	Percentage who started breastfeeding within one day of birth	Number of women with live birth in the two years preceding the survey
Region	North	33.9	64.1	542
	Centre	33.5	52.8	625
	South	17.5	45.9	366
Area	Urban	52.8	73.4	250
	Rural with road	27.2	55.1	840
	Rural without road	21.8	44.9	442
Months since last birth	< 6 months	29.3	50.7	438
	6-11 months	30.7	55.2	349
	12-23 months	29.7	57.8	745
Education	None	24.4	51.5	593
	Primary	25.4	50.1	654
	Secondary +	51.3	74.2	266
	Non-standard curriculum	(*)	(*)	19
Wealth index quintiles	Poorest	21.7	54.1	485
	Second	25.4	48.4	370
	Middle	29.5	50.1	279
	Fourth	32.7	54.3	205
	Richest	56.2	79.0	193
Mother tongue of head	Lao	32.6	55.1	807
	Khmou	31.4	63.1	216
	Hmong	31.0	59.1	236
	Other Language	19.4	45.7	273

* MICS indicator 45

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Table NU.3: Breastfeeding

Percent of living children according to breastfeeding status at each age group, Lao PDR, 2006

		Children 0-3 months		Children 0-5 months		Children 6-9 months		Children 12-15 months		Children 20-23 months	
		Percent exclusively breastfed	Number of children	Percent exclusively breastfed *	Number of children	Percent receiving breastmilk and soft/mushy or semi solid or solid food	Number of children	Percent breastfed**	Number of children	Percent breastfed **	Number of children
Sex	Male	36.4	148	26.9	222	70.6	135	81.9	164	44.9	130
	Female	29.8	144	26.0	229	69.8	110	81.4	152	51.9	129
Region	North	51.7	107	43.6	166	67.4	92	84.7	113	57.4	79
	Centre	28.8	126	21.9	185	70.9	90	74.3	125	39.7	112
	South	8.9	59	6.4	100	73.5	62	89.0	79	52.2	69
Area	Urban	(27.8)	55	20.1	76	(63.0)	40	(62.5)	53	(22.8)	40
	Rural with road	36.4	140	29.1	222	72.5	133	84.8	184	50.9	154
	Rural without road	31.5	98	25.7	153	70.1	71	87.1	80	58.2	65
Mother's education	None	34.8	108	29.7	175	76.7	99	84.2	134	65.4	95
	Primary	31.0	117	23.6	179	66.5	97	87.6	126	43.2	120
	Secondary	34.1	64	25.7	93	(62.1)	46	60.3	51	(18.7)	41
	Non-standard curriculum	(*)	(*)	(*)	3	(*)	3	(*)	6	(*)	4
Wealth index quintiles	Poorest	37.4	86	30.5	136	67.0	84	84.8	106	62.0	73
	Second	35.1	73	29.6	112	75.9	53	89.4	73	55.0	64
	Middle	(31.2)	38	22.0	73	(75.6)	43	88.1	61	55.3	60
	Fourth	(20.3)	38	16.7	55	(71.8)	40	79.7	43	(22.1)	26
	Richest	34.2	56	25.8	75	(*)	24	(45.4)	33	(17.7)	37
Mother tongue of head	Lao	25.0	147	18.1	222	74.8	122	75.9	170	39.3	151
	Khmou	(56.5)	40	46.8	56	(70.8)	44	(88.7)	41	(69.7)	26
	Hmong	(61.1)	51	57.0	80	(48.3)	38	(81.8)	47	(55.7)	44
	Other Language	12.2	55	7.3	92	(76.6)	41	93.4	58	61.4	39
Total		**33.1**	**292**	**26.4**	**451**	**70.3**	**245**	**81.7**	**317**	**48.4**	**260**

* MICS indicator 15,

** MICS indicator 16

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Figures in parenthesis are based on 25-49 unweighted cases.

Table NU.3w: Infant feeding patterns by age

Percent distribution of children aged under 3 years by feeding pattern by age group, Lao PDR, 2006

		Infant feeding pattern						Total	Number of children
		Exclusively breastfed	Breastfed and plain water only	Breastfed and non-milk liquids	Breastfed and other milk/ formula	Breastfed and complementary foods	Weaned (not breastfed)		
Age	0-1	40.2	20.0	.0	7.7	28.8	3.2	100.0	133
	2-3	27.2	25.2	2.0	8.6	32.4	4.6	100.0	159
	4-5	14.1	19.4	.6	5.7	53.6	6.6	100.0	159
	6-7	9.8	19.4	.5	3.1	60.3	7.0	100.0	118
	8-9	.8	8.6	1.4	1.7	79.4	8.0	100.0	127
	10-11	.0	2.2	1.3	1.0	87.4	8.0	100.0	109
	12-13	.6	3.6	.0	1.3	77.9	16.5	100.0	177
	14-15	.7	3.2	.0	.6	74.9	20.6	100.0	140
	16-17	.0	1.8	.0	.0	70.4	27.8	100.0	133
	18-19	.0	.0	.8	.0	56.3	42.9	100.0	119
	20-21	.0	.8	.0	.0	50.5	48.7	100.0	142
	22-23	.0	.0	.0	.5	44.4	55.1	100.0	118
	24-25	.0	.6	.0	.0	35.3	64.1	100.0	183
	26-27	.0	.7	.0	.0	34.3	64.9	100.0	148
	28-29	.0	.0	.0	.0	24.1	75.9	100.0	127
	30-31	.0	.0	.0	.0	19.6	80.4	100.0	122
	32-33	.0	.8	.0	.0	15.3	83.9	100.0	133
	34-35	.0	.0	.0	.0	12.2	87.8	100.0	134
Total		**5.4**	**6.1**	**.4**	**1.8**	**47.4**	**39.0**	**100.0**	**2479**

* MICS indicator 45

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Table

Table NU.4: Adequately fed infants

Percentage of infants under 6 months of age exclusively breastfed, percentage of infants 6-11 months who are breastfed and who ate solid/semi-solid food at least the minimum recommended number of times yesterday and percentage of infants adequately fed, Lao PDR, 2006

		0-5 months exclusively breastfed	6-8 months who received breastmilk and complementary food at least 2 times in prior 24 hours	9-11 months who received breastmilk and complementary food at least 3 times in prior 24 hours	6-11 months who received breastmilk and complementary food at least the minimum recommended number of times per day*	0-11 months who were appropriately fed**	Number of infants aged 0-11 months
Sex	Male	26.9	34.2	57.7	45.3	35.4	412
	Female	26.0	35.3	51.9	43.7	33.3	392
Region	North	43.6	27.1	50.0	37.9	41.1	296
	Centre	21.9	33.9	48.3	41.6	30.2	320
	South	6.4	46.2	74.9	58.8	31.0	188
Area	Urban	20.1	18.5	46.4	31.0	24.8	133
	Rural with road	29.1	41.2	58.1	49.2	38.3	409
	Rural without road	25.7	32.1	53.7	43.7	33.1	261
Mother's education	None	29.7	38.7	53.3	46.2	37.1	320
	Primary	23.6	36.6	61.6	48.7	34.7	321
	Secondary	25.7	20.7	39.5	28.7	26.9	157
	Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	6
Wealth index quintiles	Poorest	30.5	27.8	50.7	39.2	34.5	253
	Second	29.6	47.0	54.6	51.2	38.7	194
	Middle	22.0	42.7	66.0	53.8	36.7	136
	Fourth	16.7	39.9	69.2	50.6	33.6	110
	Richest	25.8	6.3	35.3	21.2	24.3	110
Mother tongue of head	Lao	18.1	36.9	58.1	47.7	31.2	398
	Khmou	46.8	20.3	43.2	32.8	39.3	120
	Hmong	57.0	26.5	58.6	39.5	49.9	136
	Other Language	7.3	50.0	56.5	52.9	25.0	150
Total		**26.4**	**34.7**	**54.9**	**44.5**	**34.4**	**804**

* MICS indicator 18

** MICS indicator 19

In the Lao PDR MICS, some types of semi-solid (mushy) food was not categorized under the semi-solid food as they should be, and instead categorized together with “any other liquid” as inadequate food ; therefore, some children who are fed with breast milk and the types of semi-solid (mush) food that are not categorized correctly as adequate food were not counted towards those adequately-fed. This means the prevalence of children aged 6-11 months fed with complementary food found in the above Table NU.4 do not include all infants fed adequately with complementary foods and is an underestimation of the prevalence of adequately-fed infants. This occurred due to the difficulties in precisely translating the difference between other liquid and mushy food (some mushy food were considered liquid as opposed to solid).

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Table NU.5: Iodized salt consumption

Percentage of households consuming adequately iodized salt, Lao PDR, 2006

		Percent of households in which salt was tested	Number of households interviewed	Percent of households with salt test result			Total	Number of households in which salt was tested or with no salt
				Percent of households with no salt	No colour	Colour*		
Region	North	99,6	1842	0,2	15,6	84,2	100,0	1838
	Centre	99,2	2881	0,5	18,3	81,2	100,0	2872
	South	99,7	1172	0,3	10,0	89,7	100,0	1170
Area	Urban	99,1	1653	0,7	8,5	90,8	100,0	1649
	Rural with road	99,5	3036	0,2	17,3	82,5	100,0	3028
	Rural without road	99,6	1205	0,2	22,2	77,6	100,0	1203
Wealth index quintiles	Poorest	99,5	1127	0,5	15,5	84,0	100,0	1127
	Second	99,4	1080	0,2	23,1	76,8	100,0	1075
	Middle	99,8	1143	0,2	21,4	78,4	100,0	1143
	Fourth	99,2	1252	0,4	14,6	85,0	100,0	1247
	Richest	99,3	1292	0,5	6,3	93,2	100,0	1289
Mother tongue of head	Lao	99,4	3986	0,4	14,7	84,9	100,0	3979
	Khmou	99,7	673	0,0	9,9	90,1	100,0	671
	Hmong	99,1	526	0,6	30,1	69,3	100,0	524
	Other Language	99,3	708	0,3	17,1	82,6	100,0	704
	Missing	(*)	2	(*)	(*)	(*)	(*)	2
Total		**99,4**	**5894**	**,4**	**15,8**	**83,8**	**100,0**	**5880**

**The Lao PDR MICS only tested the presence/absence of iodine in salt using a field rapid test kit. This was due to the field test kit not being able to measure the ppm level precisely. Some of the salt samples collected for MICS were further tested in a laboratory for ppm measurements, and these results are found in the National Nutrition Survey Report.*

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supresse

Table NU.6: Children's vitamin A supplementation

Percent distribution of children aged 6-59 months by whether they received a high dose Vitamin A supplement in the last 6 months, Lao PDR, 2006

		Percent of children who received Vitamin A:					Total	
		Within last 6 months*	Prior to last 6 months	Not sure when	Not sure if received	Never received Vitamin A	Total	Number of children aged 6-59 months
Sex	Male	18.4	10.9	10.6	1.3	58.8	100.0	1888
	Female	17.8	10.4	11.5	1.8	58.5	100.0	1798
Region	North	16.5	11.0	5.0	1.3	66.2	100.0	1246
	Centre	16.1	9.0	14.1	2.4	58.4	100.0	1564
	South	24.1	13.1	14.1	.4	48.3	100.0	875
Area	Urban	17.6	13.5	14.0	.8	54.1	100.0	619
	Rural with road	20.3	10.2	11.1	1.9	56.4	100.0	2025
	Rural without road	14.1	9.7	9.1	1.2	65.8	100.0	1041
Age	6-11 months	21.1	2.5	3.5	.4	72.5	100.0	353
	12-23 months	23.7	8.9	8.6	1.6	57.2	100.0	828
	24-35 months	17.8	12.4	12.0	1.8	56.0	100.0	847
	36-47 months	14.8	12.5	12.1	1.7	58.9	100.0	937
	48-59 months	15.0	12.0	15.0	1.5	56.5	100.0	720
Mother's education	None	15.2	6.4	10.0	2.2	66.2	100.0	1473
	Primary	19.2	12.7	11.5	1.0	55.6	100.0	1570
	Secondary	22.2	15.9	13.1	1.3	47.5	100.0	584
	Non-standard curriculum	21.7	6.7	5.9	4.2	61.5	100.0	58
Wealth index quintiles	Poorest	16.8	7.8	9.2	1.7	64.6	100.0	1098
	Second	15.7	10.7	10.8	.8	62.0	100.0	871
	Middle	19.8	10.8	12.2	2.2	55.1	100.0	716
	Fourth	19.2	13.9	11.1	2.0	53.8	100.0	574
	Richest	22.1	12.9	14.5	1.2	49.3	100.0	426
Mother tongue of head	Lao	20.1	12.9	13.3	1.4	52.2	100.0	1977
	Khamu	20.0	10.7	4.5	1.0	63.8	100.0	506
	Hmong	10.4	6.9	3.7	1.0	78.0	100.0	551
	Other Language	17.1	6.7	15.5	2.9	57.8	100.0	649
	Missing	(*)	(*)	(*)	(*)	(*)	(*)	3
Total		**18.1**	**10.6**	**11.0**	**1.5**	**58.7**	**100.0**	**3685**

* MICS indicator 42

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed

Table

Table NU.7: Post-partum mother's Vitamin A supplementation

Percentage of women aged 15-49 years with a birth in the 2 last years preceding the survey whether they received a high dose Vitamin A supplement before the infant was 8 weeks old, Lao PDR, 2006

		Received Vitamin A supplement*	Not sure if received Vitamin A	Number of women aged 15-49 years
Region	North	16.9	3.7	542
	Centre	20.6	1.9	625
	South	14.8	1.2	366
Area	Urban	31.9	2.4	250
	Rural with road	17.2	1.9	840
	Rural without road	11.4	3.3	442
Education	None	11.5	3.8	593
	Primary	19.6	1.6	654
	Secondary +	28.7	1.3	266
	Non-standard curriculum	(*)	(*)	19
Wealth index quintiles	Poorest	11.3	3.9	485
	Second	12.7	1.8	370
	Middle	18.5	1.6	279
	Fourth	22.8	1.3	205
	Richest	38.6	1.8	193
Mother tongue of head	Lao	22.3	2.2	807
	Khamu	17.6	2.7	216
	Hmong	10.2	2.7	236
	Other Language	12.1	2.1	273
Total		**17.9**	**2.4**	**1532**

* MICS indicator 43

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed

Low birth weight estimation

		Number of weighed births	Number of births weighing < 2500 g	Number of births weighing exactly 2500 g	Proportion of births weighing < 2500 g	Total number of births	Estimated number < 2500 g
Size of child at birth	Very large	17.6	.0	.0	.000	33.2	.0
	Larger than average	74.0	.5	1.8	.013	194.9	2.6
	Average	210.0	9.6	15.3	.064	1094.1	70.1
	Smaller than average	33.8	15.0	5.4	.485	145.6	70.6
	Very small	3.2	1.6	.0	.500	23.5	11.8
	DK/Missing	.5	.0	.5	.250	40.9	10.2
Total		**339.0**	**26.8**	**23.0**	**1.312**	**1532.2**	**165.3**

Table NU.8 : Low birth weight infants

Percentage of live births in the 2 years preceding the survey that weighed below 2500 grams at birth, Lao PDR, 2006

		Percent of live births below 2500 grams *	Percent of live births weighed at birth **	Number of live births
Region	North	10.5	17.9	542
	Centre	11.5	32.4	625
	South	10.1	10.9	366
Area	Urban	10.0	70.2	250
	Rural with road	11.0	18.0	840
	Rural without road	10.9	2.8	442
Education	None	11.7	2.7	593
	Primary	9.8	22.3	654
	Secondary +	11.0	64.9	266
	Non-standard curriculum	(*)	(*)	19
Wealth index quintiles	Poorest	11.1	4.0	485
	Second	10.6	7.9	370
	Middle	12.0	15.1	279
	Fourth	9.7	42.6	205
	Richest	9.6	83.2	193
Mother tongue of head	Lao	10.6	34.8	807
	Khamu	11.6	13.8	216
	Hmong	10.0	7.5	236
	Other Language	11.5	4.0	273
Total		**10.8**	**22.1**	**1532**

* MICS Indicator 9

** MICS Indicator 10

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed

Table CH.1: Vaccinations in first year of life

Percentage of children aged 12-23 months immunized against childhood diseases at any time before the survey and before the first birthday, Lao PDR, 2006

	BCG *	DPT 1	DPT 2	DPT 3 **	Polio 0	Polio 1	Polio 2	Polio 3 ****	Measles ****	All *****	None	Number of children aged 12-23 months
Vaccination card	47.3	48.0	42.2	33.5	12.7	48.1	42.6	34.4	25.3	22.1	.0	828
Mother's report	16.4	16.1	11.9	7.8	3.1	18.7	13.6	7.9	15.0	5.0	31.6	828
Either	63.7	64.1	54.1	41.3	15.8	66.8	56.2	42.3	40.2	27.1	31.6	828
Vaccinated by 12 months of age	61.0	60.1	45.3	31.8	15.8	63.0	48.1	32.2	33.0	14.2	31.9	828

* MICS Indicator 25
** MICS Indicator 26
*** MICS Indicator 27
**** MICS Indicator 28 ; MDG Indicator 15
***** MICS Indicator 31

Table CH.2: Vaccinations by background characteristics

Percentage of children aged 12-23 months currently vaccinated against childhood diseases, Lao PDR, 2006

		BCG	DPT1	DPT2	DPT3	Polio 0	Polio 1	Polio 2	Polio 3	MMR	All	None	Percent with health card	Number of children aged 12-23 months
Sex	Male	62.4	63.7	52.8	40.5	16.2	66.2	55.9	41.5	42.2	28.4	31.9	47.7	413
	Female	65.0	64.4	55.4	42.0	15.5	67.4	56.6	43.1	38.3	25.8	31.3	50.0	414
Region	North	65.5	65.9	55.0	39.4	14.7	68.4	56.2	40.0	32.5	20.4	29.5	60.2	273
	Centre	54.8	56.1	48.3	39.7	18.1	59.2	50.7	42.3	39.7	29.1	39.3	42.4	346
	South	76.0	75.1	62.8	46.4	13.4	77.2	65.6	45.4	51.5	32.5	21.7	44.8	209
Area	Urban	72.6	71.5	65.8	55.7	39.8	71.6	65.3	59.2	54.4	40.3	26.7	55.6	129
	Rural with road	62.4	63.6	53.0	41.1	13.8	67.2	55.0	40.6	36.8	24.8	30.7	49.2	478
	Rural without road	61.1	60.7	49.6	33.2	6.0	63.1	53.7	36.3	39.2	24.3	36.4	44.2	220
Mother's education	None	51.6	51.7	39.5	29.6	8.2	58.0	44.8	30.8	31.2	18.8	40.4	39.0	320
	Primary	70.8	71.8	61.6	45.4	15.9	72.6	62.7	46.4	43.6	30.7	26.0	56.2	364
	Secondary	73.7	73.2	68.3	57.3	35.2	73.0	67.2	59.6	55.2	39.3	25.0	52.5	131
	Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	13
Wealth index quintiles	Poorest	56.4	57.2	42.6	29.4	7.3	62.4	48.6	32.6	32.8	18.3	36.4	40.7	261
	Second	54.6	55.8	43.7	34.0	12.7	57.9	45.3	30.9	32.1	19.9	40.0	44.3	190
	Middle	73.7	73.5	69.5	53.2	10.2	76.8	68.7	54.1	45.8	35.1	21.3	60.0	176
	Fourth	71.1	70.5	61.8	46.8	25.3	70.6	62.9	48.9	45.0	31.8	28.9	53.0	102
	Richest	74.3	74.3	68.9	59.0	44.0	73.9	68.6	62.3	60.2	44.8	24.0	55.1	100
Mother tongue of head	Lao	69.5	70.3	61.6	48.1	20.9	71.7	62.9	50.1	49.3	36.1	27.2	52.6	458
	Khamu	71.7	73.7	59.7	45.0	11.1	73.7	61.9	46.3	30.1	16.1	22.6	65.2	104
	Hmong	43.2	43.6	34.9	23.6	8.3	52.0	38.1	22.5	20.2	11.6	48.0	38.7	126
	Other Language	57.0	54.7	42.7	31.9	9.4	58.9	46.7	31.7	36.2	19.5	37.8	33.6	140
Total		**63.7**	**64.1**	**54.1**	**41.3**	**15.8**	**66.8**	**56.2**	**42.3**	**40.2**	**27.1**	**31.6**	**48.9**	**828**

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Table CH.3: Neonatal tetanus protection

Percentage of mothers with a birth in the last 24 months protected against neonatal tetanus, Lao PDR, 2006

		Received at least 2 doses during last pregnancy	Received at least 2 doses. the last within prior 3 years	Received at least 3 doses. the last within 5 years	Received at least 4 doses. the last within 10 years	Received at least 5 doses during lifetime	Protected against tetanus *	Number of mothers
Region	North	35.8	13.4	1.5	.7	.2	51.6	542
	Centre	36.6	12.3	2.5	2.0	.7	54.2	625
	South	44.2	15.0	2.8	1.3	.1	63.5	366
Area	Urban	47.4	13.2	4.1	4.6	.4	69.6	250
	Rural with road	41.8	14.3	1.6	1.0	.4	59.1	840
	Rural without road	26.0	11.7	2.4	.2	.4	40.7	442
Age	15-19	44.8	10.0	.5	.0	.0	55.3	181
	20-24	39.0	15.8	3.5	.9	.0	59.2	422
	25-29	39.3	13.9	1.9	1.5	.2	56.9	438
	30-34	32.1	12.7	2.4	1.8	1.8	50.9	278
	35-39	40.7	9.8	1.7	3.8	.0	56.0	140
	40-44	29.3	11.0	1.9	.0	.0	42.3	52
	45-49	(26.5)	(19.1)	.0	.0	.0	(45.5)	22
Education	None	26.3	10.6	1.6	1.0	.0	39.4	593
	Primary	44.7	13.9	2.3	1.1	.2	62.1	654
	Secondary +	48.5	17.6	3.7	2.8	1.7	74.3	266
	Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	19
Wealth index quintiles	Poorest	31.8	11.5	1.9	.5	.0	45.7	485
	Second	32.5	10.5	1.1	1.0	.5	45.7	370
	Middle	39.4	15.8	2.4	1.6	1.1	60.3	279
	Fourth	51.3	17.6	2.7	.8	.0	72.4	205
	Richest	49.2	15.5	4.5	4.4	.5	74.0	193
Mother tongue of head	Lao	41.7	15.8	3.1	1.8	.7	63.1	807
	Khmou	41.1	14.9	.4	1.2	.0	57.7	216
	Hmong	25.1	8.0	.4	.7	.0	34.2	236
	Other Language	36.7	9.6	2.7	.6	.0	49.6	273
Total		**38.1**	**13.4**	**2.2**	**1.3**	**.4**	**55.5**	**1532**

* MICS Indicator 32

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Figures in parenthesis are based on 25-49 unweighted cases.

Table CH.4: Oral rehydration treatment

Percentage of children aged 0-59 months with diarrhoea in the last two weeks and treatment with oral rehydration solution (ORS) or other oral rehydration treatment (ORT), Lao PDR, 2006

		Had diarrhoea in last two weeks	Number of children aged 0-59 months	Fluid from ORS packet	Recommended homemade fluid	Pre-packaged ORS fluid	No treatment	ORT use rate *	Number of children aged 0-59 months with diarrhoea
Sex	Male	13.7	2109	34.0	31.1	19.7	46.7	53.3	288
	Female	11.1	2027	26.5	28.1	19.5	53.1	46.9	225
Region	North	11.4	1413	29.3	26.6	11.1	49.9	50.1	161
	Centre	11.4	1749	27.7	26.3	15.4	56.6	43.4	199
	South	15.6	975	36.3	37.7	34.2	39.7	60.3	152
Area	Urban	6.9	694	(54.6)	(56.7)	(45.8)	(15.3)	(84.7)	48
	Rural with road	13.6	2247	31.2	28.3	18.8	49.7	50.3	305
	Rural without road	13.4	1195	22.6	24.7	13.3	59.2	40.8	160
Age	< 6 months	10.0	451	(13.5)	(35.1)	(14.4)	(55.7)	(44.3)	45
	6-11 months	14.0	353	32.4	26.1	23.9	53.4	46.6	50
	12-23 months	19.7	828	35.3	32.6	21.4	42.9	57.1	163
	24-35 months	13.9	847	28.5	28.0	17.6	51.9	48.1	118
	36-47 months	9.0	937	32.5	28.8	15.1	52.7	47.3	84
	48-59 months	7.5	720	31.9	25.8	25.9	50.0	50.0	54
Mother's education	None	14.6	1649	26.0	22.8	15.1	58.1	41.9	240
	Primary	11.9	1749	31.4	34.5	20.2	46.1	53.9	208
	Secondary	8.9	677	45.8	43.7	37.0	26.4	73.6	60
	Non-standard curriculum	7.6	61	(*)	(*)	(*)	(*)	(*)	5
Wealth index quintiles	Poorest	17.0	1234	24.7	25.4	13.8	53.7	46.3	209
	Second	11.6	984	27.6	23.1	20.4	56.3	43.7	114
	Middle	11.3	789	35.9	35.0	21.1	50.1	49.9	89
	Fourth	9.2	629	30.1	39.5	25.3	45.9	54.1	58
	Richest	8.5	501	(58.8)	(45.4)	(34.9)	(13.9)	(86.1)	42
Mother tongue of head	Lao	10.6	2200	34.0	36.9	24.8	45.8	54.2	233
	Khmou	14.9	562	41.2	21.6	12.4	46.7	53.3	84
	Hmong	11.8	631	22.6	27.1	8.9	53.4	46.6	74
	Other Language	16.3	740	21.3	23.8	21.5	56.7	43.3	121
	Missing	(*)	3	(*)	(*)	(*)	(*)	(*)	1
Total		**12.4**	**4136**	**30.7**	**29.8**	**19.6**	**49.5**	**50.5**	**513**

* MICS Indicator 33

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Figures in parenthesis are based on 25-49 unweighted cases.

Table CH.5: Home management of diarrhoea

Percentage of children aged 0-59 months with diarrhoea in the last two weeks who took increased fluids and continued to feed during the episode, Lao PDR, 2006

		Had diarrhoea in last two weeks	Number of children aged 0-59 months	Children with diarrhoea who drank more	Children with diarrhoea who drank the same or less	Children with diarrhoea who ate somewhat less. same or more	Children with diarrhoea who ate much less or none	Home management of diarrhoea *	Received ORT or increased fluids AND continued feeding **	Number of children aged 0-59 months with diarrhoea
Sex	Male	13.7	2109	57.0	40.8	70.3	28.7	38.4	53.1	288
	Female	11.1	2027	47.9	50.4	70.1	29.2	30.3	44.1	225
Region	North	11.4	1413	43.6	53.9	78.2	21.8	31.5	52.4	161
	Centre	11.4	1749	57.1	39.8	65.0	32.8	33.5	44.9	199
	South	15.6	975	57.7	42.3	68.6	31.4	40.1	51.4	152
Area	Urban	6.9	694	(61.7)	(38.3)	(80.5)	(19.5)	(47.8)	(73.1)	48
	Rural with road	13.6	2247	53.2	44.8	64.6	34.0	31.6	44.3	305
	Rural without road	13.4	1195	50.2	47.3	77.9	22.1	37.1	51.3	160
Age	0-11 months	11.8	804	44.1	53.4	57.1	39.9	23.2	36.7	95
	12-23 months	19.7	828	59.6	39.5	67.4	32.6	37.4	51.1	163
	24-35 months	13.9	847	52.5	45.4	74.1	24.7	34.8	49.0	118
	36-47 months	9.0	937	53.0	42.4	77.8	22.2	38.4	53.4	84
	48-59 months	7.5	720	50.1	49.9	81.8	18.2	42.2	59.1	54
Mother's education	None	14.6	1649	51.0	46.0	70.7	29.3	30.9	43.9	240
	Primary	11.9	1749	56.3	42.4	67.4	30.6	37.8	52.0	208
	Secondary	8.9	677	54.2	45.8	78.3	21.7	43.1	60.8	60
	Non-standard curriculum	7.6	61	(*)	(*)	(*)	(*)	(*)	(*)	5
Wealth index quintiles	Poorest	17.0	1234	52.6	46.5	70.6	29.4	33.5	50.0	209
	Second	11.6	984	44.5	50.7	65.6	34.4	27.4	39.9	114
	Middle	11.3	789	52.4	46.0	70.3	26.5	37.1	47.6	89
	Fourth	9.2	629	59.8	37.7	74.4	23.2	36.6	51.5	58
	Richest	8.5	501	(70.3)	(29.7)	(75.1)	(24.9)	(54.4)	(70.4)	42
Mother tongue of head	Lao	10.6	2200	56.8	41.3	73.3	25.5	39.7	52.9	233
	Khmou	14.9	562	54.5	44.2	72.6	27.4	35.4	53.9	84
	Hmong	11.8	631	31.1	65.1	71.5	26.6	17.3	40.5	74
	Other Language	16.3	740	57.6	40.7	61.7	38.3	35.2	43.4	121
	Missing	(*)	3	(*)	(*)	(*)	(*)	(*)	(*)	1
Total		**12.4**	**4136**	**53.0**	**45.0**	**70.2**	**28.9**	**34.8**	**49.2**	**513**

* MICS indicator 34

** MICS indicator 35

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Figures in parenthesis are based on 25-49 unweighted cases.

Table CH.6: Care seeking for suspected pneumonia

Percentage of children aged 0-59 months in the last two weeks taken to a health provider, Lao PDR, 2006

		Had acute respire-tory infection	Number of children aged 0-59 months	Govt. hospital	Regional health centre	Village health Center	Village health volunter	Other public	Private hospital clinic	Private physic cian	Phar-macy	Other private medical	Relative or friend	Traditional healer	Other	Any appropri-ate provider *	Number of children aged 0-59 months with suspected pneumonia
Sex	Male	4.8	2109	12.6	11.7	4.7	10.5	.0	9.4	1.1	7.7	.0	1.1	.0	1.1	36.2	102
	Female	4.8	2027	9.1	6.3	1.5	6.3	.6	9.7	1.7	5.6	1.5	2.0	.6	1.0	28.1	98
Region	North	4.6	1413	14.9	10.8	1.5	6.0	.0	7.5	1.7	6.1	.0	3.3	.0	3.1	32.0	65
	Centre	5.5	1749	6.4	6.3	4.9	10.2	.0	13.5	.0	7.6	1.5	.0	.0	.0	31.1	97
	South	3.9	975	15.4	13.0	1.4	8.1	1.4	2.9	4.4	5.2	.0	2.3	1.4	.0	35.7	38
Area	Urban	2.7	694	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	18
	Rural with road	5.2	2247	11.9	9.9	3.7	8.0	.5	13.2	.9	7.5	1.2	.0	.5	.8	36.7	116
	Rural without road	5.4	1195	3.0	7.8	2.9	11.7	.0	1.6	1.6	3.0	.0	4.7	.0	1.6	17.1	65
Age	0-11 months	4.5	804	(3.0)	(26.6)	(5.5)	(5.2)	(.0)	(7.9)	(.0)	(.0)	(.0)	(2.5)	(.0)	(.0)	(43.0)	36
	12-23 months	7.3	828	8.2	4.4	5.4	10.1	.0	10.9	.0	10.9	.0	1.8	.9	1.5	26.5	61
	24-35 months	5.5	847	(16.1)	(4.2)	(2.0)	(10.3)	(.0)	(11.1)	(2.4)	(9.9)	(3.0)	(.0)	(.0)	(.0)	(34.9)	47
	36-47 months	3.7	937	(16.0)	(11.1)	(.0)	(5.6)	(1.6)	(8.5)	(3.1)	(5.8)	(.0)	(.0)	(.0)	(.0)	(34.5)	35
	48-59 months	2.9	720	(11.9)	(.0)	(.0)	(9.6)	(.0)	(6.8)	(2.6)	(.0)	(.0)	(5.1)	(.0)	(5.1)	(21.3)	21
Mother's education	None	5.2	1649	6.8	4.7	3.4	9.6	.6	5.9	1.9	2.3	.0	2.5	.6	2.3	19.4	86
	Primary	5.0	1749	11.2	10.0	3.8	9.8	.0	8.3	.6	10.2	1.6	1.0	.0	.0	34.9	88
	Secondary	3.6	677	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	25
	Non-standard curriculum	1.8	61	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
Wealth index quintiles	Poorest	6.1	1234	10.1	7.4	7.5	3.9	.0	2.6	1.4	2.6	.0	1.4	.0	1.4	27.8	75
	Second	4.4	984	(5.9)	(2.5)	(.0)	(25.0)	(.0)	(2.5)	(1.2)	(8.7)	(.0)	(2.5)	(.0)	(2.2)	(10.8)	44
	Middle	4.5	789	(10.3)	(21.7)	(.0)	(4.5)	(1.5)	(5.5)	(.0)	(8.1)	(.0)	(2.5)	(.0)	(.0)	(37.6)	36
	Fourth	5.0	629	(8.4)	(11.6)	(1.7)	(4.6)	(.0)	(36.0)	(1.7)	(9.5)	(4.6)	(.0)	(1.7)	(.0)	(59.5)	31
	Richest	2.7	501	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	13
Mother tongue of head	Lao	5.1	2200	5.3	10.7	4.7	10.3	.0	11.8	1.5	10.0	1.3	.8	.5	.0	34.0	112
	Khamu	6.1	562	(14.3)	(14.6)	(.0)	(8.6)	(.0)	(7.0)	(3.1)	(2.7)	(.0)	(3.1)	(.0)	(3.1)	(39.1)	34
	Mong	2.7	631	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	17
	Other Language	4.5	740	(12.5)	(3.3)	(.0)	(4.3)	(1.6)	(1.6)	(.0)	(3.3)	(.0)	(3.2)	(.0)	(.0)	(15.8)	33
	Missing	100.0	3	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	3
Total		**4.8**	**4136**	**10.9**	**9.1**	**3.1**	**8.5**	**.3**	**9.6**	**1.4**	**6.7**	**.7**	**1.5**	**.3**	**1.0**	**32.3**	**199**

* MICS indicator 23 *(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.*

Figures in parenthesis are based on 25-49 unweighted cases.

Table CH.7: Antibiotic treatment of pneumonia

Percentage of children aged 0-59 months with suspected pneumonia who received antibiotic treatment, Lao PDR, 2006

		Percentage of children aged 0-59 months with suspected pneumonia who received antibiotics in the last two weeks *	Number of children aged 0-59 months with suspected pneumonia in the two weeks prior to the survey
Sex	Male	56.0	102
	Female	48.1	98
Region	North	46.8	65
	Centre	47.1	97
	South	74.2	38
Area	Urban	(*)	18
	Rural with road	58.9	116
	Rural without road	29.8	65
Age	0-11 months	(56.4)	36
	12-23 months	52.1	61
	24-35 months	(46.0)	47
	36-47 months	(62.4)	35
	48-59 months	(*)	21
Mother's education	None	40.3	86
	Primary	58.6	88
	Secondary	(*)	25
	Non-standard curriculum	(*)	1
Wealth index quintiles	Poorest	44.9	75
	Second	(37.0)	44
	Middle	(58.1)	36
	Fourth	(65.1)	31
	Richest	(*)	13
Mother tongue of head	Lao	53.8	112
	Khmou	(44.9)	34
	Hmong	(*)	17
	Other Language	(43.6)	33
	Missing	(*)	3
Total		**52.1**	**199**

* MICS indicator 22

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Figures in parenthesis are based on 25-49 unweighted cases.

Table CH.7A: Knowledge of the two danger signs of pneumonia

Percentage of mothers/caretakers of children aged 0-59 months by knowledge of types of symptoms for taking a child immediately to a health facility, and percentage of mothers/caretakers who recognize fast and difficult breathing as signs for seeking care immediately, Lao PDR, 2006

		Percentage of mother/caretakers of children aged 0-59 months who think that a child should be taken immediately to a health facility if the child:								Mothers/caretakers who recognize the two danger signs of pneumonia	Number of mothers/caretakers of children aged 0-59 months
		Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficulty breathing	Has blood in stool	Is drinking poorly	Has other symptoms		
Region	North	18.1	37.3	73.1	9.5	20.1	25.8	9.6	14.3	4.7	1413
	Centre	9.0	14.0	86.1	13.5	17.4	18.6	6.6	27.8	8.0	1749
	South	3.3	55.6	83.6	13.1	22.8	30.1	2.8	21.8	6.1	975
Area	Urban	12.1	20.6	82.6	11.2	21.5	23.1	5.9	26.4	6.6	694
	Rural with road	10.8	31.7	81.3	13.3	21.1	24.3	7.7	20.7	7.4	2247
	Rural without road	9.9	38.2	79.6	10.2	15.6	23.1	5.3	21.1	4.5	1195
Mother's education	None	9.5	33.9	77.4	11.3	16.2	21.8	5.6	18.0	5.7	1649
	Primary	11.4	32.7	83.6	12.4	21.1	25.7	6.8	23.6	6.6	1749
	Secondary	12.0	23.7	83.6	13.5	24.7	23.7	7.9	24.7	8.3	677
	Non-standard	(14.5)	(33.8)	(79.6)	(6.2)	(12.3)	(24.1)	(21.6)	(40.4)	(.0)	61
Wealth index quintiles	Poorest	11.2	35.6	77.9	11.8	17.5	24.1	6.4	16.7	6.9	1234
	Second	8.8	36.9	80.7	10.5	15.8	21.2	6.2	21.1	4.8	984
	Middle	9.1	33.6	86.1	14.9	22.3	23.2	7.4	21.7	7.2	789
	Fourth	15.1	27.6	79.6	11.5	22.9	27.5	7.6	28.1	7.0	629
	Richest	10.9	14.4	83.5	12.2	23.6	23.9	6.4	27.8	6.5	501
Mother tongue of head	Lao	9.5	29.0	84.8	13.0	20.9	25.8	6.3	25.8	7.1	2200
	Khmou	20.8	34.3	77.1	11.9	22.3	26.8	11.8	16.1	7.0	562
	Hmong	14.9	28.6	70.2	8.7	15.5	14.2	8.8	20.0	3.3	631
	Other Language	3.4	40.8	82.3	12.3	17.1	23.7	2.4	15.3	6.7	740
	Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	3
Total		**10.8**	**31.7**	**81.1**	**12.1**	**19.6**	**23.8**	**6.7**	**21.8**	**6.4**	**4136**

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Figures in parenthesis are based on 25-49 unweighted cases.

Table CH.8: Solid fuel use

Percent distribution of households according to type of cooking fuel, and percentage of households used solid fuels for cooking, Lao PDR, 2006

		Type of fuel using for cooking									Total	Solid fuels for cooking *	Number of households
		Electricity	Liquid propane gas (LPG)	Natural gas	Kerosene	Coal/lignite	Charcoal	Wood	Straw /shrubs /grass	Other			
Region	North	.1	.3	.0	.0	2.1	1.8	95.6	.2	.0	100.0	99.6	1842
	Centre	2.7	1.3	.5	.0	29.2	.9	65.2	.2	.1	100.0	95.4	2881
	South	.5	.2	.0	.0	31.4	2.6	65.2	.0	.0	100.0	99.2	1172
Area	Urban	5.0	2.5	1.0	.0	44.0	2.2	44.8	.4	.1	100.0	91.3	1653
	Rural with road	.1	.1	.0	.0	14.7	1.4	83.7	.0	.0	100.0	99.8	3036
	Rural without road	.0	.0	.0	.0	6.3	.7	93.0	.0	.0	100.0	100.0	1205
Education of household head	None	.5	.3	.0	.1	11.2	1.0	86.9	.0	.0	100.0	99.1	1406
	Primary	.9	.2	.1	.0	18.5	1.6	78.6	.2	.0	100.0	98.7	2642
	Secondary +	3.1	1.9	.7	.0	33.8	1.8	58.4	.2	.1	100.0	94.1	1768
	Non-standard curriculum	.0	.0	.0	.0	8.1	.0	91.9	.0	.0	100.0	100.0	63
	Missing/DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	15
Wealth index quintiles	Poorest	.0	.0	.0	.0	.0	.1	99.9	.0	.0	100.0	100.0	1127
	Second	.0	.0	.0	.1	1.8	.5	97.6	.0	.0	100.0	99.9	1080
	Middle	.1	.0	.0	.0	12.6	1.1	86.1	.1	.0	100.0	99.9	1143
	Fourth	.4	.0	.0	.0	29.9	2.4	67.3	.0	.0	100.0	99.6	1252
	Richest	6.2	3.5	1.3	.0	55.0	2.9	30.6	.5	.1	100.0	88.9	1292
Mother tongue of head	Lao	2.0	1.1	.4	.0	30.6	1.9	63.7	.2	.0	100.0	96.4	3986
	Khmou	.0	.0	.0	.0	.0	.9	99.1	.0	.0	100.0	100.0	673
	Hmong	.9	.0	.0	.2	.3	.0	98.5	.2	.0	100.0	98.9	526
	Other Language	.2	.2	.0	.0	3.7	.5	95.3	.0	.0	100.0	99.6	708
	Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	2
Total		**1.5**	**.8**	**.3**	**.0**	**21.2**	**1.5**	**74.7**	**.1**	**.0**	**100.0**	**97.5**	**5894**

* MICS indicator 24; MDG indicator 29

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Table

Table CH.9: Solid fuel use by type of stove or fire

Percent of households using solid fuels for cooking by type of stove or fire, Lao PDR, 2006

		Percentage of households using solid fuels for cooking:					Total	Number of households using solid fuels for cooking
		Closed stove with chimney	Open stove or fire with chimney or hood	Open stove or fire with no chimney or hood	Other stove	DK stove type/missing		
Region	North	1.2	9.2	87.0	2.7	.0	100.0	1834
	Centre	.8	.6	98.5	.1	.1	100.0	2748
	South	.4	41.7	57.9	.0	.0	100.0	1162
Area	Urban	1.4	7.6	89.8	1.2	.0	100.0	1510
	Rural with road	.4	14.2	84.2	1.1	.0	100.0	3029
	Rural without road	1.3	10.3	88.4	.0	.0	100.0	1205
Education of household head	None	1.3	11.1	87.5	.1	.0	100.0	1393
	Primary	.5	13.4	85.2	.8	.1	100.0	2608
	Secondary +	1.0	9.9	87.6	1.5	.0	100.0	1664
	Non-standard curriculum	.0	.0	95.6	4.4	.0	100.0	63
	Missing/DK	(*)	(*)	(*)	(*)	(*)	100.0	15
Wealth index quintiles	Poorest	1.4	17.4	81.1	.2	.0	100.0	1127
	Second	.2	14.7	85.0	.2	.0	100.0	1079
	Middle	.7	12.2	86.5	.6	.0	100.0	1142
	Fourth	.3	9.0	89.2	1.3	.1	100.0	1247
	Richest	1.7	5.5	90.8	2.1	.0	100.0	1149
Mother tongue of head	Lao	.6	8.7	89.3	1.3	.0	100.0	3844
	Khmou	.3	7.5	92.0	.1	.0	100.0	673
	Hmong	2.2	6.9	90.6	.0	.3	100.0	520
	Other Language	1.6	35.0	63.4	.0	.0	100.0	705
	Missing	(*)	(*)	(*)	(*)	(*)	100.0	2
Total		**.8**	**11.6**	**86.6**	**.9**	**.0**	**100.0**	**5744**

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Table CH.10: Availability of insecticide treated nets

Percent of households with at least one insecticide treated net (ITN), Lao PDR, 2006

		Percentage of households with at least one mosquito net	Percentage of households with at least one insecticide treated net (ITN)*	Number of households
Region	North	92.0	50.7	1842
	Centre	93.0	35.0	2881
	South	97.4	60.4	1172
Area	Urban	91.7	35.1	1653
	Rural with road	96.0	51.6	3036
	Rural without road	89.9	41.6	1205
Education of household head	None	88.6	37.0	1406
	Primary	95.9	49.1	2642
	Secondary +	93.8	45.0	1768
	Non-standard curriculum	98.4	47.8	63
	Missing/DK	(*)	(*)	15
Wealth index quintiles	Poorest	85.7	42.1	1127
	Second	94.9	49.5	1080
	Middle	98.1	56.2	1143
	Fourth	99.3	47.2	1252
	Richest	89.7	31.6	1292
Mother tongue of head	Lao	95.5	46.2	3986
	Khmou	95.8	54.2	673
	Hmong	85.9	29.0	526
	Other Language	86.2	41.0	708
	Missing	(*)	(*)	2

* MICS Indicator 36

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Table CH.11: Children sleeping under bednets

Percentage of children aged 0-59 months who slept under an insecticide treated net during the previous night, Lao PDR, 2006

		Slept under a bednet *	Sleep under an insecticide treated net **	Slept under an untreated net	Slept under a net but don't know if treated	Don't know if slept under a net	Did not sleep under a bednet	Number of children aged 0-59 months
Sex	Male	86.4	40.9	22.9	22.6	.1	13.6	2109
	Female	87.0	40.2	21.6	25.2	.1	12.9	2027
Region	North	83.0	41.6	12.3	29.2	.0	17.0	1413
	Centre	85.4	32.1	32.3	21.0	.2	14.4	1749
	South	94.2	54.3	18.5	21.4	.0	5.8	975
Area	Urban	92.0	36.6	40.2	15.2	.0	8.0	694
	Rural with road	89.1	45.5	18.7	24.9	.2	10.7	2247
	Rural without road	79.0	33.4	18.5	27.0	.0	21.0	1195
Age	0-11 months	86.6	40.6	23.7	22.3	.0	13.4	804
	12-23 months	87.5	41.5	19.5	26.6	.2	12.3	828
	24-35 months	86.4	38.9	24.4	23.1	.3	13.2	847
	36-47 months	86.5	40.0	22.3	24.2	.0	13.5	937
	48-59 months	86.4	42.1	21.2	23.0	.0	13.6	720
Wealth index quintiles	Poorest	77.5	37.1	16.9	23.5	.2	22.3	1234
	Second	83.1	38.7	17.0	27.4	.1	16.7	984
	Middle	94.9	53.8	17.3	23.8	.0	5.1	789
	Fourth	98.3	43.3	29.5	25.5	.0	1.7	629
	Richest	88.6	28.1	44.3	16.2	.0	11.4	501
Mother tongue of head	Lao	93.2	43.6	27.4	22.2	.2	6.6	2200
	Khmou	87.2	46.7	13.6	26.9	.0	12.8	562
	Hmong	76.3	26.9	22.3	27.1	.0	23.7	631
	Other Language	75.5	38.3	13.5	23.8	.0	24.5	740
	Missing	(*)	(*)	(*)	(*)	(*)	(*)	3
Total		**86.7**	**40.5**	**22.2**	**23.9**	**.1**	**13.2**	**4136**

* MICS indicator 38

** MICS indicator 37; MDG indicator 22

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Table CH.12: Treatment of children with anti-malarial drugs

Percentage of children 0-59 months of age who were ill with fever in the last two weeks who received anti-malarial drugs, Lao PDR, 2006

		Had a fever in last two weeks	Number of children aged 0-59 months	Children with a fever in the last two weeks who were treated with:											Number of children with fever in last two weeks
				Anti malarials : SP Fansidar	Anti malarials: Chloroquine	Anti malarials : Quinine	Anti malarials: Artemisnin based combinations	Anti malarials : Other Anti malarial	Any appropriate anti malarial drug	Other medications: Paracetamol Panadol Acetaminophan	Other medications: Aspirin	Other medications : Other	Don't know	Any appropriate anti malarial drug within 24 hours of onset of symptoms *	
Sex	Male	14.7	2109	.2	2.9	2.3	.0	1.4	6.3	52.0	7.0	22.0	8.3	4.6	309
	Female	15.8	2027	1.2	5.1	2.3	.3	2.1	10.1	53.4	6.7	19.9	3.1	5.5	320
Region	North	11.6	1413	.0	9.1	4.3	.6	4.2	16.3	37.5	3.0	9.2	6.0	10.8	164
	Centre	17.9	1749	.9	.5	.5	.0	.5	2.4	53.7	3.7	26.8	6.0	.5	313
	South	15.7	975	1.1	5.8	3.9	.0	1.9	11.6	67.0	17.5	21.5	4.6	8.3	153
Area	Urban	13.8	694	.0	5.9	1.0	.0	1.0	7.9	69.7	5.2	38.1	2.4	5.1	96
	RWR	15.3	2247	1.3	3.7	3.0	.3	1.8	9.0	53.3	6.1	17.9	6.3	5.8	343
	RWOR	15.9	1195	.0	3.7	1.7	.0	2.1	6.9	43.0	9.2	17.6	6.1	3.7	190
Age	0-11 m	15.5	804	2.0	2.8	2.0	.0	2.2	8.3	51.1	5.0	22.9	6.1	4.1	125
	12-23 m	20.1	828	.0	2.4	4.7	.0	.9	7.0	55.0	6.5	16.6	7.6	6.1	167
	24-35 m	16.4	847	1.0	6.7	1.5	.7	.7	9.9	49.3	6.9	25.1	4.9	5.1	139
	36-47 m	12.2	937	.5	2.4	1.8	.0	3.1	6.8	57.8	7.6	19.5	4.7	3.7	114
	48-59 m	11.7	720	.0	6.9	.0	.0	2.8	9.7	49.3	9.4	21.3	3.6	6.2	84
Mother's education	None	14.4	1649	.2	5.9	3.8	.0	.6	9.5	42.1	2.6	12.3	3.3	7.9	237
	Primary	16.5	1749	1.2	3.3	1.1	.3	3.4	8.6	58.6	10.4	24.5	8.4	2.9	288
	Secondary	14.5	677	.6	2.0	2.2	.0	.0	4.7	61.2	7.2	31.6	3.6	4.7	98
	Non-standard	(9.2)	61	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	6
Wealth index quintiles	Poorest	14.5	1234	.3	7.4	2.4	.0	4.8	13.6	38.1	4.0	9.9	2.2	6.8	179
	Second	15.5	984	.0	3.5	3.8	.6	.4	6.9	49.7	5.6	13.1	7.2	6.3	152
	Middle	14.3	789	.5	2.8	2.8	.0	.8	6.9	60.7	6.9	23.5	12.7	5.6	113
	Fourth	18.0	629	3.0	.9	.9	.0	.9	5.7	61.8	13.4	31.8	3.0	2.3	114
	Richest	14.1	501	.0	3.8	.0	.0	.0	3.8	68.7	6.4	43.9	4.0	1.4	71
Mother tongue of head**	Lao	17.0	2200	1.2	1.8	.8	.0	.5	4.2	60.0	9.2	29.4	6.9	2.2	374
	Khmou	17.1	562	.0	8.3	4.2	.0	5.2	15.7	43.3	3.2	8.3	5.1	9.2	96
	Hmong	7.6	631	(.0)	(4.0)	(3.9)	(2.0)	(2.0)	(9.9)	(43.0)	(7.9)	(6.4)	(8.9)	(6.0)	48
	Other Language	15.0	740	.0	7.8	4.9	.0	2.9	14.6	40.5	1.8	9.6	.5	10.7	111
Total		**15.2**	**4136**	**.7**	**4.0**	**2.3**	**.1**	**1.8**	**8.2**	**52.7**	**6.9**	**20.9**	**5.6**	**5.1**	**629**

*MICS indicator 39; MDG indicator 22 ** 3 cases with " missing – mother tongue of head" not shown

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Figures in parenthesis are based on 25-49 unweighted cases.

Table CH.13: Intermittent preventive treatment for malaria

Percent distribution of women aged 15-49 years with a birth in two years preceding the survey who received intermittent preventive therapy (IPT) for malaria during pregnancy, Lao PDR, 2006

		Medecine to prevent malaria during pregnancy	SP/Fansidar only one time	SP/Fansidar two or more times *	SP/Fansidar but number of times unknown	Chloroquine	Other medicines	Don't know medicine	Number of women who gave birth in the preceding two years
Region	North	8.4	.5	.7	.0	6.2	.0	1.4	542
	Centre	2.5	.3	.2	.0	1.2	.0	1.1	625
	South	11.9	.7	2.9	.0	7.3	.4	1.7	366
Area	Urban	5.8	.6	.2	.0	4.6	.0	1.0	250
	Rural with road	8.7	.5	1.6	.0	5.7	.2	1.4	840
	Rural without road	3.9	.2	.5	.0	1.9	.0	1.4	442
Education	None	5.5	.3	.9	.0	3.8	.0	1.0	593
	Primary	8.9	.7	1.2	.0	5.4	.2	1.9	654
	Secondary +	5.0	.0	.9	.0	3.3	.0	.9	266
	Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	19
Wealth index quintiles	Poorest	7.5	.4	.9	.0	5.2	.0	1.2	485
	Second	6.7	.4	1.4	.0	4.1	.0	1.9	370
	Middle	8.1	.4	1.2	.0	5.5	.4	1.0	279
	Fourth	6.3	.4	1.5	.0	3.0	.3	1.1	205
	Richest	4.3	.8	.0	.0	3.0	.0	1.3	193
Mother tongue of head	Lao	5.9	.3	1.0	.0	3.7	.2	1.1	807
	Khmou	10.8	1.2	.8	.0	6.8	.0	2.8	216
	Hmong	3.0	.0	.0	.0	2.2	.0	.7	236
	Other Language	9.8	.5	2.1	.0	6.5	.0	1.3	273
Total		**6.9**	**.4**	**1.0**	**.0**	**4.4**	**.1**	**1.4**	**1532**

* MICS Indicator 40

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Table

Table EN.1: Use of improved water sources

Percent distribution of household population according to main source of drinking water and percentage of household members using improved drinking water sources, Lao PDR, 2006

		Main source of drinking water														Total	Improved source of drinking water	Number of households members
		Improved sources								Unimproved sources								
		Piped into dwelling	Piped into yard or plot	Public tap/standpipe	Tubewell/borehole	Protected well	Protected spring	Rainwater collection	Bottled water	Unprotected well	Unprotected spring	Tanker-truck	Surface water	Bottled water	Other			
Region	North	5.1	7.5	24.3	3.1	3.4	10.9	.0	2.5	16.6	10.2	.0	16.1	.3	.1	100.0	56.7	10836
	Centre	4.9	1.4	2.5	10.4	1.9	5.9	.1	19.9	26.9	5.0	.1	8.6	12.2	.3	100.0	47.0	15348
	South	5.5	3.5	2.2	28.1	1.6	7.0	.2	5.3	15.3	1.4	.0	29.0	.8	.2	100.0	53.4	6916
Area	Urban	16.6	4.0	1.5	4.0	3.2	2.7	.1	38.3	12.5	1.8	.3	1.4	13.5	.2	100.0	70.4	8357
	RWR	1.6	4.2	11.8	17.4	2.7	8.8	.2	2.9	27.6	5.9	.0	11.8	4.8	.2	100.0	49.6	17117
	RWOR	.1	2.8	13.3	7.3	.5	11.0	.1	.0	15.9	10.6	.0	38.2	.0	.3	100.0	35.0	7626
Education of household head	None	2.3	3.4	11.0	11.3	1.2	13.8	.1	3.9	23.2	9.3	.0	17.3	3.1	.1	100.0	46.9	8098
	Primary	3.8	4.4	11.1	13.5	2.4	7.2	.1	7.4	21.6	5.9	.0	18.4	4.0	.3	100.0	49.8	15376
	Secondary +	9.6	3.5	5.9	8.8	3.0	3.3	.1	24.4	18.2	2.8	.2	8.1	12.0	.1	100.0	58.7	9104
	Non-standard	7.2	.8	9.9	10.9	3.6	9.4	.0	4.9	21.6	13.3	.0	18.3	.0	.0	100.0	46.8	421
	Missing/DK	4.3	.0	.0	39.5	.0	.0	.0	4.6	32.6	.0	.0	19.0	.0	.0	100.0	48.5	102
Wealth index quintiles	Poorest	.0	1.1	15.3	6.3	.7	17.0	.0	.0	15.0	13.7	.0	30.9	.0	.0	100.0	40.4	6616
	Second	.2	3.8	13.7	14.2	1.9	12.0	.0	.1	25.5	7.3	.0	20.9	.1	.3	100.0	46.0	6627
	Middle	2.4	6.1	12.6	18.3	2.6	5.3	.2	.4	30.0	5.9	.0	15.5	.6	.2	100.0	47.7	6617
	Fourth	7.7	5.5	5.6	17.2	3.0	4.0	.2	7.7	28.5	2.7	.2	8.0	9.2	.3	100.0	51.0	6618
	Richest	14.9	2.8	.7	2.5	3.3	.4	.2	47.7	6.5	.1	.1	1.1	19.5	.2	100.0	72.4	6621
Mother tongue of head	Lao	7.1	4.0	5.1	13.4	2.5	2.2	.2	16.6	23.9	3.3	.1	12.4	9.1	.2	100.0	51.0	21053
	Khmou	1.6	5.1	28.5	3.6	1.9	23.7	.0	.4	8.5	8.2	.0	18.5	.1	.0	100.0	64.8	3979
	Hmong	.7	3.8	17.3	2.9	2.3	18.8	.0	3.6	21.7	15.9	.0	12.3	.5	.2	100.0	49.4	3511
	Other Language	2.2	2.1	7.6	17.5	1.7	11.0	.1	1.5	18.9	8.7	.0	28.1	.3	.5	100.0	43.5	4540
	Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	17
Total		**5.1**	**3.8**	**9.6**	**11.7**	**2.3**	**7.7**	**.1**	**11.2**	**21.1**	**5.9**	**.1**	**15.3**	**5.9**	**.2**	**100.0**	**51.5**	**33100**

* MICS indicator 11; MDG indicator 30

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Table EN.2: Household water treatment

Percentage distribution of household population according to drinking water treatment method used in the household and percentage of household members that applied an appropriate water treatment method, LAO PDR, 2006

		Water treatment method used in the household									All drinking water sources:		Improved drinking water sources:		Unimproved drinking water sources:	
		None	Boil	Add bleach/chlorine	Strain through a cloth	Use water filter	Solar disinfection	Let it stand and settle	Other	Don't know	Appropriate water treatment method *	Number of household members	Appropriate water treatment method	Number of household members	Appropriate water treatment method	Number of household members
Region	North	8.9	90.2	.0	.7	.1	.0	11.8	.1	.0	90.2	10836	91.2	6148	89.0	4688
	Centre	46.9	43.1	.1	2.0	1.9	.0	7.0	.7	.0	45.0	15348	48.8	7207	41.7	8140
	South	26.6	71.5	.0	4.1	1.9	.0	.7	.0	.0	73.0	6916	76.6	3690	68.9	3226
Area	Urban	47.0	47.1	.1	3.0	3.7	.0	3.8	.9	.0	50.7	8357	50.9	5884	50.1	2473
	Rural with road	26.1	68.7	.0	1.8	.6	.0	7.8	.2	.0	69.2	17117	79.7	8494	58.9	8622
	Rural without road	21.0	74.0	.0	1.3	.4	.0	9.7	.2	.0	74.2	7626	81.8	2667	70.0	4959
Education of household head	None	27.6	67.1	.0	1.7	.2	.0	9.5	.1	.0	67.2	8098	77.1	3801	58.5	4297
	Primary	27.7	66.7	.1	2.1	.8	.0	8.0	.5	.0	67.6	15376	73.1	7656	62.1	7720
	Secondary +	37.5	57.1	.0	2.3	3.3	.0	4.4	.4	.0	60.1	9104	60.3	5342	59.8	3761
	Non-standard curriculum	13.5	86.5	.0	.0	.0	.0	.6	.0	.0	86.5	421	(84.4)	197	(88.4)	224
	Missing/DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	102	(*)	49	(*)	52
Wealth index quintiles	Poorest	21.0	75.0	.0	.3	.0	.0	10.9	.0	.0	75.0	6616	84.8	2673	68.3	3943
	Second	21.9	73.0	.0	1.3	.1	.0	9.1	.1	.0	73.1	6627	82.9	3045	64.7	3582
	Middle	21.4	74.0	.0	2.8	.4	.0	8.5	.2	.0	74.2	6617	83.1	3157	66.2	3461
	Fourth	27.9	66.7	.0	3.3	1.0	.0	5.6	.3	.0	67.5	6618	75.0	3375	59.6	3243
	Richest	58.9	33.5	.2	2.3	5.1	.0	2.1	1.3	.0	38.6	6621	41.7	4796	30.3	1826
Mother tongue of head**	Lao	36.9	56.9	.1	2.8	2.0	.0	5.8	.5	.0	58.8	21053	60.9	10741	56.6	10312
	Khmou	8.8	90.5	.0	1.2	.0	.0	9.2	.0	.0	90.5	3979	92.6	2577	86.6	1402
	Hmong	12.0	86.6	.0	.2	.0	.0	7.4	.0	.0	86.6	3511	87.9	1735	85.3	1776
	Other Language	32.1	59.2	.0	.5	.3	.0	12.3	.3	.0	59.5	4540	74.9	1975	47.7	2565
Total		**30.2**	**64.4**	**.0**	**2.0**	**1.3**	**.0**	**7.2**	**.4**	**.0**	**65.7**	**33100**	**70.1**	**17045**	**61.0**	**16054**

* MICS indicator 13 ** 2 cases with " missing – mother tongue of head" not shown

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Figures in parenthesis are based on 25-49 unweighted cases.

Table EN.3: Time to source of water

Percent distribution of households according to time to go to source of drinking water, get water and return, and mean time to source of drinking water, Lao PDR, 2006

		Time to source of drinking water							Total	Mean time to source of drinking water (excluding those on premises)	Number of households
		Water on premises	Less than 15 minutes	15 minutes to less than 30 minutes	30 minutes to less than 1 hour	1 hour or more	DK	Missing			
Region	North	21.6	71.8	5.7	.7	.1	.1	.0	100.0	5.8	1842
	Centre	53.1	25.1	12.1	6.8	2.6	.1	.2	100.0	17.0	2881
	South	28.8	44.7	15.9	8.4	2.1	.0	.0	100.0	14.5	1172
Area	Urban	74.3	20.0	3.8	1.3	.4	.1	.1	100.0	9.4	1653
	Rural with road	34.4	46.6	10.6	6.1	2.2	.0	.1	100.0	12.4	3036
	Rural without road	10.3	64.3	17.8	6.0	1.5	.1	.0	100.0	11.0	1205
Education of household head	None	24.2	54.8	12.7	5.8	2.5	.0	.0	100.0	12.1	1406
	Primary	33.6	47.1	11.5	6.0	1.7	.0	.0	100.0	11.9	2642
	Secondary +	57.4	30.9	7.5	2.8	.8	.2	.3	100.0	10.7	1768
	Non-standard curriculum	24.9	62.8	8.5	2.2	1.5	.0	.0	100.0	8.4	63
	Missing/DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	15
Wealth index quintiles	Poorest	6.6	71.4	14.9	5.5	1.4	.1	.0	100.0	10.0	1127
	Second	16.7	58.9	14.8	7.3	2.4	.0	.0	100.0	12.2	1080
	Middle	30.7	47.6	14.2	5.6	1.8	.0	.0	100.0	12.2	1143
	Fourth	57.6	29.0	6.1	4.9	2.1	.1	.1	100.0	14.0	1252
	Richest	87.3	9.2	1.7	1.0	.2	.2	.4	100.0	10.3	1292
Mother tongue of head	Lao	49.7	32.0	10.3	6.1	1.7	.1	.1	100.0	13.8	3986
	Khmou	16.3	73.3	9.7	.6	.0	.2	.0	100.0	6.4	673
	Hmong	16.3	77.2	4.7	1.4	.4	.0	.0	100.0	6.6	526
	Other Language	11.5	58.7	18.6	7.1	4.1	.0	.0	100.0	14.2	708
Total		**37.4**	**44.9**	**10.8**	**5.1**	**1.7**	**.1**	**.1**	**100.0**	**11.7**	**5894**

** 2 cases with " missing – mother tongue of head" not shown

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Figures in parenthesis are based on 25-49 unweighted cases.

Table

Table EN.4: Person collecting water

Percent distribution of households according to the person collecting water used in the household, Lao PDR, 2006

		Person collecting drinking water						Total	Number of households
		Adult woman	Adult man	Female child (under 15)	Male child (under 15)	DK	Missing		
Region	North	86.2	4.9	7.3	1.6	.0	.1	100.0	1414
	Centre	79.8	9.7	7.4	2.0	.3	.9	100.0	1138
	South	83.7	12.6	3.0	.5	.1	.1	100.0	804
Area	Urban	71.7	19.3	6.6	.3	.7	1.4	100.0	291
	Rural with road	83.6	7.8	6.4	1.7	.1	.4	100.0	1985
	Rural without road	86.4	6.3	6.0	1.3	.0	.0	100.0	1081
Education of household head	None	85.3	5.8	6.8	1.8	.3	.1	100.0	1035
	Primary	83.3	9.0	6.3	1.2	.0	.2	100.0	1656
	Secondary +	80.2	11.4	5.4	1.4	.1	1.6	100.0	607
	Non-standard curriculum	(87.7)	(6.3)	(4.1)	(1.9)	(.0)	(.0)	100.0	46
	Missing/DK	(*)	(*)	(*)	(*)	(*)	(*)	100.0	12
Wealth index quintiles	Poorest	84.3	7.2	6.8	1.4	.1	.1	100.0	1053
	Second	85.9	5.3	6.9	1.8	.0	.1	100.0	900
	Middle	85.5	7.5	5.5	1.2	.2	.1	100.0	792
	Fourth	77.8	13.8	5.9	1.3	.1	1.1	100.0	510
	Richest	64.8	26.7	3.1	.9	.0	4.4	100.0	102
Mother tongue of head	Lao	81.4	10.9	5.4	1.5	.2	.6	100.0	1750
	Khmou	83.2	6.5	8.6	1.7	.0	.0	100.0	561
	Hmong	84.1	4.7	9.5	1.5	.0	.2	100.0	428
	Other Language	88.8	5.4	4.4	1.2	.0	.2	100.0	618
Total		**83.4**	**8.3**	**6.3**	**1.5**	**.1**	**.4**	**100.0**	**3357**

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.
Figures in parenthesis are based on 25-49 unweighted cases.

Table EN.5: Use of sanitary means of excreta disposal

Percent distribution of household population according to type of toilet used by the household and the percentage of household members using sanitary means of excreta disposal, Lao PDR, 2006

		Type of toilet facility used by household											Number of households member	Percentage of population using sanitary means of excreta disposal *	Number of households member
		Improved sanitation facility					Unimproved sanitation facility								
		Flush to piped sewer system	Flush to septic tank	Flush to pit (latrine)	Ventilated Improved Pit latrine (VIP)	Pit latrine with slab	Flush to somewhere else	Flush to unknown place/not sure/DK where	Pit latrine without slab/open pit	Hanging toilet/hanging latrine	No facilities or bush or field	Other			
Region	North	.7	3.6	36.5	.1	2.5	.6	.1	8.8	1.1	46.0	.0	10836	43.4	10836
	Centre	3.7	27.5	22.1	.0	.1	.2	.0	1.9	1.1	43.3	.0	15348	53.5	15348
	South	.2	4.8	22.4	.0	.2	.4	.0	.4	.0	71.5	.0	6916	27.7	6916
Area	Urban	6.8	38.6	37.7	.0	.4	.5	.1	1.3	1.0	13.6	.0	8357	83.5	8357
	Rural with road	.4	9.6	27.7	.0	1.0	.4	.0	4.3	1.1	55.4	.0	17117	38.8	17117
	Rural without road	.2	1.1	13.2	.1	1.3	.0	.0	5.8	.3	78.1	.0	7626	15.8	7626
Education of household head	None	.3	5.9	20.5	.0	.6	.1	.0	2.3	.6	69.6	.1	8098	27.3	8098
	Primary	1.4	11.5	26.3	.1	.9	.4	.0	4.9	1.1	53.3	.0	15376	40.2	15376
	Secondary +	4.5	29.1	33.8	.0	1.3	.4	.1	3.3	.7	26.8	.0	9104	68.7	9104
	Non-standard curriculum	.0	11.3	26.3	.0	.0	.0	.0	9.1	.0	53.3	.0	421	37.6	421
	Missing/DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	102	(*)	102
Wealth index quintiles	Poorest	.0	.1	5.6	.2	1.3	.0	.1	4.3	.7	87.7	.0	6616	7.1	6616
	Second	.0	1.1	17.2	.0	.9	.2	.0	7.3	1.1	72.1	.1	6627	19.2	6627
	Middle	.0	3.9	29.9	.0	2.1	.5	.0	5.7	1.4	56.6	.0	6617	35.9	6617
	Fourth	1.3	17.8	44.0	.0	.4	.9	.0	2.1	1.0	32.6	.0	6618	63.5	6618
	Richest	8.6	51.9	37.7	.1	.0	.1	.0	.0	.3	1.3	.0	6621	98.3	6621
Mother tongue of head**	Lao	2.9	22.0	30.4	.0	.8	.3	.0	3.8	1.0	38.7	.0	21053	56.1	21053
	Khmou	.3	1.6	29.2	.0	2.6	.1	.1	8.9	1.9	55.2	.0	3979	33.7	3979
	Hmong	.5	5.4	22.7	.2	.6	.9	.0	2.1	.0	67.4	.2	3511	29.5	3511
	Other Language	.2	1.4	11.9	.1	.4	.1	.0	1.2	.0	84.8	.0	4540	13.8	4540
Total		2.0	15.0	26.9	.0	.9	.3	.0	3.9	.9	50.1	.0	33100	44.8	33100

* MICS Indicator 12; MDG Indicator 31

** 2 cases with " missing – mother tongue of head" not shown

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Table EN.6: Disposal of child's faeces

Percent distribution of children aged 0-2 years according to place of disposal of child's faeces, and the percentage of children aged 0-2 years whose stools are disposed of safely, Lao PDR, 2006

		Place of disposal of child's faeces									Total	Proportion of children whose stools are disposed of safely *	Number of children aged 0-2 years
		Child used toilet/latrine	Put/rinsed into toilet or latrine	Put/rinsed into drain or ditch	Thrown into garbage (solid waste)	Buried	Left in the open	Other	DK	Missing			
Region	North	6.4	4.1	6.7	1.7	5.3	70.3	5.0	.6	.0	100.0	10.1	860
	Centre	11.5	4.8	3.4	1.4	12.7	62.1	3.3	.7	.0	100.0	16.0	1048
	South	2.9	2.3	4.0	.3	24.1	54.9	11.0	.3	.2	100.0	5.1	589
Area	Urban	25.6	16.1	5.9	2.8	17.0	24.8	7.4	.5	.0	100.0	41.2	428
	Rural with road	5.6	2.1	4.2	1.3	12.4	67.5	6.0	.8	.1	100.0	7.5	1342
	Rural without road	.9	.2	4.7	.3	11.3	78.3	4.2	.1	.0	100.0	1.0	727
Mother's education	None	2.0	.6	4.1	.5	6.3	82.5	3.4	.7	.1	100.0	2.5	1001
	Primary	6.5	2.9	4.2	.9	19.2	59.3	6.2	.6	.1	100.0	9.2	1049
	Secondary	24.6	14.5	7.3	4.0	13.2	26.0	10.1	.2	.0	100.0	38.5	417
	Non-standard curriculum	(3.0)	(3.0)	(.0)	(.0)	(4.8)	(83.1)	(6.1)	(.0)	(.0)	100.0	6.1	31
Wealth index quintiles	Poorest	.6	.5	3.5	.3	5.6	84.4	4.5	.6	.1	100.0	1.0	775
	Second	2.6	.8	5.0	.4	8.9	76.2	5.2	.9	.0	100.0	3.2	572
	Middle	3.5	1.9	3.9	1.2	21.4	61.3	6.7	.0	.0	100.0	5.2	461
	Fourth	13.2	5.4	4.3	1.4	25.5	43.5	5.9	.8	.0	100.0	18.3	363
	Richest	33.0	19.0	8.2	4.8	10.7	16.1	7.9	.3	.0	100.0	51.1	326
Mother tongue of head	Lao	12.3	6.3	5.6	1.9	19.1	47.6	6.4	.7	.0	100.0	18.3	1327
	Khmou	3.9	3.3	5.9	.6	5.7	74.6	5.3	.6	.0	100.0	7.0	328
	Hmong	3.0	.8	4.3	1.0	6.5	79.9	3.9	.6	.0	100.0	3.6	393
	Other Language	.7	.2	1.1	.0	5.1	86.7	5.6	.2	.2	100.0	.9	448
Total		**7.7**	**4.0**	**4.7**	**1.3**	**12.9**	**63.2**	**5.7**	**.6**	**.0**	**100.0**	**11.4**	**2497**

* MICS indicator 14

** 1 case with " missing – mother tongue of head" not shown

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Figures in parenthesis are based on 25-49 unweighted cases.

Table EN.7: Use of improved water sources and improved sanitation

Percentage of household population using both improved drinking water sources and sanitary means of excreta disposal, Lao PDR, 2006

		Percentage of household population using improved sources of drinking water *	Percentage of household population using sanitary means of excreta disposal **	Percentage of household population using improved sources of drinking water and using sanitary means of excreta disposal	Number of households members
Region	North	56.7	43.4	31.0	10836
	Centre	47.0	53.5	32.1	15348
	South	53.4	27.7	19.3	6916
Area	Urban	70.4	83.5	63.3	8357
	Rural with road	49.6	38.8	21.4	17117
	Rural without road	35.0	15.8	8.7	7626
Education of household head	None	46.9	27.3	17.2	8098
	Primary	49.8	40.2	26.0	15376
	Secondary +	58.7	68.7	45.3	9104
	Non-standard curriculum	46.8	37.6	22.3	421
	Missing/DK	(*)	(*)	(*)	102
Wealth index quintiles	Poorest	40.4	7.1	5.1	6616
	Second	46.0	19.2	13.4	6627
	Middle	47.7	35.9	22.0	6617
	Fourth	51.0	63.5	33.3	6618
	Richest	72.4	98.3	71.5	6621
Mother tongue of head	Lao	51.0	56.1	34.8	21053
	Khmou	64.8	33.7	28.7	3979
	Hmong	49.4	29.5	18.3	3511
	Other Language	43.5	13.8	11.3	4540
	Missing	(*)	(*)	(*)	17
Total		**51.5**	**44.8**	**29.1**	**33100**

* MICS indicator 11; MDG indicator 30

** MICS indicator 12; MDG indicator 31

Table EN.8: Houses in Poor Conditions

Percentage of households and household members in urban areas (or capital city) that are considered as living in houses in poor conditions, by background characteristics, Lao PDR, 2006

		Over crowding more than three persons per sleeping room	Lack of use of improved water source	Lack of use of improved sanitation	Percent of households considered to be living in houses in poor conditions *	Number of households	Percent of households members considered to be living in houses in poor conditions	Number of household members
Education of household head	None	17.7	37.7	31.8	56.8	194	59.6	989
	Primary	19.1	32.1	22.1	49.4	533	49.5	2836
	Secondary +	18.9	24.9	8.9	41.5	909	43.0	4454
	Non-standard curriculum	(*)	(*)	(*)	(*)	15	43.3	69
	Missing/DK	(*)	(*)	(*)	(*)	1	(*)	9
Wealth index quintiles	Poorest	52.4	73.8	90.0	100.0	33	100.0	214
	Second	36.4	66.3	79.3	95.4	53	97.2	323
	Middle	25.9	49.3	58.3	82.6	110	84.5	529
	Fourth	24.1	40.6	27.1	65.6	426	66.5	2059
	Richest	13.7	18.3	1.2	29.5	1030	30.6	5232
Mother tongue of head	Lao	17.6	26.8	13.3	43.8	1483	44.0	7288
	Khmou	18.6	42.4	40.7	64.4	55	72.0	329
	Hmong	37.2	60.5	35.9	71.9	71	74.5	492
	Other Language	27.5	27.2	41.2	51.8	44	54.0	248
Number of housholds		**18.7**	**28.8**	**16.0**	**45.9**	**1653**	**47.2**	**8357**

** For MICS in Lao PDR, information on only three of these conditions was collected: living area is not sufficient, improved drinking water source are not secured, and improved sanitation facilities are not used. Therefore, the findings of this survey do not show the proportion of urban household members living in slum households; it shows the proportion of urban household members living in houses in poor condition (not a standard MICS indicator)*

Table RH.1: Antenatal care provider

Percent distribution of women aged 15-49 who gave birth in the two years preceding the survey by type of personnel providing antenatal care, Lao PDR, 2006

		Person providing antenatal care								Total	Any skilled personnel *	Number of women who gave birth in the preceding two years
		Medical doctor	Nurse/midwife	Auxiliary midwife	Traditional birth attendant	Community health worker	Relative/ Friend	Other/missing	No antenatal care received			
Region	North	18.5	7.6	1.9	.2	.9	.5	3.3	67.3	100.0	27.9	542
	Centre	29.5	13.2	1.7	1.1	1.4	.3	1.2	51.7	100.0	44.4	625
	South	19.9	6.9	3.3	.3	1.7	.4	1.4	66.1	100.0	30.1	366
Area	Urban	64.7	11.1	.4	.8	1.0	1.0	2.1	18.9	100.0	76.2	250
	Rural with road	20.1	11.2	2.7	.2	1.4	.4	1.8	62.2	100.0	34.0	840
	Rural without road	6.0	6.0	2.1	1.0	1.2	.0	2.4	81.2	100.0	14.1	442
Age	15-19	25.2	10.4	2.6	.0	1.3	.0	1.3	59.3	100.0	38.1	181
	20-24	25.9	10.7	1.9	.9	1.8	.6	.8	57.5	100.0	38.5	422
	25-29	24.1	8.2	2.3	1.0	1.3	.6	1.0	61.6	100.0	34.6	438
	30-34	22.1	10.9	2.4	.2	1.3	.2	2.9	60.0	100.0	35.4	278
	35-39	24.4	9.3	.8	.0	.4	.0	3.3	61.8	100.0	34.5	140
	40-44	2.7	9.8	1.6	.0	.0	1.0	8.7	76.2	100.0	14.1	52
	45-49	(.0)	(.0)	(6.3)	(.0)	(.0)	(.0)	(15.7)	(78.1)	100.0	(6.3)	22
Education	None	7.3	5.2	1.7	.5	.5	.2	2.8	81.7	100.0	14.2	593
	Primary	23.4	12.3	2.2	.7	2.0	.2	1.6	57.6	100.0	37.9	654
	Secondary +	58.8	13.8	3.1	.4	1.2	1.1	1.4	20.2	100.0	75.7	266
	Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	19
Wealth index quintiles	Poorest	8.9	5.5	1.9	.0	1.4	.2	2.5	79.6	100.0	16.3	485
	Second	14.4	8.3	1.8	.3	1.4	.0	1.8	72.0	100.0	24.4	370
	Middle	16.8	11.3	3.1	1.1	1.4	.4	2.8	63.1	100.0	31.2	279
	Fourth	36.5	15.1	3.2	1.1	1.6	.7	.7	41.0	100.0	54.9	205
	Richest	71.9	14.9	.7	1.1	.0	1.3	1.5	8.5	100.0	87.6	193
Mother tongue of head	Lao	33.6	12.4	3.1	.9	1.6	.5	2.1	45.8	100.0	49.1	807
	Khmou	19.9	9.4	2.2	.5	1.2	.0	2.6	64.1	100.0	31.5	216
	Hmong	9.0	1.3	.0	.0	.0	.8	1.9	87.0	100.0	10.3	236
	Other Language	7.9	9.1	1.0	.0	1.6	.0	1.4	79.0	100.0	18.0	273
Total		**23.3**	**9.7**	**2.1**	**.6**	**1.3**	**.4**	**2.0**	**60.7**	**100.0**	**35.1**	**1532**

* MICS indicator 20

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Figures in parenthesis are based on 25-49 unweighted cases.

Table RH.2: Antenatal care content

Percentage of pregnant women receiving antenatal care among women aged 15-49 years who gave birth in two years preceding the survey and percentage of pregnant women receiving specific care as part of the antenatal care received, Lao PDR, 2006

		Percent of pregnant women receiving ANC one or more times during pregnancy*	Percent of pregnant women who had:				Number of women who gave birth in two years preceding survey
			Blood sample taken	Blood pressure measured	Urine specimen taken	Weight measured	
Region	North	32.7	4.1	18.9	6.6	25.1	542
	Centre	48.3	16.5	34.0	18.0	40.6	625
	South	33.9	4.7	13.6	7.2	26.6	366
Area	Urban	81.1	35.5	65.9	37.3	75.4	250
	Rural with road	37.8	5.6	20.9	8.2	30.1	840
	Rural without road	18.8	1.5	5.5	2.7	10.2	442
Age	15-19	40.7	6.2	26.0	8.9	36.1	181
	20-24	42.5	12.6	27.7	13.2	35.3	422
	25-29	38.4	10.5	24.7	13.7	32.3	438
	30-34	40.0	4.9	20.2	10.5	30.0	278
	35-39	38.2	11.6	22.8	8.7	28.8	140
	40-44	23.8	4.3	8.8	1.7	12.5	52
	45-49	(21.9)	(.0)	(.0)	(.0)	(3.9)	22
Education	None	18.3	1.7	6.3	2.3	11.0	593
	Primary	42.4	8.0	24.7	10.7	34.4	654
	Secondary +	79.8	30.0	60.9	32.6	72.4	266
	Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	19
Wealth index quintiles	Poorest	20.4	2.0	8.1	3.3	13.9	485
	Second	28.0	2.8	12.1	5.3	18.6	370
	Middle	36.9	5.5	17.1	7.6	27.6	279
	Fourth	59.0	10.6	39.5	14.4	52.3	205
	Richest	91.5	44.1	78.7	45.4	86.1	193
Mother tongue of head	Lao	54.2	15.4	34.8	16.7	45.4	807
	Khmou	35.9	4.3	21.2	10.7	26.9	216
	Hmong	13.0	1.8	7.9	4.6	9.7	236
	Other Language	21.0	1.6	7.2	2.0	14.3	273
Total		**39.3**	**9.3**	**23.8**	**11.4**	**31.8**	**1532**

* MICS indicator 44

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Figures in parenthesis are based on 25-49 unweighted cases.

Table RH.2w: Antenatal care content

Percentage of pregnant women receiving specific care as par of the antenatal care provided among women aged 15-49 years who gave birth in two years preceding the survey and received antenatal care, Lao PDR, 2006

		Percent of pregnant women who had:				Number of women who gave birth in two years preceding survey and received antenatal care
		Blood sample taken	Blood pressure measured	Urine specimen taken	Weight measured	
Region	North	,9	4,4	1,5	5,8	2347
	Centre	2,8	5,9	3,1	7,0	3622
	South	1,2	3,5	1,9	6,9	1418
Area	Urban	4,0	7,4	4,2	8,5	2231
	Rural with road	1,3	4,8	1,9	6,9	3653
	Rural without road	,4	1,6	,8	3,0	1503
Age	15-19	,7	3,1	1,0	4,2	1539
	20-24	4,3	9,5	4,5	12,1	1235
	25-29	4,1	9,7	5,4	12,7	1112
	30-34	1,2	5,1	2,6	7,5	1104
	35-39	1,7	3,3	1,2	4,1	974
	40-44	,3	,6	,1	,8	805
	45-49	,0	,0	,0	,1	618
Education	None	,5	1,9	,7	3,4	1929
	Primary	1,7	5,2	2,3	7,3	3090
	Secondary +	3,5	7,1	3,8	8,4	2286
	Non-standard curriculum	,0	4,4	4,4	5,5	82
Wealth index quintiles	Poorest	,8	3,0	1,2	5,2	1299
	Second	,8	3,5	1,5	5,3	1290
	Middle	1,1	3,5	1,5	5,6	1375
	Fourth	1,4	5,2	1,9	6,9	1558
	Richest	4,6	8,2	4,7	8,9	1865
Mother tongue of head	Lao	2,5	5,6	2,7	7,3	5033
	Khmou	1,1	5,3	2,7	6,7	873
	Hmong	,7	3,1	1,8	3,9	598
	Other Language	,5	2,2	,6	4,4	880
Total		**1,9**	**4,9**	**2,4**	**6,6**	**7387**

** 2 cases with " missing – mother tongue of head" not shown

Table RH.3: Assistance during delivery

Percent distribution of women aged 15-49 with a birth in two years preceding the survey by type of personnel assisting at delivery, Lao PDR, 2006

		Person assisting at delivery								Total	Any skilled personnel *	Delivered in health facility **	Number of women who gave birth in preceding two years
		Medical doctor	Nurse/mid wife	Auxiliary midwife	Traditional birth attendant	Community health volunteer	Relative/ friend	Other/ missing	No attendant				
Region	North	10.4	2.7	1.3	4.8	4.8	44.9	25.5	5.6	100.0	14.4	10.6	542
	Centre	23.2	4.3	.7	12.7	3.7	30.9	18.6	5.8	100.0	28.2	27.3	625
	South	9.3	3.5	2.5	45.0	5.3	20.0	11.6	2.8	100.0	15.3	9.4	366
Area	Urban	60.4	5.6	1.9	7.1	1.9	12.2	8.9	2.2	100.0	67.8	61.6	250
	RWR	9.3	4.2	1.7	19.5	5.4	34.5	19.4	6.0	100.0	15.2	11.9	840
	RWOR	1.3	1.2	.4	20.2	4.2	42.9	25.2	4.7	100.0	3.0	1.9	442
Age	15-19	14.0	5.1	.8	19.6	4.1	33.5	19.6	3.3	100.0	19.8	18.1	181
	20-24	17.2	3.3	1.4	19.7	5.2	34.5	15.5	3.3	100.0	21.9	18.3	422
	25-29	16.4	3.8	2.0	15.8	4.1	32.6	20.8	4.5	100.0	22.3	18.5	438
	30-34	15.6	2.8	1.0	14.6	3.5	36.1	19.1	7.4	100.0	19.4	15.6	278
	35-39	16.0	4.1	.6	18.9	5.4	26.8	20.0	8.2	100.0	20.7	18.9	140
	40-44	.0	1.7	1.0	22.5	7.3	32.7	27.1	7.8	100.0	2.7	2.7	52
	45-49	(.0)	(.0)	(2.4)	(17.5)	(.0)	(29.8)	(45.6)	(4.7)	100.0	(2.4)	(.0)	22
Education	None	2.3	.5	.6	11.6	2.9	50.2	25.2	6.7	100.0	3.4	2.3	593
	Primary	11.5	5.0	1.7	26.9	6.2	26.8	17.5	4.3	100.0	18.3	14.8	654
	Secondary +	53.7	6.8	2.3	9.6	4.0	11.7	10.0	2.0	100.0	62.8	55.9	266
	Non-standard	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	19
Wealth index quintiles	Poorest	1.4	1.2	.3	11.7	5.0	47.9	25.7	6.8	100.0	3.0	2.8	485
	Second	5.2	2.0	1.4	16.7	3.7	40.0	24.3	6.7	100.0	8.6	6.7	370
	Middle	9.1	3.5	1.7	30.7	5.1	29.5	16.3	4.1	100.0	14.3	10.1	279
	Fourth	22.7	7.9	2.2	26.1	5.1	19.4	12.9	3.6	100.0	32.8	27.0	205
	Richest	70.9	7.7	2.6	6.7	3.0	3.9	5.3	.0	100.0	81.2	72.6	193
Mother tongue of head	Lao	24.4	5.4	2.0	24.9	6.1	21.3	12.4	3.5	100.0	31.8	27.3	807
	Khmou	7.4	2.1	.8	3.5	4.5	49.3	22.1	10.1	100.0	10.4	7.8	216
	Hmong	6.3	.8	.0	3.1	1.1	43.9	37.3	7.5	100.0	7.1	5.9	236
	Other Language	2.6	1.7	1.0	20.2	2.4	46.7	22.4	3.1	100.0	5.3	4.1	273
Total		**15.4**	**3.5**	**1.4**	**17.7**	**4.5**	**33.3**	**19.4**	**5.0**	**100.0**	**20.3**	**17.1**	**1532**

* MICS indicator 4; MDG indicator 17 ** MICS indicator 5

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed / Figures in parenthesis are based on 25-49 unweighted cases.

Table CD.1: Family support for learning

Percentage of children aged 0-59 months for whom household members are engaged in activities that promote learning and school readiness, Lao PDR, 2006

		Percentage of children aged 0-59 months					
		For whom household members engaged in four or more activities that promote learning and school readiness *	Mean number of activities household members engage in with the child	For whom the father engaged in one or more activities that promote learning and school readiness **	Mean number of activities the father engage in with the child	Living in a household without their natural father	Number of children aged 0-59 months
Sex	Male	24.9	2.7	20.6	.3	7.4	2109
	Female	25.6	2.7	19.1	.3	6.4	2027
Region	North	23.3	2.6	24.8	.4	4.6	1413
	Centre	23.2	2.8	17.1	.3	7.7	1749
	South	31.9	2.7	17.6	.3	8.9	975
Area	Urban	42.7	3.2	23.4	.4	10.0	694
	Rural with road	23.0	2.6	19.4	.3	6.9	2247
	Rural without road	19.4	2.5	18.6	.3	5.2	1195
Age	0-23 months	14.5	2.2	13.6	.2	6.4	1632
	24-59 months	32.3	3.0	23.9	.4	7.2	2504
Mother's education	None	16.4	2.4	18.3	.3	6.1	1649
	Primary	27.0	2.7	20.2	.3	7.0	1749
	Secondary	41.7	3.3	22.5	.4	9.0	677
	Non-standard curriculum	30.6	2.4	21.2	.2	4.8	61
Father's education	None	13.2	2.3	18.4	.3	.0	733
	Primary	22.9	2.6	19.8	.3	.0	1807
	Secondary +	34.4	3.0	24.2	.4	.0	1258
	Non-standard curriculum	(17.6)	(2.2)	(24.9)	(.3)	(.0)	38
	Father not in household	33.5	3.0	5.0	.1	99.5	288
	Missing/DK	(*)	(*)	(*)	(*)	(*)	13
Wealth index quintiles	Poorest	14.9	2.3	18.9	.3	3.9	1234
	Second	21.2	2.6	18.7	.3	5.1	984
	Middle	28.4	2.8	21.0	.3	7.0	789
	Fourth	31.8	2.9	19.6	.3	11.6	629
	Richest	45.6	3.3	22.8	.4	12.1	501
Mother tongue of head	Lao	33.1	3.0	20.4	.3	8.8	2200
	Khmou	17.2	2.3	24.3	.3	7.8	562
	Hmong	17.0	2.3	22.4	.4	1.5	631
	Other Language	15.2	2.4	12.7	.2	5.2	740
	Missing	(*)	(*)	(*)	(*)	(*)	3
Total		**25.3**	**2.7**	**19.8**	**.3**	**6.9**	**4136**

* MICS indicator 46

** MICS indicator 47

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Figures in parenthesis are based on 25-49 unweighted cases.

Table CD.2: Learning materials

Percentage of children aged 0-59 months living in households containing learning materials, Lao PDR, 2006

		3 or more non-children's books *	Median number of non-children's books	3 or more children's books **	Median number of children's books	Child plays with:					3 or more types of playthings ***	Number of children aged 0-59 months
						Household objects	Objects and materials found outside the home	Homemade toys	Toys that came from a store	No playthings mentioned		
Sex	Male	10.3	.0	2.3	.3	54.1	53.6	35.8	40.8	17.7	30.3	2109
	Female	11.1	.0	2.7	.3	62.2	55.3	31.6	35.6	20.1	29.8	2027
Region	North	8.5	.0	1.6	.2	55.1	50.7	17.0	15.7	23.2	10.9	1413
	Centre	14.0	.0	3.2	.3	57.4	56.7	49.9	60.4	15.5	44.8	1749
	South	8.1	.0	2.7	.4	63.5	55.8	28.8	31.3	18.7	31.4	975
Area	Urban	22.0	.0	9.0	.8	47.0	36.0	31.6	59.0	15.0	28.5	694
	Rural with road	9.3	.0	1.5	.2	61.4	56.8	33.8	36.3	18.2	31.2	2247
	Rural without road	6.8	.0	.8	.1	58.1	60.7	34.8	29.8	22.4	28.7	1195
Age	0-23 months	9.9	.0	1.9	.2	45.5	35.9	22.5	28.9	39.1	20.2	1632
	24-59 months	11.2	.0	2.9	.3	66.2	66.5	41.0	44.3	5.7	36.5	2504
Mother's education	None	6.3	.0	1.0	.1	61.5	60.3	31.0	28.4	20.4	26.5	1649
	Primary	10.3	.0	1.5	.2	60.6	55.7	36.9	41.3	17.4	34.5	1749
	Secondary	21.4	.0	9.1	.8	44.7	36.3	34.1	56.8	18.2	29.0	677
	Non-standard curriculum	(22.0)	(.0)	(.9)	(.1)	(39.3)	(61.0)	(9.3)	(8.7)	(27.3)	(7.1)	61
Wealth index quintiles	Poorest	4.0	.0	1.0	.1	60.8	57.7	26.7	21.2	21.8	20.9	1234
	Second	8.6	.0	1.0	.1	59.0	62.1	34.7	31.5	18.9	29.9	984
	Middle	13.2	.0	1.4	.2	63.1	57.8	42.2	40.9	18.6	37.9	789
	Fourth	13.3	.0	2.5	.2	61.8	54.7	38.2	58.6	14.7	44.6	629
	Richest	24.0	.0	11.1	1.0	36.6	25.8	29.8	64.0	17.5	22.2	501
Mother tongue of head****	Lao	13.2	.0	3.6	.3	58.2	54.0	42.0	54.5	15.3	40.7	2200
	Khmou	10.0	.0	.8	.1	56.4	50.5	21.8	15.1	23.9	12.2	562
	Hmong	9.5	.0	1.6	.2	48.2	48.0	18.0	14.8	24.6	9.6	631
	Other Language	5.0	.0	1.4	.2	67.2	64.1	31.5	27.4	21.0	29.3	740
Total		**10.7**	**.0**	**2.5**	**.3**	**58.0**	**54.4**	**33.7**	**38.3**	**18.9**	**30.0**	4136

* MICS indicator 49

** MICS indicator 48

*** MICS indicator 50

**** 2 cases with “missing-mother tongue of head” not shown

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Figures in parenthesis are based on 25-49 unweighted cases

Table

Table CD.3: Children left alone or with other children

Percentage of children age 0-59 months left in the care of other children under the age of 10 years or left alone in the past week, Lao PDR, 2006

		Left in the care children under the age of 10 years in past week	Left alone in the past week	Left with inadequate care in past week *	Number of children aged 0-59 months
Sex	Male	23.9	6.0	25.7	2109
	Female	24.1	5.7	25.3	2027
Region	North	27.7	3.8	29.0	1413
	Centre	22.2	8.5	24.3	1749
	South	21.6	4.1	22.7	975
Area	Urban	11.8	3.7	14.6	694
	Rural with road	26.4	6.5	27.8	2247
	Rural without road	26.5	5.9	27.6	1195
Age	0-23	14.4	2.4	15.6	1632
	24-59	30.2	8.1	32.0	2504
Mother's education	None	29.1	6.8	29.9	1649
	Primary	23.2	5.6	25.1	1749
	Secondary	12.0	4.7	14.6	677
	Non-standard curriculum	(38.9)	(2.3)	(38.9)	61
Wealth index quintiles	Poorest	32.2	6.7	33.3	1234
	Second	26.2	6.4	27.4	984
	Middle	23.5	5.2	24.3	789
	Fourth	13.6	3.4	15.5	629
	Richest	13.0	6.8	17.0	501
Mother tongue of head**	Lao	19.7	5.6	21.7	2200
	Khmou	33.0	5.0	34.3	562
	Hmong	28.1	4.7	29.5	631
	Other Language	26.1	8.0	26.8	740
Total		**24.0**	**5.9**	**25.5**	**4136**

* MICS indicator 51

**** 2 cases with “missing-mother tongue of head” not shown

Figures in parenthesis are based on 25-49 unweighted cases

Table ED.1: Early childhood education

Percentage of children aged 36-59 months who are attending some form of organized early childhood education programme and percentage of first graders who attended pre-school, Lao PDR, 2006

		Percentage of children aged 36-59 months currently attending early childhood education*	Number of children aged 36-59 months	Percentage of children attending first grade who attended preschool program in previous year**	Number of children attending first grade
Sex	Male	7.6	864	30.6	157
	Female	7.2	793	31.1	171
Region	North	5.1	560	16.3	103
	Centre	11.5	707	34.7	165
	South	3.3	390	45.3	60
Area	Urban	33.6	271	63.1	74
	Rural with road	2.4	915	20.2	208
	Rural without road	2.1	471	(27.4)	46
Age of child	36-47 months	5.5	937	.	0
	48-59 months	9.9	720	.	0
	6 years	.	0	30.9	328
Mother's education	None	1.0	651	11.6	100
	Primary	3.3	713	31.2	140
	Secondary +	35.1	263	54.0	83
	Non-standard curriculum	(*)	30	(*)	6
Wealth index quintiles	Poorest	1.4	466	12.9	62
	Second	2.0	415	19.7	67
	Middle	2.8	330	14.6	58
	Fourth	7.9	268	32.8	79
	Richest	43.7	178	73.7	62
Mother tongue of head	Lao	12.2	883	37.4	233
	Khmou	3.2	238	(18.9)	42
	Hmong	2.0	241	(10.7)	36
	Other Language	.9	294	(*)	18
	Missing	(*)	1	(*)	0
Total		**7.4**	**1657**	**30.9**	**328**

* MICS Indicator 52

** MICS Indicator 53

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Figures in parenthesis are based on 25-49 unweighted cases

Table ED.2: Primary school entry

Percentage of children of primary school entry age attending grade 1, Lao PDR, 2006

		Percentage of children of primary school entry age currently attending grade 1 *	Number of children of primary school entry age
Sex	Male	57.0	444
	Female	58.3	452
Region	North	53.6	299
	Centre	61.7	397
	South	55.6	200
Area	Urban	73.0	181
	Rural with road	56.1	483
	Rural without road	49.0	232
Age at beginning of school year Mother's education	6	57.7	896
	None	42.3	380
	Primary	64.9	366
	Secondary +	81.5	138
	Non-standard curriculum	(*)	12
Wealth index quintiles	Poorest	36.5	239
	Second	47.5	189
	Middle	65.4	198
	Fourth	76.1	158
	Richest	80.4	112
Mother tongue of head	Lao	69.3	513
	Khmou	53.0	110
	Hmong	46.7	111
	Other Language	31.5	162
Total		57.7	896

* MICS Indicator 54

Table based on estimated age as of the beginning of the school year

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Table ED.3: Primary school net attendance ratio

Percentage of children of primary school age attending primary school or secondary school (NAR), Lao PDR, 2006

		Male		Female		Total	
		Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio	Number of children
Region	North	77.6	774	72.9	762	75.2	1537
	Centre	83.4	988	79.4	994	81.4	1981
	South	81.0	532	78.5	481	79.9	1014
Area	Urban	92.9	470	93.1	446	93.0	916
	Rural with road	81.6	1260	78.1	1223	79.9	2483
	Rural without road	69.3	564	61.9	569	65.6	1133
Age at beginning of school year	6	60.7	444	65.3	452	63.0	896
	7	78.0	460	70.9	451	74.5	912
	8	88.7	468	81.1	392	85.2	860
	9	85.8	505	82.6	514	84.2	1018
	10	90.8	417	85.3	428	88.0	845
Mother's education	None	69.7	973	61.1	938	65.5	1911
	Primary	86.2	947	85.8	930	86.0	1877
	Secondary +	96.7	340	96.5	340	96.6	681
	Non-standard curriculum	(94.3)	33	(80.8)	30	88.0	63
Wealth index quintiles	Poorest	62.8	500	55.3	507	59.0	1007
	Second	75.3	556	65.4	508	70.6	1065
	Middle	83.6	488	83.9	504	83.7	992
	Fourth	93.7	442	93.5	407	93.6	848
	Richest	97.7	308	98.7	311	98.2	619
Mother tongue of head	Lao	88.0	1341	89.4	1294	88.7	2635
	Khmou	79.8	287	78.5	270	79.2	557
	Hmong	78.6	297	59.0	306	68.6	603
	Other Language	57.5	368	47.4	366	52.4	734
	Missing	(*)	1	(*)	1	(*)	3
Total		**80.9**	**2294**	**77.0**	**2237**	**79.0**	**4532**

* MICS indicator 55; MDG indicator 6

Table based on estimated age as of the beginning of the school year

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Table ED.4: Secondary school net attendance ratio

Percentage of children of secondary school age attending secondary or higher school (NAR), Lao PDR, 2006

		Male		Female		Total	
		Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio	Number of children
Region	North	35.4	847	24.4	875	29.8	1722
	Centre	44.6	1245	39.8	1116	42.3	2360
	South	32.0	560	27.0	514	29.6	1074
Area	Urban	65.7	682	62.0	662	63.8	1344
	Rural with road	33.5	1381	25.0	1293	29.4	2674
	Rural without road	21.2	589	11.5	550	16.5	1139
Age at beginning of school year	11	20.6	516	19.7	468	20.1	983
	12	37.6	499	31.1	487	34.4	986
	13	44.7	386	39.4	503	41.7	889
	14	46.1	490	37.3	312	42.6	802
	15	47.8	423	36.0	400	42.1	823
	16	41.6	338	28.3	335	35.0	673
Mother's education	None	21.4	987	14.1	875	18.0	1862
	Primary	42.8	1096	33.2	1010	38.2	2106
	Secondary +	70.7	404	74.0	389	72.3	793
	Non-standard curriculum	(32.6)	48	(26.1)	41	29.6	89
	Mother not in household	45.2	117	21.2	190	30.3	307
Wealth index quintiles	Poorest	12.8	451	3.0	412	8.1	863
	Second	19.2	505	9.7	490	14.5	995
	Middle	35.4	575	25.7	529	30.8	1104
	Fourth	47.7	582	47.0	559	47.4	1141
	Richest	73.9	540	65.8	515	69.9	1054
Mother tongue of head	Lao	47.7	1740	43.4	1596	45.6	3337
	Khmou	28.2	317	12.5	309	20.4	626
	Hmong	33.0	233	12.8	287	21.8	520
	Other Language	10.7	361	9.2	311	10.0	672
	Missing	.	0	(*)	1	(*)	1
Total		**39.0**	**2652**	**31.8**	**2505**	**35.5**	**5157**

* MICS indicator 56

Table based on estimated age as of the beginning of the school year

Table ED.4w: Secondary school age children attending primary school

Percentage of children of secondary school age attending primary school, Lao PDR, 2006

		Male		Female		Total	
		Percent attending primary school	Number of children	Percent attending primary school	Number of children	Percent attending primary school	Number of children
Region	North	38.7	847	33.7	875	36.2	1722
	Centre	26.0	1245	19.6	1116	23.0	2360
	South	38.2	560	25.5	514	32.1	1074
Area	Urban	20.4	682	12.5	662	16.5	1344
	Rural with road	35.2	1381	30.3	1293	32.8	2674
	Rural without road	40.6	589	31.1	550	36.0	1139
Age at beginning of school year	11	67.0	516	59.9	468	63.6	983
	12	48.4	499	39.7	487	44.1	986
	13	33.4	386	21.9	503	26.9	889
	14	19.5	490	11.3	312	16.3	802
	15	9.6	423	5.2	400	7.5	823
	16	3.8	338	1.6	335	2.7	673
Mother's education	None	41.6	987	33.2	875	37.6	1862
	Primary	31.1	1096	29.4	1010	30.2	2106
	Secondary +	20.1	404	9.7	389	15.0	793
	Non-standard curriculum	(40.9)	48	(27.4)	41	34.7	89
	Mother not in household	11.3	117	4.5	190	7.1	307
Wealth index quintiles	Poorest	49.4	451	36.3	412	43.1	863
	Second	40.4	505	37.3	490	38.9	995
	Middle	36.8	575	29.4	529	33.2	1104
	Fourth	26.6	582	20.9	559	23.8	1141
	Richest	13.3	540	7.8	515	10.6	1054
Mother tongue of head*	Lao	26.3	1740	19.6	1596	23.1	3337
	Khmou	46.3	317	45.6	309	46.0	626
	Hmong	40.5	233	33.6	287	36.7	520
	Other Language	45.9	361	30.6	311	38.8	672
Total		**32.6**	**2652**	**25.8**	**2505**	**29.3**	**5157**

Table based on estimated age as of the beginning of the school year

** 1 case with "missing-mother tongue of head" not shown*

Figures in parenthesis are based on 25-49 unweighted cases

Table ED.5: Children reaching grade 5

Percentage of children entering first grade of primary school who eventually reach grade 5, Lao PDR, 2006

		Percent attending 2nd grade who were in 1st grade last year	Percent attending 3rd grade who were in 2nd grade last year	Percent attending 4th grade who were in 3rd grade last year	Percent attending 5th grade who were in 4th grade last year	Percent who reach grade 5 of those who enter 1st grade *
Sex	Male	75.8	94.9	95.5	93.3	64.1
	Female	78.5	94.6	94.0	95.9	67.0
Region	North	73.5	96.5	96.6	94.8	65.0
	Centre	77.1	92.9	93.5	94.0	63.0
	South	82.8	95.3	94.9	95.0	71.2
Area	Urban	84.5	93.8	95.8	97.3	73.9
	Rural with road	76.7	94.9	96.2	94.4	66.1
	Rural without road	72.8	95.2	90.1	89.9	56.1
Mother's education	None	72.3	95.9	92.0	92.1	58.7
	Primary	80.6	94.0	96.1	94.9	69.1
	Secondary +	85.9	94.3	96.4	98.3	76.7
	Non-standard curriculum	57.3	100.0	100.0	87.9	50.4
	Mother not in household	.	85.0	100.0	89.9	.
Wealth index quintiles	Poorest	67.5	95.6	94.4	92.4	56.4
	Second	77.2	95.9	91.1	87.5	59.0
	Middle	80.2	93.5	96.8	95.3	69.2
	Fourth	79.9	93.9	95.2	96.9	69.1
	Richest	87.8	95.5	96.2	97.4	78.6
Mother tongue of head	Lao	80.0	93.9	94.8	94.7	67.5
	Khamu	71.3	98.4	94.4	92.2	61.0
	Mong	77.2	96.2	96.2	97.1	69.3
	Other Language	72.5	92.8	94.7	92.8	59.1
	Missing	.	.	100.0	.	.
Total		**77.1**	**94.7**	**94.9**	**94.5**	**65.4**

* MICS Indicator 57 ; MDG Indicator 7

This table assume that repeaters will NOT progress to the next grade

Table ED.6: Primary school completion and transition to secondary education

Primary school completion rate and transition rate to secondary education, Lao PDR, 2006

		Net primary school completion rate *	Number of children of primary school completion age	Transition rate to secondary education **	Number of children who were in the last grade of primary school the previous year
Sex	Male	23.1	417	89.4	330
	Female	30.3	428	86.6	241
Region	North	17.6	281	91.3	167
	Centre	33.9	368	87.8	296
	South	26.1	196	84.9	109
Area	Urban	52.3	204	95.2	204
	Rural with road	22.1	461	85.2	272
	Rural without road	9.4	181	82.1	96
Mother's education	None	6.7	341	86.9	131
	Primary	33.2	347	87.5	263
	Secondary +	58.0	147	94.3	145
	Non-standard curriculum	(*)	10	(*)	7
	Mother not in household	.	0	(*)	8
Wealth index quintiles	Poorest	5.0	152	(84.0)	40
	Second	9.5	180	75.3	67
	Middle	22.3	187	83.3	139
	Fourth	34.7	185	90.2	158
	Richest	66.7	143	96.7	167
Mother tongue of head	Lao	39.6	519	88.4	442
	Khamu	7.1	101	93.2	52
	Mong	6.9	102	(88.6)	48
	Other Language	4.8	123	(81.1)	28
	Missing	.	0	(*)	1
Total		**26.7**	**845**	**88.2**	**572**

* MICS Indicator 59; MDG Indicator 7b

** MICS Indicator 58

Table based on estimated age as of the beginning of the school year

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Figures in parenthesis are based on 25-49 unweighted cases

Table ED.7 : Education gender parity

Ratio of girls to boys attending primary education and ratio of girls to boys attending secondary education, Lao PDR, 2006

		Primary school net attendance ratio (NAR). girls	Primary school net attendance ratio (NAR). boys	Gender parity index (GPI) for primary school NAR*	Secondary school net attendance ratio (NAR). girls	Secondary school net attendance ratio (NAR). boys	Gender parity index (GPI) for secondary school NAR*
Region	North	72.9	77.6	.94	24.4	35.4	.69
	Centre	79.4	83.4	.95	39.7	44.6	.89
	South	78.5	81.0	.97	27.0	32.0	.84
Area	Urban	93.1	92.9	1.00	61.7	65.7	.94
	Rural with road	78.1	81.6	.96	25.0	33.5	.75
	Rural without road	61.9	69.3	.89	11.5	21.2	.54
Mother's education	None	61.1	69.7	.88	13.9	21.4	.65
	Primary	85.8	86.2	1.00	33.2	42.8	.77
	Secondary +	96.5	96.7	1.00	74.0	70.7	1.05
	Non-standard curriculum	80.8	94.3	.86	26.1	32.6	.80
	Mother not in household	.	.	.	21.2	45.2	.47
Wealth index quintiles	Poorest	55.3	62.8	.88	3.0	12.8	.24
	Second	65.4	75.3	.87	9.7	19.2	.50
	Middle	83.9	83.6	1.00	25.7	35.4	.73
	Fourth	93.5	93.7	1.00	47.0	47.7	.98
	Richest	98.7	97.7	1.01	65.5	73.9	.89
Mother tongue of head	Lao	89.4	88.0	1.02	43.3	47.7	.91
	Khmou	78.5	79.8	.98	12.5	28.2	.44
	Hmong	59.0	78.6	.75	12.8	33.0	.39
	Other Language	47.4	57.5	.82	9.2	10.7	.86
	Missing	(*)	(*)	(*)	(*)	(*)	(*)
Total		**77.0**	**80.9**	**.95**	**31.8**	**39.0**	**.81**

* MICS Indicator 61; MDG Indicator 9

Table based on estimated age as of the beginning of the school year

Table ED.8: Adult literacy

Percentage of women aged 15-24 years that are literate, Lao PDR, 2006

		Percentage literate *	Percentage not known	Number of women aged 15-24 years
Region	North	57.3	.1	943
	Centre	76.2	.1	1324
	South	62.4	.0	507
Area	Urban	93.1	.3	850
	Rural with road	61.7	.0	1386
	Rural without road	40.8	.0	538
Education	None	.3	.0	519
	Primary	65.1	.2	1078
	Secondary +	100.0	.0	1160
	Non-standard curriculum	(*)	(*)	16
Age	15-19	71.6	.1	1539
	20-24	61.9	.1	1235
Wealth index quintiles	Poorest	24.2	.0	467
	Second	42.7	.0	476
	Middle	66.5	.2	510
	Fourth	86.7	.0	599
	Richest	95.7	.2	722
Mother tongue of head	Lao	81.5	.1	1874
	Khmou	48.3	.0	341
	Hmong	30.3	.0	255
	Other Language	31.7	.0	304
Total		**67.3**	**.1**	**2774**

* MICS Indicator 60; MDG Indicator 8

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.

Table CP.1: Birth registration

Percent distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration, Lao PDR, 2006

		Birth is registered *	Don't know if birth is registered	Number of children aged 0-59 months	Birth is not registered because:						Total	Number of children aged 0-59 months without birth registration
					Must travel too far	Didn't know child should be registered	Doesn't know where to register	Other	Don't know	Missing		
Sex	Male	72.2	3.9	2109	.7	30.2	3.1	3.3	62.5	.1	100.0	505
	Female	70.8	4.8	2027	1.0	29.4	3.3	3.5	62.5	.3	100.0	495
Region	North	59.0	5.3	1413	.0	42.8	2.7	1.2	53.3	.0	100.0	504
	Centre	74.7	5.0	1749	2.1	20.0	3.9	5.5	68.0	.5	100.0	355
	South	83.7	1.8	975	.6	8.2	3.1	6.2	81.5	.4	100.0	141
Area	Urban	83.9	2.2	694	.0	22.1	5.0	18.6	52.5	1.8	100.0	96
	Rural with road	72.1	4.4	2247	1.1	25.1	3.6	2.3	67.7	.1	100.0	529
	Rural without road	63.1	5.5	1195	.7	38.4	2.1	1.0	57.7	.0	100.0	375
Age	0-11 months	61.0	6.4	804	2.0	34.2	2.1	9.0	52.2	.6	100.0	262
	12-23 months	72.5	3.3	828	1.6	24.6	4.2	1.8	67.4	.3	100.0	200
	24-35 months	74.5	3.9	847	.0	27.8	4.4	1.2	66.6	.0	100.0	183
	36-47 months	73.8	4.2	937	.0	32.0	4.2	1.5	62.3	.0	100.0	207
	48-59 months	75.4	4.0	720	.0	28.6	1.0	1.0	69.4	.0	100.0	148
Mother's education	None	62.9	6.8	1649	.9	33.1	3.1	1.2	61.6	.1	100.0	499
	Primary	74.2	3.4	1749	.6	25.4	3.0	3.2	67.8	.0	100.0	393
	Secondary	84.3	1.2	677	1.4	31.0	5.3	14.5	46.0	1.7	100.0	98
	Non-standard curriculum	(82.9)	(.0)	61	(*)	(*)	(*)	(*)	(*)	(*)	100.0	10
Wealth index quintiles	Poorest	62.0	6.1	1234	1.1	39.1	2.9	1.5	55.3	.1	100.0	393
	Second	65.9	6.4	984	1.0	22.4	2.8	.9	72.8	.0	100.0	273
	Middle	74.9	3.2	789	.8	23.6	4.4	.9	70.3	.0	100.0	172
	Fourth	83.9	1.1	629	.0	28.6	2.4	6.2	61.0	1.8	100.0	95
	Richest	84.7	1.8	501	.0	23.3	4.6	27.0	45.2	.0	100.0	67
Mother tongue of head	Lao	79.3	2.1	2200	.0	22.1	4.2	6.5	66.8	.4	100.0	409
	Khmou	59.2	5.5	562	.0	44.5	2.9	1.5	51.1	.0	100.0	198
	Hmong	58.4	5.8	631	2.5	31.5	3.8	1.4	60.8	.0	100.0	225
	Other Language	68.8	8.6	740	1.7	28.9	.3	.9	68.0	.3	100.0	167
	Missing	(*)	(*)	3	.0	.0	.0	.0	.0	.0	.0	0
Total		**71.5**	**4.3**	**4136**	**.8**	**29.8**	**3.2**	**3.4**	**62.5**	**.2**	**100.0**	**1000**

* MICS Indicator 62

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed
Figures in parenthesis are based on 25-49 unweighted cases.

Table CP.2: Child labour

Percentage of children aged 5-14 years who are involved in child labour activities by type of work, Lao PDR, 2006

		Working outside household		Household chores for 28+ hours/week	Working for family business	Total child labour *	Number of children aged 5-14 years
		Paid work	Unpaid work				
Sex	Male	.9	.6	1.3	8.0	10.2	4722
	Female	.5	1.0	2.4	9.5	12.5	4695
Region	North	.1	1.4	1.8	13.1	15.1	3232
	Centre	1.1	.7	1.6	7.0	9.7	4069
	South	.9	.2	2.3	5.5	8.7	2116
Area	Urban	.5	.6	.6	6.0	7.6	1987
	Rural with road	.8	.6	2.0	8.9	11.6	5057
	Rural without road	.7	1.5	2.5	10.7	13.8	2373
Age	5-11 years	.5	.8	.7	9.0	10.6	6559
	12-14 years	1.2	.9	4.5	8.1	13.1	2858
School participation	Yes	.7	.8	1.4	9.8	12.0	6413
	No	.8	.8	2.8	6.6	9.9	3004
Mother's education	None	.6	.7	2.6	9.4	12.2	3894
	Primary	1.0	1.1	1.2	8.6	11.2	3886
	Secondary +	.6	.2	.9	7.5	8.8	1492
	Non-standard curriculum	.0	.0	8.1	12.0	18.5	144
	Mother not in household	(*)	(*)	(*)	(*)	(*)	1
Wealth index quintiles	Poorest	.5	.9	2.5	10.4	13.1	2072
	Second	.5	.8	3.0	9.7	12.7	2144
	Middle	.9	.6	1.6	9.3	11.6	2023
	Fourth	1.3	1.3	1.2	7.7	10.9	1794
	Richest	.6	.3	.3	5.5	6.6	1384
Mother tongue of head	Lao	1.0	.8	1.1	7.0	9.5	5586
	Khmou	.2	1.1	3.1	11.9	14.4	1174
	Hmong	.1	.4	3.1	15.5	17.5	1195
	Other Language	.6	.9	2.5	7.7	10.9	1457
	Missing	(*)	(*)	(*)	(*)	(*)	6
Total		**.7**	**.8**	**1.8**	**8.8**	**11.3**	**9417**

* MICS Indicator 71

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed

Table CP.2w: Child labour (working table)

Percentage of children aged 5-14 years who are currently working and the percentage who are involved in child labour activities (to be eliminated), by type of work, Lao PDR, 2006

		Any paid child work outside the household	Paid labour (to be eliminated) outside the household	Any unpaid child work outside the household	Unpaid labour (to be eliminated) outside the household	Any House hold chores	Household chores for 28+ hours/week	Any child work for family business	Any child labour (to be eliminated) for family business	Any child work	Total child labour *	Number of children 5-14 years of age
Sex	Male	1.5	.9	1.4	.6	53.5	1.3	12.3	8.0	15.0	10.2	4722
	Female	.8	.5	1.6	1.0	62.9	2.4	14.0	9.5	17.1	12.5	4695
Region	North	.3	.1	2.0	1.4	59.7	1.8	17.8	13.1	19.8	15.1	3232
	Centre	1.8	1.1	1.7	.7	54.7	1.6	11.3	7.0	14.9	9.7	4069
	South	1.1	.9	.3	.2	62.7	2.3	9.5	5.5	12.5	8.7	2116
Area	Urban	1.1	.5	.9	.6	52.0	.6	10.4	6.0	12.6	7.6	1987
	Rural with road	1.3	.8	1.3	.6	60.0	2.0	13.4	8.9	16.4	11.6	5057
	Rural without road	.7	.7	2.4	1.5	59.5	2.5	15.0	10.7	18.2	13.8	2373
Age	5-11 years	.5	.5	.8	.8	47.0	.7	9.0	9.0	10.6	10.6	6559
	12-14 years	2.5	1.2	3.1	.9	83.9	4.5	22.5	8.1	28.6	13.1	2858
School participation	Yes	1.2	.7	1.5	.8	67.4	1.4	15.0	9.8	17.7	12.0	6413
	No	1.0	.8	1.4	.8	38.6	2.8	9.2	6.6	12.5	9.9	3004
Mother's education	None	.9	.6	1.3	.7	58.4	2.6	13.3	9.4	16.3	12.2	3894
	Primary	1.4	1.0	2.1	1.1	59.8	1.2	13.1	8.6	16.2	11.2	3886
	Secondary +	1.0	.6	.4	.2	52.9	.9	12.6	7.5	14.1	8.8	1492
	Non-standard curriculum	1.0	.0	2.0	.0	64.1	8.1	15.5	12.0	23.3	18.5	144
	Mother not in household	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
Wealth index quintiles	Poorest	.6	.5	1.4	.9	55.8	2.5	13.9	10.4	16.5	13.1	2072
	Second	.7	.5	1.2	.8	60.0	3.0	13.2	9.7	16.2	12.7	2144
	Middle	1.4	.9	1.9	.6	62.4	1.6	14.2	9.3	17.4	11.6	2023
	Fourth	2.0	1.3	2.3	1.3	61.4	1.2	12.8	7.7	17.0	10.9	1794
	Richest	.9	.6	.5	.3	48.7	.3	10.7	5.5	12.0	6.6	1384
Mother tongue of head	Lao	1.5	1.0	1.7	.8	57.1	1.1	11.8	7.0	14.9	9.5	5586
	Khmou	.3	.2	1.6	1.1	62.7	3.1	14.5	11.9	17.2	14.4	1174
	Hmong	.3	.1	.6	.4	59.1	3.1	19.4	15.5	21.5	17.5	1195
	Other Language	.8	.6	1.5	.9	57.9	2.5	12.1	7.7	15.1	10.9	1457
	Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	6
Total		**1.1**	**.7**	**1.5**	**.8**	**58.2**	**1.8**	**13.1**	**8.8**	**16.0**	**11.3**	**9417**

* MICS Indicator 71

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed

Table CP.3: Labourer students and student labourers

Percentage of children aged 5-14 years who are labourer students and student labourers, Lao PDR, 2006

		Percentage of children in child labour *	Percentage of children attending school ***	Number of children aged 5-14	Percentage of child labourers who are also attending school **	Number of child labourers aged 5-14	Percentage of students who are also involved in child labour ****	Number of students aged 5-14
Sex	Male	10.2	71.0	4722	82.1	481	11.8	3354
	Female	12.5	65.2	4695	64.0	586	12.3	3059
Region	North	15.1	65.0	3232	72.2	487	16.7	2101
	Centre	9.7	71.9	4069	74.4	396	10.1	2926
	South	8.7	65.5	2116	67.6	184	9.0	1387
Area	Urban	7.6	85.4	1987	87.2	152	7.8	1697
	Rural with road	11.6	68.1	5057	76.9	588	13.1	3443
	Rural without road	13.8	53.7	2373	56.9	327	14.6	1274
Age	5-11 years	10.6	64.1	6559	80.9	694	13.3	4206
	12-14 years	13.1	77.2	2858	56.1	373	9.5	2208
Mother's education	None	12.2	55.6	3894	59.9	474	13.1	2163
	Primary	11.2	72.7	3886	79.7	436	12.3	2826
	Secondary +	8.8	88.5	1492	92.7	131	9.2	1320
	Non-standard curriculum	18.5	71.7	144	(*)	27	17.6	104
	Mother not in household	(*)	(*)	1	.	0	(*)	1
Wealth index quintiles	Poorest	13.1	48.8	2072	59.3	272	16.0	1011
	Second	12.7	58.3	2144	65.3	273	14.3	1251
	Middle	11.6	70.5	2023	78.4	236	12.9	1426
	Fourth	10.9	82.1	1794	84.4	195	11.2	1473
	Richest	6.6	90.4	1384	89.3	92	6.5	1252
Mother tongue of head	Lao	9.5	76.5	5586	80.1	530	9.9	4270
	Khmou	14.4	67.2	1174	75.8	169	16.3	789
	Hmong	17.5	57.4	1195	67.3	209	20.5	686
	Other Language	10.9	45.8	1457	48.4	159	11.5	667
	Missing	.0	25.0	6	.	0	(*)	1
Total		**11.3**	**68.1**	**9417**	**72.2**	**1068**	**12.0**	**6413**

** MICS Indicator 72

**** MICS Indicator 73

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed

Table

Table CP.4: Child discipline

Percentage of children aged 2-14 years according to method of disciplining the child, Lao PDR, 2006

		Percentage of children 2-14 years of age who experience:							Mother/caretaker believes that the child needs to be physically punished	Number of children aged 2-14 years**
		Only non-violent discipline	Psychological punishment	Minor physical punishment	Severe physical punishment	Any psychological or physical punishment *	No discipline or punishment	Missing		
Sex	Male	18.8	63.7	47.0	7.7	73.3	7.5	.4	18.2	2438
	Female	22.2	61.0	39.8	7.2	68.9	8.7	.2	18.5	2379
Region	North	17.6	69.5	41.0	8.8	73.8	8.6	.0	12.8	1590
	Centre	22.4	57.4	43.2	6.6	68.9	8.1	.6	23.5	2212
	South	20.7	62.0	47.8	7.2	71.9	7.3	.0	15.8	1015
Area	Urban	24.8	55.9	36.8	5.0	65.7	8.6	.8	14.9	1197
	Rural with road	20.4	62.8	44.2	7.9	72.2	7.2	.2	19.6	2542
	Rural without road	15.8	68.4	49.0	9.2	74.7	9.5	.0	19.2	1079
Age	2-4 years	19.0	59.8	53.0	7.9	72.1	8.6	.3	19.6	997
	5-9 years	17.3	66.1	49.0	8.6	75.4	7.1	.2	18.5	1854
	10-14 years	24.2	60.1	33.4	6.1	66.7	8.7	.4	17.6	1965
Mother's education	None	16.9	68.4	47.7	9.4	76.0	7.0	.1	19.3	1714
	Primary	20.7	60.9	42.5	6.7	70.2	8.9	.2	20.1	2094
	Secondary +	26.5	53.9	38.2	5.5	64.2	8.5	.8	12.5	946
	Non-standard curriculum	17.6	70.6	38.3	10.4	75.9	6.5	.0	21.9	63
Wealth index quintiles	Poorest	13.9	70.8	50.3	11.9	77.9	8.2	.0	18.4	987
	Second	18.5	65.6	50.7	8.7	74.5	6.9	.0	20.7	931
	Middle	21.0	62.0	42.7	6.7	70.8	8.2	.0	18.6	977
	Fourth	23.3	58.7	39.9	5.5	67.6	8.7	.4	20.0	1005
	Richest	25.9	54.2	33.5	4.4	64.8	8.3	1.0	13.9	917
Mother tongue of head	Lao	22.7	59.6	41.3	6.2	68.6	8.3	.4	19.1	3144
	Khmou	13.1	75.7	52.1	11.5	80.2	6.7	.0	13.6	585
	Hmong	21.1	61.4	43.6	10.1	70.9	8.0	.0	18.1	468
	Other Language	15.5	64.2	45.9	8.0	76.0	8.5	.0	19.3	619
	Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
Total		**20.5**	**62.3**	**43.5**	**7.5**	**71.2**	**8.1**	**.3**	**18.4**	**4817**

* MICS Indicator 74

** Table is based on children aged 2-14 years randomly selected during fieldwork (one child selected per household, if any children in the age range) for whom the questions on child discipline were administered

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed

Table CP.5: Attitudes toward domestic violence

Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner in various circumstances, Lao PDR, 2006

		Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner:						Number of women aged 15-49 years
		When she goes out without telling him	When she neglects the children	When she argues with him	When she refuses sex with him	When she burns the food	For any of these reasons*	
Region	North	48.1	54.5	40.6	44.3	43.5	78.7	2347
	Centre	51.1	66.7	35.2	44.8	46.8	81.1	3622
	South	55.0	71.5	32.6	47.4	41.8	85.2	1418
Area	Urban	43.1	57.7	25.1	32.2	35.7	75.0	2231
	Rural with road	54.3	67.0	40.4	51.1	49.3	84.3	3653
	Rural without road	54.3	64.8	43.6	49.9	47.3	82.7	1503
Age	15-19	48.7	59.2	33.5	37.9	42.2	78.8	1539
	20-24	48.4	64.5	35.1	42.2	43.5	80.2	1235
	25-29	52.8	66.0	35.8	46.3	45.3	83.2	1112
	30-34	54.1	68.4	39.7	48.9	46.2	82.6	1104
	35-39	50.1	62.4	35.4	48.9	45.3	82.0	974
	40-44	52.1	64.1	38.5	48.2	46.6	82.6	805
	45-49	52.0	62.8	40.4	50.6	47.2	79.5	618
Education	None	56.1	63.1	46.1	52.8	50.7	81.9	1929
	Primary	54.3	67.4	38.1	49.7	48.4	84.7	3090
	Secondary +	42.0	59.4	25.9	32.7	35.0	75.8	2286
	Non-standard curriculum	48.6	64.5	36.8	42.3	38.2	78.9	82
Wealth index quintiles	Poorest	54.5	62.5	46.6	53.2	50.5	82.8	1299
	Second	56.4	64.2	42.9	50.6	50.4	82.7	1290
	Middle	52.5	65.6	39.2	50.0	46.9	83.6	1375
	Fourth	52.8	67.9	35.2	45.2	44.3	84.1	1558
	Richest	41.8	59.4	23.8	32.2	35.7	74.7	1865
Mother tongue of head	Lao	50.1	65.1	32.8	43.9	44.2	81.4	5033
	Khamu	47.6	56.7	41.3	42.0	42.5	77.4	873
	Mong	48.7	57.1	39.5	45.0	40.0	76.3	598
	Other Language	60.4	67.5	50.1	55.8	53.9	86.6	880
	Missing	(*)	(*)	(*)	(*)	(*)	(*)	2
Total		**50.9**	**63.7**	**36.4**	**45.2**	**44.8**	**81.2**	**7387**

* MICS Indicator 100

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed

Table CP.6: Child disability

Percentage of children 2-9 years of age with disability reported by their mother or caretaker according to the type of disability, Lao PDR, 2006

		Percentage of children aged 2-9 years with reported disability										Number of children aged 2-9 years	Speech is not normal	Number of children aged 3-9 years	Cannot name at least one object	Number of children aged 2 years
		Delay in sitting standing or walking	Difficulty seeing. either in the daytime or at night	Appears to have difficulty hearing	No understanding of instructions	Difficulty in walking moving. moving arms. weakness or stiffness	Have fits. become rigid. lose consciousness	Not learning to do things like other children his/her age	No speaking cannot be understood in words	Appears mentally backward. dull. or slow	Percentage of children 2-9 years of age with at least one reported disability*					
Region	North	.8	2.5	1.7	2.0	1.3	1.2	3.0	1.8	.4	9.5	2454	1.5	2179	20.6	275
	Centre	1.4	.8	.3	1.0	1.0	.8	4.0	1.0	1.0	7.4	3035	1.5	2676	10.9	359
	South	2.0	.8	1.3	1.0	2.1	1.9	1.2	1.2	1.5	7.8	1610	2.2	1426	12.8	184
Area	Urban	.5	.8	.5	.9	.7	.9	2.7	.5	.5	6.5	1281	1.3	1137	13.8	144
	Rural with road	1.5	1.1	1.0	1.4	1.7	1.3	3.1	1.5	1.2	8.4	3889	1.8	3454	15.7	435
	Rural without road	1.6	2.3	1.3	1.6	1.3	1.2	3.1	1.5	.5	9.1	1929	1.5	1690	13.1	238
Age of child	2-4	1.6	1.4	.6	1.7	1.5	.9	4.9	1.9	.9	9.4	2403	1.9	1585	14.6	818
	5-6	1.5	1.1	1.2	1.2	1.5	1.1	2.4	1.2	.7	7.7	2027	1.8	2027	.	0
	7-9	1.0	1.5	1.2	1.2	1.2	1.5	1.9	.9	1.0	7.5	2668	1.4	2668	.	0
Mother's education	None	1.3	1.9	1.2	1.7	1.4	1.4	3.6	1.5	1.1	9.1	2997	1.4	2651	18.1	346
	Primary	1.7	1.2	1.1	1.2	1.6	1.3	2.7	1.5	.9	8.5	2922	1.9	2577	10.6	346
	Secondary +	.5	.5	.1	.9	.8	.5	2.6	.6	.3	5.2	1074	1.4	959	15.9	115
	Non-standard curriculum	.0	.0	.8	.0	.5	.0	1.0	.5	2.6	4.9	106	2.4	94	(*)	12
Wealth index quintiles	Poorest	1.0	2.7	1.4	1.8	.9	.9	3.7	1.8	.6	9.8	1894	1.8	1647	18.2	248
	Second	1.6	1.3	1.1	1.4	2.0	1.5	2.4	.9	1.1	8.0	1712	1.1	1530	19.0	182
	Middle	1.7	.7	.9	1.0	1.9	1.4	3.2	1.4	1.0	8.1	1451	1.3	1305	7.4	146
	Fourth	1.2	.5	.9	1.1	1.1	1.2	3.4	1.7	1.1	7.8	1169	2.5	1031	11.6	138
	Richest	1.0	.9	.2	1.2	.9	.9	2.0	.7	.9	5.9	872	1.8	769	12.2	103
Mother tongue of head	Lao	1.7	.9	.5	1.0	1.6	1.4	3.1	1.2	1.0	7.7	3938	1.9	3499	11.4	439
	Khmou	1.4	2.7	3.0	2.8	1.5	1.3	3.7	2.2	.7	11.5	944	1.9	847	17.3	97
	Hmong	.7	1.9	.5	1.8	.8	.4	3.7	1.6	1.0	8.1	1011	1.3	884	25.1	127
	Other Language	.8	1.3	1.4	1.1	1.2	1.0	1.7	1.1	.6	7.2	1201	.8	1048	13.6	153
	Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	6	(*)	4	(*)	1
Total		**1.3**	**1.4**	**1.0**	**1.4**	**1.4**	**1.2**	**3.0**	**1.3**	**.9**	**8.2**	**7099**	**1.6**	**6281**	**14.6**	**818**

* MICS Indicator 101

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed

Table HA.1: HIV testing and counseling coverage during antenatal care

Percentage of women aged 15-49 years who gave birth in the two years preceding the survey who were offered HIV testing and counseling with their antenatal care, Lao PDR, 2006

		Percent of women who				Number of women who gave birth in two years preceding the survey
		Received antenatal care from a health professional for last pregnancy	Were provided information about HIV prevention during ANC visit *	Were tested for HIV at ANC visit	Received results of HIV test at ANC visit **	
Region	North	27.9	5.6	.7	.2	542
	Centre	44.4	11.4	2.8	2.4	625
	South	30.1	3.8	.5	.4	366
Area	Urban	76.2	21.7	4.1	3.7	250
	Rural with road	34.0	6.2	1.4	.8	840
	Rural without road	14.1	2.2	.2	.2	442
Age	15-19	38.1	6.2	2.5	2.0	181
	20-24	38.5	7.3	1.1	.9	422
	25-29	34.6	10.0	1.8	1.5	438
	30-34	35.4	5.3	1.1	.6	278
	35-49	26.7	7.0	1.4	.7	214
Education	None	14.2	1.3	.5	.2	593
	Primary	37.9	8.9	1.4	1.0	654
	Secondary +	75.7	18.6	4.1	3.4	266
	Non-standard curriculum	(*)	(*)	(*)	(*)	19
Wealth index quintiles	Poorest	16.3	2.5	.0	.0	485
	Second	24.4	2.9	.6	.6	370
	Middle	31.2	6.0	.8	.5	279
	Fourth	54.9	16.0	3.8	1.3	205
	Richest	87.6	22.3	5.6	5.6	193
Mother tongue of head	Lao	49.1	11.3	2.6	2.0	807
	Khmou	31.5	7.2	.0	.0	216
	Hmong	10.3	1.4	.8	.4	236
	Other Language	18.0	2.0	.0	.0	273
Total		**35.1**	**7.6**	**1.5**	**1.1**	**1532**

* MICS Indicator 90

** MICS Indicator 91

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed

Table HA.2: Children's living arrangements and orphanhood

Percent distribution of children aged 0-17 years according to living arrangements, percentage of children aged 0-17 years in households not living with a biological parent and percentage of children who are orphans, Lao PDR, 2006

		Living with both parents	Living with neither parent				Living with mother only		Living with father only		Impossible to determine	Total	Not living with a biological parent *	One or both parents dead **	Number of children
			Only father alive	Only mother alive	Both are alive	Both are dead	Father alive	Father dead	Mother alive	Mother dead					
Sex	Male	88.2	.2	.4	2.1	.7	2.5	4.2	.4	1.0	.3	100.0	3.4	6.5	8037
	Female	87.7	.3	.2	2.7	1.2	2.2	3.8	.4	1.1	.4	100.0	4.4	6.6	7708
Region	North	90.2	.1	.4	1.5	1.1	1.1	3.7	.1	1.4	.2	100.0	3.2	6.9	5357
	Centre	86.3	.3	.2	3.0	1.0	3.0	4.1	.7	.9	.5	100.0	4.5	6.6	6884
	South	87.5	.4	.3	2.8	.5	3.2	4.2	.2	.8	.2	100.0	4.0	6.1	3504
Area	Urban	85.5	.1	.4	3.2	1.5	2.8	4.4	.5	1.0	.6	100.0	5.1	7.4	3299
	Rural with road	88.2	.4	.3	2.3	.8	2.4	4.0	.4	.9	.2	100.0	3.9	6.4	8444
	Rural without road	89.4	.2	.2	1.9	.7	1.9	3.7	.2	1.4	.3	100.0	3.1	6.2	4003
Age	0-4 years	92.5	.1	.1	1.7	.2	3.0	1.8	.3	.2	.1	100.0	2.0	2.4	4030
	5-9 years	90.4	.3	.2	2.2	.4	2.2	2.9	.5	.8	.1	100.0	3.2	4.6	4695
	10-14 years	87.2	.3	.4	2.2	.7	2.2	4.9	.5	1.4	.2	100.0	3.6	7.8	4722
	15-17 years	76.3	.5	.7	4.5	3.8	1.9	8.3	.3	2.2	1.6	100.0	9.4	15.6	2299
Wealth index quintiles	Poorest	89.7	.2	.3	.9	.6	1.7	4.4	.3	1.5	.3	100.0	2.0	7.1	3634
	Second	89.0	.3	.3	1.9	.8	1.9	4.2	.3	1.0	.3	100.0	3.2	6.7	3524
	Middle	88.9	.4	.3	2.5	.7	2.6	3.5	.4	.7	.2	100.0	3.8	5.5	3267
	Fourth	86.3	.5	.1	3.8	.9	3.4	3.7	.4	.8	.2	100.0	5.3	6.0	2913
	Richest	84.2	.0	.6	3.8	2.0	2.4	4.2	.8	1.1	.9	100.0	6.4	7.8	2407
Mother tongue of head	Lao	87.0	.4	.3	3.1	.9	2.6	4.1	.5	.8	.4	100.0	4.7	6.5	9242
	Khmou	87.0	.1	.5	2.1	1.5	2.1	4.5	.2	1.8	.2	100.0	4.2	8.4	2010
	Hmong	92.2	.1	.2	1.5	1.1	.8	2.6	.1	.8	.6	100.0	2.9	4.9	2033
	Other Language	88.6	.2	.2	.9	.5	3.1	4.5	.5	1.5	.2	100.0	1.7	6.8	2453
Total		**87.9**	**.3**	**.3**	**2.4**	**.9**	**2.4**	**4.0**	**.4**	**1.0**	**.3**	**100.0**	**3.9**	**6.6**	**15746**

* MICS Indicator 78 ** MICS Indicator 75

**** 6 unweighted cases with " missing-mother tongue of head" not shown*

Table HA.3: School attendance of orphaned children

School attendance of children aged 10-14 years by orphanhood, LAO PDR, 2006

		Percent of children whose mother and father have died	School attendance rate of children whose mother and father have died	Percent of children of whom both parents are alive and child is living with at least one parent	School attendance rate of children of whom both parents are alive and child is living with at least one parent	Double orphans to non orphans school attendance ratio*	Total number of children aged 10-14 years
Sex	Male	.7	(*)	89.4	86.7	.77	2323
	Female	.7	(*)	90.2	75.9	.88	2399
Region	North	1.2	(*)	89.8	80.7	.77	1588
	Centre	.4	(*)	90.1	82.2	.99	2070
	South	.4	(*)	89.1	79.8	.82	1064
Area	Urban	.7	(*)	89.8	93.8	.79	1104
	Rural with road	.7	(*)	89.8	80.7	.76	2483
	Rural without road	.7	(*)	89.8	69.7	1.06	1134
Wealth index quintiles	Poorest	.8	(*)	88.2	66.4	.79	870
	Second	.7	(*)	89.2	72.9	.55	1014
	Middle	.5	(*)	90.6	83.2	1.00	1038
	Fourth	.9	(*)	91.5	89.1	.84	1020
	Richest	.5	(*)	89.1	94.7	1.06	780
Total		**.7**	**(70.1)**	**89.7**	**81.3**	**.85**	**4722**

* MICS Indicator 77; MDG Indicator

(*) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed
Figures in parenthesis are based on 25-49 unweighted cases.

Appendices

Appendix A. Sample Design

The major features of sample design are described in this appendix. Sample design features include target sample size, sample allocation, sample frame and listing, choice of domains, sampling stages, stratification, and the calculation of sample weights.

The primary objective of the sample design for the Lao PDR Multiple Indicator Cluster Survey was to produce statistically reliable estimates of most indicators, at the national level, for urban and rural areas with road access and without road access, and for the three regions (North, Central and South) of the country. Urban and rural areas with road access and rural areas without road access in each of the three regions were defined as the sampling domains.

A multi-stage, stratified cluster sampling approach was used for the selection of the survey sample.

Sample Size and Sample Allocation

The target sample size for the Lao MICS was calculated as 6,000 households. For the calculation of the sample size, the key indicator used was the TT coverage among women who had given birth in the past 12 months. The following formula was used to estimate the required sample size for these indicators:

$$n = \frac{[\,4\,(r)\,(1\text{-}r)\,(f)\,(1.1)\,]}{[\,(0.12r)^2\,(p)\,(n_h)\,]}$$

where

- *n* is the required sample size, expressed as number of households
- *4* is a factor to achieve the 95 per cent level of confidence
- *r* is the predicted or anticipated prevalence (coverage rate) of the indicator
- *1.1* is the factor necessary to raise the sample size by 10 per cent for non-response
- *f* is the shortened symbol for *deff* (design effect)
- *0.11_r* is the margin of error to be tolerated at the 95 per cent level of confidence, defined as 12 per cent of *r* (relative sampling error of *r*)
- *p* is the proportion of the total population upon which the indicator, *r*, is based
- n_h is the average household size.

For the calculation, *r* (TT coverage among women who had given birth in the past 12 months) was assumed to be **45 percent.** The value of deff (design effect) was taken as 1.5 based on estimates from previous surveys, p (percentage of pregnant women in the total population) was taken as 2 percent, and nh (average household size) was taken as 5.9 households.

The resulting number of households from this exercise was 5,650 (rounded up to 6,000 which was a national margin of error of just under 0.11) and regional margin of error (2,000 per region) of approx 0.18. The average cluster size in the Lao MICS was determined as 20 households, based on a number of considerations, including the desired accuracy and precision of the overall estimates, the budget available, and the time that would be needed per team to complete one cluster. Dividing the total number of households by the number of households per cluster, it was calculated that the selection of a total number of 100 clusters would be needed in each region.

Equal allocation of the total sample size to the three regions was targeted. Therefore, 100 clusters were allocated to each region, with the final sample size calculated at 6,000 households (100 clusters * 3 regions * 20 households per cluster). In each region, the clusters (primary sampling units) were distributed to urban and rural with road access and without road access domains, proportional to the size of urban and rural with road access and without road access populations in that region. The table below shows the allocation of clusters to the sampling domains.

Table SD.1: Allocation of Sample Clusters (Primary Sampling Units) to Sampling Domains

Region	Population (Census 2005)				Number of Clusters			
	Total	Urban	RWR	RWOR	Urban	RWR	RWOR	Total
North	1,748,345	299,583	902,396	546,366	18	53	29	100
Central	2,738,228	1,033,034	1,347,517	357,677	39	50	11	100
South	1,128,812	189,520	645,266	294,026	18	57	25	100
Total	5,615,385	1,522,137	2,895,179	1,198,069	75	160	65	300

RWR-rual with road access
RWOR-rural without road access

Sampling Frame and Selection of Clusters

The 2005 census frame was used for the selection of clusters. Census enumeration areas were defined as primary sampling units (PSUs), and were selected from each of the sampling domains by using systematic PPS (probability proportional to population size) sampling procedures, based on the estimated population size of the enumeration areas from the 2005 Population Census. The first stage of sampling was thus completed by selecting the required number of enumeration areas from each of the three regions by urban and rural with road access and without road access areas separately.

Although the sample was designed to collect information from 6,000 households, it was known in advance that one village only had 15 households, therefore the total expected number of households was 5,995. Of the selected enumeration areas, all but two were visited during the fieldwork period. The two missing enumeration areas were replaced in the field with villages of similar area type. The sample was stratified by region and is not self-weighting. For reporting national level results, sample weights are used.

Listing Activities

Since the sample frame (the 2005 Population Census) was up to date, household lists in all selected enumeration areas were not updated prior to the selection of households.

Selection of Households

Lists of households were prepared by the listing teams in the field for each enumeration area. The households were then sequentially numbered from 1 to n (the total number of households in each enumeration area) at the National Statistics Centre, where selection of 20 households in each enumeration area was carried out using systematic selection procedures.

Calculation of Sample Weights

The Lao PDR Multiple Indicator Cluster Survey sample is not self-weighted. Essentially, by allocating equal numbers of households to each of the regions, different sampling fractions were used in each region since the size of the regions varied. For this reason, sample weights were calculated and these were used in the subsequent analyses of the survey data.

The major component of the weight is the reciprocal of the sampling fraction employed in selecting the number of sample households in that particular sampling domain:

$$Wh = 1 / fh$$

The term *fh*, the sampling fraction at the h-th stratum, is the product of probabilities of selection at every stage in each sampling domain:

$$fh = P1h * P2h * P3h$$

where P_{ih} is the probability of selection of the sampling unit in the i-th stage for the h-th sampling domain.

Since the estimated numbers of households per enumeration area prior to the first stage selection (selection of primary sampling units) and the updated number of households per enumeration area were different, individual sampling fractions for households in each enumeration area (cluster) were calculated. The sampling fractions for households in each enumeration area (cluster) therefore included the probability of selection of the enumeration area in that particular sampling domain and the probability of selection of a household in the sample enumeration area (cluster).

A second component which has to be taken into account in the calculation of sample weights is the level of non-response for the household and individual interviews. The adjustment for household non-response is equal to the inverse value of:

RR = Number of interviewed households / Number of occupied households listed

After the completion of fieldwork, response rates were calculated for each sampling domain. These were used to adjust the sample weights calculated for each cluster. Response rates in the Lao PDR Multiple Indicator Cluster Survey are shown in Table HH.1 in this report.

Similarly, the adjustment for non-response at the individual level (women and under-5 children) is equal to the inverse value of:

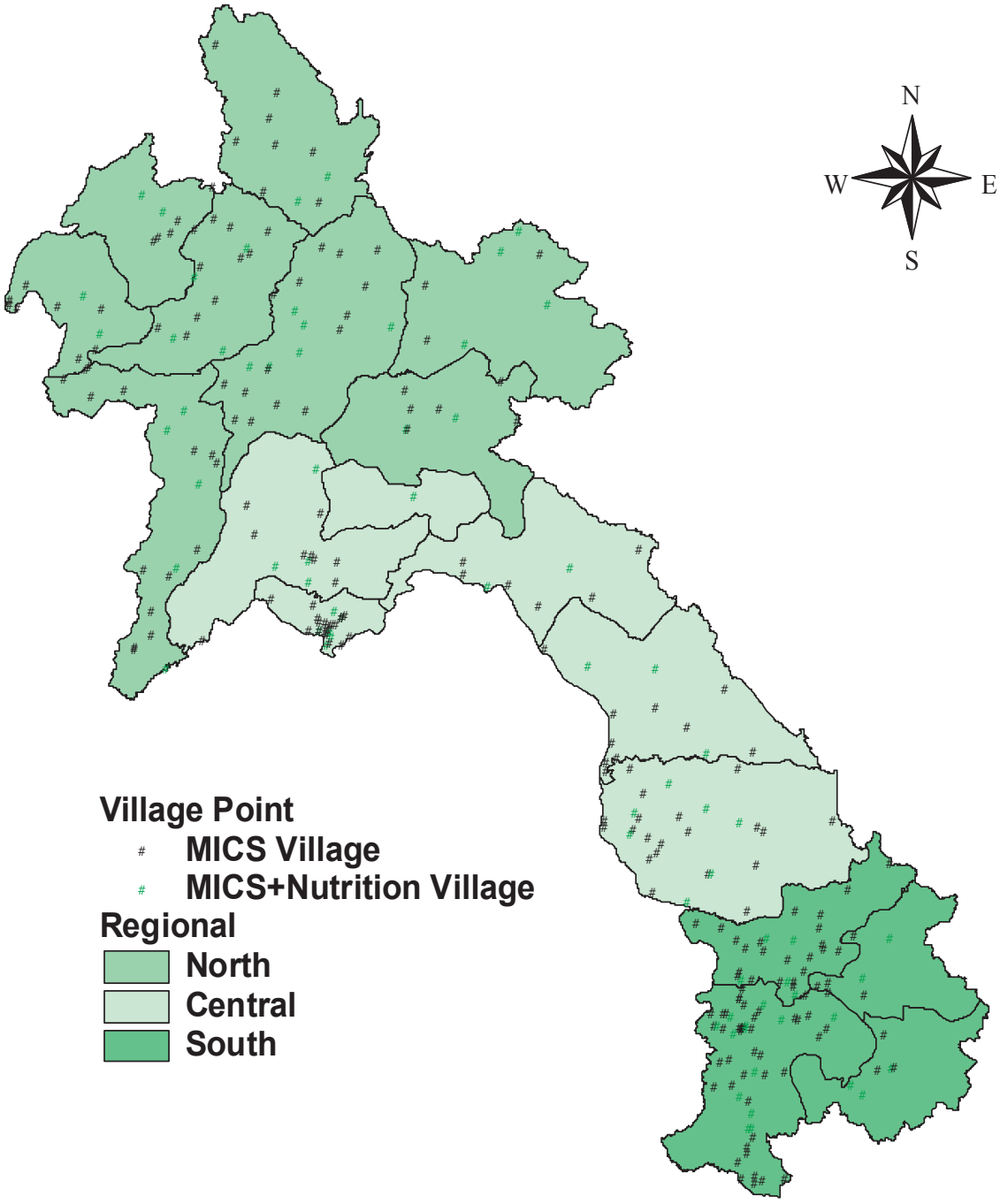
RR = Completed women's (or under-5's) questionnaires / Eligible women (or under-5s)

Numbers of eligible women and under-5 children were obtained from the household listing in the Household Questionnaire in households where interviews were completed.

The unadjusted weights for the households were calculated by multiplying the above factors for each enumeration area. These weights were then standardised (or normalised), one purpose of which is to make the sum of the interviewed sample units equal the total sample size at the national level. Normalisation is performed by multiplying the aforementioned unadjusted weights by the ratio of the number of completed households to the total unadjusted weighted number of households. A similar standardisation procedure was followed in obtaining standardised weights for the women's and under-5's questionnaires. Adjusted (normalised) weights varied between 0.521272 and 1.877112 in the 300 enumeration areas (clusters).

Sample weights were appended to all data sets and analyses were performed by weighting each household, woman or under-5 with these sample weights.

Distribution of Village Sample of MICS 3, 2006



Appendix

Appendix B.
List of Personnel Involved in the Survey

Project Director	
Dr Samaychanh Boupha	Director General, Department of Statistics, MPI

Technical Coordinator	
Mr Thipsavanh Intharack	Director of Survey Division, Department of Statistics, MPI
Dr Bounthom Phengdy	Director of Health Promotion and Nutrition, Hygiene and Prevention Department, MOH
Mr Khamhoung Keovilay	Monitoring & Evaluation Officer, UNICEF Lao PDR
Dr Bounthaveth Viengmixay	Logistics Consultant, UNICEF Lao PDR
Dr Jacky Knowles	Nutrition Consultant, UNICEF EAPRO

Steering Committee of the Survey	
Dr Samaychanh Boupha	Director General, Department of Statistics, MPI
Mr Yavang Vachoima	Deputy Director General, Department of Statistics, MPI
Mr. Douangchan Keoasa	Director General of Hygiene and Prevention Department, MOH
Dr Somchith Ackavong	Deputy Director General of Hygiene and Prevention Department, MOH

Field Coordinator/Monitoring team	
Mr Yavang Vachoima	Deputy Director General, Department of Statistics, MPI
Mr Thipsavanh Intharack	Director of Survey Division, Department of Statistics, MPI
Dr Bounthom Phengdy	Director of Health Promotion and Nutrition, Hygiene and Prevention Department, MOH
Mr Sengmany Keolangsy	Director of Socio-statistics Division, Department of Statistics, MPI
Mr BouaNgeng Chanthabuly	Director of Service and IT Division, Department of Statistics, MPI
Dr Sivilay Napayvong	Director of Food Division, Food and Drug Department, MOH
Dr Khamseng Philavong	Mother and Child Health Centre, MOH
Dr Taypasavanh Phengthong	Acting Head of Environmental Health, Food and Drug Department, MOH
Mr Khamhoung Keovilay	Monitoring & Evaluation Officer, UNICEF Lao PDR
Dr Bounthaveth Viengmixay	Logistics Consultant, UNICEF Lao PDR
Dr Jacky Knowles	Nutrition Consultant, UNICEF EAPRO
Dr. Intong Keomoungkhoune	Health & Nutrition Officer, UNICEF Lao PDR

Data Processing/Programming, Sampling, Questionnaire Design, Trainers	
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Appendix C.
Estimates of Sampling Errors

The sample of respondents selected in the Lao PDR Multiple Indicator Cluster Survey is only one of the samples that could have been selected from the same population, using the same design and size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey results.

The following sampling error measures are presented in this appendix for each of the selected indicators:

- Standard error (se): Sampling errors are usually measured in terms of standard errors for particular indicators (means, proportions etc). Standard error is the square root of the variance. The Taylor linearisation method is used for the estimation of standard errors.
- Coefficient of variation (se/r) is the ratio of the standard error to the value of the indicator
- Design effect (deff) is the ratio of the actual variance of an indicator, under the sampling method used in the survey, to the variance calculated under the assumption of simple random sampling. The square root of the design effect (deft) is used to show the efficiency of the sample design. A deft value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a deft value above 1.0 indicates the increase in the standard error due to the use of a more complex sample design.
- Confidence limits are calculated to show the interval within which the true value for the population can be reasonably assumed to fall. For any given statistic calculated from the survey, the value of that statistics will fall within a range of plus or minus two times the standard error (p + 2.se or p – 2.se) of the statistic in 95 percent of all possible samples of identical size and design.

For the calculation of sampling errors from MICS data, SPSS Version 14 Complex Samples module has been used. The results are shown in the tables that follow. In addition to the sampling error measures described above, the tables also include weighted and unweighted counts of denominators for each indicator.

Sampling errors are calculated for indicators of primary interest, for the national total, for the regions, and for urban, rural with road access and rural without road access areas. Two of the selected indicators are based on households, seven are based on household members, three are based on women, and 15 are based on children under five. All indicators presented here are in the form of proportions. Table SE.1 shows the list of indicators for which sampling errors are calculated, including the base population (denominator) for each indicator. Tables SE.2 to SE.9 show the calculated sampling errors.

Table SE.1: Indicators selected for sampling error calculations

List of indicators selected for sampling error calculations, and base populations (denominators) for each indicator, Lao PDR, 2006

MICS Indicator		Base Population
HOUSEHOLDS		
36	Household availability of insecticide treated nets	All households
41	Iodized salt consumption	All households
74	Child discipline	Children aged 2-14 years selected
HOUSEHOLD MEMBERS		
11	Use of improved drinking water sources	All household members
12	Use of improved sanitation facilities	All household members
55	Net primary school attendance rate	Children of primary school age
56	Net secondary school attendance rate	Children of secondary school age
59	Primary completion rate	Children of primary school completion age
71	Child labour	Children aged 5-14 years
75	Prevalence of orphans	Children aged under 18
WOMEN		
4	Skilled attendant at delivery	Women aged 15-49 years with a live birth in the last 2 years
20	Antenatal care	Women aged 15-49 years with a live birth in the last 2 years
60	Adult literacy	Women aged 15-24 years
UNDER-5s		
6	Underweight prevalence	Children under age 5
25	Tuberculosis immunization coverage	Children aged 12-23 months
26	Polio immunization coverage	Children aged 12-23 months
27	Immunization coverage for DPT	Children aged 12-23 months
28	Measles immunization coverage	Children aged 12-23 months
31	Fully immunized children	Children aged 12-23 months
-	Acute respiratory infection in last two weeks	Children under age 5
22	Antibiotic treatment of suspected pneumonia	Children under age 5 with suspected pneumonia in the last 2 weeks
-	Diarrhoea in last two weeks	Children under age 5
35	Received ORT or increased fluids and continued feeding	Children under age 5 with diarrhoea in the last 2 weeks
37	Under-fives sleeping under insecticide treated nets	Children under age 5
-	Fever in last two weeks	Children under age 5
39	Antimalarial treatment	Children under age 5 with fever in the last 2 weeks
46	Support for learning	Children under age 5
62	Birth registration	Children under age 5

Table SE.2: Sampling errors: Total sample

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Lao PDR, 2006

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Household availability of insectiside treated nets	CH.10	0.450	0.014	0.032	4.996	2.235	5894	5894	0.421	0.478
Iodized salt consumption	NU.5	0.838	0.014	0.017	8.641	2.940	5885	5885	0.809	0.866
Child discipline	CP.4	0.712	0.008	0.011	1.487	1.220	4817	4907	0.696	0.727
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.515	0.024	0.047	16.552	4.068	33100	33551	0.467	0.563
Use of improved sanitation facilities	EN.5	0.448	0.017	0.038	8.286	2.879	33100	33551	0.414	0.482
Net primary school attendance rate	ED.3	0.790	0.013	0.016	3.971	1.993	4532	4089	0.764	0.815
Net secondary school attendance rate	ED.4	0.355	0.014	0.039	3.838	1.959	5157	4653	0.328	0.383
Primary completion rate	ED.6	0.107	0.014	0.131	1.061	1.030	572	516	0.079	0.135
Child labour	CP.2	0.113	0.005	0.041	1.865	1.366	9417	8497	0.104	0.123
Prevalence of orphans	HA.10	0.066	0.003	0.050	2.873	1.695	15746	16263	0.059	0.072
WOMEN										
Skilled attendant at delivery	RH.5	0.203	0.014	0.067	1.856	1.362	1532	1622	0.175	0.230
Antenatal care	RH.3	0.351	0.018	0.051	2.249	1.500	1532	1622	0.316	0.387
Adult literacy	ED.8	0.673	0.016	0.024	3.387	1.840	2774	2777	0.640	0.705
UNDER-5s										
Underweight prevalence	NU.1	0.371	0.010	0.027	1.671	1.293	3941	3962	0.351	0.391
Tuberculosis immunization coverage	CH.2	0.637	0.020	0.032	1.315	1.147	828	747	0.596	0.677
Polio immunization coverage	CH.2	0.423	0.022	0.053	1.511	1.229	828	747	0.379	0.468
Immunization coverage for DPT	CH.2	0.413	0.021	0.051	1.359	1.166	828	747	0.371	0.455
Measles immunization coverage	CH.2	0.402	0.022	0.054	1.493	1.222	828	747	0.359	0.446
Fully immunized children	CH.2	0.271	0.017	0.064	1.126	1.061	828	747	0.236	0.305
Acute respiratory infection in last two weeks	CH.6	0.048	0.021	0.440	1.762	1.327	199	180	0.006	0.091
Antibiotic treatment of suspected pneumonia	CH.7	0.521	0.003	0.006	0.008	0.089	199	180	0.515	0.528
Diarrhoea in last two weeks	CH.4	0.124	0.023	0.183	2.197	1.482	513	463	0.079	0.169
Received ORT or increased fluids and continued feeding	CH.5	0.492	0.026	0.052	1.215	1.102	513	463	0.441	0.543
Under-fives sleeping under insecticide treated nets	CH.11	0.405	0.015	0.036	3.378	1.838	4136	3732	0.376	0.435
Fever in last two weeks	CH.12	0.152	0.008	0.055	2.042	1.429	4136	3732	0.135	0.169
Antimalarial treatment	CH.12	0.051	0.009	0.176	0.933	0.966	629	568	0.033	0.068
Support for learning	CD.1	0.253	0.009	0.036	1.611	1.269	4136	3732	0.235	0.271
Birth registration	CP.1	0.715	0.023	0.032	2.292	1.514	1000	902	0.669	0.760

Table SE.3: Sampling errors: Urban areas

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Lao PDR, 2006

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2*se*	*r* + 2*se*
Antenatal care										
Household availability of insecticide treated nets	CH.10	0.351	0.025	0.071	3.932	1.983	1653	1427	0.301	0.401
Iodized salt consumption	NU.5	0.907	0.023	0.025	8.773	2.962	1650	1425	0.861	0.952
Child discipline	CP.4	0.658	0.018	0.028	1.599	1.265	1197	1070	0.621	0.694
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.704	0.034	0.048	9.461	3.076	8357	7882	0.636	0.772
Use of improved sanitation facilities	EN.5	0.835	0.023	0.027	6.545	2.558	8357	7882	0.790	0.881
Net primary school attendance rate	ED.3	0.930	0.018	0.019	3.971	1.993	916	826	0.895	0.965
Net secondary school attendance rate	ED.4	0.638	0.027	0.042	3.838	1.959	1344	1212	0.584	0.692
Primary completion rate	ED.6	0.293	0.035	0.118	1.061	1.030	204	184	0.224	0.362
Child labour	CP.2	0.076	0.009	0.112	1.865	1.366	1987	1793	0.059	0.094
Prevalence of orphans	HA.10	0.074	0.008	0.110	2.902	1.703	3299	3032	0.058	0.090
WOMEN										
Skilled attendant at delivery	RH.5	0.678	0.043	0.064	2.030	1.425	250	238	0.592	0.765
Antenatal care	RH.3	0.762	0.036	0.047	1.669	1.292	250	238	0.690	0.833
Adult literacy	ED.8	0.931	0.014	0.015	2.121	1.456	850	730	0.904	0.958
UNDER-5s										
Underweight prevalence	NU.1	0.257	0.024	0.092	1.671	1.293	635	570	0.210	0.304
Tuberculosis immunization coverage	CH.2	0.726	0.047	0.065	1.315	1.147	129	117	0.632	0.821
Polio immunization coverage	CH.2	0.592	0.056	0.094	1.511	1.229	129	117	0.480	0.704
Immunization coverage for DPT	CH.2	0.557	0.054	0.096	1.359	1.166	129	117	0.450	0.664
Measles immunization coverage	CH.2	0.544	0.056	0.103	1.493	1.222	129	117	0.432	0.657
Fully immunized children	CH.2	0.403	0.048	0.119	1.126	1.061	129	117	0.307	0.500
Acute respiratory infection in last two weeks	CH.6	*	*	*	*	*	18	17	*	*
Antibiotic treatment of suspected pneumonia	CH.7	*	*	*	*	*	18	17	*	*
Diarrhoea in last two weeks	CH.4	*	*	*	*	*	48	43	*	*
Received ORT or increased fluids and continued feeding	CH.5	*	*	*	*	*	48	43	*	*
Under-fives sleeping under insecticide treated nets	CH.11	0.366	0.035	0.097	3.378	1.838	694	626	0.296	0.437
Fever in last two weeks	CH.12	0.138	0.020	0.143	2.042	1.429	694	626	0.099	0.178
Antimalarial treatment	CH.12	0.051	0.023	0.447	0.933	0.966	96	87	0.005	0.097
Support for learning	CD.1	0.427	0.025	0.059	1.611	1.269	694	626	0.377	0.477
Birth registration	CP.1	0.839	0.060	0.071	2.292	1.514	96	87	0.720	0.959

Note: Divide the "Unweighted Count" from SPSS output by 1,000,000 before inserting into the table.

Table SE.4: Sampling errors: Rural With Road

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Lao PDR, 2006

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Household availability of insecticide treated nets	CH.10	0.516	0.022	0.042	6.492	2.548	3036	3380	0.473	0.560
Iodized salt consumption	NU.5	0.824	0.016	0.019	5.657	2.379	3031	3375	0.793	0.856
Child discipline	CP.4	0.722	0.010	0.013	1.329	1.153	2543	2863	0.703	0.741
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.496	0.032	0.065	17.518	4.185	17117	16144	0.432	0.561
Use of improved sanitation facilities	EN.5	0.388	0.026	0.068	12.363	3.516	17117	16144	0.335	0.441
Net primary school attendance rate	ED.3	0.799	0.017	0.021	3.971	1.993	2483	2240	0.765	0.833
Net secondary school attendance rate	ED.4	0.294	0.018	0.062	3.838	1.959	2674	2413	0.257	0.330
Primary completion rate	ED.6	0.061	0.016	0.258	1.061	1.030	272	245	0.030	0.093
Child labour	CP.2	0.116	0.006	0.056	1.865	1.366	5057	4563	0.103	0.129
Prevalence of orphans	HA.10	0.064	0.004	0.066	2.886	1.699	8444	9657	0.056	0.073
WOMEN										
Skilled attendant at delivery	RH.5	0.152	0.016	0.102	1.849	1.360	840	985	0.121	0.183
Antenatal care	RH.3	0.340	0.025	0.075	2.827	1.681	840	985	0.289	0.390
Adult literacy	ED.8	0.617	0.024	0.040	3.928	1.982	1386	1555	0.568	0.666
UNDER-5s										
Underweight prevalence	NU.1	0.378	0.013	0.034	1.671	1.293	2161	2413	0.352	0.404
Tuberculosis immunization coverage	CH.2	0.624	0.027	0.043	1.315	1.147	478	432	0.571	0.678
Polio immunization coverage	CH.2	0.406	0.029	0.072	1.511	1.229	478	432	0.348	0.464
Immunization coverage for DPT	CH.2	0.411	0.028	0.067	1.359	1.166	478	432	0.355	0.466
Measles immunization coverage	CH.2	0.368	0.028	0.077	1.493	1.222	478	432	0.312	0.425
Fully immunized children	CH.2	0.248	0.022	0.089	1.126	1.061	478	432	0.204	0.292
Acute respiratory infection in last two weeks	CH.6	0.052	0.029	0.556	1.762	1.327	116	105	-0.006	0.109
Antibiotic treatment of suspected pneumonia	CH.7	0.589	0.004	0.007	0.008	0.089	116	105	0.581	0.598
Diarrhoea in last two weeks	CH.4	0.136	0.031	0.225	2.197	1.482	305	275	0.075	0.197
Received ORT or increased fluids and continued feeding	CH.5	0.443	0.033	0.074	1.215	1.102	305	275	0.377	0.509
Under-fives sleeping under insecticide treated nets	CH.11	0.455	0.020	0.045	3.378	1.838	2247	2028	0.415	0.496
Fever in last two weeks	CH.12	0.153	0.011	0.075	2.042	1.429	2247	2028	0.130	0.176
Antimalarial treatment	CH.12	0.058	0.013	0.222	0.933	0.966	343	310	0.032	0.083
Support for learning	CD.1	0.230	0.012	0.052	1.611	1.269	2247	2028	0.207	0.254
Birth registration	CP.1	0.721	0.031	0.043	2.292	1.514	529	477	0.659	0.783

Note: Divide the "Unweighted Count" from SPSS output by 1,000,000 before inserting into the table.

Table SE.5: Sampling errors: Rural Without Road

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Lao PDR, 2006

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2*se*	*r* + 2*se*
HOUSEHOLDS										
Household availability of insectiside treated nets	CH.10	0.416	0.028	0.068	3.558	1.886	1205	1087	0.360	0.473
Iodized salt consumption	NU.5	0.776	0.048	0.062	14.227	3.772	1203	1085	0.680	0.871
Child discipline	CP.4	0.747	0.018	0.024	1.594	1.262	1079	974	0.711	0.782
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.350	0.065	0.185	23.305	4.828	7626	7193	0.220	0.479
Use of improved sanitation facilities	EN.5	0.158	0.034	0.216	11.078	3.328	7626	7193	0.090	0.227
Net primary school attendance rate	ED.3	0.656	0.030	0.045	3.971	1.993	1133	1022	0.597	0.715
Net secondary school attendance rate	ED.4	0.165	0.023	0.137	3.838	1.959	1139	1027	0.120	0.211
Primary completion rate	ED.6	0.015	0.014	0.895	1.061	1.030	96	86	-0.012	0.042
Child labour	CP.2	0.138	0.010	0.074	1.865	1.366	2373	2141	0.118	0.158
Prevalence of orphans	HA.10	0.062	0.007	0.105	2.614	1.617	4003	3574	0.049	0.075
WOMEN										
Skilled attendant at delivery	RH.5	0.030	0.013	0.433	2.272	1.507	442	399	0.004	0.055
Antenatal care	RH.3	0.141	0.026	0.186	2.248	1.499	442	399	0.089	0.193
Adult literacy	ED.8	0.408	0.048	0.117	4.646	2.155	538	492	0.312	0.504
UNDER-5s										
Underweight prevalence	NU.1	0.420	0.020	0.049	1.671	1.293	1145	979	0.379	0.461
Tuberculosis immunization coverage	CH.2	0.611	0.040	0.065	1.315	1.147	220	198	0.531	0.690
Polio immunization coverage	CH.2	0.363	0.042	0.116	1.511	1.229	220	198	0.279	0.447
Immunization coverage for DPT	CH.2	0.332	0.039	0.117	1.359	1.166	220	198	0.254	0.410
Measles immunization coverage	CH.2	0.392	0.042	0.108	1.493	1.222	220	198	0.308	0.477
Fully immunized children	CH.2	0.243	0.032	0.133	1.126	1.061	220	198	0.178	0.307
Acute respiratory infection in last two weeks	CH.6	0.054	0.039	0.725	1.762	1.327	65	58	-0.024	0.133
Antibiotic treatment of suspected pneumonia	CH.7	0.298	0.005	0.018	0.008	0.089	65	58	0.287	0.308
Diarrhoea in last two weeks	CH.4	0.134	0.042	0.313	2.197	1.482	160	145	0.050	0.218
Received ORT or increased fluids and continued feeding	CH.5	0.513	0.046	0.089	1.215	1.102	160	145	0.421	0.604
Under-fives sleeping under insecticide treated nets	CH.11	0.334	0.026	0.079	3.378	1.838	1195	1078	0.282	0.387
Fever in last two weeks	CH.12	0.159	0.016	0.100	2.042	1.429	1195	1078	0.127	0.191
Antimalarial treatment	CH.12	0.037	0.014	0.374	0.933	0.966	190	171	0.009	0.066
Support for learning	CD.1	0.194	0.015	0.079	1.611	1.269	1195	1078	0.163	0.224
Birth registration	CP.1	0.631	0.040	0.063	2.292	1.514	375	338	0.551	0.710

Note: Divide the "Unweighted Count" from SPSS output by 1,000,000 before inserting into the table.

Table SE.6: Sampling errors: North region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Lao PDR, 2006

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2*se*	*r* + 2*se*
HOUSEHOLDS										
Household availability of insecticide treated nets	CH.10	0.507	0.028	0.054	6.016	2.453	1842	1979	0.452	0.562
Iodized salt consumption	NU.5	0.842	0.020	0.024	6.123	2.475	1838	1975	0.802	0.883
Child discipline	CP.4	0.738	0.013	0.018	1.500	1.225	1591	1708	0.712	0.764
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.567	0.045	0.080	20.341	4.510	10836	10220	0.477	0.658
Use of improved sanitation facilities	EN.5	0.434	0.031	0.073	9.749	3.122	10836	10220	0.371	0.497
Net primary school attendance rate	ED.3	0.752	0.023	0.031	3.971	1.993	1537	1386	0.706	0.799
Net secondary school attendance rate	ED.4	0.298	0.023	0.076	3.838	1.959	1722	1554	0.253	0.344
Primary completion rate	ED.6	0.069	0.021	0.308	1.061	1.030	167	150	0.026	0.112
Child labour	CP.2	0.151	0.009	0.060	1.865	1.366	3232	2916	0.133	0.169
Prevalence of orphans	HA.10	0.069	0.006	0.091	3.513	1.874	5357	5733	0.056	0.081
WOMEN										
Skilled attendant at delivery	RH.5	0.144	0.019	0.134	1.758	1.326	542	582	0.106	0.183
Antenatal care	RH.3	0.279	0.029	0.103	2.381	1.543	542	582	0.221	0.336
Adult literacy	ED.8	0.573	0.032	0.056	4.363	2.089	943	1022	0.509	0.638
UNDER-5s										
Underweight prevalence	NU.1	0.335	0.017	0.051	1.602	1.266	1348	1216	0.301	0.369
Tuberculosis immunization coverage	CH.2	0.655	0.046	0.070	2.315	1.521	273	246	0.563	0.747
Polio immunization coverage	CH.2	0.400	0.044	0.109	1.963	1.401	273	246	0.312	0.487
Immunization coverage for DPT	CH.2	0.394	0.041	0.104	1.750	1.323	273	246	0.312	0.477
Measles immunization coverage	CH.2	0.325	0.036	0.109	1.417	1.190	273	246	0.254	0.396
Fully immunized children	CH.2	0.204	0.031	0.152	1.458	1.207	273	246	0.142	0.266
Acute respiratory infection in last two weeks	CH.6	0.046	0.033	0.732	1.492	1.222	65	58	-0.021	0.113
Antibiotic treatment of suspected pneumonia	CH.7	0.468	0.071	0.153	1.194	1.093	65	58	0.325	0.611
Diarrhoea in last two weeks	CH.4	0.114	0.035	0.307	1.769	1.330	161	146	0.044	0.184
Received ORT or increased fluids and continued feeding	CH.5	0.524	0.039	0.075	0.891	0.944	161	146	0.446	0.602
Under-fives sleeping under insecticide treated nets	CH.11	0.416	0.027	0.065	3.859	1.964	1413	1274	0.361	0.470
Fever in last two weeks	CH.12	0.116	0.012	0.103	1.779	1.334	1413	1274	0.092	0.140
Antimalarial treatment	CH.12	0.108	0.021	0.193	0.666	0.816	164	148	0.066	0.150
Support for learning	CD.1	0.233	0.016	0.067	1.723	1.313	1413	1274	0.202	0.264
Birth registration	CP.1	0.590	0.042	0.070	3.245	1.801	504	454	0.507	0.674

Note: Divide the "Unweighted Count" from SPSS output by 1,000,000 before inserting into the table.

Table SE.7: Sampling errors: Central Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Lao PDR, 2006

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2*se*	*r* + 2*se*
HOUSEHOLDS										
Household availability of insecticide treated nets	CH.10	0.350	0.022	0.062	4.032	2.008	2881	1926	0.306	0.394
Iodized salt consumption	NU.5	0.810	0.025	0.031	7.699	2.775	2976	1923	0.761	0.860
Child discipline	CP.4	0.689	0.013	0.019	1.192	1.092	2213	1481	0.663	0.715
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.470	0.037	0.079	12.099	3.478	15348	14476	0.396	0.544
Use of improved sanitation facilities	EN.5	0.535	0.027	0.050	6.240	2.498	15348	14476	0.482	0.588
Net primary school attendance rate	ED.3	0.814	0.018	0.023	3.971	1.993	1981	1788	0.777	0.851
Net secondary school attendance rate	ED.4	0.423	0.021	0.050	3.838	1.959	2360	2130	0.382	0.465
Primary completion rate	ED.6	0.339	0.030	0.088	1.061	1.030	296	267	0.279	0.399
Child labour	CP.2	0.097	0.007	0.069	1.865	1.366	4069	3671	0.084	0.111
Prevalence of orphans	HA.10	0.066	0.005	0.078	1.950	1.396	6884	4596	0.056	0.076
WOMEN										
Skilled attendant at delivery	RH.5	0.282	0.027	0.096	1.509	1.228	625	417	0.228	0.336
Antenatal care	RH.3	0.444	0.033	0.075	1.882	1.372	625	417	0.377	0.510
Adult literacy	ED.8	0.762	0.022	0.029	2.407	1.551	1324	883	0.718	0.807
UNDER-5s										
Underweight prevalence	NU.1	0.430	0.016	0.038	1.602	1.266	1625	1466	0.398	0.463
Tuberculosis immunization coverage	CH.2	0.548	0.043	0.078	2.315	1.521	346	312	0.463	0.634
Polio immunization coverage	CH.2	0.423	0.039	0.093	1.963	1.401	346	312	0.345	0.502
Immunization coverage for DPT	CH.2	0.397	0.037	0.092	1.750	1.323	346	312	0.323	0.470
Measles immunization coverage	CH.2	0.397	0.033	0.083	1.417	1.190	346	312	0.331	0.463
Fully immunized children	CH.2	0.291	0.031	0.107	1.458	1.207	346	312	0.229	0.353
Acute respiratory infection in last two weeks	CH.6	0.055	0.030	0.539	1.492	1.222	97	88	-0.004	0.115
Antibiotic treatment of suspected pneumonia	CH.7	0.471	0.058	0.124	1.194	1.093	97	88	0.355	0.588
Diarrhoea in last two weeks	CH.4	0.114	0.032	0.276	1.769	1.330	199	180	0.051	0.177
Received ORT or increased fluids and continued feeding	CH.5	0.449	0.035	0.078	0.891	0.944	199	180	0.379	0.519
Under-fives sleeping under insecticide treated nets	CH.11	0.321	0.023	0.072	3.859	1.964	1749	1578	0.274	0.367
Fever in last two weeks	CH.12	0.179	0.013	0.072	1.779	1.334	1749	1578	0.153	0.204
Antimalarial treatment	CH.12	0.005	0.003	0.718	0.666	0.816	313	282	-0.002	0.011
Support for learning	CD.1	0.232	0.014	0.060	1.723	1.313	1749	1578	0.204	0.260
Birth registration	CP.1	0.837	0.037	0.044	3.245	1.801	355	321	0.762	0.911

Note: Divide the "Unweighted Count" from SPSS output by 1,000,000 before inserting into the table.

Table SE.8: Sampling errors: South

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Lao PDR, 2006

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2*se*	*r* + 2*se*
HOUSEHOLDS										
Household availability of insecticide treated nets	CH.10	0.604	0.023	0.039	4.538	2.130	1172	1989	0.558	0.651
Iodized salt consumption	NU.5	0.897	0.018	0.020	6.851	2.618	1170	1987	0.862	0.933
Child discipline	CP.4	0.719	0.013	0.018	1.346	1.160	1015	1718	0.694	0.744
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.534	0.038	0.072	16.366	4.045	6916	6523	0.457	0.610
Use of improved sanitation facilities	EN.5	0.277	0.026	0.095	9.709	3.116	6916	6523	0.224	0.330
Net primary school attendance rate	ED.3	0.799	0.026	0.033	3.971	1.993	1014	915	0.746	0.851
Net secondary school attendance rate	ED.4	0.296	0.029	0.097	3.838	1.959	1074	969	0.239	0.354
Primary completion rate	ED.6	0.261	0.046	0.174	1.061	1.030	109	99	0.170	0.352
Child labour	CP.2	0.087	0.009	0.101	1.865	1.366	2116	1909	0.070	0.105
Prevalence of orphans	HA.10	0.061	0.005	0.085	2.808	1.676	3504	5934	0.051	0.072
WOMEN										
Skilled attendant at delivery	RH.5	0.153	0.018	0.120	1.625	1.275	366	623	0.116	0.189
Antenatal care	RH.3	0.301	0.024	0.081	1.733	1.316	366	623	0.252	0.349
Adult literacy	ED.8	0.624	0.030	0.049	3.430	1.852	507	872	0.563	0.685
UNDER-5s										
Underweight prevalence	NU.1	0.517	0.022	0.042	1.602	1.266	951	859	0.474	0.560
Tuberculosis immunization coverage	CH.2	0.760	0.047	0.062	2.315	1.521	209	188	0.666	0.855
Polio immunization coverage	CH.2	0.454	0.051	0.112	1.963	1.401	209	188	0.352	0.555
Immunization coverage for DPT	CH.2	0.464	0.048	0.104	1.750	1.323	209	188	0.368	0.560
Measles immunization coverage	CH.2	0.515	0.043	0.084	1.417	1.190	209	188	0.429	0.602
Fully immunized children	CH.2	0.325	0.041	0.127	1.458	1.207	209	188	0.243	0.408
Acute respiratory infection in last two weeks	CH.6	*	*	*	*	*	38	34	*	*
Antibiotic treatment of suspected pneumonia	CH.7	*	*	*	*	*	38	34	*	*
Diarrhoea in last two weeks	CH.4	0.156	0.041	0.264	1.769	1.330	152	137	0.074	0.239
Received ORT or increased fluids and continued feeding	CH.5	0.514	0.040	0.078	0.891	0.944	152	137	0.433	0.594
Under-fives sleeping under insecticide treated nets	CH.11	0.543	0.033	0.061	3.859	1.964	975	879	0.477	0.609
Fever in last two weeks	CH.12	0.157	0.016	0.104	1.779	1.334	975	879	0.124	0.189
Antimalarial treatment	CH.12	0.083	0.019	0.231	0.666	0.816	153	138	0.044	0.121
Support for learning	CD.1	0.319	0.021	0.065	1.723	1.313	975	879	0.277	0.360
Birth registration	CP.1	0.837	0.059	0.071	3.245	1.801	141	127	0.719	0.955

Note: Divide the "Unweighted Count" from SPSS output by 1,000,000 before inserting into the table.

Appendix D.
Data Quality Tables

Table DQ.1: Age distribution of household population

Single-year age distribution of household population by sex (weighted), Lao PDR, 2006

Age	Males		Females		Age	Males		Females	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	426	2.6	397	2.4	41	153	0.9	142	0.9
1	403	2.4	400	2.4	42	159	1.0	158	0.9
2	410	2.5	408	2.5	43	158	1.0	164	1.0
3	471	2.9	446	2.7	44	144	0.9	132	0.8
4	354	2.1	315	1.9	45	222	1.3	213	1.3
5	499	3.0	502	3.0	46	151	0.9	145	0.9
6	528	3.2	499	3.0	47	119	0.7	129	0.8
7	444	2.7	452	2.7	48	148	0.9	116	0.7
8	460	2.8	451	2.7	49	124	0.8	39	0.2
9	468	2.8	392	2.4	50	171	1.0	294	1.8
10	505	3.1	514	3.1	51	100	0.6	147	0.9
11	417	2.5	428	2.6	52	141	0.9	132	0.8
12	516	3.1	468	2.8	53	87	0.5	119	0.7
13	499	3.0	487	2.9	54	105	0.6	101	0.6
14	386	2.3	503	3.0	55	114	0.7	131	0.8
15	490	3.0	312	1.9	56	99	0.6	83	0.5
16	423	2.6	400	2.4	57	59	0.4	73	0.4
17	338	2.1	335	2.0	58	73	0.4	73	0.4
18	340	2.1	356	2.1	59	69	0.4	45	0.3
19	274	1.7	252	1.5	60	117	0.7	125	0.8
20	319	1.9	334	2.0	61	45	0.3	52	0.3
21	226	1.4	221	1.3	62	58	0.3	54	0.3
22	233	1.4	281	1.7	63	57	0.3	57	0.3
23	205	1.2	230	1.4	64	40	0.2	57	0.3
24	204	1.2	248	1.5	65	110	0.7	80	0.5
25	266	1.6	286	1.7	66	45	0.3	38	0.2
26	200	1.2	239	1.4	67	39	0.2	41	0.2
27	183	1.1	199	1.2	68	28	0.2	49	0.3
28	213	1.3	253	1.5	69	20	0.1	34	0.2
29	190	1.2	180	1.1	70	68	0.4	68	0.4
30	276	1.7	286	1.7	71	18	0.1	22	0.1
31	185	1.1	214	1.3	72	32	0.2	30	0.2
32	184	1.1	232	1.4	73	24	0.1	20	0.1
33	171	1.0	201	1.2	74	12	0.1	13	0.1
34	156	0.9	207	1.2	75	36	0.2	43	0.3
35	271	1.6	267	1.6	76	27	0.2	31	0.2
36	163	1.0	214	1.3	77	12	0.1	9	0.1
37	179	1.1	171	1.0	78	31	0.2	17	0.1
38	214	1.3	203	1.2	79	9	0.1	18	0.1
39	187	1.1	153	0.9	80+	115	0.7	143	0.9
40	239	1.5	234	1.4	DK/Missing	12	0.1	23	0.1
					Total	**16,467**	**100.0**	**16,633**	**100.0**

Table DQ.2: Age distribution of eligible and interviewed women

Household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by five-year age group, Lao PDR, 2006

	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
	Number	Number	Percent	
Age				
10-14	2,399	na	na	na
15-19	1,655	1,546	20.8	93.4
20-24	1,314	1,241	16.7	94.4
25-29	1,158	1,117	15.1	96.5
30-34	1,141	1,109	14.9	97.2
35-39	1,009	979	13.2	97.0
40-44	830	809	10.9	97.5
45-49	642	621	8.4	96.8
50-54	793	na	na	na
15-49	**7,748**	**7,422**	**100.0**	**95.8**

na: not applicable
Note: Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.

Table DQ.3: Age distribution of eligible and interviewed under-5s

Household population of children age 0-4, children whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caretakers were interviewed (weighted), by five-year age group, Lao PDR, 2006

	Household population of children age 0-7	Interviewed children age 0-4		Percentage of eligible children interviewed
	Number	Number	Percent	
Age				
0	824	800	20.2	97.1
1	803	782	19.8	97.4
2	818	810	20.4	99.0
3	917	904	22.8	98.7
4	669	664	16.8	99.3
5	1,001	na	na	Na
6	1,026	na	na	Na
7	896	na	na	Na
0-4	**4,030**	**3,960**	**100.0**	**98.3**

na: not applicable
Note: Weights for both household population of children and interviewed children are household weights. Age is based on the household schedule.

Table DQ.4: Age distribution of under-5 children

Age distribution of under-5 children by 3-month groups (weighted), Lao PDR, 2006

	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
Age in months						
0-2	97	4.6	102	5.0	200	4.8
3-5	125	5.9	127	6.3	251	6.1
6-8	100	4.8	81	4.0	181	4.4
9-11	90	4.2	83	4.1	172	4.2
12-14	131	6.2	117	5.8	249	6.0
15-17	97	4.6	103	5.1	201	4.9
18-20	91	4.3	93	4.6	184	4.5
21-23	94	4.4	100	5.0	194	4.7
24-26	124	5.9	129	6.4	253	6.1
27-29	113	5.4	92	4.6	205	5.0
30-32	91	4.3	97	4.8	188	4.6
33-35	92	4.4	109	5.4	200	4.8
36-38	148	7.0	169	8.3	316	7.7
39-41	108	5.1	104	5.2	212	5.1
42-44	117	5.6	95	4.7	213	5.1
45-47	109	5.2	87	4.3	196	4.7
48-50	153	7.2	124	6.1	277	6.7
51-53	84	4.0	80	3.9	164	4.0
54-56	69	3.3	53	2.6	122	3.0
57-59	77	3.6	80	4.0	157	3.8
Total	**2,109**	**100.0**	**2,027**	**100.0**	**4,136**	**100.0**

Table DQ.5: Heaping on ages and periods

Age and period ratios at boundaries of eligibility by type of information collected (weighted), Lao PDR, 2006

	Age and period ratios*			Eligibility boundary (lower-upper)	Module or questionnaire
	Males	Females	Total		
Age in household questionnaire					
1	0.98	1.00	0.99		
2	0.96	0.98	0.97	Lower	Child discipline and child disability
3	1.14	1.14	1.14		
4	0.80	0.75	0.78	Upper	Under-5 questionnaire
5	1.08	1.14	1.11	Lower	Child labour and education
6	1.08	1.03	1.05		
8	1.01	1.04	1.03		
9	0.98	0.87	0.92	Upper	Child disability
10	1.09	1.16	1.12		
13	1.07	1.00	1.03		
14	0.84	1.16	1.00	Upper	Child labour and child discipline
15	1.13	0.77	0.96	Lower	Women's questionnaire
16	1.02	1.15	1.07		
17	0.92	0.92	0.92	Upper	Orphaned and vulnerable children
18	1.07	1.07	1.07		
23	0.96	0.91	0.93		
24	0.91	0.97	0.94	Upper	Education
25	1.19	1.11	1.15		
48	1.14	1.23	1.17		
49	0.84	0.26	0.55	Upper	Women's questionnaire
50	1.30	1.84	1.59		
Age in women's questionnaire					
23	na	0.91	na		
24	na	0.96	na	Upper	Sexual behaviour
25	na	1.13	na		
Months since last birth in women's questionnaire					
6-11	na	0.51	na		
12-17	na	1.14	na		
18-23	na	1.07	na	Upper	Tetanus toxoid and maternal and child health
24-29	na	1.16	na		
30-35	na	0.88	na		

* Age or period ratios are calculated as $x / ((x_{n-1} + x_n + x_{n+1}) / 3)$, where x is age or period.

na: not applicable

Table DQ.6: Completeness of reporting

Percentage of observations missing information for selected questions and indicators (weighted), Lao PDR, 2006

Questionnaire and Subject	Reference group	Percent with missing information*	Number of cases
Household			
Salt testing	All households surveyed	0.1	5,894
Under-5			
Date of Birth	All under five children surveyed		
Month only		0.5	4136
Month and year missing		0.0	4136
Anthropometry	All under five children surveyed		
Height		1.6	4136
Weight		1.7	4136
Height or Weight		1.7	4136

* Includes "Don't know" responses

Table DQ.7: Presence of mother in the household and the person interviewed for the under-5 questionnaire

Distribution of children under five by whether the mother lives in the same household, and the person interviewed for the under-5 questionnaire (weighted), Lao PDR, 2006

	Mother in the household				Mother not in the household				
	Mother interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed	Total	Number of children aged 0-4 years
0	98.0	0.0	1.2	0.0	0.2	0.6	0.0	100.0	824
1	95.9	0.7	1.0	0.0	0.0	2.1	0.0	100.0	803
2	94.7	0.3	1.2	0.1	0.0	3.7	0.1	100.0	818
3	95.9	0.2	0.7	0.0	0.7	2.2	0.1	100.0	917
4	95.6	0.1	0.6	0.0	0.4	3.2	0.0	100.0	669
Total	**96.0**	**0.3**	**0.9**	**0.0**	**0.3**	**2.3**	**0.0**	**100.0**	**4,030**

Table DQ.8: School attendance by single age

Distribution of household population age 5-24 by educational level and grade attended in the current year (weighted), Lao PDR, 2006

		Primary school					Secondary school											
Preschool		Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Higher *	Non-standard curriculum	Don't know	Not attending school**	Total	Number
Age																		
5	7.2	11.5	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	na	0.0	0.0	80.8	100	1,001
6	2.7	32.1	5.8	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	na	0.0	0.1	58.9	100	1,026
7	0.7	38.9	19.0	4.7	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	na	0.0	0.0	36.1	100	896
8	0.4	31.9	27.7	12.7	2.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	na	0.0	0.0	24.9	100	912
9	0.0	22.2	29.1	21.1	10.4	2.6	0.0	0.0	0.0	0.0	0.0	0.0	na	0.0	0.0	14.5	100	860
10	0.0	15.0	21.2	23.4	15.2	7.7	1.5	0.2	0.0	0.0	0.0	0.0	na	0.0	0.0	15.8	100	1,018
11	0.0	6.1	15.9	19.3	18.7	16.5	8.6	1.7	0.5	0.0	0.0	0.0	na	0.0	0.0	12.6	100	845
12	0.0	4.5	11.1	13.5	17.1	17.2	12.3	6.9	0.9	0.0	0.0	0.0	na	0.0	0.0	16.3	100	983
13	0.0	2.4	5.9	8.9	10.7	16.3	12.0	12.3	8.7	1.0	0.3	0.0	na	0.0	0.0	21.5	100	986
14	0.0	1.0	3.0	4.9	7.5	10.5	9.9	11.2	11.1	7.5	1.8	0.2	na	0.0	0.0	31.4	100	889
15	0.0	0.1	1.2	3.4	5.5	6.1	6.0	8.6	10.8	9.9	5.4	2.0	na	0.0	0.2	40.8	100	802
16	0.0	0.2	0.7	2.1	1.8	2.7	2.9	5.9	8.8	7.3	9.8	7.2	na	0.1	0.1	50.4	100	823
17	0.0	0.7	0.4	0.3	0.4	0.9	1.4	2.1	4.0	5.0	10.3	12.2	na	0.1	0.0	62.2	100	673
18	0.0	0.0	0.7	0.2	0.5	0.8	0.8	1.6	3.0	2.5	3.9	8.6	na	0.0	0.0	77.3	100	696
19	0.0	0.0	0.2	0.1	0.0	0.4	0.8	0.3	1.4	1.9	2.0	5.6	na	0.0	0.0	87.4	100	526
20	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.2	0.5	0.9	1.4	2.9	na	0.0	0.0	93.9	100	652
21	0.0	0.0	0.2	0.5	0.0	0.2	0.0	0.1	0.3	0.0	0.7	1.6	na	0.0	0.0	96.4	100	447
22	0.0	0.0	0.0	0.0	0.2	0.0	0.3	0.0	0.0	0.3	0.5	2.0	na	0.0	0.0	96.9	100	513
23	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.1	0.2	0.1	na	0.0	0.0	99.3	100	435
24	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.2	na	0.0	0.0	99.5	100	453
Total	**0.7**	**10.1**	**8.5**	**6.9**	**5.4**	**4.9**	**3.3**	**2.9**	**2.7**	**1.9**	**1.7**	**1.9**	**na**	**0.0**	**0.0**	**49.1**		**15,438**

* The Lao questionnaire did not provide an option to code for higher education, therefore this cannot be determined.
** The percentage for not attending school, especially for ages 17-24 may be slightly higher than the reality. As the code for “higher education” was removed from the Lao PDR MICS questionnaire, all respondents who answered university as their highest level of education were coded similarly to the respondents who answered the highest grade in secondary school as their highest level of education. Together, they are classified as “Secondary +”. In this process, some of the respondents attending university might have been omitted from the data. However, the omission may only affect the data slightly as the Population Census 2005 indicates that only 0.7 percent of the population in the age group 15-19 and 6.4 percent of the population in the age group 20-24 complete higher education.)

Table DQ.9: Sex ratio at birth among children ever born and living – unable to generate (the related questions were omitted from the Lao MICS3 questionnaires)

Table DQ.10: Distribution of women by time since last birth

Distribution of women aged 15-49 with at least one live birth, by months since last birth (weighted), Lao PDR, 2006

	Months since last birth				
	Number	Percent		Number	Percent
0	45	2.4	16	66	3.5
1	87	4.7	17	54	2.9
2	68	3.7	18	49	2.7
3	82	4.4	19	50	2.7
4	88	4.8	20	59	3.2
5	67	3.6	21	57	3.1
6	64	3.5	22	47	2.6
7	47	2.5	23	46	2.5
8	60	3.3	24	63	3.4
9	65	3.5	25	60	3.2
10	59	3.2	26	41	2.2
11	52	2.8	27	57	3.1
12	88	4.7	28	42	2.3
13	76	4.1	29	46	2.5
14	69	3.7	30	33	1.8
15	63	3.4			
Total				**1,852**	**100.0**

Appendix E.
MICS Indicators: Numerators and Denominators

INDICATOR		NUMERATOR	DENOMINATOR
4	Skilled attendant at delivery	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that were attended during childbirth by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
5	Institutional deliveries	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that delivered in a health facility	Total number of women surveyed aged 15-49 years with a birth in 2 years preceding the survey
6	Underweight prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five that were weighed
7	Stunting prevalence	Number of children under age five that fall below minus two standard deviations from the median height for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five measured
8	Wasting prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for height of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five weighed and measured
9	Low-birthweight infants	Number of last live births in the 2 years preceding the survey weighing below 2,500 grams	Total number of last live births in the 2 years preceding the survey
10	Infants weighed at birth	Number of last live births in the 2 years preceding the survey that were weighed at birth	Total number of last live births in the 2 years preceding the survey
11	Use of improved drinking water sources	Number of household members living in households using improved sources of drinking water	Total number of household members in households surveyed
12	Use of improved sanitation facilities	Number of household members using improved sanitation facilities	Total number of household members in households surveyed
13	Water treatment	Number of household members using water that has been treated	Total number of household members in households surveyed
14	Disposal of child's faeces	Number of children under age three whose (last) stools were disposed of safely	Total number of children under age three surveyed
15	Exclusive breastfeeding rate	Number of infants aged 0-5 months that are exclusively breastfed	Total number of infants aged 0-5 months surveyed
16	Continued breastfeeding rate	Number of infants aged 12-15 months, and 20-23 months, that are currently breastfeeding	Total number of children aged 12-15 months and 20-23 months surveyed

17*	Timely complementary feeding rate	Number of infants aged 6-9 months that are receiving breastmilk and complementary foods	Total number of infants aged 6-9 months surveyed
18*	Frequency of complementary feeding	Number of infants aged 6-11 months that receive breastmilk and complementary food at least the minimum recommended number of times per day (two times per day for infants aged 6-8 months, three times per day for infants aged 9-11 months).	Total number of infants aged 6-11 months surveyed
19[1]*	Adequately fed infants	Number of infants aged 0-11 months that are appropriately fed: infants aged 0-5 months that are exclusively breastfed and infants aged 6-11 months that are breastfed and ate solid or semi-solid foods the appropriate number of times (see above) yesterday.	Total number of infants aged 0-11 months surveyed
20	Antenatal care	Number of women aged 15-49 years that were attended at least once during pregnancy in the 2 years preceding the survey by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
22	Antibiotic treatment of suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks receiving antibiotics	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
23	Care-seeking for suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks that are taken to an appropriate health provider	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
24	Solid fuels	Number of residents in households that use solid fuels (wood, charcoal, crop residues and dung) as the primary source of domestic energy to cook	Total number of residents in households surveyed
25	Tuberculosis immunization coverage	Number of children aged 12-23 months receiving BCG vaccine before their first birthday	Total number of children aged 12-23 months surveyed
26	Polio immunization coverage	Number of children aged 12-23 months receiving OPV3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed

[1] Numerator for these indicators did not capture all information. This occurred due to the difficulties in precisely translating the difference between other liquid and mushy food (some mushy food were considered liquid as opposed to solid).

27	Immunization coverage for diphtheria, pertussis and tetanus (DPT) and Hep B	Number of children aged 12-23 months receiving DPT3 +HepB vaccine before their first birthday	Total number of children aged 12-23 months surveyed
28	Measles immunization coverage	Number of children aged 12-23 months receiving measles vaccine before their first birthday	Total number of children aged 12-23 months surveyed
31	Fully immunized children	Number of children aged 12-23 months receiving DPT1-3, OPV-1-3, BCG and measles vaccines before their first birthday	Total number of children aged 12-23 months surveyed
32	Neonatal tetanus protection	Number of mothers with live births in the previous year that were given at least two doses of tetanus toxoid (TT) vaccine within the appropriate interval prior to giving birth	Total number of women surveyed aged 15-49 years with a birth in the year preceding the survey
33	Use of oral rehydration therapy (ORT)	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received oral rehydration salts and/or an appropriate household solution	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
34	Home management of diarrhoea	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
35	Received ORT or increased fluids and continued feeding	Number of children aged 0-59 months with diarrhoea that received ORT (oral rehydration salts or an appropriate household solution) or received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
36	Household availability of insecticide-treated nets (ITNs)	Number of households with at least one mosquito net, either permanently treated or treated within the previous year	Total number of households surveyed
37	Under-fives sleeping under insecticide- treated nets	Number of children aged 0-59 months that slept under an insecticide-treated mosquito net the previous night	Total number of children aged 0-59 months surveyed
38	Under-fives sleeping under mosquito nets	Number of children aged 0-59 months that slept under a mosquito net the previous night	Total number of children aged 0-59 months surveyed
39	Antimalarial treatment (under- fives)	Number of children aged 0-59 months reported to have had fever in the previous 2 weeks that were treated with an appropriate antimalarial within 24 hours of onset	Total number of children aged 0-59 months reported to have had fever in the previous 2 weeks

40	Intermittent preventive malaria treatment (pregnant women)	Number of women receiving appropriate intermittent medication to prevent malaria (defined as at least 2 doses of SP/Fansidar) during the last pregnancy, leading to a live birth within the 2 years preceding the survey	Total number of women that have had a live birth within the 2 years preceding the survey
41*	Iodized salt consumption	Number of households with salt testing with some iodine (colour changes in salt)	Total number of households surveyed
42	Vitamin A supplementation (under-fives)	Number of children aged 6-59 months receiving at least one high-dose vitamin A supplement in the previous 6 months	Total number of children aged 6-59 months surveyed
43	Vitamin A supplementation (post-partum mothers)	Number of women with a live birth in the 2 years preceding the survey that received a high-dose vitamin A supplement within 8 weeks after birth	Total number of women that had a live birth in the 2 years preceding the survey
44	Content of antenatal care	Number of women with a live birth in the 2 years preceding the survey that received antenatal care during the last pregnancy	Total number of women with a live birth in the 2 years preceding the survey
45	Timely initiation of breastfeeding	Number of women with a live birth in the 2 years preceding the survey that put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the 2 years preceding the survey
46	Support for learning	Number of children aged 0-59 months living in households in which an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months surveyed
47	Father's support for learning	Number of children aged 0-59 months whose father has engaged in one or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months
48	Support for learning: children's books	Number of households with three or more children's books	Total number of households surveyed
49	Support for learning: non-children's books	Number of households with three or more non-children's books	Total number of households surveyed
50	Support for learning: materials for play	Number of households with three or more materials intended for play	Total number of households surveyed
51	Non-adult care	Number of children aged 0-59 months left alone or in the care of another child younger than 10 years of age in the past week	Total number of children aged 0-59 months surveyed

* The Lao PDR MICS only tested the presence/absence of iodine in salt using a field rapid test kit. This was due to the field test kit not able to measure the ppm level precisely. Some of the salt samples collected for MICS were further tested in laboratory for ppm measurements, which results are found in the National Nutrition Survey Report separately.

52	Pre-school attendance	Number of children aged 36-59 months that attend some form of early childhood education programme	Total number of children aged 36-59 months surveyed
53	School readiness	Number of children in first grade that attended some form of pre-school the previous year	Total number of children in the first grade surveyed
54	Net intake rate in primary education	Number of children of school-entry age that are currently attending first grade	Total number of children of primary- school entry age surveyed
55	Net primary school attendance rate	Number of children of primary-school age currently attending primary or secondary school	Total number of children of primary- school age surveyed
56	Net secondary school attendance rate	Number of children of secondary-school age currently attending secondary school or higher	Total number of children of secondary-school age surveyed
57	Children reaching grade five	Proportion of children entering the first grade of primary school that eventually reach grade five	
58	Transition rate to secondary school	Number of children that were in the last grade of primary school during the previous school year that attend secondary school	Total number of children that were in the last grade of primary school during the previous school year surveyed
59	Primary completion rate	Number of children (of any age) attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school) surveyed
60	Adult literacy rate	Number of women aged 15-24 years that are able to read a short simple statement about everyday life	Total number of women aged 15-24 years surveyed
61	Gender parity index	Proportion of girls in primary and secondary education	Proportion of boys in primary and secondary education
62	Birth registration	Number of children aged 0-59 months whose births are reported registered	Total number of children aged 0-59 months surveyed
71	Child labour	Number of children aged 5-14 years that are involved in child labour	Total number of children aged 5-14 years surveyed

Appendix

72	Labourer students	Number of children aged 5-14 years involved in child labour activities that attend school	Total number of children aged 5-14 years involved in child labour activities
73	Student labourers	Number of children aged 5-14 years attending school that are involved in child labour activities	Total number of children aged 5-14 years attending school
74	Child discipline	Number of children aged 2-14 years that (1) experience only non-violent aggression, (2) experience psychological aggression as punishment, (3) experience minor physical punishment, (4) experience severe physical punishment	Total number of children aged 2-14 years selected and surveyed
75	Prevalence of orphans	Number of children under age 18 with at least one dead parent	Total number of children under age 18 surveyed
77	School attendance of orphans versus non-orphans	Proportion of double orphans (both mother and father dead) aged 10-14 years attending school	Proportion of children aged 10-14 years, both of whose parents are alive, that are living with at least one parent and are attending school
78	Children's living arrangements	Number of children aged 0-17 years not living with a biological parent	Total number of children aged 0-17 years surveyed
90	Counselling coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received counselling on HIV/AIDS during this care	Total number of women that gave birth in the previous 24 months surveyed
91	Testing coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received the results of an HIV test during this care	Total number of women that gave birth in the previous 24 months surveyed
95[2]	Household in poor conditions	Number of household members living in urban households meeting any one of the following conditions: improved drinking water sources are not used, improved sanitation facilities are not used, living area is not sufficient.	Number of household members in urban households surveyed

[2] This figure does not correspond to the standard MICS indicator (Indicator 95) for "slum household" as the durability and tenure of the household are not taken into consideration.

100	Attitudes towards domestic violence	Number of women that consider that a husband/partner 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	Total number of women surveyed
101	Child disability	Number of children aged 2-9 years with at least one of nine reported disabilities: (1) delay in sitting, standing or walking, (2) difficulty seeing, either in the daytime or at night, (3) appears to have difficulty hearing, (4) difficulty in understanding instructions, (5) difficulty walking or moving arms or has weakness or stiffness of limbs, (6) has fits, becomes rigid, loses consciousness, (7) does not learn to do things like other children his/her age, (8) cannot speak or cannot be understood in words, (9) appears mentally backward, dull or slow	Total number of children aged 2-9 surveyed

Appendix F. Questionnaires

WE ARE FROM THE NATIONAL STATISTICS CENTRE AND MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE SOME TIMES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.

MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL **HH**

Province:_____ ☐☐
District:_____ ☐☐
Village:_____ ☐☐☐

HH1. Cluster number:___ ___ ___

HH2. Household number:___ ___ ___

HH3. Interviewer name and number:

Name_____ ___ ___

HH4. Supervisor name and number:

Name_____ ___ ___

HH5. Day/Month/Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___

HH6. Area:
- Urban 1
- Rural with Road 2
- Rural without Road 3

HH7. Region:
- *North* 1
- *Central* 2
- *South* 3

HH 8. Name of head of household:

_____

After all questionnaires for the household have been completed, fill in the following information:

HH9. Result of HH interview:
- Completed 1
- Not at home 2
- Refused 3
- HH not found/destroyed 4
- Other (*specify*)_____ 6

HH10. Respondent to HH questionnaire:

Name:_____

Line No: ___ ___

HH11. Total number of household members: ___ ___

HH12. No.of women eligible for interview: ___ ___

HH13. No.of women questionnaires completed: ___ ___

HH14. No.of children under age 5: ___ ___

HH15. No.of under-5 questionnaires completed: ___ ___

Interviewer/supervisor notes: *Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.*

HH16. Data entry clerk: ___ ___

HOUSEHOLD LISTING FORM — HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4).
Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). *If yes, complete listing.*
Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used ☐

						Eligible for:			For children age 0-17 years ASK HL9-HL12			
						WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW				
HL 1. *Line no.*	HL2. *Name*	HL3. WHAT IS THE RELATIO N-SHIP OF (*name*) TO THE HEAD OF THE HOUSE-HOLD?	HL4. IS (*name*) MALE OR FEMALE? 1 MALE 2 FEM.		HL5. HOW OLD IS (*name*)? HOW OLD WAS (*name*) ON HIS/HER LAST BIRTHDAY? *Record in completed years* 98=DK*	HL6. *Circle Line no. if woman is age 15-49*	HL7. *For each child **age 5-14**:* WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record Line no. of mother/ caretaker*	HL8. *For each child **under 5**:* WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record Line no. of mother/ caretaker*	HL9. IS (*name's*) NATURAL MOTHER ALIVE? 1 YES 2 NO⇨ HL11 8 DK⇨ HL11	HL10. *If alive*: DOES (*name's*) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? *Record Line no. of mother or 00 for 'no'*	HL11. IS (*name's*) NATURAL FATHER ALIVE? 1 YES 2 NO⇘ NEXT LINE 8 DK⇘ NEXT LINE	HL12. *If alive*: DOES (*name's*) NATURAL FATHER LIVE IN THIS HOUSEHOLD? *Record Line no. of father or 00 for 'no'*
LINE	NAME	REL.	M	F	AGE	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
01		0 1	1	2	___ ___	01	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
02		___ ___	1	2	___ ___	02	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
03		___ ___	1	2	___ ___	03	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
04		___ ___	1	2	___ ___	04	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
05		___ ___	1	2	___ ___	05	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
06		___ ___	1	2	___ ___	06	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___

HOUSEHOLD LISTING FORM												HL
07		___ ___	1	2	___ ___	07	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
08		___ ___	1	2	___ ___	08	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
09		___ ___	1	2	___ ___	09	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
10		___ ___	1	2	___ ___	10	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
11		___ ___	1	2	___ ___	11	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
12		___ ___	1	2	___ ___	12	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
13		___ ___	1	2	___ ___	13	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___

ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL? *If yes, insert child's name and complete form. Then, complete the totals below.*

	Women 15-49	Children 5-14	Under-5s				
Totals	___ ___	___ ___	___ ___				

** See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").*

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

** Codes for HL3: Relationship to head of household:*
01 = Head
02 = Wife or Husband
03 = Son or Daughter
04 = Son or Daughter In-Law
05 = Grandchild
06 = Parent
07 = Parent-In-Law
08 = Brother or Sister
09 = Brother or Sister-In-Law
10 = Uncle/Aunt
11 = Niece/Nephew By Blood
12 = Niece/Nephew By Marriage
13 = Other Relative
14 = Adopted/Foster/Stepchild
15 = Not Related
98 = Don't Know

EDUCATION MODULE ED

For household members age 5 and above						For household members age 5-24 years									
ED1. *Line no.*	ED1A. *Name*	ED2. HAS (*name*) EVER ATTENDED SCHOOL OR PRESCHOOL? 1 YES ⇨ ED3 2 NO ⇘ NEXT LINE		ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (*name*) ATTENDED? WHAT IS THE HIGHEST GRADE (*name*) COMPLETED AT THIS LEVEL? LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 LOWER SECONDARY 3 UPPER SECONDARY 6 NON-STANDARD CURRICULUM 8 DK GRADE: PRE-SCHOOL 00 PRIMARY 11-15 LOWER SECONDARY 21-23 UPPER SECONDARY 31-33 NON-STANDARD CURRICULUM 61-63 98 DK *If less than 1 grade, enter 00.*		ED4. DURING THE *(2005-2006)* SCHOOL YEAR, DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 YES 2 NO ⇨ ED7		ED5. SINCE LAST *(day of the week)*, HOW MANY DAYS DID (*name*) ATTEND SCHOOL? *Insert number of days in space below.*	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (*name*) ATTENDING? LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 LOWER SECONDARY 3 UPPER SECONDARY 6 NON-STANDARD CURRICULUM 8 DK GRADE: PRE-SCHOOL 00 PRIMARY 11-15 LOWER SECONDARY 21-23 UPPER SECONDARY 31-33 NON-STANDARD CURRICULUM 61-63 98 DK		ED7. DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (*2004-2005*)? 1 YES 2 NO ⇘ NEXT LINE 8 DK ⇘ NEXT LINE			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (*name*) ATTEND? LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 LOWER SECONDARY 3 UPPER SECONDARY 6 NON-STANDARD CURRICULUM 8 DK GRADE: PRE-SCHOOL 00 PRIMARY 11-15 LOWER SECONDARY 21-23 UPPER SECONDARY 31-33 NON-STANDARD CURRICULUM 61-63 98 DK	
LINE		YES	NO	LEVEL	GRADE	YES	NO	DAYS	LEVEL	GRADE	Y	N	DK	LEVEL	GRADE
		1	2	0 1 2 3 6 8	___ ___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
		1	2	0 1 2 3 6 8	___ ___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
		1	2	0 1 2 3 6 8	___ ___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
		1	2	0 1 2 3 6 8	___ ___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
		1	2	0 1 2 3 6 8	___ ___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
		1	2	0 1 2 3 6 8	___ ___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
		1	2	0 1 2 3 6 8	___ ___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
		1	2	0 1 2 3 6 8	___ ___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___

WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling.....11 Piped into yard or plot.....12 Public tap/standpipe .....13 Tubewell/borehole .....21 Dug well Protected well .....31 Unprotected well.....32 Water from spring Protected spring .....41 Unprotected spring .....42 Rainwater collection .....51 Tanker-truck .....61 Cart with small tank/drum.....71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) .....81 **Bottled water.....91** Other (*specify*) _____96	11⇨WS5 12⇨WS5 ⇨WS 3 96⇨WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling.....11 Piped into yard or plot.....12 Public tap/standpipe .....13 Tubewell/borehole .....21 Dug well Protected well .....31 Unprotected well.....32 Water from spring Protected spring .....41 Unprotected spring .....42 Rainwater collection .....51 Tanker-truck .....61 Cart with small tank/drum.....71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) .....81 **Bottled water.....91** Other (*specify*) _____96	11⇨WS5 12⇨WS5
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes .....__ __ __ Water on premises .....995 DK.....998	995⇨WS 5
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? *Probe:* IS THIS PERSON UNDER AGE 15? WHAT SEX? *Circle code that best describes this person.*	Adult woman.....1 Adult man .....2 Female child (under 15) .....3 Male child (under 15).....4 DK.....8	
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes.....1 No .....2 DK.....8	2⇨WS7 8⇨WS7

WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK? ANYTHING ELSE? *Record all items mentioned.*	Boil ..... A Add bleach/chlorine ..... B Strain it through a cloth ..... C Use water filter (ceramic, sand, composite, etc.) ..... D Solar disinfection ..... E Let it stand and settle ..... F Other (*specify*) _____ X DK ..... Z	
WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? *If "flush" or "pour flush", probe:* WHERE DOES IT FLUSH TO? *If necessary, ask permission to observe the facility.*	Flush / pour flush Flush to piped sewer system ..... 11 Flush to septic tank ..... 12 Flush to pit (latrine) ..... 13 Flush to somewhere else ..... 14 Flush to unknown place/not sure/DK where ..... 15 Ventilated Improved Pit latrine (VIP) ..... 21 Pit latrine with slab ..... 22 Pit latrine without slab / open pit ..... 23 Hanging toilet/hanging latrine ..... 51 No facilities or bush or field ..... 95 Other (*specify*) _____ 96	95⇨ NEXT MODULE
WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?	Yes ..... 1 No 2	2⇨ NEXT MODULE
WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?	No. of households (if less than 10) .... 0 ___ Ten or more households ..... 10 DK 98	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	*Buddhist* ..... 1 *Christianity* ..... 2 *Islam* ..... 3 Other religion (*specify*)_____ 6 No religion 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	*Lao* ..... 1 *Khmou* ..... 2 *Hmong* ..... 3 Other language (*specify*) _____ 6	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	*Lao* ..... 1 *Khmou* ..... 2 *Hmong* ..... 3 Other ethnic group (*specify*)_____ 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms ..... __ __	
HC3. Main material of the dwelling floor: *Record observation.*	Natural floor Earth/sand ..... 11 Dung ..... 12 Rudimentary floor Wood planks ..... 21 Palm/bamboo ..... 22 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles ..... 33 Cement ..... 34 Carpet ..... 35 Other (*specify*) _____ 96	
HC4. Main material of the roof. *Record observation.*	Natural roofing No Roof ..... 11 Thatch/palm leaf ..... 12 Rudimentary Roofing Palm/bamboo ..... 22 Wood planks ..... 23 Finished roofing Metal ..... 31 Wood ..... 32 Calamine/cement fiber ..... 33 Ceramic tiles ..... 34 Cement ..... 35 Roofing shingles ..... 36 Other (*specify*) _____ 96	

HC5. Main material of the walls. *Record observation.*	Natural walls No walls .....11 Cane/palm/trunks .....12 Dirt .....13 Rudimentary walls Bamboo/Bamboo with dry leaf……..14 Bamboo lattice.....15 Bamboo with mud.....21 Plywood .....24 Carton .....25 Reused wood.....26 Bamboo mat……27 Finished walls Cement .....31 Stone with lime/cement .....32 Bricks.....33 Cement blocks.....34 Wood planks/shingles.....36 Other (*specify*) _____96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity .....01 Liquid Propane Gas (LPG) .....02 Natural gas .....03 Kerosene .....05 Charcoal .....06 Coal / Lignite.....07 Wood .....08 Straw/shrubs/grass.....09 Other (*specify*) _____96	01⇨HC8 02⇨HC8 03⇨HC8
HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE? *Probe for type.*	Open fire.....1 Open stove .....2 Closed stove.....3 Other (*specify*) _____6	 3⇨HC8 6⇨HC8
HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?	Yes.....1 No 2	
HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	In the house.....1 In a separate building .....2 Outdoors.....3 Other (*specify*) _____6	

HC9. DOES YOUR HOUSEHOLD HAVE:

	Yes	No
ELECTRICITY?	Electricity 1	2
A CLOCK?	Clock……..1	2
A RADIO/CASSETTE?	Radio/cassette.....1	2
A FAN?	Fan……1	2
A MATTRESS?	Mattress……1	2
A BLACK AND WHITE TELEVISION?	B/W TV……1	2
A COLOUR TV?	Colour TV ……..1	2
A CD/VCR PLAYER?	CD/VCR Player……1	2
A WATER PUMP?	Water pump…… 1	2
A BED?	Bed…… 1	2
DVD PLAYER?	DVD Player…….. 1	2
A SATELLITE DISK/RECEIVER?	Satellite disk…… 1	2
A MOBILE TELEPHONE?	Mobile Telephone.....1	2
A NON-MOBILE TELEPHONE?	Non-Mobile Telephone 1	2
A REFRIGERATOR?	Refrigerator.....1	2
AN AIR-CONDITIONER?	Air-conditioner…… 1	2

Appendix

A WASHING MACHINE? A SOFA?	Washing machine..... 1 2 Sofa..... 1 2	
HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: A WATCH? A BICYCLE? AN ANIMAL-DRAWN CART? A MOTORCYCLE OR SCOOTER? A TUKTUK OR TAK TAK? A CAR OR TRUCK? A BOAT WITH A MOTOR?	Yes No Watch ..... 1 2 Bicycle ..... 1 2 Animal drawn-cart..... 1 2 Motorcycle/Scooter ..... 1 2 Tuktuk/Taktak..... 1 2 Car/Truck..... 1 2 Boat with motor..... 1 2	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes..... 1 No 2	2⇨HC13
HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? If more than 97, record '97'. If unknown, record '98'.	Hectares ..... ___ ___	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OR FARM ANIMALS?	Yes..... 1 No 2	2⇨HC15A
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? BUFFALO? BULLS? HORSES, DONKEYS, OR MULES? GOATS/SHEEP? PIG? CHICKENS/DUCKS/BIRDS? If none, record '00'. If more than 97, record '97'. If unknown, record '98'.	 Buffalo ..... ___ ___ Bulls..... ___ ___ Horses, donkeys, or mules..... ___ ___ Goats/Sheep..... ___ ___ Pig..... ___ ___ Chickens/ducks/birds..... ___ ___	

ITN MODULE		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes.....1 No.....2	2⇨NEXT MODULE
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE? *If 7 or more nets, record '7'.*	Number of nets.....___	
TN3. IS THE NET (ARE ANY OF THE NETS) ANY OF THE FOLLOWING TYPES: *Read each brand name, show picture card, and circle codes for Yes or No for each brand. If possible, observe the net to verify brand.* LONG-LASTING TREATED NETS: PRE-TREATED NETS: OTHER NETS:	Y N DK Long-lasting treated nets.....1 2 8 Pre-treated net.....1 2 8 Other nets: Unknown type..... 1 2 8	
TN4. *Check TN3 for type of net(s). Go through the above list in order until* ***one*** *box is checked and follow instructions:* *1. ☐ Long-lasting treated net mentioned? ⇨ Go to Next Module* *2. ☐ Pre-treated net mentioned? ⇨ Go to TN6* *3. ☐ Other net mentioned? ⇨ Continue with TN5*		
TN5. WHEN YOU GOT THE (MOST RECENT) NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes.....1 No.....2 DK/not sure.....8	
TN6. HOW MANY MONTHS AGO WAS THE (MOST RECENT) NET OBTAINED? *If less than 1 month ago, record '00'.* *If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.*	Months ago.....__ __ More than 24 months ago .....95 Not sure 98	
TN7. SINCE YOU GOT THE NET(S) HAS IT (HAVE ANY OF THESE NETS) EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES?	Yes.....1 No.....2 DK.....8	2⇨NEXT MODULE 8⇨NEXT MODULE
TN8. HOW LONG AGO WAS THE MOST RECENT SOAKING/DIPPING DONE? *If less than 1 month, record '00'.* *If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.*	Months ago.....__ __ More than 24 months ago .....95 Not sure 98	

CHILD LABOUR MODULE — CL

To be administered to mother/caretaker of each child in the household age 5 through 14 years. For household members below age 5 or above age 14, leave rows blank.

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

CL1. *Line no.*	CL2. *Name*	CL3. DURING THE PAST WEEK, DID (*name*) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? *If yes*: FOR PAY IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇨ TO CL5			CL4. *If yes:* SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? *If more than one job, include all hours at all jobs.* *Record response then ⇨ CL.6*	CL5. AT ANY TIME DURING THE PAST YEAR, DID (*name*) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? *If yes*: FOR PAY IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO			CL6. DURING THE PAST WEEK, DID (*name*) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇨ TO CL8		CL7. *If yes*: SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. DURING THE PAST WEEK, DID (*name*) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES 2 NO ⇘ NEXT LINE		CL9. *If yes*: SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
LINE		YES				YES								
NO.	NAME	PAID	UNPAID	NO	NO. HOURS	PAID	UNPAID	NO	YES	NO	NO. HOURS	YES	NO	NO. HOURS
01		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
02		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
03		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
04		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
05		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
06		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
07		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
08		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
09		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
10		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
11		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
12		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
13		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____

Child Discipline Module

Table 1: Children aged 2-14 years eligible for child Discipline questions
Review the household listing and list each of the children aged 2-14 years below in order according to their line number (HL1). Do not include other household members outside of the age range 2-14 years. Record the line number, name, sex, age, and the line number of the mother or caretaker for each child. Then record the total number of children aged 2-14 in the box provided (CD7).

CD1. Rank no.	CD2. Line no. from HL1.	CD3. Name from HL2.	CD4. Sex from HL4.		CD5. Age from HL5.	CD6. Line no. of mother/ caretaker from HL7 or HL8.
LINE	LINE	NAME	M	F	AGE	MOTHER
01	__ __		1	2	___ ___	___ ___
02	__ __		1	2	___ ___	___ ___
03	__ __		1	2	___ ___	___ ___
04	__ __		1	2	___ ___	___ ___
05	__ __		1	2	___ ___	___ ___
06	__ __		1	2	___ ___	___ ___
07	__ __		1	2	___ ___	___ ___
08	__ __		1	2	___ ___	___ ___
CD7.	TOTAL CHILDREN AGED 2-14 YEARS					___ ___

If there is only one child age 2-14 years in the household, then skip Table 2 and go to CD9; write down the rank number of the child and continue with CD11

Table 2: selection of random child for Child Discipline questions

Use this table to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household. Look for the last digit of the household number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible children (2-14) in CD7 above. This is the number of the column you should go to. Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

CD8.	**TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD**							
Last digit of the questionnaire number	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	1	2	1	2	3	7	5

CD9. Record the rank number of the selected child — Rank number of child..... __ __

Child discipline module		CD
Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the line number in CD6).		
CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.	Name _____ Line number .....__ __	
CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF *YOU OR ANYONE ELSE IN YOUR HOUSEHOLD* HAS USED THIS METHOD WITH *(name)* IN THE PAST MONTH.		
CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING *(name)* LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).	Yes.....1 No 2	
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOUR) WAS WRONG.	Yes.....1 No 2	
CD12C. SHOOK HIM/HER.	Yes.....1 No 2	
CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes.....1 No 2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes.....1 No 2	
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes.....1 No 2	
CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes.....1 No 2	
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes.....1 No 2	
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes.....1 No 2	
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes.....1 No 2	
CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes.....1 No 2	
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (*name*) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes.....1 No .....2 Don't know/no opinion 8	

Disability — DA

To be administered to caretakers of all children 2 through 9 years old living in the household. For household members below age 2 or above age 9, leave rows blank

I WOULD LIKE TO ASK YOU IF ANY CHILDREN IN THIS HOUSEHOLD AGED 2 THROUGH 9 HAS ANY OF THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU.

DA1. *Line no.*	DA2. *Child's name*	DA3. COMPARED WITH OTHER CHILDREN, DOES OR DID (*name*) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?		DA4. COMPARED WITH OTHER CHILDREN, DOES (*name*) HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?		DA5. DOES (*name*) APPEAR TO HAVE DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF?)		DA6. WHEN YOU TELL (*name*) TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?		DA7. DOES (*name*) HAVE DIFFICULTY IN WALKING OR MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND/OR STIFFNESS IN THE ARMS OR LEGS?		DA8. DOES (*name*) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSC-IOUSNESS?		DA9. DOES (*name*) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?		DA10. DOES (*name*) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN SAY ANY RECOGNISABLE WORDS)?		DA11. *(For 3-9 year olds):* IS (*name*)'S SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)?		DA12. *(For 2-year-olds):* CAN (*name*) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?		DA13. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (*name*) APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?	
LINE	NAME	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
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		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2

SALT IODISATION MODULE		SI
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODISED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT? *Once you have examined the salt, circle number that corresponds to test outcome.* *In nutrition households (where there is a barcode label on the front of this form) only, now take a sample of salt for later iodine analysis in Vientiane*	Not iodised (no colour change) .....1 Contains iodine (colour change).....2 No salt in home.....6 Salt not tested.....7	
SI1A. WHAT IS THE BRAND OF THIS MOST COMMONLY USED SALT (THE SALT THAT WAS TESTED FOR IODINE ABOVE?)	Produces by themselves/small scales.....1 Spool Brand salt (khoksaat).....2 Fish Brand salt (Nateu SVK).....3 Cart Brand salt (Veunkham).....4 Fish Brand salt (Boten).....5 Khenkok salt.....6 Diamond Brand salt (Ban Bo).....7 Borikhamxay salt.....8 Thai salt.....9 Vietnamese salt.....10 Chinese salt.....11 Not labelled/others.....12	
SI1B. WAS A SAMPLE OF SALT COLLECTED FOR FURTHER ANALYSIS AT THE LAB? A SAMPLE SHOULD BE COLLECTED ONLY IF THERE IS A BARCODE LABEL ON THE FRONT OF THIS FORM	Yes.....1 No 2	
FOR THE FOLLOWING QUESTIONS: ASK THE PERSON WHO USUALLY PREPARES THE FOOD IN THE HOUSEHOLD		
SI1C.IN THE PAST WEEK HOW MANY TIMES DID YOU USE SUGAR IN THE PREPARATION OF FOOD OR DRINKS?	Daily.....1 4-6 times.....2 1-3 times.....3 Never.....6	IF 6 SKIP TO SI1E
SI1D. MAY I SEE A SAMPLE OF THE SUGAR USED?	No sugar in home.....1 Sugar from Lao.....2 Sugar from Thailand.....3 Sugar from Vietnam.....4 Sugar from China.....5 Unlabelled/other source.....6	
SI1E.IN THE PAST WEEK HOW MANY TIMES DID YOU USE COOKING OIL*(NAM MAN PEUD)* IN THE PREPARATION OF FOOD?	Daily.....1 4-6 times.....2 1-3 times.....3 Never.....6	IF 6 SKIP TO SI1G
SI1F. MAY I SEE A SAMPLE OF THE COOKING OIL USED?	No cooking oil in home.....1 Cooking oil from Lao.....2 Cooking oil from Thailand.....3 Cooking oil from Vietnam.....4 Cooking oil from China.....5 Unlabelled/other source.....6	
SI1G.IN THE PAST WEEK HOW MANY TIMES DID YOU	Daily.....1	IF 6 SKIP

USE FISH SAUCE *(NAM PLAA)* IN THE PREPARATION OF FOOD?	4-6 times……2 1-3 times……3 Never……...6	TO SI1I
SI1H. MAY I SEE A SAMPLE OF THE FISH SAUCE USED?	No fish sauce in home……..…1 Fish sauce from Lao……2 Fish sauce from Thailand……3 Fish sauce from Vietnam……..…4 Fish sauce from China……..…5 Unlabelled/other source…….……6	
SI1I.IN THE PAST WEEK HOW MANY TIMES DID YOU USE MSG (PAENG NOUA) IN THE PREPARATION OF FOOD?	Daily……1 4-6 times……2 1-3 times……3 Never……...6	IF 6 SKIP TO SI2
SI1J. MAY I SEE A SAMPLE OF THE MSG USED?	No MSG in home……..…1 MSG from Lao……..…2 MSG from Thailand……..…3 MSG from Vietnam……..……4 MSG from China……..……5 Unlabelled/other source…….……6	

SI2. *Does any eligible woman age 15-49 reside in the household?*
Check household listing, column HL6.You should have a questionnaire with the Information Panel filled in for each eligible woman.

☐ *Yes. ⇨ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.*

☐ *No. ⇨ Continue.*

SI3. *Does any child under the age of 5 reside in the household?*
Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

☐ *Yes. ⇨ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.*

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

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

*Province*_____
*District*_____
*Village*_____

WOMEN'S INFORMATION PANEL	WM
This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). *Fill in one form for each eligible woman* *Fill in the cluster and household number, and the name and line number of the woman in the space below.* *Fill in your name, number and the date.*	
WM1. Cluster number:	WM2. Household number:
___ ___ ___	___ ___ ___
WM3. Woman's Name:	WM4. Woman's Line Number:
_____	___ ___
WM5.Interviewer name and number:	WM6. Day/Month/Year of interview:
_____ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___
WM7. Result of women's interview	Completed..... 1 Not at home ..... 2 Refused..... 3 Partly completed ..... 4 Incapacitated..... 5 Other (*specify*) _____6

Repeat greeting if not already read to this woman:

WE ARE FROM THE NATIONAL STATISTICS CENTRE AND MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE SOME TIMES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month.....__ __ DK month.....98 Year .....__ __ __ __ DK year.....9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years) .....__ __	

WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes.....1 No 2	2⇨WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, LOWER SECONDARY, UPPER SECONDARY?	Primary .....1 Lower secondary .....2 Upper secondary .....3 Non-standard curriculum 6	
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade.....__ __	
WM13. *Check WM11:* ☐ *Secondary or higher. ⇨ Go to Next Module* ☐ *Primary or non-standard curriculum. ⇨ Continue with WM14*		
WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. *Show sentences to respondent.* *If respondent cannot read whole sentence, probe:* CAN YOU READ PART OF THE SENTENCE TO ME? *Example sentences for literacy test:* *1. The child is reading a book.* *2. The rains came late this year.* *3. Parents must care for their children.* *4. Farming is hard work.*	Cannot read at all .....1 Able to read only parts of sentence.....2 Able to read whole sentence .....3 No sentence in required language _____4 *(specify language)* Blind/mute, visually/speech impaired 5	

WOMAN PREGNANCY	**WP**
I would like to ask about your pregnancy	

WP1. Are you pregnant now ?	Yes .....1 No .....2 Does not know/uncertain.....8	
WP2. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? *If "No" probe by asking:* I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours?	Yes .....1 No.....2	

WP3. OF THESE (*total number*) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? If day is not known, enter '98' in space for day.	Date of last birth Day/Month/Year..... __ __/__ __/__ __ __ __	
WP4. Check WP3: Did the woman's last birth occur within the last 2 years, that is, since March 2004? If unknown month of delivery then record 98 in the month blank. - *Yes, live birth in the last 2 y ⇒ Go to tetanus toxoid vaccination module (TT)* - *No liv birth in the last 2 y ⇒ -Go to woman violence module (DV)*		

TETANUS TOXOID (TT) MODULE		**TT**
This module is to be administered to all women with a live birth in the 2 years preceding date of interview.		
TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? *If a card is presented, use it to assist with answers to the following questions.*	Yes (card seen) .....1 Yes (card not seen) .....2 No .....3 DK.....8	
TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes.....1 No .....2 DK.....8	 2⇨TT5 8⇨TT5
TT3. *If yes:* HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?	No. of times .....__ __ DK.....98	 98⇨TT5
TT4. *How many TT doses during last pregnancy were reported in TT3?* ☐ *At least two TT injections during last pregnancy. ⇨ Go to Next Module* ☐ *Fewer than two TT injections during last pregnancy. ⇨ Continue with TT5*		
TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes.....1 No .....2 DK.....8	 2⇨NEXT MODULE 8⇨NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times .....__ __	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY? *Skip to next module only if year of injection is given. Otherwise, continue with TT8.*	Month.....__ __ DK month.....98 Year .....__ __ __ __ DK year.....9998	 ⇨NEXT MODULE ⇩TT8
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago .....__ __	

MATERNAL AND NEWBORN HEALTH MODULE		MN
This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM12 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.		
MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF *NAME*], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS? *Show 200,000 IU capsule or dispenser.*	Yes.....1 No.....2 DK.....8	
MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY? If yes: WHOM DID YOU SEE? ANYONE ELSE? *Probe for the type of person seen and circle all answers given.*	Health professional: Doctor ..... A Nurse/midwife ..... B Auxiliary midwife ..... C Other person Traditional birth attendant ..... F Community health worker ..... G Relative/friend ..... H Other (*specify*) _____ X No one ..... Y	Y⇨MN6A
MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?	Yes No	
MN3A. WERE YOU WEIGHED?	Weight 1 2	
MN3B. WAS YOUR BLOOD PRESSURE MEASURED?	Blood pressure 1 2	
MN3C. DID YOU GIVE A URINE SAMPLE?	Urine sample 1 2	
MN3D. DID YOU GIVE A BLOOD SAMPLE?	Blood sample 1 2	
MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?	Yes.....1 No.....2 DK.....8	
MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?	Yes.....1 No.....2 DK.....8	2⇨MN6A 8⇨MN6A
MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes.....1 No.....2 DK.....8	
MN6A. DURING THIS PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?	Yes.....1 No.....2 DK.....8	2⇨MN7 8⇨MN7
MN6B. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? *Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.*	SP/Fansidar ..... A Chloroquine ..... B Other (*specify*) _____ X DK ..... Z	
MN6C. *Check MN6B for medicine taken:* ☐ *SP/Fansidar taken.⇨ Continue with MN6D* ☐ *SP/Fansidar not taken.⇨ Go to MN7*		

Appendix

MN6D. HOW MANY TIMES DID YOU TAKE SP/FANSIDAR DURING THIS PREGNANCY TO PREVENT MALARIA?	Number of times .....__ __	
MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (*or name*)? ANYONE ELSE? *Probe for the type of person assisting and circle all answers given.*	Health professional: Doctor ..... A Nurse/midwife ..... B Auxiliary midwife ..... C Other person Traditional birth attendant ..... F Community health worker ..... G Relative/friend ..... H Other (*specify*) _____X No one ..... Y	
MN8. WHERE DID YOU GIVE BIRTH TO (*name*)? *If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.* _____ (Name of place)	Home Your home .....11 Other home .....12 Public sector Govt. hospital .....21 Govt. clinic/health center .....22 Other public (*specify*) _____26 Private Medical Sector Private hospital .....31 Private clinic .....32 Private maternity home .....33 Other private medical (*specify*) _____36 Other (*specify*) _____96	
MN9. WHEN YOUR LAST CHILD (*name*) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large .....1 Larger than average .....2 Average .....3 Smaller than average .....4 Very small .....5 DK 8	
MN10. WAS (*name*) WEIGHED AT BIRTH?	Yes .....1 No .....2 DK 8	 2⇨MN12 8⇨MN12
MN11. HOW MUCH DID (*name*) WEIGH? *Record weight from health card, if available.*	From card .....1 (kilograms) __ . __ __ __ From recall .....2 (kilograms) __ . __ __ __ DK 99998	
MN12. DID YOU EVER BREASTFEED (*name*)?	Yes .....1 No 2	 2⇨ NEXT MODULE
MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (*name*) TO THE BREAST?	Immediately .....000 Hours .....1 __ __	

If less than 1 hour, record '00' hours. *If less than 24 hours, record hours.* *Otherwise, record days.*	*or* Days .....2 __ __ Don't know/remember 998	
MN14. DID YOU RESTRICT THE INTAKE OF ANY FOODS IN THE PERIOD IMMEDIATELY FOLLOWING THE DELIVERY OF YOUR LAST CHILD?	Yes.....1 No .....2 DK.....8	2⇨MN17 8⇨MN17
MN15. WHICH FOOD DID YOU RESTRICT THE INTAKE OF?	Meat.....1 Fish.....2 Eggs.....3 Other (Specify_____).....6	
MN16. HOW MANY MONTHS AFTER DELIVERY DID YOU RETURN TO YOUR NORMAL DIET?	<1 Month.....1 1-2 Months.....2 3-4 Months.....3 >4 Months.....4	
MN17. DID YOU CONSUME ANY SPECIAL HERBAL DRINKS OR OTHER TRADITIONAL MEDICINES IN THE 3 MONTHS FOLLOWING YOUR LAST DELIVERY?	Yes.....1 No .....2 DK.....8	2⇨NEXT MODULE 8⇨NEXT MODULE

ATTITUDES TOWARD DOMESTIC VIOLENCE

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:		Yes	No	DK	
DV1A. IF SHE GOES OUT WITH OUT TELLING HIM?	Goes out without telling	1	2	8	
DV1B. IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8	
DV1C. IF SHE ARGUES WITH HIM?	Argues	1	2	8	
DV1D. IF SHE REFUSES SEX WITH HIM?	Refuses sex.....	1	2	8	
DV1E. IF SHE BURNS THE FOOD?	Burns food	1	2	8	

ANTHROPOMETRY MODULE FOR WOMEN		ANW
After questionnaires for all women are complete, check a barcode label on the cover page ☐ *Yes. ⇨ Go to ANTHROPOMETRY MODULE FOR INDIVIDUAL WOMEN* ☐ *No. ⇨ Next eligible woman.* Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each woman. Check the woman's name and line number on the household listing before recording measurements.		
ANW1. Woman's weight.	Kilograms (kg) .....__ __ __ . __	
ANW2. Woman's height.	Height (cm) __ __ __ . __	
ANW3. Measurer's identification code.	Measurer code.....__ __	
ANW4. Result of measurement.	Measured.....1 Not present.....2 Refused .....3 Other (*specify*) _____6	
RECORD IF WOMEN ARE UNABLE TO TAKE OFF REMOVE ALL THEIR BELONGINGS BEFORE WEIGHING: …… ……		

SPECIMEN COLLECTION MODULE DO NOT TAKE URINE OR BLOOD SAMPLES FROM PREGNANT WOMEN		
SW1. WAS A URINE SAMPLE COLLECTED FROM THIS WOMAN?	Collected.....1 Did not present herself for testing……2 Refused .....3 Other (*specify*)……6	
SW2. WE WOULD LIKE TO TAKE A LITTLE BLOOD FROM YOUR FINGER, FOR TESTING. WAS A FINGERSTICK BLOOD SAMPLE TAKEN FROM THIS WOMAN?	Yes.....1 Did not present herself for testing……2 Refused .....3 Other (*specify*)……6	
SW3. WRITE DOWN THE HAEMOGLOBIN LEVEL *(If the Hb is 7 or less then record it on the cluster Hb referral form and give to the team supervisor)*	Hb (g/dl) __ __ . __	
SW4. APPROXIMATELY HOW MANY MICROLITRES OF FINGER STICK BLOOD WERE COLLECTED FROM THIS WOMAN?	Blood (microl) __ __ __	
SW5. WAS THE BLOOD LYSED AFTER SPINNING IN THE CENTRIFUGE?	Yes……..1 No……2 Insufficient blood to take plasma sample.....3	

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

*Province*_____
*District*_____
*Village*_____

UNDER-FIVE CHILD INFORMATION PANEL	UF

This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5).
A separate questionnaire should be used for each eligible child.
Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.

UF1. Cluster number:	UF2. Household number:
___ ___ ___	___ ___ ___
UF3. Child's Name:	UF4. Child's Line Number:
_____	___ ___
UF5. Mother's/Caretaker's Name:	UF6. Mother's/Caretaker's Line Number:
_____	___ ___
UF7. Interviewer name and number:	UF8. Day/Month/Year of interview:
_____ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed .....1 Not at home .....2 Refused .....3 Partly completed .....4 Incapacitated .....5 Other (specify) _____6

Repeat greeting if not already read to this respondent:

WE ARE FROM THE NATIONAL STATISTICS CENTRE AND MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE SOME TIMES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.

UF10. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (*name*). IN WHAT MONTH AND YEAR WAS (*name*) BORN? *Probe:* WHAT IS HIS/HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.	Date of birth: Day .....__ __ DK day .....98 Month .....__ __ Year .....__ __ __ __	
UF11. HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	Age in completed years .....__	

Appendix

BIRTH REGISTRATION AND EARLY LEARNING MODULE						BR
BR1. DOES (*name*) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen.....1 Yes, not seen.....2 No .....3 DK.....8					1⇨BR5
BR2. HAS (*name's*) BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes.....1 No .....2 DK.....8					1⇨BR5 8⇨BR4
BR3. WHY IS (*name's*) BIRTH NOT REGISTERED?	Costs too much.....1 Must travel too far.....2 Did not know it should be registered .....3 Did not want to pay fine.....4 Does not know where to register.....5 Other (*specify*) _____6 DK.....8					
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes.....1 No 2					
BR5. *Check age of child in UF11: Child is 3 or 4 years old?* ☐ *Yes.* ⇨ *Continue with BR6* ☐ *No.* ⇨ *Go to BR8*						
BR6. DOES (*name*) ATTEND ANY ORGANISED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes.....1 No .....2 DK.....8					 2⇨BR8 8⇨BR8
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (*name*) ATTEND?	No. of hours .....__ __					
BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (*name*): *If yes, ask:* WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)? *Circle all that apply.*						
		Mother	Father	Other	No one	
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (*name*)?	Books	A	B	X	Y	
BR8B. TELL STORIES TO (*name*)?	Stories	A	B	X	Y	
BR8C. SING SONGS WITH (*name*)?	Songs	A	B	X	Y	
BR8D. TAKE (*name*) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A	B	X	Y	
BR8E. PLAY WITH (*name*)?	Play with	A	B	X	Y	
BR8F. SPEND TIME WITH (*name*) NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A	B	X	Y	

CHILD DEVELOPMENT		CE
Question CE1 is to be administered only once to each caretaker		
CE1. How many books are there in the household? Please include schoolbooks, but not other books meant for children, such as picture books If 'none' enter 00	Number of non-children's books 0 __ Ten or more non-children's books 10	
CE2. How many children's books or picture books do you have for (*name*)? If 'none' enter 00	Number of children's books 0 __ Ten or more books 10	
CE3. I am interested in learning about the things that (*name*) plays with when he/she is at home. What does (*name*) play with? Does he/she play with household objects, such as bowls, plates, cups or pots? objects and materials found outside the living quarters, such as sticks, rocks, animals, shells, or leaves? homemade toys, such as dolls, cars and other toys made at home? toys that came from a store? If the respondent says "YES" to any of the prompted categories, then probe to learn specifically what the child plays with to ascertain the response Code Y if child does not play with any of the items mentioned.	Household objects (bowls, plates, cups, pots)…… A Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves)……B Homemade toys (dolls, cars and other toys made at home)……C Toys that came from a store ……D No playthings mentioned……Y	
CE4. Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children with others. Since last (*day of the week*) how many times was (*name*) left in the care of another child (that is, someone less than 10 years old)? If 'none' enter 00	Number of times __ __	
CE5. In the past week, how many times was (*name*) left alone? If 'none' enter 00	Number of times __ __	

VITAMIN A MODULE		VA
VA1. HAS (*name*) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? Show capsule or dispenser for different doses – 100,000 IU for those 6-11 months old, 200,000 IU for those 12-59 months old.	Yes.....1 No .....2 DK.....8	2⇨NEXT MODULE 8⇨NEXT MODULE
VA2. HOW MANY MONTHS AGO DID (*name*) TAKE THE LAST DOSE?	Months ago.....__ __ DK.....98	
VA3. WHERE DID (*name*) GET THIS LAST DOSE?	On routine visit to health facility .....1 Sick child visit to health facility .....2 National Immunization Day campaign.....3 Other (*specify*) _____6 DK.....8	

BREASTFEEDING MODULE		BF
BF1. HAS (*name*) EVER BEEN BREASTFED?	Yes.....1 No .....2 DK.....8	2⇨BF3 8⇨BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes.....1 No .....2 DK.....8	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item.	Y N DK	
BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	A. Vitamin supplements.....1 2 8	
BF3B. PLAIN WATER?	B. Plain water 1 2 8	
BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice 1 2 8	
BF3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS 1 2 8	
BF3E. INFANT FORMULA?	E. Infant formula 1 2 8	
BF3F. TINNED, POWDERED OR FRESH MILK?	F. Milk 1 2 8	
BF3F1. SOYBEAN MILK?	F1. Soybean milk.....1 2 8	
BF3G. OTHER SEMI-LIQUID FOOD?	G. Other semi-liquid food 1 2 8	
BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	H. Solid or semi-solid food 1 2 8	
BF4. Check BF3H: Child received solid or semi-solid (mushy) food? ☐ Yes. ⇨ Continue with BF5 ☐ *No or DK. ⇨ Go to Next Module*		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (*name*) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS? If 7 or more times, record '7'.	No. of times .....___ Don't know.....8	

CARE OF ILLNESS MODULE		CA
CA1. HAS (*name*) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST? Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.	Yes.....1 No .....2 DK.....8	 2⇨CA5 8⇨CA5
CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (*name*) DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED (*local name for ORS packet solution*)? CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID? CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	Yes No DK A. Fluid from ORS packet.....1 2 8 B. Recommended homemade fluid ...1 2 8 C. Pre-packaged ORS fluid 1 2 8	
CA3. DURING (*name's*) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?	Much less or none .....1 About the same (or somewhat less).....2 More .....3 DK.....8	
CA4. DURING (*name's*) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL? If "less", probe: MUCH LESS OR A LITTLE LESS?	None .....1 Much less .....2 Somewhat less .....3 About the same .....4 More .....5 DK.....8	
CA5. HAS (*name*) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST?	Yes.....1 No .....2 DK.....8	 2⇨CA12 8⇨CA12
CA6. WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	Yes.....1 No .....2 DK.....8	 2⇨CA12 8⇨CA12
CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Problem in chest.....1 Blocked nose .....2 Both .....3 Other (*specify*) _____6 DK.....8	 2⇨CA12 6⇨CA12
CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes.....1 No .....2 DK.....8	 2⇨CA10 8⇨CA10

CA9. FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions. If source is hospital, health centre, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code. _____ (Name of place)	Public sector Govt. hospital ..... A Govt. health centre ..... B Govt. health post ..... C Village health worker ..... D Mobile/outreach clinic ..... E Other public (*specify*) _____ H Private medical sector Private hospital/clinic ..... I Private physician ..... J Private pharmacy ..... K Mobile clinic ..... L Other private medical (*specify*) _____ O Other source Relative or friend ..... P Shop ..... Q Traditional practitioner ..... R Other (*specify*) _____ X	
CA10. WAS (*name*) GIVEN MEDICINE TO TREAT THIS ILLNESS?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA12 8⇨CA12
CA11. WHAT MEDICINE WAS (*name*) GIVEN? Circle all medicines given.	Antibiotic ..... A Paracetamol ..... P Aspirin ..... Q Other (*specify*) _____ X DK ..... Z	
CA12. Check UF11: Child aged under 3? ☐ Yes. ⇨ Continue with CA13 *☐ No. ⇨ Go to CA14*		
CA13. THE LAST TIME *(name)* PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet/latrine ..... 01 Put/rinsed into toilet or latrine ..... 02 Put/rinsed into drain or ditch ..... 03 Thrown into garbage (solid waste) ..... 04 Buried ..... 05 Left in the open ..... 06 Other (*specify*) _____ 96 DK 98	

Ask the following question (CA14) only once for each mother/caretaker. CA14. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY? Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, But do NOT prompt with any suggestions.	Child not able to drink or breastfeed ..... A Child becomes sicker ..... B Child develops a fever ..... C Child has fast breathing ..... D Child has difficult breathing ..... E Child has blood in stool ..... F Child is drinking poorly ..... G Other (*specify*) _____ X Other (*specify*) _____ Y Other (*specify*) _____ Z	

MALARIA MODULE FOR UNDER-FIVES		ML
ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST, HAS (*name*) BEEN ILL WITH A FEVER?	Yes ..... 1 No ..... 2 DK 8	 2⇨ML10 8⇨ML10
ML2. WAS (*name*) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes ..... 1 No ..... 2 DK 8	 2⇨ML6 8⇨ML6
ML3. DID (*name*) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes ..... 1 No ..... 2 DK 8	 2⇨ML5 8⇨ML5
ML4. WHAT MEDICINE DID (*name*) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY? *Circle all medicines mentioned.*	Anti-malarials: SP/Fansidar ..... A Chloroquine ..... B Quinine ..... C Coartem ..... D Other anti-malarial (*specify*) _____ E Other medications: Paracetamol/Panadol/Acetaminophen ... P Aspirin ..... Q Ibuprofen ..... R Other (*specify*) _____ X DK ..... Z	
ML5. WAS (*name*) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes ..... 1 No ..... 2 DK 8	1⇨ML7 2⇨ML8 8⇨ML8
ML6. WAS (*name*) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes ..... 1 No ..... 2 DK 8	 2⇨ML8 8⇨ML8

ML7. WHAT MEDICINE WAS (*name*) GIVEN? *Circle all medicines given. Ask to see the medication if type is not known. If type of medication is still not determined, show typical anti-malarials to respondent.*	Anti-malarials: SP/Fansidar ..... A Chloroquine ..... B Quinine ..... C Coartem ..... D Other anti-malarial (*specify*) _____ E Other medications: Paracetamol/Panadol/Acetaminophen ... P Aspirin ..... Q Ibuprofen ..... R Other (*specify*) _____ X DK ..... Z	
ML8. *Check ML4 and ML7: Anti-malarial mentioned (codes A - H)?* ☐ *Yes.* ⇨ *Continue with ML9* ☐ *No.* ⇨ *Go to ML10*		
ML9. HOW LONG AFTER THE FEVER STARTED DID (*name*) FIRST TAKE (*name of anti-malarial from ML4 or ML7*)? *If multiple anti-malarials mentioned in ML4 or ML7, name all anti-malarial medicines mentioned.* *Record the code for the day on which the first anti-malarial was given.*	Same day ..... 0 Next day ..... 1 2 days after the fever ..... 2 3 days after the fever ..... 3 4 or more days after the fever ..... 4 DK 8	
ML10. DID (*name*) SLEEP UNDER A MOSQUITO NET LAST NIGHT?	Yes ..... 1 No ..... 2 DK 8	2⇨NEXT MODULE 8⇨NEXT MODULE
ML11. HOW LONG AGO DID YOUR HOUSEHOLD OBTAIN THE MOSQUITO NET? *If less than 1 month, record '00'.* *If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.*	Months ago ..... __ __ More than 24 months ago ..... 95 Not sure 98	
ML12. WHAT TYPE OF NET IS THIS NET? *If the respondent does not know the brand of the net, show pictorials, or if possible, observe the net.* LONG-LASTING TREATED NETS: PRE-TREATED NETS: OTHER NETS:	Long lasting treated net ..... 1 Pre-treated net ..... 2 Other net ..... 3 DK brand 98	1⇨NEXT MODULE 2⇨NEXT MODULE

ML13. WHEN YOU GOT THAT NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes.....1 No.....2 DK/not sure.....8	
ML14. SINCE YOU GOT THE MOSQUITO NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES OR BUGS?	Yes.....1 No.....2 DK.....8	2⇨ NEXT MODULE 8⇨ NEXT MODULE
ML15. HOW LONG AGO WAS THE NET LAST SOAKED OR DIPPED? *If less than 1 month, record '00'.* *If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.*	Months ago.....__ __ More than 24 months ago .....95 DK.....98	

IMMUNIZATION MODULE			IM
If an immunization card is available, copy the dates in IM2-IM8 for each type of immunization or vitamin A dose recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.			
IM1. IS THERE A VACCINATION CARD FOR (*name*)?		Yes, seen.....1 Yes, not seen.....2 No.....3	2⇨IM10 3⇨IM10
(a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization DAY / MONTH / YEAR	
IM2. BCG	BCG		
IM3A. POLIO AT BIRTH	OPV0		
IM3B. POLIO 1	OPV1		
IM3C. POLIO 2	OPV2		
IM3D. POLIO 3	OPV3		
IM4A. DPT1	DPT1		
IM4B. DPT2	DPT2		
IM4C. DPT3	DPT3		
IM5A. DPTHEPB1	(DPT)H1		

IM5B. DPTHEPB2)	(DPT)H2									
IM5C. DPTHEPB3	(DPT)H3									
IM6. MEASLES	MEASLES									
IM8A. VITAMIN A (1)	VITA1									
IM8B. VITAMIN A (2)	VITA2									

IM9. IN ADDITION TO THE VACCINATIONS AND VITAMIN A CAPSULES SHOWN ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3,DPT Hb1-3, Measles, or Vitamin A supplements.	Yes.....1 (Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.) No .....2 DK.....8	1⇨IM19 2⇨IM19 8⇨IM19
IM10. HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR ROUNTINE IMMUNIZATION ROUND?	Yes.....1 No .....2 DK.....8	2⇨IM19 8⇨IM19
IM11. HAS (*name*) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?	Yes.....1 No .....2 DK.....8	
IM12. HAS (*name*) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes.....1 No .....2 DK.....8	2⇨IM15 8⇨IM15
IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?	Just after birth (within two weeks) .....1 Later 2	
IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times .....__ __	
IM15. HAS (*name*) EVER BEEN GIVEN "DPT VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes.....1 No .....2 DK.....8	2⇨IM17 8⇨IM17
IM16. HOW MANY TIMES?	No. of times .....__ __	

IM17. HAS (*name*) EVER BEEN GIVEN "MEASLES VACCINATION INJECTIONS" OR MMR – THAT IS, A SHOT IN THE ARM AT THE AGE OF **9** MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes.....1 No .....2 DK.....8	

IM18. *Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.*

☐ *Yes.* ⇨ *End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.*

☐ *No.* ⇨ *End the interview with this respondent by thanking him/her for his/her cooperation. If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE. Take them to the anthropometry point with all eligible women and children from this household.*

ANTHROPOMETRY MODULE — AN

After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.

AN1. Child's weight.	Kilograms (kg) .....__ __ . __	
AN2. Child's length or height. Check age of child in UF11: ☐ Child under 2 years old. ⇨ Measure length (lying down). ☐ Child age 2 or more years. ⇨ Measure height (standing up).	Length (cm) Lying down.....1 __ __ __ . __ Height (cm) Standing up .....2 __ __ __ . __	
AN3. Measurer's identification code.	Measurer code.....__ __	
AN4. Result of measurement.	Measured.....1 Not present.....2 Refused .....3 Other (*specify*) _____6	

Appendix

SPECIMEN COLLECTION MODULE FOR CHILDREN

After completion of anthropometry module for children under five, check for a barcode label on the cover page of this questionnaire and check for age of child.

Label present and child aged >6 months:

☐ *Yes. ⇨ Go to Specimen collection*

☐ *No. ⇨ Next child.*

SCC1. WAS A STOOL SAMPLE COLLECTED FROM THIS CHILD? (ONLY COLLECT STOOL FROM CHILDREN 24-59 MONTHS OF AGE)	Collected.....1 Refused .....2 Other (*specify*)……6	2,3,6 ⇨SCC3
SCC2. WHAT WAS THE APPROXIMATE TIME DELAY BETWEEN COLLECTION OF THE STOOL SAMPLE AND STABILISATION OF THE SAMPLE?	Less than 30 minutes……..1 30 minutes to 1 hour……2 1 to 3 hours ……..3 More than 3 hours……4 Don't know……8	
SCC3. WE WOULD LIKE TO TAKE A LITTLE BLOOD FROM *[NAME]* FINGER/HEEL, FOR TESTING. *WAS A FINGER OR HEEL STICK BLOOD SAMPLE COLLECTED FROM THIS CHILD?* ***(ONLY COLLECT BLOOD SAMPLE FROM CHILDREN 6-59 MONTHS OF AGE)*** *CHILDREN 6-12 MONTHS, TAKE BLOOD FROM HEEL.* *CHILDREN > 12 MONTHS, TAKE BLOOD FROM FINGER*	Yes, fingerstick sample.....1 Yes, heelstick sample.....2 Did not present themselves for testing…….3 Refused .....4 Other (*specify*)……6	3,4,6 ⇨SCC7
SCC3. WRITE DOWN THE HAEMOGLOBIN LEVEL *(If the Hb is 7 or less then record it on the cluster Hb referral form and give form to team supervisor).*	Hb (g/dl) __ __ . __	
SCC5. APPROXIMATELY HOW MANY MICROLITRES OF FINGER STICK BLOOD WERE COLLECTED FROM THIS CHILD?	Blood (microl) __ __ __	
SCC6. WAS THE BLOOD LYSED AFTER SPINNING IN THE CENTRIFUGE?	Yes……..1 No……2 Insufficient blood to take plasma sample.....3	

SCC7. Is there another child in the household who is eligible for measurement and specimen collection?

☐ Yes. ⇨ Record measurements for next child.

☐ No. ⇨ End the interview with this household by thanking all participants for their cooperation.

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.

Lao PDR

Multiple Indicator Cluster Survey

2006